

Morrigan:

Alright let's get started! So, thank you so much for being with us today at the second in our mini webinar series, Promoting Inclusive Sexuality Education.

My name is Morrigan and I'm a community research liaison with the University Center for Excellence in Developmental Disabilities at the Oregon Health & Science University. The Oregon Health and Science University sits on the occupied land of the Multnomah, Kathlamet, Clackamas, Tumwater, Watlala bands of the Chinook, the Tualatin Kalapuya, Molalla, Wasco, and many other Indigenous nations of the Willamette Valley and Columbia River Plateau.

Before we introduce our presenter today let's go over a few details about this webinar. This webinar, Disability Justice and Latino/a/e/x Culture in the Sex Ed Classroom is being recorded and will be available on our website. We will send a follow-up email to everyone who registered with the link to the website.

Live American Sign Language interpretation is available for today's webinar. Thank you Maggie and Donna for being here this evening. The ASL interpreters will be pinned so that you can see them the entire webinar. Live Spanish language interpretation is also available.

Thank you Rosie and Victor for being here this evening. If you would like to listen to this webinar in Spanish please click the world icon at the bottom of your screen and select Spanish.

Live English closed captions are available. To turn on closed captions click the CC button on your screen, then choose the live transcription option.

Next, I'll go over some instructions on how to use the Zoom Q and A. To ask the panelists questions click the Q and A icon at the bottom of your screen. The Q and A box will open, and you can type your questions there and I believe we will have two main opportunities for you to do a Q and A with the presenter today.

And now I will introduce Bianca. Bianca is an award-winning educator, curriculum writer, and sexologist. She founded ANTE UP! a

virtual freedom school. She has led the curriculum development for the award-winning Netflix film “Crip Camp” and PBS documentary “I Didn't See You There” both guided by disability justice principles. she is an AASECT Certified Sexuality Educator and supervisor and the editor of *The People's Book of Human Sexuality: Expanding the Sexology Archive*. Find out more about Bianca on her website and about ANTE UP!, and I will post the link to that in the chat so that you can all see that.

Alright, take it away Bianca!

Bianca:

Great, thanks so much Morrigan. Welcome everyone. It's great to be here today! As Morrigan shared we're welcoming in your questions through the Q and A option through the Zoom platform. I'll be pausing about halfway through the presentation to take any questions and considerations or thoughts that people want to bring in through the Q and A feature. It can also be a time where if you need a break or to stretch your legs or move around or get a snack, we encourage you to take the time to do that as well. I'll be reminding us of that as we spend our time together today.

Alright so you'll be receiving this slide deck as you get the supplies and resources as the team sends it out after our sessions, so know that you will be receiving them.

I'm going to go into sharing my screen and then I'll be coming back for pausing and doing the Q and A. Please put your questions as they come up into the chat, or not the chat, but the Q and A option. Don't feel like you have to wait until the formal one if things come up. I'm going to share the screen and you're going to see me go into slideshow mode now and these are the slides that you will be receiving from the team today and our agenda for today.

I'm going to go over some logistics and a quick overview of where we're headed for today and some reminders, then we'll head into the theme of Cultures in the Classroom.

We'll take a pause and I'll answer some questions before we move into Models of Disabilities so we're going to be spending some time understanding the way that we've all been trained to think about

disability through a medical lens.

I'll introduce and add a little bit more on the social model of disability and then we'll spend some time talking about Disability Justice and introducing that as a model that's possible in the work that we do and then we'll wrap up with questions like, "Bianca, how do I do this?", "How do I incorporate this into my sexuality education classroom?". And then we'll pause for a second round of questions.

I am going to continue on. There's going to be some slides that I'm just going to skip through so know that you're not losing content. The team and I have just decided that since it's a recording and it's a webinar, we don't need to go over a few things, but I do want to highlight the learning outcomes for today.

Hopefully by the end of our time together you'll be able to identify ways to incorporate an expansive understanding of culture in your classroom and also be comfortable incorporating or considering how to incorporate some Disability Justice approaches and principles in your sex ed classes.

Some of the essential questions and some of these outcomes make a little bit more sense to you if I formulate them into questions. Here are some questions that hopefully you'll feel comfortable thinking about answering:

"What are the cultures that are in my classroom?"

"How does culture impact the way that my students and I show up to be together?"

And "What Disability Justice principles may I incorporate into my sexuality education class?"

So hopefully you'll feel comfortable answering some of those after our time together and I'd like to also bring in some just essential understandings for our time. This is for people who may need to leave a little bit early or may not be able to sit the entire time for the recorded session, but hopefully we can all leave here with an understanding that culture is something we all have and bring with us wherever we go. That culture is not only one experience, one place, one space, it is so much more. That disability

culture exists and may be affirmed in the classroom, and that Disability Justice brings us closer to liberation and pleasure.

So, I'll be highlighting each of these as we move together during our time.

I'm going to skip over some of the group agreements since we don't have a chat active, we just have the Q and A, but really, I'm just inviting people to consider what you need to show up here and to consider caring for one another and yourself first as a way of caring for the group.

I'd like to invite us to consider an access check-in, and this is something that I usually like to start all of my trainings with. It offers us a moment to pause and just take in the space that we're creating together. Access check-ins are a really common disability practice in our community and it invites us to consider a body mind scan a check-in with ourselves and really thinking about and acknowledging what is showing up in your body and mind, or your spirit, or your heart, that is reminding you "this is gonna need some attention" in order for you to stay present in this space. So, I'm inviting people to do that scan. I'm doing it for myself.

Oftentimes if we have a small group or if the chat is open we're inviting people to share what their access needs may be. I'll give you a sample of what my access needs are in the moment, but this is a really great way of starting a class a session to really ground ourselves in our bodies and minds, and reminding us that we all have bodies and minds that need attention and care, and that our needs may change from day to day or hour to hour.

So, I'm in a chair that swivels because I need that to move around a bit. You probably can't see it from the top up, but I am going to be swiveling a little bit from the waist down in my chair. I also will be pausing to take sips of water during our time together, and pausing is really important to me to engage with y'all for a question and answer so I invite you to do the same. Think about what your body and mind needs.

As we're here together in this space, I'm going to move forward with the slides and offering a note on the content for today. This is going to be one of many sessions that you'll be needing throughout your career so I'm excited that you're here, and I welcome you in all the ways that you show

up today and this is also going to be a very brief introduction and review of Disability Justice the principles and also the application. There's so much more to this evolving framework in our community and I invite y'all to continue to learn along with me.

This is also lifelong work as we work with people who are disabled or as we experience disability and embody it ourselves. I invite us to just keep in mind that we're all living life for the first time in this moment together and some of us may be disabled, some of us may not be yet and that if we have the gift of aging, we may experience disability and this is only one part of what may be possible as we do this work together or in our communities.

I also wanted to pause and offer a note on the language that I'll be using. You've probably already noticed that I'm using identity first language from time to time, so "disabled people". There's also person first language such as "people with disabilities", and I'd like to highlight this primarily because there really is no one consensus among the disability community on which phrase we choose or prefer. It really is a more subjective and individual choice. Certain communities with certain disabilities do make their own decisions and do have a different perspective than others, so I wanted to highlight that, as a multiply disabled person who's also a sex educator and curriculum writer, I move between both identity first language and person first language. I believe that I have a visible disability that impacts the way that people understand me and move in the world around me and with me, so you'll be hearing me say "disabled people" or "disability community". You'll also notice that I'll be going between "people with disabilities" as well so that's just a note on that language as it shows up.

I also will be using the term "bodymind", or the phrase. This is a phrase that reminds us that we cannot separate our bodies from our minds. This is a phrasing that came about from the disability community. However, there are some academics that do get cited as the people who introduced it to the academic community. It reminds us that our bodies and our minds are part of one another, and they inform each other. When we're told that we have to separate the body from the mind, this is a very biomedical approach to understanding ourselves and understanding

Disability. This looks like ableism in action, and I want to invite us to keep in mind that asserting that our bodies and minds cannot be separated or torn apart does not mean that they are the same thing.

I invite us to challenge ourselves and consider the language and the term “bodymind” as we do this workshop together.

Alright, so I usually like to invite people to think about how you are defining disability and oftentimes people usually define disability from a very deficit model, right? Such as not having the capacity or ability to do something or having a particular type of condition or diagnosis. One of the things that is really important to the disability community, especially those of us who are embracing and guided by Disability Justice and an understanding of disability, is we do not move from a deficit or tragic model. Instead, we define disability in a more expansive, holistic way.

So here are a couple of ways that we define disability from this lens: First, disability is a lived, embodied experience. It is also a political identity that is framed within a form of oppression called ableism. Disability is also a community location from which we choose to organize. We're going to be highlighting a little bit about organizing when we talk about some of the models of disability. Disability is also a political location which overlaps, intersects, and also responds to other political locations that we have, or political identities and experiences such as race, gender, class, immigration status, nation state, and more.

And finally, Disability Justice reminds us that disability is also an aesthetic from which we create practice and create culture. When we talk about disability culture, hopefully I've introduced you a little bit to some of the cultural practices that we do together through an access check-in and also the phrases such as bodymind that we've created within our communities.

We can share a little bit more and if you have questions about this last one, which people usually do, regarding the aesthetic and the culture and the practice of disability, we're welcoming those questions.

So, I wanted to start here with the terminology that I'll be using and working from when I talk about disability. It will not be within a tragic,

negative, deficit model, it will be from this affirming, expansive perspective.

Now, as we think about culture, and I've mentioned the term culture, it's one of the core areas that we are going to be discussing today. I want each of you to think about, "What is your understanding of culture?", and "What does it include?"

I'll offer us a couple of minutes to think quietly about this. If you're someone that needs to take notes or do some voice notes, you're welcome to do that during this time. What are some key pieces, places, people, things, feelings, sensations that emerge for you when you're thinking about how you understand culture?

We have a little picture here at the bottom right-hand corner of a mural and also of a—oh, what is it please called—it's on the tip of my tongue! but it's bright, multiple colors, we see some profiles and faces and lips and eyes and hands.

Alright, so hopefully you thought a little bit about your understanding of culture and how you're defining it, and what is coming up in those moments for you thinking about culture. I want to invite us to keep in mind that culture does not have an agreed upon definition, so it is similar to a number of terms where people define it differently. If we were to look at and ask anthropologists how they define culture, many of them may not agree. Same thing with sociology, education, and psychology. However, many of them do include or agree that what's included in culture is a variety of different things. Primarily, it's a shared understanding of the attitudes that a community or culture values, but also what types of behaviors, language, and rituals are practiced and valued or seen as worthy in a community. It also is a shared understanding of knowledge, of art, of what's considered beautiful, and also shared beliefs among a group of people.

So, it's a lot of stuff. My culture is so many things. It's not just one thing. Now oftentimes we think about culture, or when we're talking about culture, people usually default to understanding culture exclusively based on ethnicity. One of the things that I want to bring in and offer us is not to just leave it there, only about ethnicity, but also to think about all the different cultures that we're a part of. Not only ethnically, but in a

variety of other ways.

I'll give you an example: When I think about myself, I think about, yes, I am Puerto Rican. I'm from the Caribbean and here in the states, our relationship to the states is one that has a colonial legacy. But also, I'm a part of U.S. culture. I was raised in the United States as well as Puerto Rico. Other aspects of the cultures that have surrounded me go beyond ethnicity or nation state. I also acknowledge that as a sexuality professional, one of the ways that I have been trained to understand certain topics has really been guided by the culture of rape that exists in the United States, or rape culture. We can also add gun culture into that assessment. But we can also add imagining what a culture of consent could be like for all of us, and what that reality could be if we move in different directions.

So, I invite us to think about the different kinds of cultures that we're also a part of, the things that have influenced us, that have influenced the language and the attitudes and values of the way that we move, and the ways that we've been trained or raised or socialized. Because there we begin to realize that I'm not just Puerto Rican. I have been raised in so many different cultures. Disability culture and the experience of being Puerto Rican in Puerto Rico is very different than being a Puerto Rican in California, which is where I currently am. It's also very different than being a Puerto Rican in New York which is where I was for decades. So, the culture shifts and changes around us. I'm going to remind us of that component as we move forward.

We often hear this language or cultural competence especially as we move through professional development opportunities like this One. Sometimes it gets clunky, and so I want to offer us a reminder that when we hear terms like cultural competence, I want to encourage us to expand our understanding of culture to moving beyond just ethnicity or racial categorization.

So, cultural competence, the invitation here is to consider this definition as a process to effectively operate and also actively create approaches to meet the needs of various cultural groups and to affirm they are enough and whole while seeking care and support.

You'll notice here that it isn't solely about one particular type of culture. It's about recognizing that when we move through a space, when we greet a student, when we ourselves go into our classrooms, we get to create a particular environment but also that we bring so much with us. We bring so many stories and histories and experiences, and those also play a role in the cultures that influence us.

One of the goals, or some of the goals, of cultural competence have been to have better outcomes overall for the people that we're caring for and supporting, but also to ensure that people know that they can show up exactly as they are in the moment. I think this is a really important one for the disability community - to remember that we are in a space where our bodies and minds are evolving. Things are shifting and changing, and that's the reality of having a body. Sometimes we forget this. I know in my training as a public school educator, I was never talked to about how to manage my own body. So, nobody told me what to do when I was in the middle of instructions or a mini lecture and I had to use the restroom. Nobody really prepared me or helped mentor me into navigating having a body that needed attention and care while also being responsible to a classroom of young people.

So, thinking about how we can move differently as we understand culture differently, and also understand the goals of what it means to be competent in recognizing a variety of different cultures and the spaces that we occupy. Usually, cultural competence tells us or requires us to define culture very broadly. Hopefully this broad definition is one that's welcoming and that you're able to think more fully about yourself and the communities that you're supporting and working with. It requires us to also have a level of self-awareness. This is one of the reasons why I invite each of you to think about what cultures have influenced you and what cultures you're a part of, because that is a level of self-awareness to think about who we are and how we move in the classroom.

Sometimes people may think that this seems selfish or self-involved, and honestly this is just a requirement for being able to do our work better and being open to receiving feedback. Cultural competence also requires us to collaborate with other people and especially with staff. And for some of us, this can be hard, and for others, this is really a joyful experience and there's a range of everything in between. So, collaboration is key when we're thinking about cultural competence and wanting to implement it.

Also being open to learning new things, understanding and valuing our clients' beliefs and their understandings of the world, while also making things accessible, like language.

Today is a really good example of language access and language justice. We have multiple languages that are being shared here. I'm communicating verbally in English, we have our Spanish translation, and we have ASL interpretation. We'll probably have a transcript as well and some captions that you can turn on if you need it. So, multiple ways of communicating and receiving information is a really great example of language access and language justice.

And then finally, cultural competence requires us to collaborate with the community, not only with the staff or the people that are employed, our colleagues, but collaboration across the communities that we're supporting. Especially if we are not from or a member of that community.

And finally, action-oriented cultural competence doesn't just invite us to think about what it is that we want to do or think about collaboration which is definitely one type of action. But it requires us to also put into practice some of the ideas and ways of thinking and knowing that we're choosing to practice and consider whether or not this is a shift that is sustainable.

We're going to mess up. We learn from those mess-ups and I want to encourage us to remember those key pieces. Alright, so I'm going to move through and highlight a couple of the terms that I'm going to be using during our time today. There's "cultural relativism", and cultural relativism is really the understanding of the practice of meeting a community on their own terms. It's understanding them based on their own values not our own, especially for an outsider of that particular group.

This is something that really comes up for me as someone who is living in California for almost a decade now. I was not raised in California. I did not live a majority of my life here, so it was a very different culture shock being on the West Coast. I often tell my partner that a lot of my East Coast hip-hop knowledge goes unappreciated because the West Coast is just different. So, knowing that there was a different culture just in our same country and being on a different coast. It wasn't that I was trying to make

California into New York, right? It was instead understanding that, alright, let's incorporate into my hip-hop knowledge a little bit more of the West Coast community.

It was really understanding: who are the people, the places, and the things that I might hear or witness or experience as we're together or as I move through California? I started here in the Bay area and I'm currently in the Central Valley. Again, two completely different cultures and experiences in the exact same state.

So, those are some of the ways that cultural relativism emerges, and I'll be highlighting this during our time together and through some of the other examples that we're offering.

Alright, so some examples, and I invite you to think about this as well, because there's going to be a question there on the next slide. When we're considering cultural relativism and this being a form of connecting with a community and a culture on their own terms and not our own, how do we do that? Here I have two examples to offer to move us through this understanding, especially if this is new terminology for us. But thinking about myself when I'm writing curricula. I ask myself, "Am I adding examples and creating an experience that is relevant to the community and to the audience that is going to receive this curriculum?" And sometimes I have, and a lot of times I haven't. Especially when I look back on the curricula that I wrote eight to ten years ago, I can notice my own expansion and growth and knowledge that has been reimaged, but also undone in many ways. This makes me a stronger curriculum editor and facilitator and instructor when I can learn and grow and expand. So, identifying the way that the curricula that I create or use needs to offer examples that are relevant to the community that I'm talking to.

When I was doing sex ed in New York, there was an example of, "Jack and Jill are going to sit on the lawn and have a picnic," and a lot of my students were like, "What's a lawn?" They just did not understand what a lawn meant. because that wasn't the reality of the world that they were living in. So, it can be minor things that can pause or create confusion. So really making sure that things are relevant.

The other one would be affirming the experiences of those in the space, in the classroom, the audience. And also being open to correction and

clarification. I shared that we're going to get things wrong, but as our goal is in affirming our community members and our participants and students, they might tell us, "You know Miss, that's not the way that we pronounce it." I've been corrected multiple times in my pronunciation of people's names or the celebration of their communities and cultures. Being open to that correction and being gracious for when it's offered to us has been really helpful for me. So, thinking about and offering these two examples of my own experience of navigating cultural relativism are two that I invite us to consider.

I also want to invite you all to think about some of the ways that you are already doing this in your classroom. I know that people come to these trainings and webinars with an abundance of knowledge. We have some really brilliant people in the space and you're probably already doing pieces of this. I invite you to think about, "What are some of the ways that you are already implementing cultural relativism in your classroom?"

I'll give you a couple of moments to think about that and as you do, I'll give an image description of what's on the screen in the lower right-hand corner. We have a collage of a young person writing on a tablet or notebook. There's a calendar behind them, some wheels turning, a target, and a clock. Inviting us to think about what are the ways that we incorporate a cultural relativistic approach in our classrooms.

I want to keep moving into a couple of other terms that play a role in supporting our Latino community members as well as supporting community members in general and understand the multiple cultures that exist in our learning spaces. A big conversation that emerges not just for Latinos but this is for disabled people in general. You can imagine that being a disabled Latino person, assimilation becomes a really core experience, especially in the United States. One that's really promoted in a variety of different modalities. Assimilation basically, to define it, is learning something new which oftentimes may require giving up something.

And when we're thinking about this, I know for me being in a Puerto Rican family, moving between the island and the East Coast, we were code switching. We were communicating in English and Spanish, in Spanglish but then also in Spanglish or Puerto Rican slang. Right, so like two different types of slang were understood in the different communities that I

was a part of. But then, also knowing that I'm in a family where I have one parent who understands English and another parent who does not. And so the parent who didn't was like, "Talk to me in English, I need to learn English." What my father gave up in those moments was communicating with his daughters in English--or in Spanish, his first language--in order to communicate English in order to learn it. So, things that people lose, things that may also be hard to move through and understand.

It's definitely where assimilation shows up and these are multiple ways that this emerges and that we experience this. We've probably all experienced assimilation in some way, shape, or form. But this is one of the reasons why cultural competence exists because we need to begin to understand to embrace a range of experiences, not just one particular one. Assimilation wants us all to be able to communicate in English, for example, but it doesn't invite us to think about how people can communicate in other languages or even non-verbally.

So, I want to invite us to think about and complicate assimilation and possibly replace it with interdependence. Interdependence is an understanding of collaboration, of working together, and about making things more accessible. It's a reminder that we all need help, that we all require support and care, that we all have a body and mind that need attention and care. But also, that our needs change and that it is a gift to be asked to help. It is also a gift that we offer ourselves when we ask for help from other people. So, at the core of cultural competence is interdependence. And when we begin to slowly replace the aspects of assimilation with interdependence, we begin to notice ways that we're inviting people's fullness, ways that we're inviting people's various cultural experiences and identities into our space that we're creating.

Jack did the presentation yesterday about autism and sexuality education. And there's a conversation about ABA as a therapeutic intervention and there are some autistic people who think ABA really helped them, and there's another group, a little bit larger group of autistic people, who believe that ABA is really harmful. That it's a form of assimilating them to a non-autistic world and they are told to mask or to behave in a particular way. They're taught how to read certain cues in a particular way and be less of themselves.

So, there's a range of different understandings in our disability community about assimilation, but a majority of people do value interdependence because many of us recognize that we all need help, not just disabled people.

So, I'm inviting us to think about assimilation and interdependence and I have a couple of examples here. I've already shared one around language, being spoken but also non-verbal experiences. Often when I was in a sexuality education classroom and talking about things like consent, I was only trained to talk about a verbal yes or the "enthusiastic yes." But the reality was students know how to perform enthusiasm, they know how to perform frustration. They know how to perform all of those. So, it wasn't helpful in them understanding what a yes fully feels like in their body and mind, especially if they weren't able to understand what a no felt like or what confusion felt like. Especially if I was only promoting this to be a verbal approach.

So, thinking about non-verbal communication, the ways that we use our bodies and the ways that we use assistive technology is really really essential as we do this work. So, we have examples that challenge this English only, or verbal approach here in the space that we're creating together. But I also want to invite us to keep in mind that non-verbal communication will be different, and it's based on our different understandings of how our cultures understand consent, body autonomy, the locations that we're in, and also a couple of social cues.

We can talk a little bit more fully about that if people have questions. But I invite you to think about "What does non-verbal communication in your classroom look like?" What are some of the ways that you do that, and how do you know that your students understand you when you're doing non-verbal communication. What are some of the ways that you understand your young people or the people that you're helping and teaching in the space that you're occupying.

Some of these are really helpful in understanding and supporting Latino communities. That the social cues, the ideas about location and body autonomy may be different. It doesn't mean that they're bad or worse or less than what we bring in, but it's just different. So this idea is that, "I want to ask my family before I commit to something." That's a form of interdependence. It's not a form of patriarchy, or a form of power over.

It's really a more collective approach to thinking about and getting the opinions of people who we value.

So those are two examples around language and interdependence and assimilation. I also want to just highlight quickly equity versus equality. You may hear these terms a lot and I've had people ask me, "Bianca what is the difference? I'm confused, I grew up knowing or being told that equality was great, that's what we should strive for." And this is the idea that all of us are treated equally but not all of us have an equal access or an equal outcome in a scenario.

Then there's equity, and equity is a really hot button buzzword, currently. But equity basically is reminding ourselves that people sometimes need to be treated differently based on what their needs are and how they need to access a particular outcome for their specific needs. So, it's about creating a situation of fairness where if people walk into your classroom, and the goal is, "I need to make sure that everybody leaves here understanding where the bathroom is." Well, that might require us to physically take people to the bathroom, and other people just to point in a particular direction. All of those are examples of equity. But if we're only offering one where we take people to the bathroom, as opposed to pointing in a particular direction, that's more of an equality approach.

So, oftentimes when we're together, I give the example of: Imagine if we were sitting in a circle together, and all 49 of us take our shoes off and put them in the middle of the circle. And then I go around and pick up one and two shoes. Maybe they're not a pair, maybe they don't match, maybe they do. And I give each of you two shoes. Now everybody walked in with some shoes, everybody put in two shoes, possibly, into the circle and so everybody's gonna leave with the number of shoes that they need. That's equality.

But what's the problem with that scenario? The problem is you might get a pair of shoes that don't fit your feet, that you cannot fit your foot in. Maybe you just have one foot, or no feet, so you're leaving with none. Maybe these are not your style. These are not the kinds of shoes that you can walk in and move in.

This is the challenge with equality where we're assuming that if we're starting from an equal standing point or space, everybody's gonna have the same outcome. And the reality is it's not. So, making sure that, if we're moving in an equitable fashion, I would invite people to put their shoes in the center. The people who took their shoes off, I would go around and ask them, "What kind of shoes do you want? If I give you a new pair of shoes, tell me the size, the style, the color, what levels of comfort you want to experience, any other additions. Do you want something that laces up? Do you want something Velcro? Do you want something you can slide in?" That would be equity, where everybody then leaves with what they need. So that's a little story about this particular slide, Equity versus Equality.

This is another one. I'm just going to move quickly through. Equality: the same support and assistance regardless of the need or the outcome versus equity, which is support and assistance based on a specific need and an outcome that is needed. So, sometimes this is a hard one for young people and adults themselves to also understand. So, if we need to have more of a conversation about this example, I'm happy to do it with people as well. If there's an example that comes up for you that you want to bring up.

So, I'm going to stop sharing the screen and we're going to come back together. I'm going to invite us to acknowledge it's about 45 minutes in. We're about halfway through our time together. This is our opportunity to pause, and also our opportunity to take a break if you need to move around, if you need to take a sip of water. I'm noticing that there was a couple of notes for me that I totally didn't see in the chat, because I'm not opening up the chat when it's coming in, but I'm noticing that now so thank you.

I'm going to look at the question and answer. This is your time that if you have questions about any of the content, maybe this is the time to bring it in. If you do have other questions that emerge, you know that we'll have time, one more time before we wrap up, for me to answer some questions and have a conversation.

So, we have one question here that says, "Would you say ignorance plays a big role in a judgmental way of living?"

So, I think this is a really interesting question. It depends on if we are defining ignorance from a negative perspective or if we recognize ignorance as a space of people not having an understanding, where there isn't a level of maliciousness that emerges. I would say some people in our communities here in the US are ignorant about a range of different experiences, but they're using an approach that centers themselves, or they think that the way that they do something is better than the way that other people may do it. That is an example of ignorance being a form of judgment. But I think if people are moving with curiosity and may not understand, "Oh what is that that you're drinking?" or "Why does your food smell that way when you bring your lunch from home?" and inquiring or being curious about what something is, that is a different approach that's not about maliciousness or wanting to cause harm, but it really is about curiosity.

So, I think ignorance does play a role in confusion, but it can also play a role in people buying into a superiority ideology, thinking that their way is the best way. And that happens a lot in classrooms and there's a ton of research about it as well. Especially for students who are racialized or who are immigrants or who have come to the states with a very different understanding of the world. So, yes and no, and also it depends on the intention as well. Thanks for that question that was brought in.

Are there other ones? I'll invite people to take a moment to write in the chat as well and give us a moment. And if not, this is your time to take a break, get a sip of water, move about as you need to.

Okay thanks, I'm gonna take the answer live, so I'm gonna move that one. Great, alright. Okay so for our next section when I share the screen again, we're going to go into models of disability. And I'm going to pause here for interpreters as well.

And so, we're going to start with the medical model of disability, and this is what I think a lot of us are familiar with. And we're going to move through medical model, then we'll do the social model, and then we'll do this the justice model of disability. And then we'll pause and reflect and share a little bit more about, "How does this connect? How do we do this with our Latino communities, but also with a wider expansive cultural understanding of the communities that we're supporting?"

So, I'm going to share the screen again, and you're going to see the screen change and me go into slideshow mode.

Alright, so we're going to start with models of disability. So, this first model, we have an image here of a doll or an action figure dressed up as a doctor, and they're in scrubs and a white coat. And then behind them to the right are some toys that resemble tools that doctors use. So, there's a syringe, and a pill bottle, and more, and then on the left side, we have a microscope on a table.

Now underneath this image is a phrase and the phrase defines the medical model from a disability perspective. So, each of the slides that I'll show you will have an image like this. I'll offer a description and then I'll read aloud what's behind it or below it. And again, these are from disability perspectives. So a disability perspective of the medical model believes this: "I the doctor invent and administer tests to classify disabled people according to what I think are their impairments. Then I carry out experiments to try to make them more like me."

So here is a version of how disabled people interpret the medical model, and I want to remind us of terms like assimilation, and other forms of culture, that are also not recognized in a medical approach.

The next slide will have different types of values within this model of disability. So, when we're moving through a medical model of disability, one of the core values is a diagnosis. And there's a core focus on what the diagnoses an individual may have. Now this may make a lot of sense for many people, because that's what our medical communities are for is to help us, offer a diagnosis. It's not a bad thing to receive a diagnosis. It often times really leads to relief and support and a very clear path forward to alleviating pain, for example. So, the medical model is helpful in certain ways, but it can also be very much challenging and frustrating and dehumanizing.

When we think about other ways that dehumanization emerges in a medical model, we can look at item number two where the medical model views our bodies and minds as broken, in need of repair or a cure. And this can be a controversial topic in the disability community, but oftentimes for example some people may think, "Oh my goodness, let me try to get you this other thing because I think that's going to make you better and

less disabled." When in reality sometimes people don't want to have certain things fixed or corrected. They really probably want easier access or to not have to always ask, "When I go to the dentist is the dentist going to wear a mask or are you not following COVID protocols in the moment?" Those are some examples we can think of abundant and numerous ones. There's abundant examples around thinking our bodies and minds are broken and in need of repair or cure. This falls into that assimilation belief and idea. There's also this understanding that the people who are the experts in the room are the medical providers themselves because they're the ones who have gone to medical school or nursing school or have a specialization and so they must know more than us, the patient.

Unfortunately, this creates a binary that has a power component attached to it that tells the client and the patient, "I know more than you, you have to listen to me and what I say. That will make you a compliant patient which is ideal for me." And the reality is each one of us knows our bodies and minds better than a doctor. Each of us knows what the signs are if we're about to get a flu or get a cold. Each of us knows what it feels like when we might have an ache in our body you need to rest, or what it feels like when we might need to brush our teeth after a meal. All of us know that better than any other medical provider.

So, this creates that binary with a doctor and the medical provider are the experts and therefore our understanding of our bodies are not always valued. And finally, what the medical model also does is it pathologizes disabled people. It views us as incompetent. It invites questioning about our existence and our identities. So it questions whether or not we would be good parents. Whether or not we should even become pregnant. Can we become pregnant? Are we having sex? Can we have sex? Do we have any functioning to be able to engage in sexual activity? Can we experience pleasure? Do we know what that is? Do we know the difference between pleasure and something that is not as pleasurable? These are the forms of pathologization that impact disabled people often, especially around sex and sexuality topics.

So, I want to invite us to really be cautious when thinking about how we're going to approach sexuality education, and where in the curriculum or in the ways that we're talking about sexuality with our disabled students and clients, this form of pathologizing their experience makes it difficult for us

to connect with them from where they're at. That cultural relativism. Because many disabled people do want to build a family.

You're going to hear from Robin tomorrow and maybe she'll share a little bit about her family, but she's really open about it and—hey Robin!--but you know thinking about it and reminding ourselves that there are some disabled people that imagine having a family, not having a family, dating, being married, not being in a relationship, masturbating, or having multiple partners.

You need to remember that disabled people are human beings as well, and they also desire and have an idea of what a full fulfilling life is for them and if we're offering various ways for our community members to communicate, we can begin to understand and hear from them about what those visions are for themselves.

This is the medical model. I believe this is the last slide, and if so, the next slide will be the social model. Let's check. Yes, alright the social model of disability.

Here we have an image of an action figure or doll that is a double amputee. So, they do not have legs. They are in a power wheelchair. They have a very determined look on their face, and behind them is an image of various disabled people holding signs and being a part of a movement outdoors together. And underneath this image again is from a disability perspective, and I'm going to read what it says underneath now: "The social model: I fight against prejudice, discrimination, and disabling environments. I fight for equal rights legislation, and better health and social care provision. I also fight to eliminate the poverty, abuse, violence, and war that caused the majority of impairments."

Here we have a little bit of a different approach when we're thinking about types of models of disability, and this one has a more affirming one of our disability community members.

Let me go to the next slide, and this model has a few slides that accompany it. Many of us are here because of the social model of disability, but under this model of disability there was a shift in the ways that people were understanding disability, and the ways that

disabled people were making demands on being heard seen and a part of their community.

So, during this time, which many people might call the Disability Rights Movement, which started generations ago. But here we had a focus on the rights to access public space, be in community, go to schools, libraries, the grocery store. There was also a focus on independent living, reminding us that disabled people can live independently and also interdependently.

So, some of the most amazing national organizations, like the Center for Independent Living, was created because of the activism of disability community members. There's probably a Center for Independent Living somewhere in your counties or in the cities that you're in, if you're unfamiliar with them. They usually offer housing to disabled people as well as a range of other care services such as, maybe they'll have a mini clinic, maybe they'll have film screenings from time to time for tenants. But all of it is centered on supporting disabled people to live outside of institutions, and also to live beyond a family created component where people have to be under a guardianship or conservatorship.

Also during the Disability Rights Movement there was a big focus on disabled people being the ones who were the leaders, who are organizing, resisting, and also changing the laws in the country. So here we have a reminder of the Americans with Disabilities Act, or the ADA, which was celebrated as bipartisan, signed in 1990 under Bush senior's Administration. And it expanded the Civil Rights Act of 1964, which basically added disabled people as a protected group of people under our constitution.

Well we also need to acknowledge that at that time in 1990, yes, it was a very important ruling and decision that went into law, but it also did exclude a large group of disabled people. And in 1990, we knew exactly the community members who were dying of aids-related complications led by HIV. Because those individuals and HIV and AIDS were not included under the Ada until 2008 when there was an amendment to the ADA. Then we had a more expansive understanding of who could be considered protected under the ADA. So not only disabled people who were able to prove it with paperwork or diagnosis or letter from their doctor, but also people who weren't included. So people with autoimmune

diseases or who were immunocompromised or had chronic illnesses were also included.

We go to the next slide which reminds us that the social model of disability identifies disability as a social condition, which basically means that our society is what creates barriers for disabled people to be in public, to be seen to engage with other people. And so the focus was on the barriers and the attitudes in our society that made it difficult for disabled people to fully participate. So it was one of the first times that we had a conversation and an understanding of ableism. Ableism being the specific form of oppression that disabled people experience in an able-bodied world, or an ableist world.

So in many ways the model of disability asked the questions, "Is it my body that's the problem? Or is it the social body that's the problem?" And it also invited us to think about what is debilitating. And here I want to add a layer of culture because we're talking about disability culture. But when we're talking about our Latino students, or clients, or families that we're supporting, oftentimes people may view our culture as debilitating.

I've heard this many times throughout my life as a young person and also as an adult today where people would say to me, "Oh your family must expect you to have many children as quickly as possible," or "You must be someone who will want to get married and have babies so you must be heterosexual."

These are examples of how racialized--and these aren't just microaggressions, these are macroaggressions. But when people start to think about debilitating experiences they usually also are informed by a racist, elitist, and harmful lens. And so that goes back to that question that was asked earlier on ignorance and judgment. If people were saying to me, "Oh do you want to get married?" That's kind of open-ended, but for disabled people, asking about marriage can be complicated, because there is no marriage equality for many of us. Especially if we're in a conservatorship or a guardianship, and also if we're receiving federal or local support.

I'm gonna go to the next slide, I think--yes--our last slide for social model. And for the social model of disability one of the critiques was that it was a single issue based model. It only looked at identity as disability. And what

that basically meant was the leadership of the disability rights movement at this time, inspired by the social model, thriving under the social model, historically exclusively centered white people who had mobility experiences or challenges or issues, and it excluded many disabled people. Like autistic people, our deaf and hard of hearing community members, our late deafened community members our blind community members, people who had chronic illnesses, but were not using a mobility device.

So it was really a particular movement leader that looked and moved in a particular way. And this is one of the challenges that this model of disability created or experienced. The framework also left out a variety of other forms of oppression, which means it only focused on ableism. It did not ever consider the way that ableism is informed by misogyny or sexism, the way that ableism is informed by racism and elitism. And so, it really didn't offer everyone an opportunity to be fully present and to bring their full selves into the space.

And so, the social model, for many people, it felt like it had invisibilized them. It made them invisible. Because they couldn't bring their whole selves in. And so sometimes people call this intersectional or intersectionality, which is a theory, a framework, and a practice, not being fully realized.

I'm gonna go to the next slide where I believe I'm introducing the disability justice model. That doesn't--I'm sorry, there's one more slide for social model--So we're talking about the social model of disability. It also centered and favored people who could achieve certain rights and have access through a legal process. And this was a challenge because if we're thinking about what a legal process looks like, it requires a lot of energy, a lot of time, a lot of organization, and money. And not a lot of disabled people have that.

So, celebrating the ADA for some people were like, "Yeah, now I can get to the grocery store in theory, but in practice, if it snows and they don't clean the curb cuts and they pile the snow on the curb cuts instead, I can't get through that on my wheelchair or with my walker or safely if I'm using a cane." But also, this is an example of how people with children or who are pushing carts, whether they have groceries or other things, also benefit. People on motorcycles or bikes may also benefit from not having the curb

cuts blocked with snow. So, those are some examples of where some people were like, "It's not really helping me at the end of the day."

But finally, the social model disability was also a political strategy that really relied on that legal approach. And it made it a challenge, because if you weren't invested in that bureaucratic approach to navigating oppression, it wasn't something that really benefited you in all the ways that it could.

So these are some of the critiques of a social model and some of the ways that influenced a disability justice model which will be the next model that I'm introducing.

So here we have the justice model of disability. We have on the left hand side a poster from the organization Sins Invalid. And Sins Invalid is a performance organization that is led by and features disabled people and that really invites disabled people to offer performances about their lived experiences, especially their sexual lives.

So at the top of this poster, we have a few words that I'll read in a moment, but we also have Leroy Moore, who is one of the architects of the disability justice framework. He's one of the Black architects and oftentimes when people talk about disability justice, they forget the Black people that were a part of creating the framework, and they only focus on some of the white or Asian people. So, I really want to challenge that, and push us to not erase the Black brilliance that created this framework.

So, similar to how the reproductive justice framework was brought to us by the organization Sister Song, disability justice was brought to us by the organization Sins Invalid. And this poster reads, "All bodies are unique and essential. All bodies are whole. All bodies have strengths and needs that must be met. We are powerful, not despite the complexities of our bodies, but because of them. We move together, with no body left behind. This is disability justice."

And some of the key features of the disability justice model are that it centers disabled people who experience marginalization in multiple ways. So, it understands age, race, class, gender, and more. It also invites and includes everyone who self-identifies as disabled, even if they have a medical diagnosis from a doctor, or even if they think they might be. It

invites everyone who embodies and self-identifies as disabled. It includes our bodies and minds as sources of power, pleasure, and also forms of oppression. And it also centralizes a practice of aligning our communities, our organizations, and our lives along commitments that it offers us.

I'm going to highlight some of those commitments in a moment and also principles. I'll go back and forth with that phrase: principles and commitments of disability justice.

Again, this is just a quick overview. There's 10 principles, and hopefully I've been introducing some of these principles during our time together and modeling them a bit.

The first one is intersectionality. Now intersectionality is the first principle for many justice frameworks, including the reproductive justice framework as well. Intersectionality is a theory, a framework, and a practice that helps us understand power and oppression. It does not give us answers as to why something is happening, but what it does do is give us an example of where oppression may be occurring. And we have to come up with the solutions on how to lessen that oppression. So, intersectionality invites multiple aspects of our identities, but also invites us to think about the power that we have, and the relationship that we have to those identities and how that connects us or disconnects us from other people, places, and experiences.

The second disability justice principle is leadership by the most impacted, which is basically that disabled people need to be in charge of disability things. This is probably one of the hardest ones for some organizations and people to value because they have to share or give up power.

The third one is anti-capitalist. Disability justice is anti-capitalist. And that's primarily because disabled people have often been told and been given the messages that we are not valuable, we are not the kind of workers that people want or expect, and that shows up in a variety of ways. And I invite you to look at job openings. What do people say or write about the expectations for the job? Are people expected to stand or move in a particular way? Are they expected to lift something? And if they are, it automatically removes a majority of disabled people.

So, oftentimes disabled people are considered not valuable because we're not traditional workers. So, we don't uphold capitalism. In many ways, a disability justice politic is anti-capitalist. It challenges this idea that your only worth is through the labor and what you can produce, when all of us have worth and value and stories to share.

Disability justice is also rooted in cross-movement organizing. So, it invites us to think about what are some of the other movements that we are also connecting our lesson plans to, or our conversations around. So, are we bringing in a disability rights movement understanding? Are we talking about the Black Lives Matter movement? Are we talking about feminism or climate change? All of those are movements that are currently happening in this moment. And so, when we commit to cross-movement organizing, we're also calling on those movements to incorporate a disability consciousness and approach to make it more accessible, the movement work that they're doing for all of us.

The fifth principle of disability justice is recognizing wholeness. And this is a direct challenge to the medical model of disability, because it invites us to keep in mind that no matter how we show up today, we are whole human beings. We might have some challenges, we might have our camera off, we might only communicate with some emojis, but we are still whole no matter what else is happening for us or to us. And that really challenges the idea of needing a cure or seeing ourselves as broken.

The next one is sustainability which I think is really important as educators. I was never ever taught or spoken to about how to sustain myself in the classroom. So, sustainability invites us to think about, "What do we need to do so that we can continue to do this and not burn out and also care for ourselves?" And so, I invite each of you if you're a teacher, educator, or facilitator to think about: Does sustainability look like taking your sick days or leaving early? Or maybe it looks like planning a vacation now, not waiting until there's holidays that are coming up. What do you need to sustain yourself, to continue to do the work? Because we all need to do the same thing together.

Then there's cross-disability solidarity. And this is directly coming out of the disability rights movement, which only really brought together certain groups of people who had certain disabilities. So, when we commit to

cross-disability solidarity, we're acknowledging who is not at the table, who is not in the Zoom room, who did we not reach, whose voices we are not hearing from, or who may be silenced because they can't access a space. And it invites us to do some really hard work of access check-ins and talking through what if my access needs are challenged by other people's access needs. There are always solutions and possibilities, and cross-disability solidarity invites us to find those.

We then have interdependence, which is one of my favorite ones if you haven't noticed, which I think is a direct challenge to an assimilation approach. Again, reminding ourselves that all of us need help, we need each other, we need support and care, and it's a gift to ask for help and also to receive help. So, interdependence challenges us to think about how we can only do it on our own, every single one of us, if we're disabled now or not, we all need other people.

The last two principles of disability justice are goals. We haven't gotten there yet. So, "collective access" where everyone can access what they need, invites us to really imagine what's possible, what needs to happen for us to live in a world or a country where everybody's needs are met, and they don't have to struggle. Because that's possible.

It also invites us to then understand "collective liberation" as a goal. How do we all get to where we need to be? And the next slide is, I'm really going to invite us to think about how we can move more towards collective liberation and thinking about how we can implement some of these principles and understandings and the work that we do.

So, I think the next slide is literally, "How do I do this though, Bianca? How do I implement this?" So, I'm offering a couple of tips for us and we can talk about them, challenge them. These are just suggestions, things that have worked for me and what I've learned from things not working.

And the first one is to move at the pace of the slowest person in the room. That is us moving together. And I know that as an educator I'm usually told, "I have to complete a certain set of outcomes or expectations, and sometimes I only get to one activity because the group is so invested in that one conversation that I need to remind myself that I need to pace the class and the conversation in the ways that all of us can get there together." And we need to give ourselves permission to move a little bit

more slowly. And also that invites us to create a more sustainable learning environment. Some people take a little bit longer to process the information, and some people don't, and that's okay.

We also need to give ourselves the permission that we're not going to meet all the requirements in the semester or that is expected of us in the curriculum. So, for example, I talk about, you know, if the goal is to talk about consent and help people understand consent, one of my goals is to really remove consent as only a conversation around sex, sexuality. But to really make it more expansive around relationships. The relationships that I have with myself, with my body, with other people, and other places.

So, sometimes I need to ask for consent when I need help, maybe putting on socks. I ask consent and use consent when I'm asking for a refill of a beverage at a restaurant. So, there's a range of different ways to think about incorporating conversations and experiences of consent that are more aligned with the realities of our students.

I also want to invite us to think about being creative, how we receive feedback. One of the biggest things that I got pushed back on when I was teaching in the classroom with students from adults was that I was inviting the young people to give me drawings of how they felt at the end of each session. Or to write a poem or a song or to pick a color that reflected a feeling that they had during the session. And a lot of people were like, "Bianca, I can't evaluate this based on a drawing or based on a poem." And it really challenged the way that people were evaluating my classes and the way that they were valuing feedback. And so, I want to acknowledge that it's hard, but sometimes if we really want to get an understanding, if we're trying something new or in a different way, I invite us to think about receiving feedback. Think about how we offer feedback, and how important feedback is to the work that we want to do and to sustain us for doing more work.

And then finally I want to invite us to be intentional about the language that we use. The next couple of slides, I will highlight more of these and give us some examples, but I want to invite us to avoid the following things. Avoid using deficit-based language. And if you're like, "I don't know what that means." There's some examples on the next slide.

Avoid using language that focuses on tragedy, as if it's tragic that we're disabled. And to also avoid language that focuses on limitations. So here I'm inviting us to think about our personal power that we have to really shift the culture of our classrooms to make them more affirming for our disabled students, especially our disabled Latino students as well. And the goal here would be to avoid the ableism that becomes reinforced because language is so powerful. If we remove language from people, it removes a core part of some of the culture for people. If we remove rituals, it removes some of the core culture for people. So thinking about this in our classrooms is really important.

The next two slides, when you get the slide deck, you can spend more time with them. I acknowledge it's a lot of words on the slide when I go through them. But there's some examples of these kinds of things to avoid.

So, I will be showing over the next couple of slides some ableist language, some harmful language, language that I encourage you not to use or replicate. But I'm also giving you those examples so that you can understand what I mean by deficit and tragedy and limitation, and also giving you examples of alternatives. Because language is so so powerful, and it's constantly evolving. So that's the content note that you will see some ableist language in the next few slides.

So, when we talk about ableist language, if you are unclear about what the deficit approach looks like, it's people saying things such as, "Her arm is missing." So the word "missing" would be the deficit. Or saying things like, "He is really overcoming his disability." And so here the language of "overcome" or "overcoming" is the deficit.

Some of us do not. It may be a lifelong experience, as Jack shared yesterday about autism. When we talk about limitations some people will say things like, "They're confined to a wheelchair," or, "They're wheelchair bound." That is identifying a limitation of someone. It's not identifying what they can do, which isn't really helpful in understanding people and what their needs are.

And finally, the tragedy approach. So thinking of us as people who suffer from our disability. And here the example is, "He suffers from cerebral

palsy." And this often comes from the perspective of people who do not understand our lives, or our diagnosis and therefore make up stories that, "I could never do A, B, or C. I don't know how you do it," is definitely stemming from some of these spaces.

The next slide has more ableist language. I'm going to go through it fairly quickly so you can pause and have more time. And there's a couple of questions in the chat, and also giving you an opportunity to add more questions to that Q and A box as they come up for you. The next slide highlights ableist language on the left and then invites you to consider these alternatives on the right.

So I'm just going to highlight a couple, but I identified wheelchair bound. And as someone who uses a wheelchair sometimes, has a cane, I'm not bound to my wheelchair. Like, I can move around. I may need some help, especially if I have to be in a line, I can't stand for too long, or if it's a high pain day, or I'm a little disoriented, and still need to go into the pharmacy. Instead, consider us wheelchair users, or people who are users of certain devices.

A really common one is the term "crazy". And our friends and colleagues and community members who are mad or sick or disabled with mental health issues do not like it when we misuse the term crazy, when what we really mean is weird, or extraordinary, or unbelievable. So here, the invitation is to be more specific with the words that we're using. Because, we don't want to isolate people by calling them crazy, or to say that, "The line was crazy and out the door." Why not just say, "It was really super long"?

And I'm gonna go down to the bottom one. There's also a really common one is "blind spot", and people usually use this to identify things that they do not know, whether they know it yet or not. So I'm inviting us to literally say "I don't know," as opposed to, "That's a blind spot for me."

And another one would be "bedridden". Another term, an alternative term it's more affirming and realistic, would be "bed life". So, I know there's days when I've needed to just stay in bed because my body said "no". And sometimes I've chosen to be on a call for work, and sometimes I've taught a class, because the rest of me was able to do it. I just couldn't sit up for too long. So, bed life is what we say as disability community in that space.

So I'm not going to go through all of these, but you will get the slide deck and you can spend a little bit more time with them as you choose to.

I do want to highlight a few resources before we pause, get some questions. So if you're looking for content to use in your classroom, what I've done is a little bit of searching to identify some media that might be really helpful to bring into your space. We have here a YouTube burner, if you have YouTube access in your classroom or spaces. This is a Latina disabled person who documents her life moving around in her community and highlighting some of the experiences that she has. And they can be very basic things like, "How do you cook for yourself?" or "What are the ways that you go to the grocery store?" "How do you drive a car?" "How do you get around on the bus?" So, that's Andrea.

We then have some Scenarios USA, which is an organization that existed, that I used to work for. So, a disclosure, I used to work here. And they partnered with high schools. And they had young people create scripts for a film that they wanted to see that addressed a particular social issue that they experienced. And they had been around for maybe 13 years, and when they closed, they put all of their films online, and they all have captions. And some of the films that were created from those young people, they usually were partnered with a director who has a Hollywood background, and these are five of the films that are accessible and available that might be useful in the sexuality classroom and also that affirm the experiences of your students.

So the first one is "From An Objective Point of View", which is a young Latina talking about whether or not she's ready to have sex. There's "Toothpaste" which is about a group of young people talking about sexuality topics. We then have "Man In The Mirror" which follows a young Latino athlete who is struggling with being attracted to other boys in his grade and getting caught kissing them. Then we have "The Tale of Timmy Two Chins", which is about a young, fat Latino boy who is struggling with his relationship with food because he's grieving the death of his father.

And finally, we have "Speechless", which identifies the experiences of a young high school boy who has experienced sexual violence and abuse from a classmate and the impacts that those have. Now these films are

not perfect, they're created to invite conversation and build dialogue and also offer a variety of teaching opportunities.

There's also the disability film festival, called Superfest, that begins October 19th through the 22nd. It is held in San Francisco so there will be some in-person components, but you can also view the films virtually as well. So, I have the link here but I'm also happy to put it in the chat. It's superfestfilm.com, and you can go to the 2023 films. Here are five that all talk about disability and sexuality of some sort.

I have not seen them yet, but know that they will be available for viewing in about a month. So, I'm going to pause here, and remind you that we're in this together, that we need each other to continue to do this work. I thank you all for being here with me.

I'm going to stop sharing the screen, and we are going to get to some of those questions that emerged. So, we're going to come back together and I thank you for joining us today. I'll be sure to have some time to bring in Morrigan if there's any reminders for people for tomorrow.

So, we have a question here that says, "Is there going to be another Crip Camp summer camp or similar opportunity available that you know of? I was part of the summer camp and I'm looking for a similar opportunity for my colleagues."

So, I have no idea. The cripcamp.com website has an email address that you can contact Jim and Sarah. They are the directors of the film. They have also recorded the summer camp, so if people are like, "What is happening? I didn't know about that," know that we have recorded those. They do have ASL interpretation and transcripts, and Jim and Sarah are currently considering how to archive those so they're available and accessible for the community to use. So thank you for that question.

We also have a question that reads, "In the rare disease community, we have countered the medical model of depicting our children with the Super Power Baby Project by Rachel Calendar, using a photo essay to picking children experiencing their condition and living their life. Do you know of any similar books or stories for the non-medical model frameworks to help people understand a different way of seeing the community?"

Yeah, this is a great one. So, I immediately think of a couple of children's books. The first one is "We Move Together", that's the name of the book, and "We Move Together" is a text that's available. If you wanted to show it, they have they do have an ASL version, they do have an audio description version, but I also encourage you to purchase the book at your favorite independent bookstore.

And also, other books--So the books by Corey Silverberg and Fiona Smith. "You Know Sex" is the most recent one. There was also "Sex is a Funny Word" as well as "What Makes a Baby", which are all guided from a disability lens and includes disabled people in the images and some of the core characters are also disabled young people. So those are definitely books that I recommend.

There's also a book that's coming out next week, I believe, and it's called "Abolition is Love". And it talks about and presents the approach of abolition. So, this is important directly to disabled people who are worried about being institutionalized or separated from their communities in such a way, because it talks about, "How do we resolve conflict? What does it mean to move as a community?" So, it really is a beautiful text around interdependence. It was written by Cyrus Marcus, who is in Canada, and who's disabled, who's also queer, and trans, and a parent. So it comes from their experience as well. And Cyrus is one of the creators of the Black Lives Matter movement in Canada.

Alright, so I have a final question and then I'll turn it over to Morrigan. This is a long one so I'm going to read it as it's shown up. It says, "I was often told or heard 'life isn't fair' when expressing disappointment or frustration over a perceived, real, or imagined injustice as a child. Now as a professional working with individuals and families experiencing various disabilities and or mental health conditions, I believe I have a responsibility to create situations of fairness, at least in my day-to-day work. Sometimes resources are too limited, either personally or systemically, to achieve this, and an echo of the old story 'life isn't fair' may show up for me mentally as I metabolize humanity's failures stemming from ableism, other culturally conditioned biases, and capitalist values. I'm curious if you have any advice for professionals when feeling demoralized by difficulties, failures, and problems to achieving equity. Something to combat the unhelpful 'life isn't fair' narrative."

Yeah, thank you for that. I feel like I have a lot of things to say here, and I hope that Robin is here joining us will also address it tomorrow. Being hopeful is hard. Witnessing what's happening on the planet, knowing that things could be better and they're not is really demoralizing. So, I think the ways that have helped me cope has been bringing community members closer. Reminding myself that I'm not a burden when I ask my friends for help or to listen to me talk trash or complain. So, being able to find those spaces for ourselves are really important.

One such space I've been able to work and create with the Longmore Institute at San Francisco State, and we offer a Cafe Crip opportunity. And so, if you go to... it's UCSF. And type in Longmore Institute. Look for the events, you'll find Cafe Crip. It's usually the last Friday of every month from 12 p.m. to 2 p.m. Pacific time where we pick a topic and we come together. And maybe we read some of the readings, maybe we don't, but we spend time together talking about really hard topics. And I believe our first topic will be about parenting as a disabled person, and we'll be reading a couple of articles from that perspective. And you know, sometimes we don't stay on topic. Sometimes we're just together. But finding those spaces has been really important. But I want to affirm that it's hard, and finding your people, venting... really really good thing to do to get it out.

So hopefully I can share a little bit more. Robin will adjust it a little bit more tomorrow, and I thank everyone for joining us today, and I'll turn it back over to Morrigan. We're a few minutes over time.

Morrigan:
Thank you so much Bianca!

Alright, so for our audience today, we have a short three-question survey that will open when you sign out of this webinar. If you could please take a moment to complete the survey, that would be really helpful for us.

And the next and last webinar in this series will be tomorrow, which is "Let's Talk About Sex! Education for Disabled Youth-Developing Comprehensive and Inclusive Sex Ed for Educators", which will be tomorrow September 21st at 4 p.m. Pacific time.

The Zoom link will be the same for each webinar, and everyone who is registered will receive an email with the resources shared during this series as well as a notice when the webinar recordings are available.

Thank you for joining us in this webinar. Please contact us if you have any questions, and I will drop our contact info in the chat here.

Alright, I hope to see many of you tomorrow!