WOMEN’S ADVISORY BOARD
MINUTES FROM THE April 14, 2021 MEETING

Meeting Type: Regular: _X__ Special:_
Location: https://kingcounty.zoom.us/j/98757019811
Meeting ID: 987 5701 9811
Passcode: 293723
Called to Order: 4:03
By: Zeeba Khalili

Members Present:
Rebecca Chan               Karol Brown               Joey Ketah
Po. 2 Vacant               Kathryn Hancock            Hamdi Abdulle
Jessica Giner              Roxanne Thayer            Heena Khatri
Sarah Reyneveld           Po. 9 Vacant               Kathy Brasch
Regina Elmi               Zeeba Khalili              Dionne Foster

Excused/Absent: Regina Elmi, Karol Brown, Joey Ketah (absent) and Dionne Foster (excused)

Speakers: Staff from the Arc of King County & Aurora Commons
Staff: Allison Jurkovich
Guests: Doug

Approval of Agenda: Sarah Reyneveld & Rebecca Chan  Vote: Yes
Approval of Minutes: Roxanne Thayer & Hamdi Abdulle  Vote: Yes

AGENDA ITEMS:

Agenda Item 1: Welcome & Introductions
- Name, district and what you are looking

Action Items:

Person(s) Responsible: Deadline/Due Date
N/A

Agenda Item 2: Public Comment
No public comment

Action Items:

Person Responsible Deadline/Due Date
N/A

Agenda Item 3: Announcements
- Letter about violence toward AAPI communities drafted by Zeeba Khalili
  o Questions about which councilmembers have made statements to date
  o Would like to include language about the impacts on AAPI businesses
  o Motion to approve letter as long as the changes above are noted: Roxanne
Thayer & Kathy Hancock, Vote: Yes
- WAB Vacancies: D2 and D9

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<th>Action Items:</th>
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<tr>
<td>- Look into what statements have been made by King County council about the AAPI hate crimes, violence and rhetoric</td>
<td>Chair</td>
<td>April</td>
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**Agenda Item 4:** The Arc of King County: Gender-based violence and persons with disabilities

**Staff:**
- Scott Brown: sbrown@arcofkingcounty.org
- Jae Kim: Information and Resource Coordinator, jkim@arcofkingcounty.org
- Francis Tierney, ftierney@arcofkingcounty.org

**About the Arc of King County:**
- Supports persons with intellectual and developmental disabilities
- Resource for community and a hub of programming

**“Models” of Disability:**
- Moral: idea that a person’s disability is a punishment from God or a higher power because the individual or their parents have done something wrong. This model varies across cultures. Makes disabilities taboo.
- Capitalist/Economic: Evaluates how a disability affects an individual’s ability to work and make money. Additionally, it sees people with disabilities as an economic burden on social systems, compromises individual’s ability to gain permanent residency or documented status (for ex. public charge law).
- Medical: Deficit based thought pattern that focuses on all the things someone cannot do and how they can change. Prioritizing research to promote therapies and medical intervention/surgeries/etc. versus providing funding to support individuals with disabilities to live full meaningful lives. Suicide rate in autism community is 9 times the rate of the general population. Folks do “masking” – there is no such thing as normal.
- Inspirational: Components of the moral model are a part of this – and it often paternalizes folks with disabilities and assumes low expectations for people with disabilities.
- Social: disability as diversity, social perceptions, strengths-based and part of identity. Action: empowerment, accommodate, person-led

**Sexual Development and persons with I/DD:**
- People with I/DD experience:
  - Experience social isolation
  - Privacy deficit
  - Need more explicit social cues to be successful when socializing
  - Inappropriate behaviors are sometimes permitted as part of disability: unequally applied, gendered
  - More helper relationships
  - Less access to formal and informal sex education: often pulled out of general sex education and experience less informal sex ed like from peers, tv shows, music videos, pornography, etc. and folks with disabilities have less access to those things
- Mental Age Theory:
  - Part of the medical model of disability
Discussing someone’s mental capacity as “that of a 5-year-old” for example does not honor their sexuality
Infantilization of people with developmental disabilities denies them their autonomy and informs harmful stereotypes: asexuality and hypersexuality
  ▪ For ex “they don’t need this because they are never going to have a sexual relationship” or “if you teach them this they will become sexually aggressive”
Desexualizing disabled bodies happens for the comfort of non-disabled people
- Denying Sexual Autonomy:
  o Denial of LGBTQIA identities
  o Problematizing of sexual behavior regardless of whether it is safe or healthy
  o Assuming that a disabled person will never date, marry, parent or be depended upon
  o A lack of accessible and comprehensive sex education
  o Being considered an “unreliable witness”

Recommendations:
  o Support LGBTQIA+ identities
    ▪ Research that autistic individuals are disproportionately gender non-conforming
  o Support healthy sexual behavior
  o Sex education
  o Advocating for access to relationships
  o Believing disabled survivors of gender-based violence
    ▪ Offer multiple ways to report abuse, such as reporting to pictures
    ▪ Slow down the process
    ▪ Take all reports seriously
  o Power and Control Wheel: People with Disabilities and their Caregivers
    ▪ “Caregiver Abuse Takes Many Forms” by Mel Baggs
  o AAC (Augmentative and Alternative Communication)
    ▪ These systems and programs are created by non-disabled folks and are infantilizing
    ▪ Some have “adult” language behind a locked system that they cannot access
    ▪ So if folks cannot report abuse or have healthy conversations about their sexuality
    ▪ Ability to program goes to parent, caregiver, speech pathologist

Questions:
  o What about forced sterilization of individuals with disabilities? This can happen without folks consent or knowledge although being someone’s legal guardian does not legally have the right to do so. Additionally, there are
  o Reflections:
    ▪ Don’t think about folks as sexual beings, so thinking about how to modify
    ▪ Reflecting on personal experiences
  o Questions from folks about advocacy in the education system?
  o Would like to connect WAB with the Arc of King County Advocacy Team
    ▪ Ensure that people with disabilities and a part of the conversation – think about universal design and make everything more accessible
    ▪ People with disabilities need to be present and providing input – can connect with self-advocates who are womxn

<p>| Action Items: | Person(s) | Deadline/Due Date |</p>
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<th>Agenda Item 4:</th>
<th>Aurora Commons: “Our Neighborhood Living Room”</th>
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<td><strong>Sparrow Etter-Carlson:</strong> Director of Women’s Services, <a href="mailto:sparrow@auroracommons.org">sparrow@auroracommons.org</a></td>
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**About Aurora Commons:**
- Survival street-based sex work and poly-substance use
- Located at 90th and Aurora
- Founded by a group of “housed neighbors” and started spending time with unhoused neighbors (“neighbors sleeping outside”)
- Moved to inviting female-identifying folks over for a “women’s breakfast” – first informal AC program
- Two years in they signed a lease for the AC
- Core belief is that the overall health of every individual is dependent on their belonging in our society
- About Aurora Commons: “I Am Your Neighbor” video

**Womxn’s Programming:**
- Last year: seen 535 individual womxn
  - Vast majority who come are engaged in “survival, street-based prostitution/sex work”
  - Paperless without identification
  - No phones
  - No housing
  - Poly-substance users
  - Not women who are using a service or phones to post online or see it as a choice – just as a means of survival
  - High ER utilizers – only go to the ER as a last resort, and treated horribly in hospital setting.
- In partnership with the Madison Clinic (Harborview) started the SHE Clinic (Safe, Healthy, Empowerment Clinic)
  - 3 hours/week at AC
  - Womxn living with HIV, untreated STIs and folks who are pregnant
  - Anything you can get at a typical doctor
  - Medicated assisted treatment on demand
  - Incentivize: HIV/STI care, prenatal care, MAT
  - Expand clinic to 5 days/week through federal funding
  - Full-time medical social worker can provide wraparound care

**Questions:**
- **For neighbors who want to get involved what is the best way to start?**
  - From an AC participant: “Stop judging me. Please. It hurts. And if I say “hi” please say it back, or if I ask you what time it is…please tell me. I feel like you just ignore me.”
- **What can we do to support this work?**
  - Increase in individuals who are overdosing and dying alone. We do not have a respite on the North End. Folks typically do not want to go (go where we are known and seen) downtown. Don’t know the open-air drug market
  - Increase in social services on the North End
o Sexual Assault Nurse Examinations (S.A.N.E.) barriers – rare for someone to report so manage the “Bad Date List”
o If someone does report and take them to an examination
o Entering into a season of visible sex work – important to hold women who are sleeping outside and are poly-substance users in our hearts. As we see more folks, especially younger folks, show up on “the track” the violence increases. North End Aurora is called the “training wheel track” (non-substance users) so folks who are there engage in more harmful activity for less money
  - What other alternatives to policing would you recommend that are like the Bad Date List?
    o Wants to encourage all of us to hold context and the concept of belonging
    o Housing for ex – leaving their housing because they are leaving to go back to where they are known
    o Want to see more places across the city like AC where folks can share life together and put emphasis on meaning making
    o Drug use is ritualized grief and pain – we just have the privilege of hiding the ways that we are trying to find relief in our lives

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<tr>
<td>- PPT from Aurora Commons</td>
<td>Staff</td>
<td>TBD</td>
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<td>- Send out contact information to WAB</td>
<td>Staff</td>
<td>April</td>
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AJOURNMENT

Time: 6:00 p.m.

NEXT MEETING

Date: May 12, 2021  Time: 4:00-6:00 p.m.  Location: Zoom/Call-In