A Feminist Mixed Methods Evaluation
of the Curriculum “Illinois Imagines”

BY
REBEKAH JEANNE MORAS
B.A. University of Alaska Anchorage, 2007
M.S. University of Illinois at Chicago, 2010

THESIS
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Defense Committee:
Sarah Parker Harris, Chair and Advisor
Fabricio Balcazar
Carrie Sandahl
Linda Sandman
Noam Ostrander, DePaul University
This thesis is dedicated to my family of birth, and to my chosen family: Robin, Natasa, Joan, Leo, Diego, Marcelo, Niko, Mike Book Worm, Rayna Ramona, Gusto, my love JLG and fam, and to all of the critical feminist anti-racist Queer Crip Fat and sex +++ folks everywhere.

In, “research one can have context or definition but not both at the same time. The more one attempts to establish a context for a situation or process, the more one will blur a clean, simple definition…[with definition] the more one will lose a sense of context.”

-Tafoya in Jacobs, Thomas, & Lang (1997)

“running around collecting data looks and feels productive, whereas first rate thinking is hard and frustrating.”

-Eugene Bardach, A Practical Guide for Policy Analysis
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<td>AAIDD</td>
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<td>AUCD</td>
<td>Association of University Centers on Disabilities</td>
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<td>DOJ: OVAW</td>
<td>Department of Justice: Office on Violence Against Women</td>
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<td>DSA</td>
<td>Disability Service Agency</td>
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<td>I/DD</td>
<td>Intellectual and Developmental Disabilities</td>
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<td>ICASA</td>
<td>Illinois Coalition Against Sexual Assault</td>
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<td>ID</td>
<td>Intellectual Disability</td>
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<td>IRB</td>
<td>Institutional Review Board</td>
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<td>KT</td>
<td>Knowledge translation</td>
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<td>OVAW</td>
<td>Office on Violence Against Women, U.S. Department of Justice (DOJ)</td>
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<td>RCC</td>
<td>Rape Crisis Center</td>
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<td>SABE</td>
<td>Self-Advocates Becoming Empowered</td>
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<tr>
<td>SDC</td>
<td>Sexuality &amp; Disability Consortium</td>
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<td>STOP</td>
<td>Services, Training, Officers, Prosecutors programs; sponsored by the United States Department of Justice (DOJ)</td>
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<td>UCEEDD</td>
<td>University Center for Excellence in Developmental Disability</td>
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<td>UN-CRPD</td>
<td>United Nations: Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>UIC</td>
<td>University of Illinois at Chicago</td>
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<td>WHO</td>
<td>World Health Organization</td>
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SUMMARY

Sexual violence against women is endemic in the United States. Feminists have theorized the prevalence of sexual violence as the consequence of “rape culture”, where myriad forms of violence against women are products of paternalistic, patriarchal systems. Similarly, disability studies has identified ableist protectionism as an individualized reaction to sexual violence, demanding the transformation of structural oppression that perpetuates vulnerability. There is a tension in the feminist anti-violence movement between doing the systemic work of social and institutional transformation of “rape culture”, and addressing immediate needs of individual “survivors”. Although both fronts are critical, this research focused on the needs of individual women with disabilities, as one small part of transforming rape culture.

While feminist analysis has incorporated some issues for women with physical disabilities, work resisting rape culture with women with intellectual disabilities (ID) has been less explored. Feminist disability theory and activism have identified strategies for resisting paternalist, patriarchal, ableist, and protectionist rape culture. Among these strategies are comprehensive general sexuality and anti-sexual violence education, and the fostering of gender and disability empowerment such as through consciousness raising and sexual self-advocacy. This work was conceptualized as feminist and disability studies research, where women with ID were supported in resisting rape culture paternalism and protectionism through developing skills for preventing and coping with sexual violence.

This research was a feminist mixed methods evaluation of an anti-sexual violence curriculum for women with disabilities called the, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”, a curriculum created by a federal grant from the Office on Violence Against Women (OVAW). The OVAW grant was
intended to build state capacity in responding to sexual violence against women with disabilities, by increasing collaboration between disability service agencies (DSA) and rape crisis centers (RCC) around the state. Illinois Imagines was a product in response to requests by rape crisis educators involved in this capacity building process. It is a series of manuals to train: disability service agencies in becoming “trauma responsive” to sexual violence; rape crisis centers in becoming “disability responsive” to survivors with disabilities; and women with disabilities in coping with and preventing sexual violence. This research evaluated the manual for women with disabilities only.

Two rape crisis educators taught all lessons in a 15 week class at a Chicago disability services agency (DSA); ten women with mild to moderate intellectual disabilities participated in the classes. All class participants completed a pre test before the class began, measuring general knowledge about sexual violence and healthy/unhealthy relationships. Observations took place at all class lessons, guided by an observation protocol. Observation field notes were coded iteratively as well as post class, in order to answer the following overarching research questions: 1) How do the Illinois Imagines classes exemplify feminist and disability studies frameworks regarding sexual citizenship? 2) How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence? 3) What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes? Participants completed quantitative post tests the week all lessons were completed. Semi-structured qualitative interviews were conducted one month after the last lesson, with class participants, both educators, and two disability service agency support staff, using interview guides tailored to answering the research questions.
Most of the Illinois Imagines class participants increased their post test scores with marginal significance on the general assessment, and significantly on knowledge of private body parts scores. The women reported overall satisfaction with the class, and articulated use of class knowledge in their lives, albeit with limitations. The rape crisis educators also expressed satisfaction with the class, as well as increased skills in modifying anti-sexual violence content and delivery for participants with intellectual disabilities. The support staff at the participating disability service agency reported the usefulness of having access to a new resource for clients coping with sexual violence. As a result of this research, the disability service agency and one of the rape crisis centers have since begun a collaboration to train agency staff. Class participants, both educators, and both support staff all expressed a need for general sexuality education in conjunction with anti-sexual violence interventions.
I. INTRODUCTION

Sexual violence has serious psychological and physical consequences for survivors, including rape trauma syndrome, sexually transmitted infection (STI), unwanted pregnancy, compromised mental health, limited physical mobility, and a lost sense of self efficacy (Campbell, Dworkin, Cabral, 2012; Richie, 2012; Ullman, 2002). In the United States, women in general continue to experience some of the highest rates of sexual violence in the Western “industrialized world” (Advocates for Youth, 2011; Lottes, 2002; Richie, 2012, p. 42), and women with intellectual and developmental disabilities (I/DD) experience particularly high rates (Lyden, 2007; Murphy & O'Callaghan, 2004; Ward, Bosek, & Trimble, 2010). While sexual violence against women with and without ID is prevalent, sexuality education and sexual violence prevention knowledge can mitigate the detrimental effects of sexual violence (Hollomotz, 2011; McCarthy, 1999, 2000; United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010).

This research aimed to address sexual violence against women with intellectual disabilities (ID) through the evaluation of a manual from anti-sexual violence curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence” (Illinois Imagines Project, 2010a). It was a mixed method feminist process-outcome evaluation with ten women with intellectual disabilities class participants, two rape crisis educators, and two disability service agency support staff. Participating women with ID received 15 lessons about sexuality education and sexual violence around four themes: 1) Healthy relationships; 2) Healthy sexuality; 3) Sexual violence risk reduction; and 4) Safety and support: How to get help. All classes were observed and field notes were taken structured by an
observation protocol. Class participants completed quantitative pre/post tests, and post class interviews. Both educators and disability service agency also completed post class interviews, based on an interview guide focused on answering the research questions.

This research sought to address the dearth of sexuality education and sexual violence prevention program evaluation for people with and without intellectual disabilities (Schewe, 2002; Barger, Wacker, Macy, Parish, 2009; Ward, Windsor, Atkinson, 2012). The evaluation of the Illinois Imagines curriculum may be able to serve as a springboard for future statewide evaluations and research publications through the Illinois Imagines coalition and the Illinois Coalition Against Sexual Assault (ICASA) (Illinois Coalition Against Sexual Assault, 2014). Publication of evaluations may better position ICASA members like disability service agencies, rape crisis centers, and women with intellectual disabilities (ID) in procuring funding and support of programs for coping with and preventing sexual violence.

The Illinois Imagines curriculum provides resources for disability service agencies, rape crisis agencies, and women with disabilities to understand, cope with, and prevent sexual violence. The project was the result of recent collaboration between various Illinois stakeholders, including self-advocates, the Illinois Department of Human Services, the Illinois Coalition Against Sexual Assault (ICASA), and the Illinois Network of Centers for Independent Living, among others (refer to the “Background” section for more information). The curriculum addresses the need for: developing a working collaboration between a local disability service agency (DSA) and a rape crisis center (RCC); conducting trainings for staff, as well as for legal guardians; providing ongoing sexuality education and sexual violence prevention for women with disabilities; and creating an action plan and policy.
This research was an evaluation of only one manual in the curriculum, the one for women with disabilities. The rationale was that no research has been done on this curriculum, a situation calling for in-depth, qualitative, longer term research engagement, i.e., case study, rather than a broader exploration that might be appropriate where a substantial body of research already exists (Creswell, 2009, 2013; Patton, 2002). The sexual violence against women with disabilities is the more immediate threat that disability service agencies (DSA) and rape crisis centers (RCC) must address, and this is what is covered in the manual evaluated. This research sought to offer a detailed account of implementing the Illinois Imagines manual for women with disabilities as the one most likely to be first accessed by DSA and RCC service providers.

While the curriculum was designed for “women with disabilities” in general, this project focused on women with intellectual disabilities (ID) in particular, due to the relative dearth of research with this specific population, as well as the lack of sexuality education and elevated risk of sexual violence that women with ID experience. This research makes a unique contribution by bringing together feminist and disability studies theoretical frameworks and epistemologies with the fields of evaluation, sexuality education, and sexual violence prevention. In particular, this research’s focus on intellectual disability in the disciplines of feminism, disability studies, evaluation, and sexuality education is a distinctive intersectional contribution to these often disparate areas of inquiry. The next section explores the background of the Illinois Imagines curriculum, in order to position its history to the theoretical frameworks explored in the subsequent chapter.
II. BACKGROUND

The curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence,” evaluated in this research is the product of a national and statewide effort to reach “underserved populations” like women with disabilities, and to build collaboration between disability service agencies (DSAs) and rape crisis centers (RCC) around the country (Office on Violence Against Women, 2012, p. 30). This individualized training alongside systems change and capacity building effort is both providing tools for individual women with disabilities to use in preventing and coping with sexual violence, as well as addressing what feminist theorists refer to as structural “rape culture” (more on rape culture in subsequent sections).

The Illinois Imagines curriculum was the culmination of top down efforts by federal and state agencies, and bottom up activists and community agencies. Illinois feminist activists, disability self-advocates, and community organizations like disability service agencies (DSAs), rape crisis centers (RCCs), and the University of Illinois at Chicago’s Sexuality & Disability Consortium (SDC), have been an integral part of the curriculum’s creation and dissemination. The curriculum is a response to national calls for improved “cultural competency”/“cultural humility”, “knowledge translation”, and reducing “health disparities”, including sexual health disparities, for marginalized populations such as women with intellectual disabilities (ID) (Illinois Imagines Project, 2010b; National Center for the Dissemination of Disability Research, 2012; Sudsawad, 2007; United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010). The remainder of this chapter provides more detail of key players and concepts as they relate to the curriculum evaluated in this research.
A. **Rape Crisis Centers**

Rape crisis centers (RCCs) were the product of national agendas by U.S. feminists started in the 1970s to reframe sexual violence as a political and structural social problem, rather than primarily an individual one. The national rape crisis center network developed alongside paradigmatic shifts in the way sexual violence against women was handled legally, such as the shift from victim blaming to holding perpetrators accountable, and working intersectionally across race, gender, socioeconomic status, etc. (Richie, 2012). The first RCCs were opened in 1972 in Seattle and D.C. (Richie, 2012). In addition to serving women directly, rape crisis centers are concerned with “second victimization” of sexual violence survivors when dealing with untrained and insensitive law enforcement and medical personnel (Rape Victim Advocates, 2013; United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010). These shifts in approaching sexual violence as part of a rape culture are reflected in the Illinois Imagines curriculum itself. The Chicago rape crisis centers involved in this research are also a product of this feminist history.

Twenty-nine central and 27 satellite sexual assault crisis centers in Illinois were involved in the creation of the Illinois Imagines curriculum. These offices were part of a national dual focus on both rape crisis centers and disability service agencies, tasked with building state capacity for addressing sexual violence against women with disabilities. This federal funding began in 2006 and is still ongoing as of spring 2015 (S. Paceley & T. Tudor, personal communication, 2014). Rape crisis center staff, volunteers, and service consumers were integrally involved in the creation, and dissemination of the Illinois Imagines curriculum in the field. In particular, rape crisis educators have been involved in teaching while using the curriculum in community settings.
B. **Office on Violence Against Women and the Creators of Illinois Imagines**

In 2006, the federal Office on Violence Against Women (OVAW) in the Department of Justice (DOJ) sent out a request for proposals to build state capacity in responding to sexual violence against “underserved populations”, such as women with disabilities (S. Black, personal communication, March 25, 2013; Office on Violence Against Women, 2012). The Illinois Department of Human Services, including the Division of Mental Health, and all of the Illinois Imagines regional teams that form the Illinois Coalition Against Sexual Assault (ICASA) originally responded with a request for proposals to address state capacity building efforts. However, as the regional ICASA team members began to build collaborations between rape crisis centers and disability service agencies, the teams reported back to ICASA that what they needed was actual material to use in classrooms and at trainings; the Illinois Imagines curriculum came from these on-the-ground requests. While the curriculum was not the original intent of the OVAW grant, ICASA members were able to work closely with federal representatives to create Illinois Imagines, in direct response to the unforeseen needs of rape crisis and disability agency educators. (S. Paceley & T. Tudor, personal communication, July 30, 2014).

Illinois Imagines was created in collaboration with Illinois disability service agencies (DSA) such as centers for independent living (CILs), rape crisis centers (RCCs), members of the Illinois Coalition Against Sexual Assault (ICASA), including survivors of sexual assault, and politically active people with intellectual/developmental disabilities (I/DD) also known as self-advocates. The 2007 proposal included two years of interviews and a year-long planning process with all stakeholders, overseen by federal representatives of OVAW from the Vera Institute of Justice, as well as printing and dissemination of more than 1,300 Illinois Imagines toolkits. The University of Illinois at Chicago’s (UIC) Dr. Paul Schewe and the Interpersonal Violence
Prevention Information Center also came on board for providing technical assistance in the creation of the Illinois Imagines curriculum (P. Schewe, personal communication, November 12, 2012; United States Department of Justice, Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010).

Participants at a federal OVAW roundtable on sexual violence against women in the U.S. expressed the following:

the need for research as a social justice issue, emphasizing that existing methods often do not reflect the needs and challenges of underserved populations, particularly communities of color. Participants emphasized the need for more diversity in methods of researching sexual violence, including qualitative and mixed-method approaches, as well as more diversity among researchers themselves. (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010, p. 14, my italics and underlining for emphasis)

As I explore further in the literature review and methodology sections, it is these national calls that this evaluation research responds to: research as part of social justice; research centering the epistemologies of underserved and marginalized social groups; diverse methodologies based within decolonizing frameworks such as critical disability, indigenous and feminist epistemologies; qualitatively weighted, mixed methods approaches to research; and “diversity among researchers themselves”.

C. **Sexuality & Disability Consortium and Illinois Coalition Against Sexual Assault**

In 2009, I began volunteering with the UIC Sexuality and Disability Consortium (SDC), a group doing work around sexuality education for people with intellectual and developmental disabilities (I/DD) (Sexuality & Disability Consortium, 2015). As an SDC representative, I co-presented at various conferences, and community presentations, and helped coordinate several community forums (refer to curriculum vitae). Members of the Illinois Coalition Against Sexual

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1 For my positioning of myself as a researcher, refer to the end of the “Conceptual and Theoretical Frameworks” section.
Assault (ICASA), including the rape crisis centers involved in this research, attended all three of our SDC community forums, and introduced us to the Illinois Imagines curriculum as a resource for the SDC network. SDC members attended the regional Illinois Imagines meetings, explicitly extending our sexuality education work into the related area of coping with and preventing sexual violence. I communicated with the ICASA executive director, as well as two grant writers/educators/designers of the Illinois Imagines curriculum, throughout this evaluation research (S. Black, personal communications, January 24, 2013, and March 25, 2013; S. Paceley & T. Tudor, personal communication, July 30, 2014). In July 2013, I attended the Illinois Imagines state conference, in order to learn more about the curriculum and stay updated about additions, such as the manual for parents and guardians, a supplemental picture guide, guide for medical staff, and empowerment manual for self-advocates with disabilities (Illinois Coalition Against Sexual Assault, 2014; Illinois Imagines, 2013).

D. **Cultural Competency and Disability Humility**

The Illinois Imagines curriculum is part of a response to national calls for “cultural competency” in working with people with disabilities as a marginalized social group, something that the curriculum refers to as “disability humility” (Illinois Imagines Project, 2010b). The curriculum argues, “cultural competency” is a limited framework because the assumption is that pre training can be effective for working with people from many different cultures, but often inadvertently turns into a “laundry list” of cultural dos and don’ts (Illinois Imagines Project, 2010b, p. 39). In contrast, the “humility” framework of the toolkit argues we can familiarize ourselves with many different cultures, but the key is to continue challenging our biases as we go along, remain open to people as individuals rather than representatives of particular cultures, and when in doubt it is “Okay to inquire” respectfully and tactfully, in an apropos time and place (Illinois Imagines Project, 2010b, p. 38).
Researches in the Department of Disability and Human Development at the University of Illinois at Chicago have addressed cultural competency for people with disabilities (Balcazar, Suarez-Balcazar, & Taylor-Ritzler, 2009). Cultural competency through disability humility fosters a familiarity with many difference kinds of disabilities, including similarities and differences across groups. It also includes learning about disability and intersections with race, ethnicity, class, a/sexuality\(^2\), and gender orientation, among others, as both identities and cultural systems of knowledge and experiences. Disability humility means exploring both individual bias and structural oppression against people with disabilities (Illinois Imagines Project, 2010b). This can be done by learning about intersectionality, the disability rights, independent living, and/or self-advocacy movements, through disability studies literature, activism for the rights of disabled people, as well as through disability arts and culture like the Chicago based “Bodies of Work” festival (Illinois Arts Council, Arts & Business Council of Chicago, The Chicago Community Trust & University of Illinois at Chicago, Department of Disability & Human Development, 2013). The curriculum evaluated in this research embodies cultural competency and disability humility both through the explicit inclusion of material around this topic, as well as implicitly through the centering of the social model of disability, and the images of diverse people with disabilities of various racial and ethnic backgrounds, ages, sizes, etc. The spirit of disability humility closely informed my conduct through this research.

\(^2\)“Asexuality” refers to people who do not experience sexual desire or a desire for sexual relationships. Asexuality has become a recognized sociopolitical identity (Asexuality Visibility & Education Network, 2015; Bogaert, 2006; Cerankowski & Milks, 2010).
E. **Knowledge Translation and Evidence Based Practices**

This evaluation research is envisioned as a response to the national call for “knowledge translation” (KT) as defined by the National Institute on Disability and Rehabilitation Research: “the multidimensional, active process of ensuring that new knowledge gained through the course of research ultimately improves the lives of people with disabilities, and furthers their participation in society” (National Institute on Disability and Rehabilitation Research, 2005, as cited in Sudsawad, 2007, p. 1). The National Center for the Dissemination of Disability Research has also defined KT as the, "practical application of high-quality disability and rehabilitation research by key stakeholders (i.e., consumers, researchers, practitioners, and policymakers) for the purpose of improving the lives of individuals with disabilities" (National Center for the Dissemination of Disability Research, 2005, as cited in Sudsawad, 2007, p. 2).

Providing sexuality education and sexual violence prevention knowledge to women with disabilities can be an “evidence based practice” (National Secondary Transition Technical Assistance Center, 2015)\(^3\) for mitigating the negative effects of sexual violence (Hollomotz, 2011; McCarthy, 1999, 2000; United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010). However, this kind of programming often does not occur at disability service agencies (DSAs) and rape crisis centers (RCCs); the curriculum in this research is a response to this gap (Paceley & T. Tudor, personal communication, July 30, 2014).

This dissertation is conceptualized as a knowledge translation process of providing women with intellectual disabilities the sexuality education and sexual violence education that

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\(^3\) I have been unable to find a clear, standardized definition of “evidence based”, which is peculiar because of it’s centrality in national government agendas, e.g., health/sexual health, education. It is also unclear whether evidence based includes qualitative research (National Secondary Transition Technical Assistance Center, 2015). My sense is more and more funders are explicitly requiring evidence based practices (and evaluation), yet I wonder whether/how this is defined.
evidence research has shown may support coping with and preventing sexual violence. The curriculum translates the “promising practice” (National Secondary Transition Technical Assistance Center, 2015) of addressing sexual violence through sexuality education, and including self-advocates in various processes4 (Chung, Borneo, Kilpatrick, Lopez, Travis, Lui, Khandwala, & Schuster, 2005; Fields, González, Hentz, Rhee, White, 2008; Garcia-Iriarte, Kramer, Kramer, & Hammel, 2009; O'Higgins & Gabhainn, 2010; Stevens, 2012). This evaluation research also attempts to translate the promising practice of building collaborations between disability service agencies (DSAs) and rape crisis centers (RCCs) in order to build capacity for better meeting the needs of women with disabilities experiencing sexual violence. It aims to address the specific knowledge translation concerns of participants at the 2010 federal roundtable concerning sexual violence in the U.S.: “Current research is conducted in silos, and research is rarely disseminated to practitioners in a user-friendly and applicable way” (United States Department of Justice, Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010, p. 12).

4 Although the Illinois Imagines toolkit does encourage “self-advocates” (defined broadly as any person with a disability) to co-teach and lead all trainings, this research had two non-disabled rape crisis center educators teach. The reason for this is that RCC educators are already funded to do education, while neither I nor the disability service agency involved had any funding to pay a self-advocate. Also, due to the limited experience of the DSA clients with self-advocacy and sexuality education, agency service users had not participated in a lot of formalized sexual self-advocacy at the time of this research. Hopefully, some of the ten women who completed the classes are now more ready to be self-advocate co-trainers in future classes; this would be interesting for other disability studies students to explore.
F. **Reducing Health/Sexual Health Disparities**

In addition to the response to knowledge translation practices, University of Illinois at Chicago communities have responded to the national call for reducing “health disparities” of marginalized social groups and communities. Health disparities are where particular communities and/or social groups experience disproportionately high rates of certain diseases and conditions, such as sexual violence, particular cancers, or serious mental illness (University of Illinois at Chicago: Center of Excellence in Eliminating Disparities, 2014; University of Illinois at Chicago: Center on Psychiatric Disability & Co-Occurring Medical Conditions, 2012). Some of UIC’s responses to health disparities include a February 2013 conference addressing minority health disparities (Minority Students for the Advancement of Public Health, Urban Health and Diversity Program, & UIC School of Public Health, 2013), the Chancellor’s Lecture series in April titled, “Why Health Disparities Matter” (UIC Chancellor's Lecture and Event Series, 2013), and the UIC Certificate in Health Disparities Research (University of Illinois at Chicago: School of Public Health, 2012). This evaluation research addresses the sexual health disparities of women with intellectual disabilities as an extension of the UIC health/sexual health disparities agenda.

G. **Summary: “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”**

The curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”, in this evaluation research has top down and bottom up buy in. The top down buy in comes from the DOJ: OVAW, which sponsored the grant paying for the creation and technical assistance for the Illinois Imagines toolkit, and from the state level Illinois Department of Human Services, the coordinator for use of the federal OVAW grant by the Illinois Coalition Against Sexual Assault (ICASA). Finally,
top down institutional buy in comes from the backdrop of the University of Illinois at Chicago’s greater interest in: fostering “cultural competency” also known as “disability humility”; “knowledge translation” like addressing sexual violence using research based approaches; and reducing “health disparities”, such as the sexual health disparities experienced by women with intellectual disabilities.

Bottom up local and state buy in comes from political self-advocates with disabilities, disability service agencies (DSAs), and rape crisis centers (RCCs) in Illinois who were integral to the creation of the curriculum. Bottom up buy in also comes from the University of Illinois at Chicago’s Sexuality & Disability Consortium’s (SDC) utilization of the Illinois Imagines curriculum, and our ongoing collaboration with the Illinois Coalition Against Sexual Assault (ICASA) creators of it. Finally, this evaluation research was strengthened by my own access to these various key players across the local, state, and national levels, such as: people with various disabilities as self-advocates; disabled and non-disabled survivors of sexual violence; the disability service agencies (DSA), and rape crisis centers (RCC) who participated in this evaluation research; the UIC Sexuality & Disability Consortium (SDC) members such as the UIC Family Clinic, who extended support for participants in this research should they have require it; the statewide Illinois Coalition Against Sexual Assault (ICASA) executive director, and two creators of the curriculum.
III. LITERATURE REVIEW

This mixed methods feminist evaluation research drew on interdisciplinary approaches to sexuality, including critical feminist, disability, race, indigenous, queer, and trans theories. In particular, concepts of gender and disability as social constructions, citizenship and sexual citizenship theories, feminist theories around “rape culture”, and principles of community based research provided an epistemological framework for this work. These multi-disciplinary and inter-theoretical frameworks are critical in sexuality education and sexual violence prevention because sexual knowledge and experiences of sexual violence are themselves affected by intersectional oppression, and mitigated by resistance through intersectional identities. This chapter explores concepts from gender and disability studies frameworks as theoretical backdrops for evaluation of this evaluation research of the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”.

A. Rates of Sexual Violence Against Disabled and Nondisabled Women

Experiences of sexual violence are common for women in the United States and around the world. Latta and Goodman (2011) reference studies estimating that at least 25% of women in the U.S. experience intimate partner violence, including sexual violence. According to a summary by the U.S. OVAW5 1 in 6 women and 1 in 33 men will experience sexual assault in their lifetime (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, White House Advisor on Violence Against Women, 2010). Yet most sexual crimes are not reported to police, so these estimates do not capture the ubiquity of sexual violence experiences for women and, “sexual violence remains one of the most underreported crimes in the United States” (United States Department of Justice Office on

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5 OVAW is the U.S. federal office that sponsored the grant received by the Illinois Coalition Against Sexual Assault (ICASA) used in part for the creation of the Illinois Imagines curriculum evaluated in this research.

The OVW supports Services, Training, Officers, Prosecutors (STOP) programs to work systemically against sexual violence. In 2008, 461,734 victims/survivors were served during the STOP Programs 12-month reporting cycle\textsuperscript{6}. This includes victims/survivors of domestic violence, dating violence, sexual assault\textsuperscript{7} and stalking, all crimes related to sexual violence\textsuperscript{8} (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, White House Advisor on Violence Against Women, 2010, p. 28). The 461,734 victims/survivors is the number of people served in 2008 through STOP programs. This number \textit{does not} include victims/survivors accessing services multiple times i.e. this is an “unduplicated count” of people who accessed STOP centers in 2008. This statistic only reflects the number of people that \textit{sought services} from the federally funded programs comprising the STOP network. It does not include, for example, rape crisis centers not relying on federal funding sources, or religious and community organizations coping with sexual violence without relying on STOP programs.

\textsuperscript{6} The 2008 data in the 2010 STOP report is the most recent bringing together of data across rape crisis centers nationally; there is not a more recent federal source of a similar ilk at this time (April 8, 2015).
\textsuperscript{7} According to a presentation August 13, 2012 at the Chicago center for independent living Access Living by representatives of the Illinois Imagines Chicago North and Central Teams, “sexual assault” is the penetration of the mouth, vagina, or anus of a non-consenting person with a body part and/or object. The definition of “sexual assault” differs by state, with some states using the term interchangeably with “rape” (Rape Abuse & Incest National Network, 2013).
\textsuperscript{8} The breakdown by percentages was: 85.3% victims of domestic violence or dating violence; 12.2% victims of sexual assault; 2.5% victims of stalking. By “related to sexual violence” I mean these are crimes often occurring within intimate relationships, which involve sexuality, and therefore, may involve sexual violence as well. Additionally, violence and sexual violence against women is \textit{gendered} violence, and gender often intersects with sexuality. It is difficult to separate “violence” and “sexual violence” in these contexts, especially since the STOP programs seem to have a particular emphasis on sexuality issues.
The 461,734 figure does not include victims/survivors who did not choose to officially report experiences of sexual violence at all. According to a 2010 Department of Justice report, 63% of completed rapes, and 65% of attempted rapes against women were not officially reported to law enforcement between 1992 and 2000, and as little as 16% of rape victims will ever be reported to law enforcement (United States Department of Justice, Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010, p. 11-12). Additionally, the 461,734 figure does not include people who sought, but did not receive services from STOP programs; another 8,766 people in 2008.

If we work with the more conservative figure of victims/survivors in 2008 who received services from STOP programs, and we assume that each person had had only one experience with sexual violence that year, the rate of sexual violence might be broken down this way: In 2008, at least 461,734 people (mostly women) in the United States experienced sexual violence; this is 1,265 victimizations per day; 52 per hour; almost one victimization per minute. Of course, the 461,734 figure doesn’t represent the U.S. incidences of sexual violence in 2008, as victims/survivors might have been seeking services for something that happened in previous years, but the point remains: there is an incredibly high documented rate of sexual violence against women, yet these rates are most likely gross underestimations of prevalence.

The cited rates of sexual violence that people with intellectual disabilities (ID) experience vary, but most estimates are also high. Murphy and O’Callaghan (2004) cite rates of sexual violence estimates between 61-83% of women and 25-32% of men through studies in the UK. Hollomotz (2008) refers to various studies reporting a, “range from around 10-80%” (p. 93)9. In studies by Ward, Bosek, and Trimble (2010) and Ward, Windsor, and Atkinson (2012), 60% of

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9 This wide range may be reflective of definitional issues; refer to footnotes seven and eight on previous page.
the sample of people with intellectual and developmental disabilities (I/DD) in Alaska had experienced interpersonal violence, including sexual violence. Sexuality educators who work with people with I/DD confirm that experiences of sexual violence are common with I/DD populations (Horn Anderson, 2000; Hingsburger, 1995). Women with I/DD are at higher risk of experiencing sexual violence than non-disabled women, and the vast majority of perpetrators are known to victims/survivors (Stevens, 2012).

Sexuality educator Dave Hingsburger shares a story about a woman with intellectual disability (ID) whom had experienced so much sexual exploitation that when someone offered her candy, she would promptly lie down on the ground and open her legs. This kind of story illustrates the normalized levels of sexual violence that women with ID experience, partly the result of circular discourses of sexual vulnerability and paternalism, something Hingsburger (1995) calls, “protectionism” or “the prison of protection” (p. 13). Like feminist notions of “patriarchy” in a “rape culture,” protectionism works to individualize sexual violence experienced by people with disabilities, while avoiding examination of structural barriers and forms of oppression that create environments where such violence is the norm. As with patriarchy, protectionism itself both creates and perpetuates sexual vulnerability (Hollomotz, 2011).

Sexuality education and sexual violence prevention programs can serve as protective factors for women with intellectual disabilities (ID). The high rates of sexual violence against women in general, and women with ID in particular, warrant an increase in sexuality education and sexual violence prevention and evaluation, like that in this research. At the macro level, high rates of sexual violence are indicative of a lack of sexual citizenship status for women with and without ID. High rates of sexual violence are also indicative of the heteronormative rape

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10 More on these concepts in the next sections.
culture/s in which sexual violence becomes permissible and normalized. Sexual citizenship and rape culture as socio-political and cultural issues framing this research are explored in the following sections.

B. **Sexual Citizenship, Feminism, and Women with Intellectual Disabilities**

Sexual citizenship is one of the many forms of citizenship, including legal, political, social, economic, and cultural citizenship. While the notion of citizenship may bring to mind active participation in civic realms such as voting and employment, sexual citizenship is the expansion of citizenship discourse of rights and responsibilities into the realm of sexuality. A sexual citizen is one whose “membership and belonging in a nation state” is not compromised by their sexual practices, but rather, one whose sexual practices are protected by law, and/or not punishable by law (Cossman, 2007, p. 5). It includes sexual practices and identities that are accepted and privileged in a given society. To be a sexual citizen is to be unashamed, even proud, of one’s sexuality and sexual expression, and to be able to take this expression for granted. A sexual citizen does not face social ostracism, litigation, and professional interference when it comes to sexual identity and practices. On the contrary, sexual citizenship may bring with it promises of personal, community, and democratic fulfillment and well-being (Cossman, 2007; Richardson, 2000).

At this time, heterosexual people in the United States are sexual citizens because they can marry and are expected to marry, have families, visit each other in the hospital, share health insurance as a couple, etc. In contrast, homosexual people are excluded from sexual citizenship, do not have access to, and are not privileged with these things (Weeks, 1998, 2000). Similarly, non-intellectually disabled people are sexual citizens where they can marry, have families, have a private sex life, etc., while people with intellectual disabilities experience many social and
institutions barriers to marrying, having children, or even being considered sexual at all (Milligan & Neufeldt, 2001; Schwier, 1994).

Contemporary feminists have strongly critiqued androcentric, paternalistic formulations of citizenship, particularly sexual citizenship. In the United States, they have argued that socio-political norms and institutions regulating citizenship/sexual citizenship status and privilege are dependent upon assumptions of being:

- *non-physically disabled* (Garland-Thomson, 2001, 2002, 2005; Green, 1995; McRuer, 2006; Rousso, 2013; Wendell, 1989; 1996);
- *non-poor* (yoas, 2006);¹¹
- *non-addicted* (morrigan & geoff, 2014);
- *non-fat* (Harding, 2008; Lamm, 1995; Rothblum & Solovay, 2009);
- *non-incarcerated* (Ben-Moshe, 2011; Ben-Moshe & Carey, 2014; Spade, 2011);
- *heteronormative¹²* (Rubin, 1989);
- *youthful (but not children)* (Cossman, 2007; Evans, 1993; Rubin, 1989);
- *male-bodied and gendered* (Friedman & Valenti, 2008);
- *non-trans, cis gendered¹³* (Feinberg, 1996, 1998; Stryker, 2008; Serano, 2007);
- *non-Two Spirit¹⁴* (Driskill, 2011; Jacobs, Thomas, & Lang, 1997);

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¹¹ yoas spells their name with lower case; dido “morrigan & geoff”.

¹² According to Rubin (1989) heteronormative is: heterosexual; married; monogamous; having sex to procreate; do not have sex for money, favors, or opportunities (i.e. are not sex workers); not using pornography or sexual paraphernalia (i.e., are “vanilla”, not “kinky” engaging in practices that fall under Bondage and Discipline, Dominance and Submission, Sadism and Masochism/BDSM); have sex only in private; and are having sex with a person relatively the same age.

¹³ Cis refers to non-transgender people who identity with the gender they were assigned at birth, according to their genitalia.
• operating primarily in the public, wage earning realm (Lister, 2003; Young, 1989); and
• not exclusively engaged in the unpaid, material work, e.g., child and elder care (Siim, 2000; Voet, 1998).

As “women”, women with intellectual disabilities (ID) do not typically have citizenship and sexual citizenship status and privilege, just as women of color, people with physical disabilities, imprisoned, poor, addicted, fat, lesbian, gay, bisexual, trans, queer, and Two Spirit (LGBTQ2), non-wage earning, and care giving women often lack sexual citizenship status (Carey, 2009; Carlson, 2010; Razack, 1998; Riger, 1993; Rohrer, 2005). The lack of sexual citizenship status is both a cause of sexual violence directed towards women, as well as a result of such violence.

Access to sexuality education and sexual violence prevention knowledge, as well as sexual empowerment, is part of working towards sexual citizenship status for women with intellectual disabilities (ID). Women with ID can be supported in developing and claiming sexual citizenship15 through sexuality education and empowerment strategies such as sexual self-advocacy16 (Sandman, Arnold, Bolyanatz, Friedman, Saunders, & Wickey, 2014), just as non-intellectually disabled feminists have through consciousness raising, activism, and scholarship.

Before exploring sexuality education, sexual violence prevention knowledge, and empowerment/sexual self-advocacy for women with ID working towards sexual citizenship

14 Two Spirit is the preferred, umbrella term adopted by many indigenous, First Nations, and Aboriginal peoples referring to members who fall outside of Western male-man/female-woman dichotomies; preferred to the Western “trans” gendered.
15 The sexual citizenship framework has been critiqued as limiting by indigenous feminists who argue for tribal sovereignty, not citizenship in Western systems. I use the sexual citizenship framework in this dissertation because: this research takes place in the Western country of the United States; there are no indigenous identified participants; and citizenship frameworks are an integral part of international policy and research premised upon United Nations and World Health Organization standards (explored in other section).
16 Riger (1993) explores the limits of “empowerment” frameworks as highly individualized, lacking context, and often providing only an “illusion” of power. While problematic, I utilize an empowerment framework primarily because it underlies the Illinois Imagines curriculum in this evaluation research.
status in this research, the next section will explore “rape culture” and heteronormativity as powerful forces structuring the lives of women with and without ID.

C. **“Rape Culture” and Heteronormativity in Feminist Theory**

The feminist concept of “patriarchy” refers to the ubiquity of beliefs, attitudes, and systems creating and perpetuating inequality based on gender by privileging “men” over “women”, and “masculine” values and activities over “feminine” ones. Rape culture is a feminist concept describing patriarchal and colonizing systems permeated by sexual violence against women, and genderqueer people (Brownmiller, 1975; Buchwald, Flechtscher & Roth, 2005; Friedman & Valenti, 2008; Hernández & Rehman, 2002; Serano, 2007). In a rape culture, experiences of rape, sexual abuse, and other forms of sexual violence are common, particularly for women and girls. For example, “women and girls are perpetually demeaned in advertising and other profit-generating venues” (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, White House Advisor on Violence Against Women, 2010, p. 19). In rape culture, sexual violence is also common for gender non-conforming, queer, Two-Spirit, and trans people (Driskill, 2011; Jacobs, Thomas, & Lang, 1997; Meyerowitz, 2002; Nibley & Martin, 2010; Serano, 2007; Spade, 2011; Sycamore, 2006, 2008), people of color (Hill Collins, 2005; Moraga & Anzaldúa, 1983; Rojas, 2009), people with disabilities, including mental illness (Campbell, Dworkin, & Cabral, 2012; Shakespeare, Gillsepie-Sells, Davies, 1996; Siebers, 2008) and other groups often excluded from sexual citizenship (refer to previous section).

Rape culture is an important concept because the sexual violence women and people with intellectual disabilities (ID) experience happens within frameworks of the rape culture at large, where sexual violence is normalized based on interlocking oppressions, e.g., disability, gender, race, class, immigration status, gender non-conformity, a/sexualities. Not only are women and
girls subject to sexual and economic degradation in patriarchal rape cultures, but also many people falling outside of the “heteronormative” boundaries circumscribing sexual citizenship are also targeted for sexual violence. The people most targeted for sexual violence are the same groups excluded from sexual citizenship (refer to previous section for these groups).

Women with intellectual disabilities (ID) are profoundly affected by sexual oppression, including sexist, ableist, heteronormative, and rape culture notions of vulnerability, which both foster and exacerbate conditions of sexual violence; the very same rape culture conditions feminists are dedicated to transforming. Transforming rape culture requires resistance at multiple levels, namely through the micro, individual level via comprehensive, life long sexuality and sexual violence prevention education, and the macro systems level through policy change and inter-movement collaboration. This evaluation research has focused on the micro/individual level by providing education to individual women with ID, and makes recommendations for macro systems change based on the findings explored in the next chapter.

Heteronormativity is primarily the privileging of cisgendered, heterosexual people and heterosexuality over other gender identities and sexualities within patriarchal systems. Heteronormativity limits sexual citizenship to people in the “charmed circle” of “good sex” which is considered normal, healthy, and natural sex. In heteronormative systems, sex considered “normal”, “healthy” and “natural” only happens between sexual citizens who are: a) heterosexual; b) married; c) value sex for procreation over pleasure; d) monogamous; e) do not have sex for money, favors, or opportunities (i.e., are not sex workers); f) have sex only in private; and g) do not use pornography or sexual paraphernalia (Rubin, 1989). Many of these qualifiers implicitly exclude people with disabilities in general, and people with intellectual disabilities (ID) in particular:
a) disabled people may be homosexual, or not have access to heterosexual relationships because of being denied sexual citizenship privilege, or when forced into gender segregated institutions;

b) people with disabilities often face significant social and legal barriers to getting married; and

c) many disabled people have been prevented from procreating, such as the state taking away children, and forced sterilization.

Requiring the support of a personal assistant for sexual positioning, or access to Plain Language information means sexual activities:

a) occur between more than two people (not monogamous);

b) involve paying for support (sex for money);

c) involve other people making sex no longer private; and

d) may require the use of assistive devices, genital models, and/or explicit sexual material in various formats (sexual paraphernalia).

(Siebers, 2008; Institut zur Selbst-BestimmungBehindeter, 2013)

Disability studies scholars like Tobin Siebers (2008) and Tom Shakespeare (2006) have argued that normative cultural constructions of sexuality exclude people with disabilities. For example, disability studies “fucking ideology” (Shakespeare, Gillespie-Sells, & Davies, 1996, p. 97) is similar to the feminist concept, “phallocentrism” where only heterosexual penile-vaginal sex counts as legitimate “real”17 sex, and by extension only penile-vaginal rape counts as the most “real” rape. In a rape culture, the centrality of penile-vaginal intercourse results in penile-vaginal rape as the sexual violence taken the most seriously socially, by law enforcement, and the criminal legal system (Friedman & Valenti, 2008). Yet for disabled and non-disabled people,

17 This is in quotations because so many people say this in everyday conversation, e.g., “That’s not real sex”, “We didn’t really have sex” (referring to lesbian sex, oral sex, etc.).
intercourse may be inaccessible or undesirable sex, and penetration may or may not be the kind of sexual violence experienced.

Feminist and disability studies analysis of heteronormative cultural constructions of sexuality and sexual violence are important because they circumscribe the way sexual violence is hierarchically categorized and dealt with. If penile-vaginal rape by a stranger is considered the most heinous, the damage of other forms of sexual violence by acquaintances (the most common form of rape) will be dismissed. If people with disabilities are assumed to be heterosexual, sexual violence between same sex/gender individuals may not be recognized. And if people with intellectual disabilities (ID) are assumed to be asexual non-sexual citizens, sexual violence of any kind may not even be considered possible. This dissertation brings together feminist notions of rape culture, sexuality education, and sexual violence prevention work into conversation with research involving women with ID. The use of the Illinois Imagines curriculum is envisioned as one way for individual women with ID to be part of resisting and transforming heteronormative, ableist rape culture.

D. **Resisting Rape Culture: Sexual Self-Advocacy and Sexuality Education**

Self-advocacy is when people with intellectual and developmental disabilities (I/DD) speak up for themselves and others regarding their rights, experiences, and expectations (Dybwad & Bersani, 1996; Friedman, Arnold, & Owen, 2014; Hayden, 2004; Self-Advocates Becoming Empowered, 2013). Sexual self-advocacy is a sub category of self-advocacy, and involves many of the same things, but with a focus on sexuality and sexual decision-making. People with intellectual disabilities have made it clear: “**We are sexual beings.** We are interested in knowing how to express our sexuality in safe and healthy ways. We want to have relationships – of our own choosing, in our own time frame, and shaped by our own values” (McLaughlin, Topper, Lindert, Green Mountain Self-Advocates, 2009, p. 1, bold original).
While the self-advocacy movement has continuously engaged with issues of sexuality, the actual term, “sexual self-advocacy” is quite recent and there is little research focused explicitly on it so far. The term “sexual self-advocacy” appears in print only in a few places (Friedman, Arnold, & Owen, 2014; Graham, Nelis, Sandman, Arnold, Parker, 2011; Hingsburger & Tough, 2002; McLaughlin, Topper, Lindert, Green Mountain Self-Advocates, 2009; Sandman, Arnold, Bolyanatz, Friedman, Saunders, & Wickey, 2014). This research conceptualizes sexual self-advocacy as including:

- learning to communicate effectively about sexuality;
- exploring sexual health resources such as comprehensive sexuality education and reproductive health care;
- learning to navigate consent and establishing healthy sexual boundaries;
- developing positive body image and gender identity;
- accessing supportive disability communities;
- advocating for sexual relationships of one’s choosing; and
- actively coping with and preventing sexual violence.


The barriers that women with intellectual disabilities (ID) must navigate in a rape culture are substantial, including interlocking oppression based on gender and disability (Razack, 1998),
a history of institutional and social discrimination (Braddock & Parish, 2001; Trent, 1994), along with staff, family and guardian protectionism (Hingsburger, 1995). Fortunately, navigating these barriers and, “survival is one of the thing[s] [self-advocates] do best” (Beckworth, 1996, p. 241). Being skilled sexual self-advocates may position women with ID as less easy targets for perpetrators of sexual violence. Women with ID who are sexual self-advocates will have more sexual knowledge and practice in reporting sexual violence to safe, supportive people to confront perpetrators and connect with rape crisis centers for services. Providing life long, comprehensive sexuality education, and fostering sexual self-advocacy with women with ID is an integral part of resisting rape culture sexual violence.

Without the opportunity to practice sexual decision-making through sexual self-advocacy, people with intellectual disabilities (ID) remain vulnerable to the endemic sexual violence of rape culture (Graham, Nels, Sandman, Arnold, Parker, 2011; Hingsburger & Tough, 2002; Hollomotz, 2008; McLaughlin, Topper, Lindert, Green Mountain Self-Advocates, 2009; Sandman, Arnold, Bolyanatz, Friedman, Saunders, & Wickey, 2014). Since people with ID are often more interdependent with others, family members, support staff, and medical professionals are in positions to control and limit their opportunities to practice sexual self-advocacy and sexual decision-making. Hingsburger (1995) points out that, “adults with developmental disabilities are being asked to make decisions about big things, like sex, without understanding big consequences, like disease, before they learn to make decisions about little things” (p. 23), like what to eat for dinner, or whether or not to close the door to the bedroom for privacy during sexual activity.

Being more interdependent with others may increase vulnerability; vulnerability prompts protectionism and still more restrictions on opportunities to practice sexual self-advocacy; and lack of opportunity to practice sexual self-advocacy and sexual decision-making fosters still
more vulnerability. If people with intellectual disabilities (ID) are not given the opportunities to practice sexual self-advocacy, make sexual decisions and learn from the consequences, vulnerability to sexual violence will likely be increased. In other words, being considered vulnerable and in need of protection can actually increase vulnerability; withholding sexuality and sexual violence information makes women with ID easier targets for sexual predation (Hollomotz, 2011), while “relationships and sexuality education” can work protectively (Lafferty, McConkey, & Simpson, 2012).

The argument against disability protectionism as fostering vulnerability is similar to feminist arguments against paternalism in response to rape culture sexual violence. For feminists, the appropriate response to rape culture is not for women to stay home, cover up, seek protection, and avoid sexuality information and experiences. To “blame the victim” and expect women to change their behaviors in order to navigate through rape culture is not the solution. Rather, it is necessary to transform the paternalism/protectionism of rape culture into a culture of consent. Rape culture is marked by:

- sexual violence;
- victim blaming;
- interlocking oppressions like sexism, ableism, racism, and classism;
- heteronormativity; and
- paternalism and protectionism.

In contrast, a consent culture would foster:

- sex positive experiences imbued with active consent\(^\text{18}\);
- holding perpetrators and not survivors primarily accountable;

\(^\text{18}\) “Sex positivity” refers to the valuing of sexual expression in myriad forms, without shame, guilt, or legal sanctions, provided that consent is present. By “active” I am referring to the contemporary feminists demand for “yes” from all parties in consenting sexual activities, not just the absence of “No” (as with earlier feminist “No means No” campaigns).
• empowerment though women centrality, disability positivity, anti-racist and -classist personal, and policy decision making;
• gender flexibility, a dissolution of sex and gender binaries; and
• and the dignity of risk inherent in sexual decision-making for women with and without intellectual disabilities.

Feminists work to transform interlocking rape culture oppressions by fostering personal and political empowerment, providing sexuality education, participating in consciousness raising, and political activism for reproductive justice. Sexuality education for women with intellectual disabilities (ID) based on the above feminist and disability studies principles of the social model of disability, interdependence, and empowerment through sexual self-advocacy, may be a more effective in transforming ableist rape culture than individualized approaches to sexual violence, such as paternalism and protectionism.

The Illinois Imagines curriculum centers sexuality education as a means of fostering resistance against rape culture and heteronormativity, particularly through developing the sexual self-advocacy of women with intellectual and developmental disabilities (I/DD). A central aim of this research is to equip participating women with ID with general sexuality knowledge for coping with and preventing sexual violence, while also working collectively to resist and transform a small corner of rape culture as part of a greater feminist, disability positive, social justice movement. This research explicitly contributes to the developing body of knowledge about sexual self-advocacy by women with intellectual disabilities as a form of resisting rape culture, and ableist heteronormativity that make experiences of sexual violence so common for women with ID.
E. **Standards for Sexual Health and People with Disabilities**

Adults without intellectual disabilities (ID) in the United States have the right to sexual relationships once they reach legal adulthood. For non-disabled adults, nothing more must be done apart from reaching this age\(^{19}\). While there is no national policy or law guaranteeing adults with ID the same right to sexual relationships (Lyden, 2007), there are some national and international standards/guidelines including those from the:

- American Association on Intellectual and Developmental Disabilities (AAIDD);
- National Guardianship Association (NGA);
- Self-Advocates Becoming Empowered (SABE) and The Riot!; and the

1. **American Association on Intellectual and Developmental Disabilities**

The American Association on Intellectual and Developmental Disabilities (AAIDD) affirms the rights of people with intellectual disabilities (ID) to sexual knowledge, expression, and education on preventing and coping with sexual violence. According to AAIDD (American Association on Intellectual and Developmental Disabilities, 2013):

People with intellectual disabilities have sexuality, regardless of their degree of disability…. Sexuality education helps people with an intellectual disability recognize if someone is trying to take advantage of them so they can recognize inappropriate sexual advances early on, better protect themselves from exploitation and/or be able to report incidents of suspected sexual abuse. Education also helps people with disabilities avoid making social mistakes that might make them look foolish or might be mistaken for criminal activity. Information about sexuality also increases a person’s awareness of the possible consequences of sexual activity, such as the risk of pregnancy or of acquiring a sexually transmitted disease… The appearance of sexual urges and interests should be celebrated as an aspect of persons with intellectual disabilities that is within normal limits. It need not be feared as yet another obstacle to success and independence.

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\(^{19}\) Whether or not persons younger than the legal age of consent, which various by state, including children, are sexual or should be sexual is beyond the scope of this dissertation; refer to Cossman (2007), Evans (1993), Foucault (1997), and Weeks (1998) for these discussions.
The previous AAIDD passage is quoted here at length, because each sentence captures an underlying assumption of this evaluation research, namely that:

- most people with ID are appropriately sexual, unlike stereotypes of disabled people as asexual, or hypersexual (Carey, 2009; Milligan & Neufeldt, 2001);
- sexuality education that is lifelong and comprehensive, as well as disability, gender, a/sexuality, age, race, etc. sensitive, is one tool for people with intellectual disabilities (ID) to identify and protect themselves from sexual violence (Hingsburger & Tough, 2002);
- sexuality education creates opportunities for learning how to navigate the complexities of social life in order to have healthy sexual and non-sexual relationships (Hollomotz, 2008, 2011; McCarthy, 1999); and
- sexuality education can be effective in reducing unwanted pregnancies and sexually transmitted infections (Card & Benner, 2008). It can also be “celebrated” aspect in the lives of people with and without ID. Sexuality need not be punished, denied, ignored, stifled or serve as a source of shame, embarrassment, and desperation (Hingsburger, 1995).

While this research does not assume all people are sexual, (there are people who identify as asexual; refer to Cerankowski & Milks, 2010, and Asexual Visibility and Education Network, 2015), the assumption is that most people are sexual at least at some point in our lives. To deny sexuality and sexuality education, to make sexuality issues either more or less serious than is warranted, is courting both individual unhappiness, shame and disaster, as well as fueling the fire of “rape culture” (previous section).
2. **National Guardianship Association**

   Guardianship is where a person with disabilities is deemed legally incapable of making decisions on their own, and another person is assigned to be their “legal guardian” in order to make decisions for them (Dinerstein, Herr, & O’Sullivan, 1999). Disability service agencies (DSA) often comply with wishes of legal guardians when it comes to their service users, because they are afraid of legal repercussions, and/or because agencies lack clear sexuality policies (Horn Anderson, 2000; Hingsburger, 1995; Hingsburger & Ryan, 1995; Stevens, 2012). Yet the National Guardianship Association affirms that, “The guardian shall acknowledge the ward's right to interpersonal relationships and sexual expression… The guardian shall protect the rights of the ward with regard to sexual expression and preference” (2007, p. 7).

3. **Self-Advocates Becoming Empowered and The Riot!**

   Self-advocates are people with intellectual disabilities and developmental disabilities (I/DD) who work towards self-empowerment and “speaking up” for themselves and others (Self-Advocates Becoming Empowered, 2010; McLaughlin, Topper, & Green Mountain Self-Advocates, 2009; Graham, Nelis, Sandman, Arnold, & Parker, 2011; Sandman, Arnold, Bolyanatz, Friedman, Saunders, & Wickey, 2014). Since the first SABE conference for self-advocates in 1990, and local self-advocacy groups such as People First have begun to form all over the country. Self-advocacy groups have demanded a voice in their own lives, with their guardians, service providers, communities, policy makers, and family members. Self-advocates have set the standard for “people first” language, including getting rid of the “r word” (“retardation”), deinstitutionalization, and ending discriminatory involuntary sterilization and prenatal screening of people with ID (Carey, 2009, p. 189).
While SABE does not have an official policy statement concerning sexuality at this time, the organization’s 20th anniversary annual newsletter featured a story by Max Borrows titled: “Love: Not Just for Some, But for Everyone!” (Self-Advocates Becoming Empowered, 2010, p. 9). This brief piece highlights many of the common issues around sexuality for people with intellectual disabilities (ID), for example: lack of sexuality education as a barrier to empowerment; the emphasis on the sexual risk with little exploration of sexual pleasure and healthy sexuality; and the meaningfulness of self-advocates teaching other people with ID about sexuality (a.k.a. sexual self-advocacy).

Similarly, the online self-advocacy newsletter published by the Self-Advocate Leadership Network and the Human Services Research Institute (HSRI) called The Riot! frequently deals with topics of sexual relationships (Self-Advocate Leadership Network, 2006, 2008, 2010a, 2010b, 2012). Topics range from how to find a relationship, dating tips, when to tell a partner that you love them, searching for sex toys, and speaking up for sexuality education. Self-advocate organizations and publications have made it clear: “We do think about sex and we are sexual beings!” (Self-Advocate Leadership Network, 2006, p. 1). Sexuality continues to be an important topic in the Self-Advocacy Movement, and forms a solid base for creating standards of sexual health reflective of people with intellectual and developmental disabilities (I/DD) themselves (Hayden, 2004; Johnson & Williams, 1999; Shoultz & Ward, 1996), rather than only of service providers, family members, and legal guardians.

4. **World Health Organization**

The international World Health Organization (WHO) is the official branch of the United Nations for all health matters, including sexual health. The WHO clearly delineates the state’s imperative to address sexual health for people with disabilities through, “laws [that] do
not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood” (2009). Tellingly, as of 2015 the United States has not yet ratified the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD) (United Nations, 2015). The Article 23 of the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations General Assembly, 1994) delineates the sexual rights of people with disabilities, which this research also assumes for women with intellectual disabilities in particular:

1. Persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood. Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, States should encourage the availability of appropriate counseling. Persons with disabilities must have the same access as others to family-planning methods, as well as to information in accessible form on the sexual functioning of their bodies.

2. States should promote measures to change negative attitudes towards marriage, sexuality and parenthood of persons with disabilities, especially of girls and women with disabilities, which still prevail in society. The media should be encouraged to play an important role in removing such negative attitudes.

3. Persons with disabilities and their families need to be fully informed about taking precautions against sexual and other forms of abuse. Persons with disabilities are particularly vulnerable to abuse in the family, community or institutions and need to be educated on how to avoid the occurrence of abuse, recognize when abuse has occurred and report on such acts.

While laws regarding people with intellectual disabilities (ID) in the United States vary from state to state, where they exist at all, and there is no national law or standard, these are existing guidelines that could serve as templates for sexual health standards and policies. States can utilize the standards and guidelines from the organizations and entities described above to create and implement inclusive, and socially just laws regarding sexuality and sexual expression for disabled and nondisabled people. Additionally, disability service agencies (DSAs) could benefit from having a clearly defined policy about sexual health, sexuality education, coping with, and preventing sexual violence; the standards above are a starting place for such a process. This research relies upon many of these standards.
Many of the principals from these professional (American Association on Intellectual and Developmental Disabilities, National Guardianship Association), self-advocate (Self-Advocates Becoming Empowered, *The Riot!*), and international (World Health Organization, United States, Convention on the Rights of Persons with Disabilities) standards and guidelines have already been built into the Illinois Imagines curriculum in this evaluation research. For example, the necessity of lifelong, comprehensive, disability and gender sensitive sexuality education as a means of coping with and preventing sexual violence is a pillar of the curriculum, as is fostering sexual health, healthy sexual expression and relationships, including sexual pleasure.

While the curriculum may not be unique in relying on these standards/guidelines, as well as feminist and disability studies principles, evaluation of such curricula for people with intellectual disabilities (ID) is lacking (Barger, Wacker, Macy, & Parish, 2009; Ward, Windsor, & Atkinson, 2012), as is evaluation of sexuality education and sexual violence prevention programs in general (Schewe, 2002; Stevens, 2012). This research evaluated a curriculum for preventing and coping with sexual violence with women with ID in order to contribute to moving such curricula towards “evidenced-based” standards (National Secondary Transition Technical Assistance Center, 2015), relative to the standards for sexual health described in this section.

F. **Evaluation of Sexuality Education Curricula**

There is a critical need for sexuality education and sexual violence prevention program implementation in the United States, given our ongoing reputation as a Western country with some of the highest documented rates of sexual violence, sexually transmitted infections (STIs), and unplanned pregnancy (Advocates for Youth, 2011; Lottes, 2002). While the sexual violence rates against people with intellectual disabilities, particularly women, has been well documented
over time and location (Dotson, Stinson & Christian, 2003; Hollomotz, 2011; McCarthy, 1999; Ward, Bosek, & Trimble, 2010; Ward, Windsor, Atkinson, 2011), evaluation of sexuality education and sexual violence prevention curricula and programs has been comparatively lacking (Barger, Wacker, Macy, & Parish, 2009; Schewe, 2002), as is program and results dissemination (Lafferty, McConkey, & Simpson, 2012).

In the United States, the lack of curricula/program evaluation may be part of a greater lack of sexuality education. For example, recent changes to the national Affordable Care Act reinvest federal funding into abstinence-only education\(^{20}\) (Schultz & Torres, 2012). The focus on abstinence-only until marriage has continued to build momentum through consolidation, organization and professionalization\(^{21}\) of platforms and resources (National Abstinence Education Association, 2013). The abstinence-only until marriage focus arguably diverts resources away from comprehensive sexuality education which includes teaching “sex positive” “safer sex”\(^{22}\) methods like barrier use (female and male condoms, dental dams), “risk reduction” strategies, in addition to abstinence-only until (monogamous) marriage “risk avoidance” strategies\(^{23}\), not to mention away from resources to teach about sexuality with a focus on pleasure. While these debates continue, curricula/program evaluation is left undone, therefore, unfunded, and women with and without intellectual disabilities continue to be vulnerable to sexual violence, and unprepared for consequences of sexual choices made in the absence of necessary knowledge and support.

Not only is sexuality education and sexual violence prevention programming in the U.S. stymied by a sex negative focus on abstinence-only until marriage funding streams, but there are also no clear national standards of sexuality education/sexual violence prevention curricula and

\(^{20}\) Or as one feminist writer describes it, “abstinence-only noneducation” (Marcotte, 2007, p. 82).

\(^{21}\) Or “non-profitization” as legal scholar and poverty law activist Dean Spade (2011) has referred to it.

\(^{22}\) Note the use of “safer” rather than “safe” sex, as sexual activity involves some level of inherent risk.

\(^{23}\) All of these terms are in quotations because they are the precise terms often used in sexuality education policy and advocacy debates.
programming for disabled nor non-disabled people. A collection of U.S. “evidence-based” sexual health programs for adolescents edited by Card & Benner (2008) does not include programs for youth with intellectual and developmental disabilities. The Family Life and Sexual Health (F.L.A.S.H.) for “special education” K-12 is available online at no cost but, “It has never been rigorously evaluated” (Public Health: Seattle and King County, 2013). In 2012, several national professional health organizations came out with the “National Sexuality Education Standards” for K-12 (American School Health Association, American Association for Health Education, National Education Association Health Information Network & The Society of State Leaders of Health and Physical Education, 2012). While such standards are a helpful evaluation starting point, it is undocumented how they are being used and by whom.

The National Sexuality Education Standards do not mention the particular needs of students with intellectual disabilities in K12 settings, nor do they do address the fact that standards are also needed for disability service agencies serving adults with intellectual disabilities. Similarly, the “Guidelines for Comprehensive Sexuality Education: Kindergarten through 12th Grade” compiled by the Sexuality Information and Education Council of the United States (SIECUS) offers a vision for sexuality education standards, yet the particular needs of people with intellectual disabilities are not acknowledged, nor is it clear where these standards are being utilized (National Guidelines Taskforce, 2004).

A lack of sexuality education and sexual violence prevention programming puts women with intellectual disabilities at risk of sexual violence, while providing knowledge can serve as a protective factor (Bell & Cameron, 2003; Dukes & McGuire, 2009; Gill, 2009; Grieveo, McLaren, & Lindsay, 2006; Healy, McGuire, Evans, & Carley, 2009; Renzetti, Edleson, & Bergen, 2012; Schewe, 2002; Ward, Bosek, & Trimble, 2010). The creation of the Illinois Imagines curriculum evaluated in this research has been initiated and sponsored by the federal United States Department of Justice, Office on Violence Against Women (DOJ). The OVAW
sponsored the 2010, “Sexual Violence in the United States: Summary of the Roundtable Proceedings” (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, 2010). This report calls for collaboration between community entities to develop and evaluate curricula and programs, particularly for communities of color, lesbian, gay, bisexual, and transgendered (LGBT) communities, as well as other “underserved populations” whose needs are not being met in coping with sexual violence. This report conceptualizes program implementation and evaluation research as a social justice issue, and an issue of knowledge translation from research to practice. Roundtable participants argued, “the need for more diversity in methods of researching sexual violence, including qualitative and mixed methods approaches” (United States Department of Justice Office on Violence Against Women, White House Council on Women and Girls, & White House Advisor on Violence Against Women, p. 14, emphasis added).

In sum, comprehensive sexuality education and sexual violence prevention is not extensively occurring in the United States. Where it is occurring, there are no uniformly adopted standards for curricula and programming, neither for people with nor without intellectual disabilities. Federal funders call for sexuality education and sexual violence curricula/programming implementation and evaluation, in particular for “underserved” populations, as an issue of social justice, requiring methods and methodological creativity. This research evaluated a sexual violence prevention curriculum with women with intellectual disabilities, in response to this call.  

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24 I have been tempted throughout this thesis to describe the Illinois Imagines as a general “sexuality education”, in addition to a “sexual violence prevention” curriculum. However, because of the political debates around federal funding for comprehensive verses abstinence-only programming, rape crisis center educators are not allowed to do sexuality education, but only anti-sexual violence education. The educators in this research were adamant the class not be called “education”, as their funding stream does
G. **Measuring and Increasing Sexual Consent Capacity**

Lyden (2007) describes sexual consent capacity: “Capacity is a state and not a trait... An adult person has sexual consent capacity if the requisite rationality, knowledge, and voluntariness are present” (p. 5). Sexual consent capacity involves being able to communicate a desire or lack of desire for sexual activities. However, in the absence of sexuality education standards and disability service agency policy, *measuring* sexual consent-capacity is often an end in itself, rather than a beginning, e.g., done in a court case to determine if a person with an intellectual disability (ID) has been assaulted, often leading to more protectionism. Rather, instruments that measure sexual consent-capacity could be employed for various service users, and even non-disabled youth in schools, in order to establish a baseline of capacity from which to actively expand over time through comprehensive and life long sexuality education fostering sexual self-advocacy.

For people with intellectual disabilities (ID), there is no standard instrument or battery for measuring sexual consent capacity, but rather a multitude of assessments, with different uses and varying levels of efficacy. Some of these assessments may be considered research based, i.e., research including some evaluation have been conducted with them. However, they are not at the level of evidenced based, i.e., they have not been sufficiently tested and evaluated across time, place and context with a high level of consistency. An example of such an assessment is the Sexuality Knowledge, Experience and Needs Scale for People with Intellectual Disability (SEX KEN-ID). This is an intense assessment involving three interviews, moving from “least invasive” not allow them to do general sexuality education. The practical implications for separating “anti-sexual violence” and “sexuality education” are enormous. For example, sexuality education can work as a protective factor against sexual violence; to disallow sexuality education may actually contribute to victimization. Similarly, it is not possible to teach about the warning signs of sexually violent relationships (anti-sexual violence education), without teaching about what healthy sexual relationships look like (sexuality education). The absurdity of separating anti-sexual violence from sexuality education was manifest in this research, and is explored in later chapters.
to “the most personal areas” of sexuality, including questions about friendship and dating, knowledge of sexual facts such as human development, birth control, safer sex methods, and sexual orientation (McCabe, 1994, 1996). While useful as a starting point for establishing sexual consent capacity, it is not clear that assessments of this kind are used regularly to establish a baseline from which to expand capacity. Rather, it seems they may be used in order to establish a lack of sexual consent capacity, especially in comparison to non-intellectually disabled populations, without taking the next step of prevention/education programming and evaluation to increase capacity over time (Moras, 2013).

Measuring sexual consent capacity of people with intellectual disabilities (ID) could happen early and continuously, before people become sexually active, before socially unacceptable sexual behaviors manifest, and before sexual violence has been experienced. Measuring sexual consent capacity only after problems arise too often leads to an increased perception of vulnerability and protectionism/paternalism. Non-disabled people do not have their “sexual consent capacity” tested before being allowed to engage in sexual activity. To target people with ID for measuring sexual consent capacity in order to “prove” vulnerability and justify further protectionism is discriminatory and socially unjust. Instead, life long, comprehensive sexuality education could be a universally available for people with and without intellectual disabilities. In other words, measuring sexual consent capacity can occur within contexts of ongoing education, rather than primarily as a justification for restricting sexual expression.

Feminist endeavors to establish comprehensive and life long sexuality education in order to transform rape culture into a consent culture could benefit from the knowledge of sexual consent capacity instruments use with people who have intellectual disabilities (ID) (Moras, 2013). For one thing, the use (and misuse) of sexual consent capacity assessments in court...
proceedings as a result of sexual violence can provide important information about accounting for social contexts, the abuse of privilege, interlocking oppressions, and feminist complicity in oppression (Razack, 1998). People with ID could also help in measuring the effectiveness and clarity of feminist anti-rape culture interventions. Finally, measuring the sexual consent capacity of people with and without intellectual disabilities alike, with the aim of increasing that capacity, could be a worthy feminist aim for the general American public. This research attempted to use pre and post tests with participating women with ID, as a sort of sexual consent capacity instrument/battery, in order to establish baseline sexuality and sexual violence knowledge and to measure changes in that capacity as a result of experiencing the Illinois Imagines classes.

H. Summary

Crimes of sexual violence often go unreported, yet documented rates of sexual violence against women with and without intellectual disabilities are harrowing. Women’s experiences of sexual violence arguably rival the current public “epidemic” of phenomena like obesity, but are not given national priority. Given documented rates of sexual violence against women with and without intellectual disabilities in what feminists refer to as a, “rape culture”, there is a need for concerted resistance by feminists, disability studies academics and activists, anti-sexual violence educators, and program evaluators. Collaborative work by these groups to transform rape culture includes anti-sexual violence projects, disability and sex positive activism and education, and evaluation to create interventions that work.

Women with and without intellectual disabilities (ID) have been historically and institutionally excluded from sexual citizenship, which is both the cause and result of ubiquitous, misogynistic sexual violence. Feminist disability studies scholars have begun to incorporate women with ID into citizenship theory frameworks (Carey, 2009; Carlson, 2010), and this research has aimed to do this within sexual citizenship frameworks in particular. The move to
position women with ID into citizenship/sexual citizenship frameworks is important because these are prominent legal frameworks informing policy, standards, and practice. If the perspectives and needs of women with ID are taken account through these bodies of literature, it is more likely that further policy, standards, and practice supporting the self-determined sexual health of women with ID as sexual citizens will also come around.

If women with intellectual disabilities are positioned as sexual citizens, a better case can be made for funding and programming supportive of sexuality and anti-sexual violence education incorporating sexual self-advocacy skill development. Additionally, assumptions of women with ID as sexual citizens already, means work increasing sexual consent capacity should also already be in motion. In other words, women with ID who are sexual citizens need not wait until sexual violence has occurred before having access to needed information; sexual citizens will be supported with this information preventatively. This in turn may decrease the vulnerability experienced by women with ID who are systemically denied sexuality and sexual violence knowledge, in the name of rape culture protectionism and paternalism.

The establishment of sexuality policy/standards/practice based upon sexual citizenship theory inclusive of women with ID holds promise for supporting women with ID as sexual self-advocates. Marking women with ID as sexual citizens is one method of making training in sexual self-advocacy de jure at disability service agencies, and other agencies serving women with ID, such as rape crisis centers. More importantly, the acknowledgement and documentation of women with ID as sexual citizens may open up passage ways for women to find the kind of fulfillment and well-being (and turmoil, as the case may be) in intimate relationships that are already considered a basic right for non-disabled people.
Standards for sexual health and sexual violence prevention programs exist, yet are not being implemented; nor are curricula and programs being actively and systemically evaluated against such standards. This research is one small contribution to the body of knowledge evaluating sexuality related curricula for people with intellectual disabilities. Piloted and evaluated sexuality curricula will not only be better positioned to seek out funding in “evidence based” climates, but can be improved upon to more effectively convey useful sexual and sexual self-advocacy knowledge to women with ID. In light of the literature reviewed in this chapter, this research evaluated an anti-sexual sexual violence curriculum equipping participating women with intellectual disabilities with sexual citizenship knowledge, with the hope of increasing the sexual consent capacity of participants. It aimed to provide a curriculum evaluation about what works and doesn’t work in resisting and transforming rape culture in feminist classroom settings, as well as providing evidence for individual agencies attempting to leverage sexual violence prevention funding; the next section explores the details of how this was gone about.
IV. METHODOLOGY

This research was a case study of a manual from the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence” (a.k.a. Illinois Imagines) through a mixed method feminist process-outcome evaluation. It was conducted with a stakeholder group of ten women with intellectual disabilities (ID) completing the curriculum lessons as part of ongoing services provided by a disability service agency (DSA) in metro Chicago, and professional sexual violence prevention educators from two different Chicago rape crisis centers (RCC).

Quantitative data was collected using a “Pre/Post Assessment” instrument found in the Illinois Imagines, “Supplemental Guide”. The pre and post tests aimed to evaluate specific changes in knowledge about sexuality and sexual violence before and after the Illinois Imagines classes. Qualitative data was collected through observation of all lessons, guided by an observation protocol (refer to Appendix J). As the researcher, I spent more time, “as an observer than as a participant” during lessons (Creswell, 2013, p. 160), but I did participate at times. Qualitative data was also collected post lessons through semi-structured interviews exploring participant experiences, opinions, and perspectives regarding the lessons, as well as general experiences with sexuality education, coping with and preventing sexual violence, and sexual self-advocacy. Interviews were conducted with: ten participants with intellectual disabilities; two disability service agency support staff involved in facilitating the classes; and the two rape crisis center educators who taught the classes.

Participating women with intellectual disabilities (ID) were offered 13 lessons about healthy relationships, healthy sexuality and sexual violence risk reduction, plus an introduction class, and a closing class (15 meetings total). Lessons were led by two professionals from
Chicago based rape crisis centers. The Illinois Imagines classes were part of the ongoing programming of the Chicago disability service agency involved in this research, built into the agency’s trimester.

A. **Research Questions**

The following questions guided this research:

1. How do the Illinois Imagines classes exemplify feminist and disability studies frameworks regarding sexual citizenship?
   
   1 a. How do the classes convey feminist and disability studies concepts of oppression?
   
   1 b. How do the classes foster empowerment based on gender and disability?

2. How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?

   2 a. What kinds of knowledge changes do stakeholders experience as a result of participation in the lessons?

   2 b. How has participation affected the personal goal/s of stakeholders?

3. What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?

   3 a. How do stakeholders relate life experiences to the lessons?

   3 b. How do stakeholders use knowledge gained from the lessons in their lives?

B. **Conceptual and Theoretical Frameworks**

This research is based on the multidisciplinary frameworks of disability studies and feminist theory. In disability studies (DS), “disability” refers to the social, cultural, political, and
economic systems that “disable” people (Davis, 1995; Oliver, 1996). Disability studies explores how the functional limitations of individual bodies, a.k.a. “impairments”, interact with socio-cultural and institutional systems (Shakespeare, 2006). Through structural, physical, material, procedural and attitudinal barriers, disabled people, particularly people with intellectual disabilities, are excluded from civic life and the privileges of citizenship (Braddock & Parish, 2001; Carey, 2009; Charlton, 1998), as are “women” in general according to (white) Western feminist citizenship theorists (Lister, 2003; Young, 1989).

Disability and impairment are analogous to feminist and gender studies notions of “gender” and “sex”. In feminist theory, gender is the social construction of what it means to be a “man”, “woman”, “intersexual”, “gender non-conforming”/ “genderqueer”, or “Two Spirit” (for some indigenous groups) (Driskill, 2011; Meyerowitz, 2002). “Sex” refers to biological bodies, for example, genetic makeup of XX, XY, or XXY, and physical characteristics such as size and shape of genitals, and secondary sex traits such as breasts, hips, and musculature (Fausto-Sterling, 2000, 2004). In both disability studies and feminism, social construction is an integral part of disabled and gendered experiences, no less “real” than impairment or sex, but in many ways more malleable through changes in societal structures, attitudes and perceptions. This research evaluation relied on notions of disability and gender as primarily, although not exclusively, social constructions (Shakespeare, 2006; Serano, 2007).

This research rests on the premise that oppression operates primarily through the social constructions of disability and gender, as well as through “interlocking oppressions” (Razack, 1998, p. 135). Interlocking oppressions work at the intersections of social group identities based on race, ethnicity, immigration status (Balcazar, García-Iriarte, & Suarez-Balcazar, 2009;
Gutiérrez, 2008; Hill Collins, 2000, 2005) class (yoas\textsuperscript{25}, 2006) a/sexuality (Cerankowski & Milks, 2010), in addition to gender (Bartky, 1990) and disability (Charlton, 1998; Fleischer & Zames, 2011; Shapiro, 1994). However, resistance and not oppression is my centered ontological position. By this I mean that marginalized groups of people experiencing oppression (like women with and without intellectual disabilities, particularly women of color with ID), have claim to unique “standpoints” (DeVault, 1990, p. 97; Harding, 1998, p. 16), are themselves actors in “knowledge production”, and actively participate in relationships negotiating all kinds of power (Ben-Moshe, 2011; Foucault, 1995). I choose to center the resistance of these groups as a means of avoiding the reification of oppression, instead drawing attention to survival and creativity.

Marginalized groups share many common experiences of sexual oppression. Sexual oppression is unique in that it involves the most intimate, personal spaces of our lives: our bodies, sexuality and sexual expression (Siebers, 2008), and the vulnerabilities of our “bodyminds” (Price, 2010, p. 11)\textsuperscript{26}. This is especially the case for people with disabilities who may be more often interdependent with others in realms of sexuality, for example in requiring assisted, supported, or facilitated sex (Institut zur Selbst-Bestimmung Behinderten, 2013; Shakespeare, Gillespie-Sells, & Davies, 1996). For women with and without intellectual disabilities (ID), sexual oppression is particularly acute due to what feminists call “rape culture”, “rape prone culture”, or “rapist-supportive culture”, where sexual exploitation and degradation of women is normalized and ubiquitous (Buchwald, Fletcher, & Roth, 2005; Campbell, Dworkin, & Cabral, 2012, p. 4, “rape prone”; Friedman & Valenti, 2008; Harding & Ream, 2014, p. 2, “rapist-supportive culture”). Part of this research aimed to support participants in developing

\textsuperscript{25} The lower case “y” is not a typo; it is an author preference similar to scholar bell hooks.

\textsuperscript{26} Also referred to as, “psychobiosocialpoliticalbodymind” (Price, 2010, p. 240).
“critical consciousness” (Freire, 1970) about sexual oppression based on disability and gender. Epistemological assumptions are that marginalized peoples such as women with ID are the sources of useful and accurate knowledge about their own lives, and knowledge must cyclically originate from and go back to them. This epistemology assumes that participant-researcher relationships are not hierarchical but egalitarian; not all knowing but knowledge sharing; and not objective but influenced by social and individual contexts.

Finally, this conceptual framework includes my own “world sense” as a researcher. (Adefarakan, in Sefa Dei, citing Yoruba feminist Oyeronke Oyewumi, 2011, p. 36). Critical indigenous education Yoruba scholar Oyewumi argues that the sense of sight is over privileged in Western epistemological frameworks. Due to this over privileging of one sense, we have the Western expression “world view”, rather than the Yoruba, “world sense”. As an emerging disability studies scholar, I would add that “world view” also reflects ableist notions that we need to be non-disabled to have perspectives worth knowing, perspectives that have something to contribute to human knowledge. While I am not a person with visual impairments that are disabling (yet), I am a person with other kinds of disabilities and non-normative embodiment that has informed this research. I think it is essential to be clear about who is producing research, their motivations, and funding, as well as their “world sense”, in order to judge research within the contexts and limitations of practical lived experiences. With that in mind, and without getting into the limits of disclosures (Samuels, 2003), I would like to position myself here as a

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27 Even the use of “Western”/“non-Western”, 1st/2nd/3rd world, developed/developing are problematic. I use “Western” here for simplicity, but I prefer the terms “majority” (Global South, colonized, producers of resources, numerically most people in the world) and “minority” world (Global North/Western, colonizing, imperial, privileged, consumers of resources, fewer of the world’s population). The literature on these terms is vast, and beyond the scope of this thesis; refer to feminist writers Chandra Mohanty, Gayatri Spivak, and feminist disability studies scholar Nirmala Ervelles.
white/Western European American, lower middle class, fat, mad, and queer woman\textsuperscript{28} with “invisible disabilities” (Price, 2010; Samuels, 2003). These identities and embodiments have influenced this work, and I have been committed to doing my best in accounting for the influences of my personal experiences openly, and honestly throughout this research process.

C. \textbf{Feminist Evaluation}

This research was a feminist evaluation beginning, “with the premise that gender matters” (Brisolara & Seigart, 2012, p. 291). A “feminist model” of evaluation is one that does the general work that models do in evaluation i.e. “judging the merit or worth of a program or contributing to program development” (Brisolara & Seigart, 2012, p. 291), with a focus not only on gender, but on transformative action for social justice as well. Gender approaches to evaluation rest on essentialized notions of “men” and “women”, and focus on describing gendered phenomena only. In contrast, feminist evaluation assumes gender fluidity that goes beyond the man-male/woman-female dichotomies, and works to create change for social justice, rather than just research description. Feminist evaluation also calls for transparency of researcher positionality, and active inclusion of the most marginalized groups (Podems, 2010).

This research is based on a model of feminist evaluation working both as an epistemological framework, as well as a source for guiding methodological choices. Specifically, as a feminist process-outcome evaluation this research rests upon a feminist epistemology that assumes:

\textsuperscript{28} An alternative U.S. feminist spelling for “woman”; also spelled “womin”, and plural “womyn”.
a. genders\textsuperscript{29}, as well as disabilities, are largely socially constructed;

b. social injustice and oppression based on gender, disability, a/sexuality, class, race etc. is pervasive and structural;

c. “the personal is political” and evaluation is also political;

d. knowledge is powerful and knowledge creation through research must be used by, with, and for the people most affected by it (in this case women with intellectual disabilities);

e. taking action for social justice is a, “morally and ethically appropriate respons[e] of an engaged feminist evaluator” (Brisolara & Seigart, 2012, p. 298); and

f. and knowledge is historically and socio-culturally contextual, not the proprietary domain of scientists, researchers, Westerners, intellectuals, or any other privileged group.

Next I explore some examples of how this research is imbued with the six feminist evaluation assumptions above:

a. \textit{Socially constructed}: In the curriculum, disability humility includes framing disability as a social construction. For example, in Section 5, Handout 3 of the guide for rape crisis centers (RCCs), a table compares the “old approach” and the “new approach” to disability. The “old approach” is clearly the medical model of disability, while the “new approach” focuses on the social model and social construction of disability (Illinois Imagines, 2010d, p. 38). Evaluation of lessons has included attention to how the social model of disability is emphasized, rather than the medical model.

b. \textit{Oppression as pervasive and structural}: The Illinois Imagines manuals draw attention to the “disproportionate rate” of sexual violence that women with disabilities experience (Illinois Imagines, 2010e, p. 4). The rates of sexual violence directed towards women

with disabilities is presented in a way that does not “blame the victim”, and instead makes it clear that, “sexual violence is never their fault” (Illinois Imagines, 2010e, p. 55). Putting the responsibility of sexual violence on perpetrators and not on victims, a.k.a. “survivors”, of sexual assault and rape is a systemic, feminist view of sexual violence, rather than an individualized, patriarchal one. The prevalence of men who rape is a product of systemic “rape culture”, and not the individual responsibility of a woman who has been sexually victimized (Buchwald, Fletscher, & Roth, 2005; Friedman & Valenti, 2008; Harding & Ream, 2014). Not blaming the victim and holding perpetrators accountable is also a cornerstone of feminist theory around dismantling rape culture (refer to the literature review for details about rape culture). At the same time, feminist activism focuses on providing individual women in a rape culture with tools for resisting sexual violence, while working towards long term structural change (e.g., legal and policy changes, intermovement collaboration). There is a tension between addressing rape culture systemically (for example creating and enforcing laws holding rapists rather than survivors accountable), and individual approaches such as sexual violence education, self-defense, life long comprehensive sexuality education. While structural approaches and individualized approaches require different kinds of planning and use of resources, both are critical to dismantling rape culture. I think of structural approaches as more long-term endeavors, while individualized approaches meet the short-term immediate needs of sexual violence survivors. This evaluation research focuses at the individual level because that is what the Illinois Imagines manual for women with disabilities was designed to do.
This individual focus is circumscribed by the curriculum itself, and is not intended to dismiss the importance of simultaneous long-term structural approaches.

c. *The personal is political*: At the end of the Illinois Imagines classes, I followed up with the disability service agency, and the rape crisis centers involved, to encourage their plans for future collaboration; I intend to stay connected with them to keep up to date about how this unfolds. I have drafted a modified pre/post test for their use in future classes that may lend itself more readily to evaluation research, and could be more effective in generating data that potential funders would find compelling as “evidence based” (refer to appendix for modified pre/post test). Through these kinds of extracurricular activities, I have sought to turn a personal and individualized project (i.e., my dissertation, the knowledge gained by stakeholders), into politicized information (i.e., data to use as “evidence based” to secure funding for anti-sexual violence work with people with disabilities in the future).

d. *Knowledge for the people*: The knowledge conveyed to research participants aimed to strengthen their capacity to prevent and cope with sexual violence within the contexts of their own work and lives. The knowledge and sense of empowerment fostered through the lessons was intended to mobilize participants to support other people with disabilities, their disability service agency, and the rape crisis centers involved. In other words, lessons did not dictate particular actions regarding sexuality and sexual violence, but instead aimed to provide the education participants needed to create their own most meaningful changes.

e. *Action for social justice*: The results of this evaluation will be disseminated to several audiences, including rape crisis center and disability service agency staff, the creators of
the curriculum from the Illinois Coalition Against Sexual Assault (ICASA), and members of the UIC Sexuality & Disability Consortium, including self-advocates. As an emerging feminist disability studies scholar, I seek to use my access, privilege, and knowledge gained from this research experience, to support action for people with disabilities, and anti-sexual violence work (e.g., sexuality education classes, publications, workshops, conferences, engagement with public officials and policy makers).

f. Knowledge creation not the proprietary of the privileged: I believe knowledge is created by women with intellectual disabilities, not just by social scientists like graduate students researching disability and sexual violence topics. This means in this research I practiced, “talking and listening from women’s standpoint” (DeVault, 1990), and a disability standpoint. I set out to explore very specific research questions about sexual violence knowledge. Yet when participants refused to stick to my interview guide questions, I did not try to force them back to my research topics, or dismiss their knowledge contributions they chose to give. For example, one participant refused to complete pre/post tests with me, or to answer questions from my interview guide. Instead, she wanted to use our time together to fluidly talk about her sexual, romantic, familial, and friendship relationships; we also discussed racism and poverty. While her interviews were in some ways less useful in answering my research questions, her insights caused me to rethink feminist concepts of intersectionality in ways that will inform any future research I am involved in.\(^\text{30}\)

\(^\text{30}\) This participant had a complex sexual relationship with a man whom she didn’t completely trust, but she did not want him out of her life. Instead, she wanted to learn how to accept what was going on, demand respect within her circumstances, and minimize harm as much as possible. This was in contrast to anti-sexual violence rhetoric, which emphasizes exiting these kinds of relationships at all costs. My
D. **Process-Outcome Evaluation and Indicators**

“Process evaluation” entails exploring how a program works and doesn’t work, and what the participant’s experiences of it are. In contrast, “outcome evaluation” focuses on measuring how specific objectives change over time as a result of the program, e.g., changes in participant knowledge, attitudes, beliefs, skills, behaviors. Including both process and outcome measures may be more effective in evaluating sexual health curricula (Sriranganathana, Jaworskyb, Larkinb, Flicker, Campbell, Flynne, Janssenf, & Erlich, 2012). Indeed, evaluation research about sexual violence prevention capturing both process and outcome measures best approaches an evidenced based standard (Schewe & Bennett, 2002).

This research has evaluated the process of using the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence” (2010a) with women with intellectual disabilities (ID). Specifically, it involved process evaluation through observations, and interviews about how participants experienced the curriculum lessons (research question 3: “What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?”). This research also evaluated the “outcome” of participating in the Illinois Imagines classes for women with ID. I sought to measure outcomes of lesson effectiveness in conveying knowledge about coping with and preventing sexual violence through quantified pre/post tests (research question 2: “How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?”). For the outcome evaluation, I also sought to measure whether or not stakeholders met their own goals (research question 2b: “How has participation affected the personal goal/s of stakeholders?”).

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feminist framework did not allow me to position my knowledge as a professional working in anti-sexual violence fields above hers. I accepted the information she shared with me, and tried to offer support, rather than the professionalized recommendation to leave.
The mixing of both evaluation type (process, outcome), approach (qualitative, quantitative), and method(s) is part of collecting quality mixed method data “simultaneously”. This is in contrast to data collected in “parallel” (quantitative and qualitative at the same time, but not interconnected) or “sequentially” (first one approach, followed by methods from the other approach) (Creswell, 2013; Yin, 2006, p. 41). The tables on the following pages illustrate how this research used both process and outcome evaluation, the outcomes and indicator connections, and the methodological assumptions of this work. Table I illustrates the mixing of evaluation type, approach, and methods by research question. Table II is an, “indicators worksheet”, a tool for delineating the purpose and methods of an evaluation. The third table is a logic model, a common evaluation tool for displaying program assumptions, processes, and anticipated outcomes (Posavac, 2011).
<table>
<thead>
<tr>
<th>Research Question</th>
<th>Sub Question</th>
<th>Evaluation Type</th>
<th>Approach</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do the Illinois Imagines classes exemplify feminist and disability studies frameworks regarding sexual citizenship?</td>
<td>1 a. How do the classes convey feminist and disability studies concepts of oppression?</td>
<td>N/A</td>
<td>THEORETICAL</td>
<td>Textual Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td>1 b. How do the classes foster empowerment based on gender and disability?</td>
<td>N/A</td>
<td>THEORETICAL</td>
<td>Textual Analysis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
</tr>
<tr>
<td>2. How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?</td>
<td>2 a. What kinds of knowledge changes do stakeholders experience as a result of participation in the lessons?</td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
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<td></td>
<td></td>
<td>Outcomes</td>
<td>QUAL</td>
<td>Interviews</td>
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<tr>
<td></td>
<td></td>
<td>Outcomes</td>
<td>QUAN</td>
<td>Pre/Post Tests</td>
</tr>
<tr>
<td></td>
<td>2 b. How has participation affected the personal goal/s of stakeholders?</td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcomes</td>
<td>QUAL</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcomes</td>
<td>QUAN</td>
<td>Pre/Post Tests</td>
</tr>
<tr>
<td>3. What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?</td>
<td>3 a. How do stakeholders relate life experiences to the lessons?</td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcome</td>
<td>QUAL</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>3 b. How do stakeholders use knowledge gained from the lessons in their everyday lives?</td>
<td>Process</td>
<td>QUAL</td>
<td>Observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Outcome</td>
<td>QUAL</td>
<td>Interviews</td>
</tr>
<tr>
<td>Outcomes: What do you want to know?</td>
<td>Indicators: How will you know it?</td>
<td>Source of Information</td>
<td>Method to Collect Information</td>
<td>Schedule: When and Where?</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>---------------------------</td>
</tr>
<tr>
<td>Effects on participant knowledge of sexual violence and healthy relationships</td>
<td>Changes in pre and post test scores</td>
<td>Quantitative pre and post tests</td>
<td>Pre/post test from curriculum</td>
<td>Pre tests April 2014 Post tests August 2014 Disability Service Agency</td>
</tr>
<tr>
<td>Research Question 2 “How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?”</td>
<td>Researcher observations</td>
<td>Researcher as “participant observer”, and “research instrument”</td>
<td>Observation Protocol</td>
<td>May 2014 - August 2014 Disability Service Agency</td>
</tr>
<tr>
<td>Participant self-report</td>
<td>Post class qualitative semi-structured interviews</td>
<td>Interview Protocol</td>
<td>August 2014 Disability Service Agency</td>
<td></td>
</tr>
<tr>
<td>Participant perceptions and experiences of class</td>
<td>Participant self-report</td>
<td>Post class qualitative semi-structured interviews</td>
<td>Interview Protocol</td>
<td>August 2014 Disability Service Agency</td>
</tr>
<tr>
<td>Research Question 3 “What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?”</td>
<td>Participant self-report</td>
<td>Post class qualitative semi-structured interviews</td>
<td>Interview Protocol</td>
<td>August 2014 Disability Service Agency Rape Crisis Center educators</td>
</tr>
</tbody>
</table>

From the Center for Capacity Building on Minorities with Disabilities Research, University of Illinois at Chicago
### TABLE III
LOGIC MODEL

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes (Short term)</th>
<th>Outcomes (Medium term)</th>
<th>Impacts (Long term)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illinois Imagines classes</td>
<td>Teaching by two certified rape crisis educators</td>
<td>Class completion</td>
<td>Increase in educator experience working with people with ID</td>
<td>Improved agency responsiveness to women with disabilities; increased collaboration with disability service agency (DSA)</td>
<td>Transforming “rape culture”</td>
</tr>
<tr>
<td></td>
<td>Ten participants with ID take the Illinois Imagines classes</td>
<td>Class completion</td>
<td>Increase in participant knowledge of coping with and preventing sexual violence</td>
<td>Sustained increase in participant knowledge and practice of sexual self-advocacy</td>
<td>Sustained and meaningful collaboration between DSA and RCC networks</td>
</tr>
<tr>
<td></td>
<td>Two disability service agency staff support the classes</td>
<td>Class completion</td>
<td>Increase in experience supporting anti-sexual violence classes for service users</td>
<td>Improved agency responsiveness to sexual violence against service users; increased collaboration with rape crisis center (RCC)</td>
<td>Knowledge translation (KT) i.e. use of evidence based sexuality education</td>
</tr>
</tbody>
</table>

Denormalizing sexual violence
Building consent culture
Addressing health/sexuality disparities, particularly for women of color with I/DD
E. **Case/Site Study**

In qualitative research, a “case” can range from an individual, “to roles, groups, organizations, programs, and cultures”, yet many “within-case sampling” decisions must still be made (Miles & Huberman, 1994, p. 29). Case studies might also be events, processes, an individual, or more than one individual (Creswell, 2013). Miles and Huberman prefer the term “site” study to “case” study because it is often a more precise word for what is being examined (1994, p. 27). This research was both a “case” (i.e., evaluation research of the Illinois Imagines classes) and a “site” (at the site of a particular disability service agency); therefore, “case/site study” is used in this thesis.

A case study is the study of, “a phenomenon of some sort occurring in a bounded context” (Miles & Huberman, 1994, p. 25). A case must have an “edge” or a parameter outside of which the research will not address. A case study is also, “boun[d] by time”, meaning there will be a clear beginning and end to the case study (Miles & Huberman, 1994, p. 26). The edge or parameter of this research was clearly defined in terms of location and time: it took place with only one cohort at one agency; it began with participant recruitment and ended with qualitative interviews with all stakeholders. Examples of parameters beyond the scope of this research include: the general workings of the disability service agency (DSA) or rape crisis centers (RCC) involved; the workings of similar DSAs and RCCs in other regions or states; and the experiences of other clients at the disability service agency besides those who participated in this research, etc.

In qualitative within-case research, “sampling is almost always nested” within multiple layers (Creswell, 2013, p. 29). This research had at least the following layers of nested cases: 1) the Illinois Imagines curriculum; 2) a Chicago disability service agency (DSA) offering the
Illinois Imagines classes; 3) participating women with intellectual disabilities; 4) two rape crisis center educators; 5) two DSA support staff; and 6) two creators of the curriculum. Sampling for this evaluation research occurred at each of these nested cases layers; the sampling rationale for each layer is explored below in the “Methods” section.

F. **Purposeful Criterion Sampling: Stakeholders, Recruitment, and Selection**

Qualitative sampling involves small sample numbers (Miles & Huberman, 1994, p. 27) in contrast to quantitative research, which requires larger numbers for, “probability sampling to permit statistic inferences”, i.e., to generalize a sample to a population (Sandelowski, 2000, p. 248). Sampling in qualitative research is also “purposive”, driven by theory, conceptual frameworks, and the research questions, rather than randomized sampling (Miles & Huberman, 1994, p. 27; these elements covered under “Methodology”). While Miles and Huberman use, “purposive”, this research will use Creswell’s (2013) term “purposeful”. Creswell explains that qualitative research does not involve, “a probability sample that will enable a researcher to determine statistical inferences to a population; rather it is a purposeful sample that will intentionally sample a group of people that can best inform the researcher about the research problem under examination” (p. 147). This evaluation research used small, purposeful samples, focused on addressing the research questions, within feminist disability studies theoretical frameworks.

This research employed “criterion” sampling in selecting all stakeholders (Miles & Huberman, 1994, p. 28). Creswell (2013) argues that criterion sampling, “works well when all individuals studied represent people who have experienced the phenomenon” (p. 155); in this case “the phenomenon” was the lessons of the Illinois Imagines curriculum. Criterion sampling
means that all participant selection must meet a predetermined set of criteria. In this evaluation research, purposeful criterion sampling guided the recruitment of:

1) rape crisis center educators (n = 2);
2) disability service agency (n = 1);
3) support staff (n = 2);
4) women with intellectual disabilities (n = 10); and

**Total Individual Stakeholders: n = 14**

Criterion sampling in qualitative research involves selecting participants based on a few predetermined criteria. While the three main criteria for class participants, (i.e., women with intellectual disabilities (ID) at least 22 years old; with or without legal guardians; and with mild to moderate intellectual disabilities as established by staff recommendations), were the primary selection criteria for participation in this evaluation research, other participant characteristics became salient once the selection process began. For example, support staff from the participating disability service agency requested that two older women with histories of sexual violence be allowed to participate.

In other words, while *three primary selection criteria* were established for participants with intellectual disabilities, other unforeseen *general emerging criteria* unfolded once recruitment and selection began. These general emerging criteria for participation were decided upon at my discretion, and the discretion of the two agency support staff making final participant recommendations. This kind of discretion mirrors the selection process as it would happen at other disability service agencies using the Illinois Imagines curriculum. Allowing for general emerging criteria in sampling also reflects feminist evaluation methodology, by centering
flexibility and usefulness (refer to literature review, and conceptual/theoretical framework sections). The selection of all stakeholders based on criterion sampling is described below.

1. **Rape crisis centers educators**

   As with the participating disability service agency (DSA), the rape crisis centers involved in this evaluation research have been active members of the Sexuality & Disability Consortium (SDC) at the University of Illinois at Chicago. They are integral partners in the statewide Illinois Coalition Against Sexual Violence (ICASA), and were involved in the development of the Illinois Imagines curriculum. Two rape crisis educators from two different agencies taught all lessons from the Illinois Imagines curriculum in this research. Both educators are certified rape crisis counselors, educators and program directors, whom I have known through the Sexuality & Disability Consortium (SDC) for several years. They are actively involved with the state wide Illinois Imagines network, as members of the Illinois Coalition Against Sexual Assault (ICASA).

   I approached the first educator in 2012 as I prepared the Institutional Review Board (IRB) documents for this evaluation research. We had several meetings at the agency to talk about the possibility of their teaching the Illinois Imagines classes. Originally, I wanted to have a rape crisis educator paired with a self-advocate with an intellectual disability (ID). However, there were no women with ID at the participating disability service agency that had sexual self-advocacy experience, and I did not have funding to pay an experienced self-advocate (who are, in my opinion, overbooked and underpaid). The disability service agency did not have funding to pay a staff person to be a co-teacher, while the rape crisis centers have funding set aside for this purpose.

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31 Attempting to use gender neutral pronouns here (they, their); this is a feminist tradition, and something the educators often use during introductions at community trainings.
After the first disability service agency could no longer host the classes (more in next section) and I had found a second agency in early 2013, the first educator received a promotion, and decided teaching the whole class would be too much with their workload. They then approached a peer from another rape crisis center to be a co-educator. Like the disability service agency, the educators were provided with all materials for this evaluation research, e.g., copies of the consent forms, the research protocol, and the Institutional Review Board (IRB) documents, prior to beginning the classes; they already had the Illinois Imagines toolkit. Before the research, I went through all these materials with them in several meetings over a couple months to go over background, answer questions, address concerns, and work in suggestions to our class plans.

The rape crisis educators provided feedback as this evaluation research progressed, but I was the only one collecting data requiring Institutional Review Board (IRB) approval. I acted as an, “observer as participant” at lessons, “gather[ing] field notes by spending more time as an observer than as a participant” (Creswell, 2013, p. 16). I participated where appropriate and prompted by the educators (e.g., role plays, group discussion), but my primary function was documenting lessons as an observer to answer research questions using the observation protocol, while the educators were solely focused on teaching.

I conducted interviews with both educators separately in fall 2014, a month and a half after the classes ended. The purpose of interviews was to explore the Illinois Imagines classes through the perceptions and experiences of the educators (research question 3). This became important information to supplement process evaluation data about how the classes worked and didn’t work. Refer to the appendices for the recruitment script and interview guide, and to the results section for the educators’ experiences and recommendations.
2. **Disability service agency and support staff**

As with the rape crisis centers, the participating disability service agency (DSA) was in the metro Chicago area. The agency has been a collaborator with the University of Illinois at Chicago (UIC) Sexuality & Disability Consortium (SDC), and the Illinois Coalition Against Sexual Assault (ICASA). I have volunteered with the SDC since 2009, a voluntary and open coalition of people with disabilities, professionals working with people with disabilities, students in the Institute on Disability and Human Development, and various UIC departments, among other communities. The ICASA is a statewide coalition of the 32 Illinois, “community-based sexual assault crisis centers”, a.k.a. rape crisis centers (RCC), and state policy makers, “working together to end sexual violence” (Illinois Coalition Against Sexual Assault, 2014).

In 2012, I sent out an email request to the Sexuality & Disability Consortium (SDC) listserv, looking for an agency interested in having the Illinois Imagines classes. The first agency chosen through the listserv as the case/site for this research was no longer able to host the classes by the time I successfully defended this proposal, and obtained Institutional Review Board (IRB) approval in early 2013. I reached out to the University of Illinois at Chicago (UIC) Family Clinic, which also has ties to the SDC and the Illinois Coalition Against Sexual Assault (ICASA), for help finding a second agency. The clinic director put me in touch with the staff of the agency that ended up hosting the Illinois Imagines classes.

The disability service agency in this evaluation research was selected because of their large service user population, established relationships with Sexuality & Disability Consortium (SDC) and the Illinois Coalition Against Sexual Assault (ICASA), and their familiarity with the Illinois Imagines curriculum. The large agency population made it more likely to find class participants that met the three emerging criteria for participants. Ongoing relationships with SDC
and ICASA indicated an interest and willingness to engage in anti-sexual violence work, which not all disability service agencies are able or willing to do explicitly. Also, because of this agency’s ongoing relationships with the SDC and ICASA, they already had the Illinois Imagines curriculum toolkit, and were looking for a way to use it.

My work with the Sexuality & Disability Consortium (SDC) and Illinois Coalition Against Sexual Assault (ICASA) contacts made approaching the disability service agency in this research very comfortable and well received; this was important for establishing the rapport and trust required to do sensitive and controversial anti-sexual violence work with a “vulnerable” population. I worked closely with two disability service agency support staff throughout this research, a manager of an adult day program, and their supervisor. They made final recommendations of women with intellectual disabilities (ID) participants, helped facilitate signing of consent forms, initial interviews, and pre/post tests. They arranged for a quiet, private, accessible, and comfortable space for the lessons at the agency.

I served as a liaison between the agency/two support staff and the University of Illinois at Chicago (UIC) Family Clinic, in case participants needed additional services related to the class. The Family Clinic has an “Adult Diagnostic and Intervention Program” providing:

- comprehensive assessment and treatment services for adults with developmental disabilities. Specialty areas include the assessment and treatment of adults dually diagnosed with a developmental disability and mental illness, Autism Spectrum Disorders, and individuals with behavioral difficulties. The program also provides clinical training and consultation with the professional community serving adults with developmental disabilities. (Institute on Disability and Human Development, & University of Illinois at Chicago, 2013).

The Family Clinic services include both individual and group therapies to cope with issues of sexuality. While major issues did not arise during this research that were outside of the expertise of the trained rape crisis educators, the Family Clinic was there as a strong back up if needed.
At the end of the Illinois Imagines classes, I conducted interviews with the two disability service agency support staff as stakeholders in this research. The purpose of these interviews was to explore their perspectives of the Illinois Imagines classes held at their agency (research question three). The original focus of qualitative interviews was on the women with intellectual disabilities in the Illinois Imagines classes. But as I talked with the two support staff involved, our conversations were so rich that I decided to add an Institutional Review Board amendment for interviews with them after the classes were over in August 2014.

3. **Women with intellectual disabilities**

Ten service users\(^{32}\) from a metro Chicago disability service agency (DSA), participated in the Illinois Imagines classes for this evaluation research. Participants were women with mild to moderate intellectual disabilities (ID), at least 22 old, with or without legal guardians. Through the two DSA staff recruited for this study, the research was presented at a weekly adult program manager’s meeting. Together, all the managers went through a master list of service users, choosing people meeting the criteria, and ones they knew or suspected would be interested. In preparation for the information sessions, each manager told their group of service users about the classes/research while the agency as a whole geared up for the new trimester. Fliers for the research were then given to the two key agency support staff to provide service users in early April 2014. In my post class interview with the two key support staff, one noted there was extra time on his part required for recruitment and getting people to the first few classes, but after that their, “role kind of became minimum.”

In April, we held two information sessions at the agency for all interested persons, including family members, support staff, and legal guardians, where applicable. Twelve

\(^{32}\) In disability service agency settings, people with disabilities are referred to by various terms, e.g., service users, consumers, and clients; I will use the term “service users”.

interested service users came to the information sessions (ten service users to the first session, and two to the second). A week after the information session, interested participants met with me one on one to complete intake interviews, have the research explained, and to sign consent forms if interested. Consent forms for participants with intellectual disabilities (ID) were written in plain English, and utilized pictures to increase accessibility and comprehension (refer to the appendix for the participant consent form). Where participants had legal guardians, signed consent forms were sent home with participants, and given to the two support staff people, for the guardian’s signature (the legal guardian consent form is also in the appendix).

The conceptual framework of feminist disability studies and self-determination underlying this research assumes people with intellectual and developmental disabilities (I/DD) can and should be supported in making their own informed decisions. Therefore, I did not assess participant eligibility by examining case files of service users myself, but rather relied on participant self-selection, in tandem with staff’s professional recommendations. I think accessing files for women with disabilities at service agencies in order to determine level of intellectual impairment is unnecessarily intrusive; people with disabilities at disability service agencies already deal with a slew of professionals having access to the most personal details of their lives in case files. Due to my own experience as a direct service professional, I anticipated agency staff would be sufficiently knowledgeable to make participant recommendations without delving into IQ levels, “mental age”, etc. Additionally, I wanted to mimic the conditions of future classes like Illinois Imagines at disability service agencies, where participant self-selection and staff recommendations are how groups are formed.

Participating women with intellectual disabilities (ID) were service users at the disability service agency who regularly attended the agency’s adult day program. Because these service
users were already going to be coming to the disability service agency on a regular basis, all lessons were held at the agency. The aim of this was to cut down on the burden of transportation to lessons, and possible attrition rates, as participants were already coming to this location as part of their routine. The day program was comprised of ongoing, flexible activities such as social outings, music classes, completing math and reading worksheets, and psychosocial group therapies. The Illinois Imagines lessons were scheduled in an ongoing Tuesday morning class slot, so participants did not miss other activities because the class was built into their trimester.

The rationale for this criterion was that the Illinois Imagines curriculum was specifically designed for “women”, i.e., adults. In the United States, 22 years old is the legal age that students with disabilities cease being eligible for public school special education services and begin “transition” services as adults (National Dissemination Center for Children with Disabilities, 2010), therefore 22, rather than 18 was the lowest age criterion. The original cap on age was 35 years old. The rationale for this was to keep participants more or less within the same generational peer group, as well as still of reproductive age, and an age group experiencing high rates of sexual violence. However, staff at the disability service agency had two women who were over 35 years old and really interested in the class. These women also had histories of sexual violence known to the staff, and staff wanted them in the class based on this knowledge. This was the second IRB amendment I did to get these two women into the class. I think this was still apropos in terms of methodology because staff recommendations are part of how classes are formed at disability service agencies, i.e., this is likely to happen at future agencies using the curriculum. Based on their familiarity with the participants as service users, staff also thought

33 The first amendment was to change the research from one disability service agency to a different one. The first agency was recruited via the UIC Sexuality & Disability Consortium listserv in 2012. A year later when the proposal for this research was approved, and IRB obtained, the first agency was no longer able to participate.
that the two women participants over 35 years old would have valuable experiences to add to the class for the younger participants; again, this is the kind of staff discretion that is regularly used at service agencies in forming classes.

The next participant criterion was that women with or without legal guardians be eligible. Conflict and conflict resolution around sexuality between service users with disabilities, parents, family members, legal guardians, and staff has been documented by sexuality educators working specifically with people with intellectual and developmental disabilities (I/DD) (Horn Anderson, 2000; Hingsburger, 1995; Hingsburger & Tough, 2002; Hollomotz, 2008, 2011; McLaughlin, 2003; Schwier & Hingsburger, 2000; Schwier, 1994). The National Guardianship Association’s (2007) “Standards of Practice” state that a legal guardian, “shall acknowledge the ward's right to interpersonal relationships and sexual expression,” and, “ensure that the ward has information about and access to accommodations necessary to permit sexual expression” (p. 7). Including participants with legal guardians in this research was important in that it replicates the kinds of staff/ward/legal guardian tensions that are often inherent in disability service agency relationships.

At the participating disability service agency, staff are regularly involved in making recommendations to service users, families, and guardians about which classes to take. The staff involved in this research had a lot of previous experience working with legal guardians. My original idea had been to exclude participants with guardians, in order to ensure that consent was clear, and to avoid problems that could arise with IRB. However, staff argued excluding women with legal guardians would restrict the participant pool too much.

The final criterion for participating women with intellectual disabilities (ID) was having mild to moderate intellectual disabilities (ID), as opposed to profound or severe ID. The reasons
for this was that the sexuality and sexual violence education lessons in the Illinois Imagines curriculum may be too abstract for people with more severe intellectual disabilities, who often need more pictures, films, demonstrations, “talking mats”, etc., (Bell & Cameron, 2003; Kempton, 1988) than the curriculum provides. Also, severe intellectual disability could have been more of a concern for IRB in terms of establishing consent. Finally, women with mild to moderate ID are the focus of this study because there is evidence that people with less profound ID are more sexually active than peers with more severe ID (McCarthy, 1999; Servais, 2006) and, therefore, may benefit more from sexuality and sexual violence prevention education like that provided by the Illinois Imagines classes.

Ten women with intellectual disabilities (ID) participated in this research because this is the maximum number recommended by members of Illinois Coalition Against Sexual Assault (ICASA) who were involved in the creation of the Illinois Imagines curriculum (S. Black, personal communication, January 24, 2013). Eight to ten participants is also a typical number for small group sexuality education classes for people with ID (Barger, Wacker, Macy, Parish, & 2009). In December 2013, after the participant number had been set at ten, and classes were ready to begin, a new Supplemental Picture Guide came out from ICASA. This guide recommends class sizes of five to seven, but interested class participants had already been selected and had signed consent forms at that point.

G. **Mixed Methods**

Using a mixed methods approach in research may be more effective than using a single approach (Creswell, 2013; Sandelowski, 2000), as is the case for this research evaluating the Illinois Imagines curriculum. In evaluation, in depth, rich information, from a variety of sources obtained through mixed methods is a pragmatic way of obtaining, “high-quality useful
information” about a program: “demand for high-quality useful information characterizes the evaluation enterprise and sets it apart from research conducted for more theoretical or ‘pure’ purposes” (Rallis & Rossman, 2003, p. 492). Mixed methods is often regarded as an efficient way to generate “evidence-based” data to meet the requirements of potential funders and government grants (Giddings, 2006)\textsuperscript{34}.

Mixed methods with a focus on qualitative methods in this research provided ample opportunities for “triangulation” or “crystallization” of data (Denzin & Lincoln, 1994, p. 6). As research based in feminist epistemologies and feminist principles of evaluation, to “acknowledge[e] multiple ways of knowing,” through mixed methods, “enhance[s] our ability to “see” in different ways” (Brisolara & Seigart, 2012, p. 302). A mixed methods approach to collecting data may be more effective in exploring the knowledge, perspectives, and experiences of diverse program stakeholders in their many different “voices”, as this research seeks to do.

According to Creswell (2009), mixed methods studies can be “weighted” (p. 207) towards either qualitative or quantitative approaches, depending on a number of factors such as the research’s purpose, audience, research questions, etc. Sandelowski (2000) argues that mixed methods at the “technique” level, i.e., with sampling, data collection and/or data analysis, can serve these purposes: a) “triangulation, to achieve or ensure corroboration of data, or convergent validation; b) complementarity, to clarify, explain, or otherwise more fully elaborate the result

\textsuperscript{34} While I am citing mixed methods here as desirable by funders, Giddings is actually critical of this. Gidding’s argument is that mixed methods fits well into hegemonic patterns of positivist/post positivist science and that it, “captures the imagination of those determined in their efforts to achieve evidence-based practice…It also fits well with the demand for standardization in education and healthcare…” (2006, p. 201). Gidding’s conclusion is that mixed methods as a panacea for “the best of both” research worlds may threaten to subsume a diversity of methods that could result from “multimethodological” research with diverse stakeholders (e.g., indigenous, feminist, participatory, community action research).
of analyses;” (p. 248). This evaluation research was qualitatively weighted, using two forms of qualitative data collection (observations, interviews), with a quantitative component, in order to “triangulate”/ “crystalize” and “complement” findings.

1. **Qualitative observations and interviews**

Qualitative data was collected through observations and interviews. In order to structure data collection Creswell (2009) recommends research questions, “become specific questions used during interviews” and in observation protocols (p. 130). The overarching aims of the research questions were to explore: 1) how feminist and disability frameworks exemplified in the curriculum and classes; 2) how the curriculum and classes affect knowledge changes for stakeholders; and 3) stakeholder perceptions of and experiences with the curriculum. While the research questions were not translated exactly into points for the interview guides and observation protocols as recommended by Creswell, they did guide the talking points on these instruments.

Observations took place throughout all Illinois Imagines classes in this research, including the initial introductory class, and the closing class and ceremony. Observations were structured by the, “Observation Protocol”. The Observation Protocol had two central purposes: focusing observations to answer the research questions; and capturing information that might be important for later data analysis, through “observational fieldnotes” (Creswell, 2013, p. 170). Observation fieldnotes have also been called, “logging data” by Lofland & Lofland (1995) and “jottings” by Emerson, Fretz, and Shaw (1995), but this research will use, “fieldnotes”, as found in Creswell (2013).

Interviews were conducted after the completion of all lessons with: nine participating women with intellectual disabilities (one participant did not complete an interview); two rape
crisis center educators; and two key support staff from the disability service agency. I aimed to triangulate/crystalize the findings by interviewing these various stakeholders. Including multiple perspectives addressed a research gap in exploring both the consensus and disagreements between stakeholders about sexuality related programming (Lafferty, McConkey, & Simpson, 2012). I wanted to explore where various stakeholders experiences with the curriculum/classes converged, and differed.

Interviews with participants and disability service agency staff were recorded using two devices (in case one recording unusable); the interview with the rape crisis center educators was a conference call using the recording function through freeconferencecall.com. All interviews were transcribed by myself or a student volunteer from the UIC Family Clinic. The student transcribed seven out of nine interviews with class participants, and the interview with myself and the two disability agency support staff; I transcribed two of the longer class participant interviews, and the interview with the two rape crisis center educators.

2. **Coding: Observation protocol**

After each class and the completion of an observation protocol during the lesson, notes were immediately coded for overarching themes addressing the research questions (refer to “Results” section). The observation protocols were re-analyzed after the classes, to create the “lesson summaries”, while simultaneously coding to answer the research questions once again (lesson summaries in appendix). I did not use a second coder for coding the observation protocols. Even after the observation protocols were turned into more structured lesson summaries, the subjectivity of the summaries as a form of data did not lend themselves to

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35 Many thanks to E. Robb from the Family Clinic for invaluable support transcribing class participant interviews.
being coded by another person who had not been in the classes (this was a similar dilemma with coding the interviews, which is discussed in the next subsection).

My observation protocol fieldnotes and subsequent summaries contained a lot of context specific information an outsider could not have coded in the same way I did as an insider. Also, I am not convinced of the legitimacy of interrater reliability, particularly for observations. The idea of reaching “objectivity” in the social sciences through interrater consensus is a positivist notion I do not aspire to as a feminist researcher (Morse, 1997). I think for interrater reliability to work at all in observations requires both raters to be present during the phenomena being observed i.e. the Illinois Imagines classes. Having two researchers/observers and two educators in a room with ten disability service users discussing sexual violence would have been awkward, probably reducing the level of sharing that occurred (more than it already was with three professionals in the room). To offset the lack of interrater reliability with codes from my observation protocols, I tried to debrief with the educators after class about what they perceived as having occurred as a form of member checking, and used these conversations to guide my coding. Even this tactic was limited as the educators were not being paid and had very little time for research related discussions.

3. **Coding: Interviews**

All interviews were recorded and transcribed. Recordings were transcribed by November 2014, two months after the last interview was completed; all transcriptions were done by myself or a student volunteer from the UIC Family Clinic. I did some coding of the interviews as I worked on transcriptions. In this research, I was not seeking to generalize findings, but to provide a story to inform future research questions around piloting and evaluating sexuality education curricula for people with intellectual disabilities. The coding
focused on answering the research questions, not on generating codes and themes to contribute to theoretical literature, as in grounded theory.

As I completed transcriptions, I coded data as it related to the research questions. For example, I asked participants about a game we had played where thumbs up meant healthy boundaries and/or consent, and thumbs down meant unhealthy boundaries/no consent. One participant correctly identified thumbs up as “You get your own, your own boundaries”, and went on to share about a boundary violation she had recently experienced at the agency. This response addressed research question two: How effective are the Illinois Imagines classes in conveying knowledge about sexual violence? I coded this response as “Knowledge: Concept of boundaries”. Early on I coded each interview with great detail as points related to feminist and disability studies principles, knowledge, opinions of curriculum, etc. Later I grouped codes together under the overarching research question that group of codes addressed. Detailed codes like sexual violence, heteronormativity, sex negativity, and homophobia were grouped together under “oppression” (research question 1A), while sex positivity, sexual self-advocacy, and queering were grouped together under “resistance” (research question 1B). These overarching themes and subcodes addressing research question one became the framework for the first major content chapter in this thesis, “Feminist Disability Studies Theoretical Frameworks: Oppression and Resistance”; a similar coding process was used for research questions two and three.

I had two other people code three of the interviews in an attempt to generate interrater reliability scores. Using my own codes to guide me, I created a document describing each code in detail. There was very little interrater agreement on coding. The issue was that my coding reflected weeks of context during observations the other two coders did not have. For example, one participant talked a lot about marriage during her interview. One coder interpreted this as her
application of class knowledge about sexual relationships to her life, and coded this as answering research question 3A: How do stakeholders relate life experiences to the lessons? The other coder interpreted this as the participant having gained knowledge answering research question 2A: What kinds of knowledge do stakeholders experience as result of participation in lessons? For myself, I did not code any of her responses about marriage as answering a research question. I knew from 15 weeks of observations that learning about marriage was this participant’s main goal for the class, but marriage was not a main topic of the class at all. The lack of interrater reliability in this research is problematic, but not necessarily compromising. I explore this methodological issue more in the limitations and recommendations section.

4. **Quantitative pre/posts tests**

This evaluation research used quantitative pre/post tests to explore changes in participant knowledge about coping with and preventing sexual violence (research question two). The aim of quantitative pre/post data was to measure change in the number of participants’ correct/incorrect answers between pre and post test (changes in knowledge). Quantitative data were collected as a pre test before classes begin, and as a post test the week after all classes were completed. In addition to knowledge changes, I planned on collecting quantifiable data through identifying how participant “goal/s” were met through the class, and coding the goals as “yes/met” or “no/unmet”. However, no participants had clear goals during intake interviews and pre tests. I asked again at the end of the class if there was anything they had wanted to learn (a “goal”) that was addressed or not addressed in the class. Five participants identified as having had goals for the class at that time, and reported these goals had been met (a listing of participant goals as identified at post class interviews is in the results section).

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36 Research question 2: How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?
The pre/post tests took place at the participating disability service agency in the conference room the classes were later taught in. Ten pre tests were completed between April 15 and April 29, 2014. I prescheduled days for pre tests with the manager assigned to support the classes. On the set days, I would show up at the agency in the morning, and would stay several hours, e.g., 10 a.m. to 2 p.m. (when the agency closed). The manager would send people to the conference room as they were available to complete the pre test with me. Some days I would complete only one or two pretests in five hours (if any at all) because participants were unavailable (lunch, other classes, absent, forgot, etc.). One participant who had a lot of experience with sexual relationships and sexuality education refused to do the pre or post tests because she said, “This is boring. I already know all of this. This doesn’t help me.” Instead, she chose to use her pre/post test time with me to talk about her experiences with sexual violence, raising her child, and the classes. As a feminist disability studies researcher, I decided listening to her stories was more meaningful data than a forced pre/post assessment; insights with this participant are explored more in the results section.

My fieldnotes describe how frustrated I was with the exorbitant amount of time the pre tests took. I now understand part of it was because the manager and participants were in a busy time wrapping up one of their trimesters. I have also come to understand the reluctance of participants to keep their pre test appointments with me had to do with a lack of rapport between us, not to mention “crip” time that often prevented people from keeping appointments, e.g., because of impairment related illness, lack of transportation, missing support staff. The post tests went much faster (taking less than a week to complete), because they were part of winding down the trimester our class was in, and there was strong rapport built between myself and the class participants by that time.
I attempted to design a pre test myself. First I created tables of the “objectives” in the curriculum from the green, “Women with Disabilities and Sexual Violence Education Guide” (Illinois Imagines Project, 2010e). I tried to turn these objectives into an assessment that would serve as the pre/post test, reflecting the objectives of the lessons as defined by the curriculum itself. This was a very difficult task, and I was overwhelmed because I lacked key information, such as the expert knowledge of what the curriculum designers intended as the overarching objectives of the material.

In December of 2013, a new blue, “Picture Supplemental Guide” was disseminated by Illinois Imagines through the Illinois Coalition Against Sexual Assault (ICASA). The green guide is the main guide for the lessons, has the outlines of all “objectives”, and lesson content. The blue guide supplements the green guide by offering “main points”, worksheets as “supplements”, and ideas for group and individual activities. The blue supplemental guide came out as I attempted to finalize a pre/post myself, based on curriculum aims and objectives. On page 10 and 11, unmarked in the table of contents, I found a “Pre and Post Assessment.” I decided to use this pre/post in the Illinois Imagines curriculum because it is the assessment being disseminated in the curriculum. While I could tell the assessment was problematic right away, I thought it was important to test it in order to make recommendations for improvement later on.

I learned much later from conversations with two of the creators of the curriculum that the pre/post was made by a self-advocate (with a physical disability). Because of her involvement in the curriculum design process, I think this person had a clear sense of the overarching aims of the curriculum (e.g., healthy/unhealthy relationships, body parts, private/public, identifying sexual violence). However, it became clear the pre/post assessment does not lend itself to generating the kind of data that counts as “evidence based” outcomes in evaluation research. This would have been obvious if I had had time to pilot the curriculum’s
pre/post, present the feedback to the curriculum designers, adjust the assessment, and amend the IRB to include it in the research. Unfortunately, I did not have the time to do this, as the disability service agency trimester was beginning, and the busy rape crisis center educators were scheduled. Additionally, the UIC IRB informed me that doing “pilots” of the pre/post test assessment would make the research seem like it was “experimental”, which would most likely require a full convening of the IRB. Refer to the “Limitations” section for more about the process of using the pre/post test assessment from the Illinois Imagines curriculum.

H. **Participant Profiles and Demographics**

Ten women with intellectual/developmental disabilities (I/DD) participated in this research, with two educators from local rape crisis centers, and two support staff, for a total of fourteen participants. Below are brief descriptions of the class participants, including some demographics. All names are pseudonyms, and I have used age ranges rather than exact ages for more anonymity. The purpose of these profiles is to offer some context for who participants were.

1. **ELENA:** Elena is a Black woman in her mid 20s. I read Elena as a queer woman: she wore casual, masculine clothing, walked with a swagger, enjoyed athletics, dancing and music, and was very touchy and chatty with one of the other participants. She occasionally touched me on the arm, back and hair before and after class. During pre test, she said her question was about what to do when you “really, really like” your friend. She did not speak much in class, and never asked this question. She seemed noticeably uncomfortable when her classmates made homophobic comments. At post test, she reported having had a boyfriend who occasionally came over to her house and went to dinner and dancing with her. She said she lived in a small apartment with multiple
working adults. The day of post test, she reported one of the male service users at the agency had just touched her “privates” at lunch, which was witnessed by staff. When asked what she had wanted to learn about in the class, she responded, “Yeah, about the sex stuff. The sex violence.”

2. GABRIEL: Gabriel is a Puerto Rican Latina born and raised in Chicago, in her mid 20s. She lives with her extended family, which were very important to her. Her goal was clearly to learn about marriage in class, although I reiterated often the topic of the class was sexual violence: “What I did want to learn about was what it is like to get married and how can you release that relationship with one another.” Gabriel also wanted to learn about pregnancy, and she once asked very specific questions about medical interventions to conceive. Gabriel was a good example of how participants were seeking general relationship and sexuality education, and how arbitrary it is to separate sexuality and sexual violence education for people with disabilities. She did not report having ever experienced sexual violence.

3. IDA: Ida is a Black woman in her mid 20s who lives in a group home. She reported she had never had a class about sexuality, but referenced other classes several times. She said she had never been in an abusive sexual relationship, but shared stories of violence with a significant other, as well as similar stories about her friends. She said she had not had a goal for the class other than to, “try somethin’ new.” Ida often used vernacular that other participants understood but the educators did not, e.g., “That’s jenky [ghetto].” Ida is a strong self-advocate and often dominated class discussions on days when she seemed to have more energy; she was not shy about talking back to myself or the educators. Ida
became very attached to members of the class, cried at our closing ceremony, hugged me goodbye, and asked, “Why y’all have to leave?”

4. **JEWELLE**: Jewelle is a Black woman in her late 40s with multiple disabilities who lives with her mother. In the post class interview she said she would like to live alone someday so she can learn to do more things by herself and have more space. She is in a romantic relationship with a younger man at the agency who smokes. Jewelle admitted several times to enjoying beer, which was surprising given her outspokenness about church and being proper e.g. not swearing, valuing heterosexuality, only having sex when married. Jewelle often expressed concern about gun violence in her neighborhood. She acted as a peacemaker in class, frequently correcting the younger women’s disrespectful behavior, which they seemed to heed. She did not identify a goal for the class.

5. **JUSTINE**: Justine is a Black woman in her early 30s who lives with her mother. She seemed fixated on her romantic relationship with a man at the agency, replying to most inquires with a response about him, whether or not it was apropos to the conversation. Justine has limited verbal skills, although she seemed to understand what was asked of her. She was very helpful towards me, taking me around the agency when I needed to find someone or make copies before class. She did not report a goal for the class, but she brought her partner to the post class interview to talk with me. This ended my interview with her in terms of exploring my research questions, but I accepted this as part of reciprocity towards her as a participant, and chose to meet her need to talk about her relationship instead.

6. **LARA**: Lara is in her mid 20s, speaks some Spanish, but did not seem to identify as Latina. She lives with her parents and two dogs. Her goal in the class was to learn about
body parts (this goal was met). As with Gabriel wanting to learn about marriage, Lara seemed more interested in general sexuality education than knowledge about sexual violence. She fidgeted a lot during classes, and did not voluntarily participate, but she did respond when directly addressed and seemed to be following what was going on. Every now and then, I was surprised when Lara would participate in a big way, like the time someone shared a story about sexual violence and Lara exclaimed, “Take that person to jail!”

7. LESLIE: Leslie is a young Black woman who did not come to the first class, and only came to class seven times, the least of any participant. I was not able to get to know Leslie well, so I don’t have a lot of data from her in this research. She did completed a post test, but not a post class interview because she missed one the meeting, and was gone during the following week’s interviews. I do know Leslie had a crush on one of her staff, whom she often referred to publically as her boyfriend, and talked about in class on occasion. Leslie’s impairments combined with our lack of interaction made it difficult for me to understand her.

8. LINDA: Linda is a Black woman from Chicago in her early 30s, and lives in a group home. She declined to do the pre/post tests, and to stick with the post class interview scripts: “Because I think I took it because, maybe I thought that I could learn something new, but, I already know.” Linda made many insightful contributions to the class, and challenging myself, the educators, and her classmates. I don’t think she has an intellectual disability, but she wanted to take the class in order to process relationship things going on in her life. She chose to use our pre/post test and interview time together to do some of
this processing, rather than address my research questions per se; hers was my longest post class interview at 1.5 hours.

9. SIARA: Siara is a Black woman in her early 20s who lives with her mom, sister, niece, nephew, and grandmother. I read Siara as queer, because I thought she had a flirtatious relationship with a classmate, and she often tried to touch me, draw hearts for me, playfully take my drinks and pens, and to read my notes. She also expressed more intimate relationships with women, and disgust for men, e.g., sticking out her tongue, saying “Yuck” and “That’s disgusting.” Siara often engaged in disruptive behavior in class, and was asked many times by classmates and the educators to stop. Yet she came to most of the classes, and seemed to enjoy being there; I suspected disruptive behavior was Siara’s way of dealing with uncomfortable class topics.

10. SOLEDAD: Soledad is a Black woman in her early 50s originally from a southern state. She currently lives with her sister, and has several siblings. She reported she did not learn how to read as a child because she had to work picking cotton instead; she is now learning how to read after her day services. She has several family members who have been incarcerated, and some nieces and nephews who have died. Soledad did not communicate much during class, and spent most of the time looking down at the table in front of her and rocking. In her post class interview she said: “Yeah I didn’t talk too much in the class, but I learn, I listen to y’all.”
I. **Attendance**

The following tables show the attendance rates for the Illinois Imagines class at a Chicago disability service agency, between April 29th, and August 5th, 2014. The class met 15 times, with one introductory class (4/29) and one closing class party (8/5). Class size ranged from five to nine participants. The most frequent attendance rate being eight people; no lesson had full attendance (n=10). Names are the pseudonyms used throughout this research.
### TABLE IV
**ATTENDANCE BY DATE AND TOTAL CLASSES (2014)**

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### TABLE V
**TOTAL CLASSES ATTENDED BY INDIVIDUALS**

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<tr>
<th>Participant</th>
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<td>3. Ida</td>
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<td>4. Justine</td>
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</tr>
<tr>
<td>5. Jewelle</td>
<td>13</td>
</tr>
<tr>
<td>6. Lara</td>
<td>10</td>
</tr>
<tr>
<td>7. Leslie</td>
<td>7</td>
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<tr>
<td>8. Soledad</td>
<td>11</td>
</tr>
<tr>
<td>9. Linda</td>
<td>14</td>
</tr>
<tr>
<td>10. Siara</td>
<td>11</td>
</tr>
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</table>
J. **Participation Scale**

I set out to rate participation for the ten participants in the Illinois Imagines classes. As with the pre/post test instrument from the curriculum, creating this rating scale was more difficult than I anticipated. After the first class, I discontinued participation ratings, primarily because I recognized how problematic the scale was, but also because rating participation and doing qualitative observations at the same time was not possible while I coordinated many other administrative tasks (tracking participants down, working with staff, copies, supplies, etc.). However, I decided to begin participation ratings again by class six, because the class had settled into a rhythm allowing me to be more present at that time. Out of 13 classes (minus the introductory and closing classes), there are four weeks of participant ratings missing.

I created this participation rating scale based on my experiences as a sexuality educator during a nine-month use of the curriculum, “Sexuality Education for Adults with Developmental Disabilities” (McLaughlin, Topper, Lindert, & Green Mountain Self-Advocates, 2009) at another Chicago disability service agency. The scores range from zero to four, with zero being “no apparent participation”, and four being “vigorous participation”. No rating was entered for absent participants, i.e., absences were not recorded as zeros. I used, “apparent participation” as a reminder these were my evaluations of participation, not a measure of how engaged participants were internally (which obviously cannot be known anyone other than the participant). The participation rating scale is below (refer also to the “Observation Protocol” in the appendix).

0 = **no apparent participation**, e.g., no communication either verbally or with body gestures; not asking any questions; doesn’t seem to be attentive via watching or listening; not turning towards others; *IF USING ELECTRONIC DEVICE (not related to accommodation)*: appears to use electronic device throughout most of lesson.
1 = minimal participation, e.g., asked a question at least once, and/or shared comment at least once; or not asking any questions or sharing any comments, but seems to be engaged through watching, listening, and/or turning towards others at least once; IF USING ELECTRONIC DEVICE (not related to accommodation): appears to use more than twice, but not throughout entire lesson.

2 = moderate participation, e.g., communicating frequently but without dominating others; asking two or more questions, and/or sharing two or more comments; watching, listening, and/or turning towards others at least twice; IF USING ELECTRONIC DEVICE (not related to accommodation): appears to use one or two times for less than 5 minutes total.

3 = substantial participation, e.g., communicating as frequently or more frequently than other participants without dominating, interrupting, and/or disregarding their contributions; asking three or more questions and/or sharing three or more comments; watching, listening, and/or turning towards others at least three times; IF USING ELECTRONIC DEVICE (not related to accommodation): appears to use no more than once for less than a minute, or not at all.

4 = vigorous participation, e.g., communicating more than any other participant to the point of dominating, interrupting and/or disregarding their contributions; asking four or more questions and/or sharing four or more comments not obviously related to the class topics; watching, listening, and/or turning towards others accompanied by interrupting and/or dismissing their contributions at least twice; IF USING ELECTRONIC DEVICE (not related to accommodation): appears to use electronic device throughout most of lesson (as with 0 = no apparent participation).
K. **Participation Ratings**

In the participation rating scale used in this research, a one indicates no participation, and a four indicates “vigorous participation”. The average participation rating for all participants was 1.89, or just under “moderate participation” rating; the range of all participation ratings was zero to four. The total participation average has face validity in that it reflects my general sense of somewhat low class participation overall. I think scores would have been higher had this research been an extension of an ongoing class at a disability service agency, i.e., had participants already been part of an established group where they felt comfortable and familiar.

The Table V shows the *average and range* of individual participation ratings. It also displays the individual participation rating scores by date. During scoring using the observation protocol (in appendix), I rounded down for more conservative scoring to avoid reporting inflated participation rates, i.e., I underestimated rather than overestimated participation. A dash indicates a participant was absent.
TABLE VI
PARTICIPATION RATINGS

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<tr>
<td>10. Siara</td>
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| AVERAGE PARTICIPATION RATING FOR CLASS | 1.8 | 1.7 | 2.0 | 1.7 | 1.5 | 2.1 | 2.7 | 1.6 | 2.2 | 1.8 |

* Participant ratings were not taken for four classes (5/6/14-5/27/14).

L. **Summary**

This section introduced the feminist mixed methods evaluation and methodology utilized in this research. Feminist evaluation centers issues of positionality, self-reflexivity, and social justice. The mixed methods employed were intended to triangulate/crystalize findings and strengthen reliability. Methods were qualitatively weighted, relying on observations and interviews, and supplemented with pre/post tests. Data collection was structured by several instruments: an observation protocol; interview guide; pre/post test assessments measuring body parts and general sexual violence knowledge; and a participation rating scale. These instruments were focused on answering three research questions: 1) How do the classes exemplify feminist
and disability frameworks? 2) How effective are they in conveying knowledge? and 3) What are the stakeholder experiences with, and opinions about the classes?

This research utilized purposeful criterion sampling with fourteen stakeholders. A Chicago disability service agency was chosen based on a large service user base, familiarity with the Illinois Imagines curriculum, and working relationships with local coalition representatives. Two rape crisis educators were recruited to teach the Illinois Imagines classes because of their familiarity with the curriculum, as well as involvement with the same local coalition, the Sexuality & Disability Consortium. Ten women with intellectual disabilities were recruited using three criterion: at least twenty two years old, with or without legal guardians, and with mild to moderate disabilities. The next chapter is the first of two main content chapters, and explores research question one.
V. FEMINIST DISABILITY STUDIES THEORETICAL FRAMEWORKS: OPPRESSION AND RESISTANCE

I expected a class bringing together disability service agencies and rape crisis centers to exemplify various feminist and disability studies principles, and the Illinois Imagines curriculum is imbued with theoretical frameworks from both fields. Besides the curriculum, I also expected having disability service agency staff (based in the disability rights movement) and rape crisis center staff (based in feminist anti-sexual violence networks), supporting and teaching the classes would result in a feminist disability studies atmosphere. But in policy worlds, expectations must be matched by evidence, and that is what I sought to generate through this evaluation research.

When I began the PhD in Disability Studies program, I knew I wanted to bring sexuality related classes to women with disabilities as a research project. During my course work, as well as my master’s thesis, I was searching for a curriculum embodying feminist disability studies principles as my chosen fields of scholarship. I believe these fields hold great promise for crippling and queering anti-sexual violence work (i.e., making such work more meaningful for disabled and queer people), so I wanted to test a feminist disability studies related curriculum. I examined several curricula before deciding on Illinois Imagines; in the end I chose it for several reasons. Illinois Imagines was created by community efforts with many different stakeholders, from within the state where it would be utilized. Representatives from disability service agencies, rape crisis centers, self-advocates with different disabilities, legal guardians, educators, policy makers, clinicians, and other members of the Illinois Coalition Against Sexual Assault (ICASA), all came together over several years to create the curriculum.
I hold participatory and community action research in great esteem, and I would have liked to do a doctoral project creating a sexuality education curriculum for women with disabilities through participatory/community projects. For better or worse, I did not have to because Illinois Imagines was already there. I liked that it came from “the community”, and I wanted to contribute to what had already been made, rather than reinventing the wheel (which seems to be a common phenomena in disability related fields)\(^{37}\). I also thought a curriculum created by the people it is intended for holds a better chance of being utilized in the future, rather than sitting on a shelf to collect dust (Stevens, 2012).

Beyond my committee members, I envision my audience as other evaluators, educators, staff, self-advocates, students, and families at disability service agency (DSA), in disability studies, and in rape crisis center (RCC) networks. I hope to illustrate in this chapter just how the Illinois Imagines classes exemplified assumptions of feminist disability studies, so these audiences can better tailor the curriculum to their own unique needs. In this chapter I explore general feminist and disability studies principles as they were enacted throughout the class, primarily as found in evidence from the observation protocols.

Feminist principles were reflected in the Illinois Imagines classes both through the curriculum, and by the two rape crisis center educators. I am framing these principles as possible empowerment and resistance responses to ableist, heteronormative oppression in a rape culture. These principles are offered as responses to research question 1: How did the Illinois Imagines classes exemplify feminist and disability studies frameworks? This chapter attempts to explicitly

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\(^{37}\) I’ve been introduced to a caveat for dismissing, “reinventing the wheel”. In a recent conversation (fall 2014), an evaluator at the University of Alaska Anchorage pointed out what can seem like a wasteful use of resources replicating materials that already exist, might actually be an effective way of creating buy in across stakeholder groups. In this sense, doing things like designing new sexuality curricula rather than using something made elsewhere could be an efficient use of limited resources, if it leads to long term sustainability.
map out how the Illinois Imagines classes and curriculum have incorporated feminist disability studies principles, whether intentionally or not. I have bolded and/or drawn out participant quotes and stories for emphasis; all names of participants and educators are pseudonyms.

A. **Inaccessibility and Accessibility**

I am including inaccessibility here as a form of oppression, and accessibility as a form of empowerment and resistance (per research question one). Accessibility is a main tenant of disability studies (Fleischer and Zames, 2011; Shapiro, 1994). Feminist theory also incorporates disability, including accessibility, as central tenants of intersectional feminist analysis (Asch, 2001; Garland-Thomson, 2001, 2002, 2005; Hall, 2011; Rohrer, 2005; Rousso, 2013; Wendell, 1996). Access in education includes both physical space, incorporating various teaching modalities, and seeking to accommodate different impairments (Price, 2010). My assumption is that an anti-sexual violence curriculum for women with disabilities would be more effective based upon feminist disability studies values of accessibility. In general, the Illinois Imagines classes examined in this research were more accessible than not. We organized the classes to take place at the disability service agency, rather than have participants travel to another location. This meant barriers to transportation (paratransit rides not showing up, inaccessible buses, trains, etc.) were less likely to become barriers to being in class.

We were given a large, open conference room at the agency to have all classes. Having the same room was important for accessibility: participants were able to remember where we were meeting; we tried to set the room up to be consistently accessible physically (for power chairs, vision impairments, etc.); and having a large, comfortable room contributed to a relaxed atmosphere for discussing difficult topics. This room had efficient air conditioning throughout the hot Chicago summer, and was near several accessible bathrooms, elevators, and drinking
fountains. We were able to move tables and chairs around in different configurations to accommodate power chairs, and create spaces for activities moving around the room. If there had been an emergency, experienced disability service staff were close by. The environment seemed to be more or less fragrance free, and was generally quiet, bar occasional door banging from other service users going by. The artificial lighting was split so that one side of the room could be lit and the other one darker, and there was significant indirect sunlight from several windows along one wall.

In addition to basic spatial accessibility, the educators themselves engaged in several principles of accessible teaching on a consistent basis. Before class had begun, I passed on the advice given to me from a clinician experienced in working with people who have developmental/intellectual disabilities (I/DD): 1) use various modalities for teaching (e.g., dialog, handouts, interactive games, group work, individual work; 2) review, reiterate, repeat; and 3) check in for comprehension. The educators used various modalities mostly as they were laid out in the curriculum, e.g., writing on the board or flip chart, handouts.

Since they were relatively new to working with people with I/DD in the classroom (and the class was an additional unpaid responsibility to their day jobs), the educators did not bring in much additional material (advice item one). A paid educator with a lot of experience teaching for people with I/DD would have had more designated time to bring in ideas for tailoring materials to participant needs. I wondered if someone with a background in creating accommodations for people with developmental disabilities in post secondary settings might have excelled at this, such as teachers with experience from Transition Program for Students with Intellectual. We were also limited in experimenting with various teaching modalities by incorporating technology. For example, we did not have regular access to the internet and projects/screens
which could have been used to play videos, or use interactive white boards. It could have also been beneficial to have access to high quality copying in order to try out alternate formats of handout material; these forms of inaccessibility were probably due more to a lack of disability service agency and rape crisis center funding, than to unawareness of using technology for increased access.

There were some things participants did to increase accessibility that were misinterpreted by the educators as interruptions. For example, several peer supportive participants would open the door for other participants who were power chair users. Often the power chair users were leaving early in order to catch early paratransit rides, or because their agency “escort” had arrived to help them navigate their power chairs through the agency, or to find their next class. Leaving early and answering cell phones in class might have more easily been understood by familiar disability agency staff as access issues, not disrespectful interruptions. Participants also created access for each other in different activities, such as by helping each other to read and write, and those with mild intellectual disabilities (ID) supporting those with moderate ID in rephrasing questions and information.

One of the educators tried to connect activities around identifying different kinds of relationships through popular media by asking the participants to identify what relationship they had to Beyoncé (i.e., “stranger”). The modality of connecting lesson material to popular culture seemed to resonate with participants, yet the curriculum does not utilize activities to do this. This educator told me in our interview that she often brings popular media references to her teaching, and it seems to be effective in conveying material. She suggested using popular media might be a way to make the lessons more accessible to participants. I know that support groups for women
with I/DD like the Empowered Fe Fes and DIVAs in Chicago use popular media for learning, e.g., listening to the song “Who Says?” by Selena Gomez to start dialog about self-acceptance.

Both educators made their teaching more accessible by reviewing (talking about previous class material), reiteration (talking about previous material in different ways), and repeating (reviewing previous material again and again, over time) (advice item two italicized above); my codes for these forms of accessibility appear dozens of times in the observation protocols. Review/reiteration/ repeat is also an integral part of the Illinois Imagines curriculum, built into lesson topics and activities, so much so that the educators were often bored with the redundancy (although participants did not report being bored during post class interviews). Core messages such as the feminist “Rape is NOT the fault of the victim. Rape is the fault of the rapist” were repeated with the most frequency, and I found this to be particularly accessible.

Checking for comprehension as a form of accessibility was less frequent, and this could have been for several reasons. The class size of ten was larger than the five to seven recommended in the Supplemental Guide (which came out after research recruitment had been finalized). A larger class size made it more difficult for the educators to check in individually with participants. Also, checking for comprehension, unlike review/reiterate/repeat, is not explicitly built into the curriculum. This means educators less familiar with teaching adults who have intellectual disabilities might not know about the heightened importance of checking for comprehension, so it might not happen as frequently.

In post class interviews, the educators reported catching themselves making ableist assumptions and using ablelist language. For example, asking wheelchair users to stand, asking people with visual and/or reading impairments to look at them or read the white board, asking people on medications (unknown to the educators) to sit up and stay awake. We talked about the
challenges around using plain language rather than jargon, and I sent the educators some resources from one of the creators of the Illinois Imagines curriculum (Mencap, n.d.; Myers & Center on Victimization and Safety, n.d.). I don’t know how much time the educators had to review the materials; being able to pay educators could help towards doing mandatory training around plain language as accessibility. Pairing a rape crisis center educator with a skilled disability service agency educator and self-advocate could also result in utilizing more Plain and People First Language, as well as avoiding jargon and abstract expressions. Rape crisis center contact cards with larger fonts would have been more accessible as well.

There were aspects of the curriculum text that seemed inaccessible to me for people with intellectual disabilities. The handouts of public and private body parts includes a cartoonish drawing of a non-disabled, white, young, thin, gender conforming woman and man (Illinois Imagines Project, 2013, pp. 43-44). These figures have no body hair, and the labia are missing on the female. Part of making materials accessible for people with intellectual disabilities is using as little abstraction as possible. In the class this means we could have used anatomically correct posters drawn to scale, anatomical models of body parts (although areas of the body separated from the whole body is also abstract), and/or photographs of diverse women, including private body parts (sidenote: anatomical posters, models, dolls are expensive, and are not considered part of anti-sexual violence education per se).

In conversations with the creators of the curriculum, I asked why they had chosen these images in the Supplemental Guide to teach about private body parts, rather than more realistic and less abstract images. Their response was they were concerned with “exploitation” that might be involved in using photographs of actual people. I imagine there are many people who would be willing to have photographs or models of their body parts used in educational settings for
appropriate compensation, e.g., nude models that work in university art or medical classes. Given the sex negativity in many places of the United States, I understand how paying people for images/models of sexual body parts is problematic. I find it ironic that curricula can use actual photographs when presenting sexually transmitted infections in educational settings, but cannot use real images when teaching about healthy sexual relationships and pleasure. Regardless, using flat, two-dimensional cartoons and drawings is an ineffective way of teaching about three dimensional bodies, and is all the more inaccessible for people with intellectual disabilities (and probably for people with some learning and visual impairments as well).

Accessibility is a staple of disability studies and intersectional feminist analysis incorporating disability. The teaching of the Illinois Imagines classes evaluated in this research were made more accessible through attention not only to physical space, but by the educators employing various teaching modalities. The participants themselves increased accessibility when they supported each other in understanding content and participating in activities. The curriculum content is accessible in terms of disability studies/self-advocacy values such as plain language, but lacks the accessibility that would come from more accurate, three dimensional body models, and incorporating activities utilizing technology and media examples.

B. Protectionism and Privacy

In this section I am exploring protectionism as a form of oppression, and self-advocacy/sexual self-advocacy as forms of empowerment and resistance (per research question 1). Protectionism is related to feminist concepts of paternalism. Paternalism is an androcentric system privileging men as the primary decision makers for women, children, and other “vulnerable” populations (Bartky, 1990; Brownmiller, 1975, 1984); the expression, “I’m doing this for your own good” sums up the paternalist paradigm. Protectionism is paternalism directed
towards people with disabilities (Hingsburger, 1995). Where protectionism towards people with disabilities is enacted, vulnerability to sexual violence is increased. For women with disabilities, paternalist/protectionist attitudes can lead to restrictions on sexuality and anti-sexual violence education, as well as restrictions on privacy (Hollomotz, 2008, 2011).

While support staff encouraged myself and the educators to call out participants on disruptive behaviors, I was torn because I did not want the participants to be infantilized (a form of protectionism). I wondered if non-disabled adults exhibited similar “disruptive” behaviors in a learning setting (e.g., sleeping, playing with cell phones, talking to each other), if they would be called out in the same way that participants with disabilities would be. I asked the educators what they thought about this ableist disparity in calling people out on behaviors. As the educator with more experience working with people with intellectual and/or development disabilities (I/DD), Maria reported she would purposefully call out non-I/DD people in the classroom with the same frequency and quality that she does with people with I/DD. I think Maria’s experience with disability service agencies, and disability rights frameworks, as well as her prior experiences as an educator with people with I/DD, made her more aware of this issue.

I did not want to be paternalist by telling participants we knew what information was the most applicable for them, or ableist by censoring information because people with intellectual disabilities, “just can’t understand”. I have learned from the writings of sexuality educators like Dave Hingsburger that non-disabled people often quash the development of healthy boundaries by disabled people, by pressuring people with disabilities to acquiesce to non-disabled demands. In demanding that participants act a certain way in class, I worried that we might have been contributing to oppression on paternalist/protectionist/ableist lines.
I think “disruptive” behavior can be a form of resisting oppression, so when we try to eliminate disruption, we may simultaneously be undermining people’s abilities to set their own boundaries, and to practice protecting them. I recognized that some disruptive participant behavior in class might have been indicative of participants being very uncomfortable with the topics. It could have also been they had experienced something we talked about, or maybe they had never talked about sexuality and it was simply embarrassing. Just as likely was that protectionist and ableist environments at the agency, in their families, and culture/s at large, had led them to avoid talking about sexuality and the accompanying feelings of shame, fear, and anticipated punishment.

Still, there are social rules to being in a classroom, and they must be somehow enforced to create a general sense of safety and respect for everyone involved. If participants were used to staff at the disability service agency controlling class behavior, there would be no precedent for participants to self-regulate; we could not suddenly hand the reins over to the participants if the standard was having staff regulate behavior for them. An agency culture cannot be deeply changed by a single class lasting only several months, led by non-agency people. When we asked agency staff about how to handle participant cell phone use, listening to music, interrupting with rude noises, pretending (and actually) sleeping in class, they encouraged us to explicitly correct such behaviors. The educators and I talked several times about these tensions. I hoped drawing attention to the question of how disabled and non-disabled adult learners are treated differently for “disruptions”, could minimize paternal/protectionist teaching methods from being employed.

Participants shared about protectionist infantilization in their lives, particularly in the form of being denied privacy. Not having privacy was a common point of oppression for many of the participants.
Jewelle, 47 years old, shared: “My mom says to not lock the door” to her bedroom.

Linda, 31 years old, shared regarding her staff: “Even if you’re in your bedroom, they still barge in on you. They know better!...I don’t have very much privacy, because they like really know me, and they like to bust in my room to see what I am doing...Treat me like I’m five.”

Ida, 24 years old, shared she is often interrupted by her nephew while in her room with her boyfriend (it seems her family allows the nephew to interrupt her privacy). She said when that happens you have to “Kick ‘em out!”, and tell them, “Get out!”.

Ida seemed to have more opportunities for privacy in her group home than the other class participants, and she is a strong self-advocate. Incidentally, she also seemed to be one of the women most comfortable with body parts and demanding her boundaries be respected. I wondered if this was evidence for the connection between affording and supporting privacy, practicing setting private boundaries with that privacy, and being an effective self-advocate (i.e., if afforded privacy, people have space for learning how to demand their boundaries be respected). Participants had common stories of not being allowed to close doors for privacy in their family and group homes, stories that came up both during the classes, as well as in post class interviews. Scenarios about a lack of privacy have been well documented by sexuality educators in working with people with intellectual and developmental disabilities (Hingsburger, 1995, 2002; Horn Anderson, 2000; Schwier, 1994; Schwier & Hingsburger, 2000).

The Illinois Imagines curriculum has specific lessons dedicated to learning about privacy and boundaries, thereby resisting paternalist/protectionist restrictions on sexuality for disabled people. The curriculum also takes a disability, sex positive approach by assuming the self-determination of women with disabilities when it comes to sexuality. The curriculum and the
educators worked to tear down protectionist values by fortifying rights to privacy through sexual self-determination, and sexual self-advocacy. Participants shared experiences of both violations in sexual privacy, but also resistance against this form of protectionism. Feminist disability studies resistance against patriarchy, and paternalism as broader forms of protectionism is explored in the next section.

C. **Patriarchy and Paternalism**

The feminist concept of “patriarchy” refers to the ubiquity of beliefs, attitudes, and systems creating and perpetuating inequality based on gender by privileging “men” over “women”, and “masculine” values and activities over “feminine” ones (Bartky, 1990; Serano, 2007). While patriarchy describes systems of male privilege where men are the primary possessors of valued social, political, and economic capital, paternalism is more of an attitude tending to imbue patriarchal systems. While related to patriarchy, paternalism describes a manner or standard of interactions where power is exerted for the “best interest” of a less powerful individual or group. Examples of this include: men heads of household making financial decisions for women while disregarding their input; middle and upper class, nondisabled, heterosexual, white, cis38 male political representatives creating and implementing policy for working class, disabled, queer, of color, trans women; and non-disabled family members, legal guardians, and support staff disregarding opinions of people with intellectual disabilities, while making decisions for them. Paternalism means acting without the input or consent of the people being affected, and claiming it is, “for their own good.” This section explores the presence of patriarchal and paternalistic values, and their resistance in the Illinois Imagines classes, as a response to research question one (1): How do the Illinois Imagines

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38 Cis refers to people who identify with the gender they were assigned at birth, e.g., males who identify as men. Cis gender contrasts with transgender: identifying with a different gender than what assigned at birth, e.g., males who identify as women.
classes exemplify feminist and disability studies frameworks regarding sexual citizenship, oppression, and empowerment?

Patriarchy was resisted in the classes when the educators encouraged participants to prioritize self-care, rather than focus on saving others. When participants shared stories of sexual violence, the educator Maria told the group such stories, “can affect us all,” but that, “Sometimes we can only do our best to help, but you can’t do it for them”. In the Illinois Imagines classes based in feminist frameworks, the educators did not encourage participants to make choices for others, like when to choose to go to the police. They discouraged participants from trying to rescue friends and families at the expense of personal safety. This contrasts with the paternal reverence for putting oneself in harm’s way to save or rescue others, at the expense of oneself. A participant shared they had gone to a doctor for an exam, left in tears, and went straight to sleep once home. One of the educators complimented the participant on “taking care” of herself after a stressful situation. I perceived this as a resistance of the patriarchal, ableist value to “suck it up”, and push beyond physical and emotional boundaries in the name of independence or strength. Prioritizing self-care and interdependence are both feminist and disability studies values.

As explored in the section focusing on self/sexual self-advocacy and self-determination, the educators did not provide concrete answers to participant dilemmas concerning sexuality issues. Instead, they emphasized that the answers to such questions are, “complicated”, while committing to, “[we will] keep coming to help you decide what to do; we can’t tell you what to do.” Supporting people to make their own decisions, rather than making decisions for them “in their best interest”, is part of feminist and disability studies emphases on empowerment, interdependence, and dignity of risk, as alternatives to paternalism. Valuing interdependence
means putting an emphasis on egalitarian reciprocity and mutual dependence in relationships, rather than hierarchical relationships where independence is held in upmost regard (Siebers, 2008).

There were times when the educators engaged with participants in paternalistic ways. I think the ableism directed towards people with intellectual disabilities was at play when the educators used a sing-song voice with participants, as one might do with small children. One educator told the class, “Ya’ll are doin’ so good!” in a way that I didn’t think non-disabled people would be encouraged. One educator frequently moderated a participant when she got off topic by saying things like, “You’ve talked a lot today,” to indicate it was someone else’s turn. At the same time, the educators were gentle and timely with redirecting participants getting off topic in ways related to impairments. Gabriel would frequently begin talking on point about a subject, but would become focused on something else unrelated to the class, and the educators were able to bring her back to the subject in a supportive, non-paternal way. One participant often had questions about whether or not she should/could marry her boyfriend, and the educators would listen for a while, before carefully redirecting her back to the class topic.

I found myself questioning where the lines were between paternalistic non-listening, and disability supportive redirecting when impairment was likely at work. Non-disabled people ramble also, and it is part of human communication to meander and turn around a variety of subjects only tangentially related to the main topic of a class, meeting, discussion, etc. It was tricky for me as a participant-observer to decipher paternalistic behaviors from the educators and agency staff, from non-ableist support of participants to stay on task when impairments were the probably cause of getting off topic. Were redirections by the educators part of feminist, disability positive support for impairments? Or were they acting from ableist assumptions and habits of
communication? Could it be both? I was unsure about what exactly was going on in these tensions. I didn’t know how to decipher between paternalistic ableism, and impairment related redirecting that was actually supportive, not ableist. I had a difficult time imagining what disability positive alternatives to the tensions between paternalism and impairment support might be.

I wondered if the educators would have corrected disruptive participant behaviors in the same ways if participants had been non-intellectually disabled students. I know educators, speakers, and other moderators, regulate students/audience members as part of their role, but I was curious how intellectual/developmental disability affected this in the class. I was also curious as to whether the educators moderated and interrupted participants more because of their disabilities, than they would have non-disabled participants. I asked the educators about this during our post class interview:

Hafsa: …I had a sort of, I guess sort of confusion about what I should be doing in those situations because I didn’t know, hey are they calling, are they calling someone because of an emergency or because you know this is the routine that’s typical of their day? Or are they texting boyfriend or, you know doing something that shouldn’t be done?…I remember you saying explicitly you know that the [agency] staff had said, ‘they know that they’re supposed to be in, you know, in the class at this time’. So that’s when it became a little bit easier to, not discipline, but sort of understand like, Ok well, ‘Put the cell phone away’.

Maria: I mean I feel like for me again it was a really different experience. I did not feel comfortable being such a heavy-handed disciplinarian…That was way out of my comfort zone. And I think I was never too harsh, you know, even saying like, ‘Come on we’re not sleeping right now,’ I feel like I would feel comfortable saying that to a group of [nondisabled] adults.

The educators were aware of the feminist tension around allowing people to control levels of engagement for themselves, and the paternalist forcing of people to be engaged in a structured classroom way. In the end, they chose a middle ground by sometimes pushing participants to be more engaged, while giving the feminist benefit of the doubt as a form of disability accommodation the majority of the time.
In addition to classroom tensions that (may have) reflected paternal, ableist assumptions, the participants shared life stories and knowledge of paternalism. Gabriel talked about how she does not meet new people unless someone from her family is present, particularly a male family member. Gabriel is Latina identified, and speaks primarily Spanish with her family. I was curious about how paternalism as part of hegemonic patriarchy in general, and paternalism as part of her Latina/o cultural framework in particular, interacted, if at all. Did she feel that a required male family escort was paternalistic? Was it a problem? How much of being required to have an escort was because of her disability, her gender? I tried to explore if this was an example of paternalism in the post class interview with her, but was unable to come to much of a conclusion.

A more broad feminist question for me in regards to Gabriel’s situation was: how much of needing a male escort is just because people help each other, and how much is part of paternalistic patriarchy needing to be restructured? Gabriel noted in her interviews that she does not get to meet many new people because of the way her family protects her, particularly her father. This seemed to connect to what Dave Hingsburger (2002) calls the “prison of protection” where people with disabilities are excluded and socially isolated because of ableist assumptions about the need to be protected having primacy over the need to connect with others, with all the social risk connection entails. Gabriel’s story was an example of the intersection between feminist concepts of patriarchy and paternalism, with disability studies concepts of protectionism (explored in previous section).

After the class, most of the participants reported they enjoyed the activities involving movement around the room. However, my notes from those classes indicate participants were very reluctant to begin those activities; there were times when the educators really had to put on
their paternalistic hats and coax people into gear. I was glad the educators had been paternal in those moments, effectively pushing participants to do what they did not want to do, because they ended up enjoying it! Through this incongruency, I was prompted to think more critically about the feminist rejection of paternalism, and disability studies push back against protectionism. I wondered if there might occasionally be a place for them. This critical thinking is similar to that done by Tom Shakespeare in “Disability Rights and Wrongs” (2006) where he warns against completely rejecting charity models, and other moves feminists/disability studies might label as paternalistic/protectionist.

Several participants reported being afraid to tell their family about experiences of sexual violence, as well as consensual sexual activity. In class, Ida said: “My mama crazy, my daddy crazy, my brothers crazy, I’m scared what they’ll do.” This is an example of the paternalistic behavior where the reaction to sexual violence disclosures is to pay back the perpetrator with violence. This is a barrier for survivors, who might keep their experiences a secret, rather than tell loved ones what happened. If a survivor thinks their loved one will react with violence against their abuser, and end up in jail for it, the survivor may keep silent to protect loved ones, at the expense of getting the help they need.

Ida’s experience is an example of how paternalistic recourse to violence is a barrier to survivors; the feminist resistance of this in the curriculum is to leave decisions about next steps up to the survivor, rather than acting out our own paternalistic outrage. A Chicago rape crisis training manual provides three feminist alternatives to patriarchal reactions to sexual violence, tell the survivor: 1) You did not deserve this; 2) It’s not your fault; and 3) You have options. The Illinois Imagines curriculum explicitly emphasizes, “It’s not your fault” in lessons and handouts, and implicitly emphasizes 1) and 3) through no victim blaming, and reiteration of
resources/options throughout the lessons. Resisting patriarchal and paternalistic values of rape culture is integral in feminist sexual citizenship theory, as is resisting protectionism in disability studies and the self-advocacy movement. Replacing rape culture values with women centered, disability, and sex positive values is part of feminist disability studies empowerment, and the Illinois Imagines classes did this work well.

D. **Sexual Self-Advocacy and Self-Determination**

Practicing sexual self-advocacy and self-determination by people with intellectual and developmental disabilities (I/DD) are staples of resisting heteronormative rape culture. Sexual self-advocacy includes speaking up when non-consensual sexual activity is occurring, seeking help after sexual violence is experienced, and setting boundaries with families, guardians, service providers, and medical professionals when it comes to sexual rights (Dybwad & Bersani, 1996; Friedman, Arnold, & Owen, 2014). Sexual self-advocacy and self-determination are similar to feminist notions of resisting rape culture through consciousness raising, and connecting the stories of survivors to one another for support (Brownmiller, 1975; Ream, 2014). This section explores sexual self-advocacy and self-determination as addressing research question 1A and 1B: How do the Illinois Imagines classes convey feminist and disability studies concepts of oppression, empowerment, and resistance?

During classes, several participants shared stories about being self-advocates and sexual self-advocates in their lives. About two months into the class, Ida shared a very intimate story of her friend who was experiencing sexual violence. She described how a man from the neighborhood came into her friend’s house uninvited to have sex with her. Ida reported

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39 I am aware of ongoing critiques of “self-advocate”/“sexual self-advocate” frameworks. The argument is that non-disabled and physically disabled people are plain “advocates”, while people with developmental and intellectual disabilities (I/DD) are marked as “self-advocates”, according to ableist hierarchies of disabilities. I continue to use “self-advocacy” as a nod to the historical self-advocacy movement that challenged the exclusion of people with I/DD from mainstream disability rights.
telling her friend repeatedly to go to the police, but her friend was too scared to. Ida said she offered to go to the police with her friend for support. This story took up at least 20 minutes of the class, with Ida repeating details of the story over and over; the other participants seemed very engaged during this time. Lara, who had not spoken in class yet without being prompted, yelled, “Take that person to jail!”

The following week, Ida told the class she had gone home and told her friend what we’d been learning in class about sexual violence. She had given her friend the rape crisis hotline information the educators had provided the group (image of these cards are in the appendix). Ida said she had finally gone with her friend to file a restraining order against the man sexually assaulting her friend, and that her friend, “feels safer.” She reported the man had also been sent to jail. Ida also shared a story about another friend who’s boyfriend frequently choked her. The educators helped Ida realize this was an example of relationship violence, and that she could support her friend to seek help as well. I interpreted the sharing of such stories as practicing self/sexual self-advocacy, and I was moved to hear of Ida supporting her friend to take action against sexual violence, and connecting with class resources to do so.

Throughout class, participants had insightful responses to the educator questions about how to self-advocate for one’s boundaries. For example, the educator Maria asked the class about what they could you say if you’re boundaries are crossed, but you really like a person? Gabriel responded, “I don’t want to be touched right now,” and told the class, “You have control over your boundaries.” In addition to exemplifying self-advocacy and sexual self-advocacy through sharing comments and stories like these, participants were self-advocates by giving advice to each other. When Jewelle asked the class about whether she should marry someone who had asked her, her best friend Soledad advised her not to (the back story was
unclear here, but it seemed Soledad had information about Jewelle’s situation that we were not privy to in class).

An educator asked the group a question from the curriculum (Illinois Imagines Project, 2010b, p. 54): “If you feel nervous with someone visiting you, should you be quiet or ask them to leave?” Lara responded loudly and enthusiastically: “You ask them to LEAVE!” Gabriel commented it, “might be disturbing” to ask someone to leave. The educator responded it might feel uncomfortable to do this because, “girls are taught to be polite, be nice, be quiet” (a gendered, feminist analysis). Ida said, “Get out, I have another date coming over, and he don’t play.”

The educators imbued the lessons with feminist and disability studies values of self-determination by posing questions to participants, and reflecting back what they heard, but not providing pat answers to quandaries in participants’ lives. When participants like Ida shared stories of abusive relationships, and wanted to know “what to do”, the educator Maria responded, “It’s a complicated answer”, but that she and Hafsa would, “keep coming to help you decide what to do; we can’t tell you what to do.” The educators would then work with the group to generate ideas about how participants could self-determine the course of action for addressing abuse in their lives. Working with people to find their own solutions, while acknowledging having one’s own opinions (whether or not they are expressed), and not claiming “objectivity”, is a feminist principle of positionality combined with self-determination. The educators also brought self-determination to the table and were supportive of self/sexual-self advocacy by reminding the group: “Sometimes we can only do our best to help, but you can’t do it for

40 There are feminist arguments that women’s boundaries should be respected, whether or not we have men around who can protect and defend us. Ideally, the man in Ida’s life would have listened to her without her having to threaten him with the violence of another man; this is an example of less than ideal methods we may be forced to employ in patriarchal rape cultures.
them…We can support our friends but we can’t make them do anything.” This kind of support-not-enabling is in contrast to a paternalistic framework, which would dictate taking action for others without their consent, if we think we know what is best for them.

While participants reported instances of practicing self/sexual-self advocacy in their lives, I’m not sure they were secure or practiced enough to advocate with the educators or myself. Linda was one participant I suspected had a developmental, and not an intellectual disability. Several times in class Linda got into a back and forth with one of the educators, and I sensed some ableism on the educator’s part. During the creation of the group agreements, someone in the group wanted participants to “keep a positive attitude”. Linda responded to this by saying, “You don’t know what they are feeling in their hearts, they don’t have to have a positive attitude.” In response to this, the educators rephrased the group agreement point as, “Keep an open mind”, which was not what I understood Linda to be articulating.

I understood Linda as doing critical thinking about having to maintain an optimistic attitude, at the expense of embracing conflict that could be important in a class learning about fighting for healthy boundaries. I wondered if the educator’s response was connected to ableist frameworks assuming people with disabilities like Linda cannot be critical thinkers. Linda seemed very frustrated by this situation as the educator kept talking over her, rather than listening and asking probing questions; Linda ended the interchange with, “You don’t understand what I’m saying”.

I was impressed that Linda continued advocating for her perspective in this situation, but her resistance was the exception in the class; I wondered how much of that resistance was related to the fact that she was probably the least intellectually disabled participant, if she had an intellectual disability at all. I didn’t perceive other participants practicing self-advocacy as
strongly with myself or the educators. There still seemed to be an ableist imbalance at play where the participants with disabilities were able to practice more self-advocacy amongst each other, than they were with the non-intellectually disabled educators/researcher. For example, participants frequently critiqued, criticized, and called each other out for things like interrupting, sleeping in class, listening to music, playing with cell phones, etc. Incidentally, Linda was also a participant who chose to do self-advocacy with me by refusing to do the pre/post test, or to stick to the interview guide questions at the end of the class; I saw this as a safely passive (albeit effective), non direct form of self-advocacy. I interpreted her refusal as a way of establishing she was already very knowledgeable about sexuality and sexual violence (she has a child and has been in abusive relationships); I tried to honor her non-participation as an act of self-determination.

The Illinois Imagines classes encouraged sexual self-advocacy and self-determination. The curriculum centers both practices through lessons focusing on talking back to oppression through things like saying no, and honoring one’s own boundaries. The educators fostered sexual self-advocacy and self-determination when they encouraged participants to offer peer support, without making decisions for others. Most participants practiced some self-advocacy with each other, but mostly did not practice this with myself, or the educators. It was evident that the Illinois Imagines curriculum, the educators, and the participants centered sexual self-advocacy and self-determination throughout the class. This centering was in the spirit of feminist disability studies resistance to rape culture at the individual level. Fostering sexual self-advocacy and self-determination can serve as protective factors against sexual violence (Hingsburger, 1995; Horn Anderson, 2000; Schewe, 2002).
E. **Combining Social Construction and Impairment**

Disability studies draws a distinction between “impairment” and “disability” (Siebers, 2008)\(^{41}\). The World Health Organization (2009) draws a similar distinction:

> A key message is that negative attitudes and barriers in societies are often more disabling than the actual impairments….“disability” is defined by the interplay between a person’s impairment and the total social and physical environment. (pp. 19-20)

Impairments include physical and mental embodiments such limb loss, blindness, deafness, mental illness, chemical sensitivity, autism, etc. In contrast, disabilities are the social, cultural, economic, and structural barriers that lock disabled people out of citizenship/sexual citizenship, effectively denying access and inclusion e.g. through no ramps, disability stereotypes, withholding accommodations.

In disability studies, disability is considered a social construction, and the focus is on its changeability through things like stigma reduction and universal design, rather than on fixing individual impairments. Similarly, feminist theory distinguishes between “sex” as embodiment (like impairment) and “gender” as a social construction (like disability) (Serano, 2007). Sex includes the physical characteristics of bodies such as genitals, hormones, and genetic makeup; gender includes performances of various femininity and masculinity spectrums. The Illinois Imagines classes examined in this research implicitly centered notions of disability and gender as social constructions. Framing disability and gender this way created a focus on changing social environments, rather than putting the onus on individual women with disabilities. This section explores how the social construction of disability and gender were represented in the Illinois

\(^{41}\) It is common for “impairment” to be conflated with “disability”. The Americans with Disabilities Act does this in defining disability as: “A physical or mental impairment that substantially limits one or more major life activities (i.e., working, talking, hearing, seeing, caring for one's self.” This conflation in terms of the law need not detract from the distinction between impairment and disability drawn by disability studies; in case law, discrimination based on impairment/disability is still illegal.
Imagines classes, and is a response to research question one (1): How did the Illinois Imagines classes exemplify feminist and disability studies frameworks?

The Illinois Imagines classes, including the curriculum and both rape crisis educators, functioned on premises of disability as a social construction, although this terminology was not explicit. The curriculum focuses on social and physical barriers for women with disabilities, rather than on impairment. An example of this is the focus on a lack of information and opportunities as barriers, rather than impairment; notice how it is this lack of information, rather than the disability itself, that is framed as increasing risk:

Women with disabilities have often been deprived of information about relationships and human sexuality. Further, they have frequently been denied the right to sexual expression and/or privacy to engage in sexual behavior alone or with a partner. Finally, few women with disabilities receive information about sexual abuse, sexual assault and other forms of sexual violence. This lack of information and experience increases the risk that women with disabilities will experience sexual violence. (Illinois Imagines Project, 2010e, p. 5)

Coming from a feminist anti-sexual violence framework, the educators put the responsibility for sexual violence on perpetrators, not on women with disabilities. They frequently reaffirmed this assumption by reminding participants that, “sexual violence is NEVER the victim’s fault.” This is a social construction approach because it avoids attributing impairment as the cause of sexual violence. Feminists have drawn attention to how women are often blamed for sexual violence when they wear sexy clothes, are in the wrong place (“bad” neighborhood”) at the wrong time (after dark), drinking, hanging out alone with a group of men, etc., rather than holding perpetrators accountable for their behavior. Similarly, disability (impairment) is normatively attributed as the cause of being targeted for sexual violence. If you are a woman with an intellectual/developmental disability, you are at risk for sexual violence because you are a disabled woman. This is in contrast to the educators’ feminist disability
centered approach blaming rape culture and ableism for sexual violence, not women’s disabilities.

At the same time, impairment and bodies were accounted for in class; it wasn’t all just about social construction. Jewelle pointed out that she couldn’t see the board being used in the lessons. She also pointed out how it would be difficult to keep herself safe by carrying a cell phone because her visual impairment prevents her from using the only kind of cell phone she can afford. Participants implicitly acknowledged each other’s impairments by supporting one another, rather than forcing each other to be more “independent” and do things for themselves. They picked things up for each other, opened doors, read and wrote for each other, and got food for one another. The educators accounted for impairment by utilizing the review/reiteration/repeat pattern of teaching (refer to section on “Inaccessibility and Accessibility”), and by respectfully redirecting participants when they got off track as part of intellectual impairment.

Linda was particularly insightful about the uncontrollability of the body: When asked what “sexuality” was, she commented: “Your body goes through different phases. You try to control it but after a while your body just won’t let you control it anymore.” She also shared stories about having uncontrollable spasms due to her impairments, and being nervous when going to the doctor for pap smears. Impairments were also present in participants unable to stay awake during class, perhaps as much due to medications and blood sugar levels related to diabetes, as to being uncomfortable with topics of sexual violence. While more could be done in future classes to account for impairments (incorporating alternate formats, more role plays, movement, etc.) impairment was neither ignored nor the focus of the Illinois Imagines classes in this research; disability and gender social construction was centered instead.
The Illinois Imagines classes exemplified the use of disability and gender as social constructions, while simultaneously accounting for impairments. Instead of victim blaming individual women with disabilities, the curriculum framed a lack of sexuality information as a major culprit in perpetuating sexual violence. The educators focused on sexual violence as the responsibility of perpetrators, not of survivors. They did not frame sexual violence as a “natural” result of having impairments; rather they framed it as a socially constructed reality which can be changed. I did not find explicit evidence of participant comprehension of disability as a social construction, but I was not searching for it (I did not anticipate social construction would be a prominent finding). While the classes primarily focused on the social construction of gender and sexual violence, the social construction of disability and ableism were also present. By centering the social constructions of disability and gender, the Illinois Imagines classes were in keen alignment with core tenets of feminist disability studies.

F.  **Sex Negativity/Positivity**

While most of the participants expressed discomfort talking about sexual body parts and sexual expression, several were actively negative. When the educators presented masturbation as a safe way to express sexuality, Lara and Siara both would say, “Yuck!”, and Siara added, “I think that’s nasty.” Ida and Jewelle commented several times in the class that various sexual activities were “nasty”, although they also used this word to describe vignettes about sexual violence, such as a brother exploiting his sister for sexual favors. When participants expressed these sentiments, the educators took a feminist sex positive approach. About masturbation being “nasty”, Maria responded: “I don’t think so, it’s safe.” This was a feminist reaction because she was clearly weighing in on the side of sex positivity, rather than trying to remain “objective” about healthy sexual expression.
It was difficult to have critical dialog about appropriate and not appropriate sexual partners. The curriculum lists the following as inappropriate sex partners: family, staff, and strangers. The power differences between people with and without intellectual disabilities makes questions of consent difficult at times. Yet non-disabled people can have consensual sex with “inappropriate” partners where power disparities might exist, including co-workers, strangers, and maybe even family members. I wondered if absolute sanctions on these particular sexual relationships for people with intellectual disabilities might be a form of sex negativity, based on stereotypes of people with ID as incapable of consent.

In a similar vein, “private” spaces are presented in the curriculum as appropriate for sexual expression, while “public” spaces are not. A feminist analysis of this might displace the dichotomous distinction between public and private, drawing attention to public forms of sex like those in sex positive, kink communities. A disability studies perspective could be that non-disabled people do have consensual sex in public, but ableist assumptions frame public sex by disabled people as more “inappropriate” and dangerous than for non-disabled people. The nuances of these kinds of discussions were not represented in the curriculum/classes, and are probably more appropriate for ongoing relationship and sexuality education classes at disability service agencies.

While most of the participants did not have cell phones, the topic of sending sexual text messages and images with cell phones was discussed several times. One of the educators encouraged people to not share sexual pictures with their phones. Like sex in public, and sex with staff and strangers, I wondered if there is some ableism in this sanction. Again, non-disabled people do sext (sex + text message) and send images to each other, should people with disabilities automatically be held to a different standard?
In the curriculum, the definition of “consent” is: “saying “yes” freely without any tricks, threats, bribes or force” (Illinois Imagines Project, 2010e, p. 44; Illinois Imagines Project, 2013, p. 65) prompted one participant to say that she wasn’t a “prostitute” (in regards to the bribes part). Distancing from “prostitutes”, “whores”, “sluts”, etc., is part of sex negativity, and can be an attempt by some marginalized people to gain access to sexual citizenship at the expense of sex workers (Podems, 2010). On a sex positive note, when the educator asked the class, “How many people need to consent?”, a participant pointed to herself and said, “Me, you, you, you, and you…” and started pointing around the room. The educator reiterated, “Everyone needs to consent” (as opposed to the heteronormative, monogamous, “both” people need to consent).

A radical feminist approach to sex positivity means not distancing from sex workers in an attempt to gain social privilege. Such an approach could create space for women with and without disabilities who use sex work as a means of survival. As with dialog about having sex with partners who have power over a person with disabilities, a complex discussion about the place of sex work, and “bribes”, in the lives of women with intellectual disabilities are probably best suited to an ongoing relationships and sexuality class at disabilities service agencies.

Participants demonstrated rape culture notions of sex as a commodity (Friedman & Valenti, 2008), an “it” that women have and men must finagle from them. An educator asked, “What is sexual violence?” Linda said, “A man comes in and makes you do it.” When the educator asked what “it” was, participants did not respond. Participants referred to sex as “it” several times during the class. Participants also seemed to hold the assumption of “sex”/“it” as penile-vaginal intercourse by default, excluding oral, anal and non-penetrative sex, as well as homosexual sex. In another class, Linda told the participant next to her, “You can’t say yes to everything”. The educator encouraged participants to say no if they feel safe, and yes if they feel safe and want to, emphasizing sexuality about pleasure and not just risk reduction: “You should
only experience sex if it is pleasurable to you, and you give consent.” While focusing primarily on saying no to unwanted sex, the curriculum does include the values of no and yes to wanted sex for women with disabilities (Illinois Imagines Project, 2010e, p. 71; Illinois Imagines Project, 2013, p. 73); an emphasis on pleasure and “yes!” is a feminist endeavor (Friedman & Valenti, 2008).

G. **Homophobia**

Several participants expressed negative attitudes about homosexuality during the class. During class eight the educators were reviewing “consent” by reading the vignettes from Lesson 4: Consent: The Yes/No exercise (Illinois Imagines Project, 2010e, p. 37), and asking the group to say if consent was present or absent. Two different participants correctly identified consent/no consent in the first two vignettes about Amy/Maria, and Paul/Constance. When it came to the third and fourth vignettes using the male names (“Robert wants to hug José”; “Chris and Terry are making out”), several people had homophobic responses. In response, Jewelle said, “If I was a guy, I would not hug a guy!” During another class, she shared a discussion she had with her boyfriend over lunch: “he be talkin’ ‘bout gay stuff, and I’m like, Come on man!” Ida commented: “My brother says they crazy, they need help.” Interestingly, in post class interviews, Jewelle did recognize that women could be sexually violent towards other women.

The educators took a queer feminist approach by telling the group that men can hug and cry too; participants laughed. One educator then asked the group, “Is it OK for two women or two men to have sex?” A participant responded, “I don’t think so.” The educator pointed out that people have many different opinions about “sexual preferences”. Both educators were careful to use the term “partner” when describing healthy sexual/intimate relationships, rather than assuming heterosexual relationships.
Even though the educators repeatedly used these gender neutral terms, participants assumed heterosexuality. Stoffelen, Kok, Hopers, and Curfs (2012) cite research showing that, “negative attitudes towards homosexuality are frequently held by other people with ID”, and I observed this during several lessons (p. 2). Participants I had read as queer during intake interviews seemed to be uncomfortable when homophobic comments were made. One of them had her head down on the table, hiding her face for the whole lesson, but she sat up and looked at the class when homophobic discussions began. However, she was quiet and did not participate in the discussion. Another participant I had read as queer showed her discomfort by pretending to sleep and snore more loudly than usual during class. Ida made it clear she did not want to talk about homosexuality by putting on her headphones and listening to music (although Jewelle did scold her for this).

H. “Listening” to Your Body and Self Care

The feminist imperative of trusting the body and emotion is in contrast to patriarchal reverence for the mind and reason (Carlson, 2010; Federici, 2004). The degradation and separation of the body/emotion to mind/reason is challenged by disability studies scholars like Margaret Price (2010). Both the Illinois Imagines curriculum and the educators in this research emphasized “listening” to the body and self-care. In the green guide, the Handout “5 Tips to Reduce Risk of Sexual Abuse” (Illinois Imagines Project, 2010e, p. 72), the second tip is, “Trust your instincts. Listen to that little voice inside you.” In the blue supplemental guide, the main point of a lesson is: “I listen to my feelings. I can say ‘no’ if it feels unsafe. I can say ‘yes’ if it feels safe.” (Illinois Imagines Project, 2010e, p. 76). The class discussed specific bodily ways of recognizing warning signs of sexual violence such as, “feeling bad” as in the heart, having
“your stomach in knots”. The educator Maria said: “trust yourself, trust your gut. This is a warning.”

During the tenth class, the group was discussing how to get out of situations that feel unsafe. Lara, usually a quiet participant, emphatically said, “You ask them to LEAVE!” Gabriel pointed out it, “might be disturbing” for her to be so forward with someone. The educator told the class it might feel uncomfortable to do this because, “girls are taught to be polite, be nice, be quiet”; this is a feminist sentiment. The message from both educators and the curriculum was that being “nice” does not matter when it comes to personal safety and boundaries. It is more important to honor our instincts than to worry about accidentally hurting someone else’s feelings.

Even while putting an emphasis on honoring emotion/body/instincts, the curriculum and educators emphasized sexual violence as the responsibility of the perpetrator, not the victim. This is a difficult tension because these messages can seem contradictory. On one side, feminists teach people most at risk of experiencing sexual violence how to protect ourselves, and on the other side emphasize that we are not responsible if we experience sexual violence. While this is a nuanced message to explore, I think one of the educators said it best with: “Trust how you feel; bad things still happen; it’s not your fault.”

In these feminist contexts of proactive self-protection without victim blaming, the class prioritized self-care over heroism. Ida shared about witnessing frequently violent disputes in her neighborhood, including her immediate neighbors: “I’m gonna jump in, you know what I’m sayin’? That’s me period.” An educator responded, “As long as YOU are safe”. The educator encouraged the participant to keep herself safe in these situations, emphasizing not everyone is able/willing to interfere in violent conflict, either physically or with words, and that is ok. Ida then offered an alternative approach of asking people around her engaging in violent and sexually violent behavior, “How are you? What’s going on? Why do you do that?”, rather
than direct confrontation. The educator reiterated: “If you feel unsafe, make excuses to get out,” even if escape involves deceit e.g. lying and saying a family member is expected home when they are not. “Listening to” and caring for the body are concepts theorized in both feminist and disability theory. The Illinois Imagines classes centered these concepts by encouraging women with disabilities to trust their instincts when it comes to sexual violence, and to prioritize our own safety.

I. **Feminist Queering: Resisting Rape Culture and Heteronormativity**

Queering and cripping are part of resisting heteronormative and ableist discourse and systems of oppression like rape culture (Buchwald, Fletcher, & Roth, 2005; Friedman & Valenti, 2008; McRuer, 2006; Sandahl, 2003). Examples of queering include deconstructing heteronormative assumptions like heterosexual and cisgender privilege, the primacy of monogamy, sex for procreation more than pleasure, and linking the rights of sexual citizenship to state sanctioned heterosexual marriage (e.g., inheritance, health insurance, adoption). Crippling includes drawing attention to ableist language, and assumptions of non-disabled bodies as the desirable norm to be strived for at all costs. While the curriculum and the educators consistently queered the classes, cripping was less explicit. The curriculum content is inherently crpped in the sense of centering the social model while doing the work of feminist sexual violence education for women with disabilities. The Illinois Imagines classes evaluated in this research were queered and cripped through the curriculum content, and by the educators themselves. Queering is explored in this section as a reflection of feminist disability studies conceptual frameworks (research question one).

1. **Gender reconstructions**

The educators played with gender pronouns by using “they” instead of exclusively “she” or “he” throughout the class. Using “they” is a feminist way of queering
discourse and making room for queer and gender non-conforming embodiment, such as lesbian, gay, bisexual, transgender, queer, Two Spirit (LGBTQ2) people (Feinberg, 1996, 1998). For example, instead of saying, “Maybe he really liked her”, the educators would say, “Maybe they really liked each other.” During one of the Thumbs Up/Thumbs Down activities (Illinois Imagines Project, 2013, Supplement 2A), the educator used “they” as a pronoun for most of the lesson. The curriculum and educators also played with gender when it came to topics of sexual violence. One curriculum scenario describes a “girlfriend” moving close to a person on the couch for a kiss when the other person is not interested, framing a woman as a sexual aggressor (Illinois Imagines Project, 2013, p. 70). Another example is of a “stepparent” being sexually abusive, rather than focusing exclusively on a “stepdad”.

2. **Homosexuality**

The curriculum and the educators normalized homosexuality. The curriculum uses examples of homosexuality in vignettes about healthy relationships, e.g., Chris and Terry (Illinois Imagines Project, 2010e, p. 37). It also queers language by using lists such as, “Kiss my boyfriend/girlfriend/partner/spouse” (Illinois Imagines Project, 2013, p. 49). Educators mimicked this language by asking questions about girlfriends to the participants who were all women. While none of the women openly claimed a queer/homosexual identity, I suspected from one on one interviews that sexualized same gender relationships were very important to several participants. I hoped the positive representations of homosexuality in the class contributed to an environment of acceptance for them.

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42 I like the use of QUILTBAG2: queer/questioning, undecided, intersex, lesbian, transgender/transsexual, bisexual, allied/asexual, gay/genderqueer, Two Spirit, but it doesn’t seem to be as common; also kink hasn’t made it on yet.
3. **Asexuality**

The curriculum does not adequately address asexuality. In the green guide, it states, “All of us are sexual” (Illinois Imagines Project, 2010e, p. 35). The assertion that everyone is sexual may be an extension of heteronormative imperatives on active sexuality (Rubin, 1989), and the queer movement’s similar emphasis (Tucker, 2011). It may also be a reflection of the disability rights movement’s backlash against the asexualization and infantilization of disabled people (Siebers, 2008; Trent, 1994). Obscuring asexuality as a legitimate sexual citizenship status may unwittingly foster a new imperative for people with disabilities to be sexual. One of the educators was inclusive of sex positive, and asexual possibilities when a participant commented about masturbation: Participant: “**Most people don’t do it, and some do.**” Educator: “**Some people do, and some people don’t.**”

4. **Active consent**

The educators emphasized the necessity of everyone involved to give active consent for participating in sexual activities. This was a subtle feminist move of allowing for the possibility of having more than two people of any gender or sexual orientation involved in sexual activity; it contrasts with the heteronormative assumption and imperative of two people in a monogamous, preferably married relationship. It is also feminist to emphasize active consent, rather than passive consent e.g. she didn’t say no, so it must have been yes. The curriculum defines consent as: “**saying “yes” freely without any tricks, threats, bribes or force**” (Illinois Imagines Project, 2010e, p. 44; Illinois Imagines Project, 2013, p. 65).

The educators added that consent does not occur when someone has been pestered to have sex to the point of just letting it happen: Educator: “**How many times should you have to say “no”?**” Participant: “**One time**”. Another participant connected being pestered, cajoled, or
bribed into sexuality activity as a kind of sexual violence: “They say, ‘Come on please? I’ll give you something.’” The educators explained that sometimes we freeze and do nothing when we experience sexual violence, as a means of self-protection, but this does not mean we have consented to sexual activity.

A feminist approach to consent is in contrast with heteronormative rape culture which frames the absence of “no” as implicit consent to sexual activity, e.g., if a victim did not scream, fight, and shout “no” but instead acquiesced to sexual demands, it means they consented and rape did not occur. The curriculum and the educators emphasized actively setting boundaries in sexual relationships, while heteronormative approaches to consent include sentiments like, “he/she should just know”, saying nothing, or working off of fairy tale/cultural tale script rather than communicating sexual expectations. One of the educators shared a feminist active consent approach with the class: “Consent today does not equal consent tomorrow. “Yes” today does not equal yes always... yes once does not mean yes always and for everything.” A participant responded, “I didn’t understand that before.” In regards to a vignette in the green guide (Illinois Imagines Project, 2010e, p. 37), a participant correctly responded: “If he turns away it means he didn’t want to have sex with her”. The curriculum uses these kinds of vignettes to emphasize active consent as required for sexual activity.

5. **Anti victim blaming**

Both the curriculum and the educators were adamantly anti-victim blaming. Victim blaming involves putting the responsibility for sexual violence on the survivor, rather than the perpetrator; it is a cornerstone of rape culture (Buchwald, Fleetscher, & Roth, 2005; Friedman & Valenti, 2008). The curriculum continuously emphasizes, “Sexual violence is NEVER the victim’s fault,” and the educators reminded participants of this over and over.
There is a tension between victim blaming, and doing education to “prevent” sexual violence. If sexual violence is “never” the victim’s fault, it seems contradictory to focus on educating potential victims to protect themselves, rather than focusing on educating men/perpetrators to not rape (Schewe, 2000). The best approach is not either/or in terms of educating people to not rape verses teaching at risk groups to protect themselves. The Illinois Imagines curriculum balances this tension by emphasizing: rape is the responsibility of the perpetrator; there are ways to enhance self protection; and even with self protection rape can still happen: “Remember, even if we have a safety plan, unsafe things can still happen. Safety planning can help prevent abuse, but it is not a guarantee. This doesn’t mean it is your fault. It is never your fault if someone else chooses to do something bad to you” (Illinois Imagines Project, 2010e, p. 61).

6. **Expanding definitions of sexual violence**

Part of feminist resisting of rape culture has been expanding definitions of sexual violence beyond physically violent vaginal-penile rape of a woman by an unknown man/men. Some of the feminist expanded definitions of sexual violence include: assaults by family members, peers, and other acquaintances; the use of tricks, threats, bribes or force (Illinois Imagines Project, 2010e, p. 44); pestering until victims give in to sexual demands; street and workplace sexual harassment (one participant astutely commented, “They call that flirting”); non-penetrative sexual violence such as forced voyeurism (being forced to watch sex), and exhibitionism (forced to have sex and be watched by others), and frotteurism (non consensual rubbing of body parts on a victim); and penetration of the mouth and anus, not only the vagina, with any object, not just a penis.

The educators and the Illinois Imagines curriculum expanded definitions of “sex”, and therefore sexual violence, beyond the heteronormative penile-vagina definition. The educators
included kissing, touching, and oral stimulation as “sex”. Expanding definitions of sex are part of expanding definitions of sexual violence. Moving beyond phallocentric definitions of sex/sexual violence also crips discourse by creating space for the varied ways disabled and/or queer people engage in sex involving the whole body between people of any gender, not just penises and vaginas between men and women (Siebers, 2008).

The Illinois Imagines curriculum offers a framework for identifying sexual violence (Illinois Imagines Project, 2010e, p. 43): 1) *Is it sexual* (not only does it involve sexual parts, but does it feel sexual? does it make you uncomfortable?); 2) *Who is doing it?* (questioning consent where power disparity is too great, e.g., between service user/staff, employee/employer, person in poverty/ person with resources); 3) *Did you consent?* (not did you “give in”, or “say no”, but did you have a safe opportunity to express your desire for sexual activity explicitly?). This Illinois Imagines curriculum framework for identifying sexual violence is an extension of feminist expansions of sexual violence definitions.

Participant experiences as people with disabilities complicated the feminist expansion of sexual violence definitions, and folks engaged in some critical thinking around this during the class. One participant described being touched in non-sexual ways in sexualized areas by staff because she needed assistance bathing. She described staff putting fingers inside her vagina to, “clean down there”. Defining sexual violence and “unwanted touch” is complicated by impairments requiring touch of sexualized body parts by paid staff, touch that is unwanted yet consensual in particular contexts. Another participant astutely pointed out if she has asked for help from support staff, and they have to touch her, “down on my body”, then it’s probably not sexual violence. In these ways, disability can complicate and enrich non-disabled feminist expansions of sexual violence definitions in a rape culture. Exploring feminist expansions of
sexual violence definitions in terms of disability could be a generative direction for future
research, e.g., how do disabled people negotiate consent while incorporating impairment?

J. **Positionality and Context**

As a feminist researcher, I primarily value “positionality”, and context, more than
positivist values of objectivity. Positionality refers to a person’s racial, disability, class, a/sexual
orientation, gender, and indigenous/colonizer identities, all of which affect what research
questions are asked, what is taught and how (Chilisa, 2012; Mertens, 2005, 2009; Sefa Dei,
2011). Contextualization is the attention to current and historical social conditions, and the
experiences of individual participants’ lives (Tuhiwai Smith, 1999). As a participant-observer in
this research, I often felt tension between participating and interfering with the class process
from my particular “positionalities” and “contexts”, and remaining outside of it in an attempt to
be “objective”.

Occasionally I did make suggestions concerning access, such as how to make a game
more accessible by focusing on fewer tasks at one time. One of the educators purposefully did
not include me during round robin class activities, keeping me out of the class process, while the
other would include me; I accepted both ways. Concerning disclosures of positionalities, the
educators and I shared some personal experiences with participants where it felt genuine and
appropriate, but these were kept to a minimum, as much because of the research process as to
keep the focus on the women taking the class. But the point is that we were not robots, we were
not educators or a researcher pretending to not have our own racial/class/disability/
a/sexuality/gender/indigenous/colonizer-settler/fat contexts and positionalities.

A poignant example of accounting for context happened during the class after the fourth
of July weekend, when 82 people were shot in Chicago (Nickeas, 2014). Many of the
participants were from the neighborhoods where the shootings happened, or they had friends and families in there. When the educators began talking about “sexual violence” during this lesson, several participants kept bringing the conversation back to “gun violence”. I found this to be a good example of how context affects “research” and “fidelity” to a curriculum: the lesson was focused on sexual violence, but gun violence was the most meaningful thing in participants’ lives that day. It was not ethical or efficacious to forcefully redirect the conversation from gun violence to the lesson focus of sexual violence in those moments; the personal lives and social contexts of the participants had to take the foreground to the curriculum objectives during those moments.

Accounting for positionalities and context are fundamental to feminist and disability studies work. We cannot pretend where we’re coming from does not matter, nor ignore our bodily needs and embodied identities in our endeavors, without compromising some of our deepest values. I found putting down the traditional, positivist imperative to be objective and erase my identity markers a relief in this research; I did not have to hide my emotional reactions to materials, or pretend my own traumas did not inform this work. Of course there is a balance between revealing too much information about ourselves, and focusing on the aim of research and scholarship, and these are incessantly shifting tensions. I think there was a transformative balance between feminist revealing of positionalities in the Illinois Imagines classes, and focusing on the task of the classes/research.

K. Conclusion

In this chapter I sought to explore how the Illinois Imagines classes evaluated in this research exemplified feminist disability studies frameworks, particularly in regards to sexual citizenship (research question 1). In general, the classes strongly reflected a variety of feminist
disability studies principles and concepts. Disability studies principles included a focus on accessibility, sexual self-advocacy, self-determination (including rights to privacy), dignity of risk, and resistance of protectionism. Disability studies concepts of disability positivity, the social model, and social construction of disability were also centered. Anti-sexual violence education like the Illinois Imagines classes is one of the foundations for dismantling what feminists have conceptualized as “rape culture”. Centering feminist disability studies principles in anti-sexual violence education is a way of resisting rape culture in ways inclusive of women with intellectual disabilities.

Rape culture values and heteronormativity were resisted through both the educators and the curriculum, via tools of feminist queering. Feminist queering in the Illinois Imagines classes included sex positivity, and the use of gender neutral pronouns. The classes employed feminist responses to sexual violence such as no victim blaming, and expanding definitions of sexual violence beyond heteronormative tropes. Most of the participants expressed sex negative values against masturbation, homosexuality, and sex work, while the curriculum centers sex positivity. In response to this heteronormative, rape culture sex negativity, the educators responded with feminist sex positive values as well.

Participants incidentally resisted rape culture through practicing self-advocacy amongst each other during the class. During interviews, they reported practicing sexual self-advocacy outside of class as well. Participants shared stories of experiencing ableist paternalism, and being afraid to disclose sexual violence and consensual sexual activity, for fear families would overreact in destructive ways. This was an example of how paternalism/protectionism can be a barrier to survivors getting the support they need. Fear of sharing experiences of sexual violence in ableist, paternalistic contexts was resisted through the curriculum and educators’ emphasis on disclosing to safe audiences, such as rape crisis center staff, or participant identified “safe
people”. There was tension around regulating class participants in ableist, paternalistic ways. As a feminist researcher, I was wary of these forces at work, yet I also questioned whether some amount of paternalism was necessary as a means of supporting impairment, and encouraging people to try new things. The educators were able to find a balance between extending feminist support, and offering paternalistic guidance.

Feminist active consent was an integral part of the class. The curriculum materials consistently emphasize the need for everyone’s consent to be clear and explicit. Illinois Imagines has more material focusing on “no” and the management of danger, rather than on “yes” and pleasure. Both no/danger and yes/pleasure are integral aspects of active consent, but as an anti sexual violence curriculum, Illinois Imagines focuses on no/danger. This is yet another example of how problematic it is to separate anti sexual violence from general sexuality education: separating them risks reifying the focus on no/danger that continues to lock out marginalized sexual citizens like people with disabilities from healthy sexual relationships. Separating sexuality and sexual violence education is particularly inaccessible for people with intellectual disabilities who are often deprived of basic sexuality information; it is not possible to talk about sexual violence when people do not even know the names of private body parts (or are too embarrassed to communicate about them). This point was explored in post class interviews with the educators, who expressed frustration at the restrictions on utilizing anti-sexual violence funding to provide more general sexuality education for women with intellectual disabilities.

As I had anticipated, the Illinois Imagines classes exemplified many feminist disability studies concepts and principles that were made clear through this process-outcome research. Classes like Illinois Imagines are one small way of resisting, and transforming ableist rape culture for women with intellectual disabilities. The classes drew attention to oppression on the
basis of gender and disability, and reinforced feminist disability studies ways of resistance. By using crystallization of three sources of data (pre/post tests, observations, and post class interviews), the next chapter analyzes how specific concepts like sexual violence and boundaries were introduced to, and received by participants.
VI. KNOWLEDGE CONVEYANCE, PERCEPTIONS, AND EXPERIENCES

This research examined how the Illinois Imagines classes were implemented (process evaluation), and what participants took away from the lessons (outcome evaluation). This chapter focuses on data about what participants learned, how they used what they learned, and how they experienced the classes. This chapter is based on a crystallization of findings from the quantitative pre/post tests, the qualitative observation protocols, and recorded interviews. Pre tests were completed during the last two weeks of April 2014, and post tests by the first week in August 2014. One participant declined to do the pre/post tests, but did complete an interview, and one participant did not complete the post test or interview. The full tables of pre/post test scores for all participants can be found in the appendix. This chapter aims to address research questions two and three:

2. How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence?
   
   2 a. What kinds of knowledge changes do stakeholders experience as a result of participation in the lessons?
   
   2 b. How has participation affected the personal goal/s of stakeholders?

3. What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?
   
   3 a. How do stakeholders relate life experiences to the lessons?
   
   3 b. How do stakeholders use knowledge gained from the lessons in their lives?

Generally, I do not present quantitative data as percentage scores because I think doing so conjures up positivist ideas of large samples sizes. Instead, I use fractions, which more clearly illustrate the small sample sizes in this research. For example, 7/9 shows that seven out of nine
participants improved their pre/post test assessment scores; 9/10 shows that nine out of ten people participated in interviews, etc.

A. **Public Body Parts**

During the pre test, all but one participant got perfect scores on the names of public body parts (head, neck, shoulder, arm or elbow, stomach or bellybutton, hand, fingers, leg or knee, foot or toes). At post test, the only participant without a perfect score at pre test went up to 8/8, while two other participants who had had perfect pre test scores on public body parts went down to 7/8. **Scores for public body part names mostly stayed the same from pre to post test.** Overall, it was clear participants were familiar and comfortable with public body part names, and this knowledge was consistent over time between pre and post (the pre/post tests being separated by three months).
### TABLE VII
PRE/POST TEST SCORES FOR PUBLIC BODY PARTS

<table>
<thead>
<tr>
<th>PRE TEST</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7</th>
<th>P8</th>
<th>P9*</th>
<th>P10</th>
</tr>
</thead>
<tbody>
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<td>1 (Head)</td>
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<td>1</td>
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<td>1</td>
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<td>0</td>
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<td>2 (Neck)</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>3 (Shoulder)</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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</tr>
<tr>
<td>4 (Arm, elbow)</td>
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<td>1</td>
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<td>1</td>
<td>1</td>
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<td>1</td>
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</tr>
<tr>
<td>5 (Stomach, bellybutton)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>6 (Hand, fingers)</td>
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<td>1</td>
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</tr>
<tr>
<td>7 (Leg, knee)</td>
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<tr>
<td>8 (Foot, toes)</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>TOTAL POSSIBLE</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
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<td>6</td>
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</table>

<table>
<thead>
<tr>
<th>POST TEST</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7</th>
<th>P8</th>
<th>P9</th>
<th>P10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Head, hair, face)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
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</tr>
<tr>
<td>3 (Shoulder)</td>
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<td>1</td>
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<td>1</td>
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</tr>
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<tr>
<td>5 (Stomach, bellybutton, tummy)</td>
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<td>0</td>
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<td>1</td>
</tr>
<tr>
<td>6 (Hand, fingers)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>7 (Leg, knee)</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8 (Foot, feet toes)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>7</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>8</td>
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</tr>
</tbody>
</table>

P = Participant

*Participant nine declined to complete pre/post tests.
B. Private Body Parts

In contrast to naming public body parts, participants did not know standard names of private body parts, and/or were not comfortable communicating about the words before the class. Correct answers for private body parts included breasts, vagina, and penis. I would have accepted “vulva” but no one used this term, and “vagina” is what is used in the curriculum. I did not accept slang terms as correct answers. The reason is there are so many slang terms, and no guarantee slang will be understood by the person receiving a report of sexual violence, e.g., police officers, rape crisis centers, disability support staff. If a survivor with an intellectual disability does not know an official term for body parts, it is less likely their report will be taken seriously. This could be for a number of reasons like the person being reported to: not being familiar with the slang term; unable to communicate with the survivor; unable to suggest the correct word to a “suggestible” person for fear of contaminating the account; or not believing the survivor, and using unknown slang as an excuse for not reporting. Therefore, I wanted to be sure the participants learned and practiced official words for private body parts, and these are what are scored as correct.

Post test scores on private body part names increased with significance for participants after the Illinois Imagines classes were completed. Four out of nine participants did not have any correct answers for private body parts at pre test. By post test, two participants went from zero scores to 3/3. One participant maintained a 3/3 score, while another maintained a 0/0. Overall, 7/9 participants improved their scores on private body parts at post test. All pre/post test scores for private body parts can be found in the appendix. Here is a list of some of the pre test responses in identifying private body parts:

- Dick; coochie; penu; tatas
- “I don’t want to say anything…I can’t say anything.”
• “Chest area.”
• “He has a vagina also.”
• “No” (the penis)
• “Pajamas” (vagina)
• “No. Whatever it is.” (penis)

The educators’ methods for teaching the private body part names are not in the curriculum, but were something the educators modified for the group. Private body part names were repeatedly rehearsed by both educators, during several classes. They would gesture to the area of the body part, have participants repeat the name together as a class, and/or individually name the part in a round robin. This kind of modification is testament to how integral the educators themselves are in a process evaluation of a curriculum or class, i.e., in making material accessible by individual tailoring not mapped out in the curriculum. It is also indicative of how limiting “fidelity” to a program can be in terms of creating a meaningful class, particularly in creating an accessible class for people with intellectual disabilities.

There are handouts in the Illinois Imagines curriculum covering body part names (Illinois Imagines Project, 2013, pp. 43-44), and activities listed requiring anatomical posters. Quality anatomical posters are expensive, as are models of male and female genitalia, so we did not have these in the class. However, the educators did do a curriculum activity drawing figures of a man and woman on the white board, and had participants take turns circling the names of body parts (there is a photo of this activity in the appendix under “Lesson Summaries”: “Part II: Healthy Sexuality: Lesson 1: Knowing Our Bodies”). By the end of the class during interviews, several participants were still a little uncomfortable saying private body part names, despite all the practice we had had. Gabriel had a difficult time recalling the names without several reiterations of the question, and she laughed a lot as though still uncomfortable saying the names aloud: “I
didn’t really want to say that word because people might have heard me outside.” Siara refused to say, “that word” for penis, but seemed familiar with the term. The other participants were able to name private body parts by post test, with little to no embarrassment, though they had all been somewhat embarrassed during the intake and pretest.

### TABLE VIII
PRE/POST TEST SCORES FOR PRIVATE BODY PARTS

<table>
<thead>
<tr>
<th>PRE TEST</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7</th>
<th>P8</th>
<th>P9*</th>
<th>P10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Breasts)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>2 (Vagina)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 (Penis)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>POST TEST</th>
<th>P1</th>
<th>P2</th>
<th>P3</th>
<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7</th>
<th>P8</th>
<th>P9</th>
<th>P10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Breasts)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td></td>
<td>1</td>
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<tr>
<td>2 (Vagina)</td>
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<td>1</td>
<td>1</td>
<td>0</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3 (Penis)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>1</td>
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<tr>
<td>TOTAL POSSIBLE = 3 POINTS</td>
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<td>0</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

*Participant nine declined to complete pre/post tests
C. **Pre and Post Test Assessment**

The pre/post test assessment came in the Illinois Imagines blue supplemental guide (Illinois Imagines Project, 2013), and is focused on measuring recognition of sexual violence. The scores and score calculations can be found in the appendix. The Pre/Post Assessment from the blue supplemental guide (Illinois Imagines Project, pp. 10-11) was very problematic as a research instrument, as were Supplement 1A: Identifying Body Parts, and Supplement 1B: Identifying Private Body Parts (Illinois Imagines Project, 2013, pp. 43-44). In this section I present only the findings from the assessment pre/posts, and have moved discussion of the instruments to the “Limitations” section. Here are the first six questions from the “Pre/Post Assessment Instrument”:

1. Who can I have relationships with?
2. Who is someone that would be bad to start a relationship with?
3. What is a body part you can show in public?
4. Which action is private?
5. Which is an example of sexual violence?
6. What can you do if someone tries to sexually abuse you?

**Overall, 7/9 participants increased their assessment scores.** However, the change in Pre/Post Assessment scores was only **marginally significant**. The small change is readily observable in the raw scores. Here is an overview of some of the changes:

- One participant score stayed the same;
- Seven participant scores increased; and
- One participant score decreased.

The marginally significant change in Pre/Post Test Assessment scores contrasts with significant change in private body parts scores (previous section). Although participant scores on private
body part names increased significantly when asked to identify private parts on a picture of a man and woman, question number three in the Pre/Post Assessment does not reflect the same change. This may show the structure of the assessment question is less accessible than using images to identify body parts. I am confident from qualitative observations, interviews, and the pre/posts that participants learned private body part names. The lack of alignment with the Pre/Post Assessment scores on body parts with my other two sources of information reaffirms for me the importance of data triangulation/crystallization from multiple methods.

There was no significant correlation between the pre/post test scores and attendance. In other words, participants who attended more did not necessarily get higher scores than participants who attended fewer classes. All participants attended at least seven classes, albeit different ones; there was substantial review of the same materials between classes. I suspect the seven class mixture attended by each participant was enough to convey general concepts of sexual violence, and names of private body parts because there was so much review/reiteration/repeat across classes. Similarly, there was no significant correlation between pre/post test scores and participation ratings. This may show that being present for most of the classes helped to increase participant knowledge, regardless of whether or not participants were engaged in a way I was documenting (e.g., comments, questions, watching, listening, and/or turning towards others; refer to the participation scale and ratings).

The tables below show changes in participant pre/post scores. The Table VI juxtaposes changes in pre/post test assessment scores with attendance rates, and participation ratings. The first column displays the pre/post test score changes by participant (one remained the same; seven participant scores increased; and one decreased). The middle column shows how many classes each participant attended. When placed in between the score change column (left), and the participation rating column (right), it’s clear how score changes were not correlated with
attendance, or participation ratings. For example, P3’s score actually went down, yet they attended most of the classes, and had the highest average participation rating. Conversely, the participant with the highest score increase (P6) did not attend the most classes, and had the lowest participation rating. The third column lays out each person’s participation rating. This column illustrates that four participants had minimal participation ratings; four had moderate ratings; one had a substantial rating; and one had a low rating. Once in a table format, the lack of correlation between pre/post score, attendance, and participation ratings became clear; this finding was unexpected. Table VII shows the changes in scores across all pre/post test assessment questions; scores were increased for eight questions by post test, as marked by an X in the far right column. Table X shows all the raw scores from the pre/post test assessment.
## TABLE IX
CORRELATIONS BETWEEN ASSESSMENT SCORE CHANGES, ATTENDANCE, AND PARTICIPATION RATINGS

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>PRE/POST ASSESSMENT SCORE CHANGE*</th>
<th>CLASSES ATTENDED</th>
<th>AVERAGE PARTICIPATION RATING&lt;sup&gt;43&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>0</td>
<td>13</td>
<td>1.25 minimal</td>
</tr>
<tr>
<td>P2</td>
<td>+4</td>
<td>13</td>
<td>2.77 moderate</td>
</tr>
<tr>
<td>P3</td>
<td>-2</td>
<td>11</td>
<td>3.14 substantial</td>
</tr>
<tr>
<td>P4</td>
<td>+1</td>
<td>8</td>
<td>2.16 moderate</td>
</tr>
<tr>
<td>P5</td>
<td>+3</td>
<td>13</td>
<td>2.88 moderate</td>
</tr>
<tr>
<td>P6</td>
<td>+4</td>
<td>10</td>
<td>0.66 low</td>
</tr>
<tr>
<td>P7</td>
<td>+1</td>
<td>7</td>
<td>1.2 minimal</td>
</tr>
<tr>
<td>P8</td>
<td>+2</td>
<td>11</td>
<td>1.16 minimal</td>
</tr>
<tr>
<td>P9</td>
<td>No Data</td>
<td>14</td>
<td>2.60 moderate</td>
</tr>
<tr>
<td>P10</td>
<td>+1</td>
<td>11</td>
<td>1.11 minimal</td>
</tr>
</tbody>
</table>

*Total Score = 14 points

<sup>43</sup> Participation rating scale: 0 = no apparent participation; 1 = minimal participation; 2 = moderate participation; 3 = substantial participation; 4 = vigorous participation.
<table>
<thead>
<tr>
<th>PRE/POST TEST QUESTION</th>
<th>NUMBER OF PARTICIPANTS ANSWERING CORRECTLY PRE TEST</th>
<th>NUMBER OF PARTICIPANTS ANSWERING CORRECTLY POST TEST</th>
<th>INCREASE IN TOTAL # OF CORRECT RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Who can I have a relationship with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Family</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>B. Intimate partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Who is someone that would be bad to start a relationship with?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Someone who lies</td>
<td>3</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>B. Some who you can trust</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Someone who respects you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What is a body part you can show in public?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Penis</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>B. Hand</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Breast</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Which action is private?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Kissing your partner</td>
<td>1</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>B. Touching private parts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Holding hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Which is an example of sexual violence?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Someone tricks you into having sex by lying to you</td>
<td>4</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>B. Holding hands with your partner, after you both agree</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>C. Someone tells you that something bad will happen if you do not have sex.</td>
<td>3</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>6. What can you do if someone tries to sexually abuse you?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Say no</td>
<td>4</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>B. Get away</td>
<td>3</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>C. Tell someone</td>
<td>5</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>D. All of the above</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>7. Which is safe?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Being around someone who wants to hurt you.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>B. Telling a safe person if someone says that he or she will hurt you.</td>
<td>2</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>C. Calling the hotline if you are abused.</td>
<td>7</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>8. Which is true?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Sexual violence only happens to women</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>B. Sexual violence is a crime</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>C. Sexual violence is never the victims fault</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
## TABLE XI
PRE/POST TEST ASSESSMENT SCORES

<table>
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<tr>
<th>Pre test question #</th>
<th>P1</th>
<th>P2</th>
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<th>P4</th>
<th>P5</th>
<th>P6</th>
<th>P7</th>
<th>P8</th>
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<tr>
<td>5 A</td>
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*Total possible points = 14
D. **Concept of “Sexual Violence”**

Learning to recognize and resist sexual violence is a main objective of the Illinois Imagine curriculum. While recognizing sexual violence does not mean it will be resisted, recognition must come first before actions like reporting perpetrators or seeking help can happen. By the end of the class, **5/9 participants had some demonstrable comprehension about what sexual violence was**; their specific responses are shown in the tables on the following pages. Of the 9/10 participants that completed post class interviews:

- four were able to recall the term “sexual violence” and describe it;
- one was able to recall the term without prompting, but unable to describe it; and
- four participants were not able to recall the term or describe it.

During classes, **3/10 participants shared explicit stories about past experiences of sexual violence.** The educators used these disclosures as an opportunity to name these experiences as sexual violence, and to reaffirm that sexual violence is, “never the victim’s fault.” Participants described being pestered, cajoled, threatened, bribed, or forced into sexuality activity. One participant described her “friend” being choked and hit by an intimate partner. The educators employed an expanded feminist, rape culture definition of sexual violence in order to support participants in recognizing various forms of sexual violence in their lives. For example, they pointed out that street harassment is a publically degrading form of sexual violence, and that it is illegal. Both the educators and the Illinois Imagines curriculum also identified bribery, and pestering (wearing someone down for sex), as forms of sexual violence. Participant definitions of sexual violence at post test are presented in the table below.
<table>
<thead>
<tr>
<th>Participant</th>
<th>Defined “Sexual Violence”</th>
<th>Description of “Sexual Violence”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elena</td>
<td>Yes</td>
<td>“Sex violence means you do sex in your body…and it’s not good”</td>
</tr>
</tbody>
</table>
| 2. Gabriel  | No                        | Gabriel: "Sexual violence is not like sexual abuse, because he was asking me was sexual violence the same thing as sexual abuse."
|             |                           | Rebekah: "So what do you think sexual violence is?"
|             |                           | Gabriel: "It might be a… I don’t want to say it might be crime…. because it’s not...Sexual violence means that when a person gets married, you have to stick with that one person, and you have to love that one person.” |
| 3. Ida      | No                        | Rebekah: “What did you learn in the class?”
|             |                           | Ida: “About sex and violence…”
|             |                           | Rebekah: “What is sexual violence, do you remember?”
|             |                           | Ida: I forgot, I didn’t think o’ it fo’ a minute, I forgot.” |
| 4. Justine  | No                        | Justine only attended eight (8) classes and has limited verbal communication skills. She was not able to describe activities from the class except memorable times we had food and drink. Justine chose to use the majority of interview time to introduce me to her sweetheart, who she had talked about throughout the whole class. |
| 5. Jewelle  | Yes                       | Jewelle: “When you don’t want to be touched in the wrong way.”
|             |                           | Rebekah: “What’s the wrong way?”
|             |                           | Jewelle: “The wrong way is….if a man touches you in the wrong way, they keep asking, can they do it.” |
| 6. Lara     | Yes                       | Rebekah: “Do you remember what it was about?”
|             |                           | Lara: “Yeah.”
|             |                           | Rebekah: “Can you tell me some things?”
|             |                           | Lara: “Umm………sexual violence…”
|             |                           | Rebekah: “Do you remember what that is?”
|             |                           | Rebekah: “Yeah.”
|             |                           | Rebekah: “What is it?”
|             |                           | Lara: “Someone abuses you…”
|             |                           | Rebekah: “What does that mean, abuse?”
|             |                           | Lara: “Someone hits you.”
|             |                           | Rebekah: “…what’s the sexual part? What does sexual violence mean?”
|             |                           | Lara: “It’s when someone touches you.” |
| 7. Leslie   | Unknown                   | Did not attend interview. |
| 8. Soledad  | Unclear                   | Rebekah: “What did we learn?”
|             |                           | Soledad: “A whole lot.”
|             |                           | Rebekah:” Like what?”
|             |                           | Soledad: ‘Bilen [violence]
|             |                           | Rebekah: “Which part?”
|             |                           | Soledad: “[indecipherable] Penu [penis].” |
| 9. Linda    | Yes                       | Linda refused to do the interview guide questions, and the pre/post tests. She chose to use the interview time to talk about relationships and sexual violence in her life. |
| 10. Siara   | Unclear                   | Would not talk about sexual violence, but would answer questions about interpersonal violence. |
It seemed participants were unclear about the specific term, “sexual violence”, but generally understood the concept and were able describe it or provide examples. Participants who were unable to recall the term, describe it, or give examples may have been unable to due to impairment. Because there were such disparities between participant abilities to define the term “sexual violence”, I have included a table here displaying the recognition of sexual violence as a concept, instead of just relying on a definition from participants.
# TABLE XIII
RECOGNIZING SEXUAL VIOLENCE CONCEPTS

<table>
<thead>
<tr>
<th>Participant</th>
<th>Recognized term “sexual violence”</th>
<th>Able to describe “sexual violence”</th>
<th>Unfamiliar with term/ Could not recall</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Elena</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>Participant seemed to have a moderate ID, and was very quiet during the class yet gave the most articulate answer.</td>
</tr>
<tr>
<td>2. Gabriel</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>May have been unable to articulate due to impairment.</td>
</tr>
<tr>
<td>3. Ida</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>Seemed unwilling to answer, but demonstrated a clear understanding of sexual violence in class.</td>
</tr>
<tr>
<td>4. Justine</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>May have been unable to articulate due to impairment.</td>
</tr>
<tr>
<td>5. Jewelle</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>Recalled and described the term easily.</td>
</tr>
<tr>
<td>6. Lara</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>I was surprised Lara responded so clearly, as she had not participated much in class.</td>
</tr>
<tr>
<td>7. Leslie</td>
<td></td>
<td></td>
<td></td>
<td>Did not attend the interview.</td>
</tr>
<tr>
<td>8. Soledad</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td>Impairment may have limited her ability to describe the term, but she recalled it easily.</td>
</tr>
<tr>
<td>9. Linda</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>Refused to follow the interview guide questions, but talked about sexual violence in her own life during the interview, without defining or identifying it.</td>
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<tr>
<td>10. Siara</td>
<td>-</td>
<td>-</td>
<td>X</td>
<td>Seemed like more of a refusal to answer than unfamiliarity with the term/concept.</td>
</tr>
</tbody>
</table>
E. **Consent and Boundaries**

The curriculum and the educators utilized feminist notions of consent and boundaries as ongoing i.e. not one time, static phenomena. One educator taught about boundaries and consent through practicing saying things like, “Touch me up here, but not here”; “Today let’s only kiss.” They also emphasized the importance of all parties involved in sexual activities needing to give consent, allowing for the feminist possibility of sex between multiple people. The educators described “consent” as something people, “can’t assume”, that needs to be asked for explicitly. One of the educators told the group: **“Sex without consent is sexual violence.”** They explained consent is connected to what happens in our “personal space”, thereby connecting consent to boundaries, which is an area of focus in sexuality education for people with intellectual/developmental disabilities e.g. the popular Circles curriculum.

The Illinois Imagines curriculum defines consent in an active, sex positive way: **“saying “yes” – without pressure or threats or tricks. If you say “yes” because you want to do something and it makes you happy and feels good, that is consent.”** (Illinois Imagines Project, 2010e, p. 47). One educator emphasized participants’ right to say no to unwanted, *and* yes to wanted sexual activity: **“You should only experience sex if it is pleasurable to you, and you give consent.”** The Illinois Imagines classes were imbued throughout with information about consent. Additionally, there are lessons in the green guide titled “Consent” (Illinois Imagines Project, 2010e, p. 47), and one on “Boundaries” (Illinois Imagines Project, 2010e, p. 45), specifically conveying these concepts.

During games like the red/unhealthy and green/healthy (Illinois Imagines Project, 2013, pp. 75-79; Illinois Imagines Project, 2010e, pp. 50-51), participants demonstrated comprehension in identifying healthy and unhealthy boundaries. Asked to weigh in on unhealthy scenarios
depicting various forms of sexual violence, they would respond verbally with exclamations like, “Take that person to jail!”, or would put their heads down on the tables. During a game where the class moved from one side of the room to the other to identify healthy and unhealthy scenarios, participants were very accurate in their responses. While higher functioning participants did tend to give more accurate responses in identifying sexual violence, participants with moderate impairments also frequently demonstrated comprehension. Activities like red flag/green flag seemed to be effective in conveying knowledge about boundaries, and variations appear several times in different lessons. However, this game is not unique to Illinois Imagines, appearing in other curricula like Sexuality education for adults with developmental disabilities (McLaughlin, Topper, Lindert, & Green Mountain Self-Advocates, 2009).

In post class interviews, several participants demonstrated sustained knowledge about consent and boundaries. During the last class, Maria asked the group what “consent” was, and Linda responded it meant “permission”; the educator added that consent means permission, “without threats.” Jewelle said, “They have to ask. First the guy has to ask if it’s OK to come visit you.” Lara demonstrated an understanding of the concept of boundaries in her post class interview:

Rebekah: Do you remember what it was about?
Lara: Yeah.
Rebekah: Can you tell me some things?
Lara: Umm……..sexual violence…
Rebekah: Yeah, that was one thing. Do you remember what that is?
Lara: Yeah.
Rebekah: What is it?
Lara: Someone abuses you…
Rebekah: What does that mean, abuse?
Lara: Someone hits you.
Rebekah: Yeah. So what’s the sexual part?
Lara: Uh…
Rebekah: What does sexual violence mean?
Lara: It’s when someone touches you.
Jewelle talked about consent and boundaries throughout our interview:

Rebekah: What was the red flag?
Jewelle: Um, the red was for yes, or even, no…A man…or when a man did for a woman…did they do right or they didn’t do right….Yeah, the game…… when the man was doing it with the woman, or the man wasn’t doing what he should be doing….
Rebekah: Or a healthy relationship. What’s a healthy relationship like?
Jewelle: When they ask you. I think, right?
Rebekah: Yeah, yeah, that’s part of it, they ask you. What do they ask you?
Jewelle: Is it okay if I sit with you? Is it okay if I can hold your hand?
Rebekah: Yeah, that’s consent… So we talked about that. We talked about how to protect ourselves. Do you remember any of that stuff?
Jewelle: To protect ourselves, when they ask you, then you tell them no, I’m not ready yet.

Several participants talked about the sexual violence of boundary violation in terms of incest, although this was not a prominent topic in class. Linda defined “incest”: “Your family has sex with you and nobody knows.” In a class review, a participant defined “boundaries” as: “Something you have to set with family and the person you’re living with...Both of you need to agree to take it to the next level; it can’t be just one person.” Another participant said, “How far you are supposed to go with a friend.” In addition to incest, participants connected with discussions about boundaries in terms of medical providers and support staff. The educator Maria asked the class, “What if [your staff is] helping you and they do something that makes you uncomfortable?” One participant responded by saying she’s not comfortable with a guy helping her in the shower, and she prefers “a lady”. A couple participants talked about boundaries in terms of going to doctors for pap smears, getting nervous, and having, “trouble keeping [their] legs open”. The educators guided the class through discussions about boundaries, medical professionals, and support staff by helping participants to distinguish between unwanted violations of boundaries, and uncomfortable touch in these contexts.
Class participant responses during interviews remained within heteronormative frameworks, such as talking about boundaries and consent only in terms of heterosexual relationships. There continued to be some hesitancy when the women answered direct questions about specific concepts like consent, boundaries, and sexual violence. While most responses were indeed correct, participants would qualify their answers by stating them as questions, and seeking affirmation from me. I interpreted this hesitancy as indicative of a continued lack of practice in sexual self-advocacy, and possibly that the concepts continued to be somewhat unclear for people. While participants were familiar with concepts like boundaries and consent after the class, confusion remained about specific terminology. Still, concept descriptions were accurate when participants talked about them in terms of their life experiences in apropos ways.

F Stakeholder Goals and Opinions of Class

This section specifically addresses research question 2b and 3. My original intention was to ask participants about their goals for the class during the intake interview, and to quantify goals as “met/unmet” by the end of the post class interviews. In my naiveté, I did not anticipate participants not having any goals, and/or being unable or unwilling to articulate them. I also expected people to have learning about sexual violence as a goal, as this was the main purpose of the class; only one person did. Here is a break down of participants goals met/unmet:

- Four out of ten met their goals;
- one participant had an unmet goal; and
- five participants did not have identified goals.

Of the four participants with met goals in the class, only one had learning about sexual violence as a goal. The other three had goals more relevant to general sexuality education than to

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44 2b) How has participation affected the personal goal/s of stakeholders?; 3) What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes?
a class specifically about sexual violence. It may have been participants thought the Illinois Imagines classes were general sexuality education classes, and that was really where their interests lay. Below is a table of participant goals and whether they were met.

**TABLE XIV**

**PARTICIPANT GOALS**

<table>
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<tr>
<th>Participant</th>
<th>Goal</th>
<th>Goal Met</th>
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<tbody>
<tr>
<td>1. Elena</td>
<td>Learn about, “the sex stuff”, and sexual violence</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Gabriel</td>
<td>“what it is like to get married and how can you release that</td>
<td>No</td>
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<tr>
<td></td>
<td>relationship with one another”; also about pregnancy</td>
<td></td>
</tr>
<tr>
<td>3. Ida</td>
<td>“try somethin’ new”</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Jewelle</td>
<td>None identified</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Justine</td>
<td>None identified</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Lara</td>
<td>Body parts</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Leslie</td>
<td>Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Linda</td>
<td>None identified</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Siara</td>
<td>None identified</td>
<td>N/A</td>
</tr>
<tr>
<td>10. Soledad</td>
<td>“about the body”</td>
<td>Yes</td>
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</table>
I anticipated generating rich information about participant opinions of the curriculum/class through post class interviews, but this was also not the case. Of the five participants who responded, all expressed satisfaction with the class, but I was unable to get at why. Mostly, responses wanted to know when the educators and I would be coming back to them, and whether we would do another similar class at the agency. I thought of this as evidence for the critical importance of the educators, the people, in sexuality and relationship classes; perhaps even more important than the curriculum itself. The participants did not comment on the curriculum, except about certain activities. Of the five participants who responded, the curriculum activities they enjoyed and learned from were: red light/unhealthy/no consent, green light/healthy/consent activities (Illinois Imagines Project, 2010e, pp. 50-51; Illinois Imagines Project, 2013, p. 29, pp. 66-69); thumbs up/thumbs down (Illinois Imagines Project, 2010e, pp. 20-21; Illinois Imagines Project, 2013, pp. 22-25); also played throughout other lessons); and the favorite which was a game moving from one side of the room to another, identifying healthy/consent, and unhealthy/no consent scenarios (Illinois Imagines Project, 2010e).

Ironically, the day we did the activity requiring movement around the room, the class was very reluctant. They did not want to get up from the tables, and it took the educators quite a bit of convincing to get folks started. I was uncomfortable during this time, because I was invested in participants being engaged with activities, yet reluctant to paternalistically try to force them. Therefore, I was all the more surprised during post class interviews when several participants mentioned really enjoying this activity, and wishing we had done more movement based activities (with accommodations for various impairments). One participant who is a wheel chair user specifically requested more movement based games and activities, in addition to class swag (bracelets, pens, etc.). Eight of the nine participants who completed post class interviews
commented on the importance of the end of class party/completion ceremony we had, and of having food and drinks.

G. Interview with Rape Crisis Educators

My aim was to use the crystallization of data in this evaluation research to assert the efficacy of the Illinois Imagines classes in publications. In turn, publications could position the curriculum as closer to “evidenced based”, and make it more likely to secure future anti-sexual violence/sexuality education funding. I aimed to triangulate/crystalize the educator’s experiences with those of the class participants, as well as with my perceptions through observations. I conducted an interview with both rape crisis educators after the completion of the Illinois Imagines classes. I wanted to explore the educators’ general opinions and experiences with the class, including how useful they perceived it to be for the participants. I also wanted to know about their recommendations for changes to the curriculum, and for future classes. I was interested in why they had wanted to teach the classes, and what they learned about working with people with intellectual and developmental disabilities (I/DD) that could be brought back to their rape crisis center work; the full interview guide can be found in the appendix.

My aim with the educators interview was to provide a crystallization of data in answering the research questions: 2) How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence? and 3) What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes? Key findings are bolded to draw attention to points most directly addressing these research questions; quotations are indented for emphasis. “Maria” and “Hafsa” are pseudonyms for the rape crisis educators interviewed.
Both the educators were pleasantly **surprised at the high level of support from the disability service agency staff** where the classes were held. Specifically, they were impressed that at least five participants attended each class, with eight participants at half of all classes. However, they reported having wanted more contact with the agency staff. Illinois Imagines does have a manual specifically for fostering rape crisis center and disability service agency relationships, but this research only used the manual for the classes for women with disabilities. I suspect more contact and stronger relationships would have resulted had we used the entire Illinois Imagines toolkit. Using the education manual alone resulted in the start of an interagency relationship, but not a developed one.

The educators both thought the **time estimates for the lessons were inaccurate**, and should be recalculated. During the first half of the class, we took more than double the time listed. In contrast, during the second half of the class, we were doubling and sometimes tripling the number of lessons we got through each week. They recommended **consolidating the main green guide, and the blue supplemental guide**, as moving between the two was often “tricky”. The educators found the curriculum **too heavy on large group discussion**, and thought it needed **more activities, especially ones incorporating movement, and media** (like videos, and pop culture references). Although class participants were reluctant to begin movement based activities, most people ended up really connecting to those, and the educators also thought more were needed. Maria summarized her recommendations this way:

> it was very heavy on large group discussion, like, back and forth questions, which is good. I mean you do want to engage people in questions in that way, but I would have liked to see more of a variety of teaching methods. I think some of the things that came across the best in our program is when we did things differently, like when we had people get up to the front of the room and move from one side of the room to the other, that was something that wasn’t in the curriculum.
During conversations with two of the creators of the Illinois Imagines curriculum, I asked who their intended audience was, and they said they considered the curriculum for “everyone” (i.e., for “women with disabilities” in general). The educators and I had a rich discussion during the interview about the merits and limits of making anti-sexual violence curricula like Illinois Imagines “for everyone”. Hafsa noted how universal curriculum may be less usable than ones made for specific populations:

I don’t think it’s good to have one universal curriculum that has to be delivered the same way every time because you’re not going to get the same audience every time. Maria’s hesitance around this kind of universalized curriculum mirrored my own:

I don’t know, I’m a little wary of one size fits all [curricula], and I understand why it’s created, but I think when we’re trying to say one size fits all, it’s really one size fits some, and you know people are going to be still left behind, or left out… it should have specified like this is something for, aimed at people with intellectual or developmental disabilities, or this is something aimed at people with physical disabilities…I think having something with a little more specificity would have been helpful…there’s such a variety in the disability world to make one curriculum as a one size fits all.

From a critical disability studies standpoint, I think designing interventions for “everyone” is problematic because it may too easily revert to defaults of privilege. For example, a curriculum marketed as for everyone may be imbued with unexamined assumptions of whiteness, ablebodiedness, and class that exclude people of color, people with disabilities, and poor people. In this research, participants with intellectual disabilities (ID) were specifically recruited because women with ID experience particularly high rates of sexual violence, and because I perceived the Illinois Imagines curriculum as aimed at this population⁴⁵. The woman in the class with the mildest intellectual disability (if she had an ID at all), felt the class was way too simple for her; this is another problem with claiming universality rather than designing for specific populations.

⁴⁵ I read Illinois Imagines as primarily for people with I/DD because of the use of plain language, and also because of the women chosen to be interviewed in one of the accompanying DVDs.
The educators’ perception of the class was that participants got a lot out of it. They thought the increased participant engagement as the class went on, and participants’ sadness at the class being over indicated, “they absolutely learned something from our program” (Maria). They also cited the increased familiarity with class terms and concepts, and the speed of recall, as indicative of class usefulness. In particular, they thought concepts around consent and healthy/unhealthy relationships had come across effectively. However, they were not convinced the “nuances” of class material had been understood. While they felt confident the repetition they employed in the class would increase retention\(^4\), they were unsure of how material learned would be used by participants outside of the class, in everyday life.

Both educators had a goal of working with people with disabilities as part of their professional capacities. They wanted to teach the classes to address the need for anti-sexual violence education in disability communities, particularly for people with intellectual and developmental disabilities. Maria reported having learned about modifying methods and content to be more accessible for people with intellectual disabilities, such as, “focusing on checking for comprehension things like that.” She also learned how to be more concrete in giving instructions:

So I feel like I learned a lot more about myself and just how to learn to teach, different methods of teaching, what was working, what wasn’t working…I feel like something that I learned to do, and I think probably because of the disabilities in the room, was just be more explicit with what I was asking…I think sometimes just the way that we try to build rapport with people is we ask questions instead of making a statement, which is what we mean to do… And so just being a little more you know ‘this is what I’m asking of you right now, would you please let me know, you know, if you do want to participate or do not want to participate’, or, I don’t know, being more clear or direct from what I wanted from the group.

\(^4\) The issue of material repetition was curious. While the participants reported the repetition as useful, the educators expressed some boredom with it, yet they also recognized it as effective for participants. However, the educators thought repetition could be handled in their own way, rather than building it into curriculum material.
Hafsa talked about how she became more aware of using ableist language in the class:

I definitely got into, sort of like educator mode and would definitely forget that, you know, like, hey standing up might not be the best thing to say to the group if everyone can’t actually stand up, and would kind of have to catch myself and say, ok how else can I say this? And I caught myself a few times throughout the process doing that with various things...just sort of being more mindful of my language, which definitely helped me grow. Like Maria, you were saying it helped you know, learn as an educator, you know definitely the same thing for me of just slowing down, catching myself, listening to what I’m saying, using that inclusive language.

Class participants assisted the educators in making the class more accessible. Participants would assist each other in activities, and support each other in processing information, great examples of practicing self/sexual self-advocacy. As Maria commented, if the class was: “just not accessible to everyone in the room, there were always helpers there to let us know.”

The educators had some recommendations for future classes using the Illinois Imagines curriculum. They recommended having a co-teacher from the disability service agency, someone familiar with the community, and skillful at fostering classroom accessibility for people with intellectual and developmental disabilities (I/DD). They recommended working more closely with disability service agency support staff throughout the class, as a way of both increasing class accessibility, and fostering a long-term relationship between the agency and a rape crisis center. They found it useful that I served as a coordinator for administrative tasks, so they could better focus on delivering the content (I booked the room, did copies, arranged art supplies, took attendance, got a DVD player, white board markers, etc.).

A main tenant of the Illinois Imagines toolkit is developing relationships between rape crisis center and disability service agency networks. Since the classes, one of the rape crisis center educators has worked with the participating disability service agency in providing professional development training to open to all agency staff. Even with using only one toolkit manual, this relationship was initiated through the classes examined in this evaluation research.
Creating rape crisis center and disability service agency relationships is part of national federal agendas to build capacity in serving women with disabilities who are survivors of sexual violence (e.g., the federal Office on Violence Against Women’s national funding agendas). In teaching the classes, the educators developed their sense of disability cultural humility, which they can take with them as educators in future classes, as well as back to the rape crisis centers they work for.

H. Interview with Disability Support Staff

As with the section above exploring the rape crisis educator’s perspectives, I conducted an interview with the two disability support staff involved in the Illinois Imagines classes, in order to crystalize their perspectives with my other sources of data (pre/posts, observations, participant and educator interviews). I created an interview protocol with the aim of addressing research questions two and three: How effective are the Illinois Imagines classes in conveying knowledge about coping with and preventing sexual violence? What are the perceptions and experiences of stakeholders regarding the Illinois Imagines classes? I also wanted to explore how the DSA staff were involved in the recruitment process, and how much time they spent on recruiting. I hoped this information would be useful to agencies setting up Illinois Imagines classes in the future (recruitment details in methodology section; refer to appendix for interview guide). As with the other interviews, quotations are indented for emphasis. “Azelia” and “Don” are pseudonyms for the two support staff interviewed.

Both the disability service agency (DSA) support staff reported no qualm with having had the classes at their agency. They trusted my intentions as a graduate student from the University of Illinois at Chicago, and my connections with the UIC Sexuality & Disability Consortium. More importantly, they trusted their clients to self-select classes of interest to them.
The staff had little detailed information about what had gone on in the class, as they had opted to maintain some distance in order to give the participants privacy and autonomy. They said Illinois Imagines was unique at their agency in not being a mixed gender class, but felt it was appropriate to have only women in the class if it helped the participants feel more comfortable with the subject matter. Don said he was pleased to have been able to offer us a private room:

There’s a little bit of foot traffic in most of our classrooms...so some of that dynamic that you might think would build then, even in a co-ed class, probably doesn’t build quite the same as what happened in your classroom because you were closed, and people could just be more comfortable. There weren’t going to be interruptions.

I have noted elsewhere the importance of having had the privacy Don mentioned. Azaelia noted the importance of privacy in the classes because it was not something all participants were necessarily afforded in their living situations, particularly when it came to sexual relationships. I thought it was an excellent example of affording participants the kind of privacy and autonomy disability positive curricula like Illinois Imagines aim for.

Both Don and Azaelia thought the participants had “enjoyed” and “liked” the class. Don mentioned there seemed to be, “camaraderie” between participants outside the classroom as a result of being in this particular class together:

the women bonded, I think that was very clear. So they would talk to each other, they would hang out with each other after class in other social settings, a little more than I think they did previously. [CLIENT] would not maybe normally sit down with [CLIENT], but I saw them sitting together a couple times...So I think there was a bond, or a camaraderie, but along with that, they had their conversations, they didn’t necessarily draw me into it...It means that there’s peer support going on there.

Don sought out confirmation that his clients had had a positive experience by asking them directly, on several occasions. I think his words really illustrate how he formulated his opinion that the participants had had a positive experience, and so I quote him here at length:

[Asking the participants] “okay, now that I’ve sort of got you into this, what did you really think?” And the interesting thing for me was that I think I asked maybe three of the ladies, and the responses were very positive, they were, “it was good, I liked it.” The interesting thing about that is they didn’t elaborate, but they answered readily. They
didn’t have to think about it, they didn’t stop and read my body language to see what they thought I wanted the answer to be, they actually answered, rather immediately, and positively. So I thought that was really something. Lots of times our clients will stop, they’ll look at you… and then try and figure out what answer do you want. And then they’ll try and give you the answer they think you want. I did not feel that the three ladies I spoke to…and I spoke to them separately on different occasions, just as we were working together, and I didn’t think that they paused to read body language, I didn’t think they paused to guess what answer I wanted, I think they just gave me an answer, and I liked that.

It was encouraging that support staff seemed confident participants were satisfied with the class, and that they may have formed some supportive relationships as a result. However, staff were unable to pinpoint specific ways participants were applying class knowledge to their lives, either at the agency, or in community settings. This is an example of how findings were enriched through crystallization with participant interviews, where women reported specific ways they had used knowledge gained, while staff did not have the insider knowledge to report on this. Similarly, Azaelia and Don were unable to comment on the Illinois Imagines curriculum itself, as they had not been in the class, while participants and the rape crisis educators provided this feedback.

As to what kind of relationship they envisioned with the rape crisis centers in the future, Azaelia commented:

if someone had been sexually assaulted, raped, whatever, then I would definitely think of them first now. But I don’t know that I would call them and request a class as quickly as I might request an anger management class, or a class on how to deal with your emotions, or friends, you know these seem to be more of everyday stuff that we have going on, but I would think of them now.

This comment piqued my interest because I knew from observations and interviews that class participants were also more interested in general relationship and sexuality education classes, than in anti-sexual violence per se. At the time of my interview with Azaelia and Don in September 2014, they had not been in contact with the rape crisis educators about further training. However, when I contacted them in January 2015, they had a staff training scheduled with Maria, one of the two rape crisis educators who taught the Illinois Imagines classes in
summer 2014. The organizations conducted a staff training on responding to sexual violence in April 2015, which is hopefully indicative of future collaboration.

As I found in interviews with the two rape crisis educators, interviewing Azaelia and Don from the participating disability service agency provided some data to answer research question three (perceptions and experiences of stakeholders) that class participant interviews had not yielded. I learned participants had formed bonds outside of the class, and confirmed self-reports that participants had been satisfied with the class. The staff were unable to provide information to address research question two (class participant knowledge acquisition), but had themselves acquired a familiarity with the rape crisis center that has led to an interagency training, as well as knowledge for referral in a crisis. After this interview, I was able to confirm stakeholders found the Illinois Imagines classes to be useful to them in their various capacities. The data from the three stakeholder groups -ten participating women with intellectual disabilities, two rape crisis center educators, and two disability support staff- all converged on an unexpected finding that more general relationship and sexuality education was needed (as opposed to anti-sexual violence specific education); this is explored in the next section.

I. **Need for General Relationship and Sexuality Education**

Participants consistently demonstrated a need and desire for more general relationship and sexuality education, rather than a particular focus on anti sexual violence education. For participants like Gabriel, relationship education was the only thing that mattered. During the post class interview, no matter what question I asked from the interview guide, she responded by wanting to talk about marriage. As a woman in a romantic relationship, with close family relationships, she had joined the class to talk about how to marry her sweetheart, and learning about sexual violence was not important to her. Jewelle also wanted to know about marriage: “A guy asked me to marry him, should I?!” Her classmate who spoke only a handful of times during our 15 weeks together responded, “No she shouldn’t!” When asked what she thought
about getting married, Jewelle answered, “**Pretty good, but staff don’t think so.**” Navigating staff attitudes about intimate relationships and wanting to get married was a concern for several participants.

Regarding a “predicament” she was in that was not related to sexual violence, but most likely to a consensual sexual relationship, one participant shared: “**My brother’s gonna kill me, my predicament. I’m scared to tell them, got to eventually.**” She wanted information about how to handle talking with her family about intimate relationships and the sex she was already having, but this was not the focus of the class, and she did not get to explore her options in any depth. Soledad wanted to know more about male/female intercourse, and **how to have a relationship with a man when he won’t, “act right”** (e.g., not do drugs, work, take care of his kids). Justine expressed a strong desire for sexuality relationship information. During the interview, she seemed upset about something going on with her partner, and refused to answer the interview questions. We ended up stopping the interview because she wanted her partner to come in for a conversation about general sexuality topics (he did most of the talking). It was also clear to me during observations of the class that most of the participants were primarily concerned with romantic and/or sexual relationships, and not sexual violence per se. People with intellectual and/or developmental disabilities need (and desire) for general sexuality and relationship education is well documented in the literature (Bernert & Ogletree, 2012; Healy, McGuire, Evans, & Carley, 2009; Hollomotz, 2011; Lafferty, McConkey, & Simpson, 2012; Löfgren-Mårtenson, 2004; Stevens, 2012; Ward, Windsor, & Atkinson, 2010).

J. **Conclusion**

This chapter on knowledge conveyance attempted to address research questions two and three: how effective were the Illinois Imagines classes in conveying knowledge about sexual
violence?; and what are the stakeholder perceptions of and experiences with the classes?. It brought together data from a crystallization of methods including: pre/post tests; observations; and post class interviews. Data collection also crystalized around three sources: ten class participants; two rape crisis educators; and two disability service support staff. In current fiscal climates where evaluation is often a requirement for funding, this chapter intended to address the gap in positioning Illinois Imagines closer to being an “evidence based” curriculum. My hope is that having some “evidence” behind it will assist Illinois Imagines in securing future implementation, evaluation, and curriculum development funding. The methods and findings in this chapter could also inform future evaluations of other sexuality related curricula for people with intellectual disabilities.

Conveying the concepts identifying and learning how to respond to sexual violence is the main focus of the Illinois Imagines curriculum. Finding evidence these concepts had been successfully conveyed was very complex; no single source of data collection would have painted the picture. All three methods of data collection indicated participants learned the names of private body parts as a result of being in the class. Overall 7/9 participants improved their post test scores on private body parts. This may be a testament to the effectiveness of reiteration and review of body parts in the Illinois Imagines curriculum, as well as the teaching methods employed by the educators. Participants unfamiliar with private body part names had opportunity to learn them, and practicing throughout the class aided in becoming more comfortable with the words, as well as with recall.

Scores on the "Pre and Post Test Assessment" were low before class, and only increased marginally at post test. The instrument was not piloted before use (for various reasons; refer to "Limitations" section), and the lack of positive significant score changes may reflect problems with the instrument. Seven out of nine participants did increase their assessment post test scores,
but this change was only marginally significant. There was no correlation between numbers of classes attended, or participation ratings, and assessment scores.

By the end of the class, 5/10 participants had some comprehension of the concept of sexual violence. During post class interviews, participants demonstrated various levels of familiarity with the concept, such as being able to recall, define, or describe the term, and being able to talk about what sexual violence meant in their own lives. As with private body parts name, it took all three methods to make this finding clear (observations, pre/post test, and interviews). Two of the participants who were unable to define sexual violence in post class interviews actually demonstrated a clear understanding of sexual violence throughout the class. Post test scores and post class interviews alone would not have demonstrated this comprehension, yet observations did. For the two participants who did not demonstrate comprehension of sexual violence, lack of comprehension was likely attributable to the inappropriateness of the lessons for them, rather than inherent shortcomings of the Illinois Imagines classes.

The rape crisis center educators felt very supported by the hosting disability service agency (DSA) staff involved in this research. The classes created some mutual awareness between the agency and center as to the services offered by the other. Since the classes, one of the rape crisis center (RCC) educator’s has worked with the participating disability service agency in providing professional development training open to all agency staff. The RCC educators were confident the participants had gained something valuable from being in the class, like learning the concepts of consent, health/unhealthy relationships, and identifying sexual violence. However, they were less confident in the generalizability of this information to the participant's lived experiences in everyday life.

The educators reported having learned important information about teaching in classrooms with people who have intellectual/developmental disabilities, such as repeat/reiteration/review,
checking for comprehension, being less abstract when asking questions, and avoiding ableist language. The had some concrete recommendations for the creators of Illinois Imagines, and for future classes using the curriculum, such as: combining the green and blue guide; focusing on specific populations; using more movement and media based activities; pairing a rape crisis center educator with a insider disability service agency staff person; and assigning administrative tasks to a coordinator so educators can focus on teaching.

The disability service agency (DSA) staff reported being at ease with having had the Illinois Imagines classes at their organization. They were pleased with the minimal amount of time needed in supporting the classes, e.g., with recruitment, and also with having been able to honor the disability and sex positive spirit of the Illinois Imagines classes by reliably providing a private room for us. As were the rape crisis educators, the DSA staff were confident the class was useful for participants; this triangulated/crystalized with participant self-reports. While the DSA staff were not able to tell me specific ways class knowledge was being used, they reported participants had formed bonds outside of the class that were not typical of other classes taken at the agency. As did the rape crisis educators and the women with disabilities in the Illinois Imagines classes, the DSA staff recognized the need for more general relationships and sexuality education, rather than anti-sexual violence education specifically. In April 2015, a year after the Illinois Imagines classes began, the staff conducted a training planned with the rape crisis educators to teach agency members about trauma responsiveness for people with intellectual/developmental disabilities; this kind of collaboration is one aim of Illinois Imagines, and will hopefully continue into the future.

The previous chapter focused on positioning the Illinois Imagines classes into feminist disability studies theoretical frameworks, while this chapter examined stakeholder knowledge conveyance, and participant experiences. The next discussion and conclusions chapter examines how the basic evaluation goals of program fidelity and efficacy were met, and summarizes some
of the most important overarching findings from this research. It also aims to bring together the two main content chapters (feminist disability studies theoretical frameworks, and knowledge conveyance) with the literature review around sexuality and women with intellectual disabilities in a rape culture.
VII. DISCUSSION AND CONCLUSIONS

In this research, participating women with intellectual disabilities (ID) have been positioned as active sexual citizens, resisting rape culture through acquiring general sexuality and sexual self-advocacy knowledge. This research has aimed to insert the particular experiences of women with ID into feminist theoretical literature on rape culture. For example, the women in this research expressed internalized patriarchal, rape culture attitudes such as sex negativity, and homophobia. Simultaneously, the women expressed a resonance with feminist values of active consent, and anti-victim blaming.

The experiences of people with intellectual disabilities (ID) like the women in this research have unique contributions to make to feminist rape culture and sexual citizenship theory. Controversial and complex feminist rape culture topics like consent and boundaries can be enriched by the experiences of women with ID, as can feminist sexual citizenship theory. Methodologically in research like this work, the complexities around topics important to feminist theory (e.g., consent) include tensions between things like needing staff support for sexual activities (accessible sexuality information, permission from staff and support by institutional policies, etc.), while also needing some paternalistic protection from exploitation.

Participants described difficulties between deciphering unwanted, consensual touch of sexual body parts such as for activities of personal care, and medical appointments, verses acts of sexual violence in those same contexts, e.g., similar kinds of touch in similar kinds of situations, but with the intent of sexual contact for the benefit of the non-disabled staff/medical provider. Similarly, difficulties around possibilities of consent between non-disabled, paid staff people and service recipients with arguably less power were occasionally explored. Both feminist sexual citizenship, and rape culture theorizing struggles with questions like who can give consent, how
can it be communicated, and when is it even possible? Given the increased interdependence of many women with intellectual disabilities, questions of consent really come to a head, yet feminist theory is not yet extensively drawing upon the experiences of women with ID as a marginalized group in these realms. This research sought to begin drawing just these kinds of connections, and while the extent this was accomplished is modest, it is a small beginning for positioning intellectual disability into these discourses.

While theoretically this work has sought to position issues of sexuality, consent, and intellectual disability into feminist sexual citizenship and rape culture discourse, practically the aims were more focused and individualized. People with intellectual/developmental disabilities (I/DD) have clearly expressed a desire for sexuality education, with a particular emphasis on sexual relationships and coping with sexual violence (Friedman, Arnold, Owen, & Sandman, 2014). In response to this call, this research initiated and evaluated an anti-sexual violence class offered to women with I/DD at a Chicago disability service agency. The aim was to evaluate class processes, to measure the effectiveness of knowledge conveyance to participants, and to explore stakeholder experiences with and opinions about the classes. In other words, what happened in the class, did participants learn about sexual violence, were they able to connect that knowledge to their lives, and what did they think about the classes? I have bolded overarching main findings below for emphasis.

A. **Program Efficacy and Fidelity**

This research used a triangulation/crystalization of three methods: pre/post test, observations, and interviews. Using these three methods, I sought to address the overarching evaluation aim of exploring what “works” and “doesn’t work” in a program. In evaluation, “program efficacy” refers to the effectiveness of a program to do what it is designed to do
In this case, program efficacy meant the Illinois Imagines curriculum successfully conveyed knowledge about coping with and preventing sexual violence to participating women with disabilities. **Overall, program efficacy was high for class participants around private body parts and general knowledge, such as a familiarity with the concept of sexual violence.** However, the practical application of this knowledge in participant’s lives long term is unknown. **There was also program efficacy where a working relationship was fostered between the participating disability service agency and a rape crisis center;** developing this kind of relationships is a core objective of the Illinois Imagines curriculum.

Another core tenant of evaluation is that of “program fidelity”. Program fidelity refers to how closely the program was implemented in the way it was designed to be (Ward, Windsor, & Atkinson, 2012). I attempted to address the measurement of program fidelity through my observations, with detailed documentation of class process through my fieldnotes using the observation guide, (which became the extensive “Lesson Summaries” in the appendix). In these summaries, an X signifies a curriculum topic or activity was addressed during the lesson; the more Xs there are, the higher the program fidelity for that day. A cursory glance through the forty pages of lesson summaries shows a lot of Xs, particularly for the main green guide. While I did not assign a numerical value to program fidelity in this research, **I feel confident in asserting high overall program fidelity, based on these detailed fieldnotes and lesson summaries.**

A limit of program fidelity was the less frequent use of the blue, supplemental guide during the classes, as indicated by fewer Xs for this guide in the lesson summaries. However, even the limited use of the blue supplemental guide as a threat to program fidelity was mitigated
by topic reiteration throughout both manuals. While a topic might not have been covered on a particular day from the blue supplemental guide, it would come up repeatedly in other lessons, in both guides. So while there might not be an X on a particular activity in the blue guide from any given day, the chances it was still covered in another class on another day was very high. In a way, the repetition of facts, concepts, and activities in the Illinois Imagines curriculum as an attempt at accessibility through review/repeat was a sort of built in assurance for program fidelity; topics were covered eventually across lessons.

While program efficacy and program fidelity are gold standards of evaluation, I found myself skeptical of how meaningful these measures were for judging the success of the Illinois Imagines classes evaluated in my own research. In terms of fidelity, it was not the faithfulness of the educators to the lessons at all cost that I found most significant. Instead, it was their flexibility with meeting the needs of participants where they were that resonated with me as most desirable and efficacious. When participants were experiencing gun violence in their neighborhoods that overshadowed their concerns with sexual violence topics being covered in the class, the educators made room for that. When participants wanted to learn more about sexual relationships, rather than violence per se, the educators met them there (as much as they could given the restrictions on their funding use for general sexuality education). In other words, the small deviations from the curriculum, not fidelity to the lessons, were often the most impactful for participants. **In this light, it seems not only ironic but ineffective to deem a program successful according to the degree it was implemented the way it was written. Rather, we might value the usefulness of curricula to particular participants, at particular moments in time, as most worthy of funding.**
In my naiveté conceptualizing this research, I planned on evaluating “a curriculum”. As I began to experience the limits of this thinking, I switched to evaluating, “the classes” instead. This meant including not only curriculum material, but dynamic educator, class participant, and disability service agency staff interactions. I found that evaluating “a curriculum” was not enough. Yet, funders demanding “evidenced based” curricula seem to want proof the curriculum works in and of itself, as if there is a “true” curriculum out there, somewhere, waiting to be discovered or made (a positivist notion). I found the curriculum could not be separated from the people, the place, the physical, political, economic, and social communities in which implementation happened. This is bad news for funders wanting to know which curriculum “works”, and can be implemented anywhere with anyone, with high efficacy, high fidelity. When it comes to anti-sexual violence curriculum efficacy, the answer may be: it depends on the population, the time, and the place; not the kind of hesitant answer funders seem to expect from evaluators and researchers.

B. **Limits of Universal Curricula**

I pictured generating data that could prop up Illinois Imagines as evidence based and worthy of funding and implementation in other settings, but I came away with a sense there may need to be specific curricula, made for very specific populations, born of the particular place where they will be used. One of the educators summed it up this way:

I’m a little wary of one size fits all curriculum…I think when we’re trying to say one size fits all, it’s really one size fits some, and you know people are going to be still left behind, or left out…

The other educator had a similar sentiment:

what’s gonna work in, you know, city, urban Chicago is going to be very different that works in, you know, rural Illinois, or what works for this particular group of students that might be exposed to a lot of violence, might not work the same for you know a group that experiences different things on a daily basis… so the curriculum, and the delivery of it, is what’s so important, and having people who understand the communities that they’re
in… I don’t think it’s good to have one universal curriculum that has to be delivered the same way every time because you’re not going to get the same audience every time. During these kinds of conversations with the educators, I was able to flush out my reluctance around universalizing curricula meeting evidence-based standards (although these were the kinds of standards I had hoped to generate myself for Illinois Imagines). Yet there are things from Illinois Imagines as implemented in this research that could be generalized. The use of a sex positive rape crisis center educator, paired with a disability positive support staff, and/or a self-advocate, for example. Also, the holistic approach of addressing needs of multiple stakeholders could also be generalized i.e. training rape crisis centers, disability service agencies, women with disabilities, legal guardians, and sexual assault nurse examiners. 

C. Merging General Sexuality and Anti-Sexual Violence Education

An unanticipated but not surprising finding was the demand for general relationship and sexuality education for women with disabilities, and not anti-sexual violence education per se. The class participants, educators, and support staff all expressed a desire for general sexual relationship education for women with disabilities, which they identified as lacking; this lack is well defined in the research as explored in the literature review (Hollomotz, 2011; Swango-Wilson, 2011; Ward, Bosek, & Trimble, 2010; Ward, Windsor, & Atkinson, 2012). Due to funding limitations, as well as the nature of Illinois Imagines as an anti-sexual violence curriculum, general sexuality education was not a focus of the class. Yet more general sexuality and relationship education is what participants, and disability support staff, were most interested in.

The ability to name private body parts is critical for identifying when sexual violence has occurred, and for reporting it, yet this kind of general sexuality education topic is not technically part of anti-sexual violence education. Distinguishing sexuality education from anti-sexual
violence education in both funding and teaching was inaccessible for women with intellectual disabilities (ID) in this research. It was inaccessible because it constrained how the educators could teach about topics like body parts. For example, anatomical teaching aids would have been useful in the class. Yet not only are such aids prohibitively expensive, beyond what I could pay for, the educators did not have them because their funding does not allow them to do “sexuality education”; they are only supposed to do “sexual violence” education. **Having models and doing sexuality education around body parts would have been more accessible for participants who had trouble with abstractions like two-dimensional pictures of body parts (troubles that many non-intellectually disabled people also have).**

D. **Modification of National Sexuality Education Standards for People with Intellectual Disabilities**

If I were to make a recommendation to policy makers and funders wanting to know about “the” curriculum to implement, **I would first recommend a modification of national sexuality and anti-sexual violence education content standards for people with intellectual and development disabilities (I/DD) (or at least state by state standards).** The *National Sexuality Education Standards: Core content and skills K-12, A special publication of the Journal of School Health* (American School Health Association, American Association for Health Education, National Education Association Health Information Network, & The Society of State Leaders of Health and Physical Education, 2011) are a good example. The National Sexuality Education Standards are not a curriculum or composition of activities, nor does it delineate methodological ways to conduct sexuality education. They are a list of core secular principles and values such as sexuality education for all, the inseparability of sexual health education from health education more broadly, and “comprehensive” education including, but not focused on,
abstinence. These standards contain a long list of content recommendations by age group, e.g., anatomy and physiology, healthy relationships, pregnancy, and reproduction\(^47\).

I would recommend groups like the ones I introduced in the literature review work to modify sexuality education standards in order to make recommendations for specific I/DD populations. Entities like the American Association on Intellectual and Developmental Disabilities (AAIDD), National Guardianship Association (NGA), Self-Advocates Becoming Empowered (SABE), and the World Health Organization (WHO) could come together to modify sexuality education and anti-violence education standards for adults with I/DD. The standards would revolve around supporting self-determination, sexual self-advocacy, and feminist disability studies informed collaboration between disability service agencies, and rape crisis networks. A convening between these key players would need to include an action plan for disseminating the standards, and supporting their application. It would need to build in plans for evaluation and literature/research reviews at all stages, as being “evidence based” is likely to continue to be critical in our current funding climates.

E. **Dissemination and Evaluation of National Standards**

The modified national intellectual/developmental disabilities (I/DD) sexuality education and anti-sexual violence standards would need to be **systemically disseminated at local levels for communities to use in designing their own interventions**. Local levels could include state rape crisis centers, schools, non-profits, community centers, youth programs, local government agencies, youth programs, and post secondary education institutions. More importantly, these national I/DD sexuality education standards would need to be vigorously distributed to disability networks such as disability service agencies, direct service workers unions and associations,

\(^47\) In line with disability studies values of accessibility, these standards are open access, easily available through the internet: http://www.futureofsexed.org/documents/josh-fose-standards-web.pdf
legal guardianship groups (the Developmental Disabilities Act mandated Protection and Advocacy agencies could be of help here), sibling groups (e.g., Sibling Leadership Network), self-advocacy groups, and collaborations like the Sexuality & Disability Consortium (SDC), and the Illinois Coalition Against Sexual Assault (ICASA).

I envision critical cultural studies departments also being made aware of national intellectual/developmental disabilities (I/DD) sexuality education and anti-sexual violence standards. This could include disability, gender and sexuality studies programs e.g. doctoral students working with community educators in jails, or medical students who may someday have patients with I/DD. The Association of University Centers on Disabilities (AUCD) could be commissioned to coordinate dissemination and evaluation. The University Center for Excellence in Developmental Disability (UCEDD) from my home state of Alaska is well positioned to do the kind of generation/modification, dissemination, and evaluation I’m envisioning for national I/DD sexuality education standards and policies, with myriad community, state, local, and federal government connections. Additionally, the Alaska UCEDD has a research and evaluation team that is integral to the center’s endeavors. In my experience, the Illinois UCEDD where I worked for four years in Chicago is similarly well positioned for national I/DD sexuality standard work. Developing standards through the UCEDD network for use and evaluation of curricula like Illinois Imagines is a way to challenge sexual health disparities, and translating research knowledge into practice, while also supporting feminist disability studies transformation of rape culture.

The UCEDD mission is: “To implement their core functions of providing preservice preparation, services (including technical assistance, community education, and direct services), research, and information dissemination”; these core functions line up almost exactly with the I/DD sexuality standards generation/modification, dissemination, and evaluation I am proposing.
F. **Transforming Rape Culture: Knowledge Translation and Sexual Self-Advocacy**

Sexuality education is a feminist tenet for dismantling rape culture (Friedman & Valenti, 2008; Buchwald, Fletcher, & Roth, 2005). I believe the separation of feminist anti-sexual violence education from general sexuality education operates as a barrier to dismantling ableist rape culture for women with disabilities. Conversely, joining together anti-sexual violence education with general sexuality education that is ongoing at disability service agencies could function as a prong of feminist rape culture transformation for women with disabilities. Making such education ongoing, rather than sporadic, and increasing accessibility for women with intellectual disabilities in particular, would make dismantling more effective.

**Ongoing anti-sexual violence, and general sexuality education can be positioned as part and parcel of knowledge translation, bringing into practice the sexuality education and research women with intellectual disabilities need and want.** It is important to use curricula like Illinois Imagines, to test them, to improve them, and to translate that knowledge into discursive spaces like classrooms in order to transform rape culture, while reimagining and building alternative cultures of consent. Integrating sexual self-advocacy into this work would center the lived experiences of women with disabilities as sexual citizens. Prioritizing women with ID as sexual self-advocates and citizens is one way to ensure our rape culture transformation work does not come out on the other side marginalizing people with intellectual disabilities just as much as before.

G. **Summary**

In this dissertation, I sought to provide a needed sexuality education class to women with intellectual disabilities. I wanted to generate data to help qualify curricula like Illinois Imagines as worthy of funding for implementation, dissemination, and evaluation in fiscal climates
demanding “evidence based” interventions, as well as to fill the research/literature gap in sexuality curricula evaluation for people with intellectual/developmental disabilities (I/DD). I am both hopeful and skeptical of the work I have accomplished here. I am skeptical of sexuality curricula evaluation because there seems to be assumptions of life as a “contamination”. For example, I could not ethically control curriculum fidelity because participants needed general sexuality education that has been denied them, more than they needed the specific anti-sexual violence education we were offering. Not controlling the class in order to have rigorous fidelity could be framed by positivist researchers as a contaminating variable. To address this, I employed a feminist alternative to enforcing program fidelity by documenting the curriculum implementation process in detail, as transparently as I could.

As a feminist disability studies scholar, I do not accept agendas to produce strong evidence based data for procuring funding as more important than meeting women with intellectual disabilities where they are. The educator and participant deviation from program fidelity was not a contamination of this research. From a feminist epistemological position, deviation was integral to the principles of self-determination and sexual self-advocacy I value as a feminist disability studies scholar and activist. This research process and the findings/outcomes empirically add to evidence that sexuality and anti-sexual violence education is being demanded by women with I/DD, disability service providers, and rape crisis professionals. It also adds strength to the national calls for disability service and rape crisis network collaboration, in the endeavor to provide sexuality education focused on increasing the sexual consent capacity of women with intellectual disabilities. I am hopeful of the use and evaluation of sexuality curricula like Illinois Imagines as one means of transforming rape culture, so long as critical feminist disability studies epistemologies and methodologies are prioritized, as this work aimed to do.
VIII. LIMITATIONS AND RECOMMENDATIONS

Throughout this research, I have sometimes lamented the conservative nature of what I tried to accomplish. I set out to do just as Gidding’s (2006) describes: to generate useful process-outcome data for rape crisis centers and disability service agencies, and produce “evidence” for players like the Illinois Coalition Against Sexual Assault (ICASA) to secure funding. While I still believe this is important in our current neoliberal moments, I recognize it is not radical work. Had I been a more experienced researcher, with funding, and staff, I would have liked to implement the entire Illinois Imagines curriculum with several Chicago disability service agencies partnering with rape crisis centers. I could have involved more stakeholders in setting the research agenda beyond the evaluation of my dissertation, and delivered stakeholder feedback to ICASA, to be used for a second edition of the curriculum. I would have liked to be part of implementing, evaluation, and feedback with people with disabilities at the center, rather than going it alone as a single graduate student.

It would have been a very different dissertation had I engaged in a process described by Giddings (2006):

the ‘mixing’ approach, which works most effectively for local and global well-being and social action, is multi-methodological co-operative inquiry. People with a variety of backgrounds, some with research skills, but all with a shared concern and interest, design and carry out a multi-methodological study that has relevance to the needs of their diverse communities. (p. 202)

A major reason I did not choose this path (apart from the obvious reasons of time, money, and staff), is that the creation of Illinois Imagines was itself a cooperative and multi-methodological one; just not a process I was a part of. It seemed a wasteful reinventing of the wheel to do what
ICASA had already done, i.e., design a curriculum asked for by educators on the ground, and to create it with many different stakeholder groups. The curriculum was created in Giddings spirit of multi-methodological, diverse stakeholder engagement; what was missing was the implementation and evaluation piece, which I could be a part of in a small but meaningful way.

While it might have been feasible to do such work had I started out during the creation of the curriculum (to document the process as participatory, feminist, and disability studies centered), had I been able to access and engage ICASA, the Illinois Imagines teams, and the UIC Sexuality & Disability Consortium, it was simply “beyond the scope” of a graduate student dissertation. But as my committee members assure me: this is a life’s work. I have been told variously, “This is a dissertation, not a Nobel Prize”, “Don’t be famous, be done,” but also, “This is a once in a lifetime opportunity”. In the end, the constraints of time, resources, energy, and institutional barriers proscribed my visions of a more radical, participatory project, and that is ok. The dreams fostered in me by this work might not have been manifested without it, and so I’m grateful for this research as is, even as I envision it for what it could have been; hopefully these are dreams I can access in the future as I continue on in this life of learning. As I have explored some of the general limitations of this work above, below I examine specific limitations, barriers, and recommendations.

A. **Pre/Post Test Assessment**

I was unable to pilot the pre/post test assessment instrument from the Illinois Imagines curriculum before its use in April 2014. I had worked to prepare a pre/post test instrument by creating instrument questions based on the lesson objectives in the Illinois Imagines curriculum. This was a laborious process I felt unqualified to complete; the making of a pre/post test instrument was much more time consuming and required much more expertise than I had
anticipated. I was excited when the blue Illinois Imagines “supplemental guide” came out in
December 2014 with a pre/post test assessment hidden away in the introductory pages (on pages
10-11 of the blue supplemental guide that came out in 2013). I hoped this assessment instrument
was better than one I could have designed on my own.

I could tell immediately the curriculum’s pre/post test assessment was problematic from a
research standpoint, for example, the inaccessibility of employing multiple correct answers on
several questions. However, I chose to it anyway because I thought it would be useful
information for the creators of the curriculum to have evidence of how the instrument did not
lend itself to research. By testing the assessment as it was, I hoped to make later
recommendations for modifying it to be more research friendly; my suggestions for
modifications are in the appendix. Ideally, I would have piloted and modified the pre/post test
before it’s use in this evaluation research. I was unable to do so because when the supplemental
guide with the assessment came out, I did not have enough time to amend the IRB for piloting
before the disability service agency’s trimester began. Additionally, the IRB informed me if I did
a “pilot” with the instrument, it would have moved my research to “experimental”, and a full
convening would be required.

Given the difficulties I had with the IRB in terms of working with a sensitive topic
(sexual violence), and a “vulnerable” population (women with intellectual disabilities), I did not
think a pilot and full convening was feasible. At first I thought of the IRB as a barrier in this
situation, but I have come to perceive the situation differently. After conversations with a
colleague causing me to reframe my thinking, I decided next time I would welcome a full
convening, I would anticipate and facilitate it. Given the topic, population, newness of the
curriculum/instrument, and the use of qualitative methods, I would dive into a full convening up
front, rather than trying to move through the process gingerly. This way, I could have piloted and modified the instrument before use, consulting with the curriculum creators along the way, and had a sturdier methodological tool to begin with. Even as it was, the pre/post test assessment (including the body part assessment) yielded moderately significant to significant improvement in scores. In a way, the improvement in scores despite a lack of a sound instrument is a testament in favor of the Illinois Imagines classes in this evaluation research: even with a problematic instrument, curriculum efficacy still had demonstrable strength.

B. Coding

My insider class knowledge, combined with feminist disability studies familiarity with concepts like sexual citizenship and rape culture, made my interview coding and the coding of my two interraters highly misaligned. However, I don’t think a lack of interrater reliability necessarily compromises the integrity of my findings. Firstly, as a feminist disability scholar I have been committed to transparency and detailed documentation throughout this work. I have documented my positionality and acknowledged my own frameworks as genuinely as I could throughout this evaluation research. I think in doing this I have presented my results with more, not less integrity. If this means findings are less “generalizable” in the positivist sense of transferring knowledge with exactness onto other people, other classes, other contexts, this is still a valuable move. I do not believe most findings are in fact generalizable to people all over the world, and I am deeply skeptical of research seeking to do this. Doing feminist disability studies evaluation, I was focused on answering the research questions to guide subsequent classes with Illinois Imagines, not to generalize to theory per se.

Still, interrater reliability has some merits, and is certainly a common method thought to increase research “reliability” (no small thing given the funding climates demanding evidenced
based outcomes I have described in introductory chapters). I would recommend future evaluation of Illinois Imagines have the two co-educators serve in both educator and researcher functions. The educators could conduct a qualitative pre-, in addition to post-, test interview, as well as quantitative pre/post tests with a piloted and validated instrument. If both educators did both pre/post interviews, and pre/post tests, and observed all of the same classes, they would have similar contextual knowledge with which to do observation and interview coding. Together, the educator researchers could write detailed descriptions of codes generated. Then two independent people with no class context at all could code observation fieldnotes and interview transcriptions. These independent coders would need to be well versed in the same theoretical frameworks utilized by the educator researchers. This way, coding skewed because of different rater familiarity with class context, as well as disparate familiarity with feminist disability studies and evaluation knowledge, would be minimized. Additionally, rather than relying on the more positivist method of interrater reliability, the educator researchers could engage in member checking, a method more in line with the assumptions of feminist disability studies evaluation research.

I would also recommend offering some kind of material compensation for the following key players:

- self-advocates assisting with instrument piloting;
- class coordinator preparing class materials, attendance, food/drinks, room booking, etc.;
- two educator researchers teaching the classes, completing pre/post interviews, quantitative pre/post tests, and coding;
• participating women with intellectual disabilities; and

• and two independent coders.

My reasoning for compensation is that time commitments are high for all of these stakeholders, as high as monetary compensations are low. Skilled self-advocates, coordinators, educator researchers, and independent coders (likely feminist disability studies graduate students), would be able to better prioritize evaluation if paid. Incidentally, paid stakeholders could be expected to train up on disability accommodations, class accessibility and universal design, as well as plain language and People First language, all of which could improve outcomes (a.k.a. intervention “efficacy”). Paying these stakeholders in future evaluation research with the Illinois Imagines classes, and other sexuality and disability curricula, would strengthen program fidelity and efficacy, which are the current hallmarks of funding-worthy educational programming.

C. **Theoretical Considerations**

As I found in my masters thesis on sexual citizenship (Moras, 2010), using the sexual citizenship framework for positioning women with intellectual disabilities as sexual citizens was problematic. An example of this was how the educators brought the class back to the curriculum after discussions about gun violence by saying, “Everyone has the right to be safe.” I remembered a woman at a UIC Gender and Women’s Studies brown responding to my masters thesis promoting the right of sexual self-advocacy: “We can speak, but who will listen?” I wondered if an emphasis on individual “rights” like safety and sexual self-advocacy shuts down conversations about systemic approaches to social problems (e.g., you have the right to be safe, but structural racism and poverty will still put you at risk for gun violence; you have the right to be a sexual self-advocate, but rape culture will still put you at risk for sexual violence).
Another facet of sexual citizenship frameworks I found limiting was that “expanding” boundaries of citizenship by definition still leaves someone out. In fact, actively distancing from other groups seems to be a common tactic for claiming citizenship/sexual citizenship for oneself, e.g., I have the right to citizenship because I’m a second generation immigrant, not a first; I have the right to sexual citizenship because I have a psychiatric disability, not an intellectual one. In other words, sexual citizenship is more of a legal framework, not a transformative one.

Expanding boundaries of sexual citizenship by establishing people with intellectual disabilities as sexual citizens with a right to practice sexual self-advocacy, as in this research, has limited usability for the kinds of changes social justice movements envision (think queering and crippling ableist, racist heteronormativity). As we have experienced with the citizenship framework underpinning the Americans with Disabilities Act (ADA), privileged groups can simply meet the bare minimum legal requirements of the citizenship law, leaving pervasive ableist, sexist, racist, heteronormative, and neoliberal social constructions unscathed.

Instead, I believe a focus on imbuing interdisciplinary canons of critical cultural studies (disability, gender, trans, indigenous, Black, Latina/o studies, etc.) into public education, media, and other discursive spaces holds more hope for social justice transformation than do citizen/sexual citizenship frameworks; this is why I aim to devote my life to these disciplines. A facet of citizenship/sexual citizenship frameworks I find outright dangerous is the onus it puts on those oppressed to be defenders of their own rights. In this research, a constant concern I had was focusing on women with disabilities to learn sexual self-advocacy to protect themselves in a rape culture, rather than educating privileged people to not rape. Of course, focusing on the victims/survivors can be appealing because they (we) want to protect ourselves, and it seems to be much harder to change perpetrator behavior than survivor behavior.
I would add to my critical cultural studies work to dismantle rape culture an additional prong: a laser focus on reaching groups likely to be perpetrators (read: boys, white, cis, non-disabled, heteronormative men, male athletes, etc.). This sort of focus seems to be the rationale behind things like masculinity studies (maybe we should consider non-disabled studies too?). Finally, in the end I found it irksome to tout “sexual self-advocacy” while non-intellectually disabled people, and non-disabled people just do, “advocacy”. This once again positions people with intellectual disabilities as special, and particular, rather than simply demanding what people without intellectual disabilities already have. As disabled comedian Norman Kunc says: People without disabilities ride horses and go swimming; people with disabilities have equine and aqua therapy.

D. Methodological Considerations

A dominant attitude is that only quantitative, experimental or correlational research can count as “evidenced-based” (D. Test, personal communication, January 18, 2012). However, there are many tiers of best practices or promising practices that contribute to evidence based research (National Secondary Transition Technical Assistance Center, 2015), and qualitative research has it’s own criteria for quality, rigor, and credibility (Tracy, 2010). Yet given the national climate towards funding quantitative and/or mixed methods endeavors, future research could include qualitatively weighted mixed methods, including a quantitative experimental and control group sequentially receiving the curriculum as an intervention, i.e., measuring changes in knowledge with a group of women with intellectual disabilities (ID) receiving the lessons (experimental group), and a group of women with ID receiving no lessons (control group), and then ethically extending the intervention to the latter group later on.
Having a control group might heighten the reliability of findings indicating increased knowledge as a result of the lessons, and not of other “contaminating” variables (Schewe & Bennett, 2002). Sexuality education and sexual violence prevention programs showing changes in behaviors over time may be considered the most credible and “evidence-based” by funders (Card & Benner, 2008, p. xiii). Conducting long term follow up outcomes evaluation could strengthen anti-sexual violence curricula evaluation research like Illinois Imagines by showing sustained changes in participant sexual knowledge and changes in behavior over time. Additionally, such long-term outcomes evaluation could be strengthened through collecting triangulated/crystalized data from multiple sources, including women with intellectual disabilities, educators, staff, family members, and curricula designers.

Implementing the entire Illinois Imagines curriculum, including manuals for women with disabilities, disability service agencies (DSA), rape crisis centers (RCC), legal guardians, and sexual assault nurse examiners, would contribute to a more thorough investigation of the curriculum’s efficacy. Utilizing and evaluating the entire curriculum with multiple DSAs and RCCs across states could yield useful data about how to best use the curriculum, and would elevate it towards becoming “evidenced based” in a way useful in our current funding climate i.e., quantitatively generalizable. Finally, additions to this curriculum for working with disabled sexual “offender” or “perpetrator” populations would contribute to best practices as the field of sexual violence prevention, “cannot end sexual violence by only focusing on the victims” (United States Department of Justice Office on Violence Against Women et al, 2010, pp. 21-22).

E. **Notes on Intersectionality: Race/Ethnicity, Poverty, and Disability**

Feminists of color, particularly Black and indigenous feminists, have worked to displace white feminist assumptions of “color blind” feminism. Analysis includes how additive, tokenist
inclusion is a form of white washing, and how much of white feminist theory is simply not amenable to the needs of women of color (INCITE! Women of Color Against Violence, 2009; Moraga, & Anzaldúa, 1983; Richie, 2012; Rojas, 2009; Yee, 2011). An extension of these arguments is also that white positionality affects the kinds of activists and scholarly work researches endeavor to accomplish, whether race is an explicit part of the research or not.

Taking these insights to heart, I wanted to explore a how race and class might be at work in this research. However, I was not well versed enough in the literature, or sufficiently connected to women of color feminist scholar communities to guide me. The participants in this research were primarily Black, and some Latina women with intellectual and developmental disabilities (I/DD), one Arab Jewish American educator, one non-disclosed educator, one white researcher, two white disability support staff, and two white creators of the curriculum. I wanted to know how race was at work in the class, assuming it had to be, and I was just ill equipped to recognize it.

I paid close attention to racial representations in the curriculum. There are a mix of people of color and white people with disabilities represented in the images, with slightly more white images. Characters in the curriculum vignettes include names such as “Maria”, “José” and “Jamal”, but most of the names are what I would identify as Anglicized, e.g., Amy, Paul, Chris, Terry. I read the self-advocate in the supplemental video about sexual rights as a young white woman with disabilities. The images used to learn about private body parts are drawings of a thin, white, cis, non-disabled man and woman (with no labia) (Illinois Imagines Project, 2013, pp. 43-44). Counting this way may seem like superficial, splitting hairs analysis, unless we imagine the content differently. If most of the images, names, and body part pictures were of Black, Latina, indigenous, mixed race people, with names like Zhané, Mahtab, Feng, Zorayda
(names of some of my own friends and acquaintances), some people might ask, “Is this curriculum for Black/Arab/Asian/Latina/o people?” Yet when it is white images and names, it’s supposed to be “for everyone”.

In interviews, I tried to get participants to self-identify racially, rather than assign race/s/ethnicity to them myself. I also asked what participants thought of having non-black or Latina teachers, and myself as a white researcher hanging around. This was awkward every time. It didn’t fit in, didn’t feel right, yet I kept asking because I wanted to open the conversation about how participants thought race might be a factor in the class process; the conversation never did blossom. Four of the participants clearly shared they did not think race mattered at all in the class. One person looked at me like I was asking something very inappropriate and weird. Another told me she wasn’t like that, what I was saying was racist, and Martin Luther King Jr. would not approve of this line of questioning. Several participants who spoke Spanish did not identify as Latina. Asking participants to think about how race/ethnicity were at work in the class did not yield fruitful answers.

Through interviews, I was able to glean socioeconomic status as part of the conversation. Most of the class participants lived in multi-generational households, with several wage earning adults, and often several children. A couple participants had cell phones, but most of the class did not; one participant’s household did not have a phone at all. I wondered how much of participants’ lack of privacy was due to living with many people in small homes, verses due to ableist sanctions against people with disabilities having privacy. Interviews were not comprehensive enough to tease this out, nor was poverty/disability the focus of this research. But in exploring socioeconomic status to create participant profiles (part of my dissertation proposal), I confirmed my inklings of a rich intersectional analysis just out of my reach.
Appendix A
Lesson Summaries

There was one introductory session followed by 13 lessons for participating women with intellectual disabilities (ID), and a final closing ceremony class. Lessons were taught by two different educators, from two different Chicago rape crisis centers. Sometimes classes were taught by one educator, and sometimes by both. Originally, one educator from one rape crisis center was scheduled, but she got a promotion while the protocol was moving through the university Institutional Review Board (IRB), and decided to ask a second educator to split the work load with her. Meeting time flexibility is important for people with disabilities, so classes started between 10:15 and 10:30 a.m. every Tuesday. This section is a summary of class lessons with the Illinois Imagines curriculum from April 29th to August 5th, 2014, at a Chicago disability service agency.

Summaries cover the lesson: title; number of educators; date; objectives; main points; topics assigned; topics covered; activities assigned; activities covered; general observations; questions and comments by participants, as related to the class and curriculum topics. The “objectives” are delineated in the “Women with Disabilities and Sexual Violence Education Guide”, and the “main points” are from the, “Picture Supplement Guide”; the former outline the lessons in detail, and the latter offers handouts and activities to supplement lessons.

An “X” indicates the objective/s, main point/s, or a topic/activities were covered. The purpose of these tables is to give a general sense about what happened in the class as a part of this research’s process evaluation. The tables provide a way to glance at which activities and

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49 As a researcher, I wanted to start the classes on time, or at least at the same time every day, to control for different starting times as an extraneous variable. As it became apparent that a researcher cannot (at least ethically) control people like that, I realized this was a positivist kind of thinking, not a feminist evaluation one. I decided to simply record the different start and end times, and the possible reasons for the starting late, rather than attempting to force the class to start on time.
materials were or were not utilized from the curriculum. The more Xs there are, the greater the level of “program fidelity”, in other words, the more the class followed the structure of the curriculum manuals.

Images from the class are also included in some summaries. The quotes are approximate, as the summaries were from observations, not recordings. The summaries show the redundancy in much of the curriculum and class material e.g. identifying sexual violence risk reduction, and establishing healthy boundaries. I did not find this problematic, as review is part of accessibility; although the educators reported some boredom with the repetition, the participants did not.

Generally, the classes went more smoothly with both educators there, adding things the other missed, and using their individual strengths to improve the lessons. The first month of the class, one lesson could take two classes, but by the end of June (month two), we began to whip through lessons, doing two and sometimes three per class (2-3 lessons). This meant that the class took 15 weeks to do 19 lessons. So while in the beginning when things were slow we were concerned about finishing on time with the agency trimester, by the end we finished right on time.
Appendix A (Continued)

Introductory Class, two educators, April 29th

<table>
<thead>
<tr>
<th>WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GUIDE</th>
<th>GREEN GUIDE</th>
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<tr>
<td></td>
<td>X</td>
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<tr>
<td>OBJECTIVES</td>
<td></td>
</tr>
<tr>
<td>Introducing group members</td>
<td>X</td>
</tr>
<tr>
<td>Get to know group members</td>
<td>X</td>
</tr>
<tr>
<td>Go over content of course</td>
<td>X</td>
</tr>
<tr>
<td>Set Ground Rules</td>
<td>X</td>
</tr>
<tr>
<td>Set days and times that the class will meet</td>
<td>X</td>
</tr>
<tr>
<td>Assess individuals knowledge on content of the material</td>
<td>X</td>
</tr>
</tbody>
</table>

| PICTURE SUPPLEMENT GUIDE                                  | BLUE GUIDE   |
|                                                          |              |
| MAIN POINTS: N/A                                         |              |
| TOPICS, ACTIVITIES & SUPPLEMENTS/HANDOUTS                |              |
| Ice breaker with yarn (p. 6)                             | X            |

**General Observations**
- Many of the participants were reluctant to participate in introduction activities, and several were actively disruptive (e.g. giggling, snoring, interrupting, exclaiming they were bored, tension between participants through name calling and swearing, hiding under hoodies, loud yawning). Several said that they already knew each other so there was no need; the educators repeatedly reminded the participants that introductions were for them as outsiders. There was also tension in laying down group agreements e.g. whether or not cursing and food/drink would be allowed.

**Questions**
- One participant wanted to know if she could meet one on one with the educators with her boyfriend. This was a reoccurring theme for her, and we asked her each time to work with her staff to set up an appointment, which she did not do.

**Comments**
- Participants were familiar with making group agreements, and were very insightful about this process. One participant shared: “The talk in here stays in this room…[under her breath to me] tries to stay…” Another participant clearly offered: “Be respectful and thoughtful of others.” Still another: “Don’t talk while others talking, don’t laugh while others talking.”
This list of “group agreements” was started during the introductory class on 4/29/14. It was added to periodically as the class went on. The educators wrote down the group agreement points as participants shared them, sticking close to the wording of the participant.

The first agreements listed here are: 1) Whatever we talk about stays here; 2) Be respectful and thoughtful of others: Don’t talk while others are talking, Don’t laugh at people’s thoughts, No curse words; 3) Be responsible about snacks/drinks.

### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GREEN GUIDE

#### OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To define relationships and identify relationships in participants’ lives.</td>
<td>X</td>
</tr>
<tr>
<td>To identify characteristics of healthy relationships</td>
<td>X</td>
</tr>
</tbody>
</table>

#### TOPICS, ACTIVITIES & SUPPLEMENTS/HANDOUTS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewed &amp; added to Group Agreements</td>
<td>Not assigned</td>
</tr>
<tr>
<td>Made sticker name tags</td>
<td>Not assigned</td>
</tr>
<tr>
<td>Identifying different kinds of relationships on a flip chart as a group</td>
<td></td>
</tr>
<tr>
<td>(strangers, acquaintances, friends, family members, intimate partners)</td>
<td>X</td>
</tr>
<tr>
<td>Describing different kinds of relationships using supplements from Picture Supplemental Guide</td>
<td>Didn’t print supplements</td>
</tr>
<tr>
<td>Introduction of concepts: healthy sexuality, consent, private/public</td>
<td>Not assigned</td>
</tr>
</tbody>
</table>

### PICTURE SUPPLEMENT GUIDE BLUE GUIDE

#### MAIN POINTS

<table>
<thead>
<tr>
<th>Main Point</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I deserve healthy relationships.”</td>
<td>X</td>
</tr>
</tbody>
</table>

#### TOPICS, ACTIVITIES & SUPPLEMENTS/HANDOUTS

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement 1A: Stranger (p. 15)</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
<tr>
<td>Supplement 1B: Acquaintances (p. 16)</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
<tr>
<td>Supplement 1C: Friends (p. 17)</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
<tr>
<td>Supplement 1D: Family (p. 18)</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
<tr>
<td>Supplement 1E: Intimate Partner (p. 19)</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
<tr>
<td>Supplement 1F: Main Point: “I deserve Healthy Relationships.”</td>
<td>X</td>
</tr>
<tr>
<td>Did as group work on board</td>
<td></td>
</tr>
</tbody>
</table>
Appendix A (Continued)

General Observations

- As the previous lesson, participants were very engaged with the Group Agreement process. Most of the class voted to not have cursing, or cell phones in class, but food and drink was acceptable if there was enough to share with everyone; radio, CDs, and headphones were not allowed.
- There was some tension between the educator and one participant about cell phone use. The educator did not know this, but the participant had a child, and so needed to use her cell phone during class sometimes. The participant said, “You don’t understand what I’m saying,” and the educator insisted that cell phones not be used.

Questions

- The most vocal participant of the day shared a story about a man who takes pictures of her without her permission when she is on her lawn using her wheelchair, or getting off the bus by her home. She said she calls the police when he does this, but wanted to know what else she could do.

Comments

- Several participants actively added to the Group Agreements started the previous week: “Don’t criticize others, or talk down to them about how they feel.”
- When participants were asked if they had heard of “healthy sexuality”, one person responded, “I don’t want to talk about it”, and hid her face in her hands on the table.
- The instructor introduced the concept of privacy, which would be covered in subsequent sections.
- One participant shared regarding her staff: “Even if you’re in your bedroom, they still barge in on you. They know better!” This scenario has been documented by sexuality educators Dave Hingsburger (2002), and Orieda Horn Anderson (2000) in working with people with intellectual and developmental disabilities. This same participant understood “consent” to mean “permission”, as did several others.
- When “sex” and “sexuality” were mentioned, several people guffawed, looked away, put their heads down on the tables, or exclaimed things like, “Oh Jesus”, and “Oh Lord!”
- When describing and identifying strangers one person said: “I don’t want to talk to strangers, you don’t know what they’re capable of”, and another, “Don’t get in car with strangers.”
- When asked who their best friends were, one participant responded, “Me, myself, and I!”
Rather than print individual handouts (many participants could not read, and/or had visual impairments), the educators did the exercises from this lesson’s supplemental handouts as a group on the white board. The incomplete list in this photo reads:

**Stranger**
- People we don’t know
- People we have never met
- People we don’t know anything about

**Acquaintance**
- People we know, but not well
- We do not spend free time with
- We don’t share personal feelings
- We haven’t known them long

**Friend**
- We like to spend time with
- Can share personal feelings
- Likes to help you
- Likes us for who we are
- Known for a long time
- Respects who you like and don’t like
**WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION**

**GREEN GUIDE**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 1: To define relationships and identify relationships in participants’ lives.</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 1: To identify characteristics of healthy relationships</td>
<td>X</td>
</tr>
</tbody>
</table>

**TOPICS, ACTIVITIES & HANDOUTS**

| Identify different kinds of relationships on a flip chart as a group (strangers, acquaintances, friends, family members, intimate partners) | Covered previous week |
| Describing different kinds of relationships using supplements from Picture Supplemental Guide | X |

**PICTURE SUPPLEMENT GUIDE**

**BLUE GUIDE**

<table>
<thead>
<tr>
<th>MAIN POINTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 1: “I deserve healthy relationships.”</td>
<td>Didn’t say aloud as a class.</td>
</tr>
</tbody>
</table>

**TOPICS, ACTIVITIES & SUPPLEMENTS**

<table>
<thead>
<tr>
<th>Review of different kinds of relationships with paper copies for all participant, using each supplement below</th>
<th>--</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement 1A: Stranger (p. 15)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did as group work on board</td>
</tr>
<tr>
<td>Supplement 1B: Acquaintances (p. 16)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did as group work on board</td>
</tr>
<tr>
<td>Supplement 1C: Friends (p. 17)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did as group work on board</td>
</tr>
<tr>
<td>Supplement 1D: Family (p. 18)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did as group work on board</td>
</tr>
<tr>
<td>Supplement 1E: Intimate Partner (p. 19)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did as group work on board</td>
</tr>
</tbody>
</table>
Appendix A (Continued)

General Observations
• There was an agency ceremony for a staff person who had recently died, so class started 25 minutes late on this day.
• Several participants reported they were very hyper from all the sugar they had eaten at the ceremony; all of this probably affected participants’ concentration during this lesson.
• This lesson was a repeat of the previous week, because the educators felt it was an important foundation lesson and required review.
• The educator asked the class to identify different kinds of relationships; people identified, “associate”, “acquaintance”, and “romance” relationships. A couple participants were bored with this review, but the majority of the class seemed interested and engaged.
• Since we did not use the supplemental handouts during the previous week, all of the participants got a packet of the handouts during this lesson. The educator led the group through each handout together. Several participants who could read were generous in assisting those who could not.
• In trying to make “stranger” a more concrete concept, the educator asked the group questions about public figures like, “Do you think I know Beyoncé?”
• The educator led the class through some critical thinking by pointing out that everyone is a stranger at first, but healthy relationships mean getting to know strangers in safe ways. She reminded participants they don’t need to please everyone, and don’t need to be everyone’s friends.
• The educator had participants complete each of the supplemental handouts describing different kinds of relationships verbally, as a large group. For each kind of relationship, the educator did a round robin and had each participant identify someone in their life who exemplified that kind of relationship. The educator explained that some people are, “family by blood”, and other people are chosen family (refer to codes, “queering”).

Questions Asked
• One participant asked the class “how to communicate” with people. She reported that she doesn’t, “have a lot of friends”. When they heard this, several other group members exclaimed that she was their friend, and they could eat with her at lunch that day after class.
• A participant wanted to know if she could marry her boyfriend; she was unsure of how to talk about this with her biological family.
• A third participant shared that a man in her life, “told me he wanted to get married, but he live with his grandma, how can he get married?!?!”
• A different participant wanted to know about where to go on dates outside of the disability service agency.

Comments Shared
• Two participants jointly explained to the group that starting healthy relationships requires, “baby steps”, for example first calling someone, a “little
Appendix A (Continued)

Appendix A (Continued)

• bit today, then tomorrow, then the next day…” One of these same participants shared, “You should never be with that stranger; be with someone you trust, and that you know.”
• A participant shared that she doesn’t like to be friends with women because, “some say they are your friends, but talk and gossip about you behind your back”; she said men friends don’t do this. Another participant chimed in, “I hate females ’cause they phony acting. Most my friends are guys; they keep it real for me.”
• “If you a true friend, you won’t judge a friend what they going through.”
• “It’s not good if you acting phony,” with your friends, “I hate phony people.”
• A participant who had not spoken much in class yet said, “I tell with friend and they are bossy, I say, I tell they mind they business!”
• “People take your kindness for weakness; not always a good thing.”
• A participant shared regarding a man in her life: “I want to be more of a friend, but my guy is taking all my food.”
Appendix A (Continued)

Part I: Healthy Relationships: Lesson 2: Thumbs Up/Thumbs Down, two educators, May 20th

<table>
<thead>
<tr>
<th>WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION</th>
<th>OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN GUIDE</td>
<td>X</td>
</tr>
<tr>
<td>To distinguish between healthy and unhealthy relationships.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPICS, ACTIVITIES &amp; HANDOUTS</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talking as a group about qualities of safe, healthy relationships; writing these qualities on a flip chart.</td>
<td></td>
</tr>
<tr>
<td>Reading statements describing healthy and unhealthy relationship as a group. Voting as “healthy” (thumbs up), or “unhealthy” (thumbs down).</td>
<td></td>
</tr>
<tr>
<td>Handout 1: Relationship Rights</td>
<td>Didn’t use</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PICTURE SUPPLEMENT GUIDE</th>
<th>BLUE GUIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAIN POINTS</th>
<th>Didn’t say aloud as a class.</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have the right to healthy relationships.”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPICS, ACTIVITIES &amp; SUPPLEMENTS</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement 2A: Relationships (Picture guide)</td>
<td>Didn’t use</td>
</tr>
<tr>
<td>Supplement 2B: Thumbs Up/Thumbs Down (Picture guide)</td>
<td></td>
</tr>
</tbody>
</table>

General Observations

- Before class, there was a lot of silly banter between two participants; I felt this set a comfortable and familiar tone for the class to begin.
- The lesson started off by reviewing the group agreements, and a brief outline of previous topics.
- Participants shared descriptive words for what they thought “healthy” relationships are like. A participant disclosed that her friend is in an abusive relationship with a man; she said the man choked her friend, but they have a kid together, so they love each other and don’t want to leave. The participant added that her man sometime “chokes” her. One of the educators responded: **“If someone says they love you and they put their hands on you, they are lying.”** One of the educators skillfully connected the class topic with these participant experiences.
- The educator asked the participant sharing the story about whether it is “healthy” or “unhealthy” to be hit by a partner; several participants easily identified this as
unhealthy behavior. The same educator added that a healthy relationship is when we can “trust someone with our body”.

The participant sharing the story about abuse wanted the educators to tell her exactly how to proceed with her friend being abused; the educators would not answer directly, but worked to have the participant and others in the group to generate ideas. One educator told participants that, “it’s complicated” to answer the question about what to do, but that they (the educators) were going to, “keep coming to help you decide what to do; we can’t tell you what to do.”

The educator worked with the participant in front of the group to identify unhealthy signs of abuse in her relationship, sharing that there are elements of the participants story that are common in abusive relationships e.g. jealousy, hitting, choking, calling and texting too much, name calling, calling someone “crazy” when they exercise healthy boundaries, making friends turn against you, fighting a lot, lying, affairs. The educator adds these elements from the participants story to the earlier written list describing “unhealthy” relationships.

The participant who shared her story comments that it’s “uncool” how her partner is treating her; the educator responds that, “it’s really beyond uncool”, it’s abuse. The educator explains, “isolation” as part of abuse.

Several participants had their heads down on the table most of class, and/or hid their faces. One participant who had not yet spoken in any class repeated the list of healthy relationship qualities the group had made, as one of the educators reviewed the list aloud.

Towards the end of class, the educator read the scenarios from the Supplement 2A: Thumbs Up/Thumbs Down (from Picture guide), and the group responded with a thumbs up (healthy), or a thumbs down (unhealthy). The participants with mild intellectual disabilities (ID) got the exercises correct, and those with more moderate ID looked to them before weighing in on the game.

Questions Asked

How can we help friends in abusive relationships?

Comments Shared

“A friend is someone you talk to, an “associate” you don’t.”

One participant shared that her friend is in a violent relationship. The participant shared that it “irritates” her when her friend goes back to the abusive relationship, because the participant, “truly cares” about her friend, and she is worried because this man “puts his hands” on her friend.

A participant shared her knowledge about abusive relationships that she learned on the Queen Latifah show.

Some of the traits participants named aloud as “healthy” included “trust” and “honesty”.

One of the educators: “If someone says they love you and they put their hands on you, they are lying.”
Appendix A (Continued)

- In regards to leaving an unhealthy relationship: “I don’t want my kid to have no dad. I’ve been there. Does he think I’m stupid?”
- “If he hurts her [the participant’s friend] he hurts me.”
General Observations

- The educator asked the class about healthy qualities to have in a dating partner; participants answered, “responsible”, “likes kids”, and “doesn’t blame others for their actions”, “trust”, “not abuse”, “spend time”. The educator emphasized healthy partners as being, “peacemakers,” and also that healthy relationships include spending time alone, without one’s partner. The educator read down the qualities of a healthy dating partner from Handout 2: Green Flags: Look for a Dating Partner with these Qualities (green guide, pp. 66-67). The class then rated the descriptions of dating partners as either red/unhealthy, or green/healthy, by holding up green or red pieces of paper; most participants got the answers correct. As with the activity from the previous week, it seemed like the participants with mild intellectual disabilities (ID) got the exercises correct more often, and those with more moderate ID looked to them before answering.

- During conversations about marriage and “predicaments” (refer to comments below), the educator redirected the conversation back to desirable qualities in a dating partner. While this kind of redirection is key for research in generating data about “program fidelity (i.e. how well the class stuck to the curriculum), it may not have been what some of the participants needed in that moment. I think this demonstrates the applied research tensions between obtaining data related to the evaluation research questions...
Appendix A (Continued)

• and curriculum foci, and meeting practical, meaningful needs of participants in the class. Ideally, these two imperatives would not be exclusive, but I perceived them to be in tension during the classes. By the end of this class, I had the feeling participants were really checked out (i.e. pretend snoring, heads on table, trying to get up to leave early).

Questions Asked
• How to talk with family about being in intimate relationships?
• How to talk with family about wanting to get married?

Comments Shared
• Educator asks the class what “cruel” is, a participant answers, “Kicks an animal.” The educator makes the connection that if a person is willing to hurt an animal, they may be willing to hurt a person.
• The educator asked each person in a round robin, “What is one thing you want in a relationship?” A participant who hardly ever participates replied adamantly, “I don’t want no relationship.”
• The educator asked: Is a dating partner who drinks ever ok? One participant who had only said one thing ever in class up until this point exclaimed: “No drinking! I don’t like nobody drinking.” Another participant who frequently speaks up in class responded, “You can’t judge, every once in a while is OK.” Still another participant who is good friends with the one woman against drinking shared that she enjoys a beer with dinner. This beer drinking participant usually took on a mentoring role to the others in the class, and was conservative about many things (e.g. church, dating, marriage, homosexuality), so her comment surprised me also. A participant shared that a man she has been talking to on the phone has been “spreading rumors” that she is also talking to a different guy. The educator connected the participant’s experience to healthy/unhealthy qualities in a dating partner by asking the group, “Can you talk to whoever you want? Can you change your mind about who you like?”
• The educator asked: What do you want your girl or boyfriend to be like? A participant responded, “We all women and none of us gay here!” The educator then asked: Is it ok to be gay? The same participant responded, “Yeah, but we not!” Then the educator told everyone that all “sexual preferences are ok; we shouldn’t judge others, or assume we’re all straight.” To this, the protesting participant put her hands on her head, made a face like she smelled something bad, and looked at me, as if for support. I found this interchange important because several participants in the class had indirectly shared with me during intake interviews that they were interested in women. I was concerned about their well being during this interchange, but felt hopeful they would feel some acceptance because of the way the educator queered the moment. The educator continued by saying, “liking someone your own gender is OK”; the protesting participant replied, “No, that’s not OK! Jenky!”; the educator did not seem familiar with this terminology (may be Black American slang for “ghetto”). The participant went on with hesitation, “I guess it’s OK to like girls…” Educator: “Thank you”, Participant: “I don’t like girls, I’m strictly dickly!”
Appendix A (Continued)

• I think a participant may have been pregnant during the class; she alluded to this by comments like: “My brother’s gonna kill me, my predicament. I’m scared to tell them, got to eventually.”
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION

#### GREEN GUIDE

| OBJECTIVES |
|------------------|------------------|
| Lesson 4: To identify goals of relationships. | X |
| Lesson 4: To identify components of healthy dating relationships. | X |
| Lesson 5: To explore options for beginning new dating relationships. | X |
| Lesson 5: To promote safety in establishing new dating relationships. | |

#### TOPICS, ACTIVITIES & HANDOUTS

| Lesson 4: Handout #4: Relationship Quiz (green guide) | Didn’t use |
| Lesson 4: Flip chart outlining qualities of “healthy relationships” and “respect”, as generated by participants. | X |
| Lesson 5: Discussing vignette about “Anna & Jamal” (green guide p. 26) | X |
| Lesson 5: Writing on flip chart group ideas about how to start a healthy relationship | X |

#### PICTURE SUPPLEMENT GUIDE

#### BLUE GUIDE

| MAIN POINTS |
|------------------|------------------|
| Lesson 4: “I can change my mind about my relationships.” | Didn’t use |
| Lesson 5: “I can start a healthy relationship.” | Didn’t use |

#### TOPICS, ACTIVITIES & SUPPLEMENTS

| Lesson 4: Supplement 4A: What I Want/What I Don’t Want (Picture guide) | Didn’t use |
| Lesson 4: Supplement 4B: Relationship Behaviors (Picture guide) | Didn’t use |
| Supplement 5A: Starting a Relationship in a Safe and Healthy Way (Picture Guide p. 36) | |
Appendix A (Continued)

General Observations

- Class started 15 minutes late today because we were locked out of the room. There was some miscommunication between the educators and myself, so that lesson 4 and lesson 5 material was presented together, over two weeks.
- We went over the group agreements again, particularly the point about no cell phone use. The class has spent more time reviewing and adding to elements of the group agreements than we originally built into the lesson schedule; group agreements may be a more time consuming process than what is estimated in the Illinois Imagines guide. I had to move seats today because a participant seemed intent on reading my notes during class. We reviewed the red/unhealthy and green/healthy signs in relationships from the previous week. A participant readily remembered the red/unhealthy and green/healthy signs in relationship concepts, including some examples of each e.g. when a person keeps calling and texting you over and over when you don’t want them to, and you are trying to ignore them.
- One participant wanted to add, “No putting people on the spot” to the group agreements because, “Last time I felt people putting me on the spot.” The educator also added, “No picking on people”, and “No judging people” to the group agreements.
- A participant that had signed up for the class then did not attend, then came, then told staff last week she would not longer be attending, is attending today. There were several people looking like they were sleeping; the educator tried to get people to move around and get awake.
- The group generated ideas together about how to start a healthy relationship; the educator wrote this on the flip chart. Ideas the group came up with included: talk to each other; go somewhere to talk; social events; have parents meet each other; take a friend to meet your date; set rules/boundaries; public date e.g. concert, Chicago Water Tower, movie theatre, restaurant.
- The educator emphasized that certain ways of starting a new dating relationship may be safer than others (lesson 5). The educator had the group come up with ways of being explicit about boundaries from the start e.g. laying out plan for date: meet my parents, go out for ice cream for one hour, no kissing on the first date, home by eleven.
- The educator reviewed the concepts of public/private and connected it to notions of safety e.g. starting a dating relationship through dates in public places may be safer.
- When a participant brought up the book, “Act Like a Lady, Think Like a Man” (by Steve Harvey) another participant asked if she should read this book, the educator responded something like: ‘if you’re interested, some of those books and shows give advice and judge people; stay critical, which means not to always believe it.’

Questions Asked

- One participant wanted to talk about “marriage” but this is not a central topic in the curriculum.

Comments Shared
Appendix A (Continued)

- Educator reviews topics from previous week, including words like “sex” and “sexuality”, and one of the participants says, “Ew! I’m gonna puke”.

- Regarding other people giving advice to someone about their relationship: “They don’t really know what’s going on; nobody knows but you.”

- One participant wanted to add, “No putting people on the spot” to the group agreements because, “Last time I felt people putting me on the spot.”

- Participant quotes a popular book, “Act Like a Lady, Think Like a Man” (by Steve Harvey). In response to this, another participant said, “You have to think about what you want to do.”

- “When a relationship starts, you have butterflies and want to talk to them all the time.”

- “You’re first date he could be a pervert, not saying all guys are…they might want to take advantage of you and stuff.”

- Educator: “If someone is respectful and good for you, they honor your rules.”

- Participant in response to educator comment above: “If he doesn’t listen to her rules, it means he’s in a hurry to get what he wants.”
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION

#### GREEN GUIDE

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 1: To identify different body parts of men and women.</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 1: To identify private body parts.</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 2: To distinguish public and private behavior.</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOPICS, ACTIVITIES &amp; HANDOUTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying body parts use anatomically correct posters.</td>
<td></td>
</tr>
<tr>
<td>Didn’t have posters; drew images on white board instead</td>
<td></td>
</tr>
<tr>
<td>Identifying which parts are private and which public.</td>
<td>X</td>
</tr>
</tbody>
</table>

#### BLUE GUIDE

**MAIN POINTS**

| Lesson 1: “I can say ‘Ask me first’”; “I am the expert on my body”; and “I respect your personal space. You respect my personal space.” | Didn’t practice |
| Lesson 2: “I know what is public. I know what is private.”                | Didn’t practice |

**TOPICS, ACTIVITIES & SUPPLEMENTS**

| Supplement 1A: Identifying Body Parts (Picture Guide, p. 43)             | X |
| Supplement 1B: Identifying Private Body Parts (Picture Guide, p. 44)     | X |
| Supplement 1C: My Personal Space (Picture Guide, p. 45)                  |   |
| Didn’t use                                                              |   |
| Supplement 2A: Private vs. Public Cards (Picture Guide, p. 48)           |   |
| Didn’t use                                                              |   |

**General Observations**

Part II: Healthy Sexuality: Lesson 1: Knowing Our Bodies, one educator,
Part II: Healthy Sexuality: Lesson 2: Public and Private Behavior, two educators, June 10th
Appendix A (Continued)

- The supplements of a man and a woman to demonstrate public and private body parts are images of white, non-disabled, non-fat, cis, and non-disabled people with no body hair (even labia creases are missing).
- During an introduction of private body part names, participants were unable to use the words from the lesson (i.e. penis, vagina, breasts), but several felt comfortable enough to use their vernacular for these parts (e.g. koochie, tatas, weewee, booty).
- People seemed very familiar with public and private body parts, yet also very uncomfortable saying the names of parts out loud (e.g. Laughter, refusal to participate, exclamations)
- Participant who is usually class peacekeeper said several homophobic things.
- The class discussed scenarios where it’s safe to have another person looking at your private body parts, such as medical professionals. The educator complicated this by asking, “What if helping you they do something that makes you uncomfortable?” One participant responded by saying she’s not comfortable with a guy helping her in the shower; she prefers “a lady”.
- Educator established doing private sexual things in front of children as not acceptable; the group seemed to readily understand this boundary. Several members shared their opinions that adults should also not drink alcohol in front of kids.
- The educator went over Supplement 2B: What is Public? What is Private? (Picture Guide, p. 49) in detail, identifying each public/private scenario as a group. While there are clear answers to each scenario as public and private, it was interesting to find out why participants labeled something incorrectly. For example, participants identified, “Comb my hair” as something that could be either public or private, e.g. a salon verses in your bathroom at home. Also, “Kiss my boyfriend/girlfriend/partner/spouse” was private if during sex, and public if just small kisses.
- Participants labeled the most obvious scenarios correctly e.g. “Take off clothes”, “Go to the bathroom” (private). Items that were not as obvious were often labeled incorrectly, but this created an opportunity for dialog e.g. “Look at pictures”.
- There was a lot of laughter around this activity, particularly when talking about kissing.
- The educator used a public elevator as an example to talk about “personal space” from Supplement 1D: Main Point. The educator tied in “consent” with the example and several participants readily connected with this, identifying “consent” as another word for “permission”.
- The educator went over the main themes of body parts, and public/private spaces and behaviors repeatedly. I think this kind of repetition was very helpful for participants, particularly because these concepts are such basic building blocks of sexuality knowledge. Through this repetition, participants seemed to find it easier and easier to say private body part names aloud.

Questions Asked
- Is the book by Steve Harvey, “Act Like a Lady, Think Like a Man”, a good book to read?
Appendix A (Continued)

Comments Shared

- Regarding private body parts in general: “I don’t want to talk about those.”; and men’s private body parts in particular, “Leave ‘em out.”

- Regarding breasts, one participant made the connection, “They get cancer.”
- Participant shared that body parts should not be discussed while eating lunch, then she said, “he be talkin’ ‘bout gay stuff, and I’m like, Come on man!”
- Regarding the penis: “That’s very private, but some of them don’t think so.”
- One participant regarding kissing in public: “You see other people in public do it, then you find yourself doing the same thing.” Another participant responded, “I yell, ‘Get a room!’”
- The educator asked the class about “sexting” (sex plus texting), and whether or not folks thought it was a good idea; participants mostly thought it was a bad idea: “You never know what pervs are out there”; “Sometimes they have to go to court,” (over sexting).
- When reviewing the private body part, “penis”, one participant seemed uncomfortable and said, “I’m going to sleep.” To this another participant responded, “It’s all a part of life [Name]!”
Rather than do individual handouts, the class identified public/private body parts together on the white board. The educator would ask for a volunteer, and then would name a body part. The participant would identify the part as either “public” or “private” and would use a marker to circle the part on the appropriate figure. The group did this activity at least three times, and did not seem bored with it. There was a lot of laughter and group peer support throughout the activity.
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GREEN GUIDE

#### OBJECTIVES

| Lesson 3: To identify feelings and actions associated with sexuality. | X |
| Lesson 3: To understand how the feelings and actions relate to each other. | X |
| Lesson 4: To define consent (or permission). | X |

#### TOPICS, ACTIVITIES & HANDOUTS

| Lesson 3: Writing points on flip charts/white board about group discussion pertaining to sexuality: feelings about self; feelings about others; what you do with yourself; what you do with others. | X |
| Lesson 3: Supplement 3A: Sexual Feelings and Actions (Picture Guide, p. 54) Educator wrote the handout on the white board for class. | X |
| Lesson 4: Discussion defining and describing “consent”, “permission”; group discussion of vignettes exemplifying consent/non consent (p. 37 of green guide). | X |

#### PICTURE SUPPLEMENT GUIDE BLUE GUIDE

#### MAIN POINTS

| Lesson 3: “I can choose my feelings and my actions.” | Didn’t practice |
| Lesson 4: “I can say, ‘Ask first.’” | Didn’t practice |

#### TOPICS, ACTIVITIES & SUPPLEMENTS

| Lesson 4: Supplement 4A: Yes/No Consent Supplement (Picture Guide, p. 58) | Didn’t use |
| Lesson 4: Supplement 4B: Consent (Picture Guide, p. 59) | X |
| Lesson 4: Supplement 4C: Ways to Say No (Picture Guide, p. 60) | X Did this as an activity, but did not use this handout. |

### General Observations

- Reviewed body parts again. The participants seemed to benefit from the repetition, while the educators confided later that they were bored by it. It seemed like the repetition made the information more accessible, i.e. it was an effective accommodation for intellectual disability impairments.
Appendix A (Continued)

• The educators led a group discussion about what people thought “healthy sexuality” meant. They used the white board to write out people’s ideas, putting the information into the Supplement 3A: My Sexual Feelings and Actions they had drawn on the board.
• The educators made a connection between how “sex” is a part of “sexuality” but not the whole thing. They also drew a distinction between “feeling out of control,” (e.g. sexual feelings), and “acting out of control” (e.g. throwing a chair, abuse).
• One educator spend time talking about what masturbation was, and appropriate times and places for it (i.e. connected it back to an early lesson on “private/public”).
• Quite a few participants had their heads down on the tables for the majority of this lesson. I had the impression that many of the topics made them uncomfortable, and this was a way for them to avoid those feelings.
• The majority of the group answered correctly when the educators asked about which scenarios were public/private e.g. lunch at the agency (public), in your bedroom (private), bathroom (private)
• The educators emphasized the necessity of everyone involved to give active consent for participating in sexual activities.
• The educators had participants use the red (no consent; unhealthy) and green (consent; healthy) cards to respond to the vignettes on p. 37 of the green guide. It seemed like the participants with mild intellectual disabilities (ID) responded first with correct answers, and those with moderate ID looked to those participants before responding to the vignettes with their red/green cards.
• A participant who had her head down on the table, hiding her face, for the whole lesson sat up and looked at the class members when discussion turned to homosexuality. Incidentally, she was also a person who seemed to have a strong connection with another participant in the class who I suspected was queer. Still another participant who had been paying attention in the class up until that point put on her headphones and listened to music.

Questions Asked
• “What is healthy sexuality? We never heard of that.”
• “A guy asked me to marry him, should I??”

Comments Shared
• When asked what “sexuality” and “sexual feelings” were, a participant commented: “Your body goes through different phases. You try to control it but after a while your body just won’t let you control it anymore…In a moment you forget what’s around you, then your body just goes crazy…Sometimes your first time you don’t know what will happen, then when you’re comfy you’re OK with it.”
• When one educator asked, “Can sex be a healthy thing?” the majority of the group emphatically said, “Yes!” all at once.
• In regards to masturbation, one participate said, “I think that’s nasty.” An educator response was, “I don’t think so, I think it’s safe;”; the educator added that people do not need to be “ashamed” of masturbation.
Appendix A (Continued)

- An educator asked the class, “How many times should you have to say “no”? One participant responded, “One time”; another person who spoke very little throughout the class commented, “I tell ‘em No!”

- The second educator asked, “How many people need to give consent?” and a participant responded by pointing to different people around the table saying, “Me, You, and you, and you…”

- An educator explained to the group that you have to ask to get consent all the time. She tells participants that yes today does not equal yes tomorrow, and that yes once does not mean yes always and for everything. A participant responded, “I didn’t understand that before.”

- In regards to the vignette on page 37 involving sexual activity between “Chris and Terry”, a participant said, “I would say that’s kind of gay.” One educator then asked the group, “Is it OK for two women or two men to have sex?” One participant responded, “I don’t think so.” The educator pointed out that people have many different opinions about “sexual preferences”.

Rather than do the handout individually, the educators did this as a group activity. Under “My Sexual Feelings Are” in the circle: “Horny; special/caring; in love; out of control; happy; blissful; alert; exciting; crazy; nervous; wild; caught up.
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION GREEN GUIDE

#### OBJECTIVES

| Lesson 1: | To teach women with disabilities about sexual violence, their rights and how to get help. | X |
| Lesson 2: | To define sexual violence. | X |
| Lesson 2: | To identify examples of sexual violence. | X |
| Lesson 3: | To clarify appropriate relationships. | X |

#### TOPICS, ACTIVITIES & HANDOUTS

| Lesson 1: | DVD – Our Rights, Right Now: Women with Disabilities and Sexual Violence: an Education Program | Did at later date (7/1) |
| Lesson 1: | Write class responses to “What is sexual violence?” | X |
| Lesson 1: | Write class responses to “What are your rights??” | Didn’t do. |
| Lesson 2: | Write class responses for different names of sexual violence. | X |
| Lesson 2: | Universal Handout: Sexual Violence and You (p. 74-75) | X |
| Lesson 3: | To clarify appropriate relationships. Identifying who participants can and cannot have healthy sexual relationships with. | X |
| Lesson 3: | Four role plays to identify who it is appropriate or not appropriate to have sexual relationships with (green guide, p. 46). | Didn’t use |
| Lesson 3: | Handout 5: Three Safety Rules (p. 71) | X (handout not distributed) |

### PICTURE SUPPLEMENT GUIDE BLUE GUIDE

#### MAIN POINTS

| Lesson 1: | “Sexual violence is never the victim’s fault.”; “The | X |

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50 Extended class and watched over lunch.
Appendix A (Continued)

<table>
<thead>
<tr>
<th>TOPICS, ACTIVITIES &amp; SUPPLEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lesson 1: Supplement 1A: Main Points:</strong> “Sexual violence is never the victim’s fault.”; “The victim is not to blame.”; “I will tell someone if I experience sexual violence.”; “I have rights.”</td>
</tr>
<tr>
<td><strong>Lesson 2:</strong> “Sexual violence is never the victim’s fault.”</td>
</tr>
<tr>
<td><strong>Lesson 3:</strong> “It is never my fault if someone violates my boundaries.”</td>
</tr>
</tbody>
</table>

**General Observations**

- Started by exploring definitions of sexual violence, wrote participant responses on white board; introduced the educators and the curriculum’s definitions. A participant immediately identifies sexual violence as “abusive”.
- The educators guided group discussion to define sexual violence, molestation, incest, force, choice, and harassment; the educator explained behaviors become harassment when at least one person involved feels nervous or scared.
- An educator asked the group about being pressured to take/send naked pictures with their phones. The second educator gives an example of having set up a boundary about no kissing on the lips, and having another person kiss you on the lips, breaking that boundary.
- The educators have the group review public/private body parts, as well as re-identifying their “safe person” from previous lessons. One participant told the group that she had several safe people, and named staff, friends, and family members.
• Many of the participants seemed to need a lot of prompting to participate in this lesson; many also seemed fidgety, sad, and distracted to me. I repeatedly wondered if it was the uncomfortable topic.
Appendix A (Continued)

- One educator reiterated several times, “you have the right to say no if you feel unsafe.”
- The educators led the group in practicing to say, “No!” assertively and loudly. They put great emphasis on one of the main points that, “Sexual violence is never the victim’s fault.”
- The educators introduced rape crisis centers and their functions in depth. They also gave out the contact cards and explained the rape crisis hotline, counseling, and emergency room support services available.
- A participant asked the educators if the rape crisis centers were available for one on one work with her. One educator let the group know there were people at her agency willing to come to the disability service agency and deliver services directly to people on site.
- One educator emphasized the participant’s right to say no to unwanted, and yes to wanted sexual activity: “You should only experience sex if it is pleasurable to you, and you give consent.”
- A participant shared (approximate quote): “Consent means you tell them it’s ok, give them permission…[it] means you have to ask.”
- The educators read through scenarios with the group about consent from the blue Picture Supplement Guide (p. 66), Supplement 2A: Consent= Saying Yes Freely without any Tricks, Threats, Bribes, or Force. The educators had the group vote about which scenarios were consent/no consent, using the Thumbs Up/Thumbs Down game from a previous lesson.
- Most of the participants correctly labeled the scenarios as having consent present or absent. For example, while several people seemed uncomfortable, the group unanimously voted thumbs down for the following scenario: “Your brother says, ‘If you touch my penis, I’ll buy you a new video.”
- Participants seemed to be clear on staff, bosses, ministers, and family members as inappropriate sexual partners. Folks also seemed to understand which places were appropriate (private) and inappropriate (public) for sexual activities. There was a lot of engagement through dialog around this activity.
- The educators ended by going through Supplement 3B: Healthy and Unhealthy Boundaries (p. 70, blue guide) as a group. As with the previous handout, participants were mostly correct in their responses labeling scenarios as indicative of “healthy” or “unhealthy” boundaries.

Questions Asked

- What is abusive?

Comments Shared

- Educator asked: “What is sexual violence?” A participant responded: “A man comes in and makes you do it.”
- One participant said sexual violence is when someone, “likes to touch you when you don’t want it…making people do things they don’t want to do…Sometimes parents don’t even know it’s happening.”
- A participant connected being pestered, cajoled, or bribed into sexuality activity as a kind of sexual violence: “They say, ‘Come on please? I’ll give you something.”
- Educator asked group, “What’s a boundary?” and one person responded, “You only go so far with a person.”
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION

#### GREEN GUIDE

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 3: To clarify appropriate relationships.</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 4: To define consent.</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 4: To practice clear communication and consent.</td>
<td>Unclear</td>
</tr>
<tr>
<td>Lesson 5: To practice identifying safe and unsafe touch.</td>
<td>X</td>
</tr>
</tbody>
</table>

#### TOPICS, ACTIVITIES & HANDOUTS

| Lesson 2: Universal Handout: Sexual Violence and You (p. 74-75); (review) | Not assigned |
| Lesson 3 & 4: Handout 5: Three Safety Rules (p. 71) | X |
| Lesson 4: Role plays about flirting (p. 48-49) | Didn’t do. |
| Lesson 5: Red Light/Green light scenarios (p. 51) | X |
| Lesson 1: DVD – Our Rights, Right Now: Women with Disabilities and Sexual Violence: an Education Program<sup>51</sup> | X |

**Watched during group lunch**

#### PICTURE SUPPLEMENT GUIDE

#### BLUE GUIDE

<table>
<thead>
<tr>
<th>MAIN POINTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 3: “It is never my fault if someone violates my boundaries.” (review)</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 4: “I can say no. I can get away. I can tell someone.”</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 5: “I listen to my feelings. I can say ‘no’ if it feels unsafe. I can say ‘yes’ if it feels safe.”</td>
<td>X</td>
</tr>
</tbody>
</table>

#### TOPICS, ACTIVITIES & SUPPLEMENTS

<table>
<thead>
<tr>
<th>Supplement 5A: Safe and Unsafe Touch</th>
<th>X</th>
</tr>
</thead>
</table>

<sup>51</sup> Extended class and watched over lunch.
### General Observations

- The educators started class by reviewing the lesson about “boundaries” from the previous week.
- One of the educator describes “consent” as something that a person, “can’t assume”, that needs to be asked for explicitly.
- An educator explained “incest” as a form of sexual violence and told reminded the group that staff and family members are not appropriate sexual partners.
- The educators reviewed the “Universal Handout”, and the “three safety rules” from the previous week: 1) Say No!; 2) Get Away!; 3) Tell Someone!
- The educators reviewed the contact for the rape crisis centers, and had more wallet information cards.
- After a participant shared a detailed story of a “friend” experiencing sexual violence, one of the educators reminded the group about their “safe people” they could share with, as well as about calling the police, and/or the rape crisis hotline.
- The same educator acknowledged that hearing about others’ stories of sexual violence, “can affect all of us”. She told the group, “Sometimes we can only do our best to help, but you can’t do it for them” i.e. preventing and coping with sexual violence is not the responsibility of individuals alone, and we should support each other to make our own decisions, not decide for others.
- The participant sharing the story about her friend experiencing sexual violence shared that they were not telling their families about it because they were afraid of family members’ violent reactions toward the perpetrator. She also shared that she and her friend were afraid the family would blame them for the sexual violence, by asking the women how the perpetrator got in if they didn’t let him in.
- The group played the red light/green light game on one side of the room, to practice identifying unsafe situations, and saying no (using scenarios on p. 51 of green guide). Participants went to a large, open side of our classroom, and moved from one side of the room labeled, “No!/Unhealthy/No Consent” (red), to the other side of the room labeled, “Yes!/Healthy/Consent” (green) (refer to picture below), in response to the scenarios read by the educators.
- While the participants were very resistant to moving around the room in the beginning for the activity, the group slowly warmed up to it. People ended up laughing a lot, and by the end everyone was participating. Incidentally, in post class interviews in the fall, several of the participants reported this as their favorite activity, although it was not in the curriculum exactly the way we ended up doing it.

### Table: Supplement 5B: Green Light/Red Light cards

<table>
<thead>
<tr>
<th>Supplement 5B: Green Light/Red Light cards</th>
<th>Didn’t use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement 5C: Main Point: “I listen to my feelings. I can say ‘no’ if it feels unsafe. I can say ‘yes’ if it feels safe.”</td>
<td>X</td>
</tr>
</tbody>
</table>

- Did as a group; no individual copies

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Additional note: X" (refers to the table indicating a specific action or decision made regarding the supplement).
Appendix A (Continued)

- The group got in an interesting critical discussion about whether or not bathing with the help of support staff counted as sexual violence because it was “unwanted” touch, (disability complicating [and enriching] non-disabled definitions of sexual violence in rape culture). Another participant pointed out if she has asked for help from support staff, and they have to touch her, “down on my body”, then it’s probably not sexual violence.

Questions Asked
- What to do if a friend experiencing sexual violence?
- How can we know if something is sexual violence?
- What is “exhibitionism”? (from the DVD)

Comments Shared
- A participant in defining “boundaries” as review: “Something you have to set with family and the person you’re living with.” Another participant said, “How far you are supposed to go with a friend.” The first participant added to her first definition: “Both of you need to agree to take it to the next level; it can’t be just one person.
- A participant defined “incest” as a form of sexual violence and a violation of boundaries: “You’re family has sex with you and nobody knows.”
- A participant shared a very intimate story of her friend who was experiencing sexual violence. She described how a man from the neighborhood came to her friend’s house and came in uninvited to have sex with her. She reported that she told her friend repeatedly to go to the police, but her friend was scared to do this. This story took up at least 20 minutes of class time, including repeating details of the story over and over; the other participants seemed very engaged during this time. One person who had not spoken in class yet without being prompted yelled, “Take that person to jail!”
- In response to sexuality related vignettes in class game: “Yuck!”; “That’s nasty!”; “Ew!”
Instead of using red and green cards for this game, the educators had participants do the activity by moving around the room, as outlined in the Picture Supplemental Guide (blue guide). As the educator read the vignettes illustrating consent/no consent, participants would move to the side of the room according to their response. The educators then had participants explain a little about why they thought the vignette demonstrated consent/lack of consent, healthy/unhealthy, etc. Although most members of the group were reluctant to do this version of the activity, there ended up being a lot of laughter, sharing, and participation; it was a group favorite.
### WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION
**GREEN GUIDE**

#### OBJECTIVES

<table>
<thead>
<tr>
<th>Objective</th>
<th>Did It?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 1: To explain risk reduction strategy</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 1: To give practical ideas on risk reduction</td>
<td></td>
</tr>
<tr>
<td>Lesson 2: To help participants identify what makes places/people safe</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 2: To help participants identify the particular safe people/places in their lives</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 2: To explain reporting options</td>
<td>Didn’t do.</td>
</tr>
</tbody>
</table>

#### TOPICS, ACTIVITIES & HANDOUTS

<table>
<thead>
<tr>
<th>Activity</th>
<th>Did It?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask group for examples of things they can do to stay safe; write these on a flip chart and discuss (specific questions to ask group on p. 54)</td>
<td>X</td>
</tr>
<tr>
<td>Discussed but did not write on flip chart.</td>
<td></td>
</tr>
<tr>
<td>While exploring examples of things to do to stay safe, use the following questions to guide discussion (green guide p. 54): The first time you meet someone new, is it safer to do that alone or with other people?; If you feel nervous with someone visiting you, should you be quiet or ask them to leave?; If someone is touching your body in a way that makes you uncomfortable, should you be quiet or tell them to stop?</td>
<td>X</td>
</tr>
<tr>
<td>Handout #6: 5 Tips to Reduce Risk of Sexual Abuse (p. 72); discuss scenarios</td>
<td>Didn’t use.</td>
</tr>
</tbody>
</table>

### PICTURE SUPPLEMENT GUIDE
**BLUE GUIDE**

#### MAIN POINTS

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Did It?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 1: “I can help myself be safe.”</td>
<td>X</td>
</tr>
<tr>
<td>Lesson 2: “I know my safe people. I know my safe places.”</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Implicit in lesson, but did</td>
</tr>
</tbody>
</table>
### TOPICS, ACTIVITIES & SUPPLEMENTS

| Read questions on p. 54 of the green guide. Have the participants move to one side of the room or the other in response to the question (each side marked with a different color of construction paper). | Didn’t do. Did a similar activity around consent/healthy and no consent/unhealthy last week. |

### General Observations

- The educators spent a few minutes recapping on the previous week’s material (e.g. consent, healthy and unhealthy boundaries).
- This class was after the fourth of July weekend, when 82 people were shot in Chicago. Many of the participants were from the neighborhoods where the shootings happened, and/or they had friends and families in those neighborhoods.
- When the educators began talking about “sexual violence” during this lesson, several participants kept bringing the conversation back to “gun violence”. I thought this was a good example of how context affects “research” and “fidelity” to a curriculum: the lesson was focused on sexual violence, but gun violence was the most meaningful in participants’ lives at that time. It was not ethical or efficacious to redirect the conversation from gun violence to the class focus on sexual violence in those moments; the personal lives and social contexts of the participants had to take the foreground to the objectives in those moments.
- An educator connected class discussion back to the curriculum lesson by saying, “Everyone has the right to be safe. No one should have to experience violence...It’s more likely you will experience relationship or sexual violence than gun violence.”
- The participant who previously shared the story about her friend in an abusive relationship shared that she told her friend about our class, and what we’ve been learning about sexual violence. She gave her friend the rape crisis hotline information the educators had given to the group. She also said she went with her friend to file a restraining order against the man entering her house to have non-consensual sex with her. When she asked her friend, “Don’t you feel better?”, her friend said she, “feels happy”. She reported the man has also been sent to jail.
- When a participant shared about being afraid to report abuse, the educator assured her that is a common feeling to have. The educator also emphasized that dealing with those kinds of feelings and reporting abuse is easier when we support each other. The educator encouraged the group to focus on what they can do in the situation, to not get lost in trying to change too much individually.
Appendix A (Continued)

• A participant shared about what sounded like domestic violence situations among her friends and neighbors (fighting, yelling, hitting, etc.) The educator encouraged the participant to keep herself safe in these situations, emphasizing that not everyone is able/willing to interfere in violent conflict, either physically or with words, and that is ok. She encouraged the class to honor their “instinct”, and “listen” to their bodies in potentially dangerous situations.

• The educator asks the group if it is safer to meet someone for the first time alone, or with others; several participants correctly respond “with others”.

• A participant commented saying that it, “might be disturbing” to ask someone to leave when you are uncomfortable. The educator told the class it might feel uncomfortable to do this because, “girls are taught to be polite, be nice, be quiet.”

• The educator brought the class back to the curriculum by asking a question from the curriculum (green guide, p. 54): “If someone is touching your body in a way that makes you uncomfortable, should you be quiet or tell them to stop?”

• The educator led the group through practicing boundaries like, “Touch me up here, but not here.”, “Today let’s only kiss.”

• The educator wrapped up the class with: “If you do not feel safe, go to your safe people and places.”

Questions Asked

• Is a hotel a private, safe place?
• Can a person you’ve never met be a safe person?
• Is it safe where you work, at a new job?

Comments Shared

• During the discussion about the shootings in their neighborhood, a participant shared that her brother says they are moving soon because of the gun/gang violence. Another person said their family is also considering a move because of neighborhood violence.

• Regarding their interaction with neighborhood police a participant said: “They know me since I was little. I was bad as hell.”

• Participant shared about how she asks people engaging in violent behaviors around her, “How are you? What’s going on? Why do you do that?”

• The educator asked the group a question from the curriculum (green guide, p. 54): “If you feel nervous with someone visiting you, should you be quiet or ask them to leave?” A participant who had not spoken unprompted during the class yet responded loudly and enthusiastically: “You ask them to LEAVE!” A second participant added: “Get out! Get out, and stay out, and don’t come back!” A third person contributed: “Get out, I have another date coming over.” The educator encouraged this conversation: “If you feel unsafe, make excuses to get out.”

• Participant: “You have control over your boundaries.”
Appendix A (Continued)

- Participant practicing boundary expression: “I don’t want to be touched right now.”

- Participant: “My mom says to not lock the door” (to her room; this participant was over forty years old).

Rather than pass out copies of Supplement 2A: I Know my Safe People, I Know my Safe Places (blue guide, p. 84) to complete individually, the educator had the group complete the activity together on the white board. The board reads:

**Safe People:** someone who listens; makes sure nothing bad happens to you; protects; someone you can talk to; trust; can depend on; someone who understands; [listing of participants’ “safe people”]

**Safe Places:** quiet; private; locked door; peaceful; bathroom; bedroom; church; hotel; home; brother’s house; auntie’s house; friend’s house
Appendix A (Continued)

Part IV: Safety and Support: How to Get Help: Lesson 3: Design a Support Person
One educator, July 15th

| WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION |
| GREEN GUIDE |
| OBJECTIVES |
| Lesson 3: To identify qualities of supportive people. | X |
| Lesson 3: To identify supportive people in participants’ lives. | X |

| TOPICS, ACTIVITIES & HANDOUTS |
| Lesson 3: Handout #7 Design a Support Person (p. 73) |
| X |
| Lesson 3: Group discussion describing a “supportive person”; writing participants’ responses on flip chart. |
| X |
| Lesson 3: Identifying supportive people in participants’ lives. |

| PICTURE SUPPLEMENT GUIDE |
| BLUE GUIDE |
| MAIN POINTS |
| Lesson 3: “It is ok to ask for help.” | X |

| TOPICS, ACTIVITIES & SUPPLEMENTS |
| Supplement 3A: My Support People | X |

General Observations

- The educator started with a review about “safe people and safe places”, and privacy from previous lessons. Each participant shared who they had identified as their safe place and person.
- Participants worked individually to complete the Supplement 3A: My Support People (p. 86 blue guide). The educator and myself went around to each person to offer help explaining the activity and writing down responses. Participants also helped each other, for example reading and writing for those who could not.
- After completing the supplement, the educator had the group share about their support people. Participants identified preachers, family members, agency staff, therapists, intimate partners, and each other, as some support people.
- Participants identified characteristics of supportive and safe people such as: helping you to feel good; telling you good things about yourself; talking with you; buying lunch; playing games; showing affection; helping to meet needs; working, spending time together; thinking about you. Refer to the comments below for some participant quotes describing supportive and safe people.
Appendix A (Continued)

- The educator emphasized that, “It’s Ok to ask for help. Your support people help you.”
- Two participants shared that their sweethearts want to marry them; one also shared that her staff didn’t think it was a good idea.

Questions Asked

- Can we have class swag (e.g. pens, bracelets) and a party? (The educators did end up bringing things for the final class party).

Comments Shared

The participants described their “safe” and “supportive” people:

- “You’re a safe person to listen to me.”
- They “talk” and tell you, “you did good today.”
- “they help you with whatever you might need.”
- “Help with group.”
- “Nice. Good feel. Do work.”
- Play Wii bowling.
- Blow kisses at you.
- “Helps me calm down…stay happy.”
- Helps you with chores e.g. take out the trash, laundry, cooking, making the bed.
- Tell you, “You look good today.”
- “Help you along the way, whatever you need help with.”
- “Helping me make right decisions.”
- The educator emphasized that, “It’s Ok to ask for help. Your support people help you.”
- “My boyfriend wants to get married. I told him that I love him and he’s very supportive of me.”
Appendix A (Continued)

One educator, July 22th

<p>| WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION |</p>
<table>
<thead>
<tr>
<th>GREEN GUIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVES</strong></td>
</tr>
<tr>
<td>To identify what safety means</td>
</tr>
<tr>
<td>To help participants begin to consider safety planning</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TOPICS, ACTIVITIES &amp; HANDOUTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask the group: “What are some things you can do when you go out for a walk to keep yourself safe?”</td>
</tr>
<tr>
<td>Ask participants for examples in their own lives of situations where they may use a safety plan.</td>
</tr>
<tr>
<td>Group discussion about ways to stay safe using the vignettes on p. 61.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PICTURE SUPPLEMENT GUIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BLUE GUIDE</strong></td>
</tr>
<tr>
<td><strong>MAIN POINTS</strong></td>
</tr>
<tr>
<td>“I will use my safety plan.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>TOPICS, ACTIVITIES &amp; SUPPLEMENTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplement 4A: Personal Safety Plan (p. 89)</td>
</tr>
</tbody>
</table>

**General Observations**

- The educator reviewed “safe people and places” from previous week. In response to this, one participant brought up the term, “sexual violence” that we had been learning.
- The participants offered the following list as ideas for “safe places”: church; bedroom; brother’s house; therapy. For “What is a safe person?” some participant answers included: sister; staff; boyfriend; minister.
- The educator led the group in a discussion of how to stay safe in different scenarios. Participant ideas included: look around; try to avoid running people over (in a power chair); watch who’s around; watch your surroundings; make extra keys and give to trusted person; be with other people.
- The educator led a group discussion about how to stay safe during the scenarios on p. 61 of the green guide.
Appendix A (Continued)

• The educator shared a key feminist point that sexual violence usually happens with someone you know. Also, we can try to be safe, but it is not a guarantee; if something happens it is the fault of the perpetrator, not the victim/survivor.
• The educator talked with the group about what “evidence” of harassment is, for example text, Facebook, and email messages.
• The educator emphasizes that harassment is illegal.
• Most of the class was spent discussing vignettes about potentially unsafe situations (green guide p. 61). Different participants contributed a lot to the discussion, and it seemed like the concepts of unsafe situations, and how to increase safety, were very familiar to the class.

Questions Asked
• How to get out of an unsafe situation?

Comments Shared
• When reminded there was only one class left, several participants said loudly, “Nooooooo!!!!”
• The educator asked, “What is a safe place?” One participant responded, “A place you feel comfy in.” Another person offered, “privacy”, as part of safety.
• In response to the educator’s question, “What is a safe person?” one participant said, “A person you can trust”. Another said, “Support people calm me down, cheer me up. Make you laugh.”
• Regarding being safe: “I don’t go outside, I stay in the house.” A second participant retorted: “You stay in the house? That’s boring.”
• When asked if they would let a stranger into their home, a participant who rarely spoke in class yelled, “No!!”.
• Regarding whether or not to let a stranger in who has come to your house: “You don’t know what they might do to you.”
• When the educator asked if participants had ever heard, “Trust your gut”, another participant who did not speak much in class clearly answered, “No.”
• When asked what to do if a man moves close to you in an elevator and you have a bad feeling, one person said, “Call the authorities.” To this, another person recommended, “Keep a staff number on your phone.”
• In response to being alone and uncomfortable with man on an elevator: “It’s turning into a dangerous situation. Maybe doesn’t feel right.”
• In regards to scenario of a co-worker who keeps asking you out, though you keep saying no, “That’s harassment!”
• In regards to a scenario of being invited to go to a bar, one of the participants that didn’t participate often said, “I wouldn’t go to a bar; I’m not interested.” (In later interviews this person shared a history of alcohol and substance abuse in her family and with partners).
• In response to a stranger claiming to be new staff, a participant recommended, “Call and verify” their claim. Another responded, “They may not be telling the truth.”
• Regarding going to a party with someone met on the bus: “I wouldn’t take a chance, never know when gun gonna come up.”
Appendix A (Continued)

Part IV: Safety and Support: How to Get Help: Lesson 5: Empowerment Graffiti
Two educators, July 29th

<table>
<thead>
<tr>
<th>WOMEN WITH DISABILITIES AND SEXUAL VIOLENCE EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN GUIDE</td>
</tr>
</tbody>
</table>

**OBJECTIVES**

<table>
<thead>
<tr>
<th>To empower women with disabilities to speak out against sexual abuse.</th>
<th><strong>Unclear</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>To provide an opportunity to educate others.</td>
<td><strong>Unclear</strong></td>
</tr>
</tbody>
</table>

**TOPICS, ACTIVITIES & HANDOUTS**

Creating a mural of “personal safety slogans” using pre made slogans, and participant’s own slogans; decorating the mural. | **X** |

**PICTURE SUPPLEMENT GUIDE**

<table>
<thead>
<tr>
<th>BLUE GUIDE</th>
</tr>
</thead>
</table>

**MAIN POINTS**

<table>
<thead>
<tr>
<th>I have a voice.</th>
<th>Didn’t practice.</th>
</tr>
</thead>
</table>

**TOPICS, ACTIVITIES & SUPPLEMENTS**

<table>
<thead>
<tr>
<th>Read the “personal safety slogans” (p. 92) aloud with group.</th>
<th><strong>X</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Read individually as we did the “Empowerment Graffiti” activity on butcher paper.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Take pictures of murals to share at closing celebration.</th>
<th><strong>X</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rather than take pictures, we had the mural at the closing celebration.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplement 5A: I Have a Voice!</th>
<th><strong>Didn’t use</strong></th>
</tr>
</thead>
</table>

**General Observations**

- Began late at 10:35 today. The educator had each person in the group share on thing they had learned in the class.
- One person says she learned about sexual violence, and when pressed says that sexual abuse is part of that. Another participant shares, “When someone wants to have sex with
Appendix A (Continued)

you and it’s not wanted.” A third person says, “There is also gun violence; it’s not good to use violence at all.”

- The educator reminded the group again in Plain Language: “Sex without consent is sexual violence.” She told the group sexual touching in private without permission as an example of sexual violence.
- When the educator prompted the group again about what they learned, someone talked about the “green and red flag game” (practicing consent, and identifying healthy relationships), and private body parts.
- The educator had the group review private body parts again: vagina, breasts, buttocks; penis, buttocks; most of them seemed to remember the names of all parts. One participant continued to laugh and snicker when private body parts were names, as she did throughout most of the classes. But the group consistently laughed together when we reviewed words for private body parts. They also laughed when we reviewed public/private behaviors.
- A participant commented that reviewing the body parts over and over, “Makes it easier for us to say it.”
- One of the participants who had already shared added that she had learned about “safe places.”
- Three participants did not share what they had learned, despite being prompted several times by the educator.
- The educator asked the group what “consent” was, and one person responded that it meant “permission”; the educator added that consent means permission, “without threats.” A different participants added, “They have to ask. First the guy has to ask if it’s OK to come visit you.”
- The educator asked the group, “What did you learn about relationships?” When people had difficulty responding, the educator offered we can introduce people to our families, we can meet new people by ourselves or with others. A participant shared that they had talked about this on the Queen Latifah show.
- The educator reviewed types of relationships e.g. friend, stranger, acquaintance, intimate/dating partner, family
- Most of the group seemed to struggle with the review. One person seemed like she didn’t feel well, another attempted several times to listen to her music with headphones, one sneered and made other rude noises, and there were several instances where people were unable and/or unwilling to answer questions posed by the educators.
- One participant became very frustrated with another participant who talked a lot off topic. The frustrated participant made a punching motion towards the woman she was frustrated with.
- One participant was considering not telling her family about her relationship with a boyfriend. Another participant responded, “I disagree, you should let your family know you’re dating.”
- The educators review consent by reading the vignettes from Lesson 4: Consent: The Yes/No exercise (p. 37 of the green guide), and asking the group to say if consent was present or absent. Two different participants responded correctly to the first two vignettes (about Amy/Maria, Paul/Constance). When it came to the third and fourth vignettes using male names (“Robert wants to hug José”; “Chris and Terry are making out”), several
people had homophobic responses. One person said, “If I was a guy, I would not hug a
guy!” A second woman commented: “My brother says they crazy, they need help.”

- The educators took a queer feminist approach by telling the group that men can hug and
cry too; participants laughed. The educators were also careful to use the term “partner”
when describing sexual/intimate relationships.
- The educators asked the group to think of the “support person” they had identified in
previous lesson. Participants re-identified: staff; family (sister, brother, mom); therapists;
partners; best friends
- Although the focus of the day’s lesson, we did not begin the “Empowerment Graffiti”
activity until the last 15 minutes of class. We continued the activity at the closing
celebration the following week. We read the “personal safety slogans” to each other, and
used markers, paint, and stickers to decorate large pieces of butcher paper.

Questions Asked

- What does “sexual violence” mean again?

Comments Shared

- In response to “What is sexual violence?”: “When someone wants to have sex with you
and it’s not wanted.” A different participant, “There is also gun violence; it’s not good to
use violence at all.”
- Reviewing the body parts over and over, “Makes it easier for us to say it.”
- “They have to ask. First the guy has to ask if it’s OK to come visit you.”
- One participant was considering not telling her family about her relationship with a
boyfriend. Another participant responded, “I disagree, you should let your family know
you’re dating.”
- In response to homosexuality: “If I was a guy, I would not hug a guy!” A second
participant: “My brother says they crazy, they need help.”
Appendix B
Pre/Post Test Private Body Parts Instrument
Identifying Private Body Parts

From the Illinois Imagines Blue Supplemental Guide, Supplement 1B, p. 44
Appendix C
Pre/Post Assessment Instrument Questions and Key

From the Illinois Imagines Blue Supplemental Guide, pp. 10-11. Every correct answer was coded as one point.

Directions: Circle each answer. There may be more than one correct answer for each question.

**TABLE XV**
PRE/POST ASSESSMENT INSTRUMENT QUESTIONS AND KEY

<table>
<thead>
<tr>
<th>Pre/Post Test Question</th>
<th>Correct Answer</th>
</tr>
</thead>
</table>
| 1. Who can I have a relationship with?  
  A. Family  
  B. Intimate partner  
  C. Friends | B  
  Changed question to “sexual relationships” |
| 2. Who is someone that would be bad to start a relationship with?  
  A. Someone who lies  
  B. Someone who you can trust  
  C. Someone who respects you | A |
| 3. What is a body part you can show in public?  
  A. Penis  
  B. Hand  
  C. Breasts | B |
| 4. Which action is private?  
  A. Kissing your partner  
  B. Touching private parts  
  C. Holding hands | B |
| 5. Which is an example of sexual violence?  
  A. Someone tricks you into having sex by lying to you  
  B. Holding hands with your partner, after you both agree  
  C. Someone tells you that something bad will happen if you do not have sex | A  
  C |
| 6. What can you do if someone tries to sexually abuse you?  
  A. Say no  
  B. Get away  
  C. Tell someone  
  D. All of the above | A  
  B  
  C  
  D |
| 7. Which is safe  
  A. Being around someone who wants to hurt you  
  B. Telling a safe person if someone says that he or she will hurt you  
  C. Calling the hotline if you are abused | B  
  C |
| 8. Which is true  
  A. Sexual violence only happens to women  
  B. Sexual violence is a crime  
  C. Sexual violence is never the victims fault | B  
  C |
Appendix D

Modified Pre/Post Test

This is a modified version of the Illinois Imagines “Pre and Post Assessment” (blue supplemental guide, pp. 10-11). A modified version of the pre/post should be clearly marked in the table of contents in any future editions of the guide. This modified pre/post test should be piloted and adjusted again before use to check for instrument validity and reliability across participants e.g. to ascertain if the instrument needs adjustment for level of intellectual impairment, or according to participant experiences (maybe participants don’t ride public transportation, for example). Pilots should also explore the most efficient order of questions e.g. divided by question type, or by theme, as well as images/props to increase accessibility.

Questions cover four themes taken from the curriculum, indicated by different colors: 1) healthy relationships (green); 2) unhealthy relationships (red); 3) sexual violence (orange); 4) private body parts (blue). This pre/post test has four types of questions: 1) qualitative; 2) quantitative; 3) mixed; 4) single forced answer. Here is the number of questions, and a breakdown of the questions by theme and type:

<table>
<thead>
<tr>
<th>Curriculum Theme</th>
<th># of Questions</th>
<th>QUAL</th>
<th>QUANT</th>
<th>MIXED</th>
<th>SINGLE FORCED ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Healthy relationships</td>
<td>3</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2. Unhealthy relationships</td>
<td>2</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual violence</td>
<td>3</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Private body parts</td>
<td>5</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Appendix D (Continued)

Multiple questions, and a mix of questions per theme, may provide more opportunity for participants to accurately demonstrate knowledge. It is critical to test knowledge conveyance, not participant strengths and weaknesses with different question structures. Therefore, my idea here is also that asking about the same theme through different kinds of questions may increase accessibility where participants are better at certain kinds of questions than others. The original Illinois Imagines pre/post assessment has multiple choice questions with several possible correct answers. I found this to be inaccessible for participants, as well as more difficult to code, so I have made the forced answer questions correspond with only a single correct answer.

I have aimed to make these questions both specific to the curriculum, as well as reflective of general need to know knowledge about healthy sexuality and sexual violence concepts. Apropos images and body part models should be used for the blue body part questions (real life photographs, three dimensional genital models, etc.). With any body part modeling, attention should also be paid to the particular representations chosen, for example, using disabled, women of color, fat, mature, and/or queer presenting models, and not non-disabled, white, non-fat, youthful, heteronormative models by default. Even with these general modifications, future classes will probably still want to make their own changes to the pre/post to suit their particular needs.
<table>
<thead>
<tr>
<th>PRE/POST TEST QUESTION</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUALITATIVE</strong></td>
<td></td>
</tr>
<tr>
<td>1. What is a healthy sexual relationship like?</td>
<td></td>
</tr>
<tr>
<td>2. What is an unhealthy sexual relationship like?</td>
<td></td>
</tr>
<tr>
<td>3. What is sexual violence?</td>
<td></td>
</tr>
<tr>
<td><strong>QUANTITATIVE</strong></td>
<td></td>
</tr>
<tr>
<td>4. What is a private body part a woman has?</td>
<td>Answers: breasts, vagina, buttocks, anus (decide if slang terms accepted)</td>
</tr>
<tr>
<td>5. What is a private body part a man has?</td>
<td>Answers: penis, buttocks, anus (decide if slang terms accepted)</td>
</tr>
<tr>
<td><strong>MIXED</strong></td>
<td></td>
</tr>
<tr>
<td>6. Can you finish the sentence? “A healthy sexual relationship is…”</td>
<td>Qualitative: open ended AND Quantitative: interrater coding as correct/incorrect</td>
</tr>
<tr>
<td>7. Can you finish the sentence? “An unhealthy sexual relationship is…”</td>
<td></td>
</tr>
<tr>
<td>8. Can you finish the sentence? “Sexual violence is…”</td>
<td></td>
</tr>
<tr>
<td><strong>SINGLE FORCED ANSWER</strong></td>
<td></td>
</tr>
<tr>
<td>9. Which of these is part of a healthy sexual relationship?</td>
<td>Answer: B</td>
</tr>
<tr>
<td>A. Someone makes you have sex when you don’t want to.</td>
<td></td>
</tr>
<tr>
<td>B. Someone gets your consent before they touch you.</td>
<td></td>
</tr>
<tr>
<td>10. Which situation is about sexual violence?</td>
<td>Answer: A</td>
</tr>
<tr>
<td>A. Someone at the bus stop tries to touch your private parts without your consent.</td>
<td></td>
</tr>
<tr>
<td>B. One of your staff asks you if you need help showering.</td>
<td></td>
</tr>
<tr>
<td>11. Which body part is private?</td>
<td>Answer: B</td>
</tr>
<tr>
<td>A. Hand</td>
<td></td>
</tr>
<tr>
<td>B. Vagina</td>
<td></td>
</tr>
<tr>
<td>12. Which body part is private?</td>
<td>Answer: A</td>
</tr>
<tr>
<td>A. Penis</td>
<td></td>
</tr>
<tr>
<td>B. Arm</td>
<td></td>
</tr>
<tr>
<td>13. Which action is private?</td>
<td>Answer: B</td>
</tr>
<tr>
<td>A. Holding hands</td>
<td></td>
</tr>
<tr>
<td>B. Touching underneath your sweetheart’s clothes</td>
<td></td>
</tr>
</tbody>
</table>
Appendix E
Pre/Post Test Score Calculations

What was the change between the total pre/posttest scores?

I. For the total assessment scores, the change (that is, the difference) in scores comparing posttest to pretest was on average about 1.56 (SD 1.94), which is significant in paired t-test with 8 degrees of freedom (only 8, not 9, because the data from participant 9 is missing). The p-value is .043. This difference is only marginally significant using non-parametric Wilcoxon Signed Ranks test (p = .057).

II. Likewise, the difference the scores for body parts (“Supplemental Assessment Score”) is significant with either parametric paired t-test or non-parametric Wilcoxon test. This was using the t-test result as the P-P plot does not show appreciable departure from the normal distribution. The average difference for posttest – pretest is 1.44 (SD 1.59).

<table>
<thead>
<tr>
<th>Paired Differences</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
<th>95% Confidence Interval of the Difference</th>
<th>t</th>
<th>df</th>
<th>Sig (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pair 1: Total Posttest Assessment Score - Total Pretest Assessment Score</td>
<td>1.556</td>
<td>1.944</td>
<td>.648</td>
<td>.062</td>
<td>3.050</td>
<td>2.401</td>
<td>8</td>
</tr>
<tr>
<td>Pair 2: Total Posttest Supplemental Assessment Score - Total Pretest Supplemental Assessment Score</td>
<td>1.444</td>
<td>1.590</td>
<td>.530</td>
<td>.222</td>
<td>2.667</td>
<td>2.726</td>
<td>8</td>
</tr>
</tbody>
</table>

Test Statisticsa

<table>
<thead>
<tr>
<th></th>
<th>Total Posttest Assessment Score - Total Pretest Assessment Score</th>
<th>Total Posttest Supplemental Assessment Score - Total Pretest Supplemental Assessment Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z</td>
<td>-1.904b</td>
<td>-2.101b</td>
</tr>
<tr>
<td>Asymp. Sig. (2-tailed)</td>
<td>.057</td>
<td>.036</td>
</tr>
</tbody>
</table>

a. Wilcoxon Signed Ranks Test
b. Based on negative ranks.
Appendix E (Continued)
Appendix F
Observation Protocol for Participation Ratings

Date:  
Time:  
Instructor/s:  

Lesson #/Title:  

<table>
<thead>
<tr>
<th>Participation Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AA</td>
</tr>
<tr>
<td>2. BB</td>
</tr>
<tr>
<td>3. CC</td>
</tr>
<tr>
<td>4. DD</td>
</tr>
<tr>
<td>5. EE</td>
</tr>
<tr>
<td>6. FF</td>
</tr>
<tr>
<td>7. GG</td>
</tr>
<tr>
<td>8. HH</td>
</tr>
<tr>
<td>9. II</td>
</tr>
<tr>
<td>10. JJ</td>
</tr>
</tbody>
</table>
Quantitative scale:*  

0 = *no apparent participation* e.g. no communication either verbally or with body gestures; not asking any questions; doesn’t seem to be attentive via watching or listening; not turning towards others; *IF USING ELECTRONIC DEVICE (not related to accommodation):* appears to use electronic device throughout most of lesson.

1 = *minimal participation* e.g. asked a question at least once, and/or shared comment at least once; or not asking any questions or sharing any comments, but seems to be engaged through watching, listening, and/or turning towards others at least once; *IF USING ELECTRONIC DEVICE (not related to accommodation):* appears to use more than twice, but not throughout entire lesson.

2 = *moderate participation* e.g. communicating frequently but without dominating others; asking two or more questions, and/or sharing two or more comments; watching, listening, and/or turning towards others at least twice; *IF USING ELECTRONIC DEVICE (not related to accommodation):* appears to use one or two times for less than 5 minutes total.

3 = *substantial participation* e.g. communicating as frequently or more frequently than other participants without dominating, interrupting, and/or disregarding their contributions; asking three or more questions and/or sharing three or more comments; watching, listening, and/or turning towards others at least three times; *IF USING ELECTRONIC DEVICE (not related to accommodation):* appears to use no more than once for less than a minute, or not at all.

4 = *vigorous participation* e.g. communicating more than any other participant to the point of dominating, interrupting and/or disregarding their contributions; asking four or more questions and/or sharing four or more comments not obviously related to the class topics; watching, listening, and/or turning towards others accompanied by interrupting and/or dismissing their contributions at least twice; *IF USING ELECTRONIC DEVICE (not related to accommodation):* appears to use electronic device throughout most of lesson (as with 0 = no apparent participation).

*This participation rating scale is based on my experiences as a sexuality educator during a year-long use of the curriculum, “Sexuality Education for Adults with Developmental Disabilities” (McLaughlin, Topper, Lindert, Green Mountain Self-Advocates, 2009). Classes were held at the south-side Chicago disability service agency El Valor, with eight adults with mild to moderate intellectual disabilities; my notes from this experience informed the descriptions of rates of participation for this scale.*
Appendix G
Observation Protocol for Curriculum Lessons

Date:  
Time:  
Instructor/s:  

Lesson #/Title:

Sample questions to answer through observation:

Regarding participants:

- **How much** are people participating? e.g. speaking, verbalizing, signing, nodding, gesturing agreement/disagreement, posing pertinent questions, angling face and/or body towards person communicating
- **How** do participants seem to be *relating* to the lesson? e.g. intently, casually, disinterested etc.
- **What** are participants *relating* to the lesson? e.g. life experiences, other classes taken etc.
- **What questions** are being asked and *by whom*?
- **What comments** are being shared and *by whom*?

Regarding curriculum:

“Program Fidelity”

- **What points are being covered** from the curriculum lesson? **How** are they being covered?

“Program Efficacy”

- **What** lesson material do participants seem to be *connecting to*? **How** do they seem to be *connecting*?

<table>
<thead>
<tr>
<th>Observations</th>
<th>Reflections/Reactions</th>
</tr>
</thead>
</table>


Appendix H
Interview Guide For Women With Intellectual Disabilities

Recruitment & Intake Interviews (prior to curriculum lessons)

Research and Researcher Introduction
Review of Consent form

Talking Point:
What is your goal for the class?

Talking Point:
What kind of sexuality education have you had already?

Lessons and Data Collection (after curriculum lessons)

Introduction
The purpose of this interview is to talk about your experiences with the Illinois Imagines lessons.

Guiding questions:
• What did you learn in the class?
• Can you tell me about some of your favorite lessons/activities? Why were they your favorites?
• What about lessons/activities you didn’t like? Why didn’t you like them?
• What do you wish we had done more of? Why?
• What do you wish we had done less of? Why?
• What experiences from your own life did you think about during the classes?
• Can you tell me about any changes in your life because of what you learned in the classes?
• Do you remember your goal for the class? It was ______________. Do you think you accomplished your goal? Can you tell me about it? How did the classes help you with your personal goal?

In Closing:
• Thank the participant for being part of the research.

• Obtain demographic information and write down responses for: previous sexuality related education; age, disability, race, ethnicity, a/sexual orientation, socioeconomic status, living arrangement (e.g. group home, with family, independently, etc.).
Recruitment Script and Interview Guide: Disability Agency Support Staff

Recruitment Script (Email)

“Hi, I would like to do an interview with you about your experience supporting the Illinois Imagines classes at your agency. This interview would be audio recorded, and transcribed for use as data in my dissertation; it would be approximately one hour long. Are you available for such an interview? We can meet around your schedule, and in a location of your choosing.”

Introduction

The purpose of this research is to talk about the Illinois Imagines classes you supported at your disability service agency. I am interested in your opinions from a support staff perspective.

Guiding questions

• The Classes
  • What are your general opinions about the Illinois Imagines classes hosted at your agency?
  • How were you involved in the participant recruitment process?
  • How much staff time did it take to arrange and support the classes?
  • Do you think you agency clients need future classes about coping with and preventing sexual violence using the curriculum?

• The Curriculum
  • What are your general opinions about the Illinois Imagines curriculum?
  • Do you have any concerns about the curriculum? Any praise?
  • What recommendations do you have for future classes using the curriculum, either at your agency or other disability service agencies?

• The Educators/Rape crisis center
  • How do you envision future relationships of your agency with the educators who taught the class, and their agencies, if any?

Closing

Do you have any final questions or comments that we haven’t covered?

Thank you for taking the time to do this interview
Appendix J
Recruitment Script and Interview Guide: Rape Crisis Counselors/Educators

Recruitment Script (Email)
“Hi, I would like to do an interview with you about your experience teaching the Illinois Imagines classes at a disability service agency. This interview would be audio recorded, and transcribed for use as data in my dissertation; it would be approximately one hour long. Are you available for such an interview? We can meet around your schedule, and in a location of your choosing.”

Introduction
The purpose of this research is to talk about the classes you taught at a disability service agency using the “Illinois Imagines” curriculum. I am interested in your opinions from an educator’s perspective.

Guiding questions

- The Classes
  - What are your general opinions about the Illinois Imagines classes you taught?
  - How useful do you think the classes were for participants?
  - What recommendations do you have for future classes using the curriculum?
- The Curriculum
  - What are your general opinions about the Illinois Imagines curriculum?
  - What was useful about the curriculum for you as an educator? What was not useful?
  - What do you wish the lessons had done more or less of? Why?
  - How effective do you think the curriculum was in conveying knowledge to participants about preventing and coping with sexual violence?
  - What recommendations would you make for changes to the curriculum?
- The Educator
  - What were your goals for teaching the Illinois Imagines classes, if any?
  - How has the experience of teaching the classes affected you?
  - What kind of relationship do you think you and your agency will have with the disability service agency in the future, as a result of teaching the classes?

Closing
Do you have any final questions or comments that we haven’t covered?
Thank you for taking the time to do this interview.
Appendix K
Research Information and Consent for Participation in Research:
Women with Intellectual Disabilities

University of Illinois at Chicago

“Illinois Imagines: Women with Intellectual Disabilities
Coping with Sexual Violence”

Principal Investigator Name and Title: Rebekah Moras, UIC PhD candidate, Disability Studies

Department and Institution: Department of Disability & Human Development,
University of Illinois at Chicago

Address: 1640 W. Roosevelt Road, Suite 436 DHSP (MC 626) Chicago, IL 60608
Phone: 312-520-5703
Email: Rebekah.moras@gmail.com

Introduction
My name is Rebekah Moras. I am a student from the University of Illinois at Chicago, also called UIC.

My university needs me to give you information about the research I’m doing, so I have made this “consent form”. This consent form is to help you understand the research and decide if you want to be a research participant.

I am giving you one copy of this consent form for you to keep. If you decide you want to be a research participant, you will sign a copy of the consent form and I will keep it.

You can ask me questions about this research at any time.

My name is Rebekah Moras.

My initials are RM.
**Why am I being asked?**

You have been asked to participate in this research because you are interested in doing sexuality and sexual violence prevention classes at [AGENCY NAME]. Only participants chosen for this research can be in the classes at this time.

The classes are called “Illinois Imagines” and this is their logo:

![Illinois Imagines Logo](image)

**Voluntariness**

This research is “voluntary”. Voluntary means YOU decide if you want to do this research.

If you decide you *don’t* want to do this research, **that’s OK! You will not get in trouble**. You can still do things at [AGENCY NAME] and with the University of Illinois at Chicago (also called UIC), even if you don’t want to do this research.

Even if you decide you want to do this research now and you *change your mind later*, **that is OK too**. You can change your mind any time.

**What is the purpose of this research?**

This research is about how the sexuality and sexual violence classes called “Illinois Imagines” work. I want to know about what it’s like for you to be in the classes.

**ILLINOIS IMAGINES**
Appendix K (Continued)

What are the classes at [AGENCY] like?

If you participate you will take classes about sexuality and sexual violence for four to five months (4-5 months). Eleven (11) other women with intellectual disabilities will be in the classes, and I will also be there.

YOU + 11 WOMEN WITH DISABILITIES + ME

The Empowered Fe Fes

Two women from rape crisis centers will teach the Illinois Imagines classes. [NAME] works for the Chicago rape crisis center called [NAME] (also called by the initials INITIALS). [NAME] works for the Chicago rape crisis center called [NAME]. [NAME] and [NAME] jobs are to teach people about sexual violence, and also to help people who experience sexual violence.

The Teachers

[NAME]
Her initials are XX.

[NAME]
Her initials are XX.
What are the classes at [AGENCY] like? continued

Together we will have one class a week for about 1 hour. We will have class for four to five months (4-5 months). All classes will be at [AGENCY]. [AGENCY] staff will remind you where and when we are meeting each week.

1 hour class each week 4-5 months

What procedures are involved? (A procedure means what we will do)

BEFORE THE LESSONS
If you decide to participate, you will meet with [AGENCY] staff [NAME], and I to talk about the class before it starts. If you have a guardian, your guardian will meet with us too. We will tell you about the research and answer your questions. If you still want to participate, you will sign this “consent form” to show you understand the research. If you have a guardian, your guardian will sign a consent form too.

Signature:

You Write Your Name
What procedures are involved? (A procedure means what we will do) continued

BEFORE THE LESSONS continued

If you decide to sign the consent form and do the classes with us, you and I will also meet to talk before class starts.

I will ask you two questions:

1) What is your goal for the class?
2) What kind of sexuality education have you had?

Rebekah (Me):
Before class starts, you and I will meet together for about 1 hour. This is so you can ask questions, sign this “consent form” and answer the 2 questions above.
What procedures are involved? (A procedure means what we will do) continued

DURING THE LESSONS

First, we will have one class with everyone to meet each other.

I will be at the classes listening, watching, and writing about what is happening. In research, this is called “observing”.

**Observing =**

- **Listening**
- **Watching**
- **Writing**

In addition to the lessons, you and I will meet together 4 times.

We will meet two times to talk about healthy relationships and healthy sexuality.

We will also meet two times to talk about sexual violence and how to get help.

---

**I will take notes during our lessons and our talks together.**

**I won’t write your name on the notes, only your initials.**

**Rebekah (Me): Writing your answers. My initials are RM. What are yours?**
**What procedures are involved? (A procedure means what we will do)** continued

**DURING THE LESSONS** continued

Here is a list of some of the things we will talk about in the classes and in our meetings together:

- Healthy & unhealthy relationships
- Safe and unsafe relationships
- Safe & unsafe people
- Sexual body parts
- Private and public
- Sexual feelings
- Sexual actions
- Consent
- Sexual violence
- Sexual rights
- Personal boundaries

Meeting 4 times in between lessons.
Each time will be about 1 hour.
**What procedures are involved? (A procedure means what we will do) continued**

**AFTER THE LESSONS**

After all of the lessons, you and I will meet together one last time for an “interview”. This interview will be to talk about your experiences with the class.

This interview will be **about 1 hour**, but we can talk more if you want to.

I will record our voices and what we talk about during the interview. Just like with the “observations” during the lessons, your name will not be with the recording of our talk. I will only use the initials of your name to label the recording.

**What are the potential risks and discomforts?**

A “risk” is something that might hurt you. In this research, there is a risk that other people will know you are talking with me about sexuality and sexual violence. There is also a risk that other people will find out about something you have shared with me (this is called a risk of “confidentiality”).
What are the potential risks and discomforts? continued

During our talks together, you might feel **uncomfortable or sad** talking about sexuality and sexual violence. **That is OK!** Many people feel uncomfortable talking about these things. You might also remember times when you had sexual experiences that you didn’t want, or that you feel bad about.

Are there benefits to taking part in the research?

A “benefit” is when you get something that helps you, like something you need, or something you want. In this research, there will be no direct benefits for you.

What other options are there?

If you feel uncomfortable, scared, or you just want to talk to someone in private about your feelings, there will be people you can meet with. You can talk with staff [NAME] here at [AGENCY]. There is also a clinic at my university called the Family Clinic where you talk with a professional about your experiences.

Research? No Thank You!! I will wait for future classes at [AGENCY] instead.

If you want to learn about sexuality and sexual violence and NOT be in this research, [AGENCY] may have classes in the future classes that you can do.
What about privacy and confidentiality?

We will have group rules about keeping what we talk about “confidential”, which also means “private”. Even though other women in the group are not supposed to talk about what happens in the group, there is a risk that some people will talk anyway. If this happens, we can decide as a group what to do about it.

In this research, I will not write down your name during classes or during our “interview” talk together. In my notes for this research, I will only write down the initials of your name. For example, my name is Rebekah Moras and so my initials are RM. If I were in the classes, my name would be RM in all of the notes, instead of Rebekah Moras. I will only use your initials in everything I write or when I talk about this research. With your initials, no one will know who you are or what you said during the classes or in our interview together, unless you tell them.

There are two places your name will appear in this research. 1) If you decide you want to participate, you will sign your name on a copy of this consent form. 2) I will also have a piece of paper with your name and initials on it.

I will keep the signed consent form and piece of paper with your name in a locked drawer at my university. I will be the only with a key to the drawer.

After I graduate from my university, I will destroy the paper with your name on it, so that no one will know you were in this research. We will have an interview together where I record our voices while we talk. At the end of this research, I will also destroy the recordings of our interview talk.
One more important thing about privacy and confidentiality...
There are some reasons I would have to tell someone what we have talked about in class. If I believe you are in danger I will have to talk to staff about it. Also, if I think that you might hurt someone else, I will have to talk to staff about it.

What are the costs for participating in this research?
There will not be a cost for you to be in the classes or this research.

Can I withdraw or be removed from the study?
“Withdraw” means to stop doing something. If you decide you want to be in this research and do the lessons, you can stop at any time.

If you decide to stop doing this research nothing bad will happen to you, and no one will be mad at you.

If you have too many bad memories about sexuality and it is too painful for you to talk about the lessons with me, I will ask you if you want to keep doing the research or if you want to stop. If I am worried about you doing this research, you and I will talk with [AGENCY] staff [NAME] about what you need.
What if I have questions?

**Rebekah Moras, initials RM**

I am the “Principle Investigator” or “PI” for this research. You can call or email me if you have questions.

My phone number is: **312-520-5703**
My email is: **rebekah.moras@gmail.com**

[IMAGE OF STAFF PERSON]

**[NAME]**

You can also ask [AGENCY] staff questions.

Her phone is: **[PHONE]**
Her email is: **[EMAIL]**

My Boss,  
**Dr. Sarah Parker Harris**

If you have questions, you can even talk with my boss. Her name is Dr. Sarah Parker Harris and she works at my university, the University of Illinois at Chicago.

Dr. Parker Harris’s work phone is: **312-996-5485**
Her email is: **skparker@uic.edu**

What are my rights as a research subject?

If you are worried or angry about something that happens in the research, or you have more questions, you can call an office at my university called the Office for the Protection of Research Subjects (OPRS). The phone number is: 312-996-1711 or 1-866-789-6215 (toll-free). The email is: uicirb@uic.edu.
**Remember:**

This research is “voluntary”. Voluntary means YOU decide if you want to do this research. If you decide you don’t want to do this research, that’s OK! You will not get in trouble. You can still do things at [AGENCY] and with the University of Illinois at Chicago (also called UIC), even if you don’t want to do this research. Even if you decide you want to do this research now and you change your mind later, that is OK too. **You can change your mind any time.**

**Participant Signature**

I have read (or someone has read to me) this consent form and looked at the pictures. I have talked with Rebekah Moras about my questions so that I could understand. I want to participate in this research. Rebekah gave me a copy of this paper (the “consent form”).

______________________________  ______________________
Signature of Participant        Date

______________________________
Printed Name of Participant

______________________________  ______________________
Signature of Person Obtaining Consent/Researcher  Date (must be same as participant’s)

______________________________
Printed Name of Person Obtaining Consent/Researcher
This is [NAME]. She will also be teaching the Illinois Imagines classes at [AGENCY].

We're having classes about sexuality here at [AGENCY]. Are you interested?

I'm [NAME]. I'll be teaching the Illinois Imagines classes!

If you're chosen for this research, you'll be taking the Illinois Imagines classes. I'll be there too!

[NAME] is a teacher from [AGENCY] in Chicago.

This is [NAME]. She works here at [AGENCY].
We’re looking for 12 research participants from [AGENCY] who are:

- women with intellectual disabilities
- at least 22 years old
- with or without legal guardians.

Classes will be 1 hour per week, for 4-5 months at [AGENCY]. Research will include 6-7 hours of interviews and one-on-one meetings with Rebekah Moras.

If you are interested being a research participant, we are having two information sessions at [AGENCY] this INSERT DATE-TIME-ROOM. Women with intellectual disabilities and guardians are welcome to come!

**Session 1:** INSERT TIME
**Session 2:** INSERT TIME

For more information, contact Rebekah Moras:
Phone: 312-520-5703
Email: rebekah.moras@gmail.com
Appendix M
Research Information and Consent for Participation in Research:
Legal Guardians of Women with Intellectual Disabilities
University of Illinois at Chicago (UIC)

“Illinois Imagines: Women with Intellectual Disabilities Coping with Sexual Violence”

Principal Investigator Name and Title: Rebekah Moras, UIC PhD candidate, Disability Studies

Department and Institution: Department of Disability & Human Development, University of Illinois at Chicago

Address: 1640 W. Roosevelt Road, Suite 436 DHSP (MC 626) Chicago, IL 60608

Phone: 312-520-5703

Email: Rebekah.moras@gmail.com

Why am I being asked?
You are being asked to sign this consent form because you are a legal guardian of a woman with an intellectual disability from [agency name]. Your ward is interested in participating in sexuality and sexual violence prevention classes at [agency name] called “Illinois Imagines”.

Your ward’s participation in this research is voluntary. She may stop participating at any time without it affecting her services at [agency name], or any future relationship with the University of Illinois at Chicago (UIC). Should your ward decide not to participate, [agency name] may offer additional sexuality and sexual violence prevention classes in the future.

What is the purpose of this research?
The purpose of this research is to evaluate the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”, also known as the “Illinois Imagines” curriculum. I am interested in how the curriculum fosters empowerment and sexual empowerment for women with intellectual disabilities. I also want to know how effectively the curriculum conveys knowledge to women with intellectual disabilities about preventing and coping with sexual violence. Finally, I want to explore the experiences of the
Appendix M (Continued)

participants with the curriculum, such as applying knowledge to their lives, and general opinions about the lessons.

**What procedures are involved?**

**OVERVIEW**

Approximately 12 participants will be involved in this research. Participants will be women with intellectual disabilities from [agency name], at least 22 years old. This research will take place at [agency name]. We will have one class with everyone to meet each other, followed by 4-5 months of lessons once a week. Each lesson will be up to one (1) hour long. Participants will spend approximately twenty (20) hours in classes, and 6-7 additional hours doing pre/post tests and an interview with me (more below).

Lessons will be taught by two certified rape crisis counselors: [NAME], from the Chicago rape crisis center (RCC), (RCC NAME); [NAME] from the Chicago rape crisis center [RCC NAME]. [NAME] and [NAME] will be working directly from the Illinois Imagines curriculum. There are four sections to the curriculum: 1) Healthy Relationships; 2) Healthy Sexuality; 3) Sexual Violence Risk Reduction; 4) Safety and Support: How to Get Help.

**BEFORE THE LESSONS**

Before the lessons begin, participants and guardians (where applicable) will meet with me to have the research explained and ask questions. If you prefer, [name of staff] can also be at this meeting. Should your ward decide to participate, you will both sign copies of the consent forms at that meeting. I will then ask the participant two questions, and will write down their answers: 1) What is your goal for the class?; 2) What kind of sexuality education have you had already?

**DURING THE LESSONS**

The curriculum will be evaluated in several ways: through observations, pre and post “tests”, and interviews. I will be attending lessons in order to observe what experiences participants relate to the curriculum. I will write down my observations using only the initials of participants.

During the lessons, I will also meet with each participant 4 times out of class for pre and post “tests”; each test will take an hour or less to complete. At these individual meetings I will ask participants questions about what they are learning from the lessons. Again, I will only use participant initials in these notes. We will meet twice to talk about the “healthy relationships” and “healthy sexuality” lessons, and twice to talk about the “sexual violence” and “how to get help” lessons. All lessons and meetings with me will take place at [agency name].

**AFTER THE LESSONS**

A month after all of the lessons are completed, I will meet with participants one last time for an individual “interview” to talk about their experiences. I will do an audio recording of this interview and will take notes, once again using only participant initials.

**What are the potential risks and discomforts?**

Anticipated risks are minimal. Participants may feel uncomfortable talking about sexuality and sexual violence in an interview. Also, there is some risk that other service users will know
participants are talking about sexuality and sexual violence with me. Finally, there is risk that participants will be identifiable from my observation notes and interview transcripts, although I will only be using initials in these documents.

**Are there benefits to taking part in the research?**
There are no expected benefits for participants in this research.

**What other options are there?**
Should your ward decide not to participate, [agency name] may offer additional sexuality and sexual violence prevention classes in the future. All participants have the option to discontinue this research at any time.

**What about privacy and confidentiality?**
There is a risk that other staff and service users will know participants are in this research, and talking about sexuality and sexual violence with me.

There is also risk that participants will be identifiable from my observation notes and interview transcripts, although I will only be using initials in these documents. This means that no participant names will appear in my observation notes, pre and post tests, nor interview transcriptions. Participant’s full names will appear on this consent form during this research. Additionally, one master copy of participant names and initials will be kept, along with signed consent forms, in a single locked drawer at the University of Illinois at Chicago. Upon the completion of my dissertation, I will destroy the master code list of initials.

We will have group agreements about keeping what is talked about in the group confidential. Should issues arise concerning a breach of confidentiality between participants, this will be addressed by the group. The rape crisis center educators leading the lessons [NAMES OF EDUCATORS], are trained and experienced in handling this kind of group conflict, as are [agency name] staff. In other words, managing confidentiality between participants is a regular part of doing group work around sexuality and sexual violence prevention at disability service agencies (DSAs), and will be handled according to [agency name] protocol.

There are also two other scenarios where by law confidentiality must be broken: 1) if we believe the participant is in danger; 2) if we believe the participant is a danger to others. In such cases, [the educators] and I would notify [agency staff] to take the necessary steps required of the agency.

**What are the costs for participating in this research?**
There will be no costs to the participants in this research.

**Can participants withdraw or be removed from the study?**
Participants can withdrawal from this research at any time without it affecting relationships with [agency name] Center or the University of Illinois at Chicago (UIC).
Appendix M (Continued)

Who should I contact if I have questions?
In addition to myself, you may contact my academic supervisor Dr. Sarah Parker Harris at the University of Illinois at Chicago, or [agency staff].

Dr. Sarah Parker Harris [Agency staff and contact information]
Work Phone: 312-996-5485
Work Email: skparker@uic.edu

What are the rights of a research participant?
If you feel your ward has not been treated according to the descriptions in this form, or if you have any questions about your ward’s rights as a research participant, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Remember:
Your ward’s participation in this research is voluntary. She may stop participating at any time without it affecting her services at [agency name], or any future relationship with the University of Illinois at Chicago (UIC). Should your ward decide not to participate, [agency name] may offer additional sexuality and sexual violence prevention classes in the future.

Signature of Subject or Legally Authorized Representative
I have read (or someone has read to me) the above information. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I agree to support my ward as a participant in this research. I have been given a copy of this signed and dated form.

Printed Name of Ward

Signature of Legal Guardian Date

Printed Name of Legal Guardian

Signature of Person Obtaining Consent/ Researcher Date (must be same as Guardian’s)

Printed Name of Person Obtaining Consent Researcher
Appendix N
Research Information and Consent for Participation in Research:
Rape Crisis Counselors/Educators

University of Illinois at Chicago (UIC)

“Illinois Imagines: Women with Intellectual Disabilities Coping with Sexual Violence”

Principal Investigator Name and Title: Rebekah Moras, UIC PhD candidate, Disability Studies

Department and Institution: Department of Disability & Human Development, University of Illinois at Chicago

Address: 1640 W. Roosevelt Road, Suite 436 DHSP (MC 626) Chicago, IL 60608
Phone: 312-520-5703
Email: rebekah.moras@gmail.com

Why am I being asked?
You are being asked to sign this consent form because you were one of two rape crisis counselors/educators who taught the Illinois Imagines classes at a Chicago disability service agency, from April 29th to July 29th, 2014.

Your participation in this research is voluntary. You may stop participation at any time without it affecting any future relationship with the University of Illinois at Chicago (UIC).

What is the purpose of this research?
The purpose of this research is to evaluate the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”, also known as the “Illinois Imagines” curriculum.

I am interested in your opinions about the Illinois Imagines classes from an educator’s perspective. For example, I want to know how effective you think the curriculum was in conveying knowledge to participants about preventing and coping with sexual violence. I would also like to know your opinions about the curriculum and the class in general, as well as how the experience of teaching the class has affected you. Please refer to the attached, “Interview Guide” for a list of specific questions.
Appendix N (Continued)

What procedures are involved?

You would meet with me for a private interview at a quiet place of your choosing. The interview will be guided by the questions in the attached “Interview Guide”, audio recorded, and transcribed by me. The interview will probably last between 30 and 60 minutes.

What are the potential risks and discomforts?

Anticipated risks are minimal. There is some risk that you will be identifiable from the recording and transcription, but these will be destroyed upon the completion of this research.

Are there benefits to taking part in the research?

There are no expected benefits for participation in this research.

What other options are there?

There will be no other opportunities for an interview about the Illinois Imagines classes you taught at the disability service agency in summer 2014.

What about privacy and confidentiality?

I will only use your initials in the transcription of the interview. I will destroy the audio recording, and transcription upon the completion of this research.

What are the costs for participating in this research?

There will be no costs to the participation in this research.

Can participants withdraw or be removed from the study?

You can withdrawal from this research at any time without it affecting relationship with the University of Illinois at Chicago (UIC).

Who should I contact if I have questions?

In addition to myself, you may contact my academic supervisor Dr. Sarah Parker Harris at the University of Illinois at Chicago.

Dr. Sarah Parker Harris
Work Phone: 312-996-5485
Work Email: skparker@uic.edu

What are the rights of a research participant?

If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research participant, including questions, concerns, complaints, or
to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

**Remember:**
Your participation in this research is voluntary. You may stop participation at any time without affecting any future relationship with the University of Illinois at Chicago (UIC).

**Signature of Participant**
I have read the above information. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been given a copy of this signed and dated form.

________________________________________
Printed Name of Participant

________________________________________  _______________
Signature of Participant                      Date

________________________________________  _______________
Signature of Person Obtaining Consent/       Date
Researcher
(must be same as participant’s)

________________________________________
Printed Name of Person Obtaining Consent
Researcher

Appendix N (Continued)

Consent form for Rape Crisis Counselors/Educators, Version 1, July 28, 2014
Appendix O
Research Information and Consent for Participation in Research:
Disability Service Agency Support Staff

University of Illinois at Chicago (UIC)

“Illinois Imagines: Women with Intellectual Disabilities Coping with Sexual Violence”

Principal Investigator Name and Title: Rebekah Moras, UIC PhD candidate, Disability Studies

Department and Institution: Department of Disability & Human Development, University of Illinois at Chicago

Address: 1640 W. Roosevelt Road, Suite 436 DHSP (MC 626) Chicago, IL 60608

Phone: 312-520-5703

Email: Rebekah.moras@gmail.com

Why am I being asked?
You are being asked to sign this consent form because you were one of the staff who supported the Illinois Imagines classes at your agency from April 29th to July 29th, 2014.

Your participation in this research is voluntary. You may stop participation at any time without it affecting any future relationship with the University of Illinois at Chicago (UIC).

What is the purpose of this research?
The purpose of this research is to evaluate the curriculum, “Illinois Imagines Project: Improving Services to Women with Disabilities who have been Victims of Sexual Violence”, also known as the “Illinois Imagines” curriculum.

I am interested in your opinions about the recruitment process for the Illinois Imagines classes from a support staff’s perspective. For example, how did staff decide which service users to approach for participation in the classes? Also, how much staff time did you have to invest in the classes? Please refer to the attached “Interview Guide” for a list of specific questions.
What procedures are involved?
You would meet with me for a private interview at a quiet place of your choosing. The interview will be guided by the questions in the attached “Interview Guide”, audio recorded, and transcribed by me. The interview will probably last between 30 and 60 minutes.

What are the potential risks and discomforts?
Anticipated risks are minimal. There is some risk that you will be identifiable from the recording and transcription, but these will be destroyed upon the completion of this research.

Are there benefits to taking part in the research?
There are no expected benefits for participation in this research.

What other options are there?
There will be no other opportunities for an interview about the Illinois Imagines classes at your agency in summer 2014.

What about privacy and confidentiality?
I will only use your initials in the transcription of the interview. I will destroy the audio recording, and transcription upon the completion of this research.

What are the costs for participating in this research?
There will be no costs to the participation in this research.

Can participants withdraw or be removed from the study?
You can withdrawal from this research at any time without it affecting relationship with the University of Illinois at Chicago (UIC).

Who should I contact if I have questions?
In addition to myself, you may contact my academic supervisor Dr. Sarah Parker Harris at the University of Illinois at Chicago.

Dr. Sarah Parker Harris
Work Phone: 312-996-5485
Work Email: skparker@uic.edu
Appendix O (Continued)

What are the rights of a research participant?
If you feel you have not been treated according to the descriptions in this form, or if you have any questions about your rights as a research participant, including questions, concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at uicirb@uic.edu.

Remember:
Your participation in this research is voluntary. You may stop participation at any time without affecting any future relationship with the University of Illinois at Chicago (UIC).

Signature of Participant
I have read the above information. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. I have been given a copy of this signed and dated form.

__________________________________________
Printed Name of Participant

__________________________________________  _________________
Signature of Participant  Date

__________________________________________  _________________
Signature of Person Obtaining Consent/  Date
Researcher  (must be same as participant’s)

__________________________________________
Printed Name of Person Obtaining Consent
Researcher
Appendix P
IRB Initial Review Letter

Office for the Protection of Research Subjects (OPRS)
Office of the Vice Chancellor for Research (MC 672)
203 Administrative Office Building
1437 West Polk Street
Chicago, Illinois 60612-7237

Approval Notice
Initial Review (Response To Modifications)

November 11, 2013

Rebekah Moras, BA, MS
Disability and Human Development
5310 N Chester Ave. Apt. 216
Chicago, IL 60656
Phone: (312) 520-5703 / Fax: (312) 413-1430

RE: Protocol # 2013-0795
“Illinois Imagines: Women with Intellectual Disabilities Preventing and Coping with Sexual Violence”

Dear Ms. Moras:

Your Initial Review application (Response To Modifications) was reviewed and approved by the Expedited review process on November 11, 2013. You may now begin your research.

Please note the following information about your approved research protocol:

Please remember to submit letters of support from each non-UIC site prior to accessing/analyzing identifiable information and/or recruiting/enrolling subjects at that site. Letters must be accompanied by an Amendment form when submitted to the UIC IRB.

<table>
<thead>
<tr>
<th>Protocol Approval Period:</th>
<th>November 11, 2013 - November 11, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved Subject Enrollment #:</td>
<td>12</td>
</tr>
<tr>
<td>Additional Determinations for Research Involving Minors:</td>
<td>These determinations have not been made for this study since it has not been approved for enrollment of minors.</td>
</tr>
<tr>
<td>Performance Site:</td>
<td>UIC</td>
</tr>
<tr>
<td>Sponsor:</td>
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</tr>
</tbody>
</table>

Research Protocol:

a) Illinois Imagines: Women with Intellectual Disabilities Preventing and Coping with Sexual Violence; Version 3; 11/04/2013

Recruitment Material:

a) Recruitment Flyer; Version 3; 11/04/2013

Assents:

a) Consent Form for Women with ID (with graphics); Version 3; 11/04/2013
b) Consent Form for Women with ID; Version 3; 11/04/2013

Parental Permission(s):

Phone: 312-996-1711 http://www.uic.edu/depts/ovcr/oprs/ FAX: 312-413-2929
CITED LITERATURE


American School Health Association, American Association for Health Education, National Education Association Health Information Network, & The Society of State Leaders of Health and Physical Education. (2012). *National sexuality education standards: Core content and skills K-12, A special publication of the journal of school health*.


Illinois Imagines Project. (2010a). *Illinois imagines project: Improving services to women with disabilities who have been victims of sexual violence*. Chicago, IL: United States Department of Justice: Office on Violence Against Women.


Test, D., personal communication, Jan 18, 2012.


Yoas, K. M. (2006). I went to college and all I got was this trailer-trash T-shirt. In M. Berger (Ed.), *We don't need another wave: Dispatches from the next generation of feminists* (pp. 261-270). Emeryville, CA: Seal Press.

VITA
REBEKAH J. MORAS
REBEKAH.MORAS@GMAIL.COM
12310 JOHN’S RD. #12 ANCHORAGE, ALASKA 99515 (312) 520-5703

EDUCATION
08/10- 05/15
PhD Disability Studies
University of Illinois at Chicago (UIC)
Graduate Concentration: Gender and Women’s Studies

08/08-12/11
MS in Disability and Human Development
University of Illinois at Chicago (UIC)
Certificate: Management & Leadership in the Non-Profit Disability Organization

08/03-05/07
University of Alaska Anchorage (UAA)
BA Psychology; minor in German

10/04 & 02/05
UAA: Center for Human Development
Student-staff internship
Introduction to behavioral/mental health services and disability film

08/00-06/01
Lehrer Seminar Schule/vocational school for teachers
Solothurn, Switzerland; exchange student with American Field Study

09/98-05/00
Robert Service High School
Anchorage, Alaska; GED awarded 2002

WORK EXPERIENCE
11/14-Present (July 2015)
Research and evaluation, University of Alaska Anchorage (UAA), Center for Human Development

08/13-5/14
Teaching Assistantship, Global Perspectives on Women and Gender; University of Illinois at Chicago (UIC), Department of Gender and Women’s Studies

01/13-05/13
Teaching Assistantship, Psychology of Women and Gender; University of Illinois at Chicago (UIC), Department of Psychology

08/08-12/12
Great Lakes Americans with Disabilities Act Center
Graduate Research Assistant, University of Illinois at Chicago
Co-author and designer of the Think College Illinois website
WORK EXPERIENCE CONT.

12/06-08/07
Arc of Anchorage, Alaska
Individual Service Provider

08/06-12/06
Disability Support Services, University of Alaska Anchorage (UAA)
Student assistantship

03/03-01/06
Drs. Robert & Joan Bundtzen
In-home disability support; Iditarod dog handler

12/03-12/05
Associates of Applied Science degree in Disability Services
Center for Human Development (CHD), Learn as You Earn (LAYE)
Project Assistant

PUBLICATIONS


SCHOLARSHIPS, FELLOWSHIPS & GRANTS

10/14 Anne Hopkins Scholarship, Department of Disability and Human Development

03/14 Provost Award, University of Illinois at Chicago, funding for dissertation research

04/12, 04/13 Van Doren Scholarship, University of Illinois at Chicago Foundation

11/12 Graduate Student Council Travel Award & Graduate College Presenters Award

08/07-06/08 Fulbright Teaching Assistantship Grant in Lübeck, Germany, Diversity Initiative

PRESENTATIONS & CONFERENCES

08/09-05/13
Presentations on disability, sexual self-advocacy, and gender/feminist theory in community and university settings, including:

- Leadership Education in Neurodevelopmental & Related Disabilities (LEND) at the Institute of Disability & Human Development (IDHD), (UCEDD of Illinois)
- Community forums with the Sexuality & Disability Consortium (SDC), at the University of Illinois at Chicago (50+ attendees per event)
- Multiple presentations at disability service agencies including: Jewish Children and Families Services, Access Living Chicago, El Valor, Little City Foundation
- A college program for students with intellectual/developmental disabilities at program Elmhurst Learning Academy (ELSA) at Elmhurst College
- DePaul University Health Disparities & Social Justice Conference.
Presentations & Conferences cont.

11/29/12
State of the Art Conference on Postsecondary Education and Individuals with Intellectual Disabilities
Co-presenting about the national Think College and Think College Illinois initiatives with representatives from Elmhurst College, Elmhurst Learning & Success Academy (ELSA)

10/25/12
8th Annual Illinois Statewide Transitions Conference
Co-presenting about the national Think College and Think College Illinois initiatives with representatives from Elmhurst College, Elmhurst Learning & Success Academy (ELSA)

11/6/11 & 11/8/11
Association of University Centers on Disabilities (AUCD)
“Inclusive Postsecondary Education: Multi State Responses to Capacity Building through Collaboration and Strategic Planning”, presenting the Think College Illinois

10/23/11
7th Annual Illinois Statewide Transition Conference
“Think College Illinois: Inclusive Postsecondary Education for People with Intellectual/Developmental Disabilities (I/DD)”

04/28 & 04/29/2010
Arc of Illinois 60th Annual Convention, "Promoting Sexual Self-Advocacy"

Volunteer Work

07/2013
Rape Victim Advocates (RVA), Illinois Rape Crisis Counselor training

08/12-01/13
Sexuality Education for Adults with Developmental Disabilities, Co-facilitator teaching with self-advocate at disability service agency El Valor, Chicago, IL

06/06-07/06
Raven’s Quest Summer Institute, Peer Mentor, University of Alaska Anchorage

09/10-08/11
Erasing the Distance, outreach with theatre group working to reduce stigma of mental illness through performance, Ambassador Council member

01/06
“Key Campaign”, advocating in Alaska for policies and funding to support people with disabilities.

04/2005 & 04/2006
“Full Lives Conference”, volunteer and attendee; sponsored through the Center for Human Development (CHD) of the University of Alaska Anchorage (UAA)

Professional Memberships

Alaska Evaluation Network
Association of University Centers on Disabilities (Trainee since 2003)
American Association of University Women
Critical Ethnic Studies Association
National Women's Studies Association
Society for Disability Studies