



ellen krug
writer, lawyer, human

Transgender 101

Persons who are transgender have become far more visible, which is reflective of greater societal acceptance. Still, of the letters in the “LGBTQ alphabet” (lesbian, gay, bisexual, transgender, queer), the “Ts” (transgender people) more often face unique challenges relative to personal relationships, public interactions, and many other things that non-transgender persons (the technical phrase is “cisgender”) take for granted.

What does it mean to be “trans?” What can other humans—particularly those who serve or interact with the public—do to make a trans person feel welcomed and accepted? What actions or words should they avoid? And what about work colleagues who come out as “trans”?

I transitioned from male to female in 2009 when I was a trial lawyer with my own firm in Cedar Rapids. With this presentation, I offer my perspectives on this emerging group of humans.

1. Trans People: The Basic Basics

- “Gender identity” vs. “Gender Expression” vs. “Transitioning Genders.”
- The spectrum of gender: “Transwoman” “Transman” “Gender Queer” “Gender Non-Conforming.” Gender is on a spectrum, just like sexuality.
- “Gender dysphoria:” feeling that one’s emotional/psychological identity as male or female is opposite to one’s biological sex.
- Society is now encountering “Gender Correctors” “Trans Kids” and “Gender Queers” (persons who don’t identify in either gender).
- A society that only knows and enforces traditional gender roles (“binary”—male or female assigned at birth and nothing else).
- Religion and religious leaders who are empowering or crushing.
- The “ugly cousin” in the LGBTQ alphabet—bias sometimes exists with gays and lesbians (but this is diminishing).
- The highest incidence of suicide attempts, suicides, depression, addictive behaviors, homelessness and joblessness within the LGBTQ alphabet.
- Trans people are fully legally protected in only 21 states (plus Washington, D.C.), which limits education, career and living options.

2. Gender Correctors

- Can occur at any age—even as late as someone in their 70's. (It's not a "phase"—the need to live authentically won't ever leave you alone until you live as your true self.)
- Compartmentalization—most transgender persons engage in major compartmentalizing in the trade-off between having something for themselves (brain) and adhering to society's birth gender demands (body). (Again, the technical phrase for brain-body incongruity is "gender dysphoria.")
- Self-hatred, displacement, bargaining, depression and addictions accompany fighting one's self (e.g. one's brain disagreeing with one's body). For some trans persons, suicide is the only option.
- "Gut tugs/pulls" are the consistent modality. (Don't mistake for OCD.)
- Incrementalism (advances and retreats) is the consistent methodology.
- Self-acceptance is the first and most difficult step; incrementally understanding that one's gender identity isn't a "choice."
- Family and friend rejection—because they believe it is a "choice."
- **Fear** is a huge factor; so too is a lack of emotional support.
- More fear: being assaulted or killed/being alone/losing key people/losing a job or a place to live if one "comes out" as transgender.
- **Losses**: loved ones, friends, employment, church, medical professionals.
- **Authenticity**—it's real, life-changing, and worth the losses.

3. Trans Kids/Youth

- Empowered by the internet and very proactive parents.
- Not a fad or phase (in most cases). The critical factor is consistent gender identification over time (there's that gut tug/pull thing again).
- Watch out for data relative to number of trans kids who consistently identify into adulthood (there are conflicting data and controversial researchers).
- Trans kids/youth are at great risk of hidden agendas by professionals (therapists, doctors, teachers, etc.).
- Bathroom and sports issues.
- Bullying.
- Conversion therapy—scary stuff.
- The landscape for trans kids/youth was improving; with our current federal government posture, things have gone backwards dramatically. One possible result: an increase in trans youth suicides. ☹

4. Gender Queers/Gender Nonconforming Humans

- Identify in neither gender; may be very ambiguous in appearance.
- Prefer pronouns such as "they" or "them" or "ze" or "hir."
- Make cisgender humans uncomfortable because can't be categorized or labelled.
- Are showing up more frequently but society isn't prepared.

5. What it Means to “Transition” Genders

- The lead-up to transitioning is an incremental process; it may take years or decades. Some trans persons don't ever transition.
- Two types of transitioning: “transitioning socially”; “transitioning surgically.”
- Medical and therapeutic gatekeepers in many parts of the United States inhibit social transitioning.
- Hormones: estrogen for M2F (male to female); testosterone for F2M (female to male).
- Social transitioning (with hormones) may mean an abrupt change in appearance (genetic men transitioning to women's clothing; genetic females developing beard growth and deeper voices through hormones).
- Less than 30% of trans people transition surgically (but this percentage is increasing). Medical standards (WPATH—World Professional Association for Transgender Health) apply to medical transitioning (e.g. no “bottom surgery” for trans women younger than 18).
- Insurance and money barriers.
- Name changes for many important documents— birth certificate, driver's license, social security card, professional licenses, life and car insurance, even utilities—which invite strangers into your life (some of whom may be judgmental or ignorant).
- Hormones also produce intense emotional changes; for me, “peace” from estrogen.
- “Male privilege” vs. “female disenfranchisement.” The rippling from those changes can be endless.
- Family, friends and co-workers “transition” as well via pronouns, bathroom issues, emotionally, social acceptance.
- The concept of “passing”—the extent to which a stranger wouldn't know that the trans person was assigned a different gender at birth.
- Passing isn't always important to the trans person but it may greatly influence those he/she interacts with.
- Transmen pass more easily than Transwomen.
- Contemporary transgender role models (e.g. Janet Mock and Laverne Cox) aren't representative of most M2F trans people.
- Ellie's voice influences how well she passes. (In some locales, her voice also puts her at personal risk.)
- Law enforcement targeting.

6. My Coming Out as a Transgender Human/Attorney

- Active trial practice/my own firm in Cedar Rapids.
- Came out as transgender May 2009; emailed letters to 200 clients, judges and lawyers on a Monday morning. My world changed in an instant.
- Challenges for my legal community colleagues—they had never interacted with a transgender person before. Still, Iowa attorneys and judges were incredibly supportive!
- I tried a Cedar Rapids jury case as the female me in July 2009 and won!
- Broadcast to clients that I was still capable.
- However, clients filtered away; lost major client November 2009.

- Closed firm March 2010 and transformed life; now national trainer on human inclusivity, motivational speaker, radio host, author/writer and mentor.
- Enlightenment: coming to understanding the difference between loss and regret.
- A survivor of the Human Condition: my survivorship is very public.

7. What Community Professionals and Ordinary Humans Can Do

- A quick primer on **Gray Area Thinking®**: awareness, risk taking, compassion/kindness. Make the extra effort to be inclusive; these are your coworkers or persons you serve. (Gray Area Thinking® is a separate presentation.)
- Pronouns are critical. Being pronoun proper may take work and involve risk—don't worry, you and others will get through this!
- Visualize clothing: feminine clothing usually connotes female pronouns; masculine clothing, male pronouns. But note: not so with gender queers or gender non-conforming humans (whom you need to ask re: pronouns).
- Recognize your personal disconnect over how well this human "passes."
- Intentional pronouns can either be gifts or weapons (most trans persons forgive innocent mistakes; we're all human).
- **Good intent matters greatly.** If you don't know, ask: "Which pronouns would you prefer?"
- Completely off limits: inquiries or comments about hormones, surgery, or sexual anatomy, unless the inquiry is invited.
- Not all transgender persons want to share about their journey; know personal boundaries.
- Understand that trans people will likely have preconceived impressions about governmental entities not being fair or accepting: we're back to fear and mistrust.
- Don't judge; trans people are sensitized to being judged. (Gender Correctors have been judging themselves for years.)
- You may need to be a trans person's champion.
- Bear in mind that transgender persons and non-transgender persons (referred to as "cisgender") share many things in common.
- Please do not think that transitioning genders is a "choice." Living authentically is never a "choice" for anyone, whether that's related to gender or sexuality or one's need to write or sing or make music.

8. Particular Challenges for Businesses and Government Entities

- Acceptance of trans people isn't uniform; better acceptance exists in metro areas compared to the rural Midwest.
- Far less acceptance/greater potential personal risk in "non-legal" states like ND, SD or Nebraska.
- The Court's role as a gatekeeper and its responsibility to ensure for proceedings free of bias.
- Be alert for bias, ignorance, and hidden agendas among colleagues and other professionals.

- Frontline staff need to be educated on how to be welcoming to transgender persons—**Do you know what's happening at your Front Counter?**
- The current environment in our nation is dramatically changing, which is further challenging transgender people in a variety of ways.
- Still much law to be made, particularly with the schools and private organizations.
- There is no national, federal law protecting LGBTQ people. The fact that we have same-sex marriage doesn't prevent LGBTQ folks from facing legal discrimination—employment, housing, health care—in the majority of states. (But not so in Minnesota due to the Human Rights Act, MN Stats. Sec. 363A, et al.)
- The need for a formal Gender Transition Policy; team members must also be taught on how to be welcoming—please use a trainer who is transgender for this!
- Your biggest stumbling blocks: fear of “Other,” religious objections and the idea that being transgender or gender nonconforming is a “choice.”

9. Community Resources

- The states that legally protect transgender people to varying degrees: California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, New York, Nevada, New Mexico, Oregon, Rhode Island, Vermont, Washington and the District of Columbia.
- Transgender Suicide Prevention “Warm” Line: Trans Lifeline (877-565-8860) <http://www.translifeline.org/>
- Suicide Prevention for LGBTQ youth (with an emphasis on trans youth): The Trevor Project (www.thetrevorproject.org); Trevor Lifeline 866-488-7386.
- Transgender rights organizations:
The National Center for Transgender Equality <http://transequality.org/>
National Center for Lesbian Rights <http://www.nclrights.org/>
- Human Rights Campaign <http://www.hrc.org/issues/transgender> (best practices relative to transgender employees).
- MN blog and email support for parents/relatives of transgender children/youth and adults: Transparenthood.net <http://transparenthood.net/>
- Support group for MN families of transgender children and youth: Transforming Families <https://transformingfamiliesminnesota.org/>
- Be familiar with local mental health resources and advocacy groups:
Reclaim (Minneapolis) <http://reclaim.care/>
OutFront Minnesota <http://www.outfront.org/home>
University of Minnesota Program in Human Sexuality (provides counseling and gender transition services) <http://www.sexualhealth.umn.edu>
- Mayo Clinic, Rochester MN <http://www.mayoclinic.org/medical-professionals/clinical-updates/psychiatry-psychology/mayo-provides-integrated-care-for-people-with-gender-dysphoria>
- Family Tree Clinic: <http://www.familytreeclinic.org/services/trans-health-services/>

- Greater MN resource: CentraCare, St. Cloud
<https://www.centracare.com/services/gender-medicine/>
- Minneapolis Public Schools Comprehensive GSA (Gay-Straight Alliance)
Resources: <https://engagement.mpls.k12.mn.us/out4good>

Personal Contact/Consulting Information

Ellen (Ellie) Krug at elliekrug@gmail.com

Website: www.elliekrug.com

National inclusivity training and consulting through Human Inspiration Works, LLC ("We Make 'Inclusion' an Action Word") Website: www.humaninspirationworks.com

Author, *Getting to Ellen: A Memoir about Love, Honesty and Gender Change* (2013)

Book website: www.gettingtoellen.com (Book available on Amazon, Kindle, etc.)

Twitter: @elliekrug (feel free to Follow me)

Facebook: Ellen Krug Minnesota (feel free to Friend me)

LinkedIn: Ellen (Ellie) Krug (feel free to Connect with me)

Sign up for my newsletter, *The Ripple*, by clicking on "Newsletters/Media" at www.elliekrug.com

Listen to podcasts from my AM950 radio show, "Ellie 2.0 Radio" with this link: <http://www.am950radio.com/events/ellie-2-0/> or "Hidden Edges Radio with Ellen Krug" (no longer running) with this link: <http://www.am950radio.com/shows/hidden-edges-radio>

Nationwide consulting services include creating organizational diversity and inclusion plans, assisting employers with employee on-the-job gender transitions, and on-site trainings relative to diversity/inclusion (Gray Area Thinking®), LGBTQ issues, and "Transgender 101" presentations. I'm also working to change the rural Midwest diversity/inclusion landscape with The C* Project presentations.



My Standing Offer: any human can contact me relative to gender or sexual identity or anything else related to surviving the Human Condition. I'm a good listener and willing to meet with anyone in a public place or speak on the telephone for up to an hour. My email: elliekrug@gmail.com

Please have compassion for yourself and for others!

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Encouraging Open Hearts and Thriving Human Spirits

Human Inspiration Works, LLC: *We make inclusion an action word*