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“I Didn't Want Them to Feel Like I was Fragile”: A Qualitative Analysis of Disability, Intimacy, and Sexual Culture at Yale

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An MPH thesis for the YSPH Department of Social and Behavioral Sciences and U.S. Health Justice Concentration

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“The erotic is a measure between the beginnings of our sense of self and the chaos of our strongest feelings.”

— Audre Lorde
0.0 Abstract

This thesis examines how Yale as an educational institutional shapes disabled students’ sexual and romantic lives. It explores the ways in which the institution’s policies, culture, and physical environments influence these experiences via a qualitative and landscape analysis. The analysis was based off nine semi-structured interviews with students who self-identified as disabled from both undergraduate and graduate programs, as well as a landscape analysis that incorporates formal, journalistic style interviews with eleven Yale faculty, staff, and administrators. Taken together, this study illuminates the challenges posed by systemic ableism within the university's academic and social frameworks. It highlights the inadequacies of Yale's sexual education, which often fails to address the specific needs of disabled students, contributing to a broader culture of exclusion and marginalization. The study ends with possible recommendations and barriers to their implementation. Overall, I hope this thesis contributes to the discourse on disability and higher education by emphasizing the lived experiences of disabled students at Yale, challenging prevailing cultural narratives around disabled sexuality, and suggesting pathways towards a more equitable educational environment.

1.0 Introduction

I was fifteen years old when I completed cancer treatment for Ewing Sarcoma. Overjoyed and exhausted, I was eager to return to my “normal” life. Still, before I was discharged from the hospital from my final round of chemo, my oncologist came by to give me the post-cancer debrief. Much to my and my oncologist’s dismay, this also entailed him relaying the following short and awkward message: “Just because you had chemo does not
mean you can’t still get pregnant. So, use protection out there.” That was the extent of my high school sex education.

My experience with sex education is far from unique. Disabled people, particularly those who acquired their disability at a young age, are less likely than their able-bodied peers to receive sex education (Michielsen & Brockschmidt, 2021; Shah, 2017). Moreover, those who acquire their disabilities later in life rarely receive advice or instruction regarding sex in their newly (or progressively) disabled body/mind (Shah, 2017). This arises, in part, from ableist assumptions surrounding disabled sexuality—that disabled people cannot, or do not wish to have sex; that they are not beautiful and desirable because they do not conform to ideals of beauty and romantic interaction which exclude disabled people.

Scholars have hypothesized that inadequate sexual education among people with disabilities contributes to higher rates of STIs and experiences of sexual harm (Michielsen & Brockschmidt, 2021; Steuperaert & Michielsen, 2022). This hypothesis is supported by national trends surrounding sexual violence against disabled people—one of the only and most recent national surveys on sexual violence against disabled people reported that 39% of the 1.27 million women raped in the 12 months preceding the survey were disabled (Basile, Breiding, & Smith, 2016). Of the 6.64 million (cisgender) women who experienced sexual violence other than rape in the 12 months prior to the survey, 29% were disabled (Basile et al., 2016).

In 2019, Yale released its component of the Association of American Universities (AAU) campus climate survey on Campus Climate Survey on Sexual Misconduct (see figure 1). It revealed the Yale’s campus environment mirrors national trends—students with
disabilities, disorders, or chronic conditions at Yale were shown to be more than twice as likely to experience sexual assault, sexually harassing behavior, intimate partner violence, and stalking compared to non-disabled students (Spangler, 2019). Despite the disproportionate harm disabled students suffer, most observers have found the institutional response to be slow. In the hopes of aiding in this effort, I chose to use my MPH thesis to explore how Yale as an educational institution shapes its disabled students' sexual and romantic lives. To answer this question, I used mixed, qualitative methods grounded in standpoint and constructivist epistemologies. These qualitative methods involved semi-structured interviews with disabled students from both undergraduate and graduate programs at Yale, forming the basis for my analysis.

To articulate my findings, I begin my background section by introducing the university as a semi-total institution, one that controls and influences its disabled students through the many roles it plays in their lives (e.g., education and healthcare provider, employer, landlord). I continue by outlining Yale's historically racist, sexist, and ableist admissions practices the way that the university was, in many ways, built by and for the benefit of the people with the most power and privilege (Dolmage, 2017a; Illich et al., 1971; Synnott, 2009). The legacy of these discriminatory practices lives on through Yale's reverence for narrow standards of success, academic rigor, and hyper-individualism. As a (semi) total institution, Yale can perpetuate and enforce these standards through the various roles it plays in disabled student's lives (including their social, sexual and romantic lives).

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1 This is distinct from Yale as an employer given that faculty and staff are subject to different regimes than full-time students.
Figure 1: AAU survey statistics on self-reported experiences of sexual harm at Yale

However, Yale’s power as a total institution is modulated by state and federal civil rights protections which aim to afford students with marginalized identities more equal access to education and the opportunities it provides (Burke, 2006; David, 2007; Department of Justice ADA, n.d.). Legal protections in combination with growing pressure to make universities more equitable and inclusive means that Yale is similarly committed to many progressive standards; the kind valued by the well-educated, liberal, coastal elite. In my interviews, students noted that this commitment often felt insincere in light of their everyday experience. This is a valid perspective and one that I often share. However, my interviews with faculty, staff, and administrators also impressed me with the fact that there are many people working to make Yale a better place for its disabled students. This reality co-exists with one where Yale often fails its disabled students. In fact, this parallel reality is emblematic of how difficult it is to change such a massive institution. It also demonstrates
the power and influence of oppositional forces to the liberal ideologies that aim to make Yale more equitable and accessible.

Caught between two often diametrically opposed ideologies, Yale struggles to please all its stakeholders. This has resulted in an incoherent status quo at Yale—one in which disabled students are both helped and harmed by the institution. For the purposes of this paper, I am predominantly concerned by how the institution supports and harms students in the context of their sexual and romantic lives. However, their sexual and romantic lives are inextricably linked with student’s social lives. Thus, I begin my analysis with an introduction to the ways Yale’s conformity and perpetuation of ableist ideals in higher education translate into the institutional systems, practices, cultures and campus geographies that disproportionately harm disabled students in their social lives. These institutional realities coalesce with disabled student's personal circumstances, inducing their other socio-political identities to create disabled students' present circumstances at Yale. I later use these findings to explain how Yale creates the conditions for divergent and negative sexual and romantic experiences among disabled students.

The remainder of the analysis enumerates the ways Yale attempts to support disabled students in their sexual and romantic lives. And while I found many areas of improvement in the way Yale has been supporting its disabled students, student experiences demonstrated that there is still much more to be done. Finally, I end with a summary of my key findings, and recommendations for future improvements.

1.1 Research Is Me Search: A Positionality Statement

Before starting undergrad in the Fall of 2018, I’d never thought of myself as disabled. Yes, I have some trouble reading and was treated for cancer when I was fifteen.
But that was behind me—a part of a backstory that made for a good college admission’s essay but served no further purpose in the life I intended to build for myself. After all, I had made it to Yale. At a place like this, how could I be anything less than capable?

It turned out that those same aged buildings, that good old fashioned academic rigor (both of which had attracted me to this institution) eventually forced me to contend with the limitations of my body and mind—how hours of standing in a lab or at a party with no seating required days to recover; how my vision swam and splintered nauseatingly on only my second page of the reading; how walking across the sprawling campus nourished my pain so well that I could hardly breathe; how utterly and completely stupid I felt for thinking I was cut out for this in the first place.

Defeated, I put aside a silly kind of learned pride and I limped into the Student Accessibility Services (SAS) office. And while the academic accommodations I received there were undeniably helpful, it was learning about DEFY (Disability Empowerment For Yale) that would set me on the course I’m on today. The group was made of three people (four, including myself) who met every Sunday in a small conference room hidden away behind the coffee and ice cream shops on Broadway Street. Sometimes we’d make clumsy and audacious plans—create a van service that would not strand or abandon us, write a comprehensive attendance policy that protected disabled and chronically ill students from academic reprimand, institute a peer mentor program to guide each other through this unholy institutional maze. But mostly, we just talked. It was through these conversations with my fellow crips that I first started to think of disability as a part of my identity instead of a personal tragedy—where I learned that disability is not a dirty word.
My personal experiences undeniably motivated and informed my work. They drove my interest in this project and ultimately led to my pursuit of a master’s in public health (MPH) in social and behavioral sciences beginning in the fall of 2022 during my final year of undergrad. My studies gave me the tools to conduct this research and the language to articulate health disparities as symptoms of larger social and structural inequities perpetuated by racism, sexism, ableism, classism, and homo/transphobia (Iedema et al., 2008; Wagner, 2014). These are the so-called “root causes” of the disparities public health researchers observe and attempt to address using the Social Determinants of Health framework—a framework that acknowledges and analyzes the social and cultural factors (influenced by systemic inequities) beyond the individual’s control that ultimately contribute to the healthy disparities (Yearby, 2020).

The root causes I am concerned with here are ableism, stigma against disabled sexuality, and their manifestations throughout higher education. The 2019 Association of American Universities (AAU) campus climate survey results are evidence of one harmful manifestation of these forces. It showed that disabled students are at significantly higher risk for sexual harm compared to their able-bodied peers in nearly every criterion for sexual harm measured (i.e., intimate partner violence (IPV), stalking, sexual assault by force or incapacitation, sexual assault by lack of consent; see fig 1). And while data helps identify a problem, it does little to help understand the ‘why’ and ‘how’ of the issue. This project seeks to fill these knowledge gaps using a desk review, informal interviews, and qualitative research methods, informed by constructivist and standpoint epistemologies. In so doing, I draw on intersectional feminist, disability justice and critical race theories to inform and guide my execution of methods, analysis, and conclusions.
Balancing my roles and positionalities as researcher, student, advocate, friend, and community member is delicate work. But it is also work that allowed for greater opportunities for community engagement, expedited participant recruitment, and a baseline embodied understanding of some of the perspectives I aim to represent.

2.0 Methods

2.1 Epistemologies and Reference Frames

The analysis in the paper relies on grounded theory—an inductive research approach that allows me to generate theories from the data (Tenny et al., 2017). Grounded theory is (one of the) the methodological foundations for qualitative research—a flavor of knowledge seeking that dives between the numbers, to answer the how and the why of human behavior, often through first-hand accounts (S. M. Carter & Little, 2007; Pope & Mays, 1995). I chose these methodologies because they align with feminist, constructivist perspectives on knowledge and science—the idea that science and scientific knowledge is constructed by a scientific community which creates models that approximate reality (S. M. Carter & Little, 2007; Harding, 1991; Tenny et al., 2017). The world remains ontologically untouched by our research. Still, knowledge (including knowledge gathered via science and study) is bounded by our humanness; our perspectives, our bodies, and—as feminist standpoint epistemology argues—socio-political context as well as positionality (S. M. Carter & Little, 2007; Harding, 1991, 1996). Moreover, that “scientific community” (and by extension the knowledge it produces) is not impervious to the various socio-political and cultural contexts. (Harding, 1991). In other words, science is not value-neutral. This is evidenced by the historic (and continued) ways bias and discrimination shape science from
its culture, to its methods, to its conclusions. As feminist philosopher of science Sandra Harding puts it, “The observer and the observed are in the same cultural plane and...science is created only within political struggles” (Harding, 1991).

Constructivism and standpoint epistemology are, at times, opposed to positivist approaches (Harding, 1996; Tenny et al., 2017). Under positivist approaches, truth/knowledge are framed as fully knowable (not simply approximated) via proper organization of natural properties and relations that exist irrespective of the observer and their interpretations (Bourdeau, 2024; Tenny et al., 2017). While an in-depth discussion of these often-opposing ontologies is beyond the scope of this paper, I argue that constructivist and standpoint epistemological perspectives on knowledge are better suited for this project. I do so even though my field, public health, predominantly relies on (and highly values) positivist epistemologies. While I honor and value what has been achieved on a positivist basis, constructivism and standpoint theory offer an epistemological rationale for engaging with and analyzing social, cultural, and political forces in ways that cannot be measured or articulated using traditional, positivist methods (S. M. Carter & Little, 2007; Harding, 1991; Pope & Mays, 1995). Positivist methods may have revealed part of the problem—that of the disproportionate sexual harm faced by disabled students.

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2 For instance, Kohlberg's model, created in 1958, was the widely accepted scale used by psychologists interested in studying moral development (Kohlberg, 1987, 1987). This model helped scientists “discover” fundamental differences between women and men’s modes of moral reasoning. Moreover, scientists interpreted this difference as evidence for women’s inferiority—women, they said, had “underdeveloped” moral capacities compared to men (Gilligan, 1993; Snarey, 1985). Today, entirely new psychological research paradigms and models have replaced the one Kohlberg proposed long ago. These investigations have found no intrinsic biological or psychological difference in moral cognition between the sexes. Afterall, any observed differences could be just as well (if not better) explained by the differences in how men and women are treated due to ci-heteropatriarchy. In other words, Kohlberg’s research failed to account for this third variable—the effect social forces and context would have on both the observations and observers that lead to their erroneous conclusions.

3 Think carving nature at its joints.
at Yale (recall the AAU survey results). Finding out why this happens and creating potential solutions, however, requires insights only disabled students’ and their experiences can provide. My hope is that I can use my position as a disabled student and my public health education to analyze student narratives in a way that amplifies their voices and generate theories—theories about disabled student’s realities that will guide reform towards a less harmful, inclusive environment in higher education.

2.2 Translating Epistemologies to Methods

I operationalize my epistemologies and reference frames by drawing on mixed methods including desk research and semi-structured qualitative interviews. The desk review entails literature on stigma towards disabled sexuality, total institutions, sexual citizenship, and academic ableism. Moreover, I conducted fact-finding interviews with ten faculty, staff, and/or administrative representatives from across SHARE (Sexual Harassment and Assault Response & Education), Title IX, Office of Diversity and Inclusion, SAS, Yale Restorative Practices Program, the Yale Chaplain’s office, and OGCC (office of gender and campus culture) [see appendix A]. These interviews are cited throughout the paper in the footnotes including the interviewee names and their role at the university. Together, these sources of knowledge informed my initial theoretical review as well as my interpretations of my preliminary, qualitative study results.

The qualitative aspect of the study was aimed at gathering student narratives to help answer our research question. This aspect of the project involved hour-long semi-structured interviews with nine participants who self-identify as disabled students at Yale. I recruited participants from the undergraduate, graduate, and professional schools via personal connections, snowball sampling, and emails sent to disability affinity groups
across the various programs. Importantly, I did not explicitly recruit students with experiences of sexual harm. Instead, I aimed to sample a diverse cohort of disabled students currently attending Yale to listen to their overall experiences of their sexual and romantic lives at Yale. These experiences may or may not include sexual harm but were informative regardless.

Of course, studying sexual harm is a crucial aspect of this work and warrants a dedicated investigation. However, I do not have the requisite qualifications or training to conduct a study aimed at this particular facet of sexual and romantic life in more depth. Nevertheless, I have worked as a disability peer mentor for the past four and a half years and a Communication and Consent Educator (CCE) for the past three years. Both roles entailed training in motivational interviewing, active listening, sexual assault disclosure first response, Yale sexual misconduct resources, and mental health crisis first response. These experiences equipped me with training that supported me in my interviews on student’s sexual and romantic lives while remaining sensitive to possible disclosures. In the event of a disclosure, I waited for the participant to pause and used this to halt the interview and check-in. Following our interview, I made sure to refer the student to relevant resources.⁴

Once I established contact with the participants, I explained the study in more detail and verified their interest in participating before scheduling a meeting and sending the informed consent form. I open coded the students’ interviews as I hand-transcribed them, iterating codes and emerging themes as I went along. The final codes and themes

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⁴ I collaborated with SHARE and my advisors to ensure that my interview guide was appropriate and trauma-informed.
from the transcripts were interpreted and compiled in the following sections. Given the sensitive nature of the topics discussed during the interviews, all participants were assigned a pseudonym and had their transcripts de-identified. While I am not a mandatory reporter under the Title IX guidelines at Yale, I provided each participant with a resource packet, enumerating both disability and sexual harm related resources currently provided at Yale in the event of any distress following the interviews. The participants were also contacted for permission to use specific quotes throughout the qualitative analysis.

In addition to my work as a CCE (2020-2022) and disability peer mentor (2019-2022), I participated in disability advocacy through Disability Empowerment For Yale (DEFY; 2018-2024) in undergrad and remained in close contact with most of my mentees. I am fortunate that my community engagement grants me access to a rich network of fellow disabled students across Yale’s undergraduate, graduate, and professional schools. Despite establishing initial contact with students from the law, divinity, nursing, and graduate schools, busy schedules, unexpected illnesses, and a rapid project timeline precluded some of these interviews. Between the sampling methods and time constraints, the study ended with a sample consisting of four undergraduates, four grad students at the school of public health, and one medical student. While I still yielded insights from this sample, future work should include a longer enrollment phase to accommodate disabled students from other graduate and professional schools.

A final note: I adopt a first-person voice here and throughout this writing—a reminder to the reader of the person behind these pages and how the project is inevitably bound by my capabilities, my interpretations, my (and this world’s) realities. For instance, I am writing this as part of my master’s thesis which comes with its pre-prescribed timeline.
It is also being done alongside my other academic and human duties, meaning that I will likely only scratch the surface on many of the topics I wish to explore here. After all, research of any kind (and qualitative research in particular) takes time. And I am simply one person with less than a year to accomplish what I’ve set out here. Hence, I will make notes throughout the piece to the readers of what I would have done if only I had more time. My hope is that this might serve as a blueprint for future researchers pursuing this kind of work.

3.0 Background

3.1 Study Context: What is the University?

Sexual harm is not unique to disabled students nor to the university context. Research demonstrates that over half of cis-women and about one in three cis-men have been subject to sexual harm (CDC, 2023a). Of those harmed, women with disabilities are more likely than their able-bodied counterparts to be sexually assaulted and experience IPV (CDC, 2023b). As I’ve noted, similar trends can be observed at Yale, as demonstrated by the results of the 2019 AAU survey (Stephanie Spangler, 2019). Despite the fact that students are less likely to experience sexual harm in the university context, it remains an important site of study for understanding disabled people’s sexual and romantic lives. It is important in part because the disability population in higher education is slowly yet surely rising and in part because, at least in undergrad, disabled students enter the university at a critical stage in their psychosocial development. For many, the university context will be their first foray into a world without parental oversight, presenting them with novel opportunities for self-exploration through substance use and sex.
Graduate students may have more experience with independence and adulthood in general. Still, as I’ve said, disabled people are overall less likely to have received adequate and relevant sexual education throughout their lives (Alexander & Taylor Gomez, 2017; A. Carter et al., 2021; Michielsen & Brockschmidt, 2021; Shah, 2017). The disparity in sex education between disabled people and their peers has been attributed to the infantilization and subsequent de-sexualization of disabled people. (Addlakha et al., 2017; Esmail et al., 2010; Michielsen & Brockschmidt, 2021). These assumptions have no basis in reality, yet they often leave disabled people to navigate their sexual and romantic lives alone. In light of this, it is likely that even graduate students with disabilities might be behind their peers in terms of knowledge and understanding of their sexuality and how they relate to others romantically.

Regardless of the degree being pursued, universities command a unique influence and control over their students. They do this by enveloping a student’s life, functioning as an employer, landlord, corporation, brand, and a community hub via clubs and cultural centers. They are also sometimes a meal, transit, healthcare, or pseudo-justice system. It is no wonder, then, that universities have been described as approximating a “total institution” (Dolmage, 2017b; Gibbon et al., 1999).

In such institutions, social interaction occurs in the same place(s), with the same people (Gibbon et al., 1999; Wallace, 2017). The institution oversees these interactions and other aspects of life through the rigorous scheduling and monitoring from administrative

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5 Research suggests that people with disabilities still have desires for closeness and affection, as well as sexual desires comparable to their able-bodied counterparts (Rodarte & Muñoz, 2004). That is not to say that disabled people cannot or should not be asexual or aromantic. This identity is valid and valued. However, assuming that disabled people are asexual or aromantic solely due to their status as disabled people is the result of stigma rather than the reality of disabled people’s lives.
agents who ensure that activities align with the goals of the institution. Indeed, the concept of total institutions has been applied most frequently to institutions dealing with “problem” populations such as people in psychiatric facilities or prisons (Gibbon et al., 1999; Wallace, 2017). However, this concept need not solely apply to “negative” contexts and can instead aid our understanding of how people relate to each other and evolve within such institutions (Gibbon et al., 1999; Mouzelis, 1971; Wallace, 2017). Throughout the analysis section, I will touch on some key ways Yale oversees and influences its students in the context of their social, sexual, and romantic lives. This influence manifests itself via the totalizing effect of the institution which is, in turn, realized and enforced by Yale’s services, policies, bureaucracy, and “image”.

Despite the marked similarities, it is crucial to acknowledge the ways in which Yale differs from other total institutions like the military and the carceral system. For instance, students (and parents) have more legal rights and fewer contractual obligations than incarcerated people and members of the military. Namely, students are protected by an array of civil rights laws like Title IX, the ADA, and Proposition 504 of the Rehabilitation Act. These protections allow students with disabilities and members of gender minorities to attend higher education institutions with the hope of an equitable experience and a legal basis for retribution if that experience should be denied. Moreover, the power universities have over a given student depends a great deal on the student’s program/level of education, individual circumstances, and socio-political identities and privileges. In other words, if a given student can afford to opt out of some of Yale’s totalizing systems (e.g., Yale insurance, student housing, student transit), then they are not controlled by the institution
to the same degree as those who cannot afford to do so. Yale is therefore best characterized as a semi-total institution.

All of that is to say, while disabled students are undeniably disenfranchised by higher educational institutions, they are also not without power. This is crucial to factor into my analysis because it ensures that it is representative of the intensely complex, hegemonic contexts that construct disabled student’s sexual and romantic lives at Yale. Part of unpacking with this complexity means teasing out how not only Yale (and its totalizing power) can sometimes help (not simply harm) disabled students but also how disabled students help themselves within the context of this semi-total institution. This partially highlights the moments of resistance, disabled joy, and creativity which participants spoke about among their stories of disabled grief and victimization.

Nevertheless, the total institution framework allows me to examine the university’s roles within students’ lives and how these roles work with (and against) each other to shape disabled students’ experiences. Understanding these roles, what influences them, and how they are actualized is essential to understanding the experience of disabled students. More specifically, it reveals how the university — in this case, Yale — creates or prevents the conditions for disabled students’ negative experiences within their sexual and romantic lives.

3.2 Study Population: Who gets to be part of the University?

Historically, universities in the U.S. were only accessible to land-owning, white cisgender, heterosexual, able-bodied men (Dolmage, 2017b; Solomon, 1985; Thwing, 1906). Over time, university admissions offices and the requisite admission criteria have acquiesced to the growing demand for diverse campus populations (David, 2007; Medin et
al., 2017; Solomon, 1985). This demand was (and continues to be) grounded in progressive ideals that promote equitable access to education for marginalized people (David, 2007). And while universities are more diverse today than they were in decades past, higher education institutions maintain rigid and narrow standards of success and academic rigor that are rooted in ableism, cis-heteropatriarchy, and white supremacy (Daryani et al., 2021; Dolmage, 2017b). This is all the more true for institutions like Yale which have some of the most traditional and normatively demanding standards for admissions (Dolmage, 2017b). Sure, admissions policies no longer explicitly preclude disabled, Black, and gender-nonconforming people at Yale. But they still require standardized test scores, multiple essays, and a fee for the privilege of even being considered for a place at this institution.

It is well-established that these requirements disproportionately exclude and disadvantage those who are already disproportionately disenfranchised by our society including disabled people, particularly those with multiple intersecting marginalized identities (Dolmage, 2017b; Mireles, 2022). Consequently, getting into Yale as a student with disabilities often requires other kinds of privilege in order to acceptably conform to Yale’s admission standards. Speaking for myself, I don’t think I would have made it here if my mother had not fought so hard to get me a dyslexia diagnosis and had the resources to provide me with learning support. In this way, the disabled population that actually makes it into Yale is a unique subset of the disability community—one which, on the whole,

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6 Starting in 2020, Yale had opted to go test optional in response to the inequities arising from the effects of the COVID-19 pandemic (Yale News, 2024). After four years, they have decided to reinstate a standardized test requirement while also “expanding” these requirements to accommodate AP and IB test scores, not simply SAT and ACT test scores (Yale News, 2024). While any additional options for standardized test submissions are better than none, the shift back to requiring standardized tests is part of a general push by Yale administration toward a “return to normalcy” following the abatement of COVID-19 restrictions (see section 5.0 for further discussion).
sufficiently conforms to Yale's standards of academic rigor and success while also helping enhance the university's prima-facie diversity.

For reasons I will discuss in more detail in the coming sections, Yale is, in many ways, the epitome of neoliberal ideal of rigor and elite-ness (Brown & Leigh, 2018; Singer & Bacon, 2020). Maintaining the prestige associated with achieving this “ideal” makes getting into and staying at Yale incredibly difficult. In this way, many disabled students at Yale are forced (and able) to fit into a supercrip narrative—one where we struggle against the adversity of our disabilities and come out victorious and successful, at least according to narrow able-bodied standards (Fahn, 2020; Jan, 2015). As one of the students put it during our interview,

“I think so much of my experience has been, like, wanting to fit into that [ideal image], if that makes sense. Like this is hard but I’m going to overcome this, I’m going to overcome this, I’m going to be fine. I’m gonna, I’m gonna do it. I’m gonna be this, like, amazing story. But it’s like I’m not a story. I’m a person.”

Of course, this false, overcoming, “super-crip” narrative does not reflect disabled people's realities, even those who are as “high functioning” as Yale students. People are not stories, and one-dimensional narratives rarely capture the truth of lived experiences (Chimamanda Adichie, 2009).

The disabled population here — disabled students who still manage to conform to able-bodied standards enough to gain admittance — is emblematic of how Yale’s image, reputation, and practices are, in many ways, diametrically opposed to including people with disabilities. And yet, many of us chose to come and to remain here, against all odds. In one of my interviews with Elizabeth Conklin, the Associate Vice President for Institutional Equity, Accessibility, and Belonging at Yale, she noted that more and more students are
requesting accommodations. While there are many reasons for this, it is also indicative of the significant size of the disability population on Yale’s campus. Thus, it only makes sense to do the research necessary to ensure that a significant subset of Yale’s population is afforded access to rich sexual and romantic lives should they want to engage in them. I hope that my findings and analysis in the following sections will help do just that.

Figure 2: Yale’s institutional values, motivations, and subsequent practices and policies are shaped, in part, by their donors/other funders (dark blue oval). As an educational institution, they are also subject to several federal and state laws (light blue oval; see section 3.1). Yale’s standing as part of the Ivy League imbues it with media attention which, in turn, implicates Yale’s “image” (light pink oval). The U.S. socio-political and cultural context looms larger over all the former influences, as do our histories (dark pink oval; see section 3.2). Importantly, the influences at each level are not unidirectional. Rather, each level is influenced by and influences every other level. This figure is based off the general socio-ecological model (McElroy, 2008) and serves to summarize some of the extra-institutional forces that influence Yale and, by extension, its disabled students.

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7 (C. Elizabeth Conklin, personal communication, March 8, 2024)
4.0 Analysis

4.1 Being Disabled at Yale: A Crash Course

Previous qualitative and psychological research on higher education student romantic and sexual lives demonstrates that they are inextricably linked with their overall social life (Hirsch & Khan, 2020). This means that to understand how Yale impacts student romantic and sexual life, one must begin with broader social experiences. Given Yale’s status as a kind of total institution, this should not be surprising. Indeed, a student’s social life is necessarily situated within the larger cultural, academic, and physical landscape at Yale—one that is shaped by the university's image, its policies and internal workings, its incentive structure, and broader socio-cultural forces. This section aims to describe how these landscapes both support and inhibit equitable access to social experiences within the university.

4.1.1 An Unwelcome Orientation

As nearly all participants attested, transitioning into Yale can be harrowing. For undergraduates who arrive with a pre-existing disability, this is likely the first time they have had to manage their disability without familial and community support from home (Eckes & Ochoa, 2005; Herridge, 2017). One of the disabled undergrads I spoke to had been preparing for this transition since early high school. Their doctor had pamphlets on how to talk to her teachers about their disability, parents who helped her get in touch with SAS, and even attended events dedicated to adjusting to undergrad with their particular condition. More commonly, though, the disabled students I interviewed noted feeling underprepared, like they were thrown into the deep end.
The challenge begins at orientation which one interviewee described as, “hell for disabled students.” They recounted a flurry of activities, info sessions, auditions, parties, and the nagging FOMO (fear of missing out) when their disabled body/minds gave out long before those of their able-bodied peers. The fear described by disabled students is not entirely unfounded. Orientation can be a time to establish oneself within the community, to make connections, friendships, and even one’s first romantic and sexual contacts. Of course, there is plenty of time for all that down the line. But that’s not what it feels like when you are sitting in your dorm room alone, feeling the music from a nearby party pulse through your body, seemingly to help shake the tears out of your tired eyes.

Professional students with pre-existing disabilities made similar observations about their orientation. As Emma Shaw, a graduate student with mental health disabilities described,

“I sat in the very back of [Yale venue] crying during orientation when they were like talking about, like, imposter syndrome and just like everything and I was like why the fuck am I here? Why did I come to Yale? Like, why am I even doing my [degree], like I don’t belong here.”

Emma said this reaction was triggered by negative encounters with peers in her program — she was shunned by a group of women in her department during a social exercise facilitated as part of her graduate school orientation. When she sought refuge in the disability affinity group meeting at the same event, she felt that this space was primarily for people with visible, physical disabilities, not invisible ones like her own mental health related disabilities.

These examples are emblematic of disabled students’ first exposure to Yale — one that is too often marked by a unique kind of alienation from one’s peers and a feeling of inferiority. In the following sections, I will demonstrate how these feelings often continue
throughout disabled students’ time at Yale and are exacerbated by the institution’s ideals (rooted in ableism) which translate into its practices, policies, campus geographies and, thus, larger social and academic culture.

4.1.2 Academic and Social Culture at Yale

After making it through orientation, my interviews with disabled students revealed the myriad ways Yale both passively and actively reinforces ableism and disability stigma through its systems, policies, as well as its social and academic cultures. Again, recall the fact that most higher education institutions (Yale included) subscribe to and perpetuates antiquated, ableist, racist, and sexist constructs of success and academic rigor. Yale benefits from adhering to these constructs because they align with prevalent, conservative (bordering on neoliberal) values and definitions of success (Brown & Leigh, 2018; Daryani et al., 2021; Dolmage, 2017b)). The more Yale\(^8\) aligns itself with these narratives, the more it remains well-regarded as a serious, rigorous institution by a significant portion of power-holders in the U.S. This creates an incentive to maintain a certain status-quo; one that conforms to a world built in spite and in ignorance of marginalized people.

At Yale, the status quo (and the associated “image” of Yale prestige) is maintained by institutional policies, practices, and social/academic culture. This is concretized via the demanding curricular requirements across all of Yale’s schools (though, of course, there is variation in these requirements based on the specific field and program). What is more, Yale’s highly regimented schedule runs according to a traditional semester schedule. If students cannot adhere to this schedule students are not granted admittance or advised (or

\(^{8}\) As in “Yale” the institution, the image, the practices, policies, and culture.
sometimes forced) to take a leave-of-absence (Bulletin of Yale University, 2024; Yale College, 2024; Yale School of Public Health, 2024). The intense schedule is made all the more challenging by the risk of being put on academic probation and dismissal from a given academic program if students perform below a certain grade level (Bulletin of Yale University, 2024; Yale College, 2024; Yale School of Public Health, 2024). Students who underperform or do not meet certain requirements can also be held back from progressing to the next level of their program (Bulletin of Yale University, 2024; Yale College, 2024; Yale School of Public Health, 2024). Of course, Yale has some academic policies across the undergrad, professional, and graduate schools that can mildly soften the semester timetable by granting extensions or temporary incompletes on assignments. However, they only do this on a case-by-case basis given “extenuating circumstances” (Bulletin of Yale University, 2024; Yale College, 2024; Yale School of Public Health, 2024). But for many disabled students, their daily life can entail extenuating circumstances which are not accounted for in this individualistic, case-by-case protocol.

These curricular demands systematically disadvantage disabled students because they hold disabled students to standards and timelines created by and for cisgender, heterosexual, white, non-caregiving, able-bodied men. These standards and timelines reward high levels of (ideally measurable) efficient productivity, completed at predictable intervals. However, in the words of Alison Kafer, we (disabled people) run on

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9 The specifics of the criteria for academic probation, dismissal, and general academic policies vary across the various programs and schools at Yale. However, upon review of the various policies from the Yale Bulletin, all schools and programs had some sort of guidelines for the semester schedule, academic probation, dismissal, and leaves of absence.

10 “Measurable productivity,” refers to work-accomplishments that can easily be quantified (e.g., a billable-hour), or shown on paper (e.g., a resume booster).
crip time—a more flexible, unpredictable, and elongated temporal experience created by the realities of disabled body/minds (Kafer, 2013). The term “crip time,” coined by Kafer, refers to the way temporal realities bend to accommodate the time it takes for many disabled people to do certain tasks like reading, walking, showering, and eating. Crip time has been discussed as an important part of disability liberation (Chazan, 2023; Kafer, 2013). But, in the context of an ableist world and its manifestations at Yale, it is also a site of great loss and alienation.

Running on crip time often means that disabled students have less normative, Yale-time than their able-bodied peers. This is because disabled students sometimes require more time to meet the same academic requirements. They are also required to take on additional labor if they want to get accommodations for being on crip time. Consequently, many disabled students end up having far less time and energy to devote to their social lives. This can result in disabled students losing friends. Charlie, a graduate student with physical and mental health disabilities, explains:

“One of my most vivid memories from that first semester was feeling close to these people, and then having a couple of hard weeks with both my mental and physical health, and having to also keep up with all my school stuff so I was kind of less able to be as present in that friend group. And I felt like those two weeks in, in the meantime, they hung out every day, and they were studying every day, and they created another group chat, without [me]. [As so I was] just no longer part of that core group.”

Charlie goes on, saying that he remembered feeling shocked. “It was only a couple weeks,” before he fell out of the loop. He later reflected, though, that this was not unheard of in the fast-paced, intense social and academic environment at Yale.

Other students I spoke with affirmed Charlie’s observations. Both undergraduates and professional school students described a competitive environment where peers loudly
discuss applications to prestigious scholarships and require each other to go through multiple rounds of auditions or interviews before joining clubs (or being not-so-gently rejected). In the words of one graduate student with mental health disabilities, “Like everyone very much wants to be at the top of the class. And so, a lot of students would lie about how well they were doing or brag about things and so that was really isolating to feel like I was the only one struggling at certain times.” The desire “to be at the top of the class” likely derives from multiple different sources depending on a given student’s background, personality, culture, and overall societal pressures. However, the competitiveness amongst students at Yale is also influenced by the same ableist standards which are communicated and realized through the curricular requirements and timelines I discussed earlier.

The competitiveness at Yale does not remain isolated to academic life. Meg, an undergraduate senior, notes that

“\[I\] often have felt that this is a hard place to build intimacy. \[I\] think there's a lot of sort of conscious or not maneuvering socially, where people are trying to, like, align themselves with the most powerful or elite, or interesting, like, it’s not necessarily just a question of like, money, like people are really trying to situate themselves in the optimal place."

Based on the difficulty disabled students described accessing social spaces overall, it stands to reason that they also struggle to “maneuver” and “optimally” situate themselves within Yale’s social landscape. While this does not necessarily preclude disabled people from finding a fulfilling community at Yale, failing to “keep up” so-to-speak (even if the “elite” crowd isn’t your scene) can exacerbate feelings of imposter syndrome and isolation.

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11 Graduate students were not as impacted by student-group based exclusion. For this cohort, extracurricular stress derives from job, internship, fellowship, and grant applications.
For some disabled students I spoke with, the academic pressure and social environment was disabling, creating or exacerbating disabled students’ mental and/or physical health conditions. Some students mentioned sacrificing sleep and other basic care needs for weeks on end to keep up with classes while also trying to maintain their social ties. While this might have worked for some, the disabled student who engaged in this behavior often described reaching a breaking point. In fact, three of the nine students I spoke with said they ended up taking medical leaves or leaves of absence in order to “pick up the pieces” of their disabled body/mind which they felt had been ravaged by the academic and social environment at Yale. While taking time away from school has become more common for able-bodied students, being forced to leave by worsening health meant that disabled students felt all the more alienated from their peers who kept throttling ahead at Yale’s characteristic break-neck-pace.

Still, many of the students I spoke with were able to find some kind of community at Yale even if it took a lot longer than they had hoped. Nevertheless, even within the context of these communities, the fast-paced, academically rigorous, competitive environment created problems for disabled students. This is made clear by Issy’s experience with their friend group. Last spring, Issy was helping members of the group by conducting interviews for an extracurricular event. On the day that Issy was supposed to conduct their interviews, they became incredibly ill because of an antibiotic they had to take related to their disability:

“you’re like, hey guys I literally can’t move my body. I’m also throwing up violently and my muscles are twitching, can somebody cover my [interviews] for me? And then someone was like well I can come in for like fifteen minutes and then I had to do it anyways. And like, I really wanna be gracious in that moment but like, you needing this hour because you have a p-set to write on, which is valid I’m not denigrating the value of your p-set, but it’s a very different scale from like I
physically know that if I do this, I will not be able to do anything for tomorrow, anything. I can’t ask anything of myself.”

Issy’s experience reveals how students sometimes prioritized their academic success over caring for each other. While it is often not as explicit of a trade-off as in Issy’s example, it seems that Yale students tend to forgo creating and maintaining intimate social bonds in order to keep up with their demanding academic, extracurricular, and social schedule. The pressure to pack student schedules is co-created by Yale’s reinforcement of an ableist status-quo in higher education which materializes in its policies and curricular requirements. This is particularly harmful for disabled students who often need this community care (especially at Yale) to survive and thrive.

Of course, most students at Yale experience some form of distress as a result of this environment. Afterall, forms of systemic discrimination, including ableism, rarely exist in isolation. And, much like patriarchy and white supremacy, ableism also harms everyone, including able-bodied people. However, it remains the case that disabled students are disproportionately harmed by Yale’s policies, standards, and social/academic culture because they embody the institution’s continuous adherence to the ableist norms and values within traditional higher education. Some of these harms can, admittedly, be partially attributed to the phenomenological realities of a given disability—for instance, chronic pain causes suffering and harm even if no social context existed. However, student interviews demonstrate that Yale’s academic and social context exacerbate these underlying realities, making it difficult, if not impossible, to keep up with or integrate into the Yale community. And because Yale is a semi total institution, it is often the only chance a disabled student has to find and cultivate meaningful social well-being.

4.1.3 Inaccessible Built Environments
Beyond the underlying socio-academic culture, many students detailed the challenges presented by the physical campus landscape. They reported that older parts of campus remain woefully inaccessible, particularly to students with physical and mobility related disabilities. This was especially pronounced during undergraduate disabled students’ first year given that much of first year social life happens on “old campus.” While these spaces may have served their previous (wealthy, white, straight, able-bodied, cis-gender, male) tenants well in their day, they are, in many ways, ill-equipped to support the new, more diverse student body of today. The challenges embedded within the built environment\textsuperscript{12} at Yale and communicate an implicit stigma against disabled people, reminding disabled students on a daily basis that they do not belong.

That is not to say that all of Yale is physically inaccessible. Some of the older buildings have been retrofitted with ramps and elevators and the newer buildings (mostly) adhere to ADA regulations. As one participant mentioned during our interview,

“I live in the accessible entryway of [an old campus building] which kinda just happened by accident and it’s beautiful....when you have things that are, like, built for disabled people. Like I have an accessible shower and a ramp to get into one of the entryways and I’m just like, this is beautiful.”

These moments of appreciation are, however, juxtaposed against a greater context of inaccessible spaces at Yale as Issy Popov, a student with physical disabilities notes,

\textsuperscript{12} The built environment can be stigmatizing because it is designed (Dolmage, 2017b; Wang, 2023). That design process often involves someone (historically, a cis-het, white, land-owning man) imagining the kind of person he sees using this space. He thinks of their wants and needs and builds that vision into the design. Before the ADA, these designers did not give disabled people a second thought. This is made evident through the absence of ramps and elevators, and poorly maintained sidewalks. The ADA has helped guide newly built infrastructure into a more accessible world for disabled people (Department of Justice ADA, n.d.). But many old buildings remain, meaning sometimes they are (poorly) retrofitted to begrudgingly meet regulations (Wheels on Campus, 2020; Piepzna-Samarasinha, 2022). More often they are not altered at all or poorly maintained and remain inaccessible to many disabled people.
“The doors at the Schwartzman center fuck me up every time. They’re so heavy, and they weren’t designed for a hand that can’t grip something to open them. I truly have a mental map of every automatic door on campus, and which doors I hate and which doors I love, you know what I mean?” (IP)

The added mental and physical load disabled students take on because of inaccessible architecture is exacerbated by poorly designed retrofits that often fail to function properly—the Bingham elevator came up in multiple interviews—and even serve as a reminder of the paranoia surrounding people faking disability.\(^{13}\) For instance, Issy Popove remarked,

“So like, I really do actually need and use automatic door openers. But I don’t look like it...and there’s like the sign on the front of the Sterling library, right? Like, where it’s like, only use these automatic door openers if you need it. And I’m like, I don’t know, what do you want me to do?”

Issy continued, expressing that they often question if they should even use the buttons given the invisibility of their disability and the suspicion they attract as a consequence. As insignificant as this it sounds, this button reinforced Issy’s hesitation, fear and shame around their disability and caused them to avoid that part of campus and the social resources it might have provided.

4.2 Disabled Sexuality at Yale

Between the inaccessible culture, physically discouraging campus, and the realities of a disabled body/mind, disabled students expressed having few if any “spoons”\(^ {14}\) left for a social life, let alone for fulfilling romantic and sexual relationships. As Charlie Duffy, a graduate student with both physical and mental health disabilities noted,

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13 Yale admin is generally aware of this as a problem and has instituted a reporting system for disability-related maintenance issues. Despite these efforts, my interviews reveal that this remains an issue.

14 “Spoons” refers to the metaphor proposed by Christine Miserandino. This metaphor uses spoons to symbolize energy units of which disabled and chronically ill people have fewer starting out than able-bodied/minded people (Miserandino, 2017).
“Grad school and work and Yale and my, you know, my friends, just took up my whole world. And so, the thought of getting into a relationship and worrying about that was just too much. And again, I think that disability plays into that because, you know, everything that I have to do just makes it that much harder. It just turns out the difficulty a lot, you know, a couple notches.”

This section delves more specifically into various approaches disabled students took to cope with being at Yale in the context of their sexual and romantic lives. As I elaborate their coping strategies, I will also highlight the unique challenges disabled students face in their sexual and romantic lives at Yale. These challenges include navigating disability disclosure in the context of sexual and romantic relationships.

4.2.1 Dealing through (Social) Distance

Charlie explained how he coped with his demanding social and academic reality by having more casual romantic and sexual relationships.

“And that was through dating apps...I don't drink or, you know, party really, especially after first semester. ...So dating apps are a way that I could connect with other people around campus and then or, you know, in the wider community, and then meet up with them if we felt like we connected and just interacted casually.”

For Charlie, these casual relationships were not simply more physically and emotionally accessible. They also mitigated the stress involved with disability disclosure. He described how during casual romantic and sexual contexts, he didn’t feel as much of a need to disclose his disabilities. In fact, he sometimes avoided it because in his previous experience, disclosing his disability altered his sexual partner’s physical interactions—

“I didn't want people to feel like I was so fragile. Yeah, then they got nervous. So I was like, I'm honestly good. I'll just let you know. Because sometimes I feel like people were like, 'Oh, well, I don't want to, you know,' and I'm like, it's not like that. I'm not a delicate flower.”

Self-limiting or self-regulating disability disclosure in romantic and sexual contexts was prevalent amongst the disabled students I spoke with. For some, there was a sense that
their disability was personal so that “it’s not like a first date thing. It’s like a third date thing.” However, once a relationship got serious, disabled students expressed that it was important to disclose their disability because, as Sade noted, “I can’t date anyone who does not accept that part of me and can’t be there for that part of me. Cuz like just the same way that I’m Black, I’m disabled, you know what I mean?”

While there was some variation in the degree to which the students I spoke with identified with the label of disability, most felt similar to Sade—that disability was a part of them and they wanted their partner(s) to accept and support them in that aspect of their experience. However, the interviewees also note how their partner(s) struggled with negotiating their disabled body/mind in a relationship and/or sexual context. As a result, able-bodied partners would (inadvertently) harm their disabled partner(s). For instance, Charlie noted how one of their partners just didn’t listen when they expressed that tight hugs hurt them due to chronic pain from a chest surgery. Sade also told me that her ex-boyfriend reacted to her taking her medication in front of him for the first time by jokingly calling her a “pill popper.” This was incredibly painful for Sade, “because like a majority of people with sickle cell are Black or African or of African descent and there’s already the negative stereotype of us being like drug dealers and then with people with sickle cell being like addicts, drug seekers, pill poppers.” This highlights the way racial and disability identities are simultaneously implicated in the harm caused during this interaction. The next day, she confronted her ex about the comment—

“I was like don’t ever call me that again. Like especially because we are just trying to get pain medication when like, we’re actually in pain. So I told him that I took these medications in front of you out of trust and that I need to take these medications daily. I’ve taken them my whole life for my health. So don’t ever call me that again.”
Sade has since broken off this relationship and has shifted towards dating via a “situationship” — a romantic relationship that remains undefined. Her current relationship partner is a friend who had been familiar with Sade’s disability for a while. This alleviated most of Sade’s stress surrounding disability disclosure in the relationship and made the overall experience with her partner more familiar. Still, Sade said she hesitates to invest too much of herself into the relationship, saying, “I feel like, for me personally, because of my health right now and because the acute chest syndrome came out nowhere, and I still gotta graduate in two months, I just have to put myself first.” Here, putting me first means focusing on her schoolwork and her health and deprioritizing her romantic and sexual relationship.

Many of us are familiar with this kind of trade-off. You have your work, you have sleep, you have your social life—pick two. There are only 24 hours in the day and we have the burden of deciding how to spend those hours. However, very few of us, and disabled people in particular, have the power to spend our time in a way that allows us to thrive. In this case, Yale holds a great deal of power over student’s schedules. Again, Yale’s influence over this realm is enacted through curricular requirements, decisions regarding financial aid and scholarships, and academic policies. It also does this by shaping and reinforcing student’s expectations of how they ought to be filling their time. This means that this institution is, in many ways, directly implicated in orchestrating the conditions responsible for students’ lack of time and resources to care for themselves and each other. Disabled students are disproportionately harmed by this reality and, as Sade and Charlie’s experiences demonstrate, sometimes cope by de-prioritizing romantic relationships.

4.2.2 Beauty and Grief in Disabled Dependence
Additional coping mechanisms emerged throughout the interviews. Issy Popov, for instance, found themselves relying predominantly on their sexual and romantic partner for support as they dealt with disability at Yale. They told me about how their partner carried them to class when they could not walk and stayed with them during every one of the multiple ER visits she’d had that semester. On the one hand, Issy expressed feeling like this created a greater sense of intimacy between them and their partner. On the other hand, their disability and their resulting dependence on their partner made them feel like a burden—

“I’ve tried to break up with my partner in the ER multiple times because I’m like, I don’t want to be reliant on you, I don’t want to be a burden on you, and this is so difficult for me cuz I feel like I need something from you and that doesn’t feel right. Like I want you in my life because I love you and I want you in my life. But I don’t want to be burdening you, and I don’t… I don’t like the feeling of like needing you and that being a very one-sided thing and that feels very uncomfortable and like being constantly worried that I’m crossing a boundary with my partner.”

The one-sidedness of their needs drove them to seek out alternative means of reciprocating the care their partner provided.

“I feel like the only way I can really be enough for this person is sometimes through sex and that’s really unhealthy. And it’s something that he doesn’t want me to do either. It’s something I don’t want to do either. But it’s like after a rough week in the ER after like, me like needing a lot or after he carried me on his back. Obviously, like I’m so I just like I’m so enamored with this person. I feel so much intimacy with this person because of the things they’re doing for me, and how much they’re being there for me like, that is definitely going to make me feel like, you know, those kind of spicy feelings, but also like a part of me that recognizes that in some way, in my mind, it’s registering as, like, I should do this so that you feel good, or I should do this to kind of make up for how much I’ve been taking. And this is one of the few avenues that I have.”

Despite Issy’s partner’s emphatic willingness to take on the majority of Issy’s care work, in this case, it had negative impacts on sexual and romantic dynamics within the relationship. Issy’s experiences reveal that disabled students and their partners struggle to navigate the
complex dynamics of dependence disabled body/minds often necessitate. These dynamics are made all the more complex when disabled students are forced (often by the circumstances created by the social and academic contexts/cultures at Yale which inhibit mutualistic inter-peer care) to rely on their partner for most of their care needs.

In a world that demands exceptionalism and efficiency, disabled students at Yale find themselves navigating various social, physical, and academic barriers that often leave them exhausted and isolated. The complexities of their experiences highlight a poignant dichotomy: the need for intimacy and the pragmatic realities that limit their capacity to pursue it. As these students articulate their struggles and strategies for coping with the demanding environment of Yale, it becomes clear that the institutional structures in place do not fully accommodate the depth of their needs.

Yale's rigorous academic and social expectations, coupled with an often-inaccessible physical environment, starkly frame the everyday realities of disabled students, underscoring the urgent need for a more inclusive and understanding framework that acknowledges and supports the diverse experiences of disability. This is not merely about access but about integrating the nuanced realities of disabled lives into the very fabric of university culture, ensuring that all students have the opportunity to thrive not just academically but socially and romantically as well.

4.2.3 Silencing (Disabled) Sexuality

For some of the students I spoke with, this interview was the first time that they had verbalized their feelings around their disability and its impacts on their sexual and romantic lives. For the rest, the opportunity was still a rarity. Six out of the nine participants I interviewed did not ever recall having an open conversation with anyone,
including their peers or partners, about how disability impacted their sexual and romantic experiences. Those who had these conversations only did so with their partners and one or two very close friends. The silence on the subject at Yale is a reflection of the overall silence surrounding disabled sexuality.

It is tricky to pinpoint one single reason for this collective silence. Based on the literature, it may be related to the overall de-sexualization of disabled people or the puritanical prudishness that permeates U.S. culture (Alexander & Taylor Gomez, 2017; Esmail et al., 2010; Shakespeare, 2022). It may also have something to do with the artificial public/private divide that feminist theorists have also described that preclude “private” conversations about sex and sexuality from being part of public discourse (Shakespeare, 2022). These influences probably contribute to the silence surrounding disabled sexuality even in student-led disability community settings and its absence in student-activist discourse around disability. While my interviews didn’t elucidate the reasoning behind this, disability scholar Anne Finger offers another kind of explanation, saying that “Sexuality is often the source of our [disabled people’s] deepest oppression; it is also often the source of our deepest pain. It’s easier for us to talk about—and formulate strategies for changing—discrimination in employment, education, and housing than to talk about our exclusion from sexuality and reproduction.”

While it may be easier (and important) to advocate for disabled student’s public-facing needs, it is crucial that we do not neglect the more intimate, private dimensions of their lives. This is where the true inclusivity of Yale’s policies and their execution are tested—not just in classrooms or administrative procedures, but in dormitories, at social gatherings, and within the personal relationships that define much of the Yale experience.
The silence around disability and sexuality not only reinforces stigmatization but also limits opportunities for genuine connection and understanding, perpetuating a cycle of isolation and exclusion.

4.3 Disability-Specific Institutional and Community-Based Support

In the preceding sections, I have outlined the ways Yale and its policies, systems, and socio-academic culture perpetuate and comply with ableist standards of success and academic rigor. This disproportionately harms disabled students’ social, sexual, and romantic lives. However, as I’ve mentioned, Yale also holds many more progressive values which drive the institution to remedy the harms it is often complicit in creating. The following sections will focus on these remedies and how they are actualized via the systems and practices of this semi-total institution. First, I address the disability-specific systems at Yale and how they succeed and fail at preventing/addressing negative experiences within disabled student social, sexual, and romantic lives.

4.3.1 Administrative Disability Support

Despite all the ways Yale negatively influences student’s social, sexual, and romantic lives, students with disabilities are not without support or rights. Yale must comply with Title III of the ADA and Title I now applies to Graduate Student Workers since they have unionized for employment purposes. They are also required to comply with Section 504 and Section 508 of the Rehabilitation Act of 1973, which govern the provisions of accommodations and digital access (Burke, 2006). Importantly, given that Yale is an institution of higher education, neither the Individuals with Disabilities Education Act nor

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15 (Jordan Colbert, personal communication, February 2024)
the Free and Appropriate Public Education Act does not apply.\textsuperscript{16} Student Accessibility Services (SAS) is responsible for overseeing Yale’s compliance with these regulations.

When I spoke with a representative from SAS, they underscored that higher educational regulations surrounding disabled students are the floor for what the office aims to provide its students.\textsuperscript{17} The office follows through on the promise by helping create the SAS disabled student’s lounge and facilitating the Disability Peer Liaison (PL) Program—a mentorship program that matches experienced Yale students with disabilities with disabled first year students who request support.\textsuperscript{18} This program was made possible by years of advocacy efforts from disabled students, and catalyzed by the much-needed staff increases at SAS over the years.\textsuperscript{19}

Another major avenue of support for disabled students lives at the Poorvu Center in the form of the Disability Peer Mentor Program (DPMP). Similar to the Disability PL program at SAS, DPMP matches disabled students who request for a mentor with a trained disability peer mentor.\textsuperscript{20} However, this program is open to all disabled students across Yale’s graduate, undergraduate, and professional schools.\textsuperscript{21} This is particularly important for disabled students because disability is an identity that can be acquired at any point in

\textsuperscript{16} (Jordan Colbert, personal communication, February 2024)
\textsuperscript{17} (Jordan Colbert, personal communication, February 2024)
\textsuperscript{18} (Jordan Colbert, personal communication, February 2024)
\textsuperscript{19} These offerings are a major area of improvement for Yale’s disability support system. I recall that, as a first year in 2018, there were only three employees at SAS responsible for arranging all the accommodations for the graduate, undergraduate, and professional school students. This meant that SAS had little capacity or power to address the more social/emotional needs of students outside of academic accommodation. Today, there are seven full-time employees at SAS enabling a much more robust accommodation structure as well as bandwidth for essential support like the disability PL program and sitting on multiple committees across university departments to help advise a wider audience of Yale faculty, staff, and administrators about what they should be doing to make Yale more inclusive.
\textsuperscript{20} (Sarah Cussler, personal communication, January 2024)
\textsuperscript{21} (Sarah Cussler, personal communication, January 2024)
life — it is not simply reserved for first-year undergraduates. Consequently, the majority of people I spoke with during my interviews did not experience the PL program but were active participants in DPMP. Issy Popove was one of those people, remarking,

“When I first joined, like, when I did my interview for the DPMP program, I remember, it wasn’t even like, how do I sell myself. I remember I just walked in, and I just said, why I wanted to be a peer mentor, and it, like, came so naturally. And so it felt very true. And it was like one of the best moments of that spring semester for me.”

Issy’s experience with DPMP is not unique within the sample as they are one of six interviewees who named benefiting from and participation in DPMP. Positive outcomes included feeling more confident and empowered in their disability identity, gaining access to a community of students with disabilities, understanding more about disability resources at Yale, and an overall increase in feelings of belonging.

These experiences square with evidence on both the effectiveness of peer-to-peer care models (McKeganey, 2000; Sloane & Zimmer, 1993) and research that highlights importance of the disability community for disabled people (Agarwal et al., 2015; Bogart, 2015). Based on the research and student experiences collected in this study, it is evident that organized and institutionally supported peer-based interventions help disabled students build communities of care. These kinds of communities are often lacking at Yale and contribute to the challenges disabled students face in their sexual and romantic lives. Hence, the DPMP and PL programs have begun to fill an important role in supporting disabled students’ sexual and romantic wellbeing.

Nonetheless, neither SAS nor DPMP currently have initiatives aimed at addressing the specific needs and harms surrounding the sexual and romantic lives of disabled
students.\(^{22}\) This does not mean that SAS’s work does not still impact disabled students’ sexual and romantic lives. For example, SAS helps coordinate housing accommodations with Yale college and graduate housing.\(^{23}\) This is critical to ensure that disabled students can live in university-provided housing under equitable circumstances, particularly for undergraduate students who are required to live on campus for the first two years. However, having equitable access to campus social, romantic, and sexual life is a problem of another order of magnitude, not just confined to a few specially assigned dormitories. These aspects of students’ lives happen all over campus, often in the most inaccessible parts. This reality is poignantly (while humorously) captured in Sade’s experience, “When I was dating my ex [two years ago], he lived on the fourth fucking floor in [his student housing building] (laughs) it was so sick, it was so evil.”

To some disabled students like Sade, those four flights of stairs are more than an annoyance. They are a pain-episode waiting to happen. In this example, Yale’s built environment sometimes forced a decision between sleeping over at her partner’s place and her health and wellbeing. And while it is a small example, it is emblematic of the fact that the accommodation model at Yale fails its disabled students. They fail because they treat disabilities as an individual problem to be solved by adjustment to the disabled individual’s immediate circumstances. And while these adjustments are crucial, an individual’s experience is enmeshed with their community context. So, while SAS might help you get accessible housing, they cannot get you into the physically inaccessible frat party your crush is going to or make your peers understand that you are constantly faced with the

\(^{22}\) (Sarah Cussler, personal communication, January 2024), (Jordan Colbert, personal communication, February 2024)

\(^{23}\) (Jordan Colbert, personal communication, February 2024)
decision between your physical and mental health and participating in campus life. As Sade's experience demonstrates, navigating these aspects of disabled life on campus is often what limits disabled students' sexual and romantic lives.

This is not to say that Yale should do away with accommodations. They are imperative for baseline access to educational equity disabled students. However, it is to say that they are insufficient to address the kinds of systemic and individual challenges disabled students face in their sexual and romantic lives. Thus, in a predominantly accommodation-based support system, the DPMP and PL programs remain the first line of defense against the harmful social/emotional effects of the overall cultural and physical inaccessibility at Yale. So, while they may not directly address the challenges disabled students face in sexual and romantic contexts, by extending their support resources beyond academic accommodations towards addressing disabled students’ social and emotional needs, they indirectly support students in their sexual and romantic lives.

4.3.2 Student-led Disability Support

With growing political and academic awareness of disability as an identity across the U.S. (Dirth & Branscombe, 2018; Harris, 2020), Yale students have begun to use student groups or clubs as a way of organizing community and advocating for their needs. There are currently six disability affinity or disability related groups for students on campus, including Disability Empowerment For Yale (DEFY), Disability Empowerment for Public Health at Yale (DEPHY), Divine Abilities, Graduate Student Disability Alliance (GSDA), Disabled Law Students Association (DLSA), and Disability Empowerment for Yale school of Drama (DEFY Drama). A more thorough investigation of these informal group structures, their current work and the changes they have made in individual Yale programs is
desperately needed. However, many of these groups do not have a documented history and the project timeline did not allow for collecting oral histories.

Regardless, I can say from my involvement with many of these groups that their positive impact on disabled students’ overall experience has been profound. Additionally, this impact has begun to expand into the realm of disabled students’ sexual and romantic lives. For example, in 2019 DEFY members created a disability @ Yale survival guide which is still in use and continually updated to this day. This resource contains sections on navigating social life including negotiating disability disclosure with roommates and navigating parties and alcohol with a disability. However, based on my preliminary review, the social life section of the disability@Yale survival guide is the full extent of information with which disabled students are provided regarding the navigation of their social, romantic, and sexual lives at Yale across formal or informal contexts.

4.4 Preventing and Inventing Sexual and Romantic Harm at Yale

As the previous section described, Yale influences disabled student’s experiences in numerous direct and indirect ways. So far, I’ve discussed cultural and physical inaccessibility and their impacts on disabled students’ sexual and romantic lives. I’ve also highlighted Yale’s disability-specific resources and how they fail to consider students’ sexual and romantic needs. The final part of my analysis will lay the groundwork for a future in-depth review on Yale’s mechanisms to prevent and address sexual harm and how said mechanisms support and/or fail disabled students. In doing so, I interweave ethnographic observations of Yale’s prevention and sexual harm remediation mechanisms along with student interview analysis. The ethnographic elements are based on my observations and interviews with faculty, staff, and administrators and serve to help relay
the requisite background information that enables a more sophisticated analysis of the mechanisms in question. It also aids in beginning to expose the gaps between what Yale’s preventative and remedial systems set out to do, and disabled students’ experiences of those systems.

Federal and state Title IX regulations and media attention surrounding the problem of sexual assault on college campuses have prompted action in universities across the U.S. to help prevent and address sexual harm as it arises (U.S. Department of Justice, 2015). At Yale, these actions manifest themselves in the form of various offices and initiatives — The university Title IX office, SHARE, The University Wide Committee (UWC), OGCC, Yale Mental Health and Counseling (MHC), Yale Police Department (YPD), YC3, SAS, Yale health, and the CCE program. These comprise Yale’s core mechanisms for addressing and preventing sexual harm.24 These distinct Yale offices work in tandem with many others including SAS, the chaplain’s office, cultural centers, the LGBTQ+ resources office, and the Yale College Deans to create a system that addresses and redresses sexual harms.25 Most of the cross-office discussion occurs in the forms of committees where representatives from relevant administrative offices.26 This section will address how these systems work together to prevent and address sexual harm at Yale and how they impact disabled student sexual and romantic lives.

24 (C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024)

25 (Anna Osman, personal communication, November 2023; C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024; Jordan Colbert, personal communication, February 2024; Tom Adams, personal communication, January 2024)

26 Anna Osman, personal communication, November 2023; C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024; Jordan Colbert, personal communication, February 2024; Tom Adams, personal communication, January 2024)
4.4.1 Prevention

According to interviews with multiple administrators across Yale’s offices, Yale’s strategies to prevent sexual harm primarily materialize in the form of workshops and trainings. These workshops and trainings revolve around an affirmative consent, or “yes means yes,” model. This model defines consent as a “positive, unambiguous, and voluntary agreement to engage in specific sexual activity throughout a sexual encounter. Consent cannot be inferred merely from the absence of a ‘no.’ A clear ‘yes,’ verbal or otherwise, is necessary” (Yale University, 2024).

The most intense versions of these programs are aimed at undergraduates. When Yale first years arrive on campus, their first few weeks (affectionately dubbed “Camp Yale”) are (over)saturated with activities, informational sessions and events. One such activity is a mandatory Title IX training called “the myth of miscommunication.” This two-hour session is led by two CCEs who teach via a script written and approved by members of the Yale administration. The curriculum includes a review of Yale’s alcohol safety training, Yale’s policies regarding sexual harm, Yale’s definition of consent and elaborates the various resources available to students. Sophomores also receive their Title IX training via CCE-

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27 CCEs are undergraduate “student ambassadors” trained in various counseling techniques and Yale's resources for addressing sexual harm. They serve educators, facilitating the undergraduate title IX workshops as well as community figures who are well versed in proper responses to disclosures and the referral process for reports of sexual harm. Because one of their roles involves being the first point of entry for people seeking help for instances related to sexual harm, they are considered mandatory reporters under title IX regulation. They also work throughout the year in project teams to address various aspects of Yale sexual and romantic culture.

28 (Tom Adams, personal communication, January 2024)

29 The main portion of the workshop centers on a series of role-playing scenarios involving attempts at arranging a meet-up between two people (volunteers who are coached via character cards on how to act). The scenarios differ in the way the asker and the askee interact, with varying degrees of ‘pushiness’ from the asker and interest level from the askee. These scenes are meant to demonstrate that it is fairly easy to read the difference between a “yes,” a “no,” and an ambiguous situation. The take home message is this: reading and understanding verbal and non-verbal cues is a “basic skill,” one that we are all capable of doing well enough to avoid “miscommunication” of consent versus non-consent as Yale has defined it.
lead workshops. Similar to the first-years, sophomores are all given the same training in subgroups of approximately 18 students. It is called the “bystander intervention training” and centers on things students can do to recognize and better intervene in situations that may lead to sexual harm.\textsuperscript{30}

One student I interviewed highlighted the importance of the CCE workshops, noting that, “So, you know, we’re all starting from different knowledge levels. And that’s why we have all this [training] to get on the same page.” “Getting on the same page” is all the more important for many disabled students who, as I’ve mentioned, are less likely to receive adequate sex education, if they receive any at all (Michielsen & Brockschmidt, 2021; Shah, 2017). Others, however, felt that the workshops left much to be desired. For example, Meg Goodwin, an undergraduate with chronic illness, mental health, and neurodivergent disabilities notes that,

“I think when people like learn [in these workshops] is this incredibly binary legalistic consent paradigm of like, if I did this to you, would it be rape? Like we learn to ask bad questions, like, to the extent that we learn to ask questions, the questions we ask are bad. And they’re especially bad for people with like, non-normative bodies or experiences of sex and embodied intimacy.”

Meg continued by noting that she feels that Yale’s consent and sex-ed training breeds fear of sex and sexuality amongst students. She posits that, as a result, students have trouble talking about and having sex for fear of harming someone in the process.

Despite her dubiousness, Meg saw the value in the peer-based teaching model saying, “it’s unfortunate, because I actually feel like peer-to-peer workshops in a college setting are kind of the only places where you can have somebody as a facilitator who’s like, sex is fucking awesome.” She continued by noting that at Yale, there was little allowance for

\textsuperscript{30} (Tom Adams, personal communication, January 2024)
more informal conversations around sex and sexuality, particular conversations and questions centered around the potential positive or even awkward and “real” parts of sex. Meg explains how important understanding the positive, weird side of sex is particularly important for disabled people and non-normative body/minds in general,

“I also am thinking a lot about laughter. Like, about like, particularly in a disabled body, I mean any sort of body, but like bodies are so weird. Yeah, like smashing them together is super, super weird. Like, if you’re going to have I think, like, positive like mutualistic, intimacy with somebody, especially somebody with a disability. Like both of you being able to be like fuck, that is not gonna work, or like you trying to make it work, but like then also letting it be, like, funny and joyful and spontaneous. So important, silly is actually the best of the adjectives...”

Meg’s criticisms and desire to incorporate more explicit, positive messages about sex into sex education touch on an area of concern feminist scholars have also explored. Namely, the question of how to both take seriously and prevent sexual harm while still leaving space for and promoting joyful sexual experiences (Vance, 1992). While I have no definitive answers, based on the interviews, it seems that disabled students feel that Yale’s sexual and consent education leans a bit too far into the harm and the fear instead of the potential joys and pleasures.

I do not interpret Meg’s critiques as justification for eliminating Yale’s sexual health and consent training nor that the affirmative consent model has no place in our training. Instead, Meg’s comments highlight one of the shortcomings with sexual and consent education at Yale. Namely, it seems that sexual harm prevention for Yale undergraduates focuses so much on learning about consent, preventing STIs, and unwanted pregnancy that it neglects that sex involves and is about so much more. This focused attention to the risks of sex and how to mitigate them is, in part, strategic. For one, the current Yale consent education curriculum helps signal that the university takes sexual harm seriously,
something that Yale has been accused of failing to do in the past (Gassó, 2011; Gordon, 2011; U.S. Department of Education, 2020). It does this by spending most if not all the training explaining the affirmative consent model (in compliance with Connecticut state law) and the various resources and channels aimed at addressing sexual harm at Yale.

Yale’s current approach also helps Yale avoid backlash from parents, donors, and the media. Afterall, a curriculum aimed at mitigating the public health risks of STIs and complying with legal Title IX mandated education on consent (no more, no less) is not as headline grabbing as, “Yale teaches students how to connect with their sexual pleasure.” However, what we end up with, is a program that

“...screams like, concession in a settlement agreement. Yeah. Like, that’s the vibe that it has always given off. And like, I get it. I totally get that in context of like the sort of anti-DEI sentiment, like you’d [Yale] put yourself in the way of like a whole lot of shit to be like and ‘now we’re launching the campus sex counseling program.’ Like oh, Ron DeSantis is gonna have a fucking field day with that. Like, but fuck, that would help.”

Unfortunately, ensuring that Yale’s sexual health and consent education program evades and abates controversy also means that the institution’s sexual and consent education fails disabled students.

The disproportionate failing described here arises from the fact that disabled body/minds often preclude disabled people from participating in normative sexual and romantic “scripts”—the unspoken rules that dictate our expectations for “normal” and “good” behavior in sexual and romantic contexts (Simon & Gagnon, 2002; Wiederman, 2005). This means that disabled people and their partners will have fewer references for how a relationship or sexual counter ought to go. Grace discovered this during one of her first sexual encounters where she had to figure out how and when to infuse her medication over the course of a sexual encounter.
“I’ve mostly been the one concerned like... like oh man, I was like cooped up in like a weird position and now I have to infuse because my hip hurts. Like I remember in the lead up [to my first time], I was just like oh like I have to infuse beforehand but that’s not always as easy as it seems in real life and then I’m just like uuugh I’m afraid I’m gonna hurt myself.”

The realities of Grace’s disabled body meant that her sexual encounters diverged from expectations about what is supposed to happen during such an encounter and in what order. Thus, Grace and her partner had to wander off the cis-heteronormative and ableism-beaten path of psycho-sexual norms and forge their own. This is easier said than done and requires a kind of open communication, mutual care, and curiosity that students are unlikely to have learned from the little sex education they might have had. In the absence of guidance, disabled students and their partners must learn how to do this through experience — clumsy experiences which leave room for ableism and ignorance to find their way into the bedroom and cause harm in sexual and romantic contexts.

There are many parallels here between disabled and Queer experiences. The vast majority of Queer people also grew up exposed to predominantly cisgender heterosexual relationships and thus also lack scripts about what sex, sexuality, and romantic relationships ought to be like in Queer contexts (Simon & Gagnon, 2002; Wiederman, 2005). Some scholars have noted how the absence of scripts can be incredibly freeing and allow more space for sexual and romantic creativity outside of the constraints of cis-heteronormativity (Frank, 2019; Lamont, 2017; Simon & Gagnon, 2002; Wiederman, 2005).

Some of the disabled students I interviewed mentioned experiences with their partners along similar lines — that their disabled body/mind helped them create a sexual and romantic dynamic that worked for them holistically. Still, this experience was less common than the awkward, the “bad”, or the harmful sexual and romantic dynamics that
many of the disabled students described. Considering this evidence, it appears that the sexual health and consent education at Yale (and everywhere else, frankly) does not give people with disabilities the tools to successfully negotiate joyful, pleasurable, weird, silly, passionate, casual, intimate (not just consensual) sex outside of cis-heteronormative and ableist constructs.

While these workshops constitute most Yale’s sexual harm prevention strategies at the undergraduate levels, CCEs engage in various other kinds of sexual harm prevention and support work. CCEs work throughout the year in “project teams” aimed at different aspects of student life such as off-campus events, Queer identity, and survivor support. Each team then works to craft interventions that improve overall sexual and romantic culture at Yale. One such intervention that I participated in as a CCE in 2021-2022 was the distribution of sex booklets — a collection of stories written by anonymous Yale undergraduates about various sexual experiences. The aim was to help de-stigmatize various aspects of sex and sexuality by educating students via storytelling.

While this work may be less visible, it encompasses some of the most creative and well-supported peer-based interventions aimed at addressing sexual harm at Yale. In fact, it is one of, if not the only, robust peer-based education model of its kind. Unfortunately, the graduate and professional schools of Yale do not have a comparable program to the undergraduate CCEs. Rather, the mandatory Title IX requirement for students is fulfilled by presentations given by Title IX coordinators at the orientations for the various graduate

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31 (Tom Adams, personal communication, January 2024)
32 (Tom Adams, personal communication, January 2024)
33 (C. Elizabeth, personal communication, March 8, 2024)
and professional schools at Yale.\textsuperscript{34} In subsequent years at a given program, students must watch an informational video on Title IX to access their transcripts.\textsuperscript{35} Unfortunately, none of the graduate students I spoke with could recall how either of those Title IX scenarios went for them.

The lack of quotes here says something about the overall efficacy of Title IX training at graduate and professional schools. That is to say that the training left little to no impression. Still, there are some instances of supplemental workshops and trainings held across the graduate and professional schools. These are typically led by members of the Title IX office in conjunction with student groups, and/or administrative bodies at the various schools.\textsuperscript{36} None of the students I spoke with had attended such a workshop so I cannot speak to their efficacy based on my data. However, the disabled graduate students I spoke with described feelings and situations that mirrored that of the undergraduates — how they felt rather unprepared for how to navigate their sexual/romantic lives in the context of their disabilities and the training did little to address this.

4.4.2 Addressing Sexual Harm

Most of the work related to addressing sexual harm lives at the Title IX office.\textsuperscript{37} There are many entry points to the Title IX office. Some people make reports directly to this office, others are referred through various channels including SHARE, CCEs, Yale College or

\begin{footnotesize}
\begin{enumerate}
\item[(34)] C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024
\item[(35)] C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024
\item[(36)] Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024
\item[(37)] C. Elizabeth, personal communication, March 8, 2024; Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024
\end{enumerate}
\end{footnotesize}
professional school Deans, YC3, and Yale faculty. Once a student is connected to Title IX, they are assigned to a Title IX coordinator who helps manage their case.\textsuperscript{38} Title IX coordinators can aid in facilitating mental and physical healthcare through Yale health, SHARE, and MHC. They also can liaise between college/professional school Deans, professors, and SAS to implement accommodations and excuse coursework and attendance related to a student’s situation.\textsuperscript{39} They can also help students pursue legal action by helping them file police reports to the YPD, New Haven Police Department (NHPD) or assist students in pursuing disciplinary action through the university.\textsuperscript{40}

Pursuing disciplinary action through Yale for sexual harm holds students to the university consent standard which, as I’ve explained in the previous section, relies on an affirmative consent paradigm. The affirmative consent paradigm differs from legal standards of consent for persons outside of schools and universities, notably. In Connecticut, state law states that a lack of consent to “sexual activity” exists where (1) the accused compels the victim to engage in sexual activity by the use or threat of force against the victim (or against a third person); (2) the victim is mentally incapacitated or impaired because of mental disability or disease to the extent that the person is unable to consent to sexual activity; or (3) the victim is physically helpless (RAINN, 2023). However, the Connecticut senate has recently passed a new law requiring Connecticut colleges and universities to adopt an affirmative consent policy when dealing with matters of sexual consent (CT Insider, 2015). This same law also requires Connecticut colleges and

\textsuperscript{38} (Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024)
\textsuperscript{39} (Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024)
\textsuperscript{40} (Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024)
universities to teach students the affirmative consent model—a requirement that is met by Yale’s mandatory title IX training across all undergraduate, graduate, and professional schools (CT Insider, 2015).  

Importantly, this new law does not create new criminal laws or sanctions. Hence, not all harmful sexual encounters/acts encompassed by Yale’s policies amount to crimes under Connecticut State law. In this sense, Yale addresses sexual harms that state law does not acknowledge. This can be advantageous for those who experience sexual harm outside of narrow legal consent paradigms because it means that they might receive resources, support, and retribution they otherwise might not in contexts outside of Yale. However, it also means that Yale, as with other universities, has a unique kind of obligation to create an accountability system for a wide range of harms (some of which are state crimes and some of which are not): it is outside the scope of this project to address all the complexities of these diverse systems of response (state criminal, civil and administrative law and federal obligations and school civil rights responsibilities). There is a large and growing literature on these questions about both harm and redress for both survivors and persons alleged to have committed harms.

Only one of the disabled students I interviewed spoke about a personal experience with the Title IX office and none had navigated Yale’s multi-channeled and complex Title IX system. Hence, my data is not particularly conducive to an in-depth analysis of how Title IX and its various processes succeed and fail at supporting disabled students. This is largely

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41 Erin Farely, personal communication, January 2024; Jason Killheffer, personal communication, 2024

42 This is also the case for many other universities which employ an affirmative consent model to their disciplinary standards.
because I did not ask students about these experiences due to ethical concerns (see methods). Hence, a full assessment of the actual processes that Title IX provides (or does not provide) and their usefulness to students with disabilities is, I suggest, a critically important future project (see section 5.1). Despite the lack of personal experiences, the interviews yielded insights into the role Title IX plays in disabled students’ sexual and romantic lives and the negotiation disabled students enter when considering whether or not to utilize this resource.

A major area of concern arose around mistrust or apprehension around Title IX—what it did, could do, couldn’t do and how. Mistrust of Title IX manifested itself through hesitation to reach out to this resource because it seemed “too serious” of an escalation given what they experienced. This escalation felt all the more fraught when students considered the circumstances and identities of the people who harmed them. In particular, Charlie described a situation where a fellow Queer, neurodivergent friend expressed feelings for him that he did not reciprocate. This friend struggled to accept Charlie’s lack of reciprocation and their behavior caused Charlie to avoid multiple spaces including disability and queer affinity spaces. Charlie explains—

“I wouldn’t have brought this to Title IX because even though the person was making me uncomfortable, and was making me feel unwelcome in some of those spaces, it wasn’t like they were doing it maliciously. They had said some things that had come across I think, as hurtful or maybe malicious. But it wasn’t meant in that way. It’s that they didn’t have the social skills or the capacity to discuss these things and communicate in a way that was coming across in a way that they wanted it to. And so it just sort of snowballed, but I just felt like, you know, yes, I wish there were more resources to figure out how do I get this person to to leave me alone? Yeah. But I think that bringing it to Title IX just would have been at feels overkill.”

Here, Charlie acknowledged the role their friend’s neurodivergence played in creating the situation he described in the quote. To him, his friend’s neurodivergence was responsible
Charlie struggled to reconcile this reality with one in which he was harmed.

“Well. That didn’t absolve them of the harm that they were causing, but it made it much harder for me to like, just cut [the friendship] off. Yeah, because I’m like, well, their disability is making it very difficult for them to navigate this and I don’t want to hurt them and make things harder for them but at the same time, I’m still being harmed in the process so just like, it’s an extra sticky situation.”

Charlie noted that this “extra sticky situation” was made even more so by the fact that they didn’t think their friend had much other community outside their friendship. He speculated that this lack of community made it more difficult for his friend to “let go” because Charlie was one of his only sources of peer support.

The fact that Charlie did not see their friend’s harmful actions as intentional combined with their friend’s overall lack of support made Charlie feel morally conflicted about raising issues with Title IX. He did not want to create more strife and didn’t trust that Title IX could handle their case with an understanding of the added complexities that neurodivergent and Queer identities bring to the discussions and dynamics. Whether or not these fears and suspicions would have been realized in interactions between Charlie, their friend, and Title IX, I cannot say. However, Charlie’s hesitance is indicative of the work Yale needs to do to establish disabled students’ trust in their sexual harm-related resources, including Title IX.

The mistrust surrounding Yale’s formal structures re: sexual harm related resources did not extend as much towards its more informal resources. Four of the nine participants I interviewed used YC3 and SHARE and spoke highly of their experiences with both services. Students noted that these felt less intimidating to access and were also able to get most of what they needed at that level without involving the “more official feeling” Title IX office.
The contrast between students' feelings and experiences of formal and informal resources demonstrate that informal resources may be more accessible to disabled students. However, it also highlights that Title IX might better serve Yale's disabled population by creating a more informal rapport with disabled students outside of contexts of sexual harm specifically. This way, the office can, in a sense, demonstrate their competence with disability discourse and also learn directly from disabled students about what they want and need from Title IX.

**Figure 3, Final Conceptual Model**: This figure encapsulates the various mechanisms and influences that shape both Yale and, by extension, disabled students’ sexual and romantic lives. At the top of the figure, “Yale” is situated between ableist values and progressive values to highlight Yale’s incoherent status quo. The lines to “Yale policies + culture” and Yale resources + support systems represent how these inherent values are embodied via the named institutional systems and cultures. These systems and cultures, in turn, impact disabled student’s social, sexual and romantic life in concert with a given student’s individual life circumstances, histories, and identities. Similar to figure 2, none of the effects/influences (signified by the lines) are unidirectional.
5.0 Discussion/Conclusion

5.1 Summations

Throughout this paper, I’ve outlined the systemic and interpersonal challenges that disabled students face in their social, romantic, and sexual lives at Yale. The data and analysis reveal that these challenges arise from the interplay between individuals’ personal circumstances and identities, including disability identity and their interactions with the systems and cultures at Yale—an institution whose values have not sufficiently evolved alongside the needs of an increasingly diverse student population. The interviews shed light on experiences of the isolation and challenges with integrating into campus life, from the daunting orientation to the competitive and exclusive academic culture. This same climate means that students at Yale have fewer resources to support one another, creating a social context that lacks the mutualistic care that many disabled people need to survive and thrive. This led some disabled students to deprioritize their sexual/romantic lives while others coped by relying heavily on their sexual/romantic partners. In either case, disabled students felt that the overall quality of their sexual and romantic lives was diminished because of the culminating factors discussed throughout the paper.

At the same time, the interviews with faculty, administrators, and staff along with the improvements made to various support resources over the years demonstrates a marked desire to combat these same problems. Still, the interviews highlighted how some of these resources fall short. For instance, while SAS is critical for ensuring baseline access to academic opportunities, the accommodation ultimately fails to help disabled students achieve true social (and, by extension, romantic and sexual) integration. Moreover, disabled students found that Yale’s sexual harm prevention training tended to over-
emphasize the legalistic aspects of consent, neglecting the nuanced realities of non-normative sexual experiences and the potential joys of intimacy. I argued that this imbalance is particularly detrimental for disabled students, whose disabled body/minds often preclude them from adhering to normative sexual scripts. While a lack of sexual scripts sometimes presented disabled students with opportunities for more expansive, creative approaches to romance and sexuality, this was more difficult for them to negotiate with their partners, in part, because they were unlikely to have been given the tools to navigate such scenarios at Yale or anywhere else, for that matter.

Lastly, while Yale's formal Title IX procedures provide a critical framework for addressing sexual harm, the personal accounts suggest a disconnect in how these procedures resonate with and are utilized by disabled students, particularly those with intersecting identities like neurodivergence and queer identities. Ultimately, what disabled students are left with is an incoherent reality that exists somewhere between access and barriers, grief and pride, liberation and subjugation.

5.2 Limitations and Recommendations

As I’ve said from the outset, this study has various limitations. Qualitative work takes time and is often best when given sufficient time and space to iterate the research approach. This project was on an expedited timeline meaning that the recruitment window did not allow for diverse representations from across all of Yale’s programs and professional schools.43 While I made several attempts throughout the (school) year to contact disabled students from across most of Yale’s programs through announcements in newsletters and panelists, I had a lot more success finding participants through my

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43 Truth be told, each program deserves its own dedicated qualitative investigation.
personal, informal networks. Future work should consider a longer enrollment phase along with more persistent and consistent multi-modal recruitment strategies (e.g., physical posters and/or social media).

Another major limitation lay in my lack of formal training in mental health and counseling, particularly around sexual harm. This meant that I avoided inquiring about students’ personal experiences with the Title IX process or any experiences of sexual harm they might have had. Of course, this meant that my final analysis section lacked some of the detailed first-hand accounts of preceding sections. Still, I would recommend that future work in this area considers the addition of a mental health professional who is qualified to work with qualitative interviewers to best support participants.

Despite these limitations, this project yielded useful insights into mechanisms through which Yale reinforces and conforms to discriminatory and inequitable standards and practices across higher education. These standards and practices, in turn, negatively impact disabled students’ social, sexual, and romantic lives. In light of the findings a series of strategic recommendations are proposed to address and ameliorate the identified challenges. These recommendations aim to help Yale live up to its aspirations of a diverse, equitable, and inclusive environment for all its students.

Firstly, I would encourage Yale (and SAS in particular) to transition from an accommodation model to a universal design model. This entails shifting away from treating disabled students as individual issues requiring specific solutions. After all, this approach often fails to address the broader, systemic challenges that disabled students face, especially in their social and sexual lives. Instead, Yale resources and support systems like SAS and Title IX should aim to advocate for a more wide-spread, universal effort across all
of Yale’s departments and programs to design curricula, programs, and resources with
disabled people in mind from the start (King-Sears, 2009). By adopting Universal Design
principles in teaching methodologies, infrastructure development, and student services,
Yale can ensure that more environments are accessible and inclusive by default, promoting
equity and reducing the need for individual accommodations (King-Sears, 2009).

In addition to ensuring that accessibility is built into Yale’s systems and services, the
sexual health and consent education should be updated to address disability-specific
concerns. For instance, the portion of the undergraduate consent education that discusses
alcohol safety might also note that many medications interact adversely with alcohol so
they should consult their doctors to ensure safe use (Weathermon & Crabb, 1999). This is
particularly relevant information disabled students because they are highly likely to be
taking medications by virtue of having a given health condition. Over and above the
standard sexual health and consent education students receive, disability specific resources
at Yale should also contemplate how to offer optional workshops and events related to
sexuality and disability to educate students on disability-specific issues that arise in their
sexual and romantic lives.

Finally, my analysis highlights a pressing need to facilitate more informal and
positive conversations about sex and intimacy that include the perspectives and
experiences of disabled students. The current framework of sexual education at Yale
foregrounds affirmative consent and STI prevention, which, while crucial, does not
encompass a wider spectrum of human sexual experience, particularly for those with
disabilities. That is not to say that the only thing Yale can do is mandate workshops that
explore the joys, complexities, and realities of sexuality, moving beyond traditional scripts
to include diverse and non-normative bodies and experiences. While this would be great, there are also many indirect ways Yale can help nurture conversations about non-normative sexual and romantic experiences. For instance, the CCE’s could release a special edition of their sex booklets where students explore romance and sexuality with disabilities (in concert with intersecting socio-political identities). Alternatively, for graduate students, Title IX could hold optional workshops on various topics and issues surrounding disabled sexuality.

5.3 Barriers to Change Making

In my five years here, I have watched Yale’s resources and culture evolve to better support disabled students. These evolutions have only just begun to slowly yet surely chip away at the systems and cultures which uphold racist, sexist, ableist ideologies including hyper-individualism, meritocracy, and puritanical work ethics at Yale. However, those who benefit most from these ideologies remain intent on gaining and/or maintaining their power. Today, this oppositional force is often embodied by the rise and proliferation of anti-DEI sentiments that have launched attacks against critical race theory, gender studies, and any other manifestations of “woke” ideology that pervades university cultures and practice. The strength of the opposition was affirmed in Harvard and SFFA v. UNC (2023), in which the Supreme Court eliminated race-based affirmative action in university admissions practices (Hinger, 2023).

While critical race theory and race-conscious admissions programs like affirmative action have been explicitly targeted in many of the attacks on DEI in universities, DEI work related to disability specifically is threatened in a different, more subtle way. More likely than not, critics of DEI will not come out and say that we should not support disabled
students. Instead, the attack on disabled students’ wellbeing (sexual, romantic, or otherwise) will be led by campaigns that champion a return to good-old-fashioned ‘pull yourself up by your bootstraps’ approach to mental health support. It might also materialize as a desire to return to pre-pandemic practices such as the reinstatement of standardized test requirements for admissions and the administration’s refusal to invest in creating hybrid options for class attendance. Regardless, the anti-DEI movement and its supporters will likely champion a return to a former, greater version of Yale before it was ruined by policies and practices that coddle students and fail to help them achieve excellence along very narrow lines. If all this sounds familiar, that is because these campaigns and arguments rely on the very same constructs that underly the existing ableist systems, policies, and ideologies that harm disabled students academically, socially, romantically, and sexually.

Despite the fact that all the staff and administrators I spoke with them said they remained steadfast in their commitment to diversity, equity, inclusion and belonging at Yale, it is more likely that the growing anti-DEI sentiments in and outside the university will have a chilling effect on more progressive, and novel approaches to sexual health and consent education at Yale. This means that implementing the recommendations I suggested in the sections above will be even more difficult given that changes to the current, legalistic, hyper-compliant and cautious sexual health and education curriculum might subject Yale to further scrutiny from anti-DEI stakeholders. Consequently, future reforms to improve the way Yale supports disabled students’ sexual and romantic lives will likely need to be introduced cautiously with explicit attention to oppositional arguments that may arise as a result of the current socio-political climate.
Admittedly, the challenges disabled students face in their social, sexual, and romantic lives at Yale mirror those they would face in other social contexts throughout the U.S. Hence, one could argue that Yale has no special responsibility to amend the issues I’ve outlined throughout the paper. At the same time, universities in general (but Yale in particular) have a huge impact on how we view success and profoundly shape the people who may go on to change the world. Given its influence and impact, Yale owes its students persistence in its commitment to progressive values including diversity, equity, inclusion and belonging. Maybe this way, Yale can live up to its potential to be a safe, inclusive, liberatory environment for all its students—one that helps push society forward by questioning the status quo instead of perpetuating and reinforcing it. Perhaps this is a naive kind of hope given how deeply systemic racism, sexism, elitism, and ableism are embedded within the structure and identity of this university; so much so that to eliminate these aspects would be to eradicate too much of what makes Yale, Yale. If this is indeed the case, it might be time to divest from this and other higher education institutions like it in favor of something better.
Appendix

[A] Faculty/Staff/Administrator Interviewees and Collaborators

- Elizabeth Conklin, Associate Vice President for Institutional Equity, Accessibility, and Belonging and University Title IX Coordinator
- Tom Adams, Assistant Dean of Student Affairs; Director, Campus Culture
- Aley Menon, Director of Restorative Practices
- Anna Osman, Assistant Director SHARE
- Maytal, University Chaplain
- Jordan Colbert, Associate Director for Assistive Technology Student Accessibility Services
- Susan Olson, Associate Director Student Accessibility Services
- Erin Farely, Manager, Title IX Prevention, Education, and Outreach
- Jason Killheffer, Senior Deputy Title IX Coordinator
- Sarah Cussler, Assistant Director of the Undergraduate Writing and Academic Strategies and Yale Poorvu Center for Teaching and Learning
- Professor Katie Wang, Associate professor in the Department of Social and Behavioral Sciences at Yale School of Public Health

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