

The Swedish approach to the transsexual phenomenon

Who are you?

1. Have been diagnosed GID and have changed gender abroad, wishing gender to be changed in National Registry.

2. Is being diagnosed GID abroad and experiencing difficulties with it, wishing to change gender.

3. Is experiencing GID difficulties and, because of illness / depression / cross gender behavior, wishing for gender change.

4. Is experiencing GID difficulties and seeking healthcare because of illness / depression / suicide attempts.

5. Is experiencing GID difficulties and seeking healthcare because of sexual relation trouble / gender role problems.

6. Is experiencing GID difficulties and seeking healthcare because of stress / burnout / work and family problems.

1. Public psychiatry open to all people.

Low fees, max \$130 per year.

Entrance

Eventually you end up here, all other doors lead nowhere unless you seek private care, but the help you can get there is limited and if you need to proceed you need to be referred back here to a National open psychiatry ward.

Private psychiatry only tries to cure depression, and few psychiatrists have any kind of GID experience; none can be said to be qualified. Seeking private care, you need to be very healthy and aware of your condition.

National open psychiatry wards are the only authorities that can refer you further. But before doing so they have to classify you as being transsexual and you have to tell them to do so. Otherwise you will end up as mentally ill.

To evaluate if transsexualism is the case, DSM-IV is used along with a lot of other social assessments. This evaluation is carried out by psychiatry doctors where none has special GID competence and no real education is available.

The time frame to be referred has no limit and there is no guaranty you ever will be referred, even if living as your target gender. It's easy to get stuck here with a doctor trying to cure you for whatever disease he or she is familiar with.

Foreign doctors' letters and diagnoses are rejected on regular basis and even if GRS has been performed, routines have to be followed. It's vital to understand that no GID health care is carried out on these wards, only TS-assesment.

EXIT If you are assessed as transsexual, you are advised further with a referral letter.

? If you are not assessed as transsexual, you are dismissed without any referral letter. **EXIT**

2. Specialist psychiatry for GID people only.

Low fees, max \$130 per year.

Entrance

There are no GID private specialist psychiatry alternatives in Sweden, there are only a few (4-6) National health wards available. To be accepted here you have to be referred from a National open psychiatry ward like in #1.

Again it's vital to understand that no GID health care is carried out here, there is only a sort of TS-assessment that aims to sort out those that can't be labeled Primary Transsexual. Being Gender Dysphoric is never evaluated.

The HBIGDA Standard of Care is said to be followed, but doctors and staff can only be said to be qualified according to their assignment. There is no real education available; people learn from colleagues and by own experience.

There are no statistics gathered and there are no regulations other than those created by the specialists themselves and wards inbetween. There is no control or follow-up of these wards' activities by higher qualified authorities.

EXIT If you are assessed as being transsexual, you are advised further with a referral letter.

? If you are not assessed as being transsexual, you are dismissed without any referral letter. **EXIT**

3. The Medical Legal Committee approving change in gender.

No fees, \$0

Entrance

If you pass #2 your case must be presented and approved for GRS (Gender Reassignment Surgery #5) and for making a change of gender in National registers (#6). These are mainly legal people with one submitting #2 doctor.

EXIT If you are approved as being transsexual, you are advised further with a referral letter.

? If you are not approved as being transsexual, you are dismissed without any referral letter. **EXIT**

4. Public healthcare for all people, hair removal and alike.

Low fees, max \$130 per year.

Entrance

If you pass #2 you will be referred to private care regarding hair removal and if so other public gender recognition treatments can be included. Improving looks is not founded by the State and is not referred from #2.

! If you are not assessed as being transsexual, you can go here privately paying the full fees. **EXIT**

5. Specialist healthcare for GID people, surgery for changing gender.

Low fees, max \$130 per year.

Entrance

When referred here the process is more autonomous regarding hormone treatment, GRS and other applicable surgery. However, based on lack of practice with such few cases a year, doctors' skills can be questioned.

EXIT Cosmetic surgery (FFS), to improve one's looks to blend in better in society, is not performed here.

! Being approved transsexual, you are qualified for treatments assigned by the state only. **EXIT**

6. Public registers / certificates where changes in gender are made.

No fees, \$0

Entrance

With an approval from #3, changes in National registers are done automatically. However, if integrity protection is wanted, you need to say so. About 0.1% of the Swedish population have integrity protection today for various reasons.

! If you are not approved as being transsexual, you still can change to a non-gender-specific name. **EXIT**

Those in charge are,

according to Swedish transition regulations:



A. The Committee for Forensic Psychiatry, Social and Medical Legal Questions

Same as #3. A small branch of B. TS-experts are only two submitting psychiatry doctors who also assess TS-patients in daily practice. They approve each other's cases.



B. The National Board of Health and Welfare

The body executing healthcare. There are no directives regarding TS-healthcare, only a three-page assessment document made-up by A, dated 1996. Their experts come from A.



C. The Ministry of Health and Social Affairs

The body regulating TS-laws and healthcare. Their experts come from A and B.



D. The Swedish Government

TS-issues, TS-people and GID healthcare has low priority, no one asks or really wants to know.



E. The Swedish Parliament by their votes

MP's say they care, but most don't and so far no proper TS-info or TS-proposals are available.



F. The Swedish citizens by their votes

The Swedish people are supportive, but relevant info about the TS-situation is not available.

The result of Swedish GID (transsexual) care;

There are no true statistics, but it's estimated that 500-600 have changed gender (20-30 each year) and year 2006 applications increased 200-300%.



Are you happy? No regrets? Any complaints?

Quotations; "an authoritarian health-care-practice", "lack of psychosocial support... force[s] the patients to help themselves". In all: No care. Total disaster.

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TS Transsexual, also Transsexualism.

GID Gender Identity Disorder.

DSM Diagnostic and Statistical Manual of Mental Disorders.

GRS Gender Reassignment Surgery, also SRS - Sex Reassignment Surgery.

FFS Facial Feminization Surgery

HBIGDA Harry Benjamin International Gender Dysphoria Association, today known as WPATH (The World Professional Association for Transgender Health). This organization publishes the Standards of Care (SoC), a guideline manual for treatment of Gender Identity Disordered people.