

Session 1 Lesbian, Gay, Bisexual, and Questioning Participants in Treatment Court

Joe Lunievicz: Okay, welcome, everybody. I'd say, "Take your seats," but I'm assuming you're already all in your seats. It's an old joke at this point, it's just for our virtual world.

My name is Joe Lunievicz. I'm the Project Director for NADCP, NDCI, and I'll be your brief host for this, this afternoon. For those of you who are on the West Coast for late morning webinar, this is the first, the kickoff for our new training series to advance equity and inclusion in the treatment courts.

We all, kind of, know, at least I hope we do, that treatment courts have been real, what we call instruments of change in the criminal justice system. They have transformed the systems and how the systems respond to substance use and mental health disorders. They've led a movement from the punishment towards compassion in evidence-based treatment.

So hear that for a second; a movement from punishment, from punishment towards compassion, and evidence-based treatment. And the idea is that should be for all, right, but one of the problems that we know occurs in our country, and also in the criminal justice system is that there are disparities.

And we've, we've gone as an organization, a a long way towards addressing, and continuing to address racial, and ethnic disparities, but there are other disparities that need to be looked at, too. This is the truth of living in a a country that has a tremendously diverse population that needs to get along. And we don't always get along so well because of our history. Right?

So there are four sessions in this series. This is lesbian, gay, bisexual, and questioning participants in treatment court. Kim-Monique Johnson is a, is the presenter, I'll introduce her in a moment. She is also doing the second session; you're going to love her: Gender Identity and the Participant of Transgender Experience in Treatment Court.

And then we've got two more done, one by Dr. Anne Janku on how to organize and conduct the focus groups; so very practical, I think, which is very useful, right. That's one of the key elements to use in helping reduce disparities, in particular amongst our target populations.

In Session four, Carolyn Hardin, how to identify and host an advisory board; she's going to tell you how to put one together, and how to keep it going over a period of time. Because that is also going to help reduce disparities, right?

So Kim-Monique Johnson, she is a colleague of mine, and a friend of 20-plus years, and I just love being able to say that. We have worked together for a long time on a number of projects, both curriculum development, curriculum implementation, and, and all kinds of things in between.

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She is a seasoned trainer, and I mean that in the best possible way. She is like turmeric, coriander, cumin, thyme, and a little bit of salt, and pepper. She is a good national, international public speaker. She has really traveled around and done her thing in many different places.

But she's not just a little bit of a public speaker, she is a supreme trainer, a facilitator. She works also as a coach and she has worked with a number of driven, diverse populations, both public health where I, I first met her, criminal justice.

And she has got human resources, expertise, and I think that is a key element that many speakers don't have that she brings to the table, which I think is very important. She talks the talk, and she walks the walk, folks, right? She has worked with organizations all over the country to manage change, to implement diversity, racial equity, and inclusion strategies, and initiatives.

Right, I met her when she first started doing HIV education, and I was doing HIV education a long time ago in a city far, far away called New York, right back when the epidemic was big, and strong, and ugly, right.

Joe Lunievicz:

Kim-Monique also designed and delivered the original flagship cultural proficiency training for interdisciplinary team of drug court professionals. So she has got history here, which I think is also important, and in her work with the treatment courts across the country.

She's also got some really fascinating, and incredible global facilitation experience, including a year as a volunteer sexuality educator in Gabon in Central Africa. And she also led, co-led the first LGBTQ multi-year training for healthcare providers in Lima, Peru.

It's my pleasure to hand over the floor to Kim-Monique Johnson. Go get 'em.

Kim-Monique Johnson:

Oh, my, thank you so much. Wow, yes, it is indeed an honor to be here with you, Joe, with Carolyn, and with Bonnie as well, and with all of you out there in the virtual land. And we've been doing this, right. It's, like, two years. How do we do this before? And yet we are doing it again, all 299 of you, I believe.

So here's how I'd like to do this; right, thank you, Joe, for all of that, right, but really, what's so important to me, right now, in this moment is how can we show up even in this virtual space in a way that's going to help make it affirming and welcoming for LGBTQ folks to show up?

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That's really what this is about. So yes, there will be some, some slides. There will be some data because what's a webinar and a presentation, right, without data, and slides, right? And there is going to be an opportunity to really lean into what does this moment call for for us right now? And why do I say that?

Well, because, hopefully, you heard the music when you joined. And if you did, and, if you so dare, go ahead, and drop in the chat, who is the artist that sang that song, "I'm carefree and I'm gay, I was born this way?" If you happen to know the original artist, go ahead and drop that in the chat. If you happen to know the most recent artist who did it, you can drop that in the chat as well.

And that's what we want to do, right? We want this session to really be affirming and welcoming. So even as I describe some of the real challenges for LGBTQ folks in terms of managing substance use, and substance use disorder, and what it means for them to enter treatment, we always want to center on the humanity.

Right, I love how Joe talked about the compassion, we always want to center on the strength. So that is my bias as a social worker, that despite everything that may be challenging, and you're going to hear some things, and see some things that are challenging for queer folk, for gay folk, but lesbian, bisexual, and gay, and questioning folk. You're going to hear me use these interchangeable terms, right?

For all that's challenging, let's really make sure we can lift up where the strengths are, right where the resilience is, and how we can really support folks in their journey towards recovery. So I leave with that song because it is a celebrate, a celebration song, and it is a recognition of really taking ownership, and pride in one being who they are. So that being said, yes, who am I?

I identify as a cisgender, Black, lesbian. And I say that because I recognize the importance of creating space to honor the identities of other people. So another tenet of social work for those of you who are social workers out there in the audience, or those of you who work alongside social workers, those of you who are in treatment, that there is a concept of the conscious use of self.

Right, and so for me to be conscious about my open identity is a way to affirm and make it welcoming for others to share their identity. So that's what I bring to you – bring with you – bring with this presentation today.

Alright, so I know there is some housekeeping that we need to attend to. So I mentioned the chat, I'm not able to watch it just so. But Joe and I are going to tag team, we've got 25 years plus of history of doing that. So in the chat there

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may be some energy there, which we encourage you to use.

We also have another feature, which is a Q&A. So if you have a specific question that you don't want to get lost in the energy of the chat, we invite you to use a Q&A button, and we'll actually spend some time to look at those specific questions.

And also, please use the chat because as we go along, it will be great to, kind of, have you engage with each other, and with us through the chat. We'll also use a few polls, and the polls as a way to just anonymously check in with where you are, right. We'll go over what the objectives are for this session. But to give you a sense up front, like, what you're in for, so to speak, right?

So this is an opportunity to learn, right, without shaming, without, like, questioning, why didn't I know that? Or I wasn't supposed to know that, this is new language. How come I'm not sure about that? It's all okay, things change.

So we're going to offer you an opportunity to check in with yourself, just what do you know? With an anonymous poll, that way you're not, quote, outed, to use that word in terms of what it is that you're learning, and what is it you may need to lean into practicing more in terms of language?

Alright, so I'm just going to go check in and see how my audio is because, again, the virtual reality; I've got landscapers out here who decided out here in New York, Long Island, the sixth borough of New York City, Joe, that today is a day to start with spring cleaning. How is my audio, is okay?

Alright, great. Alright, so as we move along, I do believe that this is a required disclosure I need to make, right, so the we know that this project is supported by the Bureau of Justice Assistance. Right, but these opinions and views, right, are not necessarily representative of the U.S. Department of Justice. So we're gonna fly past that because, yeah, I take full responsibility for what I'm about to share with you today.

Alright, so let's get into this. Right, so why this session? Right, why is it that you signed up for this? Hopefully, you saw the description and that you saw these objectives; they meant something to you. So even though we're not able to be in lovely breakouts and, really, like, have a conversation, we want to have a conversation.

Alright, so looking at these objectives, we really want to just take a moment to pause, have you take these in. And drop in the chat, which of these resonate with you the most, right? Where are the, where is there energy around one or more of these objectives for today?

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Okay so as you take those in, I'm going to invite Joe to, like, just review the chat to see what comes up. Because, yes, in an hour and 15 minutes, right, I'm going to talk fast; I am a New Yorker, I may do that. So I'll invite you to let me know when I need to slow down.

But we really are going to touch on some topics with the whole point of, like Joe said, making it available to you to know what you need to know, to make it available for queer folk, for gay folk, for lesbian, bisexual, and questioning folks, gay folk to really show up as they are in your treatment court.

Why do we do that? Well, because there are certain clear disparities, right, between who is in court, and who is in treatment, and who's not. We're gonna look at those. We need to have some definitions, though. We actually need to make sure we're clear on that language.

That's why we said earlier, there'll be a way for you to really check, what do you know? What language is appropriate these days, or what language is just outdated language that is not going to be welcoming, and affirming? Okay.

We're going to look at the difference between sexual orientation and gender identity. And to be super clear, this session is specific to sexual orientation and sexual identity. We're going to really separate out gender identity. And stay with us, you'll, you'll know why later, okay.

We'll look at, what are some of the treatment needs specific to LGBTQ participants, right, and to really underscore how your treatment court can address those needs. How can those specific barriers, right, be removed so that you can meet the needs of of, of your participants who are LGBTQ.

Getting to those specific strategies, again, to overcome those barriers. Alright, so Joe I was going to ask you to take a look at the chat and as folks are dropping in, what resonates the most? What's coming up?

Joe Lunievicz: We've got a tremendous number of people who responded, so many that it was hard to keep track. But I will tell you –

Kim-Monique Johnson:
Yes.

Joe Lunievicz: – Although, all numbers are represented, I think heavily, we're on one and three together. It seemed to be big; and four, five, and six –

Kim-Monique Johnson:
Yeah.

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Joe Luniewicz: – Together.

Kim-Monique Johnson:

That's great, okay. Good, let's get there, right, so let's look at that. Let's look at, again, how do we start the conversation? So even though we're not gonna do this live, I would like to offer, right at the beginning, right. Everything that we share with you today, think about what you can take away and implement, right?

So as Joe said, what are the practical ways that you can start to do things differently in your treatment court, like, right away? Right, so how do you introduce yourself? So how did you hear me introduce myself? Right, my name and my pronouns; and let's just be real, right, this is not something that we are used to doing, saying.

Right, I'm a woman of a certain age; I can admit it, right? We didn't always use pronouns. Inside scoop, I'm also a woman of a certain age, and I've been an out lesbian for a long enough to know that we used to use pronouns to hide, right, who we were talking about in mixed company. Yeah, right, when it wasn't so safe, and it's still not always so safe.

We would use pronouns to pretend that we were talking about more than one person, right? I might say, "Yeah they are coming over today," when I really meant, "She," because maybe it wasn't safe. And so that's a part of, like, LGBQ history, yeah.

And so now, we're talking about pronouns in another way to say, "Hey, we recognize that not everybody feels a hundred percent female; not everybody feels a hundred percent male, and in the way in which we've been conditioned to believe that to be. Some people feel like they're not even in that binary, and so they may use, 'they,' pronouns to say, "I'm not one or the other." Yeah?

So language has changed, right, and our ability to embrace that language changed. Our ability to name it as we identify ourselves, we are then opening up the space to make it welcoming, and affirming for other people to share who they are, and name who they are. Right? So that's just a reason why you're hearing more about pronouns.

So again, drop in the chat, like, if you are familiar with, and if you introduce yourself using pronouns. Again, this is a judge free zone, right, you can add something in the chat if you want; you don't have to.

If you lean into vulnerability and say, "Yes I do it; no, I don't. I was

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concerned about it. I wasn't sure what pronouns meant, do I have to use Grammarly?" right, it's, like, really, just think about how you show up. And how do you use this moment in terms of using language to make this space welcoming and affirming for LGBTQ folks?

Okay the next is, we won't really spend time on it because an hour is gonna go by, but it's all about intention. So even as you walk away from this webinar today, just reflect on this question, right, why? Why attend, right? Why was it important for you to understand the needs of a lesbian, gay, bisexual, and questioning, and participants, right? What is your why? What is your intention?

And that's going to help center and that's going to help you think about, again, what you can do from your sphere of influence. Whether you are a treatment counselor, or whether you are a public defender, a probation officer, or whether you're the judge; think about your, 'why,' why this is important to you?

Because again, that's gonna help make it more welcoming and affirming so that you can grapple with some of the things that your participants are grappling with. And they're not feeling like they have to do that on their own, that they're by themselves. Right, but you're with them because you recognize the importance. Alright, so.

Joe Lunievicz: We've got a couple more questions in there, if you'd like?

Kim-Monique Johnson:
Oh, sure. Okay, let's take a question.

Joe Lunievicz: I would like to know the steps to decide if I should be a different gender?

Kim-Monique Johnson:
Wow okay.

Joe Lunievicz: The big one first.

Kim-Monique Johnson:
Yeah the big one first, right? Yeah so I'm going to answer it this way: That's a, that's a different question if I understand it correctly, right. How does someone decide they should be a different gender?

So let me answer it this way. It's a very personal, personal recognition and understanding of who one is, right. I love the question in terms of the recognition that gender is a social construct, believe it or not. Right, and so when, when individuals are born, there is the biological sex in which

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the doctors, or the nurses, or the people around that individual, sort of, assign that gender at birth based on their biology.

And then there are those who, when they grew up, say, "You know what? My biology may be this. I may have genitals that may say I'm a woman, but I don't feel aligned," right? I don't really feel like I belong in a woman's body. That's a very personal journey.

But here's a, here's a, the the one teaser I'll say because we'll have a separate webinar on that. Is young people realize pretty early in life when, when that happens for them, really young, like ages three or four.

Joe Lunievicz: Yeah.

Kim-Monique Johnson:

Right, so all of the recognition around that happens really young. And we encourage people to really seek out professional support to help you think about what that means for you. I hope that answers your question. I really appreciate the vulnerability so, so soon in in the webinar.

Joe Lunievicz: Do you want a couple of other ones?

Kim-Monique Johnson:

Let's take one more, and then we'll see how we can move on. Thanks, Joe.

Joe Lunievicz: Great, I'll take one more, health, the pronouns.

Kim-Monique Johnson:

Yeah.

Joe Lunievicz: Can you use the verb but sex specific to be, to be male? Yes, gender identity is what you feel but the actual parts are sex specific. I, I think people use the terms gender or sex interchangeably, but they're not, right? Apologies, it's confusing in really trying to understand the best language, and see people as people, who they are.

Kim-Monique Johnson:

Yeah, thank you for that, so that's a really good question. So we're going to go ahead and present some more that's going to answer that directly. Please don't apologize, I'm glad you can ask the question because it is confusing.

Yes so the upshot is, yes, we'll talk about gender as being different than sexual orientation, and sexual identity. And we'll get to that in in a moment. So let's do it, yeah, thanks, Joe.

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Okay so let's do this: I promised you that there'd be a way that you can, sort of, explore this in an anonymous, safe way. So let's look at the language around this, right. So here's the question, I'm going to pose it here. And then Joe's actually going to launch the poll.

So to understand the terminology and understand that question, right, there is an umbrella term used by some to include people who are lesbian, gay, bisexual, transgender, queer, or the 'Q' for questioning. Alright, and so what is that term?

I'm going to go ahead and stop sharing, and I'm going to invite Joe to launch the poll. And so give us an idea of just where folks are; thank you, Joe.

Joe Lunievicz: You're welcome.

Kim-Monique Johnson:

Great so if you're able to, just go ahead, and think about that. And Joe will let us know how the voting is going. And then we have a critical mass so we can share the results.

Joe Lunievicz: We're up to about 60%, let's, let's keep going, folks; it's getting to over 70. Okay, we just hit 75; I'll end poll, and I'll share.

Kim-Monique Johnson:

Alright, great, so how did we do? Yeah, excellent. So the majority said LGBTQ. Yes, well done, right? Yeah so this is the term that is encompassing, right, all of the identities. And again, the T is there for transgender, although we really pull it out. And we want to really specify that that is different than sexual orientation. And we'll talk about that next.

Joe, what I'm going to do is, actually, for the sake of time is, actually, go ahead, and launch the next poll. That way we can just keep it going. But yeah, a good job. It's LGBTQ and we know that there are more letters that have been added so we'll talk about that, too.

The next poll, the next question is, "We want to now understand some terminology in terms of what do we mean in terms of sexual orientation or sexual identity?" So with this one, the same thing, take a moment, and reflect, and let's see what your answer is?

Let me take a look at the questions.

Joe Lunievicz: I'm now past 50%. And let's see if we can get over 70 again, folks.

Kim-Monique Johnson:

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Great and as you do that, yeah, I want to make sure I hit on this really good question. Like, right, explain why transgender folks are left off of some of this since we were used to seeing, right, LGBTQ in the same discussions? Excellent questions, exactly, so what I wanted to do was provide the umbrella term, and we'll get to that. Yeah, so understanding terminology, right?

So when we look at who one is physically, emotionally, and psychologically attracted to, yes, we're talking about orientation, right? We're talking about who was oriented to whom? Right, so as a woman, I identify as a lesbian because my physical, emotional, and psychological, and sexual interaction is to other women, right, and that gives me that sexual orientation.

My sexual identity, then, is lesbian, yeah. So let me ask this question, and it's gonna get to the other question earlier, I think, right? Why might someone's sexual orientation, right, who someone is romantically, physically, psychologically attracted to, why might that be different than what they share with the world in terms of their sexual identity?

So for example, why might a man who is romantically, and emotionally sexually attracted to both men, and women where there may be a bisexual sexual orientation, why might he present himself to the world, and in your treatment court as a heterosexual man?

So we're gonna look for some energy in the chat there to see, safety –

Joe Lunievicz: Yes.

Kim-Monique Johnson:
– Discrimination is....

Joe Lunievicz: Got a bunch in already.

Kim-Monique Johnson:
Yeah, exactly. Thank you for that, perfect.

You got it. Fear, perfect, yes, so we're going to close the the, the poll, you're getting it, right. So one's sexual orientation, who one is attracted to may not match their sexual identity, right, for all the reasons that you just described, yeah.

And so what what, what we want to do is make it welcoming and affirming. I'm, sort of, hesitant to say safe, right, because safety is, that's a real personal thing. We can make it safer, or we can make it encouraging. We can make it welcoming and affirming.

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But like you just noted in the chat, it's not always safe for folks, right? So we don't want to insist that they feel safe with us. We've got to make it so they can appreciate what we're offering so that they are feeling welcomed and affirmed, and then there may be some safety with that.

Okay so excellent to pick up in terms of sexual orientation, and sexual identity, and what you're already starting to process in terms of what may be barriers to people getting the type of help they need because of how they may need to feel like they have to hide themselves, and not be their full selves. Okay and isn't that what we seek in recovery, to help people really be their full selves, to be able to take a look at themselves? Right?

Alright, so let me go back and forth, I'm gonna do a a speed check. Right, let me know, how am I doing? Just give me a thumbs, well, sorry, I can't see your thumbs up. But drop, "Yes," in the chat if my pace is okay. Let me know if you need me to slow down. Am I okay, getting, "Yes?" Alright, excellent, great, so let's go back to – we can do this, right, we can go back and forth.

I think this is also a model of what the spectrum is, right, people go back and forth. This is much more fluid than we ever used to think it was, right, gender identity, sexual identity, all of that. Right, so the question about why is it that we're focusing on the lesbian, gay, bisexual, and questioning? Why are we focusing more on sexual orientation and sexual identity and not transgender identity?

Yeah, a great question, here's why. Remember, the umbrella term is inclusive of all of identities, right, and yet, we know that the two are not the same. And so we want to spend specific time on understanding what are the specific needs for each individual based on their identity?

And the best way to do that is to show you; let's see here, an umbrella term that's going to, kind of, help, I think, break it down as to why we separate the two just for the sake of making sure that one doesn't get lost in the other.

Alright, so Joe, I'm gonna ask you to give me a thumbs up. Are you able to see this slide coming through? Great.

Joe Luniewicz: Do you want the third poll?

Kim-Monique Johnson:

In just a sec, just a sec, thanks.

Yeah, for sure. So this is why we do this, right, because oftentimes, what happens, believe it or not, there is, there's a reason why the 'L' is first in LGBTQIA+. There are many, many letters. Sidebar, one of my mentors who

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was an older lesbian who actually worked as my supervisor in the drug treatment program that I worked in years ago.

She's a registered nurse, and she's in her 70s. She's, like, "I don't get all of these letters. Where do all of these letters come from? When I was coming up, it was just like you are gay or straight. That's it. I don't get the alphabet soup here going on. Right? I had to tell her, I was, like, "Look, Pat, right, language changes, right?" We no longer say that addict, right?"

We no longer say that person is an addict or a drug addicted, right, we say a person with assessment, substance use disorder. Yeah so language changes, and so here's a language that has changed over the years such that 'L' is first because, why? Well, because lesbians were often invisible.

If you think about the gay rights movement, and you think about some of the early Pride marches, right? They were largely gay, white men. So yeah there's, like, a reason why some of the lettering, right, matters, right? So it's to provide more visibility, right? So lesbian, it stands for, again, right, for for women who are attracted to, and have relationships with other women.

Gay can also be for women who are attracted to other women, and have relationships with women. It often is identified with men. Bisexual is for those who are attracted to both genders, and then we get your people who are, like, "Wait a second, it doesn't have to be just one or two genders," right? So you have people who identify as pansexual.

So I'm skipping around a bit here, right, so I might really be blowing your mind for some who are hearing this for the first time. But it's recognizing that folks are saying, "Hey," remember, when I said earlier, for people who realize, "In my body, I don't feel like I'm one or one, one or the other gender. I use 'they' pronouns. I feel like I'm transgender. I feel like I need to really present myself in this way."

Well, guess what? They deserve love, too, right? So that means people who are pansexual say, "I love those people, too. I can be attracted to those people as well, not just those who identify as a male, or a female, man, or a woman." Okay and then you have people who are questioning, which, like, the question happened earlier in the chat, right? And you questioned, right?

People are still thinking about, what does this mean for me? Where am I, right? What is my identity, particularly because I may be in a society, whether it's somewhere in rural America, or even somewhere, still in New York City, right; believing it or not, where bullying happens, where people may be questioning. Okay, we'll talk about queer again as another term.

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And then, also, there are folks who identify as asexual who don't have a romantic or or a sexual attraction to any gender. So it's very fascinating, again, and as how we understand human sexuality, right. So a lot of understanding and attention on sexual orientation and identity, we want to make sure we separate out gender identity.

So gender identity is who I am, male, female, or for some, again, non-binary be, being that not in any one of those two, right? And for those who also identify as gender non-conforming, to say, "You know what? Again, I don't fit into any of those categories," some use non-binary; and again, you see the repeat word here is queer.

Okay so queer is a way of, really, kind of, pushing back against any kind of norm that's expected, whether it's around one sexual orientation, or sexual, or or identity, or by one's gender identity. So here's a way to, kind of, think about it, right? Gender identity is, let's see, or sexual orientation and a sexual identity is who I'm attracted to. Who I partner with, right?

Gender identity is who I am when I'm attracted to, when I partner with somebody, right? How do I identify? Right, so sexual orientation is who I'm attracted to, who I partner with. My gender is how I show up as that person and how I identify.

Alright, Joe, thanks. I think now would be a time to launch the next poll. Let's see. Let's see what understanding we get coming next? Great so this will be a little bit of a check in to see if what I described made sense? How it landed for folks. What's the umbrella term that describes people who are outside the norms?

You may hear this a lot, particularly with some of the younger folks who may come into your program, right? What's the umbrella term, a different umbrella term now, to describe someone who considers themselves outside of the sexual orientation, their gender identity, outside of those so-called societal norms?

And Joe, you'll let me know when we're ready to....

Joe Lunievicz: We just passed 50, a couple of more seconds.

Kim-Monique Johnson:

Great, alright so while this is happening, I'll answer the question. Oh, great, look at that, Joe, thank you so much. Yeah, alright, folks yeah so –

Joe Lunievicz: Yeah.

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Kim-Monique Johnson:

Just about half of you got the answer correct. Yeah, it's queer, right, and so it's, like, yeah, it's another, another way in which people say, "I am not what you may expect me to be. I'm pushing back against the norm." Yes, LGBTQ is a, is the other umbrella term, but this one is particular.

It can go both ways, right, and you, you can talk about queer in terms of gender identity. I'm not the male female that you think, right; or maybe I am and I just don't do the things that you think a woman should do or a man to do? Right, they may use 'queer' and queer may also be another way by which people identify in terms of sexual orientation and sexual identity.

Cisgender, let me address this because we've got 21% who thought that it was cisgender. And I use cisgender in my introduction, right? So cisgender just simply means that the way I was born, right, with the, the the biology, and the the, the genitalia that I was born with, doctors said to my parent, "You have a baby girl."

And all growing up, all through life, I felt like a girl and I still feel like a girl. I feel like a woman, right, so my gender identity and my biology is all a match, it's aligned. I have no, I have no problem, I have no challenge with how I feel in my body.

There are some folks who don't have that. There are some folks who have a different feeling about how they are in their body, not matching how they feel that they are in reality. And sometimes, there are some things that happened in the person's body that we can't see.

There are some chromosomes, and hormones, and things that are going on that make it really difficult for someone to know that this is who the world said they should be. Right? And so that's why people or identify as transgender. And that's why there is a whole, separate discussion we'll have on transgender because it goes very, very deep in terms of, again, how people feel in their body. And they know this at a very early age.

Cisgender is when you feel and know yourself to be who you are. And it's a privilege, in fact, right, because the world is really designed for those of us who don't have to worry about what bathroom we use. We don't have to worry about who's going to observe our urine because we feel aligned with with our bodies, and the sex that we were assigned at birth.

Yeah that's cisgender; I'm aligned with who, and my body has been aligned to tell me who I am. And that's who I feel I am as well.

Alright, thank you, Joe. So we can close that out, and I think I'll try to go to a

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question real quick. Alright, so we have a question here: When a person first appears in court, the judge has no idea how the person identifies. How should the judge address the person, Mr. Doe, Ms. Doe? Or should the judge ask a question of every person who appears in court such as, "How do you wish to be addressed?"

I love it when the answer is in the question. Yes, Joe is smiling. Yeah and I love it, work it out, right here, right, live. Yes. So I'm going to ask folks if, right, if we were all together, I'd be, like "What do you all think?" Right, so how accessible, how easy is it? And you can write, "Easy," or write, "Yes," to chat, to ask the question, "How do you wish to be addressed?"

Someone asked that and the question in the chat. Please, drop that in the chat in terms of, again, I don't want to make an assumption. And then there's no, no judgment, and no shame, or blame, right? But just, really, how accessible – how easy is it to ask the person, "How would you like to be addressed?" And Joe, please let me know what's coming up in the chat.

Joe Lunievicz: I've got a lot of, "Easy."

Kim-Monique Johnson:
Yeah, exactly, yeah, no.

Joe Lunievicz: One person says, "Easy for me; difficult for others." Someone –

Kim-Monique Johnson:
Yeah.

Joe Lunievicz: – Says, "It's tricky."

Kim-Monique Johnson:
Yes.

Joe Lunievicz: It should be easy, but it isn't always.

Kim-Monique Johnson:
Exactly, nice, I love the variety there. Right, exactly, so again, there's no shame around it, right? It can be easy, and here's what can happen. It can happen with practice, right? So just just recognizing that this could be an easy thing to do, hopefully, is an invitation to give it a try for those who said it's not easy.

Yeah it's a way to really recognize, "Okay, it's a shift." It's a shift in language, just like we shifted to first person language and other language change when we talk about substance use disorders, right? It's a way of doing something

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different. We know, George – Joe and I know that we've done some work with some judges where they would not only ask that question, but they would actually come down off the bench, right?

Come out from behind the big desk, and do something different just to make sure that they can, again, help the participants feel welcome, right? So anything that you can do to honor where people are, and then make it inviting people to share who they are, that's a step in the direction you want to go with.

An excellent question, thank you so much. Alright, so you may be wondering about language, that came up earlier when you dropped in the chat, and "What were some of the objectives that you wanted to really lean into for this session?" I'm gonna show, show this quickly, of course, you'll give us information afterwards.

But as you see this, this is a source from a colleague who did some work with me here in New York City where we trained all of the sexual health clinics. There's another language change, we stopped calling them STD clinics, right? All of the sexual health clinics to help, again, providers have language that was going to be welcoming and affirming. And simply put, sometimes it says, "Direct and saying, say this, stop saying this other thing."

As a gay woman, as a lesbian woman, I know that my ears are gonna be much more attuned when people honor and say the word lesbian, right? Or honor and say, or recognize that who I am is not a sexual preference or a choice. Right? I know if someone says to me, right, "How do you identify?" that says something very different than, "What's your sexual preference?"

Yeah because even if people identify as straight, they may not necessarily, like, have made a decision about, "That's my preference," it's just, what, how you are. Yeah? I know it's a whole other conversation these days about people making different choices, right, and that's another discussion.

But essentially, what we've been all, kind of, like, really accustomed to is saying that this is not a choice where people feel like they can just, sort of, like, decide one day; wake up, they're going to be something. It's in, it's it's, it's what people feel just like anyone feels who they are romantically, physically, psychologically attracted to. That's there.

Now, the choices we make is how do we share that with people, right? The choices we make is how do we invite people into that part of our lives? Right, alright, so here's just a a quick, "Say this; don't say this." And again, we're going to give you a moment to just take this in, and the same way we've been doing so far.

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Drop in the chat, what resonates with you or what language change might you need to practice? Alright, so just take a look at this and drop in the chat, what resonates with you or what language change might you need to practice? Alright, so we'll take a look at the chat, and see what's going on there?

Yeah, isn't homosexual the medical term? Exactly right, it's an old medical term, and up until the '70s, and the DSM, right, it was considered a a mental illness. So yeah, it's loaded, right, so that's why we don't say those words anymore.

It's again, it's about really being practical about what's going to be welcoming and affirming. Yeah. Intersex, yeah, and that, and not uncommon, that may be something new, right. So that speaks to, again, genitalia that is, that is different from what people are typically used to seeing for those who are assigned male or female, right?

And so words that we don't want to use anymore, hermaphrodite; essentially just being aware, and again, this is just to, like, to raise some awareness. Because there's certainly much more work you can do; we'll drop a glossary in the chat, I believe, so you can look up some more of these terms. But just being aware so that we can make it available to people to know – I'm sorry, accessible for people to know, right, that how they show up is still welcomed, and affirmed.

Alright, great, thanks for that. Okay, so we're going to come out of this now. And we're gonna talk about, really, now getting to, we're moving quickly, why is it? It's, why is it important to really honor who people are? And I'm going to put up one quote, and see how this lands as well.

Right, so some may be thinking as a, I saw in the chat, "Well, isn't this a privacy issue?" Yeah, so what we're not asking is, people, like, reveal things are uncomfortable, right? With their privacy issue, sometimes people may say, "Look, I don't care who you have sex with, I don't care who you're attracted to. What you do in your bedroom is none of my business." I just care about how it can help you stop using?

Well, that's, kind of, equivalent to saying, "I don't see color, I treat everyone the same." It's equivalent, and to, basically, making people invisible. Yeah. So really, what you all want to do as providers, as law, or as those in the, and in in the justice system, is you want to see every aspect of the person who feels like they can actually show you who they are.

Why? Because that's what recovery, recovery is about, isn't it? Right, you

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want to make it safe, so that people can show you who they are. You may not be interested in who they choose to have romantic relationships with, but hopefully, you're going to be very interested in helping them understand, and know that your place of treatment is a place that welcomes, and affirms whoever they may want to have relationships with. And that that, that they are living the life that they are living may be a very, very critical part of their recovery.

Alright, so let's talk now about how it impacts in a justice system. So here is where I said we'll get to some data, right? So we have to get to some data. How does this all measure up? Alright, we're going to share with you this, so a couple of slides here.

Right, so this is looking specifically at lesbian, gay, and bisexual people. They're actually much more likely to be arrested than straight people. And drop in the chat if this was a surprise to you; just write, "Yes," if this is new, or write, "No," if this is not new.

Right, but you can look at this just graphically and see the images, right? Look at the disparity in terms of those who are arrested.

Joe Lunievicz: A lot of 'no's' and 'wow's.'

Kim-Monique Johnson:

Yeah right, this is from the Prison Policy Initiative, and this is data that's taken from the Substance Abuse and Mental Health Services Administration from a survey done not that long ago in 2019. So we're going to come out of this share, and I'm going to ask Joe again. I think we have another poll coming up. Is that right, Joe?

Joe Lunievicz: Yes we do.

Kim-Monique Johnson:

Alright, thank you. So this is all just it's, like, just raise our awareness, and see what we know about those who may or may not be coming into treatment.

Joe Lunievicz: Kind of, quick start this time.

Kim-Monique Johnson:

Yeah, wait.

Joe Lunievicz: Almost at the halfway point.

Kim-Monique Johnson:

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And is this the lesbian, gay, and bisexual incarcerated at blank times the rate?

Joe Lunievicz: Yes.

Kim-Monique Johnson:
Right, good.

Joe Lunievicz: I'll share in a moment.

Kim-Monique Johnson:
Alright. And okay, yeah, well done, so we've got, yeah, 47% who said, "Three times the rate," and yeah, coming in at 25% at two times; and we had some stragglers coming in, 25%, five, and then ten.

Yeah so the correct answer is – and I'll start to share so folks can see it because, again, it is a stat that tells us some things, right. Let's see here. Alright, so we have the answer, and you can see that, Joe?

Joe Lunievicz: Yeah you're on.

Kim-Monique Johnson:
Right, yeah. So it's three times the rate. So here's the thing, right, this is not about, like, in this set, in this webinar, it's not about, "Why is that? What's going on with gay folk? Why are they being arrested? What are they doing?" Right, what are they doing? Right? We want to just acknowledge, right, think about the trauma-informed care lens.

If this is happening, and it is, right, what does this mean for folks who may be in your program who may be lesbian, gay, or bisexual? What may they have experienced that we need to have some compassion around as Joe mentioned before, right? Because this is a phenomenon that is happening.

Okay so there's some more data here, which we're gonna, kind of, fly through, right, in terms of, again, just look at the bars. You can see what this is representing in terms of overrepresenting, overrepresentation in prison, in jails.

Here's one: When folks are actually incarcerated, there is a percentage, a disproportionate percentage, who actually victimized, not only by another incarcerated person, which we may, actually, like, be familiar with, the movies, and the like, right, but check out the victimization by staff. So again, folks who are lesbian, gay, bisexual –

Joe Lunievicz: Yeah.

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Kim-Monique Johnson:

– Right, they may be sexually victimized at a higher rate; not maybe, they are at a higher rate than those who identify as straight. So what does this tell us as treatment providers, as public defenders, as those in the treatment court, right? What does this tell us in terms of what we need to do as a staff when people come into our programs? So drop a word or two in the chat, just, like, think about from a trauma-informed lens perspective, that folks are coming in with this experience.

What does this mean for us as a staff from a trauma-informed lens perspective? And I just love to see some energy in the chat around that.

Joe Lunievicz: Do you want to hear some read, Kim?

Kim-Monique Johnson:

Yeah.

Joe Lunievicz: We've got lower level of trust of our professionals. There are lots of laws in place that work against LGBTQ population.

Kim-Monique Johnson:

Yep.

Joe Lunievicz: We need to be trained in trauma-informed care. We need to be more proactive with our clients.

Kim-Monique Johnson:

Yeah.

Joe Lunievicz: More compassionate, and and understanding, definitely, we need more staff training.

Kim-Monique Johnson:

Yeah yeah, good, good, thanks for those, those are powerful, those are powerful. Alright, so now, we're going to shift into how does this all connect to what makes folks who are lesbian, gay, bisexual, or questioning, or queer, what makes them more susceptible? What what are the issues that compound, right, how they may deal with the stress?

How they may deal with their identities, right? How it links to substance use? And so by this, what I'd like to do is share a story. So we're going to watch a seven-minute video, and then in this seven-minute video, you're going to hear a couple of things.

Just like I said at the top of the webinar, I don't want you to only look at

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what's the trauma and what's the pathology? I want you to really pay attention to what's their promise?

Alright, so as I start the video, I want you to really keen, be be keen to identify, what are the strengths, right? Because that's also going to help you identify what are those strategies when folks come into your program and they feel like it's a a welcome place for them to be affirmed for who they are.

So you're going to watch this video, it's about seven minutes. Look for the strengths of of the community that's being described. And then look for, and listen for what the challenges are for the young man who speaks about his life that links to some of the reasons why he may be using substances, or may be in recovery from substance use disorder.

I do want to give a a warning, there is some reference to self-harm. And there is some reference to to suicide. So I just wanted to say that up front before I show the video. And with that, I'm going to again, ask permission, okay to move forward, everybody, okay?

Good to go? And, "Yes's" in the chat, Joe? Alright.

Lunievicz: Yes we do.

Kim-Monique Johnson:

Okay, so hopefully this, there is no ad showing first, so we can go right to this video. It's called Holler If You Hear Me: Black and Gay in the Church.

Unidentified Male: ... In the church.

Oliver Clyde Allen: A place of transformation. We didn't, it wasn't very difficult to come up with the name of this church when he and I were in the kitchen years ago. And we were talking about this vision.

We were talking about a vision and so we started the Vision Church, a place where people could get a glimpse of who they could be, and what they could be in the world. This place is only supposed to feed that vision so that people can go out those doors, and serve the world, and change the world, and transform the world. That's what this place is about.

Del Antonio: The Vision Church is amazing, it is wonderful. It is the best church, ever. The church has really taught me how to love myself. How to love God. How to trust God. How to trust myself.

And it's some great tools, man, and great, great tools that I think anybody, no matter your, your sexual orientation, or your your gender, or your nationality

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that could really take from it. That it's it's more, yes, a church, but it's more than that to me.

Several years of beating myself up, or thinking that I wasn't good enough to – for God to love me, and for me to go to heaven. Now, I get to understand all of these reasons why I am great enough.

I was born in Memphis, Tennessee, and grew up Church of God in Christ, very strong religious background. And around 14, 15 I began to become aware of these feelings that I had an attraction to the same gender. And according to our teachings, being gay would send you to hell.

And so I struggled with it, I wrestle with it, I prayed about it. And it got to a point where I became extremely depressed.

Unidentified Male: What were some of the things that you would hear from the pulpit about homo, about sexuality?

Del Antonio: A man is not to lay with another man. Being gay is an abomination to God. Those were, like, two of the strongest things that you would constantly hear.

Unidentified Male: And what does that do? Because a a lot of people just say, "Oh, well, we're just going by God's teachings." What does that do to a young boy when he's struggling with his identity, and he hears that? What did that do to you?

Del Antonio: It destroys him. And I'm made by God. So you're telling me that the Man that made me hates me because of how He makes me. And then you have people that want to come back and said, "Oh, it's a choice, you chose it." I was molested as a kid.

So a lot of times I would revert back to, "Okay if that had never happened, would I still be gay?" And it's just one of, one of those things I'll never know because it happened.

Unidentified Male: You know that according to the American Psychiatric Association, sexual assault, it does not change or determine your sexual orientation. But do you still believe you are gay because you were molested?

Del Antonio: Absolutely, I, you would like to think; and when I say, "You," the person, you would like to think that you are a regular kid, and you're growing up with, quote-unquote, a regular life. And when that's invaded by a man to a little boy, and he's doing these things to you, and completely stealing something from you, of course, you wonder, like, "If this had never happened would I have this wife, and these kids, what have you?"

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I'm 18, I'm still figuring out life. I'm making decisions about what classes I want to take for college. Just those, those should be the things that I'm concerned with but I'm wrestling inside with my soul, and with my spirit. I just stood there in our kitchen and I said, "I want do it. I'm gonna do it right now."

Like, I'm I'm not going to be scared. I'm going to go ahead and do it. And when I stood there, my hands shaking; I remember like it was yesterday. And I just closed my eyes, and I just, and then when I opened my eyes, it's just, like, blood. I could feel it like it was such a rush.

You could feel, like, just the blood was just going everywhere. And then at that moment, I was, like, "Oh, my God, I don't want to die. I don't want to die. I don't want to die. I don't want to die." And I didn't die.

And honestly, in that moment, I felt like this has to mean something. And, like, I, when I went to the hospital, and everything, and the lady was, like, "It was just so close, like, you were literally one dot away," and I had become clear that I don't want to kill myself. But at the same time, I felt the need to do something to express this pain that I was feeling.

And I don't even know, like, where I got it from, but I said, "Okay I'm just gonna start cutting myself." Because it's, it's a, you can almost feel a a, a release when you open yours, your flesh like that. So I said, "Okay, well, I'm gonna do it, I'm going to do it."

And actually, the first time I did it to my face, and I've healed since then. But there was cuts on my face, and I was probably, like, 19. And then after that, then that's when I got more comfortable, and started doing my....

Unidentified Male: See all the scars.

Del Antonio: Yeah.

Unidentified Male: It was, there's a lot.

Del Antonio: Yeah and I just start cutting. And as crazy as it sounds, it was a safe place. It allowed me to express or deal with the pain, but not kill myself. Just imagine, you're, you're a little boy, you're growing up. You don't fit in. You may not want to play basketball; you may want to dance. So there's a certain level of rejection there.

Then you're getting older, and then your hormones are kicking in, and you want to be emotional, or you have a crush on one of the basketball players in your high school, but, of course, you can't say anything. You're dealing with

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that. You're, you're constantly growing up with this whole rejection.

And if you're bold enough to come out, if you're bold enough to say, "Hey, I'm gay," then it turns into a fight because you have to fight for who you are. You have to fight to be who you are.

You have to defend yourself constantly, you constantly approve, or or, or just say, "Hey, I'm still a human being," beyond color, or beyond sexual orientation, I'm still a human being. You're constantly doing these things, and you get tired. You want to be able to just walk in, walk into a place, and just be loved.

Kim-Monique Johnson:

You want to be able to walk into a place, and just be loved. And let that marinate for a minute, and then, again, I'd like to have you drop in the chat as always, like, what did you hear at the beginning of this video that point to strength for folks who identify as gay?

What did you hear and see in the beginning of the video that point to strengths for folks who identify as gay? And Joe, I'm gonna ask you to call out some of those, there, as I set up the next piece.

Joe Lunievicz: So far, and here we go.

Kim-Monique Johnson:

Yep.

Joe Lunievicz: Love myself – safe, a safe place, had to overcome his own religious teachings.

Kim-Monique Johnson:

Yeah yeah, so so finding a –

Kim-Monique Johnson: Oh, I'm sorry, go go ahead, Joe?

Joe Lunievicz: Got it.

Kim-Monique Johnson:

Alright, so a spirituality, right? So despite everything else, right, this is a, it's, it's about the safe haven, it's about the community, right, as the two men described in the beginning, like, a Vision Church. They had a vision where people can be who they are, where people can be accepted.

So again, helping people to be who they are when they come into your program, and helping them connect to other spaces where they can be who

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they are, yeah, alright. And then as you, like, listen to the young man described his journey, right, what was some of the challenges that he faced that point to why it is that folks who identify as LGBTQ have 20 to 30% more likelihood of having substance use disorder than, than, than straight people?

Why is that a higher rate? What were some of the issues that he was grappling with that connect to the higher rate of substance use for those who identify as LGBTQ? And Joe –

Joe Lunievicz: Yeah.

Kim-Monique Johnson:
– What do you see in the track – in the chat?

Joe Lunievicz: We got a perseverance regardless of his struggle, and self-medication for trauma, trauma –

Kim-Monique Johnson:
Yeah.

Joe Lunievicz: – Rejection, he was abused, and need to dull the pain.

Kim-Monique Johnson:
Yeah.

Joe Lunievicz: And believe they're sinning and going to hell; spiritual challenges, how people look at them.

Kim-Monique Johnson:
Yep.

Joe Lunievicz: Emotional pain, escape.

Kim-Monique Johnson:
Yes.

Joe Lunievicz: Sexual abuse, identity versus faith.

Kim-Monique Johnson:
Yes, thank you.

Kim-Monique Johnson:
Yes, thank you, all of that, so you just captured a few of this, right? You captured it well, here, right, and you've got it from his story. Just a few highlights of that, right, here is where we see the reason why there's

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experiencing higher rates of substance use.

So when we're thinking about treatment, when we make it a place for people to really share who they are, when we provide services, services that are going to help to address some of those core, current, co-occurring disorders, minority stress is a real phenomenon.

Look at the work of Meyer, right, who talks about the stress that the folks who identify as LGBTQ, right, and racial stress, racial trauma, right, it's a double jeopardy, or a triple jeopardy in some cases, right, clinical depression, anxiety disorder.

I'll have to admit, right, as I watch this video, I'm not used to seeing a very strong, strapping Black man talk about cutting. In all my years of social work practice, right –

Kim-Monique Johnson:

– My bias is that I've only known it, primarily to be a condition for young white women. Right, and so that was my bias, right? So it is a powerful story of what it meant for him to try to relieve some of the pain. We don't want to have those blinders on and think that only certain types of suicidal ideation or self-harming tendencies go with certain groups of people, right?

We need to recognize how we can treat, and how we can address the co-occurring disorders that may be showing up for folk. Alright, so again, you want to walk into a place, and just be loved. So how does your treatment court, as we wind down; Joe, we have about, what, 15 more minutes?

Is that right? Okay, how does your treatment court show LGBTQ people love? And I know that the 'T' is not here right now; we want to focus, right now, on this group because we're gonna spend a whole, another, specific webinar on folks who are transgender. Because gender identity is not the same as sexual identity, alright?

So how does your treatment court show folks who are lesbian, gay, bisexual, or questioning, how do you show people love? Drop them in the chat; what do you do? It could be as simple as, again, using pronouns to introduce yourself, which, yes, pronouns has a lot to do with gender identity, or, like, "What are you saying, Kim-Monique?"

You talk about gender identity then you mean it's different? Exactly, and yet, still, right, to use current language to acknowledge that gender identity, and using pronouns is a part of that umbrella. Right, so if I can, like, share that or to have an understanding about their umbrella term when, and which, and many people may fall under, that may make it more welcoming, and more

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affirming for me to come out as a gay woman in your program.

Because, wow, you you recognize, right, to use pronouns means that I may be able to say to you, "You know what? My pronoun is actually not 'she,' like you may think. I actually, really identify more like a 'he.'" And you just made it safe for me to say that.

And by the way, you've also made it safe me to say that just because I'm a woman, I also don't partner with men; I partner with women, right? So it's a way to just make it more welcoming, to show love for folks who are lesbian, gay, bisexual, or questioning.

So Joe, what are we getting in the, in the chat? How are folks showing love?

Joe Lunievicz: One person wrote, "We treat everybody the same." Another folks had written, "Use their preferred name, and use their preferred pro, pronouns, call them by how they want to be called, acknowledge their pronouns, and treat all the same."

You're, like, it doesn't – we are accepting of LGBTQ people, but we're not, we haven't done enough. We can start by asking for pronouns, even using them ourselves.

Kim-Monique Johnson:

Yeah yeah, great, exactly. So yeah, I just want to offer this, right, so the spirit behind treating everyone the same, is that spirit of, like, equality, right? And yet, is everybody the same, right? Are you the same person as your colleague? Do you have the same background experience, right? No so everyone is not the same.

And again, just remind you to think about what's really at play here? What's at play here is helping people be who they are, and show you how they are different. Because when people are treated uniquely and differently, there's research that shows, there is going to be more successful outcomes. Yes.

Joe Lunievicz: That's okay.

Kim-Monique Johnson:

If we treat everybody the same, and give everybody the same, let's say, course of treatment; and everyone has different needs so that there, so that the treatment that works for one participant may not work for the other participant. And the reason why it may not work could be because of the person having some of those underlying issues that you saw the young man in the video describe.

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So treating everybody the same leaves out somebody who says, "Hey, I am actually different and I need different care." Alright, so let's look at what that could look like, right? Here's one and we'll talk about it here because I know it's, it's come up. But what does it mean to have an all gender restroom?

This is how you can show folks love, right, because what assumptions might we make about urine testing? What assumptions are, might we make in terms of who a participant would want to be in the bathroom with them when they are leaving their urine sample?

What assumptions are we making that, just because we see how someone physically looks, and may be physically presenting, right, or may be identifying as a female, or as a woman? Who's to say that that person wants another woman in the bathroom with her? And again, it's another conversation when we talk about those who identify as transgender, or maybe even transitioning, right.

I'm going to ask the same question that was asked earlier, and someone came up with the answer. What's the best way to make it safe for someone who identifies as lesbian, gay or bisexual? What's the best way to know who the staff member can be? When they have to observe the urine sample?

It's not a poll question. This is a direct question. What's the best way to know? How a person who identifies as LGBTQ, what's the best way to know who they feel more comfortable with having someone in the bathroom observing a urine?

Joe, what do we got?

Joe Lunievicz: It's a water, it's a waterfall. Ask them.

Kim-Monique Johnson:

Yes indeed, and guess what? You've already practiced the skill. So if you ask someone how they want to be called, right, what their name is? You've practiced the skill of asking them, "Who do you want to be supporting you when you have – when you leave your urine sample?"

Yeah you're building on the practice of asking. It may be a stretch, but we know why we're doing it. Alright, how else can we meet the needs of folks in our program? We mentioned sharing pronouns, inviting participants to share theirs. It's a way of opening up the conversation. And it's a way of saying explicitly, "I know that you may have an identity that I may not be aware of. I'm gonna, hopefully, invite you to share it if you care to."

I'm going to lead the way. I am going to say to you, "My pronouns are she or

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her," in other words, when I leave the room, and if someone says, "Whose computer is that?" I want them to say, "That's Kim's, that's hers," because that's how I identify. I don't want to make assumptions about you. I'm not gonna, like, have you make assumptions about me.

Right, because one thing I'll say about that is some people say, "Wait a second, why do I have to tell my pronoun?" Isn't it obvious that they know I'm a man? That's not the point. It's not about you, right? It's to meet the needs of folks who show up in your program to make it welcoming and affirming so they can share who they are. Right?

So practice saying it, and you may have to also practice saying their and theirs, they and theirs; it's not grammatically correct, it's not what we're used to. But it's, again, it's about, it's about what people are using to identify who they are.

And also using gender-neutral language, right? So we do fall into the habit of saying, 'You guys,' 'You gals,' right, and also using language that sometimes speaks to bias in terms of who we think people partner with. It's a whole conversation around your intake forms, and whether or not there is language there that is gender-neutral? That talks about partners as opposed to husband wife, right?

Now, thankfully, we know in marriage equality, many states people can marry members of the, people of the same gender, right, so it doesn't automatically have a bias. But yet and still, check your forms, check your language, and basically, do a program audit. Think about every interaction point, where a person comes into meet with you. How can it be safe for folks to be who they are, right?

So that's an intense training, but we want to just, sort of, lift this up in terms of what is it that you can take a look at so it can be welcoming and affirming? Meeting the needs of folks in your court, right, again, focus on the strengths. As we tried to say earlier, right, even with the music that was playing, right; this doesn't always have to be about doom, and gloom, and all the pathology, and tragedy, right?

There's a lot of resilience and resistance, right? There's a lot of healthy coping strategies. Much of it have to do with community which is why we showed the video earlier about the gentleman in church. Church is one community, this particular type of church, right.

But there are other communities, right, there are centers, there are virtual communities now that people can plug into, that is tapping into the strengths, and needs of folks. If you don't know that folks at L, G, B, or Q, you won't

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know what kind of services that they need, their unique services, because they're not the same as your straight participants. Right?

So again, connect to those supports in the community, and make it safe for folks to be out. Right, so again, what is the information that you're collecting at intake? Here's a story: I had been out as a gay woman for over 25 years. And I remember, when I was working in a drug treatment program, I made the mistake of not really understanding, right, the needs of the clients in the program.

So there was a – we thought we were doing great by collecting information, and having a, having a group of folks who identified as lesbian, or gay. But we didn't know, and didn't have the resources for folks who identified as bisexual. They were, like, "You know what? If I go to that group, they want me to choose, and I can't choose." Right, so it's, like, really getting, having a thorough intake process, and recognizing that spectrum of identity, and that lumping everybody together.

So when I referred the bisexual participant to the gay and lesbian group, they were, like, not happy. It was my learning, and I share that in all honesty, and vulnerability, even as a gay woman. So if I can make that mistake, I hope that you can find some grace and space, if there are mistakes that you make along the way.

Alright, so please, simple things, it may sound corny; I'm gonna be the first one to say, "You know what? Sometimes the Rainbow flag can be a bit overdone." Anytime, like, you'd see –

Joe Lunievicz: Yeah.

Kim-Monique Johnson:

– Rainbow flags everywhere, it becomes a bit, it feels a little bit like a capitalistic, kind of, grab. And at the same time, you know what? It's a symbol that matters, right? It's making it visible. It says to people, "Hey, people understand, and not everybody's straight here." Okay?

It also sends a signal to the participants. So we've talked about what you all may need to consider as staff, as a team. Think about making it safe amongst other participants so there's no bullying, or harassing, right, or negative behavior from other participants who may have their own values, and maybe they have their own distinct way of treating people who are LGBTQ.

And finally, again, this is going to be the the repetitive theme. Hopefully, we are offering tips that are practical, and usable, and you can put it into place right away. You heard it now for the third time, ask folks what they need.

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Ask folks what they need.

Alright, so as we wind down, I want to give this, to you as an example. I moved pretty quickly here, right, and maybe stole my own thunder, right. What do you think would be the likelihood that there would be a specific LGBTQ+ court, right, for treatment?

So drop in the chat if this is something new to you? You write "New," if it's new. Write, "Knew that," if you knew it, right; so new, n-e-w if this is new to you; write knew that, k-n-e-w, if you already knew about this, right? This is a court that was launched back in, I don't remember the year, but it's out in California.

So anyone know Superior Judge Michael Tynan? He's the presiding judge of this court in Clara Shortridge Foltz Criminal Justice Center. It is an LGD – LGBTQ-Plus branch of the collaborative court. And this was a court that was designed specifically by a gentleman here, Bill Tarkanian. He is a program developer because he, himself struggled with his own identity as a gay man.

It contributed greatly to what he says was his substance use, and he felt like being in the treatment programs, he was, felt isolated, and alone, and didn't know, didn't think anyone really understood. And so there's a court now that is specific to folks who identify as LGBTQ in California.

And you see here, or the defender Nancy Chand speaks to the client, right, in order to, one, make it safe to be out to have people on staff who identify, and even if people on staff don't identify, have been in places where everyone has the Rainbow flag on their desk, or somewhere.

Because it just shows that we all are welcoming and affirming here, right. That's just one small way. This court makes specific referrals. It treats the underlying identity stress that contributes to substance use, and really lifts up the strengths of healthy coping skills, and community. Right, so again, we ask the question, may all folks who identify as LGBTQ+ participants find themselves feeling seen, supported, and feeling loved.

And we want to ask you again, as you, as we wind down, what's a takeaway? What's one or two takeaways that you can start to walk away with, maybe even implement to help people in your program see, be seen, be supported, be recognized, and be loved?

And we're going to look at the chat to see what you're putting there. And then I'm going to stop sharing. And, Joe, please, partner, let -

Joe Lunievicz:

"Why the use of pronouns," is the first one? That's some typing going on.

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Kim-Monique Johnson:

Alright, great.

Joe Lunievicz:

Ask.

Kim-Monique Johnson:

Ask, yes. Ones we got?

Joe Lunievicz:

By the way, everybody who – nobody has heard of the court before.

Kim-Monique Johnson:

Okay.

Joe Lunievicz:

Here are some other ones, more communication, compassion, and clarity. Don't say lifestyle because it sounds like a choice –

Kim-Monique Johnson:

Right.

Joe Lunievicz:

– For the judge. Ask, utilize pronouns, ask, and have others get familiar to asking. Communication and compassion, acknowledge the questions, even if they can be awkward are coming from a place of care for the participant. Then have judge ask how they identify; ask preference for UAs.

Kim-Monique Johnson:

Nice.

Joe Lunievicz:

Listen.

Kim-Monique Johnson:

Nice, very good, very good, and as we, kind of, yes, as we close out with some house music. If you don't know this, house music was founded and in late '70s by gay, Black, and but, by gay, and bisexual Black, and Latino men, and and women who danced at those parties, right, now known as, if you like to go out dancing to EDM or, or any fast music, right?

It was founded by folks who were ostracized and needed a place to feel community. And so music, right, for many gay folks, not all but for many, right, is a way in which there can be some healthy release in dealing with their stress. And so we leave with this, follow me.

And we'll look at a couple, a couple of questions so we can end on time. Right, Joe, right? Let's see. How are we doing here? So a question?

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Unidentified Male: Follow me, follow me....

Kim-Monique Johnson:

Doesn't asking the client who they'd prefer to collect their urine sample ignore the wishes and of the rights of the collector? How do we accommodate both parties? Yeah.

Kim-Monique Johnson:

Well, I think the question comes down to, right, whose wishes, right, whose rights, whose comfort do we need to center? And if the collector is not comfortable, what other collector will be? Yeah. Thank you for the question.

How do you handle getting the tester screener ready? Yeah so this is an opportunity to think about what's needed, and an opportunity to think about what training, and resources can I be available for you all? Like, hopefully, you'll be able to take away some ideas to help get more support for the folks who are doing the testing and the screening.

Yeah, alright, and one last question is, "The UA collection statement, it makes sense. How, how do agencies change procedures of having male officers take male gender clients?" Yeah I'm going to toss that over to you, Joe.

Because again, it seems like a larger question in terms of changing policies and procedures. What I think is important here is that there be a recognition of the reason why.

Joe Lunievicz:

Yeah I, and it always comes down, not to who, not to who's more comfortable, or who someone is more comfortable having taking the UA. You, if you follow the P-R-E-A, PREA laws, right, these are laws that's, that talk about how you, we need to ask people who they're safest with when it comes to who they're housed with.

Especially with corrections, for example, but but these translate into treatment court issues very easily, right? So we want to think about, and ask who are you most comfortable with having the UAE taken? Who are you – and which docket is the most comfortable for you? But again, these are all questions around gender identity. And it's fascinating how quickly we go to gender identity questions because they are in some ways more uncomfortable, right?

Kim-Monique Johnson:

Right, yes.

Joe Lunievicz:

And that will be covered a lot more when, when Kim comes back in in two

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months.

Kim-Monique Johnson:

Yes, thank you.

Joe Lunievicz:

That's it for your questions.

Kim-Monique Johnson:

And I'm dropping in the chat for those who are needing, would like more information, and I dropped in the chat, the, there's a glossary of terms from the Human Rights Commission that can help you with, just some of the language. The actual video clip, there's a four-part series, if you'd like to see that; and also, the language about the LGBTQ-Plus court out in LA County.

[END OF RECORDING]