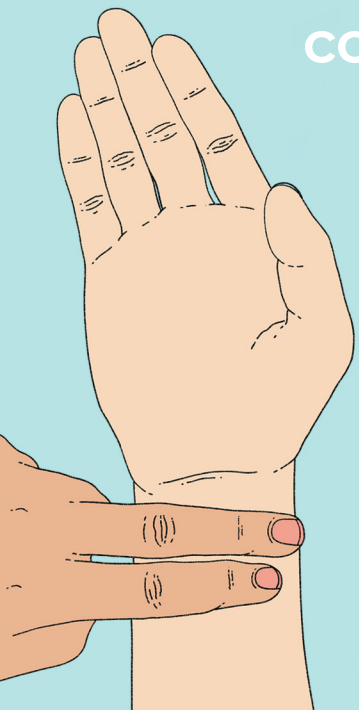
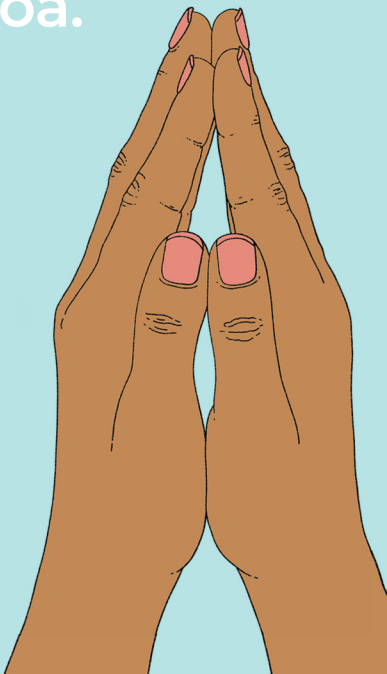
Counting Ourselves: the Aotearoa New Zealand Trans and Non-Binary Health Survey is a large community-based study, that most people completed online.

It took place between June and September 2018 and was completed by 1,178 trans and non-binary people aged 14 or over who were living in Aotearoa. Our first community report was published in 2019.

This fact sheet explains what *Counting Ourselves* tells us about conversion practices in Aotearoa.





COUNTING OURSELVES

THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

What *Counting Ourselves* tells us about conversion practices

What are conversion practices?

Conversion practices attempt to change or suppress someone's sexual orientation, gender identity or expression, or sex characteristics. Gender identity (GI) conversion practices are those that try to *change* or *suppress* someone's self-defined gender identity.

In the past, people used terms like "conversion therapy" to describe these practices. However, the word "therapy" is not appropriate. Being LGBTQIA+ is not an illness or disorder that needs therapy. A lesbian, gay or bisexual person's sexual orientation, or a trans or non-binary person's gender identity or expression are not something to treat or cure. In a similar way, an intersex person's variations of sex characteristics, their bodily diversity, is not something that needs to be changed.

In contrast to conversion practices, gender-affirming healthcare supports an individual to affirm, rather than suppress, their self-defined gender identity and expression. For many trans and non-binary people, gender-affirming healthcare includes being able to access medical interventions from trained clinicians, competent in providing care to trans individuals.

Out of 610 participants who had ever spoken to a health professional about their gender, almost **1 in 5 (19.7%)** said a health professional had tried to stop them being trans or non-binary.

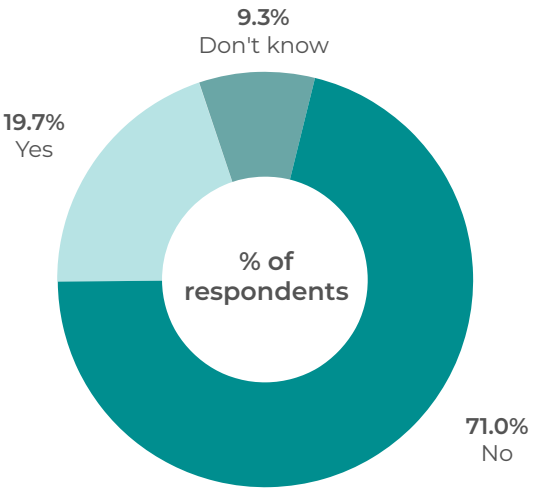
Counting Ourselves data about conversion practices by health professionals

Counting Ourselves looked at trans and non-binary people's experiences of GI conversion practices by health professionals. [1]

[1] Veale J., Byrne J., Tan K., Guy S., Yee A., Nopera T. & Bentham R. (2019). *Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand.* Transgender Health Research Lab, University of Waikato: Hamilton NZ. https://countingourselves.nz/index.php/community-report

Veale, J. F., Tan, K. K. H., & Byrne, J. L. (2021). Gender identity change efforts faced by trans and nonbinary people in New Zealand: Associations with demographics, family rejection, internalized transphobia, and mental health. *Psychology of Sexual Orientation and Gender Diversity.* Advance online publication. https://doi.org/10.1037/sgd0000537

Has any professional (such as a psychiatrist, psychologist or counsellor) ever tried to make you identify only with your sex assigned at birth (in other words, tried to stop you being trans or non-binary)?



Conversion practices are not ethical and do not work

Health professional bodies, including the *World Professional Association for Transgender Health*, have said attempts to change a person's gender identity and lived gender expression are not ethical and do not work, particularly over time.

Here in Aotearoa, health professional bodies have also spoken out against conversion practices. Examples include the *New Zealand Medical Association*, the *New Zealand Association of Counsellors*, the *Aotearoa New Zealand Association of Social Workers*, the *New Zealand Psychologists Board*, the *New Zealand Psychological Society* including its *Institute of Community Psychologists Aotearoa*, and the *NZ Association of Child and Adolescent Psychotherapists*. [2]

Counting Ourselves participants who were exposed to conversion practices had worse mental health

Participants who had experienced GI conversion practices were more likely, than those who did not, to report psychological distress, non-suicidal self-injury, suicidal ideation and suicide attempts.

These differences remained after considering the effects of a person's age or gender on mental health.

Trans and non-binary people who had experienced GI conversion practices had:

- higher reported psychological distress, which includes depression and anxiety
- more than two times the odds of non-suicidal self-injury and of suicidal ideation, and
- almost four times the odds of suicide attempts.

These findings were statistically significant, which means it is unlikely that we found this due to random chance.

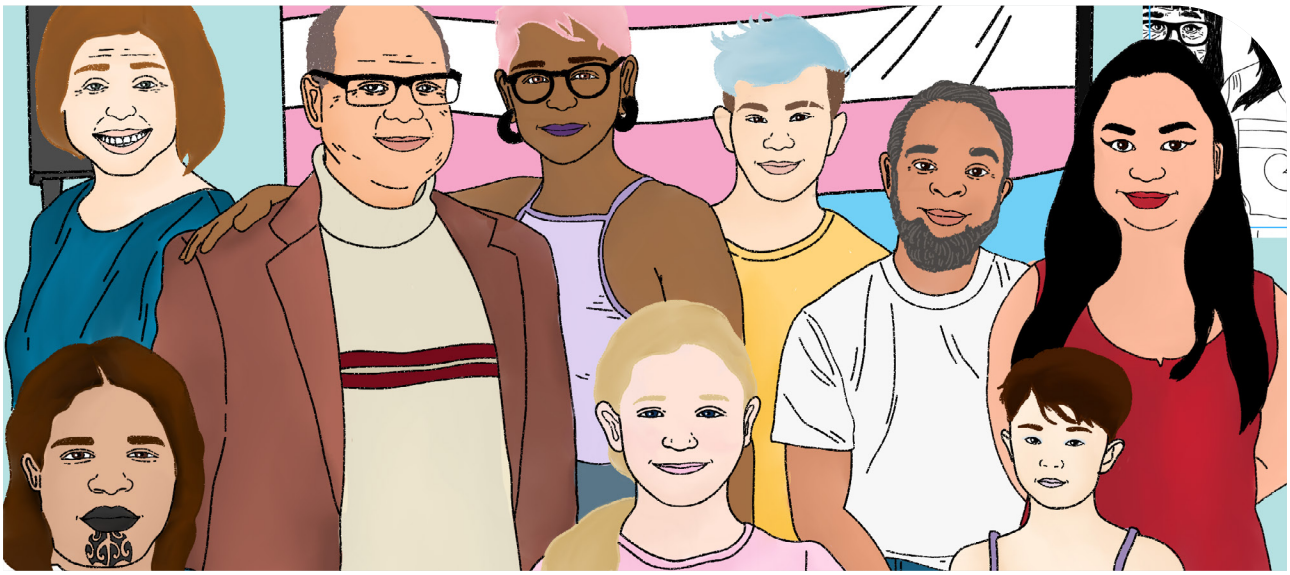
Most of this harm is directly caused by the GI conversion practices themselves. However, such practices also increased trans and non-binary people's negative feelings about their gender identity. This internalised transphobia also predicts worse mental health outcomes.

Youth are more vulnerable to conversion practices

Counting Ourselves survey participants aged 14-24 were more likely to have experienced GI conversion practices. This reinforces what we are hearing, that conversion practices are still occurring in Aotearoa.

In other countries, research has identified how some health professionals working with children and adolescents promote and use GI conversion practices. Our participants aged 14-24 may have been the age group most likely to have talked to health professionals about their gender while they were a child or adolescent. This potentially exposes them to the minority of health professionals who use conversion practices. Many reported positive experiences from their interactions with health professionals too but youth also faced greater resistance when wanting to explore their gender.

[2] *See for example, these position statements from the NZ Association of Counsellors, the NZ Psychologists Board and the NZ Psychological Society, these media releases from the NZ Medical Association and the Aotearoa New Zealand Association of Social Workers and submissions on the Conversion Practices Prohibition Legislation Bill, including from the NZ Association of Child and Adolescent Psychotherapists, and the Institute of Community Psychologists Aotearoa.*



Illustrations: Huriana Kopeke-Te Aho

Other potential places where GI conversion practices occur

The *Counting Ourselves* survey question focused on conversion practices by health professionals. However, the data suggests some other ways that conversion practices occur in Aotearoa.

Trans and non-binary people from some religious backgrounds were more likely to have experienced conversion practices from health professionals. Those whose religion was not Christian had greater exposure to GI conversion practices than Christians or those with no religion.

In addition, trans and non-binary people reported rejection from spiritual or religious communities in response to some other *Counting Ourselves* questions. More than a quarter (28%) had left spiritual or religious communities because they feared rejection for being trans or non-binary, while 14% left after being rejected. Asian participants were more likely to report being rejected because of their gender identity (26%) or leaving due to fears this would happen (52%).

Trans and non-binary people who had experienced family rejection were also more likely to say they had been exposed to GI conversion practices. This suggests that family rejection may involve family taking their trans or non-binary child to a professional who performs conversion practices. We know that family rejection and conversion practices are both linked to psychological harm for trans and non-binary people.

The difference family support makes

Most *Counting Ourselves* participants (81%) said at least one of their family members knew that they are trans or non-binary. Among this group, more than half (57%) reported that most or all of their family were supportive of their gender. Youth, those aged 14-24, were the age group most likely to report positive support from family.

Trans and non-binary people who had this support from at least half of their family were less likely to attempt suicide. In the previous 12 months, 9% of those with this support had attempted suicide compared to 17% of trans and non-binary people who said most of their family were unsupportive or very unsupportive.

To prevent the demand for conversion practices, families and whānau require support and education about gender diversity, so that they are equipped and confident to support trans and non-binary family members.

A Call to Action

Counting Ourselves findings support the professional consensus that GI conversion practices harm trans and non-binary people's mental health.

Action is needed to prevent the harm caused by GI conversion practices wherever they occur, including within health, religious, family and community settings.