

Access FSU

Episode 02: Gender, Sexual Health, and Disability

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KimBoo: Welcome to access FSU the podcast for the Office of Accessibility Services at Florida State University. Your hosts are Accessibility Specialist Shanon Bernick and Accessible Technology Coordinator KimBoo York. We are here to shine a solutions-oriented spotlight on issues and concerns for university students of all levels, including undergraduate, graduate, postgraduate, and non-degree seeking. Thank you for joining us.

KimBoo: Welcome back everybody. It's the second episode of access FSU, I'm one of your hosts, KimBoo York and I'm here today with my co-host, Shannon Bernick and a couple of guests. We have Sarah Castillo, Assistant Dean, Director of Victim Advocacy Program, and Beth Thompson, sexual health coordinator with University Health Services. We've got some interesting questions or rather Shannon has some interesting questions lined up for them. So we're really excited about this episode. We've had to reschedule it, but everybody has been really super committed to trying to get here, get this recorded. And I'm really thankful to our guests for taking the time out of their schedule to do this today. I'm going to hand it over for a few minutes to...minutes, seconds oh what is time? I don't know anymore this pandemic era, it's a mystery. But I'm gonna hand it over to Shannon so she could talk a little bit about our topic today and a little bit more about our guests. And then we're going to do little bit of back and forth. So, Shannon!

Shannon: Absolutely. So when KimBoo and I first decided to do this podcast, we sent out a survey of about 15 to 20 topics to FSU staff and students. And by enlarge, the results came back with intersectionality as the most interesting topic that staff and students wanted to hear about. So with that in mind, we decided to start off with intersectionality of sex and disability. And we chose that, number one, because intersectionality was so popular among our survey results. And for those of you who are unfamiliar with the term intersectionality, it refers to the interconnectedness of social identities such as race, class, disability, sex. And they're regarded as having creating an interwoven effect, privilege or discrimination. And of course, this is a very complex experience because one identity may contribute to privilege, while another identity may lead to discrimination. So the multiple identities with which a person regards themselves actually creates a very unique experience for the individual. We decided second to focus on sex and disability because of course, March is National Women's History Month, which was established to commemorate and encourage the study and celebration of women's role in history. And so we figured that was the perfect timing to talk about sex and disability. And of course, on the forefront of women's role in history has been a topic that has historically gained a tremendous amount of attention which is sexual health. And some of the examples where we see this in society is access to health care, family and medical leave policies, and of course, over sexualization in media. So toward that end, we've invited our two campus partners, I'm Beth and Sarah, to discuss the

intersectionality of sex and disability with regard to the sexual health of students who also experience a disability.

KimBoo: And before we really get into some of the details, we wanted to offer up a little bit of a content warning on the topic at hand. We may discuss some issues that are sensitive for individuals depending on your identity or your experiences in life. We just want to remind you that this podcast is your experience. You can hit Pause if you're uncomfortable, you can completely stop listening and just opt out. There's, there's no grading on this. This is something that we're doing for you to educate and hopefully enlighten everybody, maybe give you some tools, use in your own life. If you do need to pause or opt out, you can also check out our transcript of the episode which will be available on our website. We will have a link to that in the show notes. Or you'll be able to watch it on our YouTube channel, which will have captions. And sometimes we know that sometimes people turning the sound off and either reading or just reading separately completely with no visual or sound might have a better experience for that. We want you to stay safe when you're, during your experience listening to this podcast. And so if you have any questions, always feel free to email us at oas@fsu.edu about the content of the podcast. We will be happy to answer it for you.

Shannon: So without further ado, we are going to start with our first panelists today. Who is Beth Thompson, as KimBoo said, the Sexual Health Coordinator at the Center for Health and Wellness on campus. And Beth, we'd like to just get started with hearing a little bit about yourself.

Beth: Hello. Like they mentioned, I'm Beth, I do use they, them pronouns. I am a servant to the sweetest cat in the world. I'm a knitter and I am the prevention coordinator for sexual health here at FSU and CHAW.

Shannon: Wonderful! And Beth, Could you tell us a little bit about what some of your responsibilities are within your position?

Beth: Yeah, absolutely. So some of the things I do is I coordinate HIV testing on campus, which is, we have free rapid testing. And I also do wellness coaching, which is one-on-one coaching to help students achieve their academic and wellness related goals. We do programming around sexual health, and I also am sort of a lead on condom distribution on campus.

Shannon: And those are just such practical and meaningful services that you provide for our students. Especially at the college age, where they're learning so much about themselves and their sexuality. So we'd like to go ahead and just jump right in. If you could kinda tell us from your perspective why it's important to discuss sexual health that's inclusive of students with disabilities.

Beth: Well, I think the most important thing to know is that students of all genders with disabilities can and do have sex. If they are doing the thing, they need to know how to do the thing safely. So whether they are visible or invisible disabilities, having a disability doesn't stop someone from experiencing sexual attraction and desire. We know a lot of people with disabilities, particularly visual ones or do sexualized, and that's simply not true for everyone. So anyone who has sex or may have sex or have is engaged in sexual play one day, he needs to know how to have safer sex. And in particular, I think have that added layer of how to navigate it through how their disability may impact or be impacted by sex.

Shannon: Absolutely. And you you kind of touched upon the next question that we had, which was sometimes there's this conceptualization that people with disabilities either don't have the sex drive or

don't participate in sex. And so what are some of the other myths or misconceptions about the sexual health of students with disabilities. So an important one is, I think we know a lot of people who are women or who are assigned female at birth are often considered less sexual than their counterparts, which isn't true, isn't true. And when you add that intersection of disability, that message gets expanded it's even more sort of realized, I suppose. But like I mentioned, people have sex, whether the disabled or not, it may look different, but it still happens. Another one is that disabled women and people assigned female exist across their own sexuality and gender. And so that can be part of the LGBT community. They can be heterosexual, they can be cisgender, they can be trans. They may be asexual, they may not want to have sex. And that some people even choose to only have sex with other folks who are part of disability communities because that person understands the struggle and the nuances of life. Whereas sometimes if they have sex with non-disabled folks, they may feel fetishized because of their disability. And so that may be something people encounter in the world and that's totally valid to non-disabled folks from their partners. And the final one I want to talk about is that sex isn't just between genitals. Our entire body has nerve endings and can experience pain and pleasure. And for some people, those things tie together. But the most important body part when it comes to sex is our brains. This is where our pleasure neurons fire, but also how we communicate, what we like, how we understand what we need to be happy and safe, and how we choose our partners. So as long as someone has a brain which that exist in a lot of ways, they can have sex and enjoy it in whatever way that makes sense for them.

KimBoo: It's interesting that you brought that up, Beth, because I, myself, late in life came into the identity of being demi-sexual. And so there was a lot of times in my younger years, which I have a lot of younger years at my age now, where I thought there was something wrong with me. And I thought that there wasn't, I wasn't engaging in romance and sex and the way that a lot of my colleagues and friends were though. Thank you for bringing up that the complexity of this issue.

Shannon: Absolutely. And I appreciate to how you discussed intersectionality almost simply within the realm of sex. Because simply being female, it can be misconceived, as not being as sexual and then having a disability on top of that can even contribute to that myth. So even just within the idea of Sexual Health, we see intersectionality playing out in terms of discrimination or misconceptions within it. So towards that end, what impact would you say disability had on sexual health?

Beth: This is a really broad question, but it depends on the disability. If someone's disability or medication affects their immune system, for example, they may be at higher risk for contracting a sexually transmitted infection or an STI if their partner is positive. So that means they need to be aware of making sure the partners are getting tested and they're getting tested. And if they're in a non monogamous relationship that all their partners, partners or metamors are also being tested regularly and that they're using barriers to reduce that risk. If pain or lack of sensation is part of someone's experience, they may never engage in genital sex, so they may need to focus on protecting themselves from oral or skin to skin transmissions. If someone experiences brain fog or executive dysfunction, which is that moment when your brain kind of a record-scratches and you forget how to do things you need to do, like how to plan a paper or even how to do the dishes, even if you did the dishes earlier that day, sometimes your brain and your executive functional go, 'nah you don't know how to do that anymore.' So if they forget those things or have trouble with those things, how are they going to necessarily always remember to use a condom correctly or use a dental dam correctly. And so they may even forget to take their birth control to prevent pregnancy. So those are all the ways it can impact them. For some people, pregnancy would be a detrimental emotional or physical experience. And so ensuring they have access

and ability to engage in effective, pardon me, see, prevention during sexual play is important and knowing how pregnancy may impact their disability or be impacted by their disability. Another one that we don't think about a lot is sensory processing issues. Where the feeling of some condoms may just not be good for people or some people really hate sticky feelings. Lube is sticky! I do condom demonstrations all the time. It's all over my stuff and I can tell you that there are some lubes that are really sticky and I have some sensory issues myself. And there's some days I sit there and I have lube on my hand and I'm just like, get it off right now. But I can say a solution to that is the silicone lube tends to be less sticky than water-based lube. So if 'sticky' is one of your sensory issues, stick to a silicone lube. Just be careful using it with silicone toys. Yeah. And lube is a safer sex tool because it prevents condom breakage. It also reduces tears and abrasions of tissue. Whether that's vaginal tissue, anal tissue, oral tissue, any other type of tissue.

Shannon: Yeah. And I love that you that you focused not only on some of the physical practicalities, but also some of the emotional experiences and thoughts that are present throughout the whole sexual experience for, for all persons. Because those can definitely be exacerbated by a person's disability that they experience. So we talked about some of these practicalities that are so useful in terms of minimizing the impacts. But what barriers do you see for students with disabilities in terms of accessing these types of products that might be useful for them.

Beth: Whew! This is a soapbox issue for me. So I'm going to try and keep it concise. First is general access to safer sex tools. When you go into stores, you can usually get external or roll on condoms. But sometimes they're behind a locked box. But then are you going to stores themselves accessible accessible to different mobility issues? or the aisles close or far? you know, there's all of that. But also, this is something I discovered a few years ago and it drives me crazy and and...or, not drives me crazy, but it makes me really frustrated. There's not a condom maker in the US that puts an expiration dates on the box or the codename package in large print or in Braille. So anyone who has significant blindness, may not be able to see the expiration date of their condoms without an external person or app or taking a picture book, you know, they have to do that extra step. Which isn't fair in my opinion, or right. And a lot of online education for many years wasn't subtitled or captioned. So people who are deaf or hard of hearing couldn't access that information. And we know real life doesn't come with captions. And these aren't the result of people's disabilities. This is about a world not serving them and creating accessibility. It's not anyone who has disabilities fault. It is the culture's fault. Another barrier is health care providers internalizing the myth of non sexuality for their patients. A friend of mine who has mobility concerns and disabilities had to ask to be tested for STIs because her doctor just assume she wasn't and she was like, I have multiple partners. I need to be tested regularly. And then for those who have intellectual disabilities are differences, sexual health information isn't always taught and we said it's accessible or understandable to them. We sometimes use very clinical and large words and we don't create them as accessible to those people. And I kind of mentioned, but physical access to spaces we're testing condom distribution, educational program is is also another problem.

Shannon: Yeah. And there definitely so many systemic barriers to accessing the health care that's necessary for them. And just like you said, in order to properly utilize the tools that are available for their protection is very limited in terms of accessibility for them. And that's certainly something another area that our students express tremendous interest in was advocating for those changes that will make things more accessible to them and change that culture around their sexuality. And also what their daily living experiences like, like what it's like to have to trust someone else, that the condom you're relying

on to protect you is actually not expired. It's, it's a difficult, it's a very vulnerable position to be in. So definitely addressing those systemic barriers are so important to our students. And then Beth, we so appreciate everything you've shared with us. Is there anything else you'd like to add? (group laughter)

KimBoo: Put you on the spot!

Beth: I'm reviewing my notes because I kind edited things from--

Shannon: Sure!

Beth: my notes into other places. But I guess I just want to make sure that everyone knows. I want our students so they can explore their sexuality safely if they choose to do so, they don't have to explore if they don't want to, and that they are deserving of care and respect and sexuality and pleasure. They're deserving of all of those things. And that it's becoming more and more visible for folks to be disabled and be sexual. And I'm really happy to see that. And there are more tools out there to support disabled folks like toys that are being geared for people with different disabilities, different levels of support to support different bodies. And I encourage you to explore those things if you're interested in them. That's all. Thank you so much.

Shannon: Absolutely. Thanks. Thank you so much. We appreciate your open and honest conversation about what can be a very sensitive topic for a lot of people. KimBoo: Yeah, We really appreciate it, Beth, and we would like you to stick around. We're going to be jumping to our other guest here. Shannon's going to do that introduction. But there might be a couple of times when we'd like to go back and forth to discuss the how these two aspects integrate a little bit into the lives, especially with students with disabilities. So thank you.

Shannon: Great. So moving on to our next guest, as KimBoo had mentioned earlier, Her name is Sarah Lull Castello, and she is the Program Director and Assistant Dean for the victim's advocate program. Hi, Sarah. We're so glad that you could be with us today. And we were hoping you could just introduce yourself to our audience by telling us a little bit about you.

Sarah: Yeah, Hi. Thank you so much for having me. I'm Sarah Lull Castillo. I'm the Director Victims Advocacy Program here at FSU. I am relatively new to Florida, as in I've been here seven years, but I feel like I'm still getting used to it. I am a Westerner at heart. I was born and raised in Colorado. And, um, similar to Beth, I am, I have two kittens that are my pride and joy and my babies and my whole life. So I enjoy them and enjoy going outside and, you know, and enjoy doing things like this, helping to provide education and support for students. So thanks for having me, Sarah.

KimBoo: You had a few technical difficulties joining us, so we appreciate you you persevering.

Sarah: Absolutely. It is only through determination that we are to you.

Shannon: And Sarah, I absolutely understand still adjusting to a Florida. This is my third year here and we moved here from New York. So I am still adjusting to the temperatures. It is hot.

Sarah: I think it might be a lifelong struggle.

Shannon: Yeah. Yeah, I haven't quite quite adjusted yet. So just before we jump into our questions for you, could you tell us a little bit more about your position as the Program Director and Assistant Dean at the victim advocate program?

Sarah: Yeah. So our job: we are at 24 hours, seven-day week, 365 days a year crisis program. So our sole position or purpose, I guess you would say, is to provide support to students who have been victims of crimes. So that can be a pretty broad spectrum can be anything from sexual assault, relationship violence, stalking, battery, robbery, theft, a combination of the above or whatever it might be. And so we're here to provide students who have been impacted by that. And again, we provide 24-hour sources and we are also confidential. So that's pretty unique on campus because there's only so many places that are confidential, being us, the wellness center, the counseling center, and then Employee Assistance Program. So we're safe spot to meet and discuss what options might be available to survivors of crimes and then decide where they want to go from there, support them in whatever option they choose.

Shannon: Absolutely, that's that safe space is so important that when students have experienced a crime and are feeling vulnerable. So we know in terms of sexual health, of course, that there is a lot of opportunity for for crime to happen in the form of sexual assault or rape. And we also know from research that students with disabilities can be at an increased risk for that. So we were hoping you could describe for us the relationship between sexual assault and students with disabilities in terms of risk factors and outcomes?

Sarah: Yeah, so you already took the words out my mouth. Which one of them being that students with disabilities or individuals with disabilities in general are at higher risk, unfortunately for sexual assault. And it is kind of interesting because pretty consistently if you look at research, the first identifying factor, the biggest risk factor is actually being female or female identified. And so then when you break that down even further, you see that female students with disability are at even a higher risk than anyone else in the popu-- than anyone else in the population. And I think there's a myriad of reasons for that. Part of it is a lot of the issues that Beth already touched on, right? We have students who maybe don't have good mobility. We have students who maybe don't communicate in the same way the others you might, we have individuals who are stereotypically asexualized by the larger population. We have people who don't understand that disability and the connection between sex and sexual desire. We have students who are, maybe there are medications because of their disability that impacts their ability to think straight at certain times of the day, some medications make you very tired, for example. So maybe when you take them at night, that's not really the best time for you to be making really serious decisions are under health. And so there's a lot of reasons I think that perhaps students with disability are at a higher and higher risk, but we see it unfortunately, all too often. And, and it's something I'm so glad that we're here talking about. I feel kind of... It feels kinda sad following Beth, because we're like the dark side of sex. I think, here in the advocate program but its highly conversation that has to happen.

Shannon: Absolutely. And, and you touched upon the intersectionality there. And that just goes back to the idea that either being biological female or identifying as female and being identified with a disability are two identities that contribute to that discrimination. Or in this case, placing you at risk. And unfortunately, it is the dark side of sexual health. But it absolutely needs to be addressed so that it doesn't become a cyclical problem that we see throughout someone's lifetime. And you did mention in there, playing off of what Beth had said how sometimes people with disabilities communicate differently. And of course, consent is such a huge part of sexual health. And so could you talk to us a little bit about what role consent plays in the sexual health of students with disabilities.

Sarah: Absolutely. So consent is the most important thing I would argue for health, for sexual health, right? So consent is very important at all times in any type of relationship. I don't care who's doing what, consent is key. I think that's number one primary thing. And I think what is important to pay attention to her to note when you are talking about students with disabilities is simply, people communicate differently. Whatever that might be. You know, if we have somebody who is deaf, they may not be able to peer verbal cues. They may not be able to respond verbally or hear what you're saying. So there has to be a different way does identify that you can agree or disagree to what's happening, right? We honestly see that. And students who just speak different languages, like it doesn't even need to be disability, just communication is the most important thing. And of course, if we look at our, our definition of consent that we use here at FSU, which is just simply asking the question of a capable person with adequate disclosure and without coercion. Just breaking down that definition, there's a lot of things that could be complicated if you're talking about a student with disabilities. So the question piece we already talked about with communication, making sure that people can hear each other. Making sure that they are understanding each other. The capable person piece is very important because like I just said, there could be medications involved that make you not being a state of mind where you are, are capable consenting at that moment. We know that a lot of medications can interact horribly with alcohol or drugs if those are involved. And so a lot of times are our students with disabilities who are on any kind of psychiatric medications that are really increased risk, if they have been having fun trying to be a college student, which is okay, but they may be at an increased risk because of those interactions with those medications. And then the adequate disclosure piece, you know, Beth hit on a lot of that. So maybe there's a physical disability and sex is going to look different between two individuals. We have to have that disclosure up front. What is it that we want to do? What is it going to look like? You can't just surprise someone in the middle of a sexual act and just do something different because you think that's fine or because you think, Oh, they can't move in that position so I'm just going to do this, right? There always has to be that disclosure, so that they know what is happening. And of course, that last piece which is so important for victimizations is just that coercion. Like you cannot use someone's disability against them. You cannot say that like, oh, well, I'm going to tell people about this or I'm going to hurt you in this way if you don't do this for me, whatever it might be, that coercion pieces is really important as well.

Shannon: And sadly I think that goes back to the myths and misconceptions that we talked about. Oh, well, a person with disabilities can't express themselves the same way or can't move in the same ways. So that some people interpret that as having the freedom to do more of whatever they would like to do. And unfortunately, that's a problem because it's not getting gaining the person's consent beforehand. So, um, what would you say is the best way to communicate consent? If you experience some of these problems, like for example, a student who has mobility impairments or a student who is death. What are some suggestions you would have for them?

Sarah: I mean, it kinda breaks down, it sounds simple, but it breaks down to just open, honest, clear communication in a form that everybody understands, right? So if your partner has, like we've said, a different way of communicating, we need to be communicating them away that they understand. If having the adequate disclosure up frenzy, you understand the different ways that sex can or cannot happen, or different things that a person is comfortable or not comfortable with. That has to happen openly and honestly. And I think that we live in a culture that so often doesn't want to talk about sex, right, Beth? And probably about two to that. We don't want to talk about actually doing all. You just do

things and we just make assumptions. That's true and it's always dangerous, but it's particularly dangerous with our vulnerable populations. So just with disabilities because you make, you might be making the completely wrong assumptions and then you're leading yourself into a very, very dangerous and scary situation. So just that open, honest, clear communication, I would argue probably needs to happen when you're sober, because that isn't good.

KimBoo: Yeah. Sarah: Don't happen when you are drunk that that is, or under influence of drugs and it's just not the time to make big decisions. And I would argue that sexual acts, they are supposed to be fine, but they're big decisions like these are things that we need to be doing in responsible ways.

KimBoo: So I'm going to jump in there a little bit, Shannon, and throw you off your groove. Because my background is technology and one of the things that I think when we talk about clear and open communication is one, simply asking, do you understand? Of course that's, you know, do you, are we on the same page? But there are ways to -- if you're not really sure -- you can write the question down, you can text it to somebody. They might be more comfortable. I mean, I do have students who more comfortable texting me or emailing me, even if they're in the same room, even if they're just across the way in the and the AT lab. So if there's a situation where you're not really sure, think outside the box a little bit. There's always a way to find, a way to talk about things that you want to talk about with somebody in a clear manner. It just may not be what you're used to.

Shannon: Absolutely.

Sarah: Absolutely.

Beth: Well, I could also jump in as someone who is hard of hearing, check in with your partner if you're whispering to them. Because I can tell you, no matter what the situation if you're whispering to me, it sounds like you're blowing on my ear. And then I'm going to wind tunnel. I get nothin'!

KimBoo: That, that, I thought about that! But you are so right!

Shannon: Yeah, absolutely. So Sarah, you know, unfortunately, sometimes there's still a breakdown in communication right? And unfortunately, even if there's not a breakdown in communication, situations unfold that that result in sexual assault or rape. And if that were to happen, not just to a student with disabilities, but any student at the FSU Campus. What services do they have available to them through your office? Yeah. So they have us, of course. And what would our primary role is, like I said, to support students whatever option they choose. And so we'll sit down with students and we will discuss with them what their options might be. And that might be as simple as meeting with us and sending letters of support to professors. We know we work on a college campus of course, one of the first things that's impacted is frequently academics because, you know, something traumatic has happened to you. Going to class is kinda the last thing that's on your mind a lot of times. And so we can send letters to professors. We can help advocate on their behalf to professors. If they end up needing to drop a class, withdraw from a class. We can work with academic deans departments to help assist with that as well. We can do referrals to counseling center. So we have a great relationship with the counseling center on campus that students can get connected and have some better therapy in long-term care as far as their mental health is concerned. And we work very closely with the Women's Clinic at our Health Services at University Health Services for our mainly our female identified and if it is a male identified victim, we also work closely with the primary care clinic over at university health services. So we actually can help

pay for the expenses of any kind of follow up STI testing or any kind of follow-up has to happen after sexual battery has occurred. So that comes out of VAP and university health. This actually helps pay for that. So that doesn't have to go through health insurance. Lot of times students don't want their parents to find out that something has happened and understandably well and if it gets billed through insurance, parents will see that on their insurance bill and wonder what's going on. So we have a really great relationship with them. We can help any student who wants to report. Of course, that's always an option and we can help them report to law enforcement. We can help them through the title nine conduct process. We can help them with anything with that as well. And then we have all of our campus partners that we work with regularly. So OAS is one of those, I connect my students the OAS all the time because helping get accommodations through classes and that kind of thing is always very helpful. Sometimes we have students who have been injured pretty significantly because of victimisation and maybe they can't walk right now because they just had surgery on their foot. So we connect with OAS to help them get support that way as well. And then our other campus partners, financial aid, student of business services. I could probably go on - CHAW is a huge one. I could go on all day, but if a student has a need we're here to try to help figure out, and if it's not us, we will get them connected to the right people. So we do what we can

Shannon: Yes, you all are fantastic and just have such comprehensive services that you can help walk the students through. You did touch on one thing in there that I think it's so important for students to know about your office. You had mentioned that after being the victim of a crime, especially something as intimate as sexual assault, that they might not want their parents to know, and in fact, they might not want anybody to know. So I was hoping you could speak to the rights that students have when they come to your office and they disclose that they've been a victim to you.

Sarah: I'm so glad you asked that. Because the first and foremost, probably arguably the most important right they have is their right to confidentiality. So coming to our program, we are confidential. Everything they say stays here unless they give us written permission otherwise. So in order for me to advocate on their behalf, on their behalf to faculty, whoever financial aid, whoever it might be, you'd get their permission first. So we will never speak on behalf of the student or a victim unless they want us to, unless they've asked us to. And at that point, we don't give details like nobody frankly needs to know the details of the crime or the situation outside of who the survivor wants to know, right? And so I will never contact faculty and say, Oh this happened, so and so it was sexually assaulted. They don't need to know that. All they need to know is that so and so is connected to the victim advocate program due to extenuating circumstance. All of that very, very confidential so that students can feel safe while they're here, with working with us and they can get the best service as possible. And then in addition to that, I would just add on the right to be respected, the right to be treated with compassion, and you have the right to be believed. I think that especially when we're talking about sexual assault, there is just so much cultural nuances around it, right? And there is, you're going to get push back and you get people who don't believe you. And I think survivors number one fear is when they're not being believed in. I don't think not everyone would agree with me, but here the victim advocate program, it is your right to be believed. You know, like if you're coming forward and something is happening to you, we're here to believe you. We're here to support you in the most compassionate way possible.

Shannon: Well, and I'm so glad that you mentioned that part because I think oftentimes when an individual has experienced a crime that is as intimate as sexual assault, there can be a place where they go that they start to blame themselves. And they start to think, well, if I tell someone else, they're just

going to say, well, you did this wrong or you did that wrong. And it's so important to have that safe space that you provide where you're going to believe them and not participate in some of the victim blaming that unfortunately, we see in society that's associated commonly with sexual assault. So I really appreciate that, that you offer that safe space for them where they will be believed and they will provide you will provide confidential support for them. And then Sarah, just before we finish up, is there anything else that you'd like to add about VAP or just the services that you offer in general.

Sarah: I think I will get I will just give a shout out to our number. So it is our 24 hour hotline is 850-644-716. And we're actually rolling out a brand new text line. So now we are going to be text available as well. That's going to be a different number, and that number is 850-756-4320. And that's going to be very helpful. I think talking about inclusivity and people with disabilities are frankly, if you just feel more comfortable texting like him, he was talking earlier, that happen as well. So I just wanna make sure. Out there, um, for anybody who might be interested.

Shannon: Fantastic, thank you so much for sharing!

KimBoo: Oh, well, I do appreciate you guys showing up and joining us today. We really appreciate everything you had to say and insights that you have. I want to make it clear to our listeners that all the resources that were discussed will be included in the show notes, telephone numbers, websites, all that. We're going to have that altogether in one place for you, which would be we keep our show notes on the web page for our podcast on our own website. So we, if you need one of those, it'll be there. So take a look there. Sarah and Beth, Thank you so much both for joining us and we really appreciate you having you around and especially for the work that you do. Thank you so much.

Sarah: Thank you.

Beth: Thank you for having us and thank you for the work that you do.

KimBoo: Thank you for joining us today! We're so glad that you could listen to our second episode. We're very proud of being able to put this together and we have a lot more to look forward to. I'm going to have Shannon take over for a second. We have a couple of things coming up and then we will move on to our sign-off. Shannon, did you come up with a catchy sign-off yet?

Shannon: I have not, it's just completely escaped me. But I I will I promise. It's been crazy busy, but I will come up with something. I have been working on our upcoming events. So as we move towards the end of the semester, we know a lot of students are planning internships for the upcoming summer and fall semesters. And then we know a lot of students are also graduating, which is super exciting, but means that they're transitioning from college to career. So we are hosting our college to career transition series. We will have the events on March 30th, April 7th, and April 14. Our guest presenter will be Emily Cannolly from the career center on campus. And she will be walking us through the process of creating resumes and cover letters, searching for jobs, interviewing techniques, and also incorporated within all of that, will be how the ADA looks as you transition from college to career. Because we know that accommodations in the workplace look quite differently than accommodations in college. And so we want to make sure that students have a lot of resources where they can find the information they need as they make that transition.

KimBoo: Thank you, Shannon. And just a reminder, the college to career transition series is available to all FSU students, faculty, and staff. We will eventually have podcasts featuring those topics as well. So be

on the lookout for those. And in the meantime, That's it for this, we're going to wrap up. We finally got our new catchy new closing out statement. And we thank Beth Thompson for this one, she recommended it while we were off the mic earlier in this recording session. And it is: OAS is O U T! Thanks for listening to the latest episode of Access FSU. Did you find it interesting, helpful, insightful? Please let us know by emailing our office at OAS@fsu.edu We are always looking for feedback on issues and suggestions for future episodes. Don't forget to subscribe to our show on your favorite podcast app, including iTunes, Stitcher, and Spotify. For more information about the Office of Accessibility Services at Florida State University, visit our website at <https://dsst.fsu.edu/oas>. We appreciate you taking the time to join us today.