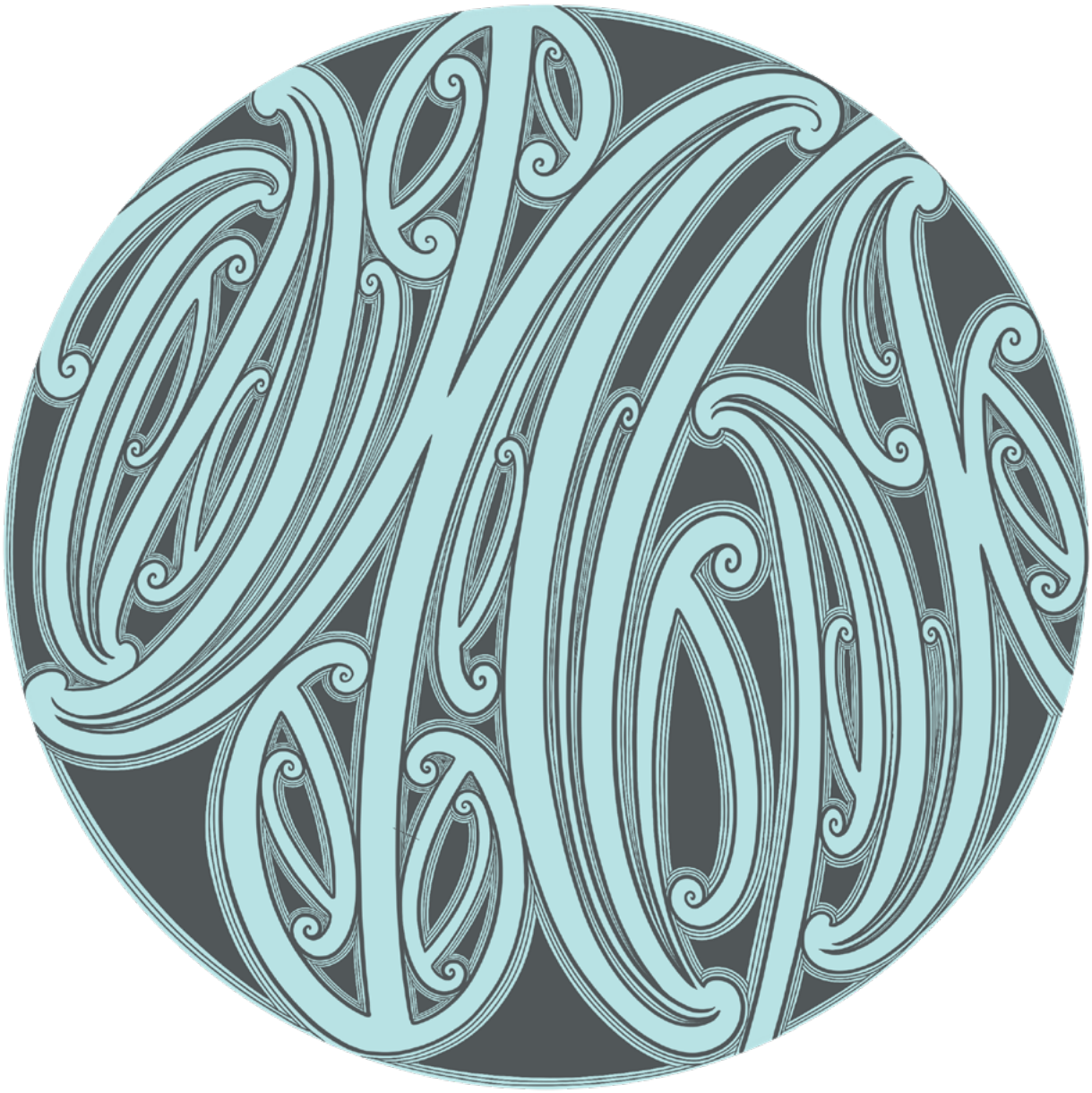
COUNTING OURSELVES



Findings from the 2022

Aotearoa New Zealand Trans & Non-binary Health Survey

Counting Ourselves

countingourselves.nz

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ISBN

978-0-473-73132-8

Suggested citation

Yee, A., Bentham, R., Byrne, J., Veale, J., Ker, A., Norris, M., Tan, K., Jones, H., Polkinghorne, T., Gonzalez, S., Withey-Rila, C., Wi-Hongi, A., Brown-Acton, P., Parker, G., Clunie, M., Kerekere, E., Fenaughty, J., Treharne, G., & Carroll, R. (2025). *Counting Ourselves: Findings from the 2022 Aotearoa New Zealand Trans and Non-binary Health Survey*. Transgender Health Research Lab, University of Waikato, Hamilton, NZ.

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Te toka tū moana

The boulder standing in the ocean[1]

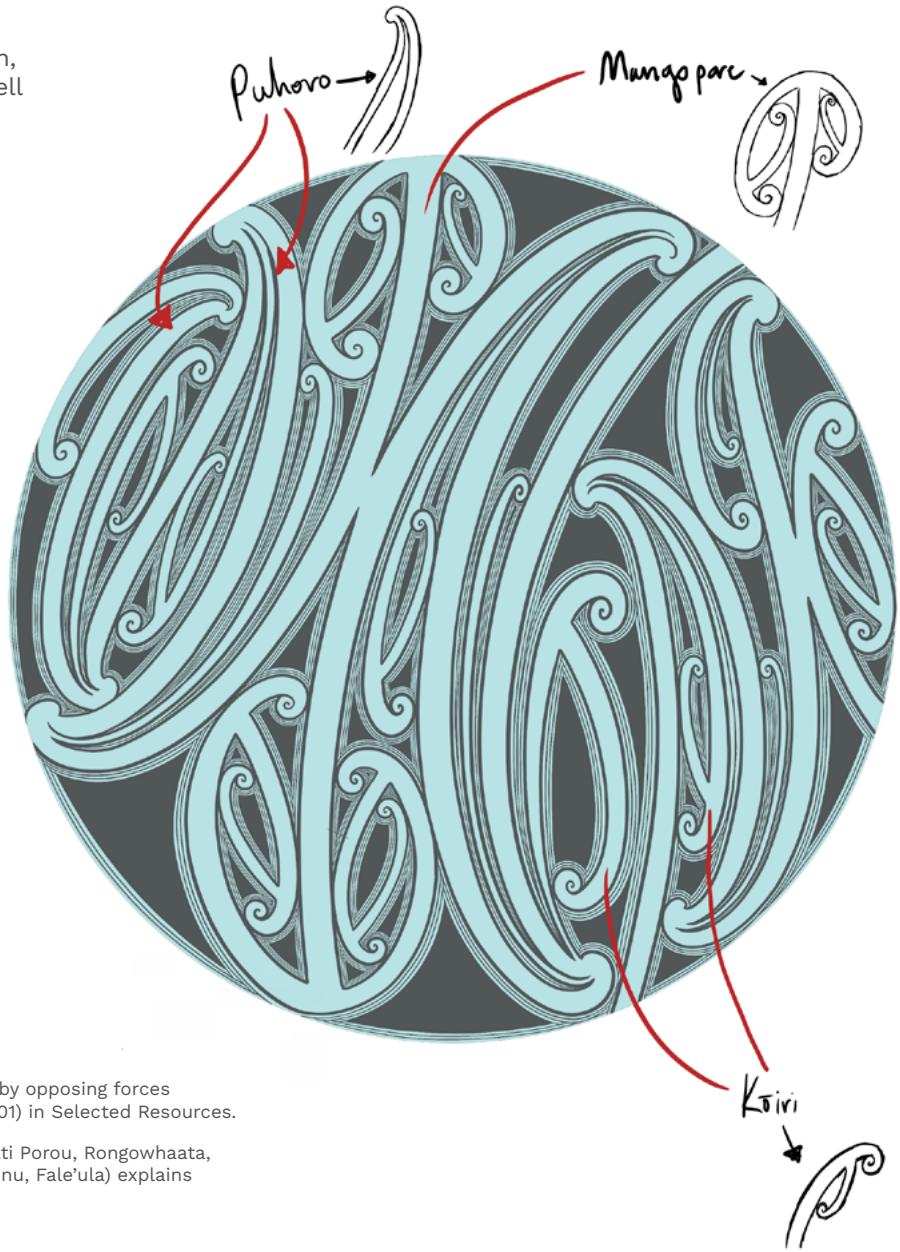
The main 'body' of the cover image is made up of **Puhoro**. Puhoro is a design that comes from the paddles of a waka hitting the water and leaving the spiral design in its wake. In this design, it is meant to represent the more general idea of fluidity.

The **Mangopare** to the left of the design represents strength, courage, power and unrelenting determination.

The **kōiri** represents self reflection, protection and nourishment as well as intergenerational relationships.

The **koru** represent new growth and new beginnings.

Overall, I wanted the design to reflect a positive and inclusive experience of transness and the essential relationships between community members.[2]



[1] This whakatauki refers to being buffeted by opposing forces but standing firm. See Mead & Grove. (2001) in Selected Resources.

[2] Artist Huriana Kopeke-Te Aho (Tūhoe, Ngāti Porou, Rongowhaata, Te Āti Haunui-a-Pāpārangi, Ngāti Kahungunu, Fale'ula) explains their cover design.

Acknowledgements

The project team members and authors of the report are Ashe Yee, Ryan Bentham, Jack Byrne, Dr Jaimie Veale, Alex Ker, Megan Norris, Dr Kyle Tan, Harry Jones, Taine Polkinghorne, Sofia Gonzalez, and Cassie Withey-Rila.

The Associate Investigators, who advise the project team, are Ahi Wi-Hongi, Phylesha Brown-Acton MNZM, Moira Clunie MNZM, Dr George Parker, Professor Elizabeth Kerekere, Dr John Fenaughty, Dr Rona Carroll, and Professor Gareth Treharne.

The Counting Ourselves report is a collective endeavour, and there are many people and organisations we wish to acknowledge.

Firstly, we thank all the trans and non-binary people who contributed their time and effort to complete our long survey. Your comments give life to the numbers in this report.

We want to acknowledge specific people for their work including:

- Dr Tāwhanga Nopera, who led the kaupapa Māori-informed approach that underpins the Counting Ourselves surveys
- Professor Elizabeth Kerekere who gifted the use of her Te Whare Takatāpui framework to shape the recommendations for this report
- graphic designer Zakk d'Larté, who designed this report, zakkdlarte.com
- artist Huriana Kopeke-Te Aho, who created the illustrations for this report, instagram.com/hurianakt.a
- artist River Jayden, who created the graphics for Te Whare Takatāpui, riverjaydenart.com
- comic artist Toby Morris, who gave us permission to use images from his Trans Tipping Point comic, instagram.com/xtotl
- our summer scholar Beau Blight, who helped with survey design and created two promotional videos for us
- summer scholar Shawnee Cummingham, who has started to analyse data for a Māori report with supervision from Dr Logan Hamley
- Tom Hamilton for his advice on safety measures so survey participants knew who to contact for support around issues that came up for them as they completed the survey
- community organisations who helped promote the survey online or by hosting events including Dunedin Pride, Nelson Pride, Q-Youth, and RainbowYOUTH
- other people who shared their images and words with us to promote the survey, including: Nachale (Hua) Boonyapisomparnah, Kiran, Isaac Loyola, Rafiqah Sulaiman Abdullah, Angelo Libeau, Eli Rubashkyn, Frida People, Luca Bree, Sarah Michelle Hansen-Vaeau, And Pasley, Lagi Thompson-Rikys, Harrison McKay, Cole Meyers, Gemmah Huriwai, Jade Kanara-Mills, Claudia Mckay, and Karen and Peri Te Wao.

Our study has benefited from the many academics, health professionals, community organisations, and officials from government agencies that gave us constructive feedback on our survey questions and draft report, including:

– *Individuals:*
Brodie Fraser, Tycho Vandenburg, Scout Barbour-Evans, Lucy Cowie, Dr Gloria Fraser, Judy O'Brien, Brooke Hollingshead, Caitlyn Drinkwater, Dr Penni Wolfgramm, Jono Selu, Micah Davison, Dr Julia de Bres, Dr Peter Saxton, Adeline Greig, Jennifer Shields, Dr Zoe Kristensen, Dionysius Reid, Allyson Hamblett, Dr Rachel Johnson, Matt Langworthy, Andre Afamasaga, Dr Beth McElrea, Dee Earle, Angelo Libeau, Maggie Shippam, Áine Kelly-Costello, Jelly O'Shea, Sharyn Forsyth, Sidney Wong, Rhion Munro, Laurel McLachlan, and Dr Rita Yang

– *Organisations:*
Gender Minorities Aotearoa, Te Ngākau Kahukura, New Zealand Parents of Transgender and Gender Diverse Children, the Burnett Foundation Aotearoa, Intersex Aotearoa, Te Kāhui Tika Tangata Human Rights Commission, the Ministry of Health – Manatū Hauora, Stats NZ Tatauranga Aotearoa, New Zealand Police Ngā Pirihimana o Aotearoa, and the Ministry of Justice Te Tāhu o te Ture.

We would also like to acknowledge the following individuals and organisations for their contributions:

– Dr Julia de Bres, ia Morrison-Young, and Project Village for their manaakitanga enabling our team to come together in person to finalise writing this community report.

– the Burnett Foundation Aotearoa for providing funding towards illustrating the report, and

– the University of Waikato for funding two Summer Research Scholarships and one Doctoral Scholarship.

The second Counting Ourselves survey and this report would not have been possible without funding for Principal Investigator Dr Jaimie Veale's Rutherford Discovery Fellowship from the Royal Society Te Apārangi.

Executive summary

Counting Ourselves is a comprehensive national survey of the health and wellbeing of trans and non-binary people aged 14 and older living in Aotearoa New Zealand. The survey takes place every four years.

We report findings from 2,631 trans and non-binary people who completed our second survey in 2022. This is more than double the 1,178 survey participants from our first survey in 2018 and gives us very strong data about a range of trans and non-binary people living in Aotearoa New Zealand.

The 2022 survey participants lived in all regions of Aotearoa New Zealand and ranged in age from 14 to 86. Most were either youth aged 14–24 (53%) or adults aged 25–54 (43%). Over half (56%) of participants were non-binary, with an equal mix of trans men (22%) and trans women (22%). Compared with the general population, the survey had a higher proportion of European participants (77%), a similar proportion of Māori (14%), and a lower proportion of Asian (7%) and Pasifika (2%) participants.

More than two out of five (42%) of our participants were disabled. This included people who identified as *Deaf or disabled* (29%) and/or who met the definition of disability used in Stats NZ's population surveys (38%).[3] This was higher than the Stats NZ measure of disability in the general population (10%).

Throughout the report we identify statistically significant differences between participants based on age, gender, ethnicity, location, or disability. In 2025, the Counting Ourselves team hopes to produce fact sheets, articles, and other resources looking at the key findings for Māori, Pasifika, Asian, and disabled trans and non-binary people.

In this report we use the term gender affirming healthcare to refer to any healthcare interventions that trans or non-binary people may require to affirm their gender. We also use the term unmet need to describe the percentage of all participants who wanted but had not had a type of gender affirming healthcare.

Key findings

Gender affirming healthcare overall

- We found unmet need for all types of gender affirming healthcare.
- Out of participants who wanted a particular type of gender affirming healthcare, between 34% and 99% could not access it. This lack of access to gender affirming healthcare has persisted between 2018 and 2022.

Gender affirming allied health services

- 40% of trans women and non-binary participants who were assigned male at birth (AMAB) had an unmet need for laser hair removal or electrolysis, and cost (56%) was the most commonly reported barrier.
- 31% of all participants had an unmet need for voice therapy. This was highest for trans women with 76% wanting voice therapy but 48% had not received it. Not knowing where to go (52%) was the most commonly reported barrier.
- 25% of participants reported an unmet need for counselling and psychological support, and the most common barriers were cost (57%), not knowing where to go (47%), and the time it took to access (47%).

Gender affirming hormones

- 40% of participants had accessed gender affirming hormones, and a further 21% reported an unmet need for these.
- Many participants were taking the type (74%) or dosage (68%) of hormones that they wanted to take, although almost half of trans women reported that their request to change the type or dosage of their hormones was declined (49%). Among trans women and non-binary participants assigned male at birth who were unable to access specific types of hormones, the most common examples mentioned were estrogen injections (37%) and progesterone (36%).

Gender affirming surgeries

- There were high levels of unmet need for all gender affirming surgeries. For example, 64% of all trans men and 44% of all non-binary assigned female at birth (AFAB) participants had an unmet need for chest reconstruction

[3] This measures those who *could not do* or *had a lot of difficulty* with at least one of six activities (seeing, walking, hearing, concentrating or remembering, communicating, or caring for themselves).

and 51% of all trans women had an unmet need for vaginoplasty.

- More than three-quarters of people who wanted a specific gender affirming surgery had not accessed it, ranging from 77% for orchiectomies to 99% for phalloplasty or metoidioplasty. Between 2018 and 2022, these access gaps increased for all surgeries except orchiectomies.
- Cost was the most common barrier for participants who wanted but had not had gender affirming surgeries, ranging from 58% to 81% depending on the type of surgery. Similarly, for each type of surgery, between 58% and 90% of participants had to pay for surgery themselves, or with the help of friends, family, or a partner. The only exceptions were hysterectomies/oophorectomies (less than 5%), and orchiectomies (40%), which people were more likely to access through the public health system, or phalloplasty/metoidioplasty, which very few people had accessed. Many participants had tried, but failed, to get other gender affirming surgeries through the public health system.

Gender affirming healthcare providers

- Most participants reported that their main provider of gender affirming healthcare was their general practitioner (77%), which was a large increase since 2018 (55%).
- More than half of participants were *comfortable* or *very comfortable* discussing their gender identity with a mental health provider (59%), but fewer gave this response in other healthcare situations, such as with a physiotherapist (30%), a midwife (24%), or a receptionist (21%).

General health and healthcare

- 54% of participants reported that they had a disability, long-term condition, or mental health condition that limited their ability to carry out everyday activities.
- 61% of participants rated their general health as *good*, *very good*, or *excellent*, much lower than for the general population (86%).
- Compared to the general population, participants were less likely to report that their doctor was *good* or *very good* at involving them in decisions about their care (67% vs 89%) and treating them with respect and dignity (81% vs 97%).
- 21% of participants had avoided seeing a doctor or nurse practitioner in the last 12 months because they were afraid of being disrespected or mistreated as a trans or non-binary person.
- 29% of participants had avoided visiting a GP in the last 12 months when they had a medical problem because they could not afford it. This was more than twice the rate reported by the general population (13%).

Mental health

- 77% of participants reported *high* or *very high* psychological distress, compared to only 12% of the general population.
- In the previous 12 months, half of participants (50%) had deliberately injured themselves, and over half (53%) had seriously considered suicide at least once. One in ten (10%) had attempted suicide in the past year.
- Satisfaction with mental health services in the last 12 months was highest for trans, rainbow, or takatāpui community services (84%).

Substance use

- Participants' use of cannabis in the last year (43%) was almost three times that of the general population (15%).
- Rates of use of amphetamines, hallucinogens, and other non-prescription substances were at least three times that of the general population.

Sexual and reproductive health

- 12% of participants were parents. One in six participants (16%) reported they would definitely like to have a child or more children.
- 10% of trans women and non-binary participants assigned male at birth reported an unmet need for fertility preservation services to freeze their sperm. Cost (28%) and not knowing where to go (28%) were the most common barriers.
- 12% of trans men and non-binary participants assigned female at birth reported an unmet need for fertility preservation services to store their eggs or ovarian tissue. The most common barriers were cost (70%) and not knowing where to go (52%).

School

- Out of participants currently at school, 19% reported feeling unsafe in their school or course *most* or *all* of the time. Disabled students (27%) were more likely to report this.
- Around one in six students (16%) had been bullied on a *weekly* basis. Less than half (42%) *agreed* that their school makes it clear that it does not tolerate bullying of students for being trans or non-binary.
- 28% of participants *agreed* that the gender and sexuality education they received at school represented trans and non-binary people in an accurate way.

Discrimination and harassment

- 44% of participants experienced discrimination in the last 12 months, more than double the rate reported by the general population (21%). Over one-third (35%) of participants who experienced discrimination said this was related to being trans or non-binary.
- 43% of participants had *often* or *always* avoided public bathrooms in the last year because they were afraid of problems as a trans or non-binary person, which was an increase from 2018 (33%).
- In the last year, 60% of participants had seen negative messages about trans or non-binary people on social media weekly, and 24% had seen these *daily*.
- 62% had ever experienced unwanted or offensive sexual contact.

Safety and violence

- 56% of participants reported feeling *unsafe* or *very unsafe* when waiting for or using public transport such as buses and trains at night. This was more than twice the rate for women (25%) and seven times the rate for men (8%) in the general population.
- In the last 4 years, 19% of participants had received threats of physical violence because they were trans or non-binary.
- 42% reported that someone had ever forced them, or tried to force them, to have sexual intercourse. This is more than twice the rate reported by the general population (16%). Trans women, trans men, and non-binary participants all experienced this at rates higher than for women and nearly five times higher or more than for men in the general population.

Being trans and Indigenous, a person of colour, or from an ethnic community

- 83% of participants who identified as Indigenous, a person of colour, or from an ethnic community felt proud to have this identity.
- More than half of these participants could not be open about their gender identity (54%) or often felt unwelcome (52%) because of their gender identity within their Indigenous or ethnic communities, or said that their culture was invisible within many trans and non-binary communities (51%).

Being trans and Deaf or disabled

- 65% of participants who identified as Deaf or disabled felt part of a community of trans or non-binary people.
- However, most *agreed* that Deaf and disabled people were invisible within many trans and non-binary communities (69%) and that many rainbow/takatāpui events or spaces were not accessible to them (59%).
- Only 37% of participants who identified as Deaf or disabled *somewhat* or *strongly agreed* they felt connected to a Deaf or disabled community.

Conversion practices

- 66% of participants had ever experienced someone trying to stop them being trans or non-binary. Common examples included people trying to shame or coerce them into gender-conforming behaviour (33%), teaching them they needed to change their behaviour (30%), trying to make them believe their gender identity or expression was a defect (25%), or making them pretend they weren't trans or non-binary (22%).
- However, when we asked participants if they had experienced a conversion practice, without providing any examples, much fewer participants said this had happened to them. One in seven (14%) said they had experienced a conversion practice that tried to change or suppress their gender identity, gender expression, or sexual orientation. Another 17% thought this might have happened to them.

Religion

- 17% of participants had left their spiritual or religious community because of fear of rejection for being trans or non-binary.

Identity documents

- Out of those who had New Zealand identity documents, 74% had the incorrect gender on their New Zealand passport and 86% had the incorrect gender listed on their New Zealand birth certificate.
- For all other documents, apart from national health index (NHI) records, most participants did not have their correct gender listed.
- More than two-thirds of participants (68%) born overseas had no official New Zealand document with their correct name, gender, and photo. For those who did, this was in most cases either a passport or an online record of a driver licence.

Employment

- 47% of participants said they worried that job interviewers would discriminate against them if they realised they were trans or non-binary.
- 81% of participants who were open about being trans at work reported that, on average, *all* or *most* of their current co-workers were supportive of them as a trans or non-binary person.

Housing

- 19% of participants had ever experienced homelessness.
- 16% of participants had ever moved cities or towns in Aotearoa New Zealand to feel safer as a trans or non-binary person.
- Around 14% of participants had ever needed emergency housing, including a shelter or refuge. Of those, 15% had used emergency housing, although more (21%) did not try to because they were afraid of being treated badly.

COVID-19 experiences

- 38% of participants felt safe as a trans or non-binary person and less than a third (29%) felt supported in all their living situations during the COVID-19 pandemic. Almost a fifth of participants (18%) had to hide their gender identity where they lived.
- 29% of participants had delayed or not received counselling or mental health support or routine healthcare because of the COVID-19 pandemic.

Sport and physical activity

- 51% of participants reported that they would be more likely to participate in sport if gender was not an issue. More than two in five participants had avoided gender-segregated exercise or recreational sport because they didn't know if trans and non-binary people were welcome (45%), or because they had concerns about accessing a bathroom or changing room (43%).
- 19% of participants played or were interested in playing competitive sport. However, more than twice as many (41%) had avoided participating in competitive sport because they were worried about how they would be treated as a trans or non-binary person.

Family, friends, and partners

- Out of participants who had disclosed they are trans or non-binary to the family they grew up with, 54% said that *most* or *all* of their family were supportive of them being trans or non-binary. Participants who reported this were twice as likely to report *very good* or *excellent* mental health (16% vs 8%).
- The percentage of participants indicating that family members were using their correct pronouns increased from 39% in 2018 to 62% in 2022.
- 82% of participants said their friends cared about them *a lot*, considerably higher than in 2018 (59%).

Trans pride and community connection

- 74% of participants *agreed* that they were proud to be trans or non-binary and over two-thirds (69%) *agreed* that they felt connected to other trans or non-binary people. These rates were higher than in 2018 (62% and 54%, respectively).
- 83% of participants *agreed* they had tried to make things better for other trans and non-binary people, and two-thirds (66%) spent a lot of time providing support to other trans and non-binary people.

Recommendations

Action is needed in all areas covered by this report to improve the health and wellbeing of trans and non-binary people in Aotearoa New Zealand. Our evidence supports the following 13 core recommendations.

These recommendations have been placed under the six values that make up Professor Elizabeth Kerekere's Te Whare Takatāpui framework, with each one representing a different part of a wharenui (ancestral meeting house). When these values are woven together, Te Whare Takatāpui can shelter and nurture all trans and non-binary people and their whānau.

- Whakapapa (genealogy)
- Wairua (spirituality)
- Mauri (life spark)
- Mana (authority/self-determination)
- Tapu (sacredness of body and mind)
- Tikanga (rules and protocols).

More details about these recommendations and Te Whare Takatāpui are contained in the conclusion and recommendations section of the report.

Whakapapa

1. Develop resources and programmes that help people understand and celebrate gender diversity.

Wairua

2. Fund accessible community spaces where people can feel safe enough to be themselves, embracing their takatāpui, MVPFAFF+, rainbow, trans, or non-binary identities.
3. Protect and support trans and non-binary people who have experienced attempts by others to change or suppress their gender identity or expression.

Mauri

4. Ensure health, education, housing, and other services treat trans and non-binary people with respect and understanding, and respond to trans and non-binary people's needs.
5. Enable all trans and non-binary people living in Aotearoa New Zealand to legally change their gender and name through a simple self-identification process.

Mana

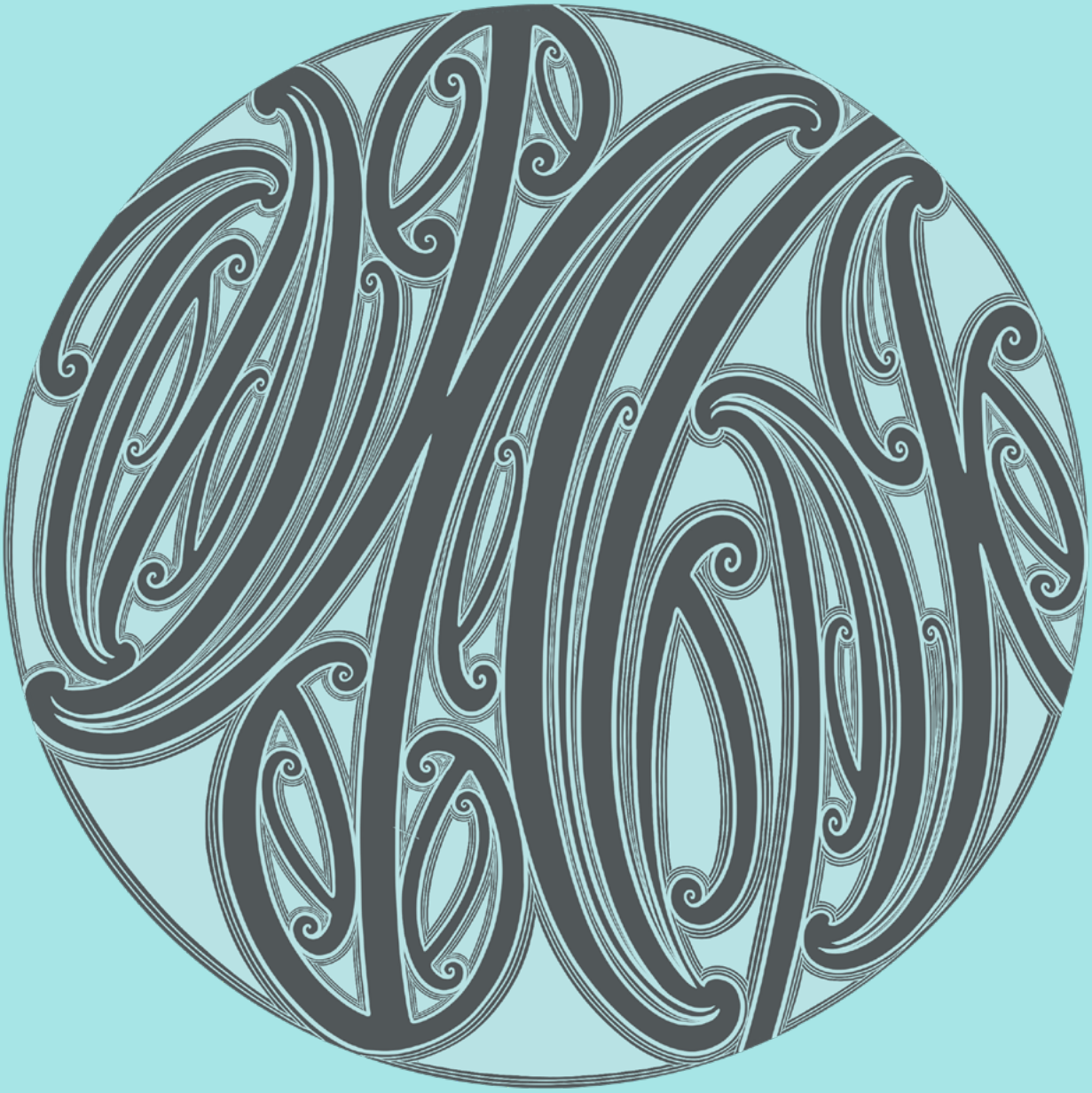
6. Provide clear and transparent pathways to access gender affirming healthcare based on informed consent through the public health system, so people can get care quickly, no matter where they live in Aotearoa New Zealand.
7. Recognise and support trans and non-binary community leadership in decision-making and delivery of trans health services.
8. Share accurate information to counter harmful myths about trans and non-binary people through evidence-based resources about the inherent dignity of takatāpui, trans, and non-binary people and the importance of gender affirming healthcare.

Tapu

9. Make all types of gender affirming healthcare more available through the public health system.
10. Protect trans and non-binary people from violence including through anti-violence strategies, policies, guidelines, training, and services.
11. Include trans and non-binary people as a priority, alongside other takatāpui/rainbow people, in mental health and addiction policies and programmes.

Tikanga

12. Fully protect trans and non-binary people from discrimination and harassment.
13. Provide training and resources about trans and non-binary people's health needs to healthcare workers.



About the Survey

Counting Ourselves is a comprehensive research project about the health and wellbeing of trans and non-binary people living in Aotearoa New Zealand.

We ran our first survey in 2018 and wrote up those findings in a community report published at the end of 2019. This second community report analyses survey responses from 2,631 trans and non-binary people who completed our second survey in 2022. This is more than double the 1,178 survey participants in 2018 and gives us very strong data about trans and non-binary people living in Aotearoa New Zealand.

The Counting Ourselves team has done this research to collect information that could help to improve the lives of trans and non-binary people. To do this, we looked at trans and non-binary people's:

- physical and mental health compared to the general population
- access to gender affirming healthcare for those who wish to take medical steps to transition
- experiences in primary care clinics, hospitals and other healthcare settings, when accessing either general or gender affirming healthcare
- experiences of stigma, discrimination, violence, and lack of safety including due to conversion practices
- ability to participate and be fully themselves including at school, at work, or when playing sport
- pride in themselves and connections to community, including how this intersects with other parts of their identities, and
- support from friends, family, partners, or others and how this might protect against the negative impacts of stigma, discrimination, and violence that many trans and non-binary people face.

Participants' responses show the many challenges trans and non-binary people face and how this affects their health and wellbeing. While quotes from community members also convey their strength, pride, and vision of changes needed, many of the findings remain as sobering now as those in our first report in 2019.

There are some areas where small progress has been made but barriers have also increased. Our team is also very aware of increasing levels of misinformation and reported hate targeted at trans and non-binary people in the two years since this data was collected in 2022. We encourage trans and non-binary people, and their families and friends, to look after themselves as they read this report. Take breaks or connect with someone if you need to talk about any of the issues discussed here. There is a list of Selected Resources, including support hotlines, at the end of this report.

We are proud of Counting Ourselves' robust research methods and the analysis undertaken by our team, supported by our Associate Investigators and other academic, clinical, and community peer-reviewers. The first report from the 2018 survey and the many academic journal articles based on its findings have been cited here and overseas to support the development of better, evidence-based laws, policies, and practices. We hope that the updated data, more detailed analysis, and new areas of focus in this second report are used to continue this work, as a commitment to improving the health and wellbeing of trans and non-binary people in Aotearoa New Zealand.

Gender diversity terms

There is a huge range of terms that people in our communities use to refer to gender diversity, including Māori, Pasifika and other terms that do not have English-language or Pākehā cultural equivalents. Some of these many terms include transgender, irawhiti, non-binary, irarere, transsexual, whakawahine, tāhine, tangata ira tāne, takatāpui, fa'afafine, fa'atama, fakaleiti (leitī), fakafifine, akava'ine, aikāne, vakasalewalewa, genderqueer, gender diverse, bi-gender, cross-dresser, pangender, demi-gender, agender, trans woman, trans feminine, trans man, or trans masculine. Many trans people also identify as simply a woman or as a man. It is difficult to find a word or term to refer to everyone that does justice to this diversity.

This report uses *trans* and *non-binary* to describe anyone whose gender is different from the sex they were assigned at birth. This was the umbrella term used in the 2018 survey and again in 2022 so our questions remained consistent.

In both surveys 'non-binary' was the term most often selected by participants to describe their gender. We recognise that no English-language terms can fully describe the meaning of genders that come from other languages or cultures but we make use of terms shared by people who completed the survey in the relevant section.

Methods

Our core research team

Our project is led by the Trans Health Research Lab at the University of Waikato. This team is led by researchers who are trans, and the team includes academic staff and students who are trans or non-binary as well as some who are cisgender.

Our project collaborators and advisors

We began designing the second survey in late 2021. We invited some members of the Community Advisory Group from the 2018 survey and others to join our team as Associate Investigators, to formally recognise the expertise they bring to this work.

Counting Ourselves is a community-led research project, underpinned by a kaupapa Māori-informed approach developed by founding project team member Dr Tāwhanga Nopera. We have been guided by the Māori health framework Te Pae Māhutonga (the Southern Cross), developed by Professor Sir Mason Durie, particularly its overarching principles of ngā manukura (community leadership) and te mana whakahaere (autonomy). For example, Te Pae Māhutonga has supported us to consider what autonomy means for trans and non-binary people, particularly whether access to gender affirming services is based on informed consent. We have also been informed by Te Whare Takatāpui, the conceptual framework that Associate Investigator Professor Elizabeth Kerekere has created as a vision for takatāpui[1] and rainbow health and wellbeing. Her research and other publications we mention are collated in the Selected Resources section at the end of this report.

How we chose the questions

We included some questions used in Aotearoa New Zealand population surveys, particularly the New Zealand Health Survey and General Social Survey. This means we can directly compare the experiences of Counting Ourselves participants with the general population.

In 2018, the Counting Ourselves team developed a lot of our own questions, since many of the important issues trans and non-binary people face are not covered in other surveys. These included asking participants how they had been treated because they are trans or non-binary or about trans-specific topics such as gender affirming healthcare. Many of these questions were repeated in 2022, and sometimes expanded (for example to better understand trans and non-binary people's experiences of sexual violence or of conversion practices). We consulted widely when devising new questions, to ensure the data would be useful for our communities and, if possible, comparable with existing population surveys. Some are questions used in comparable overseas surveys, adapted to the Aotearoa New Zealand context.

New questions about being Indigenous, MVPFAFF+,[2] a person of colour or from an ethnic community, or an asylum seeker or refugee were developed in consultation with trans and non-binary people with these lived experiences.

Disabled and neurodivergent trans and non-binary people helped us design specific questions and gave feedback about the survey's accessibility.

We also worked with some intersex reviewers to check that our questions recognised and respected that some participants would have innate variations of sex characteristics.

A summer scholar helped us narrow down the potential mix of existing and new questions for this second survey and the team produced a draft questionnaire. Almost 30 people provided comments on that draft, including community organisations, academic researchers, health professionals, and officials from government agencies.

Recruiting participants

Our goal was to make this survey open to any trans and non-binary people in Aotearoa New Zealand who wanted to participate and be 'counted'. For this second survey, our online social media recruitment moved beyond Facebook to use Instagram too, and we also created two YouTube videos. We asked trans and non-binary community leaders and members to share an image of themselves and a quote explaining the importance of the survey to them and our communities.

We sought a wide range of people for this role, prioritising Māori, Pasifika and Asian peoples, as well as older trans women.

Based on 2018 data, we identified the larger language population groups that we needed to reach and sought out people from those ethnic communities to provide a photo and a quote in their first language.

[1] **Takatāpui** is a traditional Māori term meaning 'intimate companion of the same sex'. It has been reclaimed to embrace all Māori who identify with diverse genders, sexualities and innate variations of sex characteristics. This includes whakawāhine (trans women), tangata ira tāne (trans men), irawhiti (all trans people), irarere (gender fluid) lesbian, gay, bi/pansexual, trans, non-binary, intersex, asexual, queer, and questioning people. These are often grouped under the headings of 'rainbow people' or 'rainbow communities' in Aotearoa.

[2] **MVPFAFF+** is a term created by Associate Investigator Phylesha Brown-Acton to encompass some of the many Indigenous Pasifika terms for people of diverse genders including mahu, vakasalewalewa, palopa, fa'afafine, akava'ine, fakaleiti (leiti), and fakafifine. See www.pridenz.com/apog_phylesha_brown_acton_keynote.html

kiran
(they/them)

Aotearoa में रहने वाले एक एशियाई ट्रांस या गैर बाइनरी होना कैसा लगता है?

2022 का काउंटिंग खुद सर्वे पूरा कर हमें बताएं

Trans, rainbow, takatāpui, and MVPFAFF+ community organisations helped promote the survey, including by hosting us when we visited smaller cities. To connect with communities that could be harder to reach via social media alone, we asked contacts in these communities to help encourage trans and non-binary people to complete the survey. This included contacting older trans people, those living in rural areas, those who had transitioned a long time ago, and those who had been key members of early community organisations or networks. We worked with trans and non-binary disabled and neurodivergent people to get their support to circulate the survey and created specific social media posts for disabled people. We updated our New Zealand Sign Language recruitment video about the survey, and this was distributed through deaf community networks. We also reached out to NZPC | Aotearoa New Zealand Sex Workers' Collective to promote the survey. While we were collecting data, we monitored the demographics and targeted our outreach to groups that were under-represented, including attending the national Takatāpui hui and collaborating on a fono with Pasifika MVPFAFF+ youth in South Auckland.

We asked participants how they heard about the survey, and more than three in five reported that this was through social media. This was a decrease from 2018 (from 79% to 64%), while recruitment through word of mouth increased (from 20% to 31%).

How did you hear about the survey? *Select all that apply.*	
Social networking site (such as Facebook)	64%
Word of mouth	31%
Email from an organisation (including listserv, e-newsletter)	9%
I was told about it in person (at an organisation, event, or support group)	8%
Something else	7%
Organisation website	6%
Flyer or print advertisement	5%
I was told by a health professional	2%

Survey responses

People could take part in this survey if they were:

- trans or non-binary
- aged 14 years or older and
- currently living in Aotearoa New Zealand.

The survey was open from 1 September to 14 December 2022.

We used standard data cleaning techniques to make sure that participants met all these eligibility criteria, had completed the survey only once, and that their responses were genuine. After cleaning the data, we had 2,631 survey participants.

Around 70% of participants completed the entire survey. We did not receive responses from all 2,631 participants for all the survey questions because:

- our survey's skip logic meant participants were only asked questions that were directly relevant to them or their experiences. For example, only school students were shown questions about school
- only a few questions were compulsory, so participants could choose to not respond to most questions
- the survey was quite long, with 413 questions in total.

Our survey had many comment boxes so participants could write down anything else they wanted to share about a topic. Many participants took a lot of time to provide comments, sometimes sharing in-depth examples of their experiences. We reviewed all comments and selected a diverse range of quotes for the community report in order to provide context to each section of our findings.

For many survey questions, we instructed participants to 'Select all that apply', which meant they could select more than one response. This means that, for these questions, the total percentage adds up to more than 100%. For questions where participants could only choose one response option, the percentages generally add up to 100%, although sometimes this is 99% or 101% due to rounding.

The overwhelming majority (99%) of participants completed the survey online. The survey was anonymous, meaning we didn't ask for any information, like name or email address, that would allow us to identify who responded. Participants could complete part of the survey, stop, and then complete more of it later using the same browser. People could also choose to be sent paper copies of the survey, which they could anonymously send back to us at the University of Waikato in a stamped self-addressed envelope.

Comparisons between groups

For all questions, we compared the experiences of different groups, based on participants' age, gender, ethnicity, where they live, and whether they had a disability.

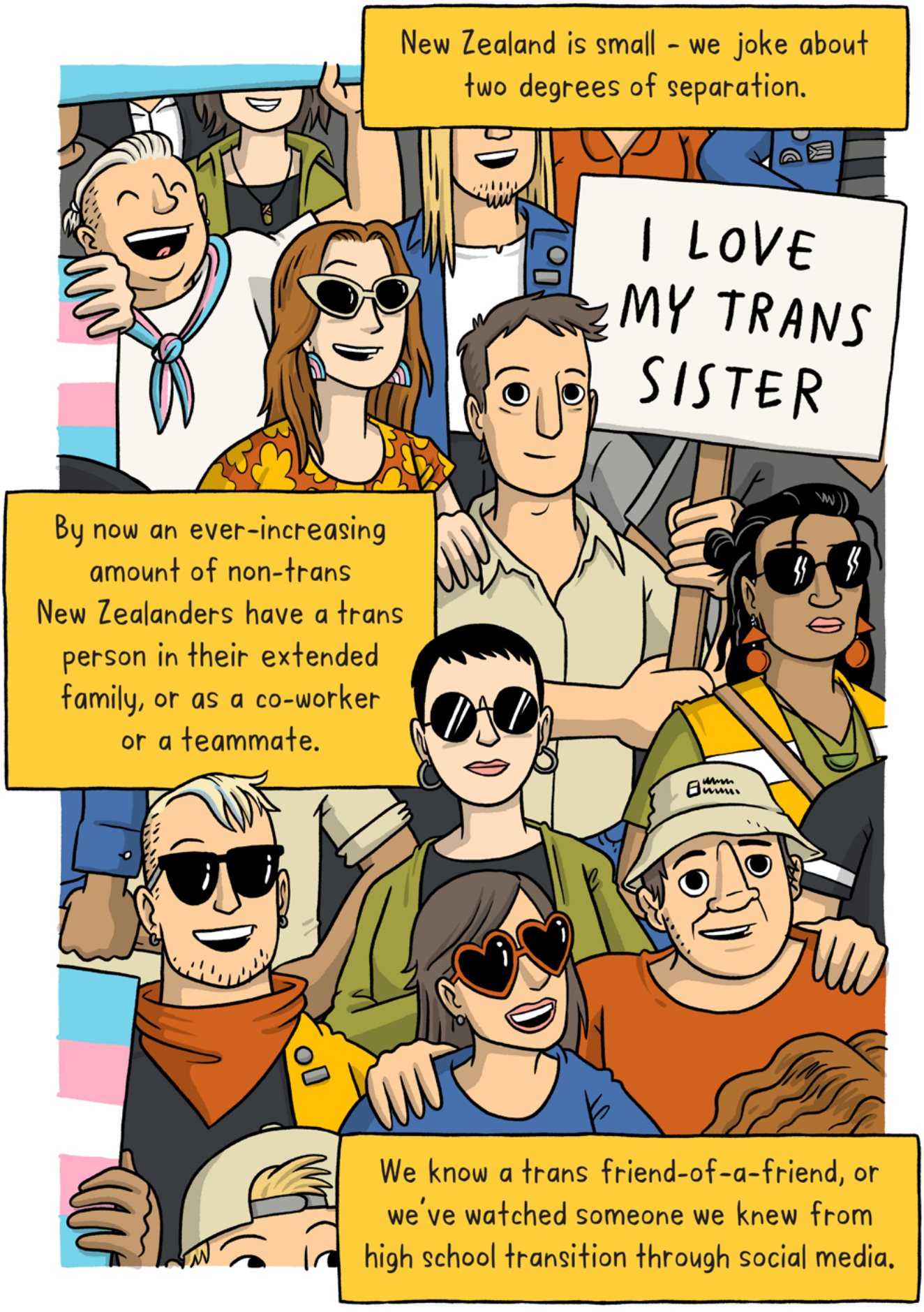
We made these group comparisons because we wanted to illustrate that the situation is not the same for all trans and non-binary people and is generally worse for those who face stigma and discrimination for other reasons (such as their ethnicity or their disability) as well as their gender. We only report differences when these are statistically significant.

Reporting back our findings

This community report is the first publication of the results of the 2022 survey. It provides an overview of the important questions and topics asked in the survey. We plan to publish and present the findings in more detail in future academic articles and community publications, and for community hui and conferences.

A summer scholarship student has already done some initial work collating the responses of Māori participants, as the first step in creating a separate Māori report. We have also been approached by some researchers keen to help with a report based on the written comments from disabled and neurodivergent participants. The Counting Ourselves team is always keen to hear from others interested in collaborating with us on publications and community resources.

We have given more detailed technical information about the methods that we used for the survey in the Detailed methods section at the end of this report.


New Zealand is small - we joke about two degrees of separation.
I LOVE MY TRANS SISTER
By now an ever-increasing amount of non-trans New Zealanders have a trans person in their extended family, or as a co-worker or a teammate.
We know a trans friend-of-a-friend, or we've watched someone we knew from high school transition through social media.

1: Who participated in the survey

This section is about the characteristics of people who participated in this survey. It describes their age, gender, ethnicity, where they live, if they are migrants or refugees to Aotearoa New Zealand, and if they have a disability or are neurodivergent.

Age

Participants had to be at least 14 years old to participate in the survey. The age range of our participants was 14 to 86 years old.

The average age was 27.

In this report, we look at differences between three age groups: youth (14–24 years), adults (25–54), and older adults (55 and older). Overall, 53% of our sample were youth, 43% were adults, and 4% were older adults. A more detailed breakdown of participants' ages is given in the table below.

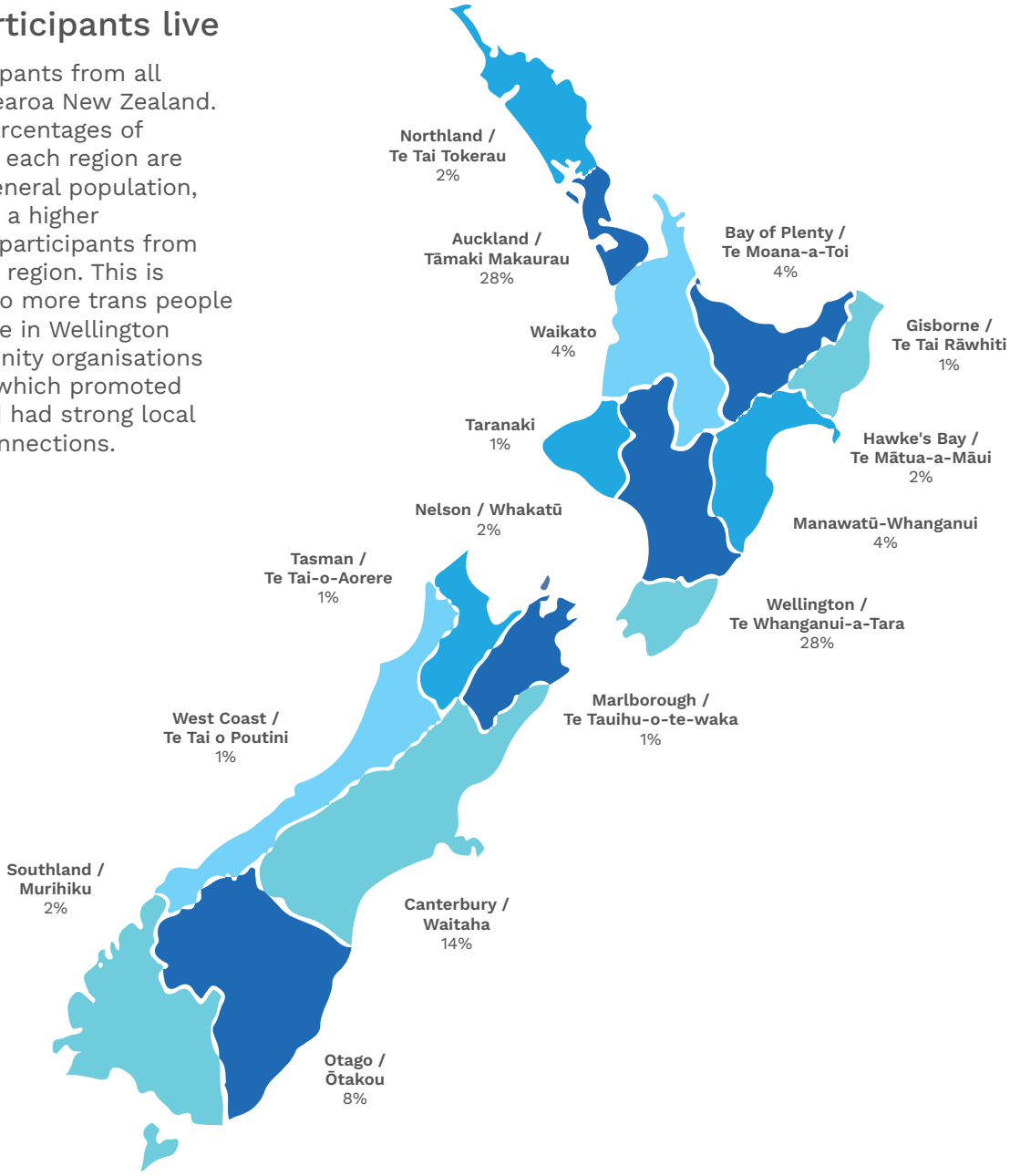
We had higher numbers of younger participants than older participants. Surveys conducted by Stats NZ that are representative of the general population have also found that there are a greater number of younger trans and non-binary people in Aotearoa New Zealand.[1] It is also possible that we had more younger participants because they were more likely to see our survey promoted online.

How old are you?	
14–18	24%
19–24	29%
25–29	17%
30–34	11%
35–39	6%
40–44	4%
45–49	3%
50–54	2%
55–59	2%
60–64	1%
65 years or older	1%

[1] See www.stats.govt.nz/news/2023-census-shows-1-in-20-adults-belong-to-aotearoa-new-zealands-lgbtiq-population and www.stats.govt.nz/reports/lgbt-plus-population-of-aotearoa-year-ended-june-2020

Where participants live

We had participants from all regions of Aotearoa New Zealand. Overall, the percentages of participants in each region are close to the general population, except we had a higher percentage of participants from the Wellington region. This is probably due to more trans people choosing to live in Wellington and to community organisations in that region which promoted the survey and had strong local community connections.



Because of the small number of participants in some regions, we combined the following regions together to identify regional differences for this report:

- Gisborne and Hawke's Bay
- Taranaki and Manawatū-Whanganui
- Tasman, Nelson, Marlborough, and the West Coast
- Otago and Southland.

Most participants lived in a major city (74%) like Auckland or Wellington, followed by a relatively even spread between those living in large cities (8%) such as Palmerston North or Whangārei, medium-sized towns or cities (8%) like Taupō or Queenstown, or small towns or rural areas (10%) like Ōtaki or Kerikeri.

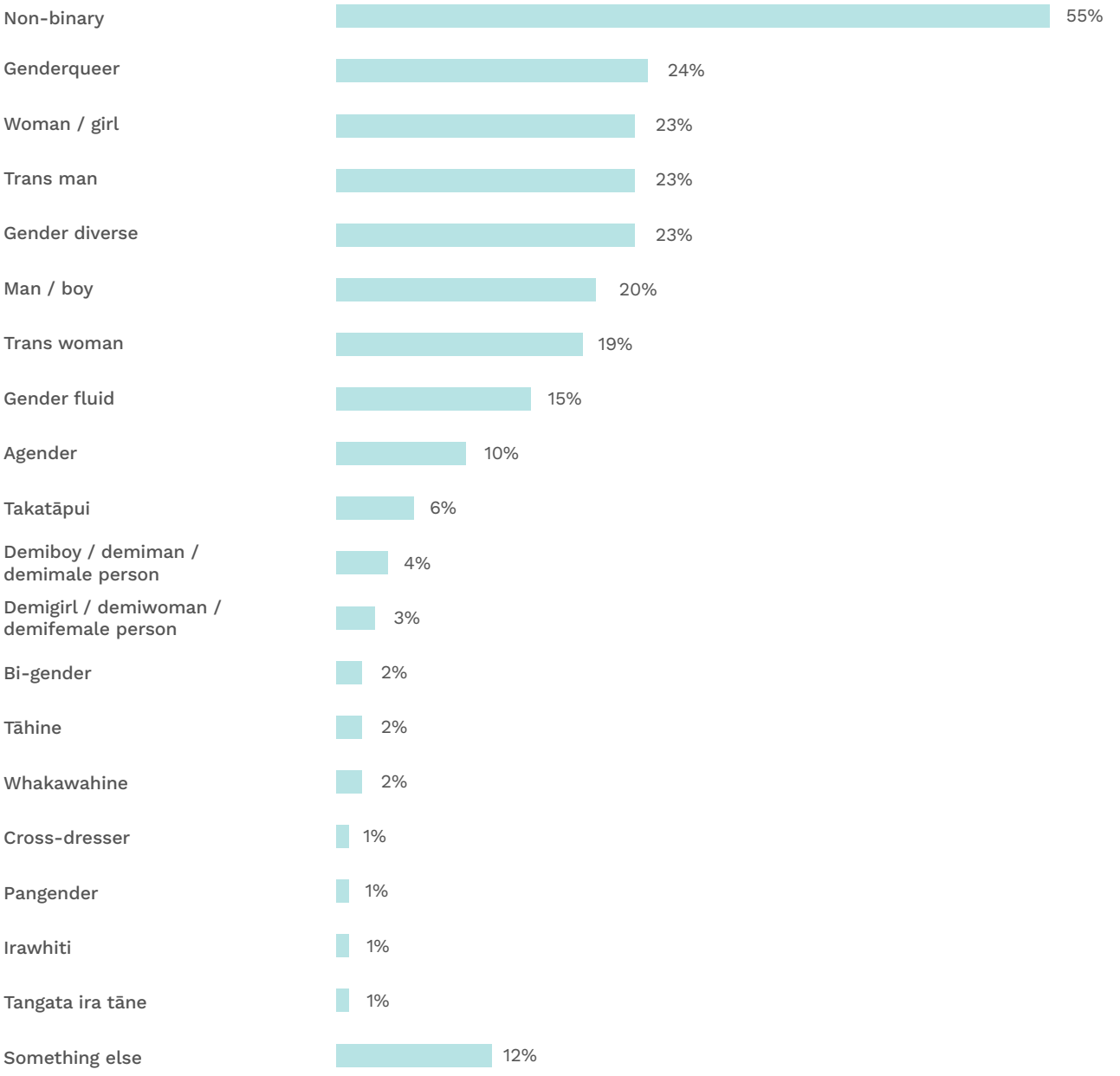
In this report, when we looked at regional differences, we compared participants who lived in large or major cities (82%) with participants who lived in medium or small cities, towns, or rural areas (18%).

Gender

We gave participants a list of genders and asked them to indicate which ones they identify with, and gave them the option of adding other terms we had not mentioned.

Collectively, participants reported a diverse range of genders and 69% of participants selected more than one gender, which was similar to in 2018 (70%). The most common response was non-binary (55%), and many participants were also genderqueer or gender diverse. Around one in five participants selected one of our binary genders listed such as woman/girl, trans woman, man/boy, or trans man.

What term or terms do you use to describe your gender? *Select all that apply.*



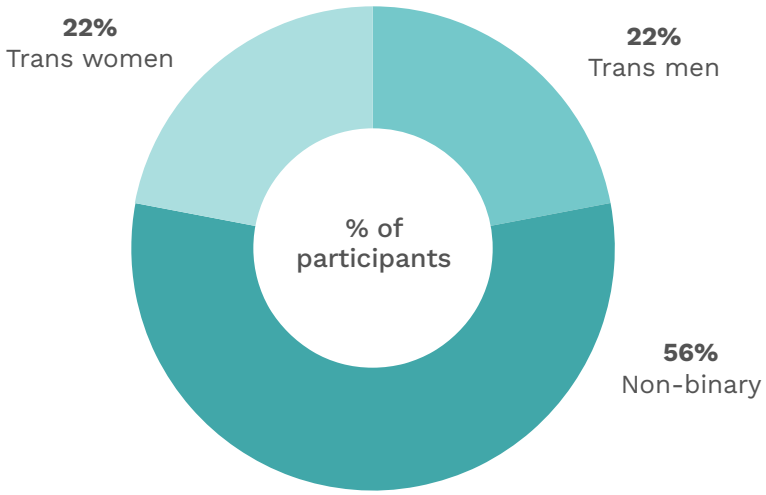
Participants used a range of terms from their cultural or social backgrounds to describe their gender. These terms are displayed in the word cloud below:

The most common pronouns used by participants were they/them (58%), followed by he/him (33%), and she/her (32%). One in twenty participants used ia pronouns (5%), and almost one in ten (9%) used another set of pronouns. More than one in seven (14%) did not ask people to use specific pronouns, and 3% did not use any pronouns and asked people to only use their name.

Gender groups we used for comparisons in this report

We asked participants to categorise themselves as either a trans woman, trans man, or as non-binary so we could compare differences between gender groups (see Detailed methods for more information on our gender categorisations). The question instructions noted the limitations of these three options, including that they are English language terms. The percentage of non-binary participants increased from 45% in 2018. At the same time, the percentage of trans men went down from 29%, and the percentage of trans women went down from 26%.

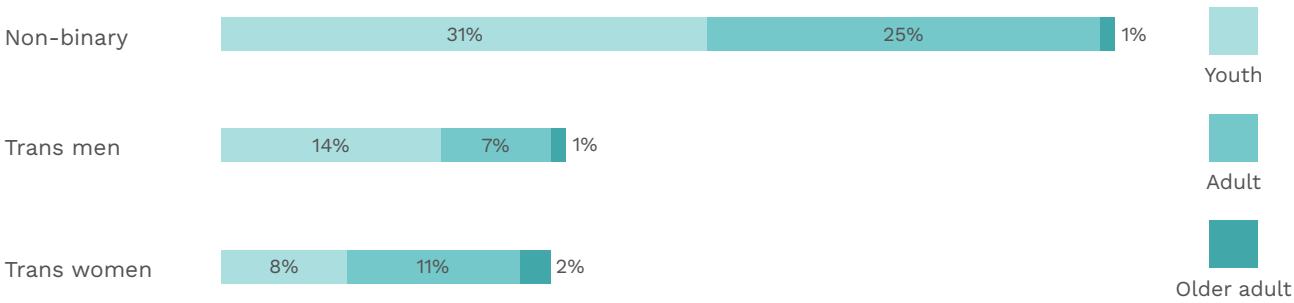
Gender groups we used for comparisons in this report



Gender and age

There was an important difference in the age groups of our participants based on their gender. The graph below shows the age distribution for each gender group. More trans women were adults or older adults, while more trans men and non-binary participants were youth.

Gender and age of participants



Note: These percentages are for the total sample of all survey participants so, when combined, they add up to 100%.

Sex assigned at birth

We asked participants what sex they were assigned at birth, giving the example of what was recorded on their original birth certificate. Most participants were assigned female at birth (66%), while 34% were assigned male at birth. Among non-binary participants, more than three-quarters (78%) were assigned female at birth and 22% were assigned male at birth.

Resuming living temporarily as your gender assigned at birth

We asked participants if they had ever gone back to living as the gender they were assigned at birth or raised as, at least for a while. The instructions for this question noted that this is sometimes called retransitioning or detransitioning. Some participants commented they did not consider this to be a retransition as it was part of their gender exploration or reflected the fluidity of their gender.

The overwhelming majority of our participants (90%) had never gone back to living as the gender they were assigned at birth, even temporarily.

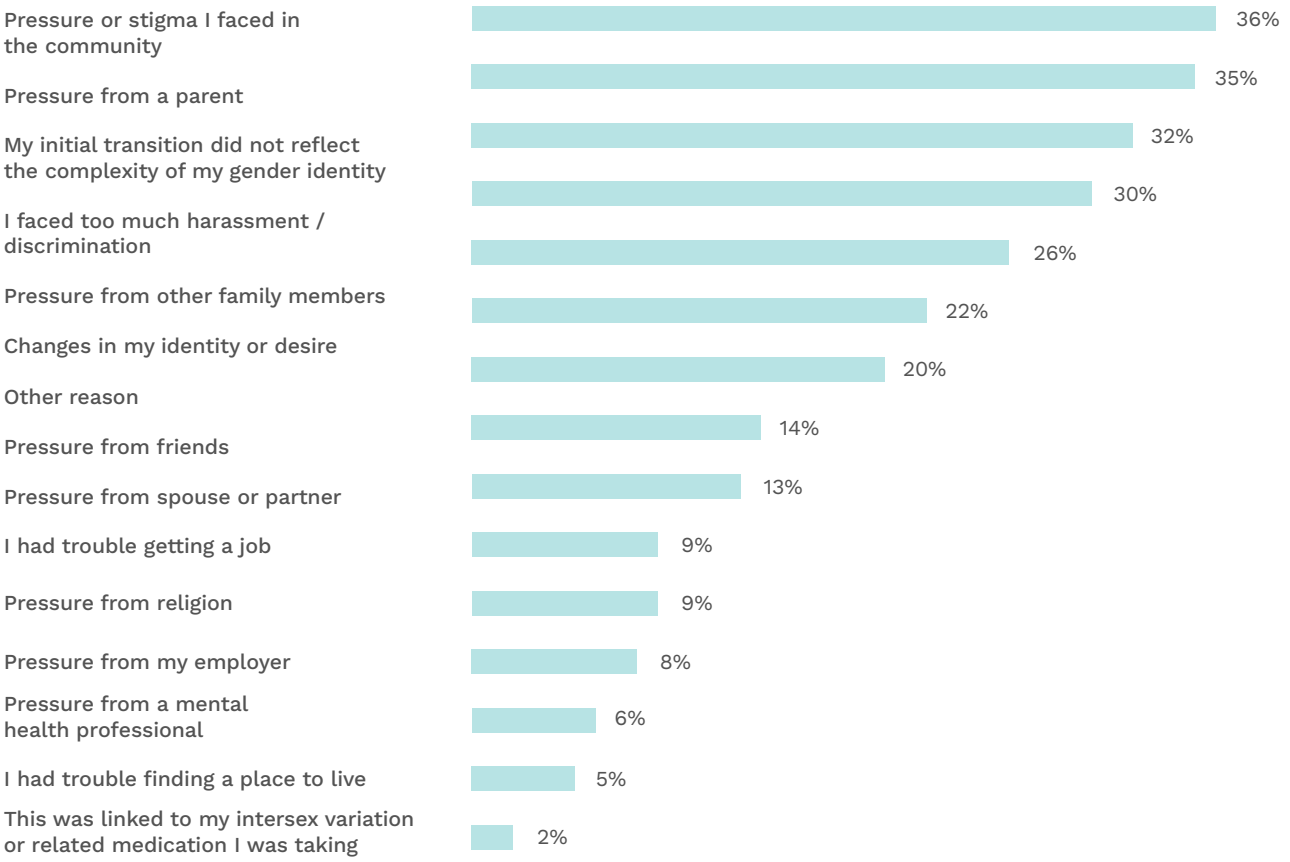
We asked these participants why they had retransitioned. Each of the following responses was given by around a third of participants: pressure or stigma they faced in the community, pressure from a parent, their initial transition did not reflect the complexity of their gender identity, or they faced too much harassment or discrimination. In addition, almost one-fifth of participants wrote in another reason, such as lack of support, fear, reactions to taking hormones, difficulties at work, or internalised transphobia.

Overall, 69% of those who resumed their gender assigned at birth for some period did so because of negative reactions from other people, such as stigma, discrimination, pressure from others, or trouble with housing or employment.

Participants' comments

I'm a bit drifty with gender. I don't think I fit the narrative that these questions are implying. I presented as masc, then femme, then in betweeny but none of it was due to stigma particularly. My gender is just a bit wibbly wobbly. *(Non-binary, adult)*

Why did you transition? *Select all that apply.*



Out of participants who had ever retransitioned

Participants' comments

I am not out to my family so when I go home for the holidays and spend extended periods living with them, I effectively have to revert to living as a male at least while around my parents/brother/extended family. This may be less of a retransition and more of a codeswitching exercise or strategic disclosure of my identity. *(Non-binary, youth)*

Hiding my identity from my family, who have rather transphobic views. *(Trans woman, adult)*

Lack of access to gender affirming clothing, e.g. binders. Lack of community / support in homophobic and transphobic place I was living. In abusive relationship, feared for safety if did not comply. Took a long time to get back on track. *(Non-binary, adult)*

I felt afraid of losing my connections to my friends who lived in more accepting areas and did not understand why I was going off hormones. I was constantly having to argue with anti-transgender bigots who wanted to 'recruit' me. I wished I had more support from other LGBT people that had no agendas attached. *(Non-binary, adult)*

I faced immediate verbal abuse from family upon initial 'coming out' resulting in staying closeted until I was living independently with secure income/ housing. *(Non-binary, youth)*

I am a full service sex worker who advertises as female. I was beginning to become too masculine to feel safe at work while I was on testosterone so while I didn't detransition my actual identity at all, I did stop hormones and grew my hair out etc so I could continue my job. I'm not sure this counts as retransitioning as I still identify the same and will continue my transition once I am financially stable. *(Non-binary, youth)*

Difficulty with medical transition, unwanted sexual contact related to my gender expression. *(Trans man, youth)*

To get pregnant one time, another because I didn't like some of the effects of hormones. *(Trans man, adult)*

Intersex variations

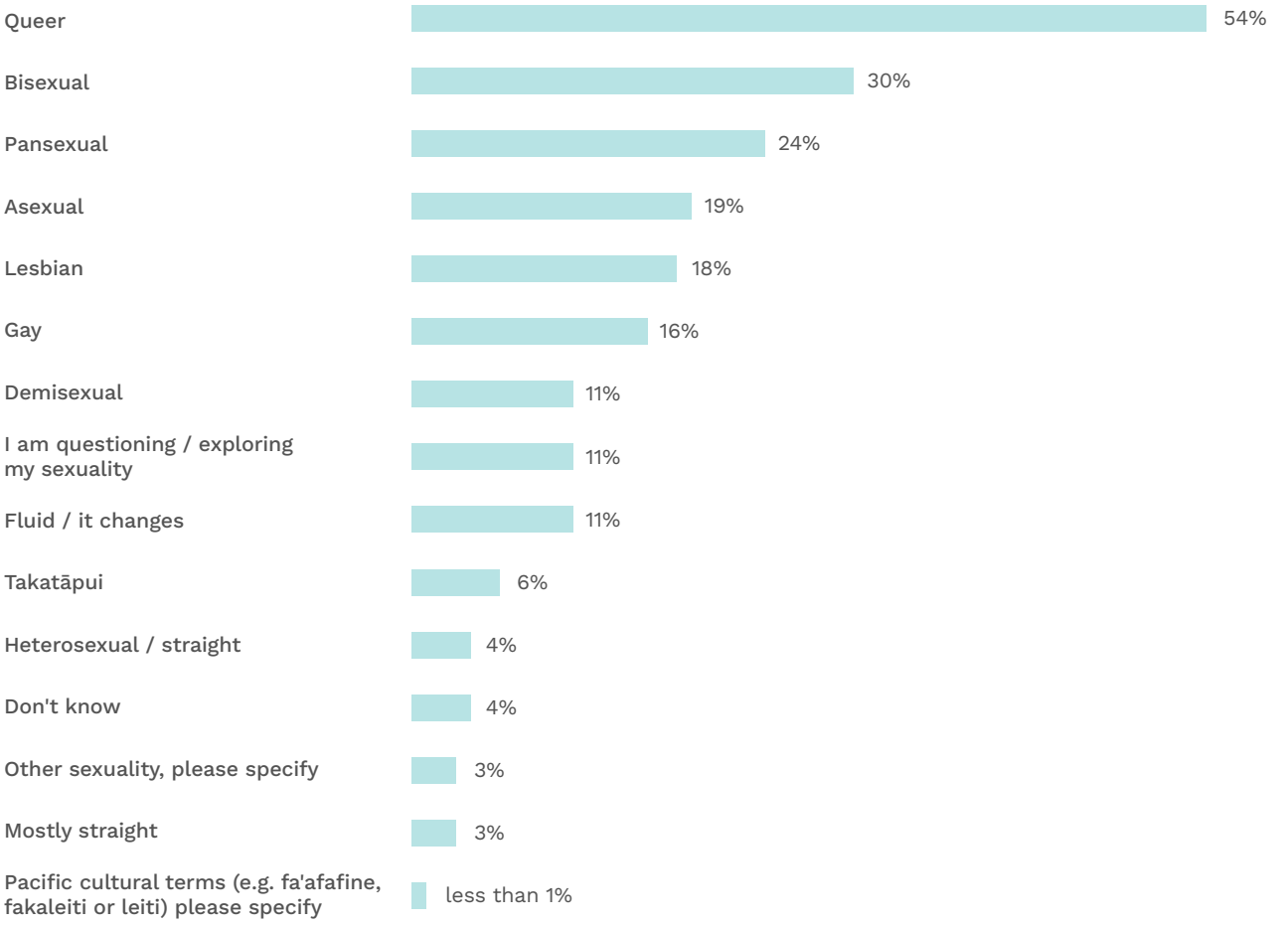
We asked participants if they had an intersex variation (otherwise known as an innate variation of sex characteristics or a difference of sex development) and 3% of participants answered *yes*. This is the same percentage as 2018.

Our 2022 survey included a lot more background information explaining the umbrella term intersex and the names given to many different types of innate variations of sex characteristics. This may partly explain why a much lower percentage of participants answered *don't know,* down from 21% in 2018 to 11% in 2022. Almost half of those who said *don't know* (5% of all our participants) thought they may have an intersex variation. Others reported that they weren't sure what intersex means or how it differs from being trans.

Sexuality

We asked participants to select terms that best described their sexuality. Many of our participants selected two (30%) or three (19%) terms, and 12% reported four or more terms. Over half selected the term queer and more than a quarter selected *bisexual* and *pansexual*. Less than 5% of participants described their sexuality as *heterosexual* or *mostly straight*.

Which of the following best describes your sexuality? *Select all that apply.*



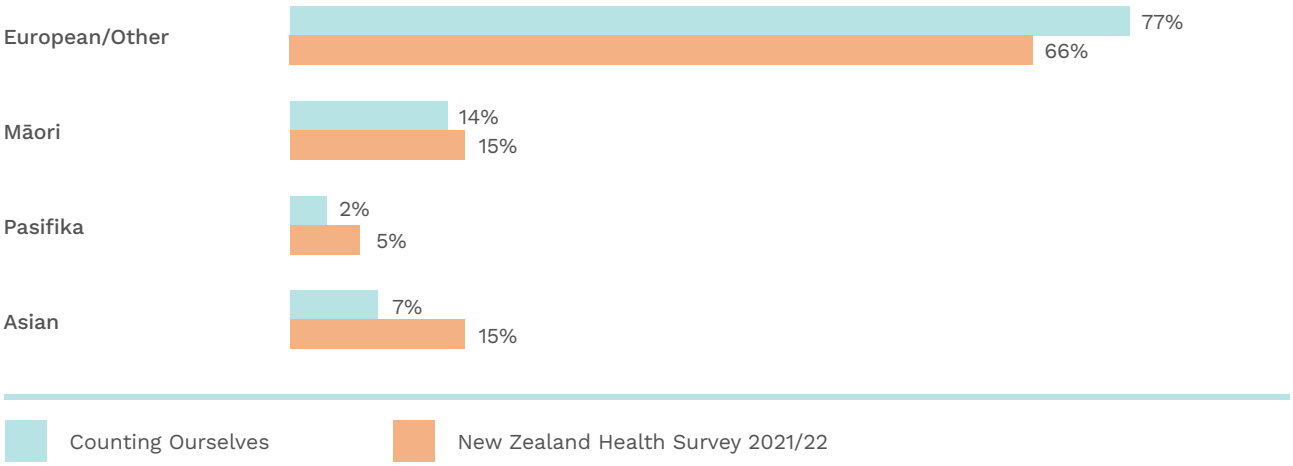
Ethnicity

We asked participants which ethnic groups they belong to, and participants could select or write in one or more group. Overall, we had participants from 38 different ethnic groups. To compare our participants' ethnicities with those of the general population, we used a method called prioritised ethnicity. This means we assigned each participant to just one ethnic group based on a set order of the four main ethnicities used by Statistics New Zealand: Māori, Pasifika, Asian peoples, and European and Other combined.

For example, if a participant responded as both Māori and Chinese, they were counted as Māori. See the Detailed methods section for more explanation.

Participants classified under 'Other' included a wide diversity of ethnicities such as Middle Eastern, Latin American, and African. We had a higher proportion of European/Other and a lower proportion of Pasifika and Asian participants compared to the general population in the New Zealand Health Survey.

Which ethnic group or groups do you belong to?



Compared to 2018, we recruited a higher percentage of Asian participants in 2022 (increasing from 4% to 7%). We had a lower percentage of Pasifika participants (down from 4% to 2%), which may partly reflect that many Pasifika trans and non-binary people had recently completed the Manalagi survey, which closed the day before the Counting Ourselves survey was launched.

Throughout this report, we compare European, Māori, Pasifika, and Asian participants. When doing these comparisons, we have not reported results for the 'Other' ethnicities group because it was a small number of participants (2%) from a diverse range of different ethnicities, which would have made it difficult to find or interpret any results about this group.

Migration to Aotearoa New Zealand

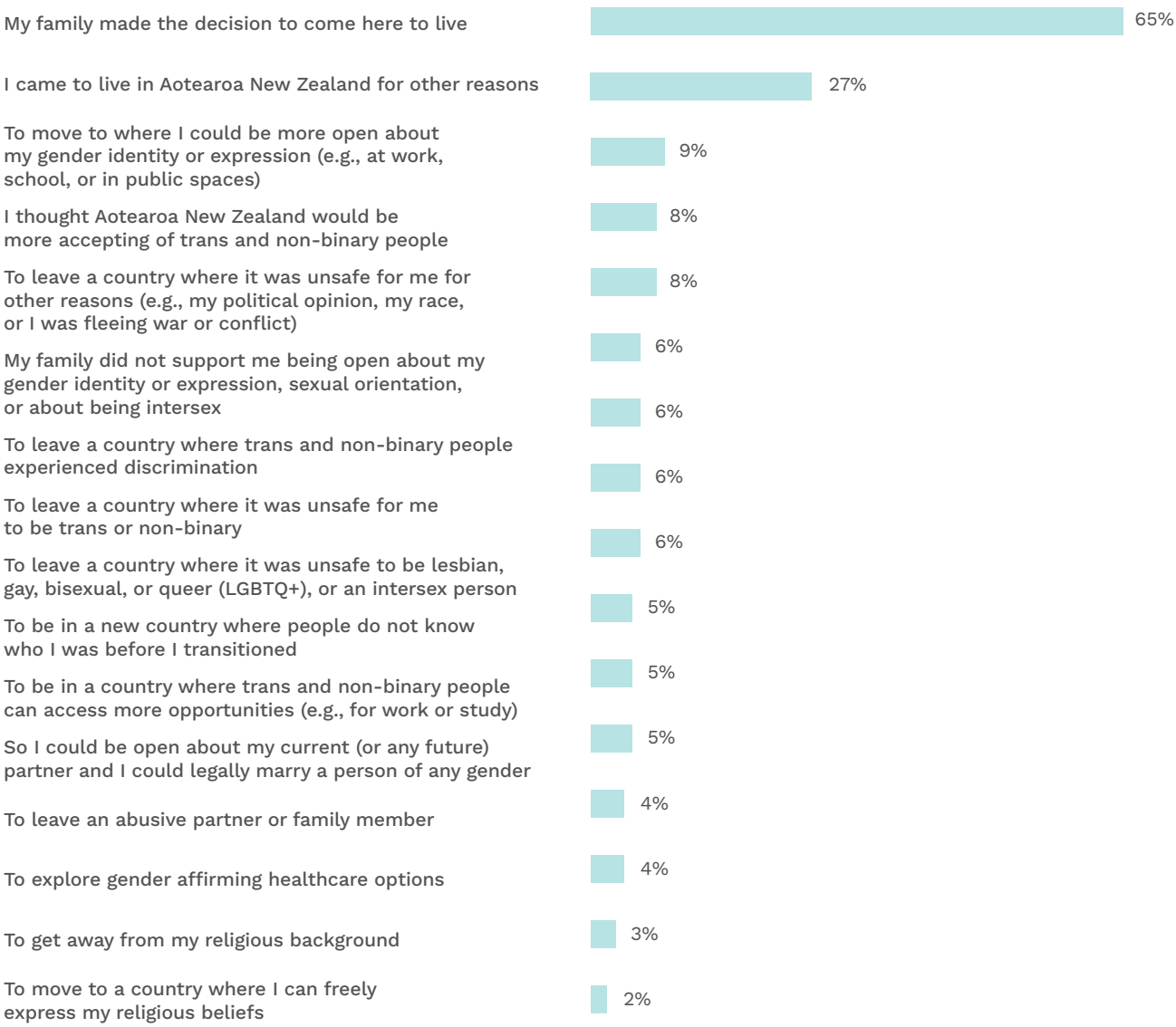
Over three-quarters of participants (78%) were born in Aotearoa New Zealand, 8% were born in the United Kingdom, 3% were born in Australia, and 11% were born somewhere else.

We asked those born overseas about their current immigration status. The majority were NZ citizens (60%) or permanent residents (29%). Small proportions were on a resident visa (4%), work visa (2%), student visa (1%), a visitor visa (less than 1%), or had another immigration status (2%).

We also asked participants if they were a refugee or if they had ever sought asylum in Aotearoa New Zealand, and 2% had. Over three-quarters (77%) of participants who were refugees or asylum seekers said that part of the reason they came to live in Aotearoa New Zealand was because it was unsafe for them to be trans or non-binary in their country of origin.

We asked all participants who were born overseas what their reasons were for coming to live in Aotearoa New Zealand. Almost one in ten participants moved to Aotearoa New Zealand so they could be more open about their gender identity or expression, because they thought Aotearoa New Zealand would be more accepting of trans and non-binary people, or because they were leaving a country that was unsafe for them for other reasons (e.g., their political opinion, their race, or because of a war or conflict).

What were your reason(s) for coming to live in Aotearoa New Zealand? *Select all that apply.*



Out of participants who were born overseas

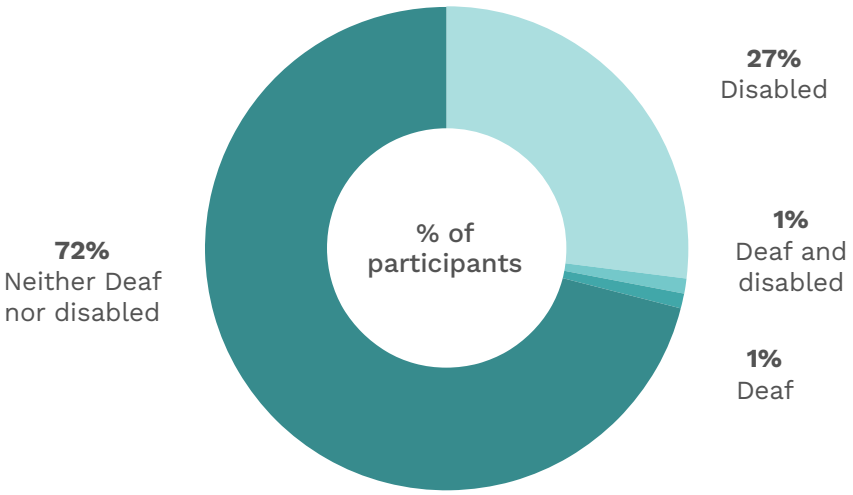
Disabled participants

We asked participants questions about being Deaf or disabled and used the same questions that Stats NZ uses to find out how our participants compare with the general population.

Identifying as Deaf or disabled

More than a quarter (29%) identified as Deaf and/or disabled. Our survey question noted that participants did not need to have been formally diagnosed as having a disability or impairment and that some neurodivergent people might also identify as disabled.

Do you identify as Deaf, disabled, or as having a disability or impairment?



Comparison with the general population

The Washington Group Short Set (WGSS) is a set of questions used in general population surveys, including by Stats NZ. These questions help identify people who might experience barriers to participating in society because of difficulties undertaking basic activities.

Almost two out of five Counting Ourselves participants aged 15 or older (38%) met the WGSS criteria for having a disability. These were participants who *could not do* or *had a lot of difficulty* with at least one of these six activities – seeing, walking, hearing, concentrating or remembering, communicating, or caring for themselves (such as washing or dressing). This percentage is much higher than the disability rate for adults aged 15 or older (10%) in the 2021 General Social Survey.

Disabled group we used for group comparisons in this report

Throughout this report, we compare disabled participants with non-disabled participants. We counted participants as disabled if they met *either* the WGSS criteria or identified as disabled. More than two out of five participants (42%) were included in our disabled grouping.

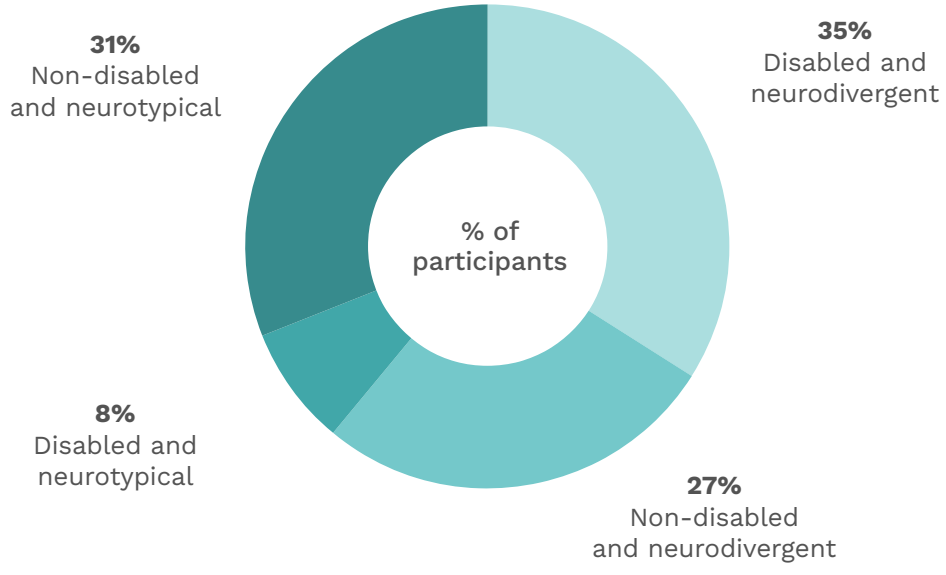
Neurodivergent participants

More than three in five participants self-identified as being neurodivergent. Participants most commonly reported ADHD and autism, and a smaller number wrote in responses such as PTSD, OCD, dyslexia, dyscalculia, and dysgraphia.

Overlaps between disabled and neurodivergent participants

More than two-thirds of all participants (69%) were counted as disabled or identified as neurodivergent. Over a third of participants were both disabled and neurodivergent.

Many neurodivergent people did not see their neurodivergence as a disability, and more than a quarter of our neurodivergent participants were not counted as disabled.



2: Gender affirming allied health services

Background

Each person has the right to be treated with respect and dignity, without discrimination, when receiving healthcare.[1] This includes respecting and affirming a trans or non-binary person's gender. The Counting Ourselves survey and this community report use the term 'gender affirming healthcare' more specifically to refer to any healthcare interventions that trans or non-binary people may require to affirm their gender.

In this report we have three sections on gender affirming healthcare, starting with this section on gender affirming allied health services (hair removal, voice therapy, and counselling or psychological support). Section 3 then looks at puberty blockers and gender affirming hormones, followed by section 4, which focuses on gender affirming surgeries. Gender affirming hormones, surgeries, and allied health services can help to harmonise a person's body and physical characteristics with their gender, promoting physical and mental wellbeing.

There have been some changes in the funding and provision of gender affirming healthcare between the 2018 and 2022 Counting Ourselves surveys. The June 2022 Budget allocated funding for transgender health,[2] though work on the funded projects did not start until 2023, after our survey closed.

The difference in access to gender affirming healthcare based on where you live is often referred to as a 'postcode lottery'. Out of participants who had accessed gender affirming healthcare, one in twenty (5%) had moved to another part of Aotearoa New Zealand because this service was not available where they had been living before. Trans women (8%) were more likely and non-binary participants (3%) were less likely to have moved to access gender affirming healthcare.

Questions we asked about gender affirming healthcare

Counting Ourselves participants were asked about their experiences trying to access many types of gender affirming healthcare. For each type of care, we highlight two different parts of the **total demand**:

- **Existing use of services:** those who have accessed this type of care (whether or not they paid for it themselves), and
- **Unmet need:** those who want this type of care but have not had it.

Hair removal using laser or electrolysis

We asked trans women and non-binary participants who were assigned male at birth whether they had hair removal using laser or electrolysis. This was the most highly sought form of gender affirming healthcare for these participants. Out of the 81% of participants with a demand for hair removal, 49% had not received it. Few participants had been able to access this care without paying for it themselves and two out of five had an unmet need for it. This is similar to the level of unmet need reported in 2018.

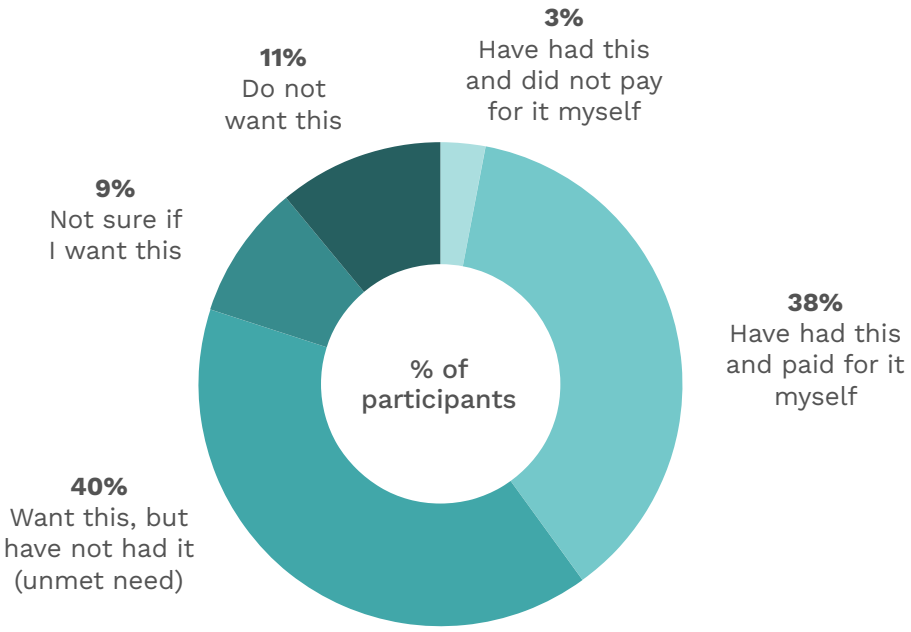
There were some group differences for accessing hair removal:

- Youth (54%) were more likely to have an **unmet need** for hair removal, and adults (31%) and older adults (18%) were less likely to report this.
- Adults (49%), older adults (61%), trans women (51%), and non-disabled participants (41%) were more likely to have undergone hair removal and to have **paid for it themselves**. Youth (19%), non-binary (14%), and disabled participants (32%) were less likely to have done so.

[1] Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996

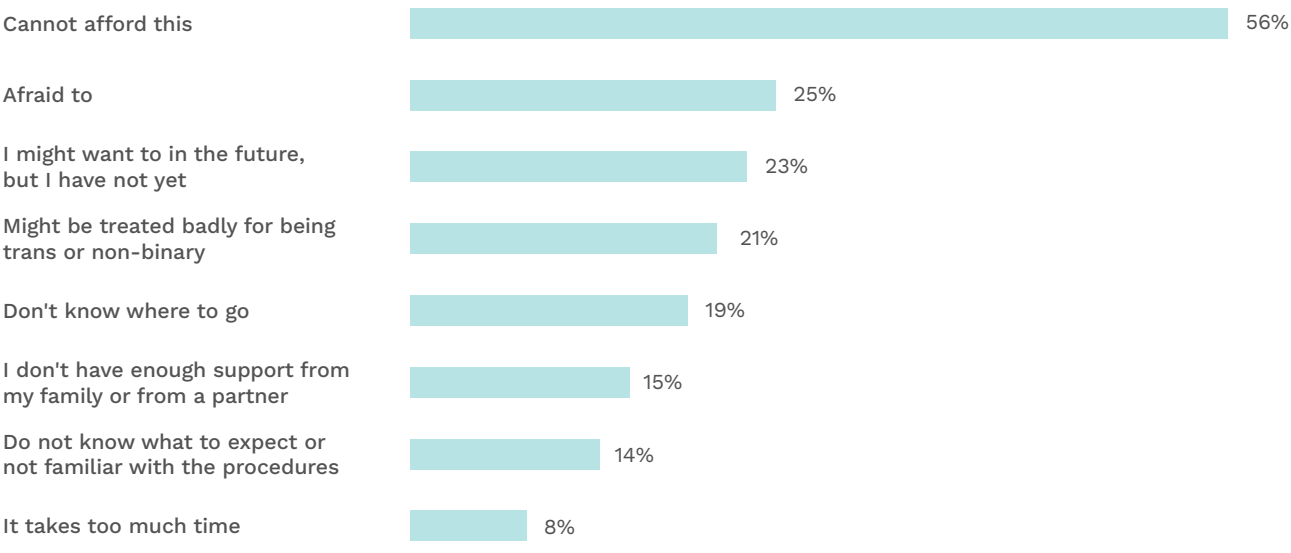
[2] See beehive.govt.nz/release/rainbow-health-gets-funding-boost

Have you had or do you want hair removal using laser or electrolysis to affirm your gender?



We asked participants with an unmet need for hair removal about why they had not received it. Almost half reported cost as a barrier and a quarter of participants were afraid to access it.

Why have you not accessed hair removal? *Select all that apply.*



Out of trans women and non-binary participants assigned male at birth who had an unmet need for hair removal

Changes between 2018 and 2022

Out of those wanting hair removal, 49% had not received it, a similar rate to our 2018 survey (48%).

There was an **increase between 2018 and 2022** in the percentage of participants who wanted but had not received hair removal because they were afraid (14% to 25%), or because they were worried about being treated badly for being trans or non-binary (16% to 21%).

There was a **decrease between 2018 and 2022** in the percentage of participants who wanted but had not accessed hair removal because they could not afford it [1] (66% to 56%), and who didn't know where to go (35% to 19%).

Voice therapy

Few participants had received voice therapy, despite the large proportion of participants with a demand for this service. Out of the 39% of participants with a demand for voice therapy, 79% had not received it.

Have you had or do you want voice therapy to affirm your gender?

	Want this, but have not had it **(unmet need)**	Have had this and paid for it themselves	Have had this and did not pay for it themselves	**Total demand**
Trans women	48%	11%	17%	**76%**
Trans men	37%	1%	1%	**39%**
Non-binary (AMAB [1])	30%	2%	3%	**35%**
Non-binary (AFAB [2])	20%	1%	1%	**22%**
Overall	31%	3%	5%	**39%**

[1] *AMAB is 'assigned male at birth'.*

[2] *AFAB is 'assigned female at birth'.*

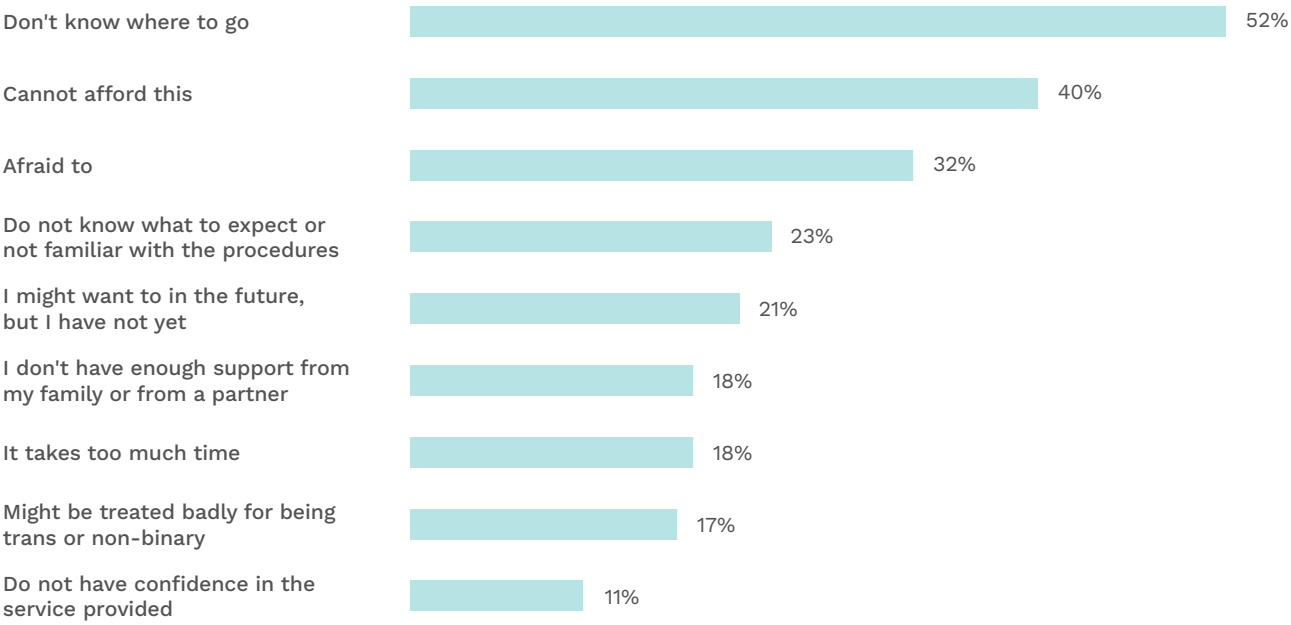
There were differences between gender groups' demand for voice therapy. While this demand was higher for trans women and lower for non-binary participants who were assigned female at birth, over a third of trans men and non-binary participants who were assigned male at birth wanted voice therapy and very few had been able to access it.

- Youth (34%), trans men (37%), trans women (48%), and disabled participants (33%) were more likely to have an **unmet need** for voice therapy, while adults (27%), non-binary participants who were assigned female at birth (20%), and non-disabled participants (28%) were less likely to report this.
- Adults (5%), older adults (14%), trans women (11%), and non-disabled participants (4%) were more likely to have had voice therapy and to have **paid for it themselves**, while youth (2%), trans men (1%), non-binary participants who were assigned female at birth (1%), and disabled participants (2%) were less likely to report this.
- Trans women (17%) were more likely to have had voice therapy and to **not have paid for it themselves**, while youth (4%), trans men (1%), and non-binary participants who were assigned female at birth (1%) were less likely to report this.

We asked participants with an unmet need for voice therapy about why they had not received it. Over half reported not knowing where to go as a barrier and a third of participants could not afford it.

[1] The question in 2018 only asked if participants 'cannot afford this', while the 2022 question clarified that this included not being able to afford 'to take time off work for this'.

Why have you not accessed voice therapy? *Select all that apply.*



Out of all participants who had an unmet need for voice therapy

Youth (26%) were more likely to not have enough support from their family or from a parent to access voice therapy, while adults (7%) were less likely.

Changes between 2018 and 2022

Out of those wanting voice therapy, 79% had not received it, down from 87% in our 2018 survey.

There was an **increase between 2018 and 2022** in the percentage of participants who had not accessed voice therapy because they:

- were afraid to (16% to 32%)
- said it takes too much time (7% to 18%)
- were worried about being treated badly for being trans or non-binary (11% to 17%)
- did not have confidence in the service provided (7% to 11%)

There was a **decrease between 2018 and 2022** in the proportion of participants who had not accessed voice therapy because they could not afford it [1] (47% to 40%).

Counselling or psychological support

More than half (51%) of participants had received counselling or psychological support to affirm their gender. A quarter of participants had an unmet need for this service. Out of the 76% of participants with a demand for counselling or psychological support, 33% had not received it. We have not included a comparison with the previous report here, as our 2018 question was asked in a different way.

[1] The question in 2018 only asked if participants 'cannot afford this', while the 2022 question clarified that this included not being able to afford 'to take time off work for this'.

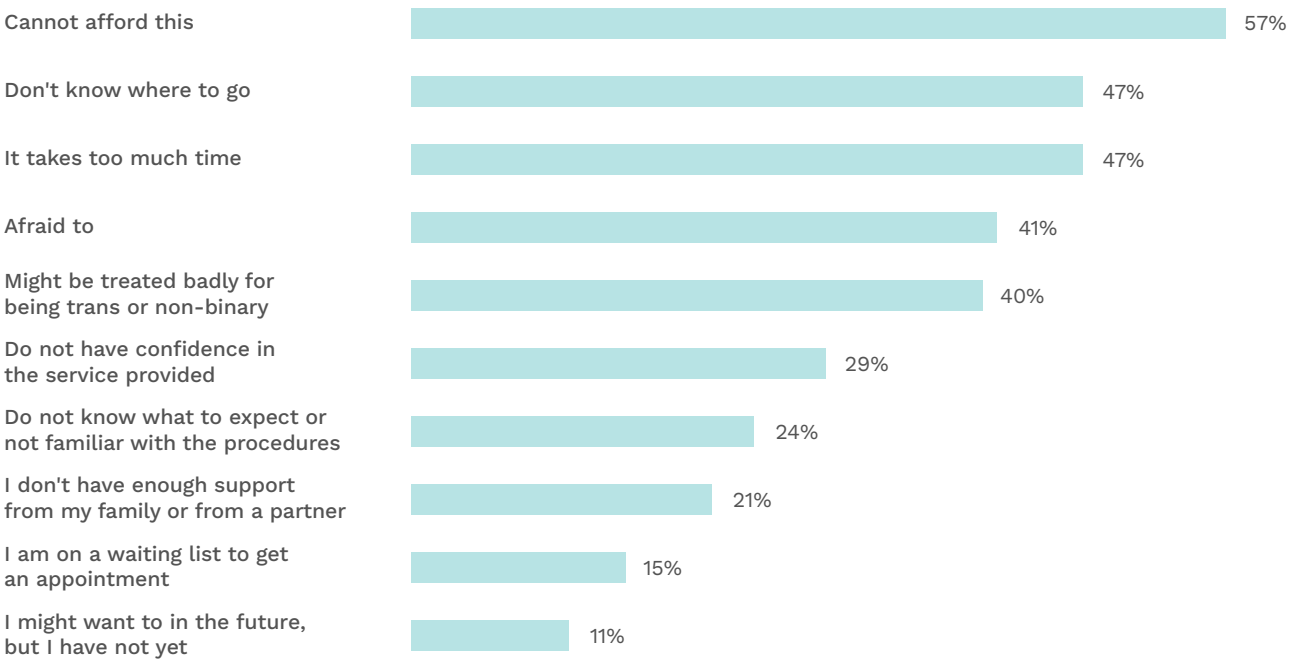
Use of and unmet demands for gender affirming counselling or psychological support				
	Want this, but have not had it **(unmet need)**	Have had this and paid for it themselves	Have had this and did not pay for it themselves	**Total demand**
Counselling or psychological support	25%	27%	24%	**76%**

Group differences for **accessing counselling or psychological support** included:

- Youth (30%) and disabled participants (28%) were more likely to have an **unmet need** for this, while adults (19%), older adults (9%), and non-disabled participants (23%) were less likely to report this.
- Māori (20%) and youth (19%) were less likely to have had this support and to have **paid for it themselves**, while European participants (30%), adults (36%), and older adults (43%) were more likely to report this.
- Youth (26%) were more likely to have to have had this support and **not paid for it themselves**, while adults (21%) were less likely to report this.

We asked participants who had an unmet need for counselling or psychological support about the reasons why they had not accessed these services. Cost, not knowing where to go, and the amount of time it took to access these services were the most commonly reported barriers.

Why have you not accessed counselling or psychological support? *Select all that apply.*



Out of participants who had an unmet need for counselling or psychological support

There were group differences for why participants had not accessed counselling or psychological support:

- Non-binary participants (74%) were more likely to say they **could not afford it**,[1] while trans men (30%) were less likely to report this.
- Youth (34%) were more likely to say they **did not have enough support from their family or from a partner**, while adults (5%) were less likely to report this.

Changes between 2018 and 2022

There was a large **increase from 2018 to 2022** in the percentage of participants who said that they had not accessed counselling or psychological support because it took too much time to do this (14% to 47%).

"I just want to say to all of us - you are valid, and you are worthy, and you are loved."

Cole Meyers

Series writer /co-producer /co-creator of Rūrangi

(they/them)

COUNTING OURSELVES

Participants' comments

I don't think there's enough awareness of what's available and how to access it or enough accessibility cost-wise and in terms of wait lists. I also think gender therapy specifically should be more available as I know a lot of people including myself who would benefit from talking about gender related issues in a therapeutic setting and working through some of the trauma and questions related to it. *(Non-binary, youth)*

Presently on a waiting list to see a psychologist at a public hospital (regarding both mental health and gender identity), but with no indication of how long the wait will be. *(Non-binary, youth)*

The first gender therapist I ever saw was in 2014, and the experience was so bad it caused me to repress my dysphoria for years. In hindsight, and after speaking with similarly affected people, I am still stunned that someone who routinely mistreated trans people was put in a position to medically gatekeep treatment for so many years (and still is?) *(Non-binary, adult)*

I got help from counselling at Outline and [a sexual health] clinic who validated my mental, life and surgical condition, they set up /adjusted my Female Medical Record. I am completely treated in NZ and International healthcare as Female via Passports and Overseas Drivers license. *(Non-binary, older adult)*

Not enough counsellors know how to understand someone who is trans. When I got referred I went to a couple sessions but then didn't do my last free session cause I was sick of having to explain my situation to someone who was clueless. *(Non-binary, youth)*

Can't afford counselling. (*Non-binary, older adult)*

It was difficult to find a therapist with any experience with gender dysphoria and gender mental health issues, I had to change therapists and hunt around for a specialist. *(Non-binary, adult)*

[1] The question in 2018 only asked if participants 'cannot afford this', while the 2022 question clarified that this included not being able to afford 'to take time off work for this'.

3: Gender affirming hormones and puberty blockers

Puberty blockers

A small percentage of Counting Ourselves participants had received puberty blockers. This medication pauses the physical changes of puberty. For some young people, puberty blockers may be helpful in allowing them more time to consider their gender, without the worry of unwanted physical changes.

We asked participants if they had ever received puberty blockers as part of gender affirming care. Around one in twelve participants (8%) had ever taken puberty blockers and less than half of those (3%) were currently still taking them.

One in nine (11%) participants aged 14–16 had ever received puberty blockers, and 9% were still currently taking them.

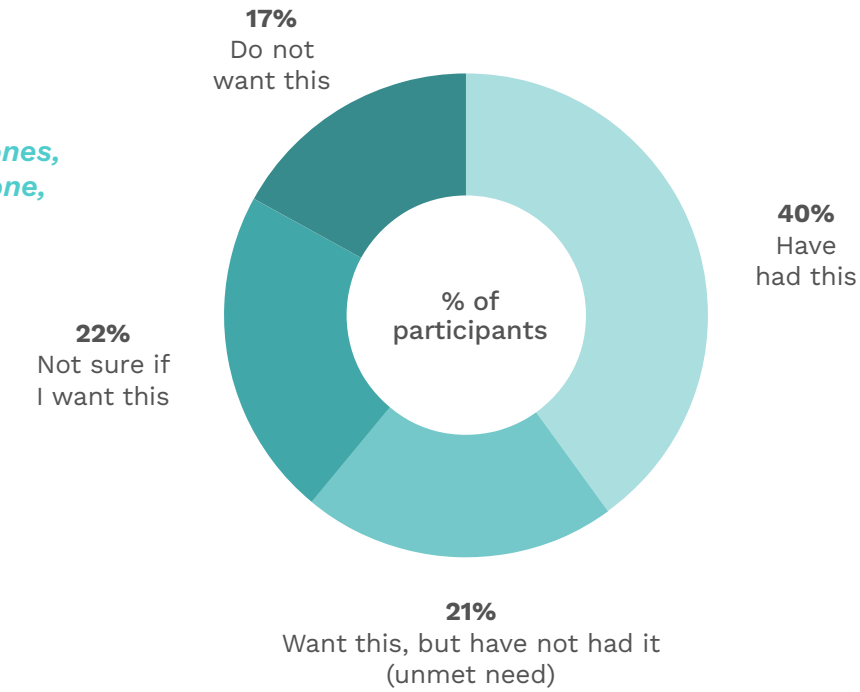
Hormones

We highlight two different parts of the **total demand** for gender affirming hormones:

- **Existing use:** those who have accessed hormones (whether or not they paid for these themselves), and
- **Unmet need:** those who want hormones but have not accessed them.

Out of the 61% of participants with a demand for hormones, 34% had not received them. A high percentage of participants reported this in 2022 compared to in our 2018 survey (29%).

Have you had, or do you want, gender affirming hormones, including estrogen, testosterone, or anti-androgens?



There were some group differences for accessing hormones:

- Youth (29%), trans men (34%), and participants from the Bay of Plenty (37%) and Taranaki and Manawatū-Whanganui (35%) were more likely to have an **unmet need** for gender affirming hormones. Adults (12%), older adults (8%), non-binary participants (16%), and participants from Wellington (16%) were less likely to report this.
- Adults (46%), older adults (71%), trans women (77%), and trans men (61%) were more likely to have **ever accessed gender affirming hormones**. Youth (32%) and non-binary participants (17%) were less likely to have ever accessed hormones.

Participants' comments

They've had a profound beneficial effect on my mental health. I was struggling to leave the house due to anxiety/depression before I started testosterone, and now have only mild issues. *(Trans man, adult)*

They've been good to me, really good. In general, I've been functioning better mentally and have a much wider emotional range. as well as the obvious start of second puberty. I also get very unsettled the few times I've forgotten to take them. *(Trans woman, youth)*

My body does not respond to hormones the way most bodies do. There is no awareness of variations in response to HRT. Education is desperately needed. Not just for intersex bodies like mine, but variation in perisex [non-intersex] bodies as well. HRT is different for each individual. Guidelines cannot and should not be taken as gospel for everyone. *(Non-binary, adult)*

They have changed my life in such a positive way. I just wish I could have had access sooner without years of waiting, most of which was waiting for a psychological assessment through the public system and then waiting for an Endocrinologist appointment. There was also miscommunication between my GP and the above parties that resulted in months of waiting. *(Trans woman, adult)*

There was no funded psychological support for starting hormones. I found the first few months especially challenging mentally, in ways that I was not completely prepared for. I hope in future this sort of support will be in place for people. It is a lot for your brain and body to be going through. At times, I felt at risk, and like there was no one to talk to about what I was thinking and feeling. The thoughts I was having were likely considered problematic and so weren't really things okay to raise with other trans folk as they could potentially be triggering. Leaves you with nowhere to turn. *(Trans man, adult)*

I was on HRT for 2 years, stopped for mental health reasons, and am now trying to get back on HRT purely [because] it's a requirement for funded top surgery. I don't want to be on HRT long term. *(Non-binary, youth)*

Taking testosterone has been life changing in every way. I was hesitant due to my age but my GP was supportive and monitors my bloods. The changes in my appearance to match my gender give me peace and joy. *(Trans man, older adult)*

I've had ongoing issues with hot flushes since starting HRT, I'm essentially stuck in menopause. My GP and I have adjusted the dosages as much as we can essentially through trial and error but the problems persist. I can't afford to see an endocrinologist privately in order to review my dosages so I guess I'll be stuck in menopause forever. *(Trans woman, adult)*

I am unsure if I want to take hormones because I am still learning about my gender identity and the changes hormones make. I'm not sure I want all of those changes. There is no 'gender neutral' hormone treatment pathway (that I'm aware of, anyway). I also have PMDD and am taking hormones to manage that, which complicates everything for me personally. *(Non-binary, adult)*

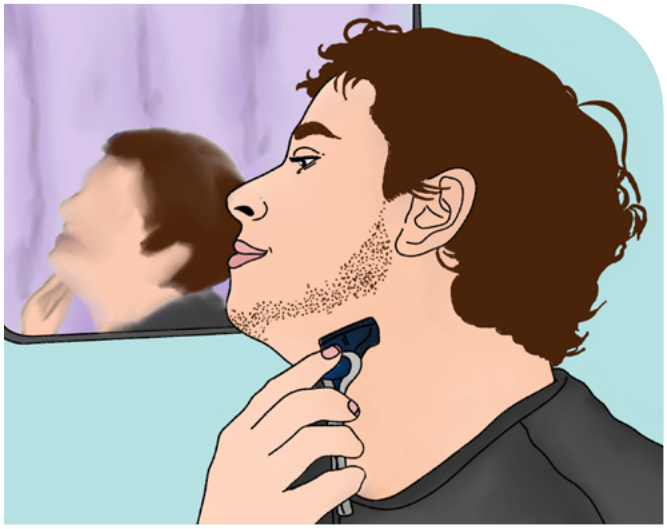
I stopped due to the side effects. It made me too emotional and I was unable to manage my emotions. During this time I was not supported to be who I am from my family and it made me feel suicidal. I also gained weight to which contributed to me feeling disgusted in my appearance and confidence. *(Trans woman, adult)*

Testosterone is an essential for me. It has reduced my gender dysphoria and also stabilised my mood. I feel much less distressed than before taking testosterone. I've been on testosterone for about 17 years now. *(Trans man, adult)*

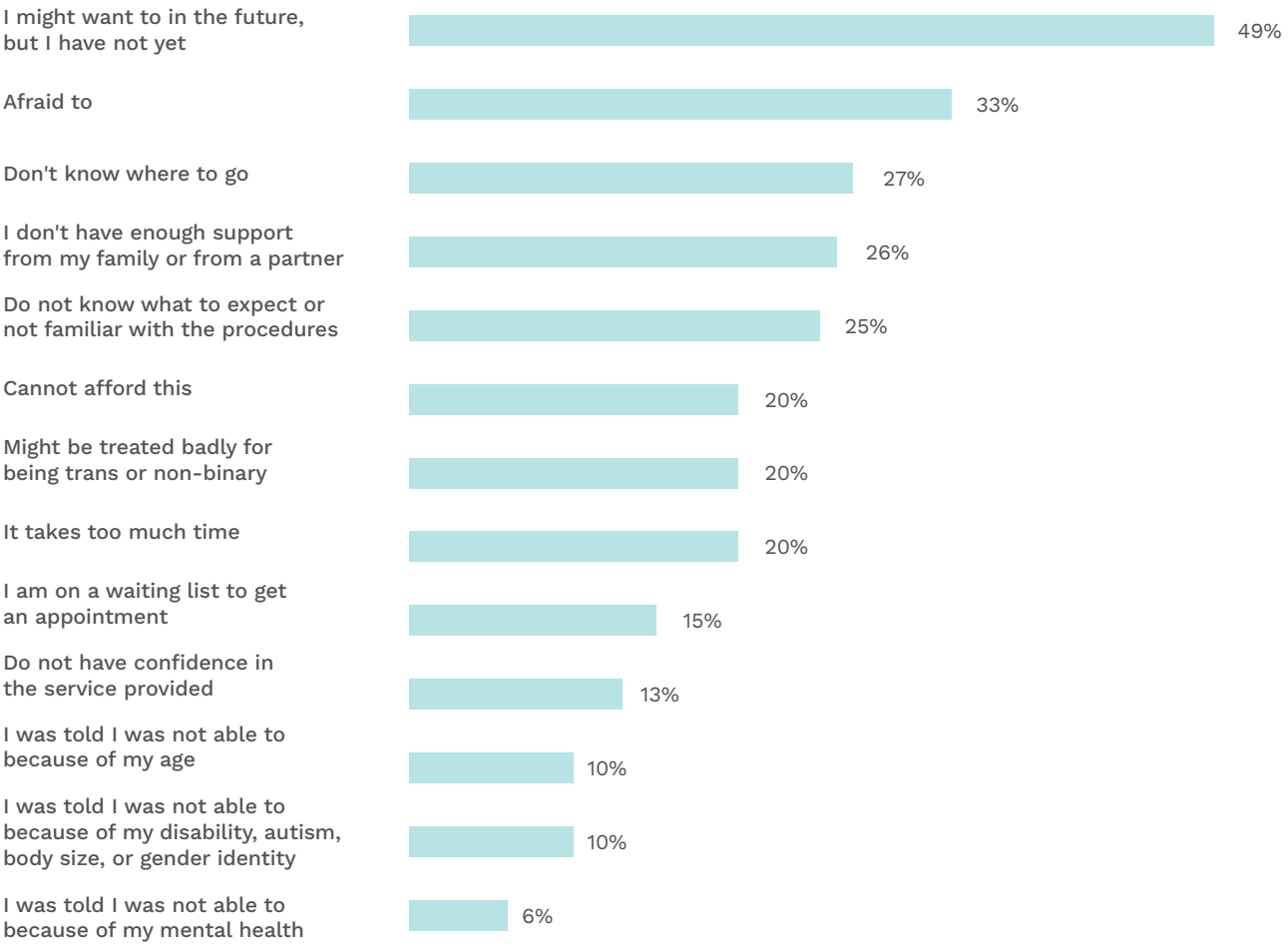
I have come off Testosterone based HRT because the changes that I wanted to affirm my gender have already happened and are permanent. I am a nonbinary masculine person and I have found that I wanted more facial hair/body hair, as well as a deeper voice and some fat redistribution. My body now exists in a state that is comfortable, but Testosterone was no longer serving me and started having emotional side effects that I could no longer tolerate. There was also the factor that I was on injections which I was not allowed to do myself. This inconvenience meant that I decided to stop. *(Non-binary, youth)*

Reasons for not accessing hormones

Almost half of participants with an unmet need for gender affirming hormones had not tried to access them before but might want to in the future. Fear was the most reported barrier, noted by a third of these participants. Fear was followed closely by not knowing where to go or what to expect, and lack of family or partner support for accessing hormones.



Why have you not accessed gender affirming hormones? *Select all that apply.*



Out of participants with an unmet need for hormones, or who were unsure about wanting to take hormones

There were many group differences for why participants couldn't access gender affirming hormones:

- **Have not accessed hormones yet, but may want to in the future:**
  - Non-binary participants (62%), non-disabled participants (53%), and participants from Wellington (56%) were more likely to report this.
  - Trans men (18%), trans women (20%), disabled participants (43%), participants from Taranaki and Manawatū-Whanganui (32%), and participants from Tasman/Nelson/Marlborough/West Coast (14%) were less likely to report this.
- **Afraid to:** Non-binary participants (36%) were more likely and trans men (24%) were less likely to report this.
- **Don't know where to go:** Youth (31%) were more likely and adults (18%) were less likely to report this.
- **Not enough family or partner support:** Youth (34%) and trans men (35%) were more likely and adults (12%) and participants from Wellington (18%) were less likely to report this.
- **Don't know what to expect/unfamiliar with the procedures:** Non-binary participants (30%) were more likely and trans men (15%) and trans women (14%) were less likely to report this.
- **Could not afford:** Disabled participants (24%), participants from Tasman/Nelson/Marlborough/West Coast (41%), and those from Canterbury (28%) were more likely and non-disabled participants (17%) were less likely to report this.
- **Takes too much time to get a referral, on a waiting list, or an appointment:** Youth (22%) and participants from Tasman/Nelson/Marlborough/West Coast (41%) were more likely and adults (15%) were less likely to report this.
- **On waiting list:** Trans men (30%) and trans women (38%) were more likely and non-binary participants (7%) were less likely to report this.
- **Do not have confidence in service:** Māori (21%) and non-binary participants (16%) were more likely and European participants (11%) and trans men (8%) were less likely to report this.
- **Told I was not able to due to my age:** Youth (15%) were more likely and adults (1%) were less likely to report this.
- **Might be treated badly by the provider for being trans or non-binary:** Disabled participants (24%) were more likely and non-disabled participants (17%) were less likely to report this.
- **Told I was not able to due to my mental health:** Disabled participants (9%) were more likely and non-disabled participants (3%) were less likely to report this.

Changes between 2018 and 2022

Out of those wanting hormones, 34% had not received them, up from 29% in our 2018 survey.

There was an **increase between 2018 and 2022** in the percentage of participants who didn't access gender affirming hormones because they:

- were afraid to (25% to 33%)
- said it takes too much time (8% to 20%)
- didn't know what to expect or were unfamiliar with the procedure for accessing them (21% to 25%)
- said that they do not have confidence in the service provided (11% to 13%).

There was a **decrease between 2018 and 2022** in the proportion of participants who:

- did not know where to go to access gender affirming hormones (37% to 27%)
- could not afford to access them (25% to 20%)
- were worried about being treated badly for being trans or non-binary when accessing them (22% to 20%).

Participants' comments

Currently unsafe due to housing situation. *(Non-binary, youth)*

Afraid of how transitioning will affect my treatment by peers in the workplace. *(Trans woman, youth)*

My previous neurologist claimed that my epilepsy made HRT too much of a risk and put me off for seven years. My current neurologist approved it within ten minutes. I've now been waiting for a year and a half for various referrals to go through. *(Trans man, adult)*

Afraid of societal consequences of taking hormones i.e. my 'transness' will be visible. *(Non-binary, adult)*

Health system is busy – hard to find someone who has experience and knowledge of how to get someone started. *(Trans woman, older adult)*

I'm not sure if the type of medication I'm interested in is available in NZ, I'm not sure where to find good medical information about what to expect related to my innate hormone variation. *(Non-binary, adult)*

Given the political situation in my home country I'm worried it might be very unsafe for me if I have to go back, and I have no right to remain here. *(Trans man, adult)*

Difficult to articulate to the doctor in what context I would want hormones for given the fluidity / non-descriptiveness of my gender and I don't think they would offer them to me. *(Non-binary, youth)*

I am being medically gaslit for even basic healthcare. I am trying to get things tested properly but doctors don't seem to care and blame it on trauma when it's not trauma so of course I'm not going to bring up gender expression and affirmation. I am also afraid of the political climate going further into fascism so for this reason I do not want hormones. *(Trans man, adult)*

I have been on and off about my decision for a long time, but I mostly think that's because of the lack of support/spaces provided for Māori/Pasifika trans men to talk about it openly. I think if we were able to see people like us, thinking about these big decisions wouldn't be so taxing if we weren't alone. *(Trans man, youth)*

Sources of gender affirming hormones

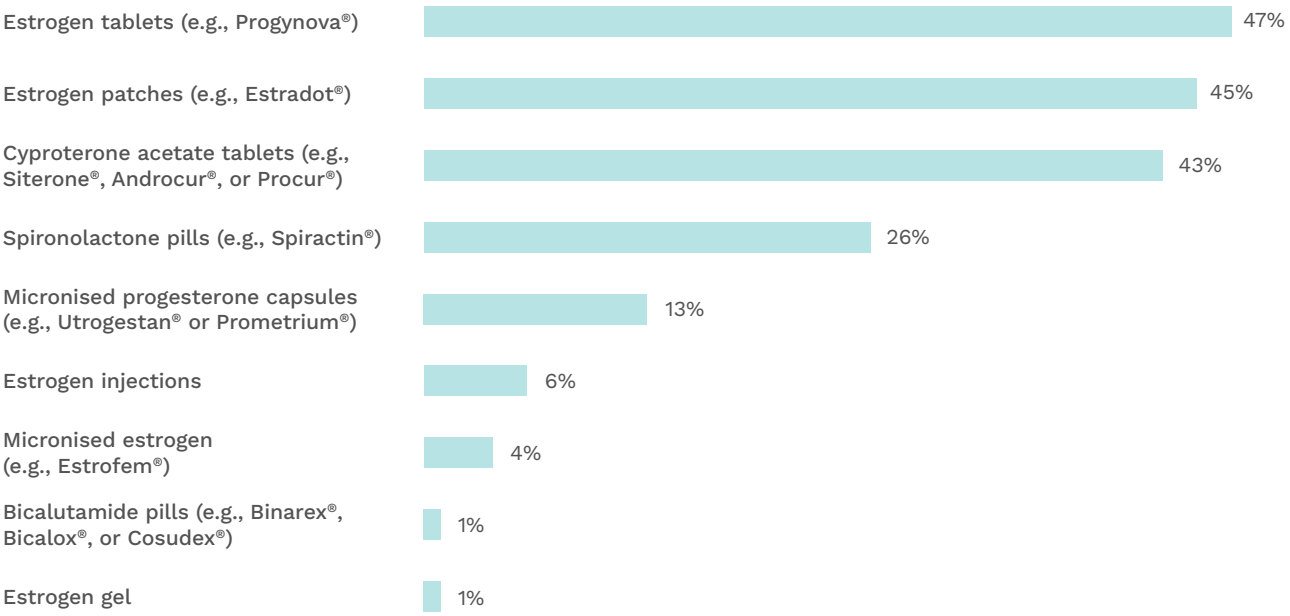
Out of those who had taken hormones, almost all (98%) received their hormones from licensed professionals. Very few participants received their hormones from online pharmacies or drug stores overseas (3%), or from their friends (2%). Trans women (6%) were more likely to get their hormones from an online pharmacy or drugstore overseas and trans men (less than 1%) were less likely. Disabled participants (3%) were more likely to get their hormones from friends.

Types of gender affirming hormones

Out of trans men and non-binary participants assigned female at birth who were taking hormones, 91% were receiving testosterone injections and 4% used testosterone patches. Less than 1% of participants used testosterone gel, cream, or pellets. When participants filled out the survey in 2022, only two of these forms of testosterone (injections and patches) were subsidised by the government. As of 2024, testosterone gel is subsidised as well.

Out of trans women and non-binary participants assigned male at birth who were taking hormones, almost half used estrogen tablets, and almost as many used estrogen patches. Cyproterone acetate tablets were the most used anti-androgen, and almost one in eight participants were taking micronised progesterone capsules. In 2022, only estrogen tablets and patches, cyproterone tablets, and spironolactone pills were subsidised.

Which of the following types of gender affirming hormones are you currently taking?
Select all that apply.



Out of trans women and non-binary participants assigned male at birth who were currently taking gender affirming hormones

There were some regional and age differences in use of these forms of gender affirming hormones:

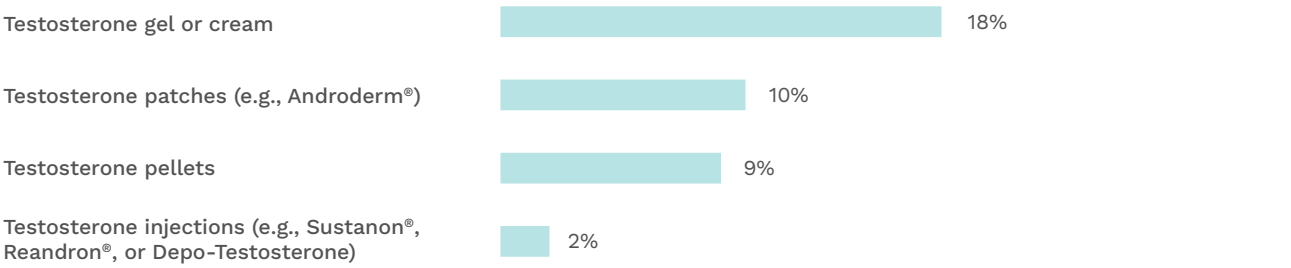
- Participants from Auckland were more likely (56%) to be taking cyproterone acetate and less likely (6%) to be taking spironolactone.
- Participants from Wellington were more likely (51%) to be taking spironolactone and less likely (25%) to be taking cyproterone acetate.
- Participants from Otago and Southland were more likely (78%) to be using estrogen patches and less likely (22%) to be taking estrogen tablets.
- Adults (17%) were more likely and youth (5%) were less likely to be taking progesterone capsules.

Types of gender affirming hormones being sought

We asked participants who were currently taking hormones what other types of hormones they would like to take but cannot access.

Almost one in five trans men and non-binary participants who were assigned female at birth reported they would like to use but cannot access testosterone gel or cream. Non-binary participants assigned female at birth (29%) were more likely to want to be using testosterone gel or cream, while trans men (14%) were less likely.

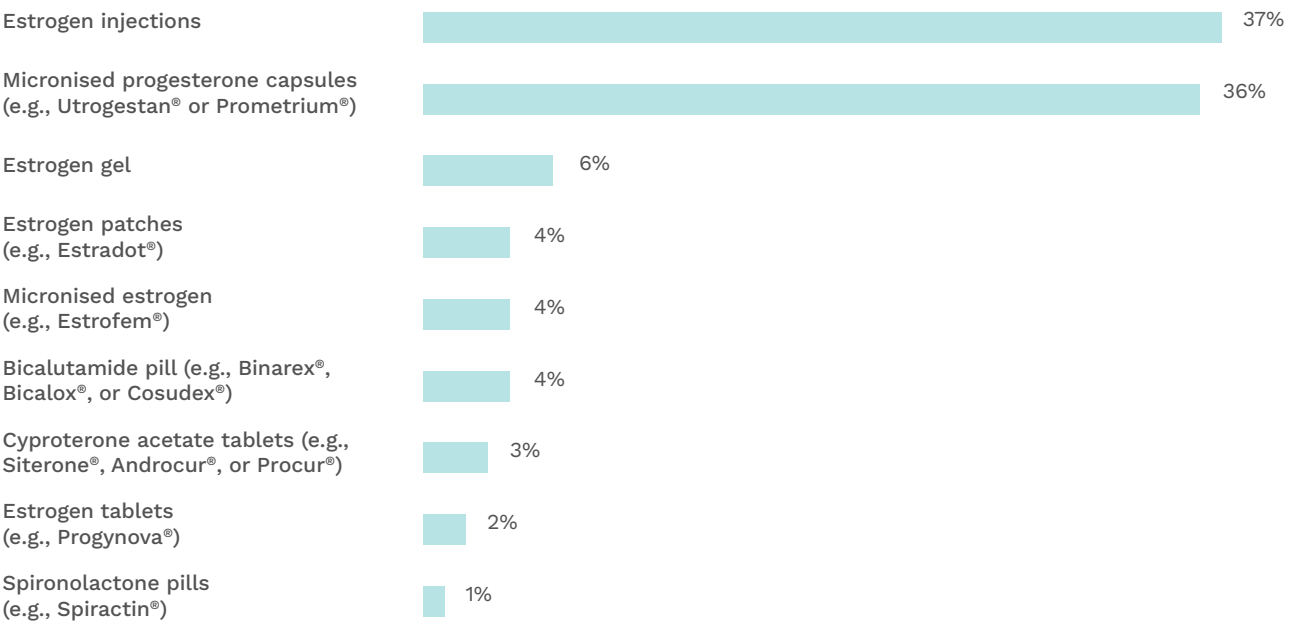
Which of the following types of gender affirming hormones would you like to be taking?
Select all that apply.



Out of trans men and non-binary participants assigned female at birth who were currently taking gender affirming hormones

Almost two out of five trans women and non-binary participants who were assigned male at birth said they would like to use but could not access estrogen injections, and over a third reported this for progesterone.

Which of the following types of gender affirming hormones would you like to be taking?
Select all that apply.



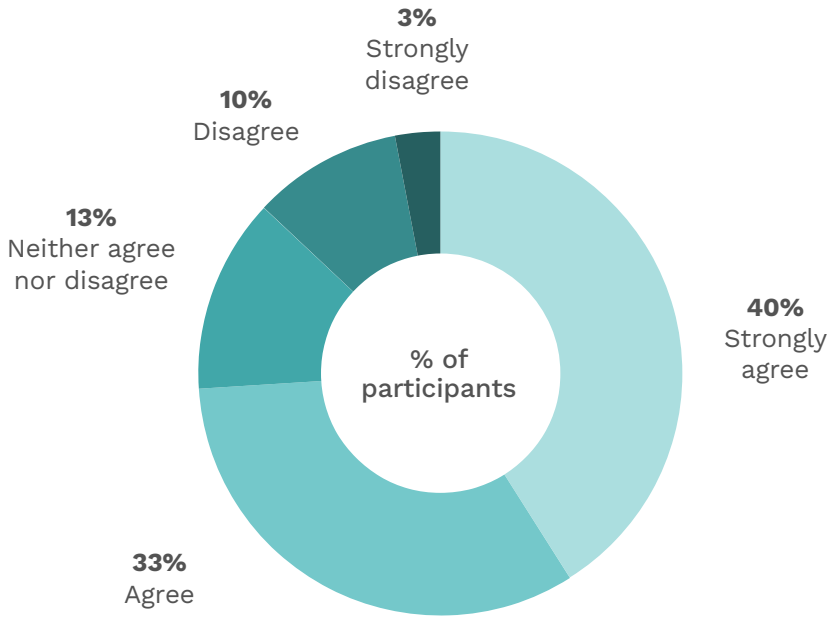
Out of trans women and non-binary participants assigned male at birth who were currently taking gender affirming hormones

We asked participants if they were taking the types and dosage of prescribed hormones that they wanted.

Almost three-quarters (74%) of participants *agreed* or *strongly agreed* that they were taking the **type(s) of prescribed hormones** that they want to take.

Youth (79%) and trans men (86%) were more likely to *agree* or *strongly agree* that they were taking the type(s) of prescribed hormones that they wanted, while adults (70%) and trans women (63%) were less likely to report this.

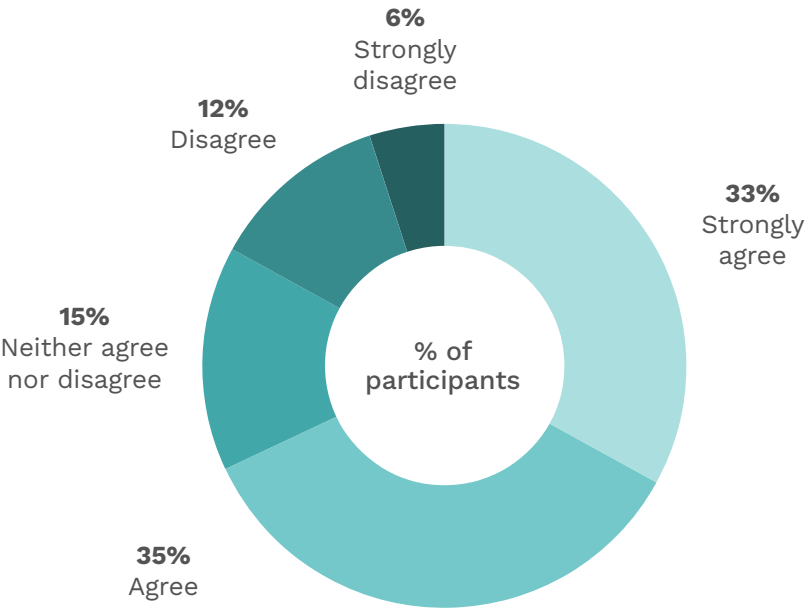
I am taking the type(s) of prescribed hormones that I want to take



Over two-thirds of participants (68%) *agreed* or *strongly agreed* that they were taking the **dosage(s) of prescribed hormones** that they wanted to take.

Trans men (83%) were more likely to *agree* or *strongly agree* that they were taking the dosage(s) of prescribed hormones that they wanted to take, while trans women (53%) were less likely to report this.

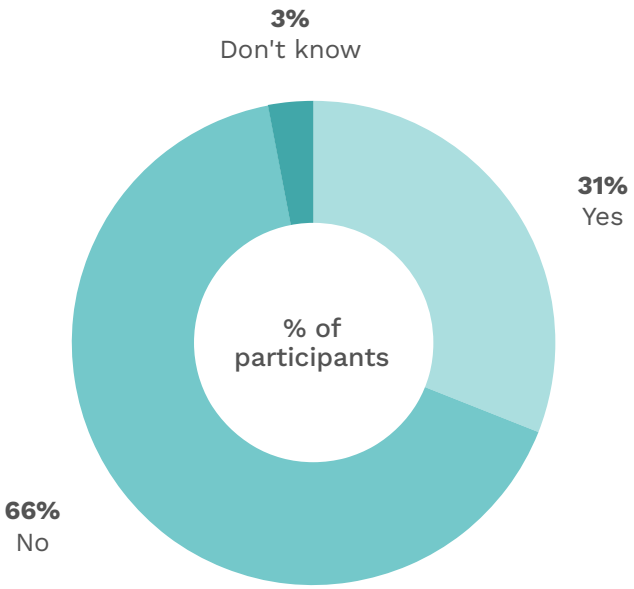
I am taking the dosage(s) of prescribed hormones that I want to take



Requesting to change type or dosage of hormones

Almost a third of participants had requested to change the type or dose of their gender affirming hormones at some point but were declined. Trans women (49%) were more likely and trans men (13%) were less likely to report this.

Have you ever requested to change the type or dose of gender affirming hormones but were declined?



Participants' comments

When I was first going on hormones, I was unemployed and highly depressed due to feeling housebound with gender dysphoria, however my endocrinologist refused to start me on shots in case of 'mood swings.' So, I was on oral testosterone for like a whole year, wasting away on unemployment benefit, while I waited for her to prescribe me shots so I would actually experience some changes! It was extremely frustrating having my psychological wellbeing deliberately undermined like that. *(Trans man, adult)*

[A large city] endocrinology department repeatedly, for years, including up to and including 2022, insisted blood tests for hormone levels were not useful for titration of dose. Multiple GPs followed this guidance and would not listen to evidence from other DHBs or international evidence. This meant I remained on a low dose of estrogen (and subsequently low blood levels) for years because no one would support raising the dose based on blood test results. *(Trans woman, adult)*

The communication between my pharmacy, GP, and gender affirming care provider totally broke down on one occasion. My doctor's practice tried to refuse to administer the correct dosage and I had to get my gender care provider to sort them out. At the time I was only 16 and having to totally advocate for myself which was very distressing. *(Trans man, youth)*

Taking hormones has been so life changing and liberating. I feel so much more myself, comfortable and happy – especially now I'm coming up on 3 years on estrogen. I am still trying to convince my GP to prescribe progesterone because I understand that it would improve this even more so, but he is very reluctant to do so. *(Trans woman, adult)*

We asked participants why they were not able to change the type or dose of hormones that they requested. The main reasons they reported being told were:

- there was not enough evidence showing that the requested change was useful (53%)
- the type of hormones or the dose was not safe (40%)
- the type of hormone or the dose was not available in Aotearoa New Zealand (34%), and
- they could not change their hormones because of their mental health (10%).

Trans women (63%) were more likely and trans men (7%) were less likely to be told that there was not enough evidence showing their requested change of hormone product was useful.

Participants' comments

I trusted my doctor to have me on the right dose. But when my bloods were checked my levels were really low and even when confronted with the results, they wouldn't up my dose. I had to change to a doctor who works with trans people to get my dose upped. It's been tripled, and my levels are now only average. *(Trans woman, adult)*

Was told 'all doses have the same effect so there's no point changing'. *(Trans man, youth)*

Was told that neither progesterone nor injectable estrogen was allowed under national guidelines. *(Trans woman, adult)*

GP approved changes to dosage and frequency to help manage mood swings but nurse practitioner refused to do it because there 'was no record.' GP insisted there was, but I didn't see it when I requested to look at my records. (*Trans man, adult)*

They said that the Testosterone cream was not available, but I know others that have been given it at the same time I was asking, from the same service, so I know that's not true. *(Non-binary, adult)*

Blood results were being incorrectly gendered [as female] thus my GP thought my testosterone levels were too high when in actual fact they were too low for an adult cis gendered male. This mistake was discovered after a few months. *(Trans man, adult)*

My Dr told me they were concerned that anything not in the standard of care guide could lead to professional consequences for them if something happened. They admitted they didn't know what they were doing and were scared to do anything not explicitly recommended in the guidelines. *(Non-binary, adult)*

4: Gender affirming surgeries

This section looks at trans and non-binary people's experiences trying to access a wide range of gender affirming surgeries.

We asked participants about chest reconstruction, breast augmentation, facial feminisation surgery, tracheal shaves, voice surgery, orchiectomies, hysterectomies, and genital reconstruction surgery.

This section highlights two different parts of the **total demand** for each specific surgical procedure:

- **Existing use:** those who have accessed each type of gender affirming surgery, and
- **Unmet need:** those who want a specific surgical procedure but have not accessed it.

We also report the percentage of participants who paid for their surgeries themselves or who were able to access these through the Aotearoa New Zealand public health system. A small number of participants had their surgeries paid for in other ways, such as by Aotearoa New Zealand health insurance, overseas public health systems or health insurance, or through fundraising.

In the four years between the 2018 and 2022 surveys, there have been changes to the funding and delivery of gender affirming genital reconstruction surgeries.

Since funding for the new national Gender Affirming (Genital) Surgery Service started in 2019,[1] an increasing number of these surgeries have been completed.

Chest reconstruction

We asked trans men and non-binary participants assigned female at birth about chest reconstruction surgery. Only one in seven participants had received this type of surgery before. Out of the 64% of participants with a demand for chest reconstruction surgery, 78% had not received it. Nearly all trans men reported a demand for chest reconstruction surgery but less than a third had received it.

Have you had or do you want chest reconstruction surgery to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Chest reconstruction	Trans men	64%	31%	**95%**
	Non-binary (AFAB [1])	44%	6%	**50%**
	Overall	50%	14%	**64%**

[1] *AFAB is 'assigned female at birth'.*

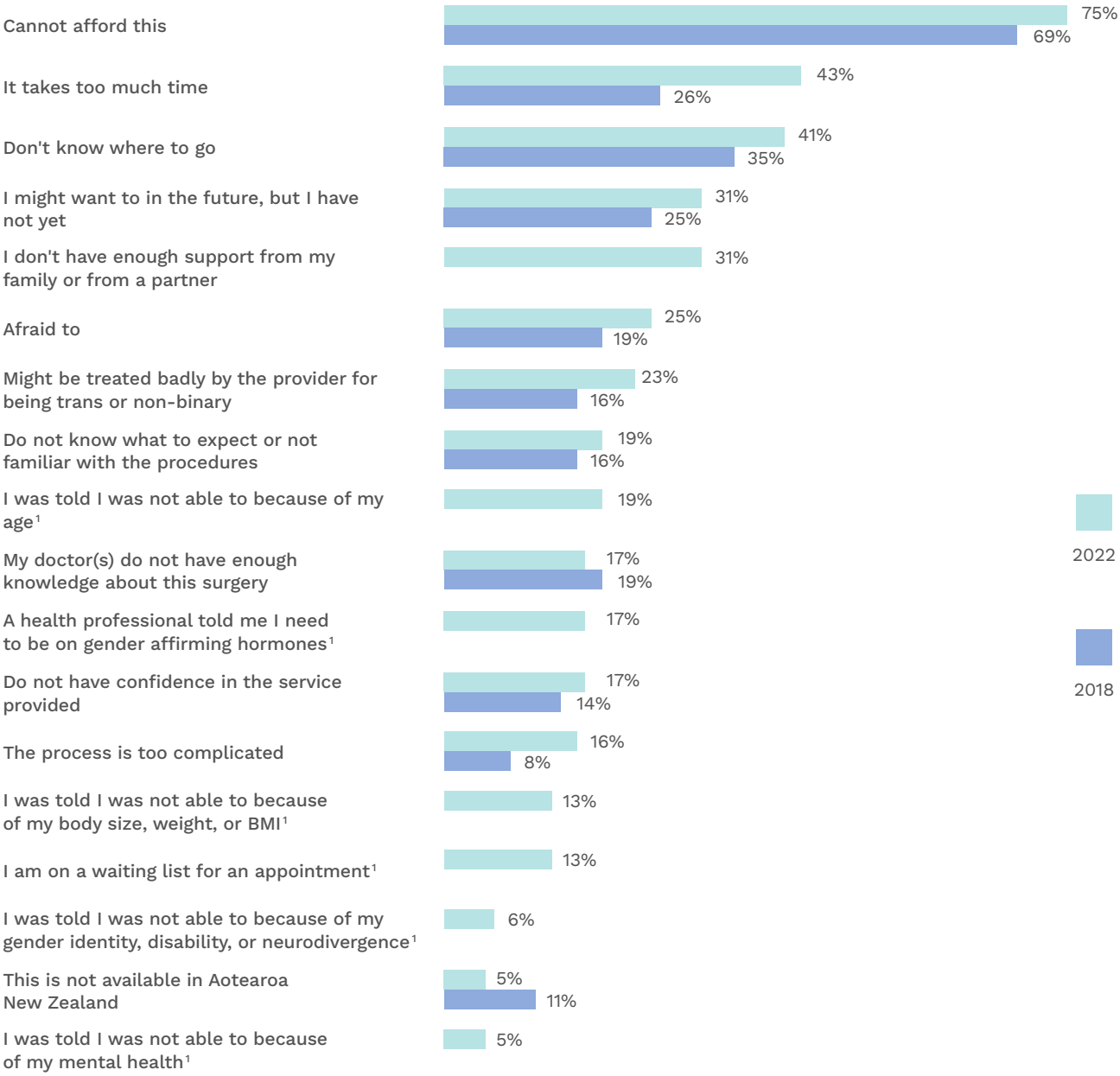
[1] www.tewhatuora.govt.nz/health-services-and-programmes/providing-health-services-for-transgender-people/the-gender-affirming-genital-surgery-service

There were some age differences for accessing chest reconstruction surgeries:

- Youth (59%) were more likely to have an **unmet need** for chest reconstruction surgery, while adults (38%) and older adults (15%) were less likely to report this.
- Adults (22%) and older adults (42%) were more likely to **have had** chest reconstruction surgery, while youth (8%) were less likely to report this.

When asked about the reasons for not having chest reconstruction surgery, cost was the biggest barrier, followed by waiting times, and not knowing where to go.

Why have you not accessed chest reconstruction? *Select all that apply.*



Out of participants with an unmet need for chest reconstruction

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were many group differences in the reasons participants gave for not accessing chest reconstruction:

- Disabled participants were more likely than non-disabled participants to say they **could not afford it** (80% vs 70%), their **doctors do not have enough knowledge about this procedure** (20% vs 14%), or they have been told they could not access it because of their **mental health** (8% vs 3%).
- Youth were more likely than adults to say **they do not know where to go** (47% vs 29%), or that they did not have enough **support from their family or from a partner** (36% vs 19%).
- Non-binary participants assigned female at birth were more likely and trans men were less likely to say that they **might want this surgery in the future** (35% vs 25%), that they were afraid to access this surgery (31% vs 13%), or that the process was **too complicated** (20% vs 11%).
- Non-binary participants assigned female at birth (30%) and disabled participants (31%) were more likely to say that they worried they **might be treated badly** by the provider for being trans or non-binary, while trans men (17%) and non-disabled participants (19%) were less likely to report this.
- Participants from the Bay of Plenty (42%) were more likely to have been told that they were not able to get chest reconstruction surgery because of their **age**, while participants from Wellington (13%) were less likely to report this.
- Auckland participants (29%) were more likely to have been told by a health professional that they **needed to be on gender affirming hormones first**, while Wellington participants (11%) were less likely to report this.
- Adults (20%) and disabled participants (17%) were more likely to have been told that they were not able to get this surgery because of their **body size, weight, or BMI**, while youth (10%) and non-disabled participants (8%) were less likely to report this.
- Waikato participants (34%) were more likely to say that they were on the **waiting list for an appointment**.
- Non-binary participants (9%) and disabled participants (9%) were more likely to have been told they were not able to **because of their gender identity or expression, disability, or because they were neurodivergent**, while trans men (3%) and non-disabled participants (3%) were less likely.

Paying for chest reconstruction surgery

Out of participants who had received chest reconstruction surgery, 58% paid for this surgery themselves or with the help of family, friends, or their partner. Over one-third (35%) of these participants received this surgery through the public health system, and 17% of participants said they paid for it another way (e.g., fundraising).

Out of participants who had or wanted chest reconstruction surgery, 31% tried to get it through the public system but were not successful. Adults (37%) and participants from Wellington (38%) were more likely and youth (27%) were less likely to report this.

Participants' comments

I have a [top] surgery date booked with a private surgeon but have not had it yet (2 months away now). I am also on the public waiting list but have not been selected and have no idea what the time frame for getting surgery would be. I have also struggled to get any detail/consistent information on public funded top surgery and the lack of knowledge made me feel very hopeless and frustrated. *(Trans man, youth)*

I was told that the public system does not provide breast reductions, only full breast removal. Because of how I experience my non-binary identity I do not want my breasts completely removed, I just want them to be very small (A/B cup). I cannot afford this surgery on my own as of yet. I am sex worker (I advertise as a cis woman), so for now I am putting further medical transition on hold until I can reach financial security and afford the breast reduction out of pocket since it is not publicly funded. *(Non-binary, youth)*

They won't put my referral through for top surgery because they're not taking referrals at all and my GP knows it will bounce back. I'm going to try to go private and use my KiwiSaver funds but it's a daunting process to try to organise so have yet to do it. In the meantime, [my] chest dysphoria is getting exponentially worse. *(Trans man, adult)*

The doctor I asked about mastectomy said it is extremely difficult to get it funded. She suggested I keep a notebook about all the times my breasts were a problem to help get started, but she left the practise soon afterward and I haven't felt comfortable broaching the subject with another doctor as everyone I have tried misgenders me and belittles my concerns even for non-gender-related health issues. *(Non-binary, adult)*

I've been on the top surgery waiting list for years. They keep giving me false hopes and setting up surgery dates, then cancelling on me by saying someone with breast cancer took the appointment. It feels like a cruel game they play – instead of just admitting that I'll never get the appointment so long as people have cancer, they keep getting my hopes up every 6 months. I fly across cities, arrive, and am let down, time and time again. If I don't have the money to pay for it privately or go overseas, I have zero faith in the public system after this experience. *(Trans man, youth)*

I was on the waitlist for 2 and a half years, but I was dropped because they are not doing public trans top surgeries [in the area] I live in at the moment. They're not saying outright that they're not doing them, but trans people can't meet the current priority score because it technically doesn't affect our physical health. *(Non-binary, youth)*

Breast augmentation

We asked trans women and non-binary participants assigned male at birth about breast augmentation surgery. Fewer than one in sixteen participants had received this type of surgery before. Out of the 32% of participants with a demand for breast augmentation surgery, 81% had not received it.

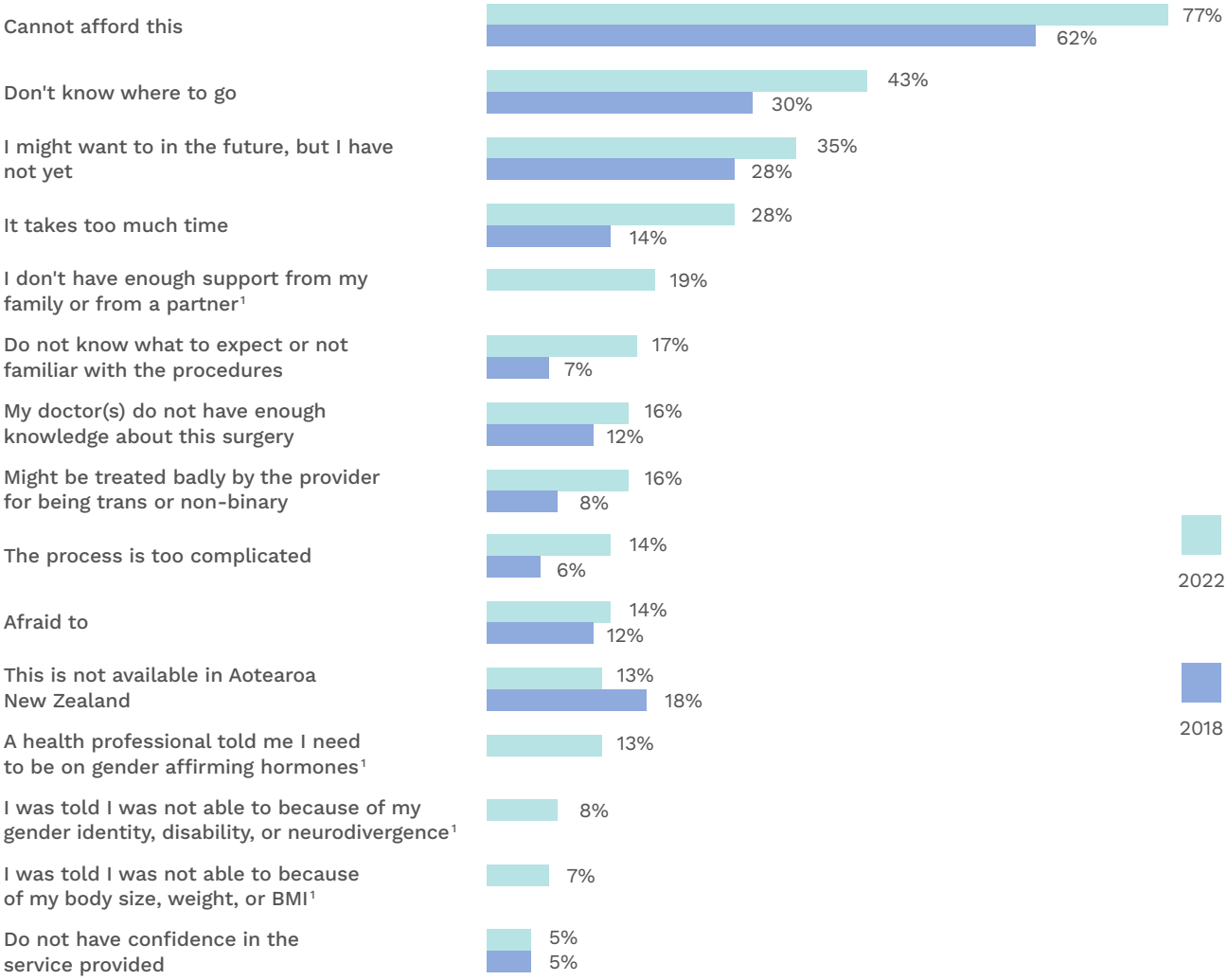
Have you had or do you want breast augmentation surgery to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Breast augmentation	Trans women	35%	8%	**43%**
	Non-binary (AMAB [1])	9%	less than 1%	**9%**
	Overall	26%	6%	**32%**

[1] *AMAB is 'assigned male at birth'.*

We asked participants with an unmet need why they had not had breast augmentation surgery. Cost was the biggest barrier, followed by not knowing where to go, and waiting times.

Why have you not accessed a breast augmentation? *Select all that apply.*



Out of participants with an unmet need for a breast augmentation

[1] *These items were not comparable to 2018 data.*

There were no group differences in reported barriers for those accessing breast augmentation.

Paying for a breast augmentation

Out of participants who had received breast augmentation, 59% paid for this surgery themselves or with the help of family, friends, or their partner. Over one-third (35%) of these participants received this surgery through the public health system.

Out of the participants who had or wanted breast augmentation surgery, 19% tried to get it through the public system but were not successful.

Participants' comments

Breast augmentation [in my region] requires you to be smoke-free for three months first. *(Trans woman, adult)*

I was told I was on the final list and would have breast augmentation within a couple of months. The surgeon assured me that skipping some questions in the urgency assessment would be fine and I would get my surgery. The next time I was contacted was to be told I was taken off the list as it was not urgent enough. *(Trans woman, adult)*

Facial feminising surgeries

We asked trans women and non-binary participants assigned male at birth about facial feminising surgeries. Few participants had accessed this type of surgery, leaving many with an unmet need. Out of the 42% of participants with a demand for facial feminisation surgery, 93% had not received it.

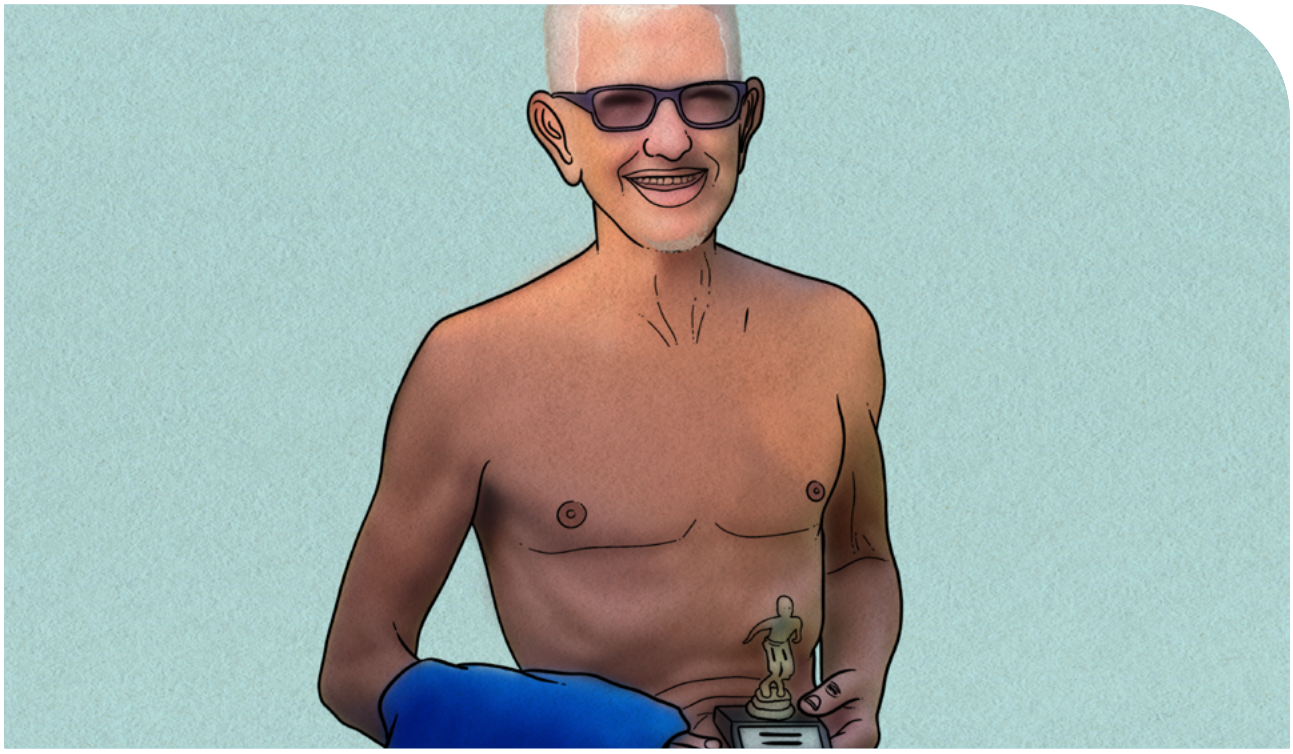
Trans women reported more than twice the demand for facial feminising surgery compared to non-binary participants assigned male at birth.

Have you had or do you want facial feminising surgeries to affirm your gender?

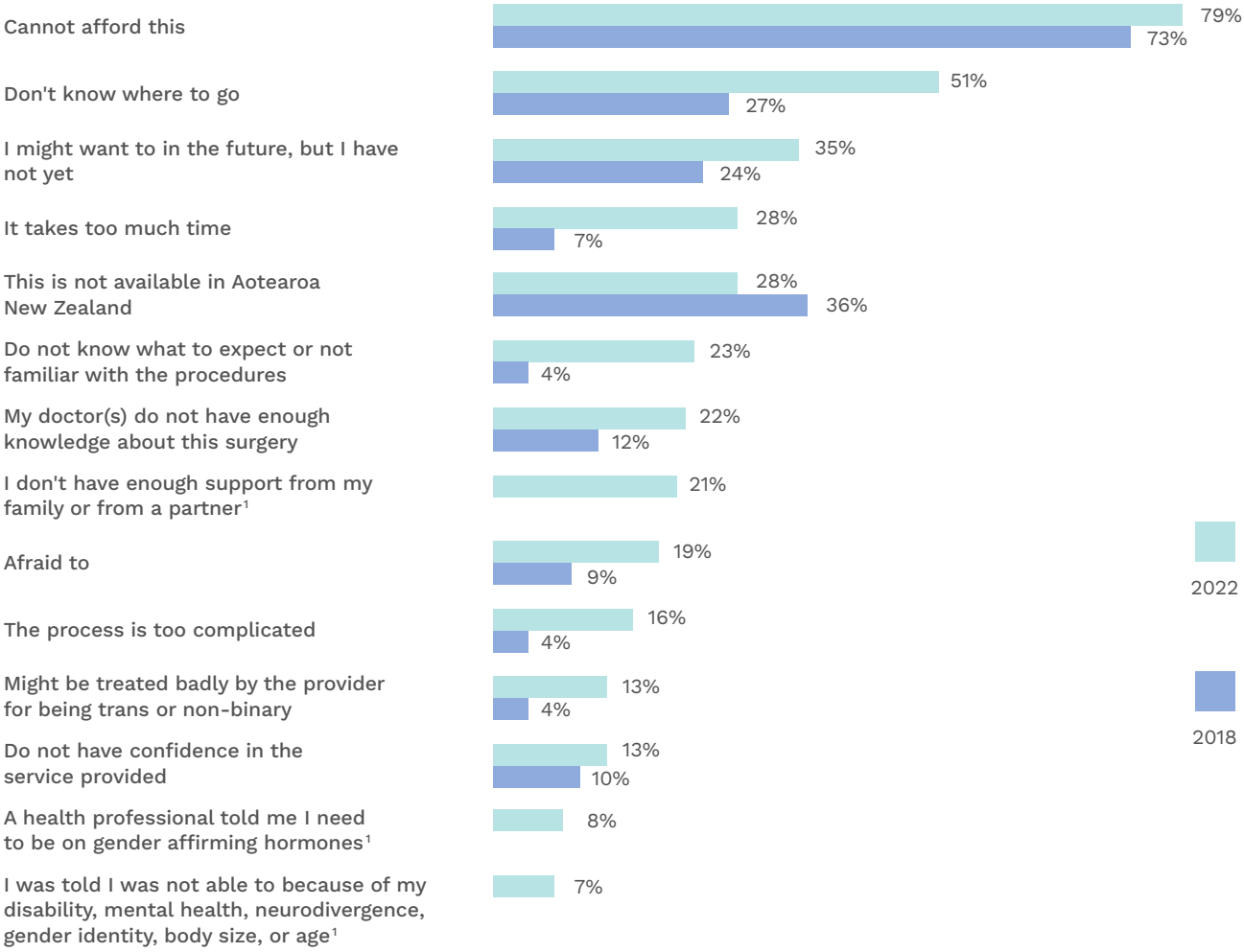
		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Facial feminising surgery	Trans women	50%	4%	**54%**
	Non-binary (AMAB [1])	21%	1%	**22%**
	Overall	39%	3%	**42%**

[1] *AMAB is 'assigned male at birth'.*

We asked those with unmet need the reasons why they had not accessed these facial feminising surgeries. Again, cost was the most reported barrier. The lack of availability in Aotearoa New Zealand and not knowing where to go were also common reasons why participants had not accessed facial feminising surgery.



Why have you not accessed facial feminising surgeries? *Select all that apply.*



Out of participants with an unmet need for facial feminisation surgeries

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were group differences in the reasons why participants had not accessed **facial feminisation surgery**:

- Non-binary participants were more likely and trans women were less likely to say they **do not know where to go** (71% vs 47%), or that they **were afraid** to have this surgery (43% vs 14%).
- Adults (35%) were more likely to say this was because **the surgery is not available** in Aotearoa New Zealand.
- Pasifika (70%) and non-binary participants (43%) were more likely to say they **did not know what to expect or were not familiar with the procedures**, while trans women (18%) were less likely to report this.
- Disabled participants (20%) were more likely to say that they **might be treated badly** by the provider for being trans or non-binary, while non-disabled participants (8%) were less likely to report this.

Paying for facial feminisation surgeries

Most participants who had facial feminisation surgeries (88%) paid for it themselves or with help from family, friends, or a partner.

Out of participants who had or wanted facial feminisation surgery, 18% tried to get it through the public system but were not successful. Trans women (21%) were more likely and non-binary participants assigned male at birth (3%) were less likely to report this.

Tracheal shave

We asked trans women and non-binary participants assigned male at birth about tracheal shave surgeries. Few participants had accessed this, leaving many with an unmet need. Out of the 27% of participants with a demand for tracheal shave surgery, 93% had not received it.

Trans women reported three times the demand for tracheal shave surgery compared to non-binary participants assigned male at birth. Older adults (7%) were more likely to have had a tracheal shave.

Participants' comments

I've requested to have all of these surgeries for the past two years. My doctors have constantly told me they will put me on a list 'during our next session' for all of these surgeries aside from the facial feminisation surgery. That is apparently considered cosmetic, and I've been told it'd be a waste of my time. I disagree, as it's a serious issue of dysphoria. *(Trans woman, youth)*

The surgery has been booked, I'm yet to have it done though. *(Trans woman, youth)*

I literally don't know anything about getting them. They're not subsidised right? And there are so few practitioners I've been able to find in NZ too. *(Trans woman, youth)*

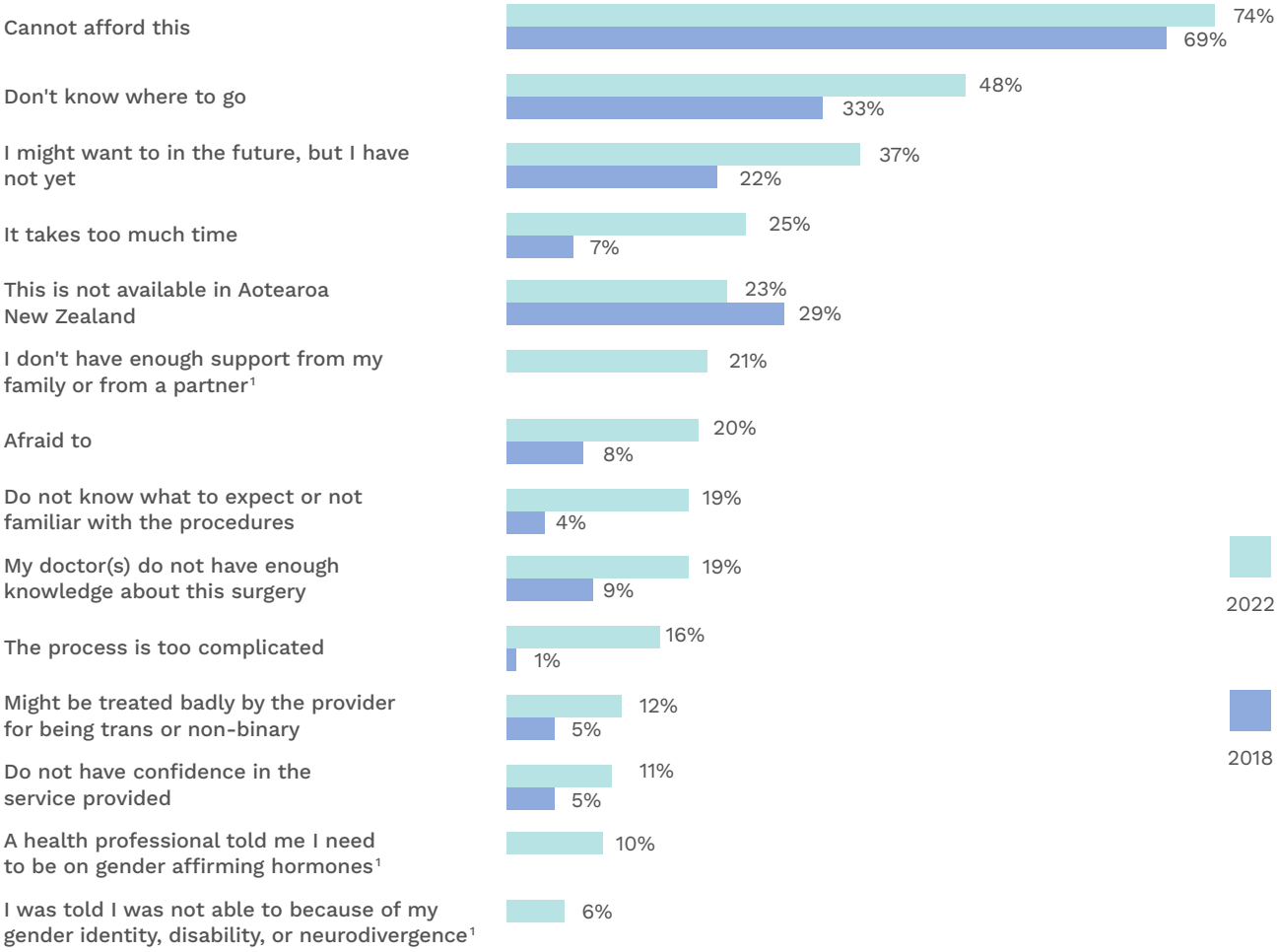
General lack of information on what can be done in NZ, whether it is reasonably effective, and time frames. (*Trans woman, older adult)*

Have you had or do you want tracheal shave surgery to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Tracheal shave	Trans women	33%	3%	**36%**
	Non-binary	12%	less than 1%	**12%**
	Overall	25%	2%	**27%**

We asked those with unmet need the reasons why they had not accessed tracheal shave surgery. Cost and not knowing where to go were once again the most common barriers.

Why have you not accessed tracheal shave surgery? *Select all that apply.*



Out of participants with an unmet need for tracheal shave surgery

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were group differences in the reasons why participants had not accessed **tracheal shave surgery**:

- Non-binary participants (75%) and disabled participants (61%) were more likely to say that they **did not know where to go**, while trans women (42%) and non-disabled participants (39%) were less likely to report this.
- Youth (33%) were more likely to say that they **don't have enough support from their family or from a partner**, while adults (14%) were less likely to report this.
- Non-binary participants were more likely and trans women were less likely to say that they were afraid to (44% vs 15%), or that that they **did not know what to expect or were not familiar with the procedures** (38% vs 16%).

Paying for tracheal shave surgery

Most participants who had tracheal shave surgery (93%) paid for it themselves or with help from family, friends, or a partner.

Out of participants who had or wanted tracheal shave surgery, 16% tried to get it through the public system but were not successful.

Voice surgery

Less than 1% of participants had received voice surgery, even though almost one in ten participants overall and a quarter of trans women said they needed it.

Have you had or do you want voice surgery to affirm your gender?

	Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Trans women	25%	1%	26%
Non-binary (AFAB [1])	2%	0%	2%
Non-binary (AMAB [2])	8%	0%	8%
Trans men	6%	0%	6%
Overall	**9%**	**<1%**	**9%**

[1] *AFAB is 'assigned female at birth'.*

[2] *AMAB is 'assigned male at birth'.*

Older adults (21%) were more likely to have an unmet need for voice surgery.

The main barriers reported by those with an unmet need for voice surgery were not being able to afford it (74%), not knowing where to go (51%), and not having enough support from their family or from a partner (31%).

Over a third of participants (34%) said that they had not tried to access it yet, but might want to in the future.

Non-binary participants assigned female at birth (77%) were more likely to say that they had not had voice surgery because they did not know where to go, while trans women (39%) were less likely to report this.

Youth (47%), trans men (52%), and non-binary participants assigned female at birth (73%) were more likely to say that they had not had voice surgery because they do not have enough support from their family or from a partner, while adults (15%) and trans women (19%) were less likely to report this.

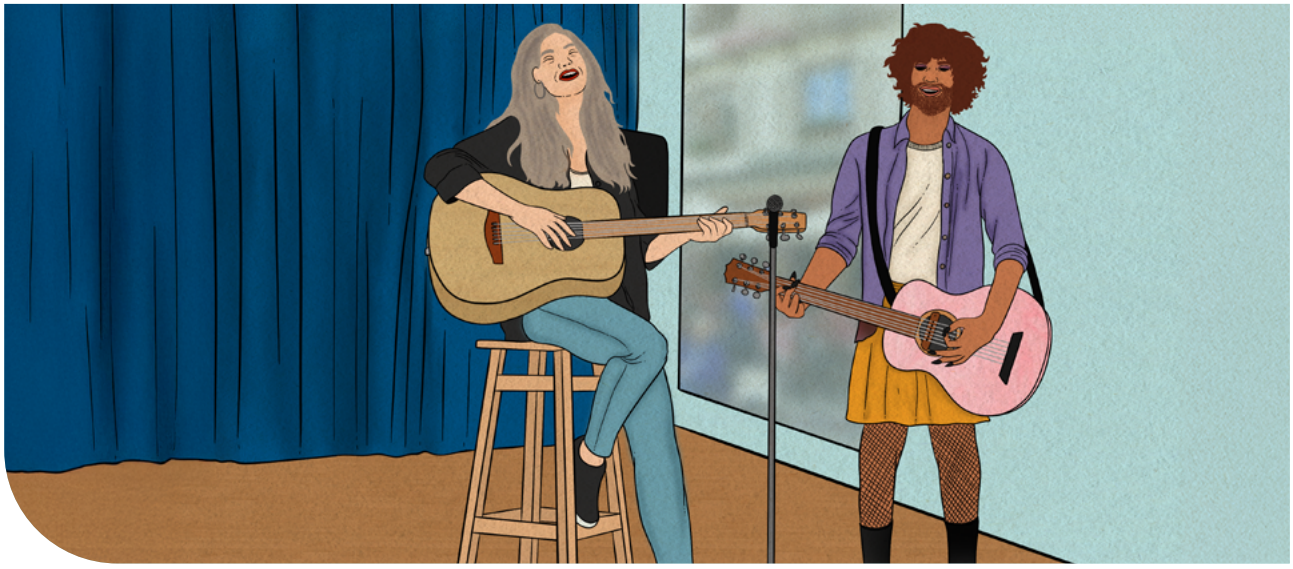
Participants' comments

Cost, and the fact that I'd need to have a prolonged time for work without speaking (and my job requires this). Finding a 3-month window for surgery and recovery is challenging and I'm the sole earner in my family. *(Trans woman, adult)*

I am a singer and performer and I have a supported fear that any surgery or tampering with my voice or vocal cords will affect my ability to sing and project. *(Non-binary, youth)*

I have vocal cord palsy due to my extreme [premature] birth at 25 weeks, the surgery to remedy this is only available in America as far as I know. *(Trans woman, adult)*

I am a performer who needs to be very protective of my voice. (*Trans woman, older adult)*



Paying for voice surgeries

Almost every participant who received voice surgery needed to pay for it themselves, or with the help of family, friends, or a partner.

Out of participants who had received or wanted voice surgery, 20% tried to get it through the public system but were not successful. Trans women (26%) were more likely and non-binary participants (5%) were less likely to report this.

Orchiectomy

We asked trans women and non-binary participants assigned male at birth about orchiectomies (surgical removal of testes). One in ten participants had received an orchiectomy and over a third had an unmet need for this surgery. Out of the 44% of participants with a demand for an orchiectomy, 77% had not received it.

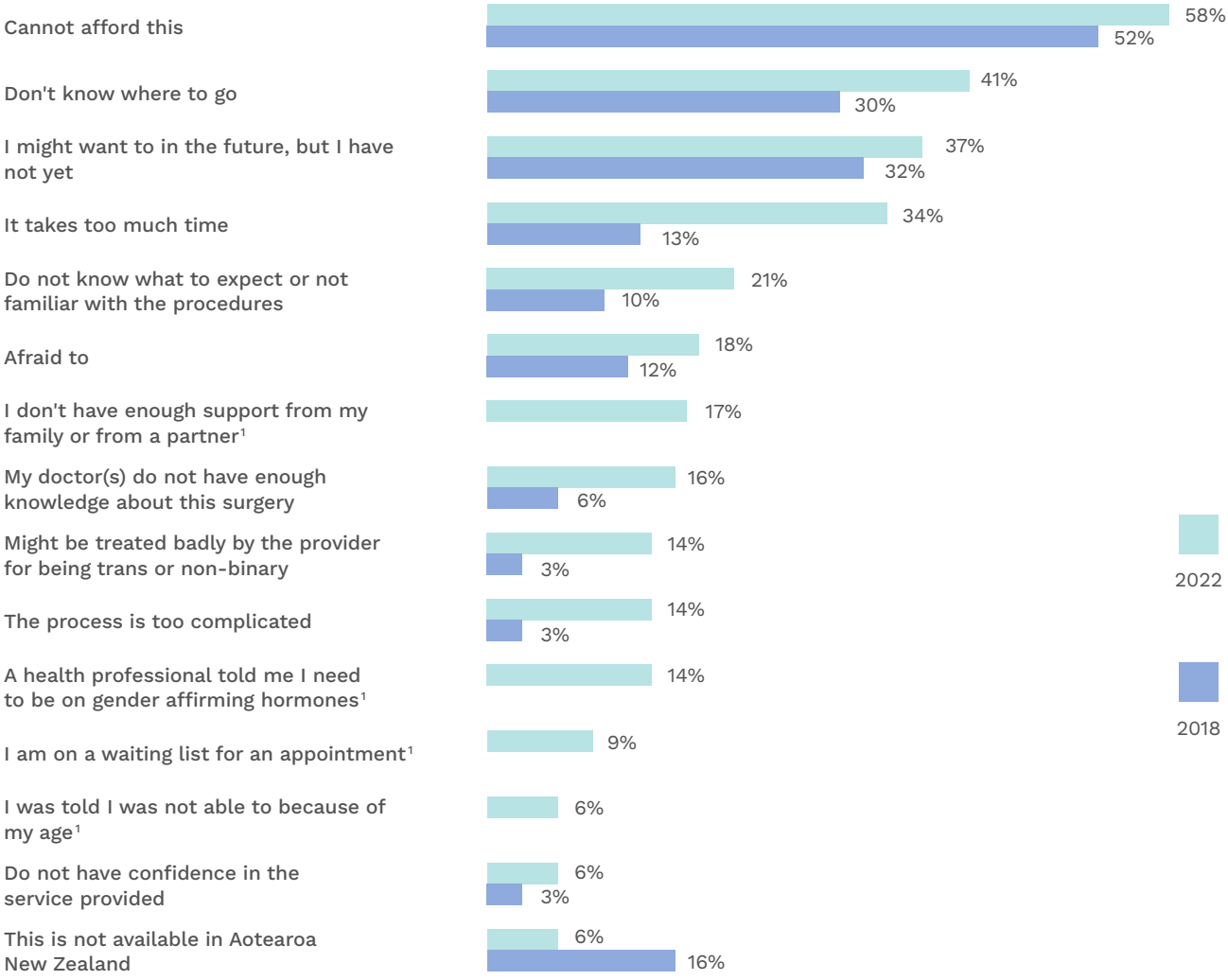
Adults (13%) and older adults (30%) were more likely and youth (2%) were less likely to have had an orchiectomy.

Have you had or do you want an orchiectomy to affirm your gender?				
		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Orchiectomy	Trans women	46%	14%	**60%**
	Non-binary (AMAB [1])	14%	2%	**16%**
	Overall	34%	10%	**44%**

[1] *AMAB is 'assigned male at birth'.*

We asked participants who had an unmet need for an orchiectomy why they had not accessed this surgery. Cost, not knowing where to go, and the process taking too much time were the most reported barriers.

Why have you not accessed an orchiectomy? *Select all that apply.*



Out of participants with an unmet need for an orchiectomy

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

Youth (13%) were more likely to have been told that they were not able to get an orchiectomy because of their age, while adults (less than 1%) were less likely to report this.

Paying for an orchiectomy

Two out of five participants (40%) who had an orchiectomy paid for it themselves or with the help of family, friends, or a partner, while over half (56%) received an orchiectomy through the public health system. Out of participants who had or wanted an orchiectomy, 27% tried to get it through the public system but were not successful.

Participants' comments

[My] region stopped doing orchiectomies indefinitely so I can't even get on the waiting list and my GP does not know much about going private. *(Trans woman, adult)*

I have heard that having an orchiectomy before GRS [may] cause issues with later GRS so would like them at the same time. *(Trans woman, adult)*

My provider wants me to have another gatekeeping 'readiness assessment' that I would have to pay privately for (last time cost $1200 total), with very few trans accepting psychologists in [my region]. *(Trans woman, youth)*

My referral for orchiectomy was denied. (*Trans woman, adult)*

Hysterectomy/oophorectomy

We asked trans men and non-binary participants assigned female at birth about hysterectomies/oophorectomies (surgical removal of uterus or ovaries). Only one in twenty participants had a hysterectomy or an oophorectomy, and almost two out of five participants had an unmet need for this type of surgery. Out of the 43% of participants with a demand for a hysterectomy or oophorectomy, 88% had not received it.

Have you had or do you want a hysterectomy/oophorectomy to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Hysterectomy/oophorectomy	Trans men	48%	10%	**58%**
	Non-binary (AFAB [1])	34%	3%	**37%**
	Overall	38%	5%	**43%**

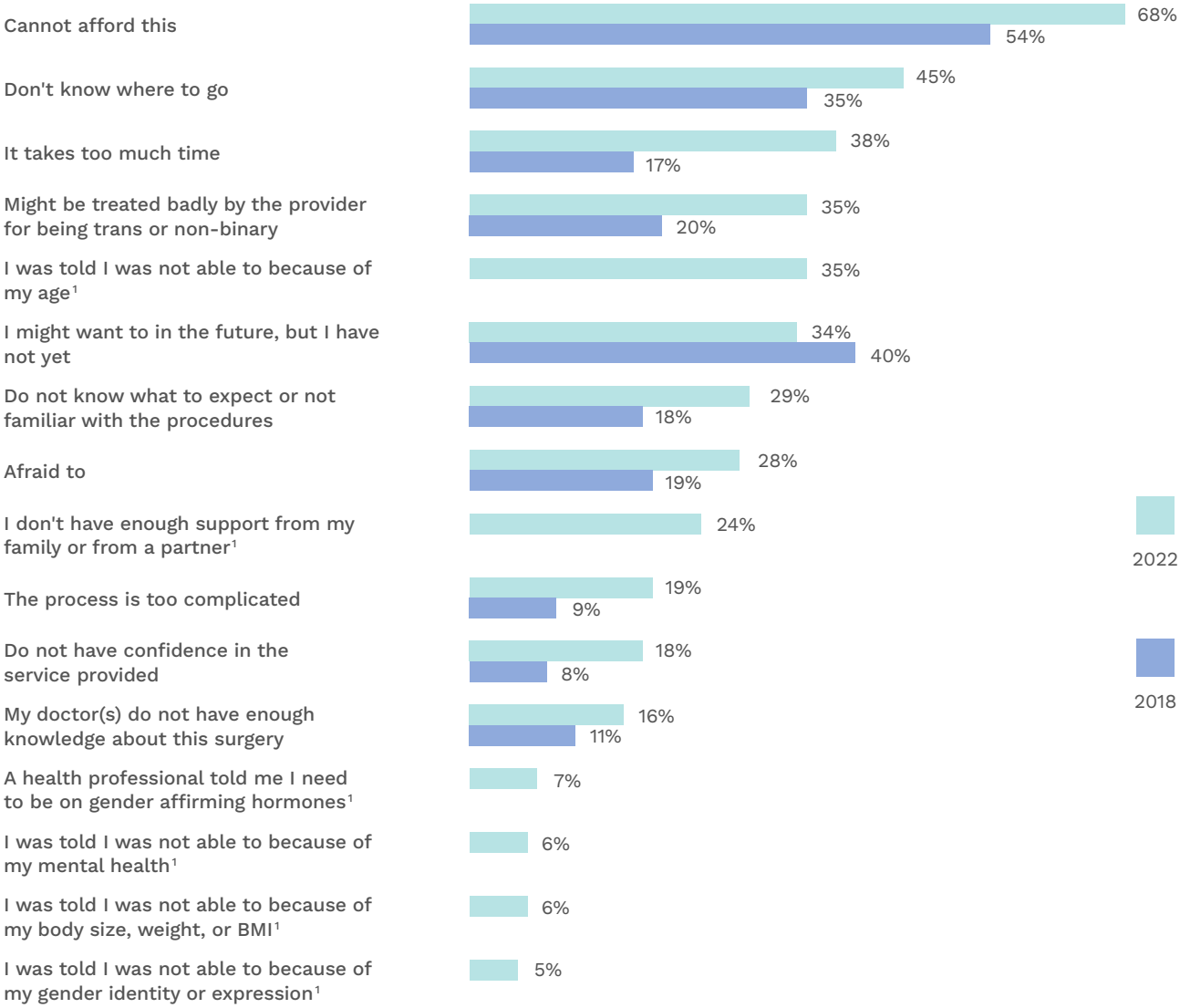
[1] *AFAB is 'assigned female at birth'*

There were also group differences for hysterectomies/oophorectomies:

- Youth (43%) and disabled participants (46%) were more likely to have an **unmet need** for a hysterectomy or oophorectomy, while adults (33%), older adults (3%), and non-disabled participants (31%) were less likely to report this.
- Adults (10%) and older adults (44%) were more likely **to have had** a hysterectomy or oophorectomy, while youth (1%) were less likely to report this.

We asked participants who had an unmet need for a hysterectomy or oophorectomy why they had not accessed these. Cost and not knowing where to go were once again the most reported barriers. Over a third of participants had been told they were not able to get these surgeries because of their age.

Why have you not accessed a hysterectomy or oophorectomy? *Select all that apply.*



Out of participants who had an unmet need for a hysterectomy/oophorectomy

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were many group differences in why those wanting a **hysterectomy/oophorectomy** had not been able to access this surgery:

- Disabled participants were more likely and non-disabled participants were less likely to say that they **could not afford it (**73% vs 60%), or that they were **worried about being treated badly by the provider for being trans or non-binary** (40% vs 29%).
- Youth were more likely and adults were less likely to say that they **did not know where to go** (50% vs 35%), to have been told that they cannot get this surgery because of their **age** (40% vs 25%), that they **might want this surgery in the future** (38% vs 27%), that they **did not know what to expect or were not familiar with the procedures** (33% vs 21%), or that they did **not have enough support from their family or from a partner** (29% vs 15%).

- Non-binary participants were more likely and trans men were less likely to say the **process is too complicated** (23% vs 13%), that they **do not have confidence** in the service provided (22% vs 12%), or to be told that they were not able to have this surgery **because of their mental health** (8% vs 3%).
- Asian participants (22%) were more likely to have been told by a health professional that they were not able to have a hysterectomy because they **needed to be on gender affirming hormones**.
- Pasifika participants (33%) were more likely to have been told that they could not have this surgery because of **their gender identity or expression**.

Paying for a hysterectomy or oophorectomy

Most participants (82%) who had a hysterectomy or oophorectomy received this through the public health system. Out of participants who had or wanted a hysterectomy or oophorectomy, 21% tried to get it through the public system but were not successful. Adults (33%) and disabled participants (24%) were more likely and youth (13%) and non-disabled participants (16%) were less likely to report this.

Genital reconstruction surgeries

In this section, we start by looking at participants' answers to questions about vaginoplasty, and then phalloplasty and metoidioplasty surgeries. We also look at access to public funding for genital reconstruction surgeries, including why some participants had not applied for this.

Vaginoplasty

We asked trans women and non-binary participants assigned male at birth about vaginoplasty surgery. Trans women reported almost six times the demand for this surgery compared to non-binary participants assigned male at birth. One in ten trans women had received vaginoplasty surgery, but almost no non-binary participants had ever accessed this procedure.

Out of the 42% of participants with a demand for vaginoplasty surgery, 86% had not received it.

Participants' comments

I was told I needed my boyfriend's permission to have a hysterectomy despite the fact we are both transgender men, we don't want children and I have PMDD which [could] be treated by a hysterectomy. *(Trans man, adult)*

When my main focus was to get my uterus removed, the doctors were more focused on surrogacy and me freezing my eggs when I told them I wanted uterus removal. So it never went through and I will have to contact my GP to try to organise this again next year. *(Non-binary, adult)*

Too much time off from work required post-surgery for recovery – it seemed likely that I would be able to access a hysterectomy through the public system when I was considering it, but I couldn't afford to take the time off work required for recovery. *(Trans man, adult)*

The need to prove that as someone with a uterus, I do not want children in the future. Also, the worry that as I may need this surgery anyway due to medical issues, they may try to argue that I only want this surgery for gender affirmation and ignore the real health problems I have been trying to get fixed for 11 years. *(Non-binary, adult)*

I was told I couldn't have [a hysterectomy] because I might change my mind. *(Trans man, adult)*

The first time I was told by the specialist that I 'might still want to have children' I was 40 at the time and had just had a surgical termination because I had three kids and didn't want another. The second time I managed to get through the system all the way to the specialist I was told I was 'almost at menopause' and that it would likely 'all be over soon'. The third time my doc got me a referral I was sent a letter by the CDHB saying their waiting list was too long so they weren't adding me to it. *(Non-binary, adult)*

I was told by my doctor that I may change my mind later in life and decide I want children, or my husband might despite the fact that I was engaged to a woman. *(Non-binary, adult)*

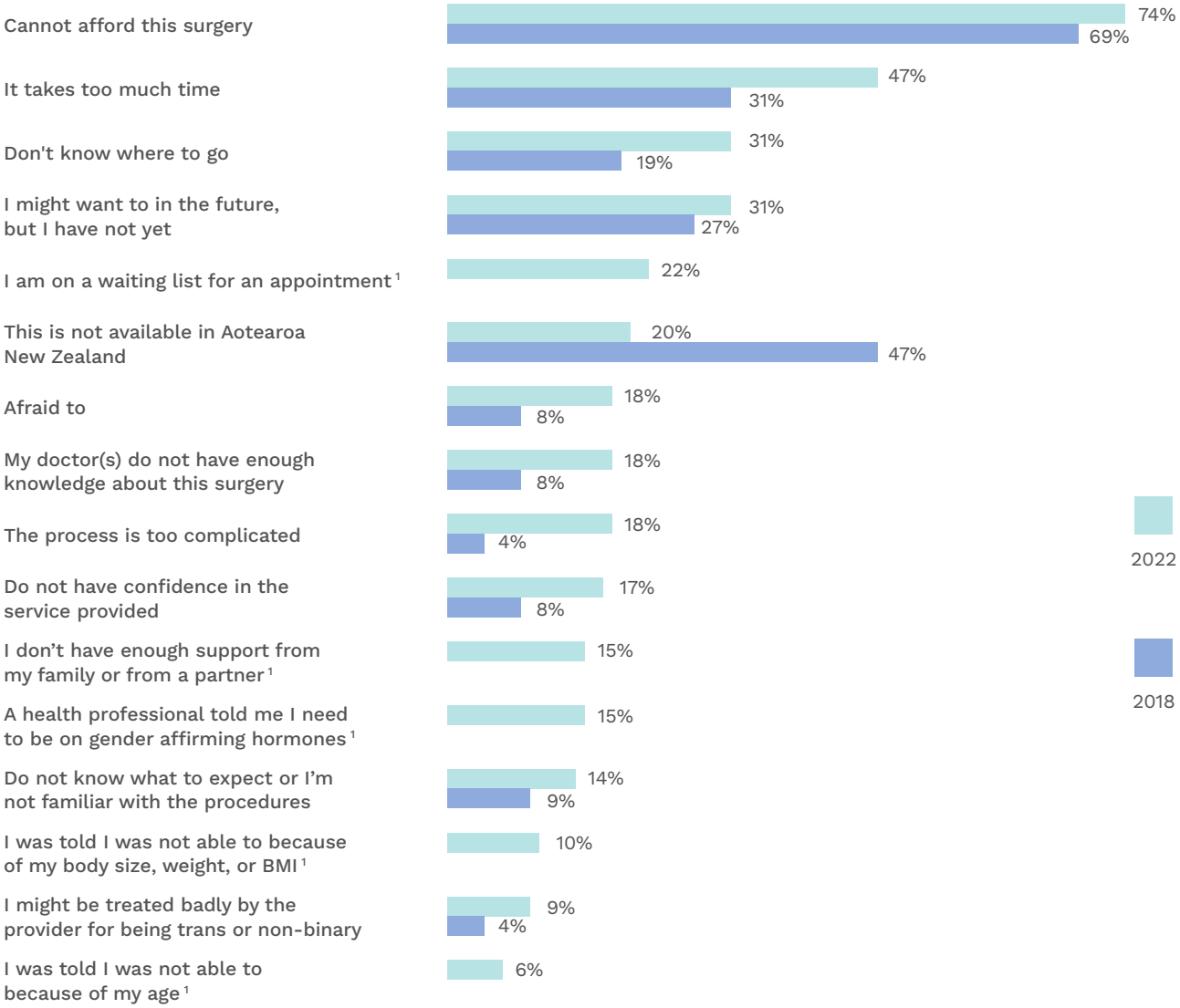
Have you had or do you want genital reconstruction surgery to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Vaginoplasty	Trans women	51%	10%	**61%**
	Non-binary (AMAB [1])	10%	1%	**11%**
	Overall	36%	6%	**42%**

[1] *AMAB is 'assigned male at birth'.*

We asked participants with an unmet need about their reasons for not having a vaginoplasty. Cost was a barrier for almost three-quarters of participants. Almost half of participants said the time it takes to access this surgery is too long.

Why have you not accessed vaginoplasty surgery?



Out of participants who had an unmet need for vaginoplasty surgery

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were group differences for why participants could not access vaginoplasty surgery based on participant age:

- Youth (42%) were more likely to say that they **might want to get this in the future** but have not yet.
- Adults (17%) were more likely to be told they could not get this because of their **body size, weight, or BMI**, while youth (4%) were less likely to report this.
- Youth (14%) were more likely to be told they could not get this because of their **age**, while adults (0%) were less likely to report this.

Paying for a vaginoplasty

Of the participants who had received a vaginoplasty, over three out of five (69%) paid for it themselves or with the help of family, friends, or a partner, 24% received it through the public health system, and 7% received it through an overseas public health system or overseas insurance.

Over a third of participants who had or wanted genital reconstruction surgery (36%) tried to get it through the public system but were not successful.

Phalloplasty or metoidioplasty

We asked trans men and non-binary participants assigned female at birth about phalloplasty and metoidioplasty surgeries. Trans men reported more than seven times the demand for these surgeries compared to non-binary participants assigned female at birth. Almost no participants had been able to access these surgeries.

Participants' comments

I haven't been able to get on the publicly funded waitlist for SRS/GRS due to not having seen appropriate psychologists and never been offered a way to see them. *(Trans woman, adult)*

I really want the *results* of them, but I'm still trying to weigh up how much I want to go through the surgeries in order to get those results . . . *(Trans woman, adult)*

Currently in process of having gender affirming surgery, currently going through hair removal and psychological preparation. I will be paying for this privately. *(Trans woman, adult)*

Given my age and duration of waiting list [it is] unlikely to see public funding in my lifetime, also question old method of vaginoplasty in NZ. Why not partially fund those wishing better overseas, e.g., PPV SRS in Thailand. *(Trans woman, older adult)*

I am in the process of getting onto the GRS list, but my GP and the people who manage the list expect me to see a psychologist to do an extensive readiness assessment that includes assessing whether my ADHD is 'under control.' I don't know what this means or why I cannot get referred without it, but I have been trying for more than a year. I was told about 8 years ago by my endocrinologist that I shouldn't have an orchiectomy if I want to have GRS in the future. He wouldn't refer me for GRS, as he said it would take too long. *(Trans woman, adult)*

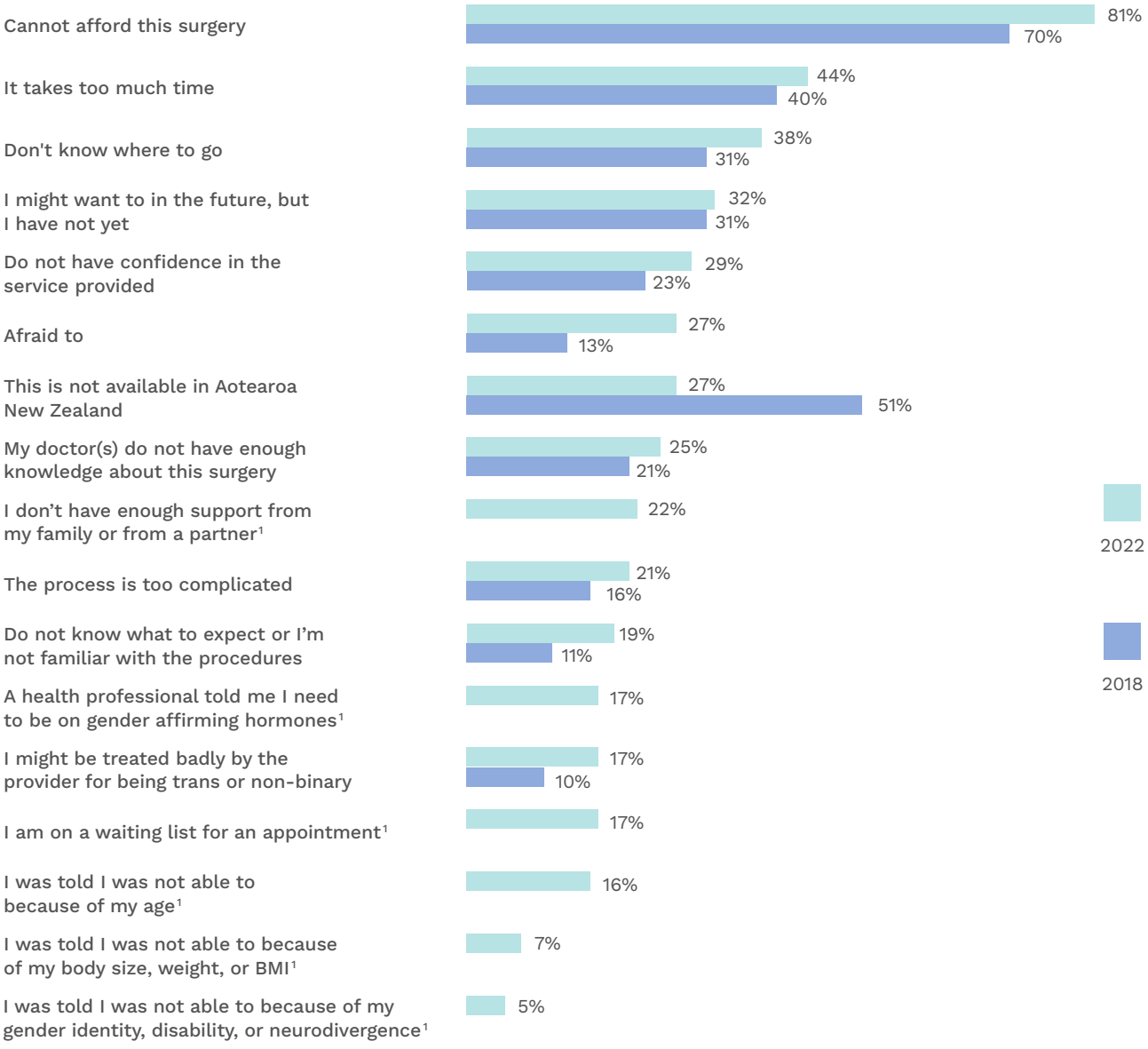
Have you had or do you want genital reconstruction surgery to affirm your gender?

		Want this, but have not had it **(unmet need)**	Have had this	**Total demand**
Phalloplasty or metoidioplasty	Trans men	28%	1%	**29%**
	Non-binary (AFAB [1])	4%	less than 1%	**4%**
	Overall	12%	less than 1%	**12%**

[1] *AFAB is 'assigned female at birth'.*

We asked participants with an unmet need about their reasons for not having a phalloplasty or metoidioplasty. Cost was a barrier for most participants, and almost half said the time it takes to access this surgery is too long.

Why have you not accessed genital reconstruction surgery?



Out of participants who had an unmet need for phalloplasty or metoidioplasty surgeries

[1] *These items are not comparable to 2018 data either because they are new response options or were separated out from the 2018 combined response 'I've been told I'm not able to because of my age, body size or another reason'.*

There were group differences in the reasons why participants had not accessed phalloplasty or metoidioplasty surgery:

- Youth (50%) were more likely and adults were less likely to say they **do not know where to go** (50% vs 23%), and that they were **told they were not able to because of their age** (26% vs 4%).
- Disabled participants (35%) were more likely to say that their **doctor(s) do not have enough knowledge about this procedure**, while non-disabled participants (11%) were less likely to report this.

- Youth (32%) and Asian participants (50%) were more likely to say that they **don't have enough support from their family or a partner**, while adults (10%) were less likely to report this.
- Asian participants (50%) were more likely to say that they **did not know what to expect or were not familiar with the procedures**.
- Non-binary participants were more likely (33%) to say that they **might be treated badly by the provider for being trans or non-binary**, while trans men (12%) were less likely to report this.
- Adults (35%) were more likely to say they were **on a waiting list for an appointment**, while youth (4%) were less likely to report this.

Paying for a phalloplasty or metoidioplasty

Very few participants had accessed phalloplasty or metoidioplasty surgery. Of those who had, most received it through the public system. Less than a third of participants who had or wanted genital reconstruction surgery (30%) tried to get it through the public system but were not successful.

Public funding for genital reconstruction surgery

We asked participants about their experiences applying for genital reconstruction surgeries from either the Ministry of Health's Gender Affirming (Genital) Surgery Service, established in 2019, or previously through the High Cost Treatment Pool.

Only just over a quarter (27%) of all participants were aware of funding available for genital reconstruction surgeries through either the Gender Affirming (Genital) Surgery Service or the previous High Cost Treatment Pool. This knowledge was higher for adults (35%), older adults (50%), and trans women (44%), and lower for youth (19%) and non-binary participants (19%).

Out of those aware of the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool funding, and who had either received or wanted genital reconstruction surgery, only 41% had applied for these funded surgeries. Adults (51%) were more likely and youth (24%) were less likely to have applied.

We asked participants who had a demand for genital reconstruction surgery but had not applied to the Gender Affirming (Genital) Surgery Service or the High Cost Treatment Pool about the reason they had not applied. Over half reported that the length of the waitlist made it not worth them applying, a quarter did not know how to apply, and approximately one in five participants wanted this type of surgery, but not from the surgeon this service would pay for.

Participants' comments

Cost and age. I can't afford it. At my age it isn't realistic to be on a waiting list forever. My ability to recover at my age wouldn't be good (didn't realise it was possible to get public funding approx. 15 yrs. ago when I first started transitioning) & I would feel guilty about taking money for my genital reconstruction surgery from a younger trans person or from the public who need it just as or more than me. *(Trans man, adult)*

Don't want to lose my arm/leg mass, people may judge the very visible scar, etc. *(Non-binary, youth)*

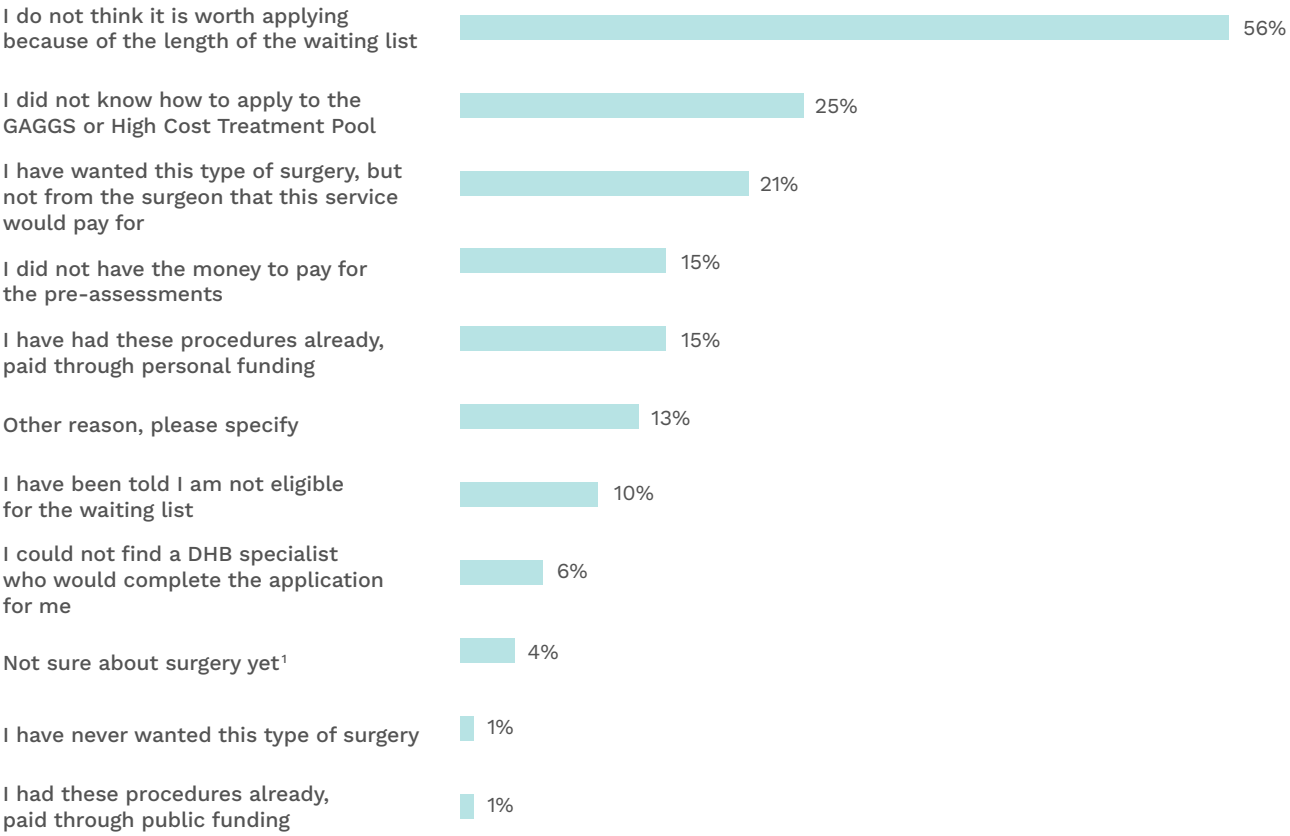
For bottom surgery, the process is so complex and with only one surgeon in NZ . . . I will need to go overseas for surgery and try to fund it myself or get citizenship in another country to have it funded. Not an ideal situation at all . . . *(Trans man, youth)*

Can't have phalloplasty until have had hysterectomy. *(Trans man, adult)*

I have been accepted onto MOH waitlist since 2018 but I am [older], and I feel urgency to get this surgery while I am in optimal health, so I have had pre-surgical workup with [a surgeon] and will be funding the $50k surgery myself. Booked for April 2023. I am selling my home to pay for this. The prioritization of surgeries should look at multiple factors, not just how long have been on wait list. Age, mental wellbeing, how much is affecting lifestyle and relationships etc. I was told because of my place on the list I will not be considered for pre-surgery consult until 2025-6. By that time, I may be too old to manage the surgery and post-surgery recovery. Intimacy is affected. I have lost a number of wonderful partners not because of their issue with my body or their satisfaction, but because my genital dysphoria affects my ability to be spontaneous and free and receive intimacy. *(Trans man, older adult)*

I have chronic pain and would like to discuss with the surgeon whether the large scar tissue caused by this surgery might be manageable for me, as my condition may make it worse than it might otherwise be. *(Trans man, adult)*

Why have you not applied to the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool? *Select all that apply.*



Out of participants who have had or want gender affirming (genital) surgery and who knew about but have not applied to the new Gender Affirming (Genital) Surgery Service or the former High Cost Treatment Pool

[1] *This item was not directly asked of participants but was created from their write-in responses.*

Youth (41%) and disabled participants (39%) were more likely to **not know how to apply for publicly funded genital reconstruction surgery**, while non-disabled participants (17%) were less likely to report this.

Youth (29%) were more likely to **not have the money to pay for the pre-assessments**.

Older adults (42%) were more likely and youth (less than 1%) were less likely to not apply for publicly funded genital reconstruction surgery **because they had already had surgery, paid through personal funding**.

We asked participants who applied for the Gender Affirming (Genital) Surgery Service or the previous High Cost Treatment Pool what the response to their application had been. Two out of five (41%) participants had their application accepted, 19% were still waiting for a response, and 12% had their application declined. Only 5% of participants who had applied for publicly funded genital reconstruction surgery had received surgery through these services.

We asked participants who had applied for publicly funded genital reconstruction surgery how long they had been on the waitlist for, and the average time was approximately four years. One participant stated that they have been on the waitlist for 22 years.

Overview of participants wanting gender affirming surgeries who have not been able to access them

In summary, our 2022 survey shows that the vast majority of participants with a demand for gender affirming surgeries could not access them.

This ranged from 78% of those wanting a chest reconstruction or an orchiectomy, through to 97% of those wishing to access voice surgery or a masculinising genital reconstruction surgery.

For eight out of nine of these gender affirming surgical procedures, this access gap has worsened since 2018.

Participants' comments

My referral was not submitted by the doctor at the sexual health clinic who said he would do so. He submitted it two years later after I asked about it. I was initially refused under the incorrect assertion that I was a smoker, but this was corrected. I believe I've since been taken off the list as I was not able to mail confirmation that my details have not changed. *(Trans woman, youth)*

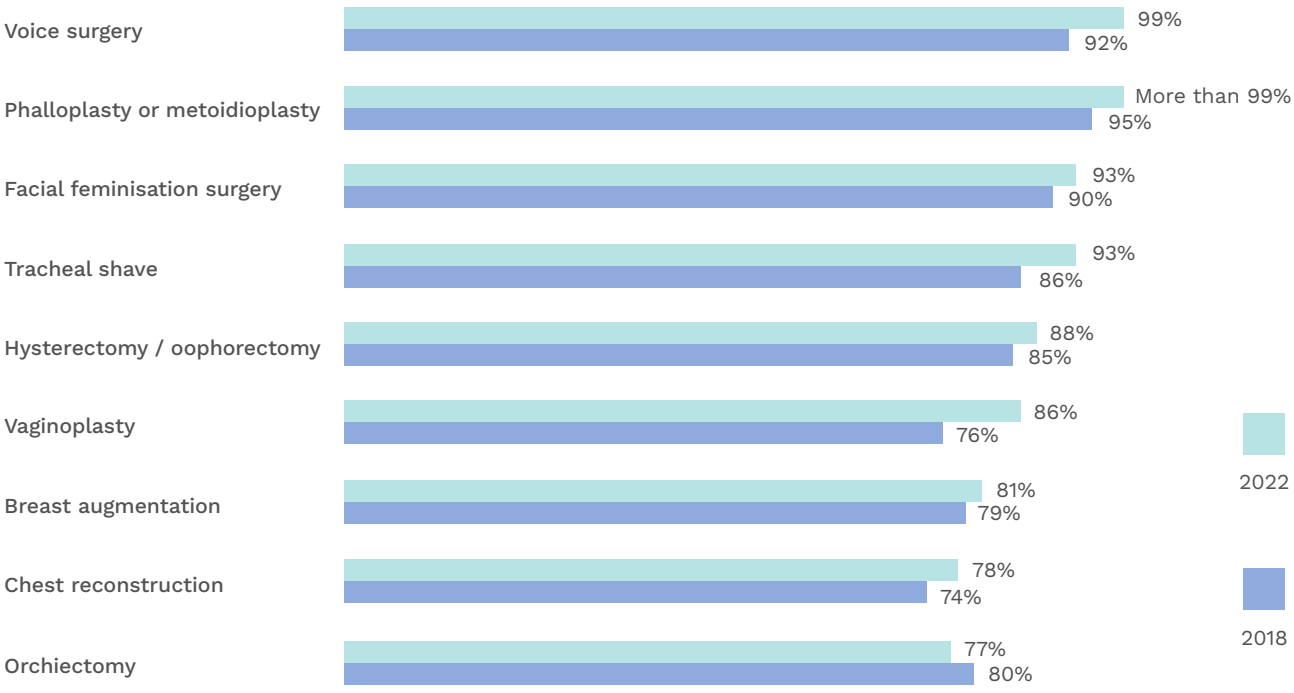
Was told have not seen the appropriate psychologists and have never been offered a way to see them. Also got told they were not accepting new people at one point. *(Trans woman, adult)*

I was on the list, then I said I was vaping and my BMI (which is too high for them), then I never heard from them again so I think they might have taken me off the list. *(Non-binary, adult)*

The waiting list is too long so went private for surgery. *(Trans woman, youth)*

I am currently having hair removal for preparation for surgery. Looking to have surgery 2023. *(Trans man, adult)*

Percentage of those wanting gender affirming surgeries, who have not been able to access them



Out of participants who had received these types of surgery and those who wanted but had not accessed them. In other words, this is the unmet need as a percentage of the total demand.

Participants' comments

It is shit. It feels like we technically aren't supposed to exist. It's the only part of health care that feels this bad, seconded by mental health care which equally makes one feel guilty for existing at every step of the way. *(Trans man, youth)*

There isn't enough publicly available information on health pathways for transitioning, or available specialists for gender-related care. Wait times both publicly and privately tend to be significantly long. *(Trans woman, youth)*

Public health systems (hospitals) need to be able to record the names patients want to be called in their administration systems. Endocrinologists and surgeons need to gain a more expansive understanding of gender diversity and not assume that a normative 'trans' narrative is relevant to everyone. *(Non-binary, adult)*

My main issue is the extremely long wait times for various tests and assessments before you can start treatment. I am currently on a 6 month+ waiting list for a psychiatric assessment for 'transition readiness' which I feel is completely unnecessary and pathologises my desire to engage in 'cosmetic' treatment when there is no reason to suspect that simply because I am seeking out hormone treatment that I am mentally unstable. (*Trans woman, adult)*

I've recently moved to Northland and have been told by doctors here that there is no gender affirming healthcare that I can access in the area, I will have to travel back to Auckland and may have difficulty accessing services because I no longer live there. *(Non-binary, adult)*

It was difficult to ensure I was gendered correctly when interacting with different services. Including in my notes. For example, my endocrinologist used she/her throughout my notes instead of he/him. When I gave feedback about this, the response was defensive. He never asked from the outset how I wanted to be referred to, which I think is good practice. *(Trans man, adult)*

A little friendly whanaunga goes a long way at settling the nerves of any patient. We're there, vulnerable, asking for your expertise to help us. Be there for us. *(Non-binary, adult)*

While the CAMHS psychiatrist I accessed was helpful, the private psychiatrist who referred me to CAMHS was exceedingly unhelpful and disrespectful despite coming recommended by [a community organisation], and refused to refer me for gender affirming care on the basis of perceived mental health issues, which were the reason for her referral to CAMHS instead. When I asked the CAMHS psychiatrist if I could pursue gender affirming care instead of some other diagnosis, she was very obliging. I have not received any mental diagnoses since. *(Trans woman, youth)*

I needed to see a psychiatrist to get a mental health assessment before my private surgeon would perform chest reconstruction. I managed to get a referral to a psychiatrist through the DHB, but he had no experience with trans men, asked questions that only applied to trans women, and then took 6 months to write up the assessment. This delayed my access to surgery. *(Trans man, older adult)*

5: Gender affirming healthcare providers

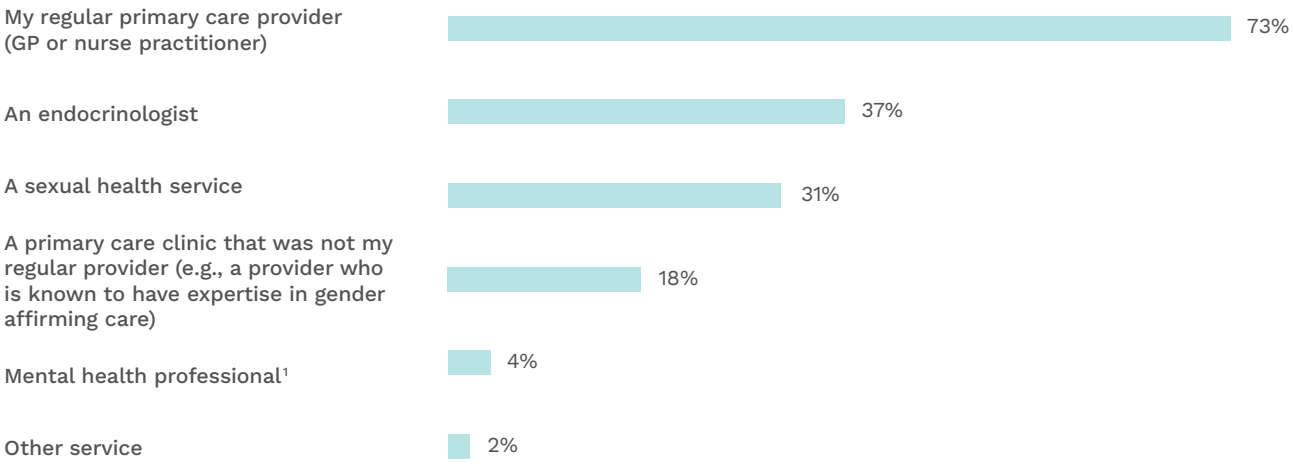
We asked participants about their experiences with the healthcare providers they saw for gender affirming care. We wanted to know how comfortable they felt talking about being trans in different healthcare settings.

We also asked about their involvement in decisions about gender affirming care, such as discussing the types and doses of hormones.

Providers used to first access gender affirming hormones

Almost three-quarters of participants who accessed gender affirming hormones for the first time in the last four years did so through their regular primary care provider.

In the last 4 years, which of the following services did you use to access gender affirming hormones for the first? *Select all that apply.*



Out of participants who accessed gender affirming hormones for the first time in the last 4 years

[1] *This item was not directly asked of participants but was created from their write-in responses.*

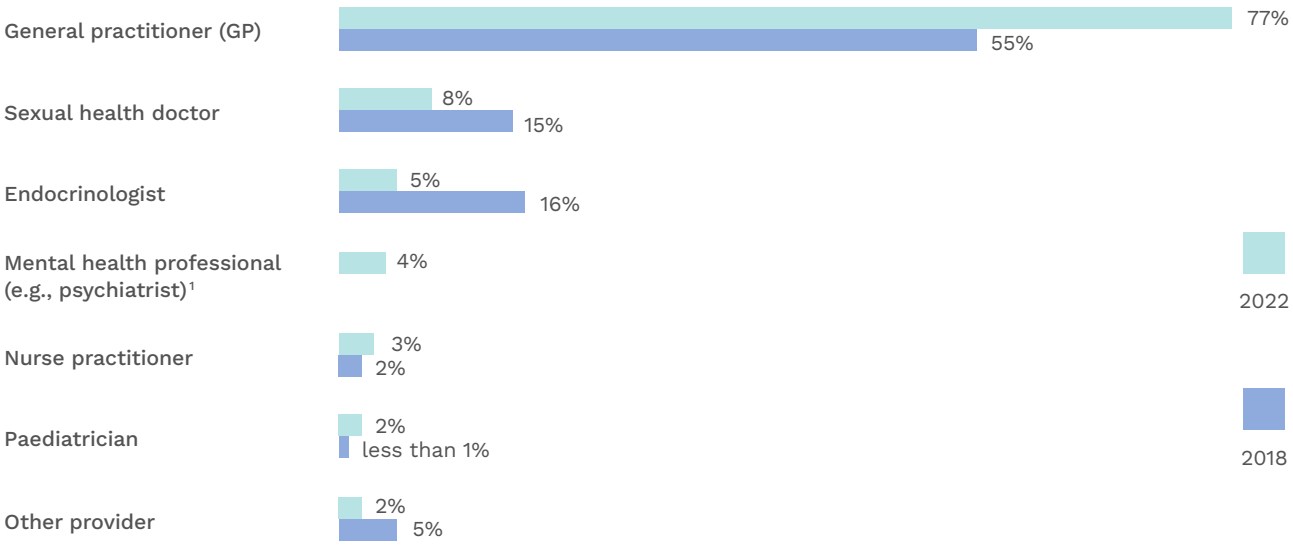
There were regional and age group differences in which **services participants had used to start accessing gender affirming hormones in the last 4 years**:

- Participants from Wellington (85%) and Canterbury (84%) were more likely to have accessed hormones through their **regular primary care provider** (GP or nurse practitioner), while participants from Waikato (43%) and Taranaki and Manawatū-Whanganui (57%) were less likely to report this.
- Participants from Wellington (54%) and Otago/Southland (57%) were more likely to have accessed hormones from **an endocrinologist**, while participants from Auckland (21%) and Waikato (11%) were less likely to report this.
- Participants from Auckland (59%), Waikato (83%), and Taranaki and Manawatū-Whanganui (59%) were more likely to have accessed hormones through a **sexual health service**, while participants from Wellington (8%), Otago/Southland (11%), and Canterbury (3%) were less likely to report this.
- Youth (23%), participants from Gisborne/Hawke's Bay (56%), and those from Auckland (24%) were more likely to have accessed hormones through **a primary care clinic that was not their regular provider**, while adults (10%) were less likely to report this.

Main provider of gender affirming care

From 2018 to 2022, there was a change in who participants used as their main gender affirming healthcare provider. In 2022, over three-quarters of participants said their primary provider was their GP. Fewer participants were seeing endocrinologists or sexual health doctors. This change might be because more GPs are now starting people on gender affirming hormones, helping to reduce long waiting times for specialists.

Who is the main healthcare provider you usually go to for gender affirming healthcare, such as hormone prescriptions or surgery referrals? *Select all that apply.*



Out of participants who had a gender affirming healthcare provider

[1] *In 2022, many participants who responded 'other provider' specified mental health professionals, so these have been listed as a separate category but there is no 2018 comparison available.*

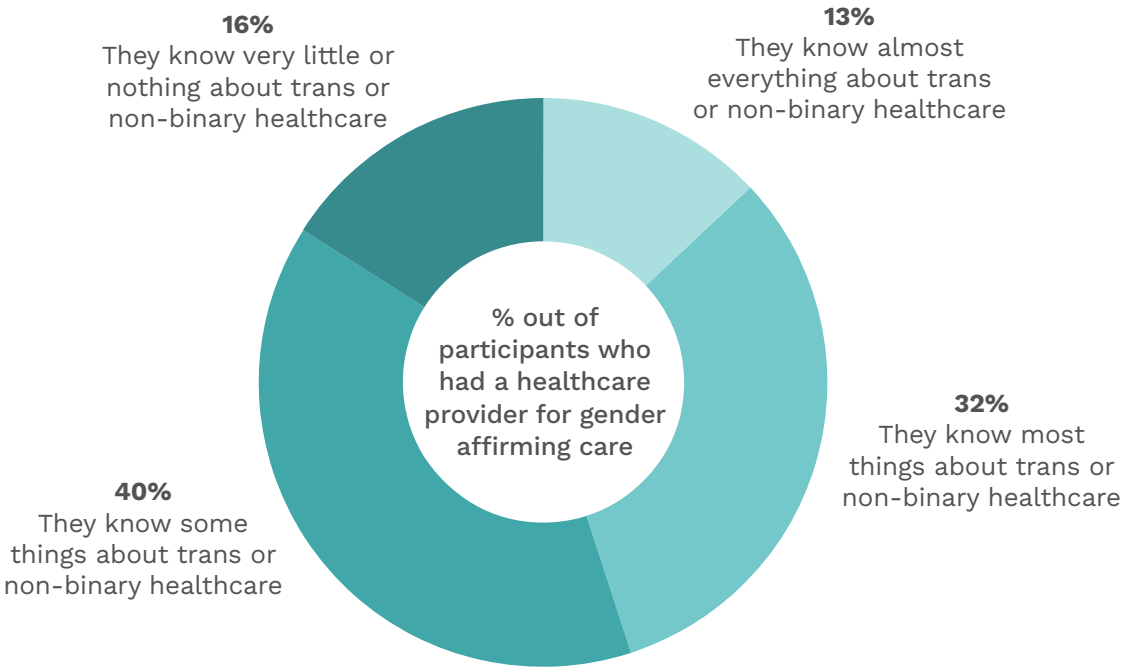
There were some age group differences in who participants said was **their main provider of gender affirming care**.

Adults (84%) were more likely to report their GP was their main provider and less likely to say their main provider was a nurse practitioner (1%). While more than two-thirds of youth (69%) reported their main provider was a GP, they were less likely to report this than other age groups. Youth were more likely to be seeing a nurse practitioner (6%), their mental health provider (5%), a paediatrician (4%), or another type of provider (3%).

Main provider's knowledge of gender affirming care

Among participants who had discussed gender affirming care with a healthcare provider, less than half (45%) reported that their main healthcare providers knew *most things* or *almost everything* about healthcare for trans and non-binary people. This number has gone down since 2018, when it was 58%.

Thinking about this healthcare provider who you usually go to for gender affirming healthcare, how much do they know about providing healthcare for trans or non-binary people?



Youth (52%) were more likely and adults (38%) were less likely to say that their main gender affirming care provider knew most or everything about trans or non-binary healthcare.

Participants' comments

Sexual Health Services has been really supportive and knowledgeable when I've had questions or requests about dosage or frequency. My GP service has been really supportive, and administration of injections has been really affirming. I feel very fortunate for this positive experience so far. *(Non-binary, adult)*

General Practitioners are generally uninformed about gender affirming care and HRT best practice. The guidelines for NZ are outdated, conservative and ineffective and need to be updated. Especially the non-availability of estrogen injections in NZ which [may] give hormone levels more similar to cis women and is easier on the liver. Mine is already strained by arthritis meds so this would be helpful. The non-availability of progesterone is also irritating with mounting evidence that it is a vital part in cis-girls breast development and should be available to trans girls in NZ as the chest is often a major source of dysphoria. *(Trans woman, adult)*

My GP was absolutely amazing and has also been very good with taking my acne concerns seriously. I had acne issues that were previously controlled with birth control pills and knew that going off those and onto testosterone would result in bad acne for me. My GP has been very good at offering other medical treatment for this. *(Trans man, youth)*

GPs unaware of blood tests or frequency for them. Had to instruct. *(Trans man, adult)*

Some nurses will misgender you as they're injecting you with a sex hormone. This is maddening. *(Trans man, youth)*

I accessed my hormone treatment through [a] Sexual Health Clinic. While the doctors were very respectful of me and my choices, I did not feel like they were well informed or competent regarding my healthcare. The doctor I saw was unable to answer my questions about contraceptive options (even though they were a sexual health doctor) and failed to follow up with me about results of scans or getting regular blood tests. I was really disappointed with the quality of care and have been much better supported by my GP. *(Trans man, youth)*

It's a long wild ride and the care is only half there for trans patients from my experience – No information about safe needle handling is given if you're using injections, restrictive 'safe ranges' for hormones and doctors lack of willingness to run bloods often can further push back progress that trans people are trying to 'make up on lost time' with . . . (*Trans woman, adult)*

My hormone treatment care was initially done through a private endocrinologist (informed consent) 7+ years ago – I had heard bad stories about obtaining hormones from public GPs. I am now getting my care through a public sexual health service with the intention of moving to a GP eventually . . . I have been consistently treated with respect and my opinions and needs acknowledged, but I realise I had a lot of privilege in being able to access private healthcare. *(Trans man, adult)*

Comfort discussing being trans in different healthcare settings

We asked participants how comfortable they were discussing being trans or non-binary in different healthcare settings. Almost three out of five participants (59%) were *comfortable* or *very comfortable* discussing their gender identity with a mental health provider (e.g., a psychiatrist, psychologist, or counsellor).

For all other healthcare situations, less than half of participants reported being *comfortable* or *very comfortable* discussing their gender identity. This included:

- 48% with a **speech or language therapist**
- 30% with a **physiotherapist**
- 24% with a **midwife** or in a **hospital cubicle**
- 23% in an **emergency care setting**
- 21% with a **receptionist in a health clinic**.

There were many group differences in the proportion of participants who were *comfortable* or *very comfortable* discussing being trans or non-binary in different healthcare settings, particularly based on age and disability:

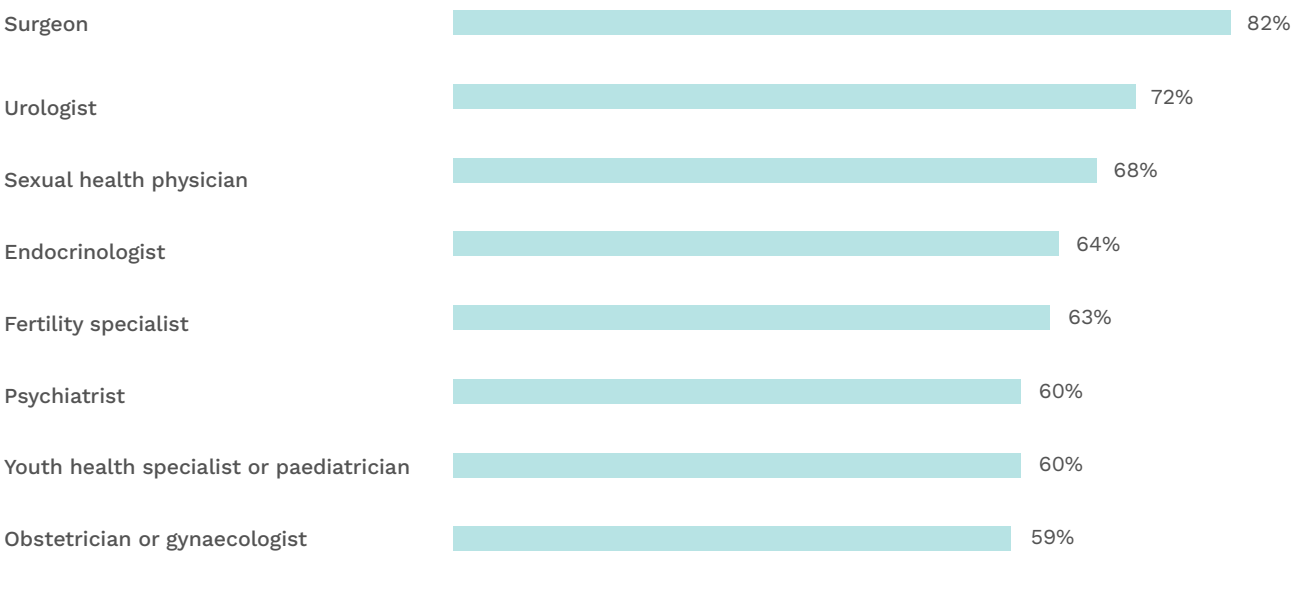
- Non-disabled participants (62%) were more likely to be *comfortable* or *very comfortable* **with a mental health provider**, while disabled participants (56%) were less likely to report this.
- Trans women (72%) were more likely and non-binary participants (36%) were less likely to be *comfortable* or *very comfortable* discussing that they are trans or non-binary **with a speech and language therapist**.

- Older adults were more likely and youth were less likely to be *comfortable* or *very comfortable* **with a midwife** (71% vs 21%) or **with a physiotherapist** (70% vs 25%).
- Older adults (64%), non-disabled participants (27%), and participants living in smaller cities/towns/rural areas (30%) were more likely to be *comfortable* or *very comfortable* in **a hospital ward or cubicle**, while youth (21%), disabled participants (20%), and participants living in large cities (23%) were less likely to report this.
- Older adults (67%), non-disabled participants (26%), and participants living in smaller cities/towns/rural areas (28%) were more likely to be *comfortable* or *very comfortable* in **emergency care settings**, while youth (20%), disabled participants (20%), and participants living in large cities (21%) were less likely to report this.
- Older adults (57%) and non-disabled participants (24%) were more likely to be *comfortable* or *very comfortable* **with a receptionist in a health clinic**, while youth (17%) and disabled participants (18%) were less likely to report this.

Medical specialists: involvement in decisions about gender affirming care

We asked participants how good their specialists were at involving them in decisions about their gender affirming care. Most participants rated their specialists as *good* or *very good*.

Thinking about your last visit, how good was the specialist at involving you in decisions about your gender affirming care?



Out of participants who had seen these specialists for gender affirming core

Participants' comments

I was overwhelmingly happy with the level of care, guidance and support provided by my endocrinologist. But he seemed like an outlier of good in a largely broken and inaccessible system. I was just lucky getting him at the end. *(Non-binary, adult)*

I was once told by an endocrinologist, when I got upset about pushback for surgeries, that if I was being aggressive about this I might need my dosage checked and lowered. This was a decade ago, I hope things have changed. *(Trans man, adult)*

Very hard to get prescribed hormones. I had to pay for a private endocrinologist to start the process but wasn't given a prescription until the psych assessment 6 months later. *(Trans woman, adult)*

The regional differences in endocrinologists' knowledge of trans healthcare is frustrating. The availability of psychs who can do 'readiness assessments' is really limited in [my city], and they shouldn't even be doing them! Changing to an informed consent model would mean it doesn't matter that there are only two psychs who do them in [my city] (one public and one private). *(Non-binary, adult)*

I am dismayed at how conservative practice around dosage and monitoring (compared to, say, Australia or the US) is in NZ, and how many roadblocks there are to accessing treatment. I also feel like at this very early stage I know more about feminising hormone therapy than my GP or the specialist at my DHB. (*Non-binary, adult)*

The psychiatrist who did my readiness assessment misgendered and deadnamed me and got cross when I asked her to use my preferred name. (*Non-binary, youth)*

Discussing gender affirming hormones with care providers

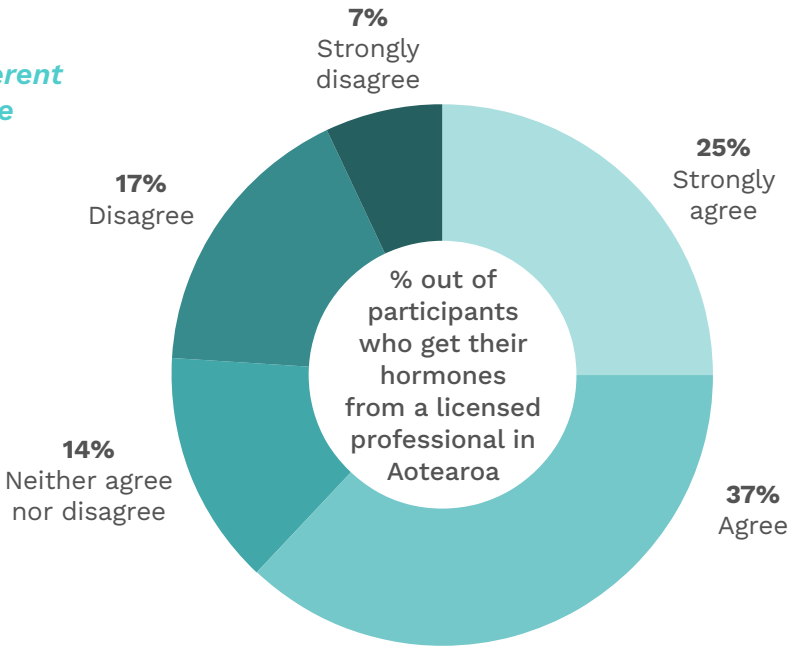
We asked participants about their experiences discussing the type, dosage, and safety of gender affirming hormones with their care providers.

Being informed about different types of hormones

More than three out of five participants (62%) *agreed* or *strongly agreed* that their healthcare provider had informed them about the different types of hormones they could take.

Trans men (69%) were more likely and trans women (55%) were less likely to *agree* or *strongly agree* that they had been informed about the different types of hormones they could take.

I have been informed by my healthcare provider about the different types of hormones that I could take



Participants' comments

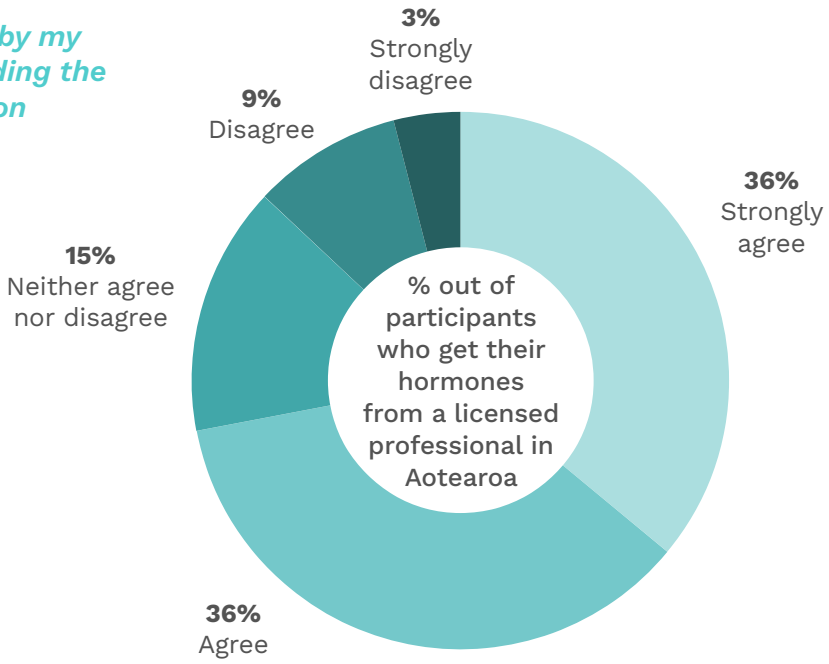
I was not given an option or told about different types of testosterone. *(Trans man, adult)*

Generally accessing information about dosage, administration methods, types of hormones available (like different brands etc) has been difficult in my experience. I understand that these are medical treatments but for someone without medical training or experience it's really confusing and challenging. The unknown and confusion makes accessing this type of healthcare scarier – I wish there was a plain-language website or resource that explained all the different types of hormones, where to get them, required dosages etc. (*Non-binary, youth)*

Views taken seriously about types of hormones

Nearly three-quarters of participants (72%) *agreed* or *strongly agreed* that their views were taken seriously by their healthcare provider when deciding the types of hormones that they were on. Trans women (67%) were less likely to report this.

My views were taken seriously by my healthcare provider when deciding the type(s) of hormones that I am on



Participants' comments

The lack of options is disturbing. Estrogel is freely available in Aus and implants as well but here we get pills or patches. Injectables has never been discussed. *(Trans woman, adult)*

The endocrinologist I first saw refused to consider or enquire into use of bicalutamide [or] progesterone. Did not adequately explain pubertal development (tanner stages etc), dismissed concerns that my serum hormone levels (postmenopausal-ish levels) were not high enough. Conducted a digital examination of my genitals without explaining why, constantly asked to look at my tits during follow-up appointments even when I reported minimal changes, did not provide medical justification as to why he needed to do that. Since I was discharged from his care I have only gone through GPs for hormones, who I have had to supply resources and best practice materials to so they can understand my care needs, still regularly try to defer to endocrinologists despite my asking them to prescribe in line with Aotearoa best practice guidelines. *(Trans woman, adult)*

It's been a nightmare trying to get on progesterone. Been denied by multiple doctors. First GP I saw would not prescribe any hormones because I was depressed. I was depressed because I was trans and not receiving treatment. My hormone levels have never been consistently monitored – just been left to my own devices. *(Trans woman, adult)*

I'm frustrated with the lack of options available to me. Estrogen pills do not work for me so I'm forced to take patches, however these cause severe rashes and itchiness. I requested to change to either injections or gel and was denied, stating they're not available in New Zealand. Patches are now in a major shortage which has left me in 1/3 of my usual dose for months, and I'm still being denied other alternatives. *(Trans woman, youth)*

Views taken seriously about hormone dosage

Almost two-thirds of participants (64%) *agreed* or *strongly agreed* that their views were taken seriously by their healthcare provider when deciding the dosage of hormones that they were on. Trans women (57%) were again less likely to report this.

My views were taken seriously by my healthcare provider when deciding the dosage of hormones that I am on

Participants' comments

The endocrinologist I have worked with has been amazing and very receptive to my input and suggestions in regard to dosage and specific medications. *(Trans woman, adult)*

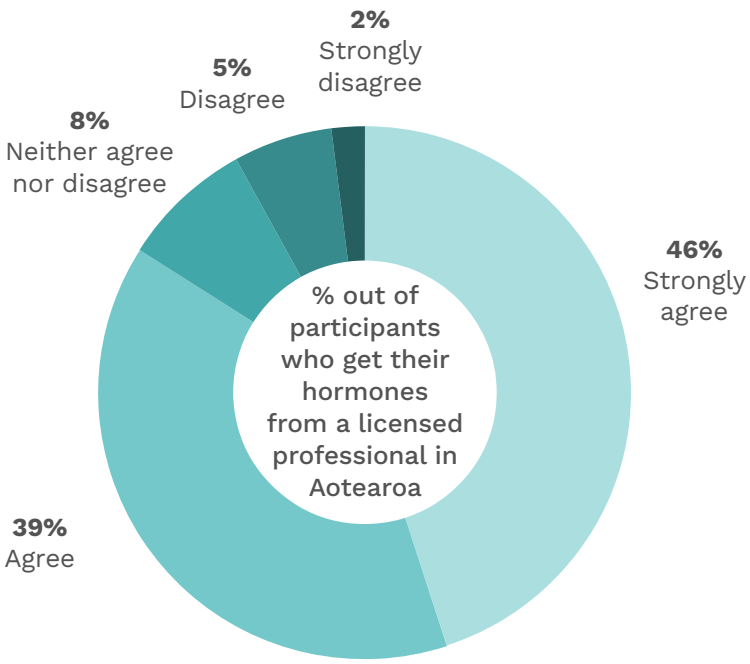
I had a reaction to Sustanon and so had to transition to Reandron because there was no other option. I am enjoying [this] as I am less up and down mood wise but my spotting is worse which causes me distress. My dose started low and was gradually increased but I decided I wanted it to increase faster and my doctor was happy to do that for me. *(Trans man, adult)*

As a non binary trans person I was nervous about being honest with Doctors about wanting to be on a low dose, but I was pleasantly surprised when they were ok with me not being a binary trans person. I thank all those who came before me who have created that pathway for me, as I can't imagine it was easy for them. *(Non-binary, adult)*

Discussing risks and benefits of hormones

Most participants (85%) *agreed* or *strongly agreed* that their healthcare provider discussed the risks and benefits of hormones with them. Youth (90%) were more likely and adults (82%) were less likely to report this.

My healthcare provider discussed the risks and benefits of hormones with me



Participants' comments

While I was having my assessment with an endocrinologist (who I'd only just met), I asked about sexual function and maintaining erections after starting estrogen (I have a wife, and we are sexually active). The endocrinologist then told me that women 'don't get erections', and if that was something I was wanting, then perhaps I ought to 'think more carefully about what I was doing'. Basically she implied that unless I had bottom surgery, I wasn't a 'real woman'. This experience left me completely freaked out, and actually delayed me starting hormones by about 5 months. I spoke with a GP (not my regular one) when I first started hormones, and she said that it wasn't a problem and prescribed me some Viagra to try out. *(Trans woman, adult)*

Genital growth pain whilst growing the trans-guy dick, I was unaware this process would initially be painful. *(Trans man, youth)*

I was discouraged from taking hormones due to having a history of cancer by some medical professionals. It would be good to have some clarity around taking hormones and the risk of cancer etc as I got contradictory advice from different practitioners, which made me quite nervous before deciding to start hormones. I also wasn't sure if I want all the effects of hormones, but I had to take it in order to get surgery. Luckily, I turned out to like the changes hormones brought me, but it would be quite distressing if I didn't like it. *(Trans man, adult)*

6: General health and healthcare

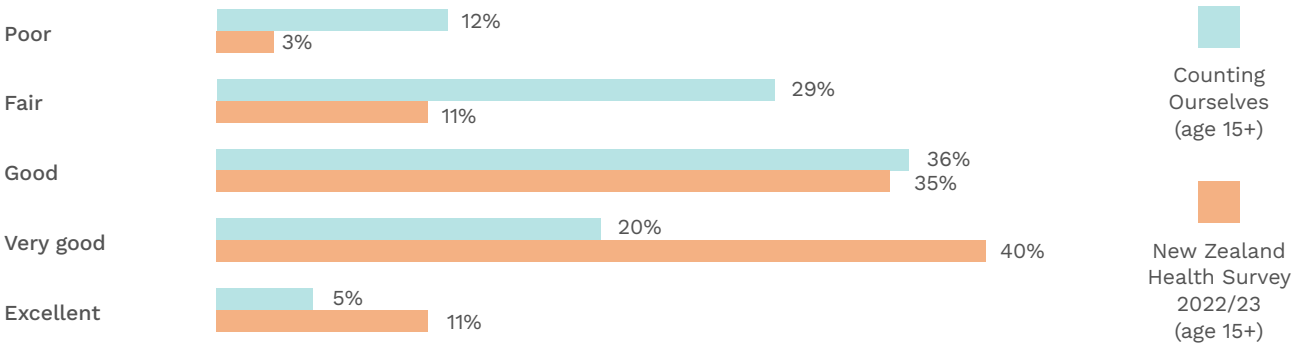
This section focuses on participants' general health, their experiences with general healthcare, and barriers they faced when trying to access this care.

The quality of care that trans and non-binary people receive for general health issues can be affected by several things. These include how much their healthcare providers know about caring for trans and non-binary people, how gender information is collected in patient management systems, and costs for appointments. Some trans and non-binary people may also avoid or delay going to the GP because of bad experiences in the past or if they expect to be treated badly or misgendered.

General health

Around three in five participants (61%) aged 15 or older rated their general health as *good*, *very good*, or *excellent*. This is much lower than for the general population aged 15 or older (86%).

In general, would you say your health is:

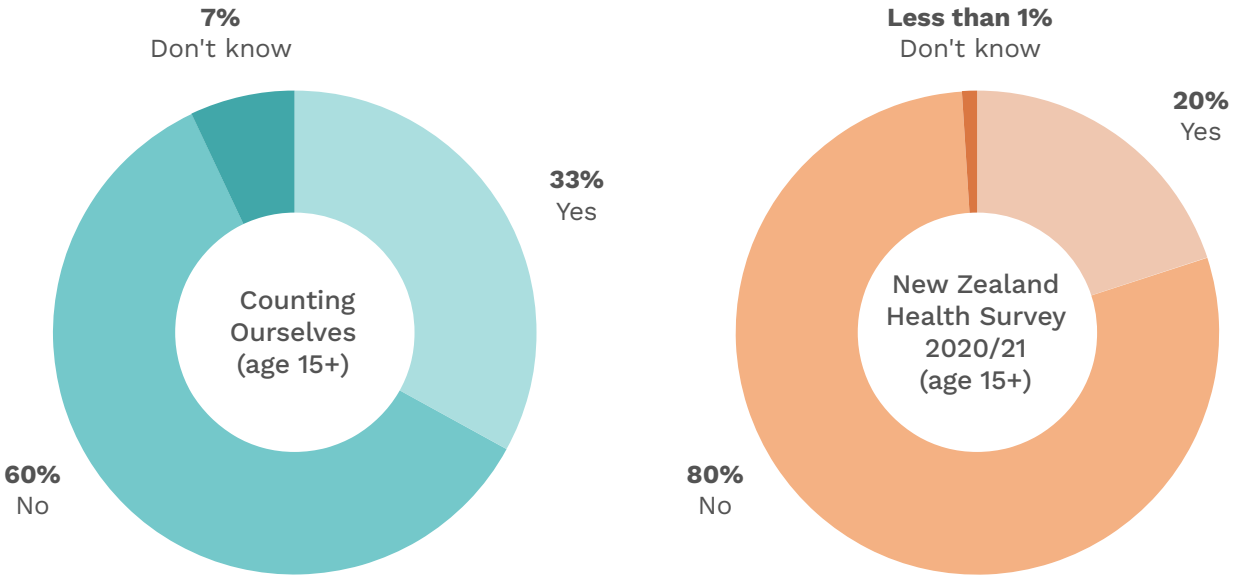


Older adults (78%) and non-disabled participants (77%) were more likely to rate their health as *good*, *very good*, or *excellent*, while disabled participants (41%) were less likely to report this.

Chronic pain

One-third of participants reported that they experienced chronic pain. This was pain that was present almost every day, to varying intensities, and has lasted or was expected to last for more than 6 months. This was higher than the general population from the New Zealand Health Survey.

Do you experience chronic pain?



Adults (37%), older adults (45%), and disabled participants (49%) were more likely to experience chronic pain, while youth (28%) and non-disabled participants (18%) were less likely to report this.

Disabilities and long-term conditions

More than half (54%) of participants reported that they have a disability, long-term condition, or mental health condition that limited their ability to carry out everyday activities. Non-binary participants (60%) were more likely and older adults (39%) and trans women (43%) were less likely to report this.

Home support services

Few participants (3%) had received support from a home support worker since identifying as trans or non-binary. This included support linked to a disability, illness, or injury.

Most participants who had received this support reported that their support worker was respectful of their gender identity or expression when receiving medical care (73%), but only 56% of participants said this in relation to dressing, bathing, or using the toilet.

Participants' comments

They just treated me like I was a person, not like I was necessarily a woman. It was awesome. *(Non-binary, adult)*

I usually don't tell them. I transitioned 25 years ago, almost half my life and it's been such an integrated part of my life, there's no need to disclose. Although one of my support people knows I'm trans, because she's been supporting me for 17 years. Being trans isn't an issue. I hope this makes sense. *(Trans woman, adult)*

Once I told them about my gender they went back and edited all my previous notes from supports to the correct pronouns and have respected my identity and pronouns always. *(Non-binary, youth)*

Many of them learnt about gender identity specifically to support me. There is a learning period for my pronouns, but they always seem to be doing their best. *(Non-binary, adult)*

Experiences at GP clinics

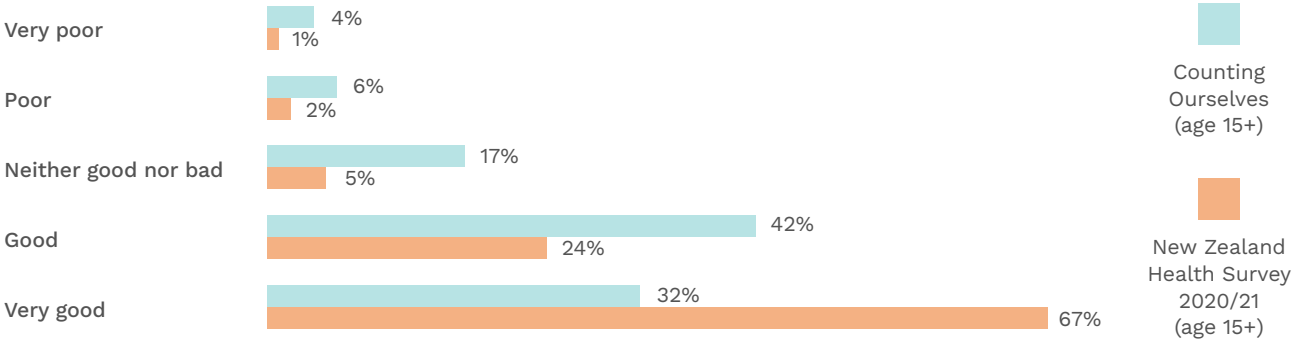
We asked participants aged 15 and older about a range of experiences at their GP clinics.

GP explaining health condition and treatments

Almost three-quarters of participants (74%) considered their GP to be *good* or *very good* at explaining their health conditions and treatments in a way that they could understand. This was lower than 92% for the general population from the New Zealand Health Survey.

Adults (77%) and non-disabled participants (78%) were more likely to say their GP was *good* or *very good* at explaining their health conditions and treatments in a way that they could understand, while youth (70%) and disabled participants (69%) were less likely to report this.

Thinking about your last visit to a GP, how good was the GP at explaining your health conditions and treatments in a way that you could understand?



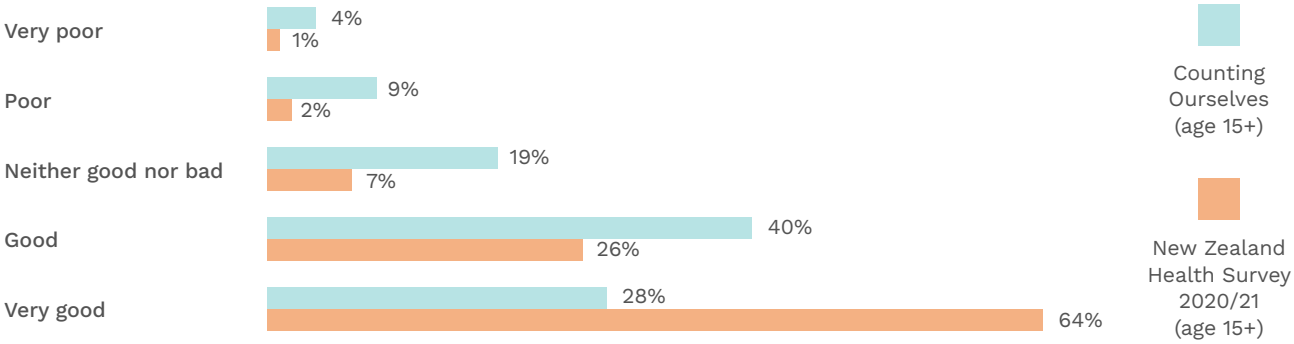
Out of Counting Ourselves participants who had ever seen a GP and NZ Health Survey participants who had visited their GP about their own health in the last 3 months

Involvement in decisions about GP care

Two-thirds of participants (67%) reported that their doctor was *good* or *very good* at involving them in decisions about their care, including discussing different treatment options. This was lower than the general population (89%) from the New Zealand Health Survey.

Non-disabled participants (70%) were more likely and disabled participants (64%) were less likely to say that their GP was *good* or *very good* at involving them in decisions about their care.

How good was the GP at involving you in decisions about your care, such as discussing different treatment options?



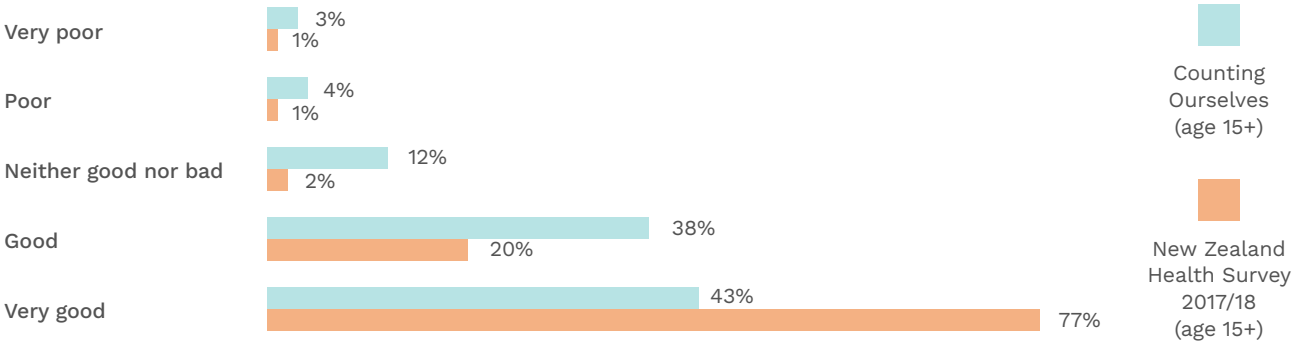
Out of Counting Ourselves participants who had ever seen a GP and NZ Health Survey participants who had visited their GP about their own health in the last 3 months

Being treated with respect and dignity by GPs

Most participants (81%) reported that their GP was *good* or *very good* at treating them with respect and dignity during their most recent visit. This was lower than the general population (97%) from the New Zealand Health Survey.

Non-disabled participants (84%) were more likely to report that their GP was *good* or *very good* at treating them with respect and dignity, while youth (79%) and disabled participants (78%) were less likely to say this.

Still thinking about your last visit to a GP, how good was the GP at treating you with respect and dignity?



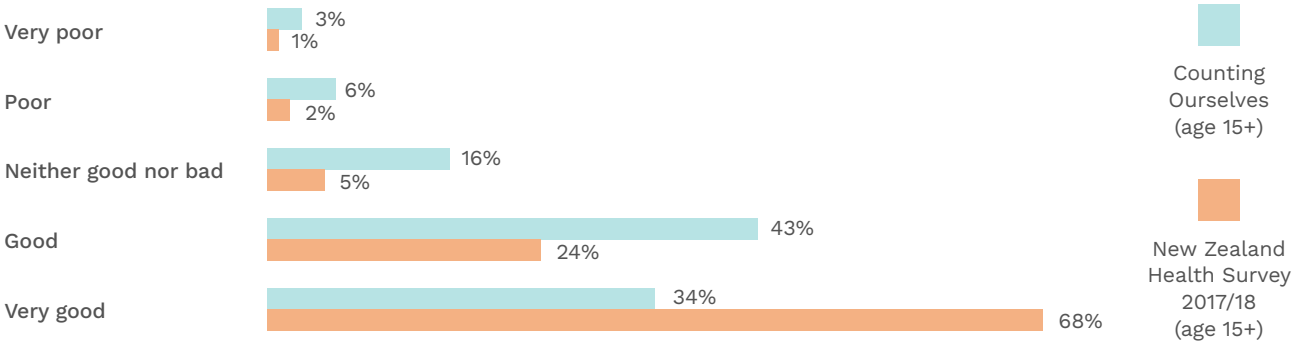
Out of Counting Ourselves participants who had ever seen a GP and NZ Health Survey participants who had visited their GP about their own health in the last 3 months

Quality of GP care

Over three-quarters of participants (76%) rated the quality of care they received from their GP during their most recent visit as *good* or *very good*. This was lower than the general population (93%) from the New Zealand Health Survey.

Youth (73%) were less likely to rate the quality of care they received from the GP as *good* or *very good*.

Still thinking about your last visit to a GP, how do you rate the quality of care you received?



Out of Counting Ourselves participants who had ever seen a GP and NZ Health Survey participants who had visited their GP about their own health in the last 3 months

Participants' comments

There happens to be a gay GP at my health practice and [knowing that] has made all the difference in terms of safety, trust and self-disclosure. *(Non-binary, adult)*

The variation of GPs willing to learn about or discuss gender affirming care are too few and far between. Some are condescending in their refusal. This makes it difficult to find a GP who is willing to help. *(Trans woman, adult)*

The first GP I came out to conflated gender and sexuality e.g. . . . a trans man can only be straight. I then switched to my current GP because I heard he was trans friendly and he's decent but I don't like the way he talks about weight loss e.g. He recommended I lose weight without advising me any safe methods to do so and didn't factor in how commenting on my weight could impact my mental health and disordered eating tendencies despite having talked with him about both of these things in the past. *(Trans man, adult)*

My main GP has been good with me, but I am his first transgender patient, and I definitely feel that sometimes. Although he's older, I feel like he's definitely been gently encouraging though. When I first started presenting female in 2017 with him, although I wasn't ready for hormones it was a question that he asked periodically to check in with me to see if it was something I wanted to pursue. *(Trans woman, adult)*

Technically I am in the same city but I moved 1.5 hours away from my GP by public transport and still go there because I am not going to give up the one GP that has ever treated me with dignity. *(Non-binary, adult)*

My last GP was very openly transphobic and misogynist but handled my ADHD medication perfectly for me, so I stayed for three years and never talked about even birth control at length. *(Non-binary, adult)*

My new GP at a primary care provider at my introductory appointment was happy to discuss the steps I had taken in transition, steps I planned on taking, outline of my current medications, then moved on to the unrelated health issue I came to see them for without too much fuss. Got my [testosterone] script filled as well. I felt respected. *(Trans man, youth)*

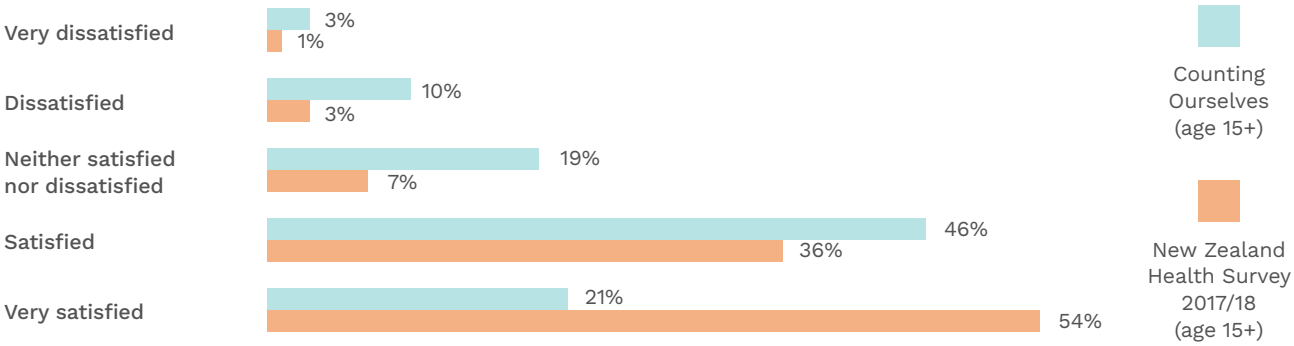
Previous GPs I have had often belittled me, in ways, as I was trying to sort out my mental health and iron Levels. Most of the doctors would boil my problems down to being a moody teenage 'girl' with a period. (They all knew I was Non-Binary.) This was still happening after extensive tests to conclude it was not in fact my period that was the problem. I've had one good doctor around a year and a half ago that put me on anti-depressants and have only had one more good doctor that I recently started seeing out of the maybe 6 I've seen in this year. *(Non-binary, youth)*

Satisfaction with care from usual medical centre

Over two-thirds of participants (67%) were *satisfied* or *very satisfied* with the care they got at their usual medical centre in the last 12 months. This included all staff at the medical centre, not just the GP. This was lower than satisfaction levels for the general population (90%) from the New Zealand Health Survey.

Older adults (82%) and non-disabled participants (70%) were more likely to be *satisfied* or *very satisfied* with the care they received at their usual medical centre, while youth (63%) and disabled participants (64%) were less likely to say this.

Overall, how satisfied are you with the care you got at your usual medical centre in the last 12 months? This includes all staff, not just the GP.

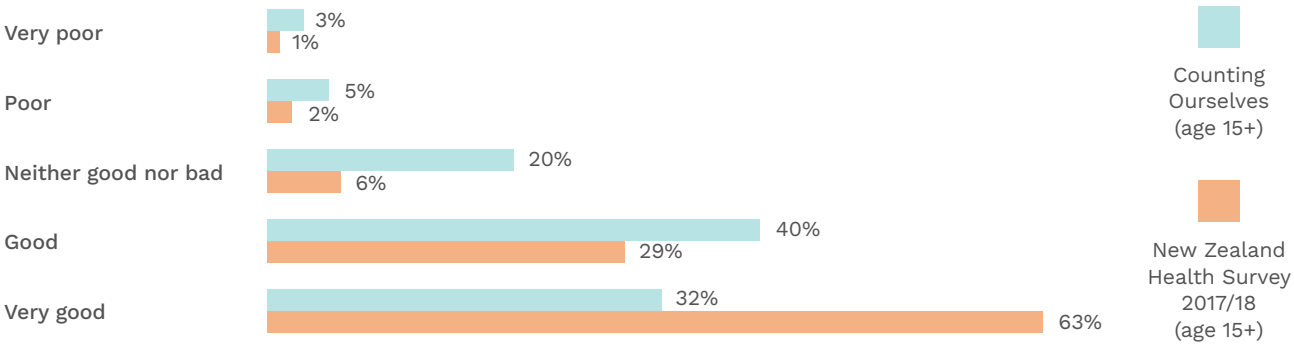


Out of participants who had, or didn't know if they had, a GP clinic or medical centre that they usually go to

Involvement in decisions about nurse care

Almost three-quarters of participants (72%) reported that during their last visit to a nurse at a GP clinic or medical centre, their nurse was *good* or *very good* at involving them in decisions about their care, such as different treatment options. This was lower than the general population (91%) from the New Zealand Health Survey.

Thinking about your last visit to a nurse at a GP clinic or medical centre, how good was the nurse at involving you in decisions about your care, such as discussing different treatment options?



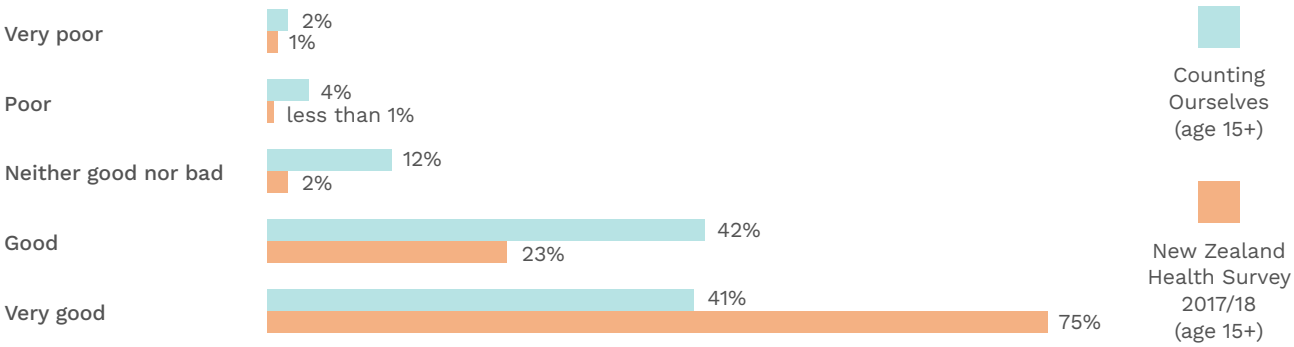
Out of Counting Ourselves participants who had ever seen a nurse at a GP clinic or medical centre and NZ Health Survey participants who had visited a nurse at a GP clinic or medical centre in the last 3 months

Being treated with respect and dignity by nurses

Most participants (82%) also reported that their nurse was *good* or *very good* at treating them with respect and dignity during their last visit. This was lower than the general population aged 15 or older (97%) from the 2017/18 New Zealand Health Survey.

Non-disabled participants (85%) were more likely to say that the nurse was *good* or *very good* at treating them with respect and dignity, while non-binary (79%) and disabled participants (79%) were less likely to report this.

Still thinking about your last visit to a nurse at a GP clinic or medical centre, how good was the nurse at treating you with respect and dignity?



Out of Counting Ourselves participants who had ever seen a nurse at a GP clinic or medical centre and NZ Health Survey participants who had visited a nurse at a GP clinic or medical centre in the last 3 months

Participants' comments

When I first started testosterone, the nurse injected me with 2.5x the prescribed dose (125mg rather than 50mg). It was scary even though it was ok. *(Non-binary, youth)*

Nurses are always 100x better than doctors or surgeons. I've had nurses advocate for me and speak up when I've been treated poorly – it's nice to know there are some looking out for us even if it isn't everyone. *(Trans man, youth)*

The nurses make it very clear they are uncomfortable that I am trans. Before top surgery, they were uncomfortable about my binder, now they are uncomfortable about my scars. I never go to an appointment without my partner any longer. *(Non-binary, adult)*

Administration of the GnRH analogue has been hit or miss, getting a well skilled nurse has been unreliable, one time left excessively bleeding, and pretty sure one time the nurse failed to actually insert the implant. *(Trans woman, adult)*

They are very busy. Use too many locums. But their work as a team is good. I am happy to get help from nurses and nurse practitioners who can deal with most issues. *(Non-binary, older adult)*

I have overall had better experiences with nurses and nurse practitioners than my GPs in relation to receiving care and respect as a trans person, and in regards to mental health. Overall, as someone with chronic pain that is undiagnosed, I feel let down though. *(Non-binary, youth)*

They're usually quite neutral? No one jumps out as very good at trans care, they often want to get to the meat of the problems to get on with the next patient but that could be overworked [doctors]. I have had a mixed bag of fabulous funny sweet nurses and absolute conservatives and TERFs, thankfully much more sweet nurses then TERF nurses. *(Non-binary, adult)*

I'm very lucky to have a very good GP and nurse who I'm sticking with at the moment, hence the positive ratings. But before this, it's been quite a struggle to find someone I feel comfortable with. *(Trans man, adult)*

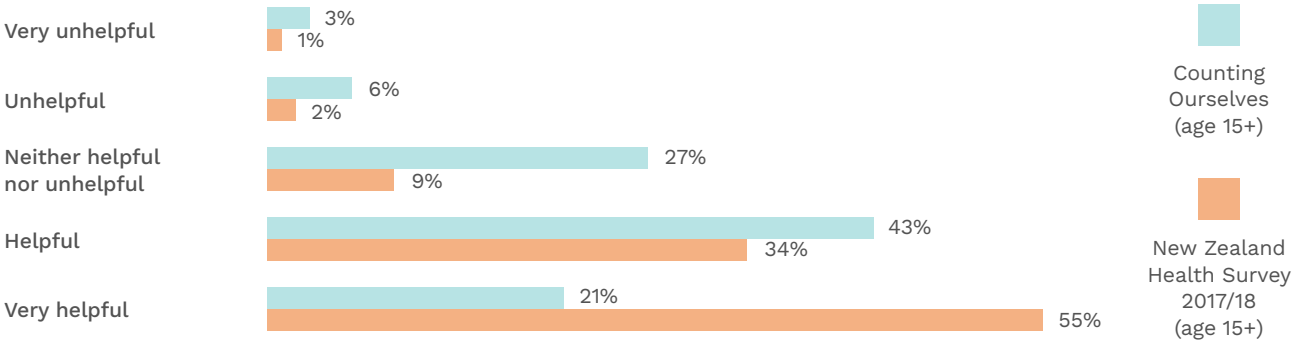
In my years of experience with our healthcare system, in general, GPs are awful to just bearable, whereas nurses and other clinicians are 100% respectful and treat me like anyone else. *(Non-binary, youth)*

Receptionists at usual medical centre

Almost two-thirds of participants (64%) found the receptionists at their usual medical centre to be *helpful* or *very helpful*. This was lower than the general population (89%) from the New Zealand Health Survey.

Older adults (84%) were more likely and youth (60%) were less likely to rate the receptionists as *helpful* or *very helpful*.

In the last 12 months, how helpful have you found the receptionists at your usual medical centre?



Out of participants who had, or didn't know if they had, a GP clinic or medical centre that they usually go to

Participants' comments

There doesn't seem to be any system for recording gender if you need to change it. It took me years and multiple requests to remove the 'miss' and 'female' from my records. Having people call out 'miss' every time I'm in a waiting room is really frustrating and embarrassing. It's not so bad when seeing my regular GP, but there are a lot of people working in hospitals in casual or reception roles who INSIST on calling me 'ma'am', and I absolutely hate it. *(Non-binary, adult)*

The practice I was with, both GP and reception, did not provide adequate support to me as a trans person. I waited until I moved and got another GP to go further in my medical transition. *(Trans woman, youth)*

One of the receptionists is very old and transphobic despite telling her to use correct pronouns and name, she still referred to medical records. *(Trans man, adult)*

Nurses and receptionists need to understand that their welcome and appropriateness is vital, as vital, or even more vital, to a gender diverse person, because it's happening in public, it's role modelling behaviour in regard to other patients, and it sets a tone of fear or respect very quickly. *(Non-binary, adult)*

Negative healthcare experiences

Over a third of participants (35%) had avoided seeing a doctor or nurse practitioner at *some point in their lives* because they were afraid of being disrespected or mistreated as a trans or non-binary person. This is similar to the 36% we found in 2018. Disabled participants (42%) were more likely and non-disabled participants (28%) were less likely to report this.

Over one in five participants (21%) had avoided seeing a doctor or nurse practitioner *in the last 12 months* out of fear of being disrespected or mistreated as a trans or non-binary person. This is similar to the 20% we found in 2018. Disabled participants (26%) were more likely and non-disabled participants (17%) were less likely to report this.

We also asked participants about a range of other negative things that trans and non-binary people might experience when accessing healthcare.

Have you had any of these things ever happen to you, as a trans or non-binary person, when you were trying to access healthcare? *Select all that apply.*	Ever	Past year
I had to teach a healthcare provider about trans or non-binary people so that I could get appropriate care	47%	28%
A healthcare provider knowingly referred to me by the wrong gender, either in person or in a referral	35%	21%
I was asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for my visit	32%	16%
A healthcare provider knowingly used an old name that I am no longer comfortable with	22%	12%
A healthcare provider thought the gender listed on my ID or forms was a mistake even though it was correct	21%	11%
I could not access an appropriate bathroom	19%	13%
A healthcare provider belittled or ridiculed me for being trans or non-binary	15%	4%
A healthcare provider used hurtful or insulting language about trans or non-binary people	12%	5%
A healthcare provider told me that I was not really trans or non-binary	9%	3%
I was refused care or had care ended because I am trans or non-binary	5%	2%
None of these things have happened to me	24%	23%
Participants who had discussed gender affirming care with a healthcare provider:		
A healthcare provider told me they don't know enough about gender affirming care to provide it	33%	14%
A healthcare provider told me I had to wait before I could start my transition[1]	23%	-
A healthcare provider refused to discuss or address gender affirming healthcare	11%	4%
A healthcare provider refused to provide me with a referral for gender affirming care	10%	3%

[1] *We did not ask whether this had happened in the past year.*

We looked for differences between groups for these negative experiences in the last 12 months:

- Adults (31%) were more likely to have needed to **teach a healthcare provider about trans or non-binary people so that they could get appropriate care**, while older adults (14%) were less likely to report this.
- Youth (24%) and non-binary participants (27%) were more likely to say that a **healthcare provider knowingly referred to them by the wrong gender, either in person or in a referral**, while older adults (7%) and trans women (12%) were less likely to report this.

- Asian participants (24%), youth (16%), and non-binary participants (19%) were more likely to say that they **could not access an appropriate bathroom**, while older adults (3%) and trans women (5%) were less likely to report this.
- Youth (15%) were more likely to say that **a healthcare provider knowingly used an old name that they are no longer comfortable with**, while adults (10%) were less likely to report this.
- Non-binary participants (5%) were more likely to be **told that they were not really trans or non-binary**, while trans women (1%) were less likely to report this.

Disabled participants were more likely than non-disabled participants to report all but two of the listed negative experiences in the last 12 months:

- they needed to teach a healthcare provider about trans or non-binary people so that they could get appropriate care (33% vs 23%)
- a healthcare provider knowingly referred to them by the wrong gender, either in person or in a referral (27% vs 16%)
- they were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for their visit (21% vs 13%)
- a healthcare provider knowingly used an old name that they are no longer comfortable with (16% vs 9%)
- a healthcare provider thought the gender listed on their ID or forms was a mistake even though it was correct (13% vs 8%)
- they could not access an appropriate bathroom (17% vs 10%)
- a healthcare provider belittled or ridiculed them for being trans or non-binary (5% vs 3%)
- a healthcare provider used hurtful or insulting language about trans or non-binary people (6% vs 3%)
- they were told that they were not really trans or non-binary (5% vs 2%)
- they were refused care or had care ended because they are trans or non-binary (3% vs 1%)
- they were told by a healthcare provider that the provider didn't know enough about gender affirming care to provide it (17% vs 12%)
- a healthcare provider refused to discuss or address gender affirming healthcare (6% vs 2%)
- a healthcare provider refused to provide them with a referral for gender affirming care (5% vs 2%).

Participants' comments

As a disabled person accessing healthcare, I often feel like I can't be honest with health providers about being trans because it's vital that I have access to good healthcare. I have had mixed experiences with the healthcare providers I have told. *(Non-binary, adult)*

I really appreciate seeing symbols of inclusion, like a flag, but this can go really badly if the provider has not done the actual work to earn the use of the symbol. I chose to see a provider because they had a trans flag badge on their website, but then they made a lot of really awkward comments about my gender that were not welcome or relevant to my medical needs. *(Trans woman, adult)*

Moving from a city to rural town has been utterly detrimental to my trans health care need. There is zero support or knowledge from my doctor beyond prescribing my hormones based on my reporting what previous doctors have prescribed, despite being with current GP for 14 months. I am dangerously overdue for routine blood tests which my GP will not order as he 'doesn't understand how to treat me.' *(Trans man, adult)*

Had a nurse break confidentiality and told my parents everything about the private sessions. I reported this but health centre didn't care. *(Non-binary, youth)*

Once a GP refused to fill my repeat script for hormones due to her 'personal ethical reasons' and I found this extremely surprising that she has the freedom to do that, considering I have no way of producing my own hormones now and am medically dependent on them, it seemed to go against her Hippocratic oath! That was just a year ago. *(Trans man, adult)*

Someone told me that all I needed for an orchiectomy was two rocks and a bottle of wine, this was the same GP who told me I needed to wait to transition because 'you have a beard, you don't look like a girl'. *(Trans woman, youth)*

I'm a doctor myself. I find most colleagues are supportive of trans and non-binary people in general, but I have also come across some ridicule and mockery which happens out of sight of the patients. *(Non-binary, adult)*

Was made to feel uncomfortable when GP talked about Trans-females in sports. GP disagreed with it. [GP] also stated [they were] unable to help when I presented as suicidal. *(Trans woman, older adult)*

My last doctor's office was a nightmare. No one there knew anything about trans people. I had an appointment with a nurse to discuss blood test results related to hormone levels – she didn't know how to do that, she didn't know what 'cis' meant, I had to explain to her all basic gender terminology and she thought I was a trans man even when I tried to tell her I was non-binary. I basically didn't see a doctor for over a year as a result because I couldn't be bothered dealing with people who called me 'transgendered' and 'basically a woman' to my face. *(Non-binary, youth)*

The endocrinologist's word is treated as law and can only be changed by an endocrinologist despite it having been years since that appointment. At times my personal experience with hormones is dismissed because they didn't think I 'needed' a higher dose despite it being within the drugs guidelines. *(Trans woman, adult)*

Overall, the fact I am trans has either been treated as an inconvenience to the medical professional at hand or completely ignored (and they've misgendered me). *(Non-binary, adult)*

Positive experiences with GPs

We asked participants about a range of positive things that they might have experienced from GPs and nurse practitioners in the last 12 months. Only one of these examples were experienced by half or more of our participants.

How have GPs and nurse practitioners been supportive of you in the last 12 months?
Select all that apply.

	Trans women	Trans men	Non-binary	**All participants**
Treated me the same as any other patient when my needs were not directly related to gender affirming care	69%	68%	58%	**63%**
Always used my correct name, with me and in referrals	62%	60%	29%	**46%**
Always used my correct gender pronouns, with me and in referrals	61%	59%	24%	**42%**
Managed my medical records appropriately. For example, listed my correct name, pronouns, and gender in medical records	55%	53%	26%	**40%**
Been good at navigating services and referring me to the appropriate people	32%	35%	21%	**27%**
Took steps to make physical exams more comfortable for me	28%	21%	17%	**21%**
Been good at advocating for my care	24%	27%	15%	**20%**
Encouraged me to bring whānau or support people to my appointments	17%	15%	13%	**14%**

There were some group differences for participants' **experiences of being supported by their GPs or nurse practitioners in the last 12 months**:

- Participants living in large cities (65%) were more likely to say they were **treated the same as any other patient when their needs were not directly related to gender affirming care**, while participants living in other areas (56%) were less likely to say this.
- Māori (23%), youth (19%), and disabled participants (18%) were more likely to say they had **been encouraged to bring whānau or support people to their appointments**, while adults (10%) and non-disabled participants (11%) were less likely to say this.

Participants who stated that their GP or nurse practitioner had been supportive of their needs related to gender affirming care rose from 48% in 2018 to 55% in 2022, although the question that we asked in 2018 did not specifically mention nurse practitioners.

We also asked participants who listed a GP or nurse practitioner as their main provider of gender affirming care about a range of positive things they might have experienced. Only two of these examples were experienced by half or more of our participants.

How have GPs and nurse practitioners been supportive of you in the last 12 months?
Select all that apply.

	All participants
Shown they were open to discussing gender affirming care	**62%**
Been supportive of my needs relating to gender affirming care	**56%**
Shown they were willing to educate themselves on gender affirming care, if necessary	**40%**
Been able to clearly explain why any and all examinations were necessary	**32%**
Shown they knew a lot about gender affirming care	**27%**

Out of participants who listed a GP or nurse practitioner as their main provider of gender affirming care

There were also some group differences in **positive experiences for participants who had discussed gender affirming care with their GP or nurse practitioner in the last 12 months**:

- Participants living in large cities (64%) were more likely to say that their GPs and nurse practitioners had **shown they were open to discussing gender affirming care**, while participants living in other areas (51%) were less likely to say this.
- Trans men (63%) were more likely to say that their GPs and nurse practitioners had **been supportive of their needs relating to gender affirming care**, while non-binary participants (46%) were less likely to say this.
- Trans men (36%) and participants living in large cities (29%) were more likely to say that their GPs and nurse practitioners had **shown they knew a lot about gender affirming care**, while non-binary participants (21%) and participants living in other areas (17%) were less likely to say this.

Participants' comments

Given me the time and attention required to untangle the complexities of my healthcare needs, educated themselves between appointments, been honest about their level of expertise, respectfully asked how to refer to me, normalising my experiences, shared my joy in achieving transition milestones. *(Non-binary, adult)*

Despite certain issues I've always felt that they took me seriously and they were always honest when errors, mistakes or lack of knowledge occurred. Their honesty and openness was encouraging to me as I felt like we could have open and informative discourse about my needs as a transman. *(Trans man, adult)*

Informed me on things I was not aware, such as a potential for progesterone, that gave me hope for the future. *(Trans woman, youth)*

Provided a comfortable space for me to provide feedback on interactions with them and other health practitioners, so that my and other people's future experiences can be better! (*Trans man, youth)*

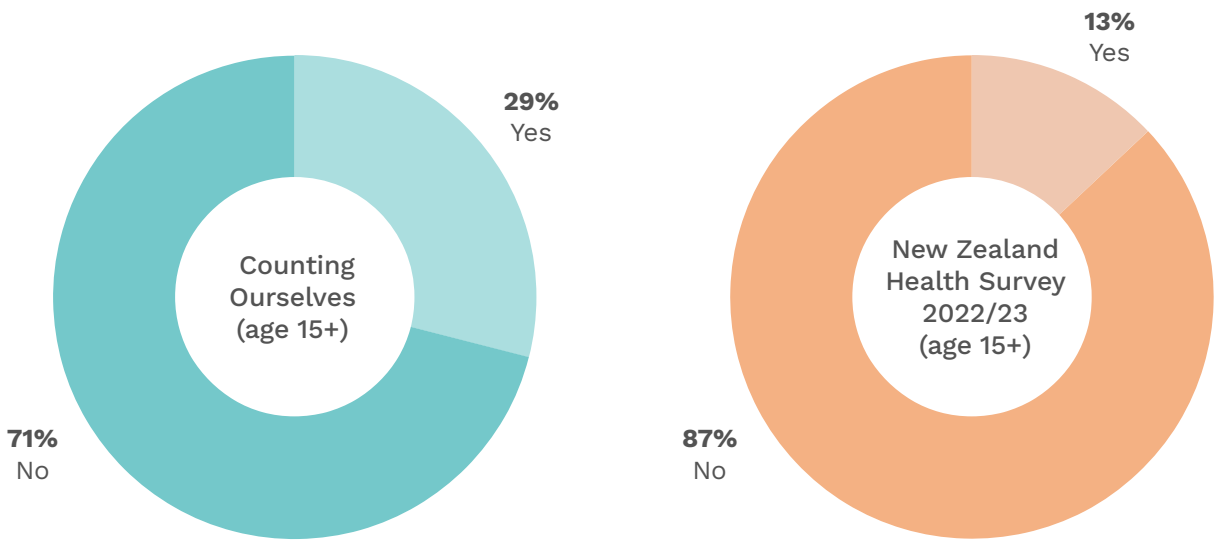
Been willing to understand that I am uniquely informed about my healthcare compared to many patients with other conditions. (*Trans woman, adult)*

I don't think my medical records actually note that I'm non-binary but one time a nurse was doing an ECG and somehow it came up that I was NB and she apologised a lot for the machine only having m/f gender options. it was a nice supportive moment. I'm not super out and don't usually bother telling people unless I have to do, it was nice. (Non-binary, adult)

Cost as a barrier to accessing healthcare

Almost three in ten participants had avoided visiting a GP in the last 12 months because they could not afford it. This was more than double the percentage of the general population in the New Zealand Health Survey.

Was there a time when you had a medical problem, but did not visit a GP because of cost in the last 12 months?

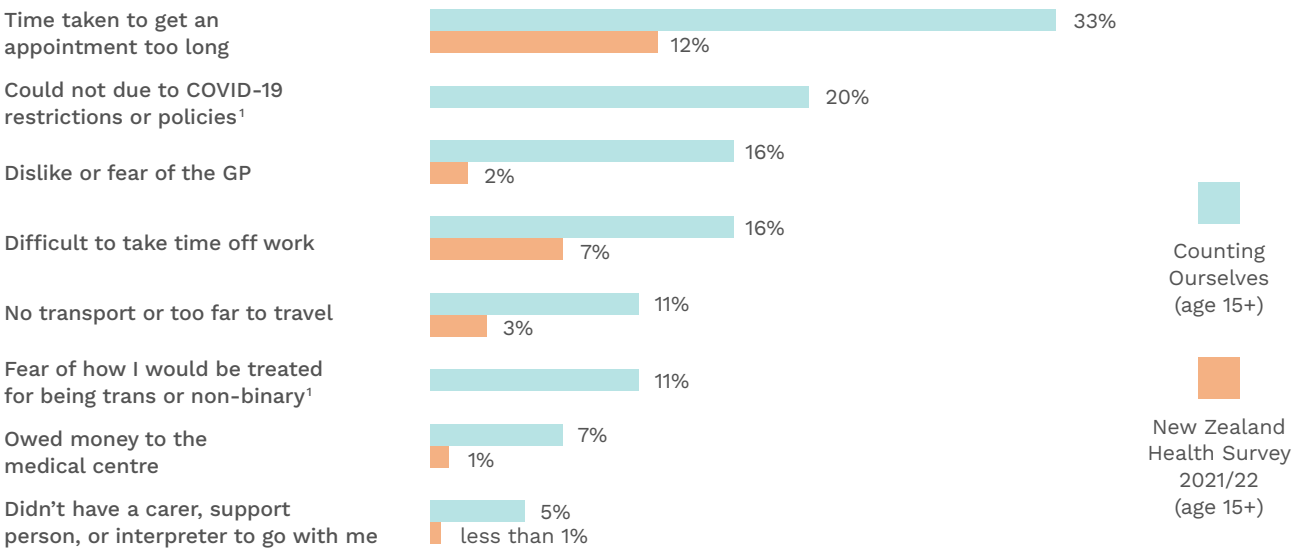


Non-binary participants (32%), disabled participants (37%), and participants living in large cities (31%) were more likely to have avoided visiting a GP because of cost in the last 12 months, while older adults (18%), non-disabled participants (23%), and participants living in other areas (20%) were less likely to report this.

Other barriers to accessing healthcare

A third of participants had not visited a GP in the last 12 months because the time taken to get an appointment was too long, and one in five were unable to due to COVID-19 restrictions or policies. Barriers to accessing healthcare were higher than for the general population, in all instances where comparable data is available.

In the last 12 months, was there a time when you had a medical problem but did not visit a GP for any of the following reasons? *Select all that apply.*



[1] *Participants were not asked these questions in the NZHS 2021/22*

There were many group differences in why participants who had a medical problem had not visited a GP about it in the last 12 months:

- Non-binary (37%) and disabled participants (38%) were more likely to say the time taken to get **an appointment was too long**, while trans women (26%) and non-disabled participants (29%) were less likely to report this.
- Non-binary (23%) and disabled participants (24%) were more likely to say they were not able to due to **COVID-19 restrictions or policies**, while trans women (14%) and non-disabled participants (17%) were less likely to report this.
- Youth (20%) and disabled participants (20%) were more likely to say they **disliked or feared the GP**, while adults (14%), older adults (3%), and non-disabled participants (13%) were less likely to report this.
- Adults (20%) were more likely to say it was difficult **to take time off work**, while youth (13%) were less likely to report this.
- Disabled participants (17%) were more likely to say they had **no transport or it was too far to travel**, while older adults (1%) and non-disabled participants (6%) were less likely to report this.
- Disabled participants (11%) were more likely to say they **owed money to the medical centre**, while non-disabled participants (5%) were less likely to report this.
- Youth (8%) and disabled participants (9%) were more likely to say they didn't **have a carer, support person, or interpreter to go with them**, while adults (3%) and non-disabled participants (2%) were less likely to report this.

Participants' comments

[I am] worried that something will go wrong with the administrative side of things and my family finding out that I am continuing to use my preferred name and correct gender outside of home. *(Trans man, youth)*

Sometimes if you are too depressed it is hard to get yourself to the doctor even when you know you should. *(Non-binary, adult)*

Unemployment and lack of funds stopped me visiting my GP and meant I had to ration my medications. *(Trans woman, older adult)*

Unless I am in pain I try and condense all my health needs into one visit every 3 months when I need a new med script because otherwise it's too expensive. *(Trans man, adult)*

Lack of mobility/lack of accessibility (unable to get out due to being unable to walk and not having adequate mobility aids and accessibility needs met). *(Non-binary, adult)*

Never quite getting around to making an appointment because of ADHD. *(Trans woman, adult)*

Not being able to get appointment with regular GP and scared of poor treatment I could receive from another GP. *(Trans man, adult)*

Fear of being harassed about cervical smears that are extremely painful and triggering. *(Non-binary, adult)*

Concerns about Covid infection risks. *(Trans woman, adult)*

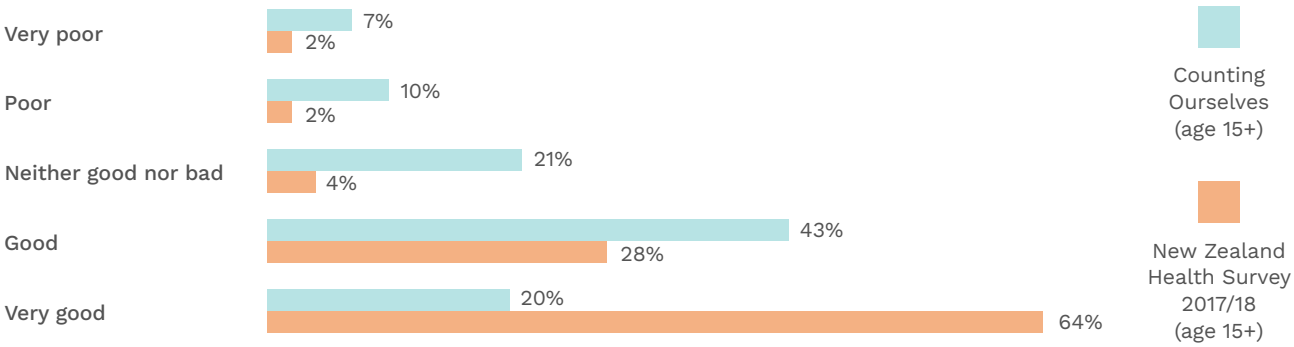
Traveling to access trans-friendly healthcare

Around one in 14 participants (7%) needed to travel outside of their city or township to see a primary healthcare provider who was known to be more trans friendly. Trans women (12%), trans men (11%), and participants living in smaller cities/towns/rural areas (15%) were more likely, while non-binary participants (4%) and participants living in large cities (6%) were less likely to have needed to do this.

Experiences at the emergency department

Less than two-thirds of participants (62%) reported that the doctors were *good* or *very good* at **treating them with respect and dignity** during their last visit to a hospital emergency room department. This was lower than the 91% in the general population from the New Zealand Health Survey. Trans women (70%) and non-disabled participants (69%) were more likely and non-binary participants (59%) and disabled participants (57%) were less likely to report this.

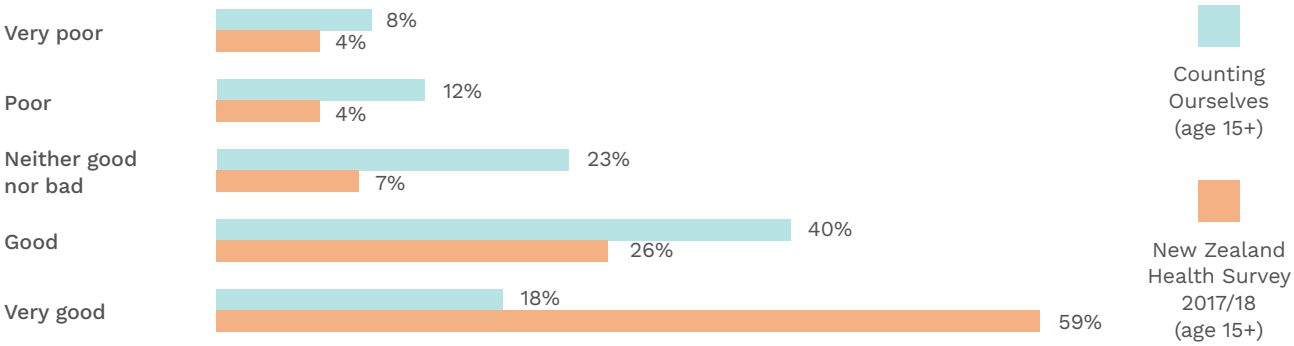
Thinking about your last visit to a hospital emergency department for your own health, how good were the doctors at treating you with respect and dignity?



Out of participants who ever visited an emergency department at a public hospital for their own health

Fewer than three in five participants (58%) rated the quality of care they received at a hospital emergency department during their last visit as *good* or *very good*. This was lower than the 85% in the general population from the New Zealand Health Survey. Older adults (72%) and non-disabled participants (66%) were more likely and disabled participants (51%) were less likely to report this.

Still thinking about your last visit to a hospital emergency department for your own health, how do you rate the quality of care you received?



Out of participants who ever visited an emergency department at a public hospital for their own health

Cervical cancer screening

We asked participants who were assigned female at birth, aged 25–69,[1] and who had ever had sex about their experiences regarding cervical cancer screening (also called a pap smear) in the past 3 years. Over three in five (62%) participants had received a cervical cancer screening in the past 3 years. Over one in five participants (22%) delayed getting or decided to not get a cervical cancer screening because they were worried about how they would be treated as a trans or non-binary person. We also asked participants if they would be more likely to get a cervical cancer screening if there was an option to self-test (e.g., a genital swab that they could do themselves in private). More than seven out of ten (72%) participants indicated they would be more likely to get this, and over one in six (15%) indicated they were unsure.

Participants' comments

I discussed this with my GP and they said because I was low-risk (never been sexually active) I was okay to not be screened for now. I expressed avoidance out of not wanting to because of dysphoria and anxiety about the process. *(Trans man, adult)*

The experience is awful, so I only get them done under anaesthetic when I get my IUD changed by the specialist. *(Non-binary, adult)*

They keep having problems getting a smear with enough cells to test, and it's horrible enough that I don't want to keep doing that with no results. *(Trans man, adult)*

Never had one because of dysphoria and now I fear it even more because of how [testosterone] has changed that part of my body and how the healthcare provider might react to that. *(Non-binary, adult)*

They are extremely painful and usually cause me to have a meltdown from sensory overload. GPs are not usually good at handling this and try to tell me that it isn't painful, it's just uncomfortable. *(Non-binary, adult)*

I am waiting for the self-testing to start next year. *(Trans man, adult)*

Uncomfortable due to sexual trauma. *(Trans man, adult)*

[1] The National Cervical Screening Programme recommends that all people with a cervix (including trans and non-binary people) aged 25–69 who have ever had sex should get regular cervical cancer screening.

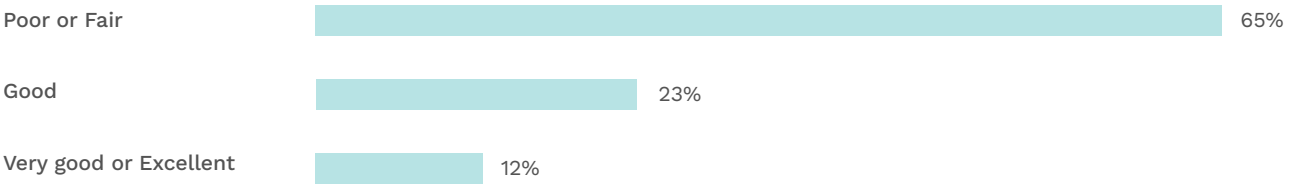
7: Mental health and wellbeing

Mental health is a very important issue to trans and non-binary communities. We asked about different mental health experiences, including psychological distress and depression, self-injury, suicide, loneliness, anxiety, and disordered eating. Participants were given the option of skipping questions that may have been distressing.

Self-reported mental health

We asked participants to rate their overall mental health. Nearly two-thirds (65%) of participants reported their mental health was *poor* or *fair*. Youth (76%) and disabled participants (77%) were more likely and adults (57%), older adults (31%), and non-disabled participants (55%) were less likely to report this.

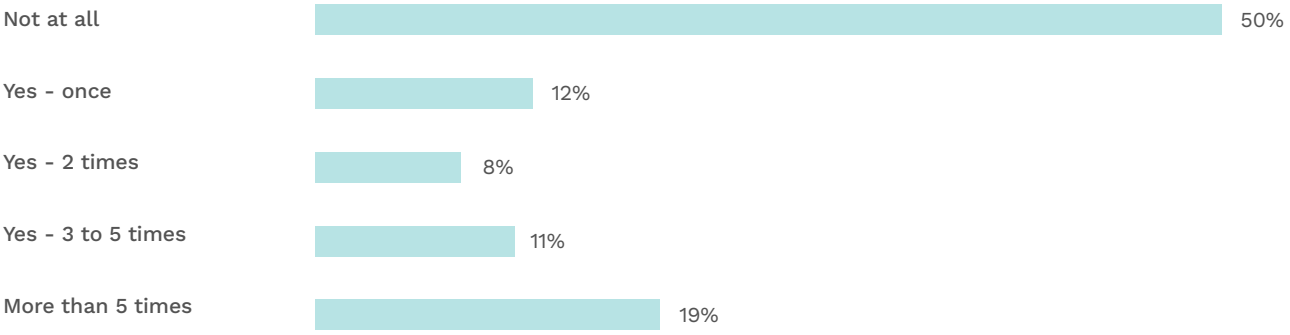
In general, would you say your mental health is...?



Self-injury

Half of participants (50%) had deliberately injured themselves in the last 12 months and almost one in five participants had done so six or more times. Youth (66%) and disabled participants (63%) were more likely to have self-injured at least once in the last 12 months, while adults (36%), older adults (20%), trans women (40%), and non-disabled participants (38%) were less likely to report this.

During the last 12 months, have you deliberately hurt yourself or done anything you knew might have harmed you (but not kill you)?

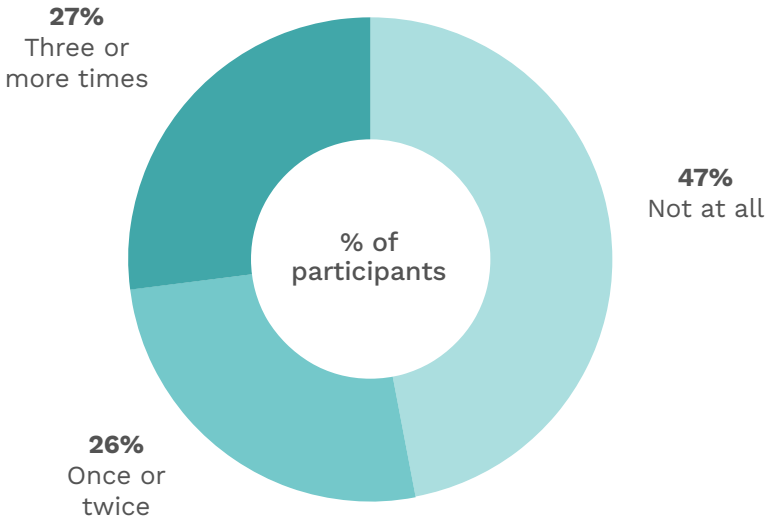


Suicide

If you or anyone you know is having thoughts of suicide, you don't need to deal with this alone. There are people who are willing, able, and available to help you. Free call or text 1737, call OUTLine Aotearoa on 0800 688 5463 any evening between 6pm and 9pm, or refer to the other support services in Selected Resources at the back of this report.

More than half of participants (53%) had seriously considered suicide at least once in the last 12 months. Māori (63%), youth (62%), and disabled participants (66%) were more likely and adults (45%), older adults (28%), and non-disabled participants (41%) were less likely to report this.

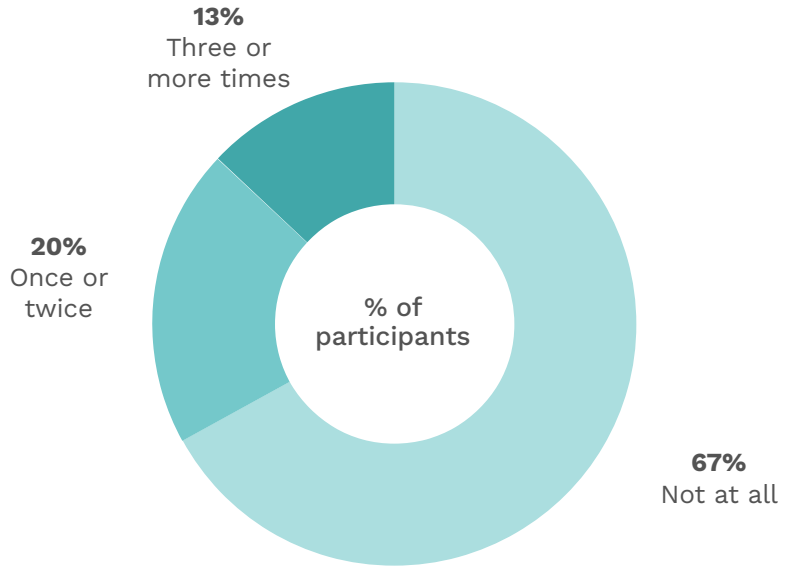
In the last 12 months, have you seriously thought about killing yourself (attempting suicide)?



There was a slight decrease in participants who reported seriously considering suicide in the last 12 months between 2018 and 2022 (56% to 53%).

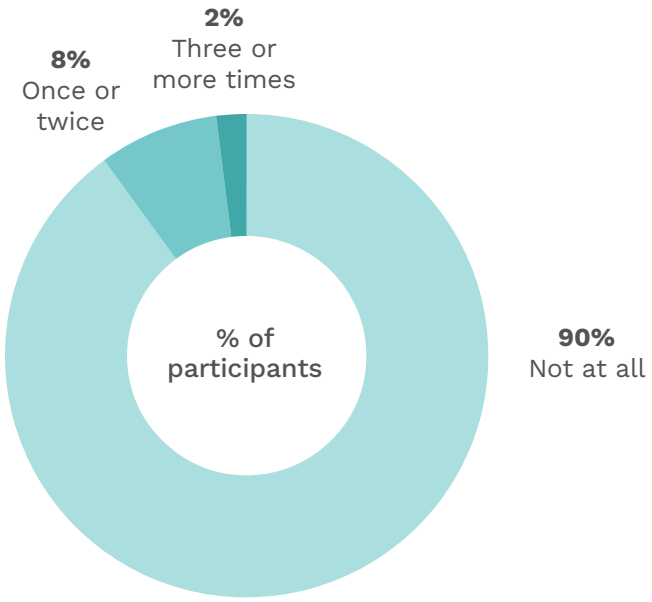
A third of participants (33%) had made a plan in the last 12 months about how they would attempt suicide. Youth (41%), disabled participants (42%), and participants living in smaller cities/towns/rural areas (44%) were more likely and adults (26%), non-disabled participants (25%), and participants living in large cities (31%) were less likely to report this.

In the last 12 months, have you made a plan about how you would kill yourself (attempt suicide)?



One in ten (10%) participants had attempted suicide in the last 12 months. Māori (16%), youth (14%), and disabled participants (14%) were more likely to have attempted suicide in the last 12 months, while adults (5%) and non-disabled participants (6%) were less likely to report this.

In the last 12 months, have you tried to kill yourself (attempted suicide)?



There was a slight decrease in the proportion of participants who reported attempting suicide in the last 12 months, compared to the 2018 survey (from 12% to 10%).

Participants' comments

My long wait for gender affirming surgery caused me much distress and suicidal ideations. After I completed my physical transition, I feel much better about myself and seldom contemplate self-harm. I now feel some hope for my future. *(Non-binary, adult)*

My thoughts around suicide and self-harm haven't been related to my gender identity, at least not that I can figure at this point. *(Non-binary, adult)*

My suicide and self-harm are mostly in my past as my depression and anxiety is well treated and controlled. I did some very minor self-harm in the past 12 months when I was pre-transition but really wanting to start transitioning. This self-harm was directly related to being transgender, as I was experiencing significant distress. I have not self-harmed since the beginning of my medical transition 8+ months ago. *(Trans man, youth)*

My suicidality and self-harm have been majorly influenced by transphobia in my home. *(Trans man, youth)*

Suicidal thoughts have pretty much gone away since I was able to access top surgery. I had heaps during the time of not being able to access it. *(Non-binary, adult)*

This was all due to facial dysphoria. Now that I have had FFS, I have had no more suicidal ideation. But I do owe my friend tens of thousands of dollars. *(Trans woman, adult)*

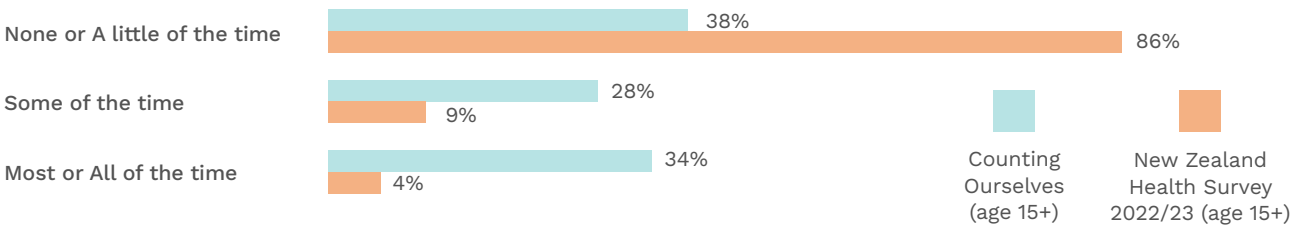
My mental health improved drastically after coming out. I was depressed, self-harming and had suicidal thoughts before coming out, once I was out this decreased significantly and the main mental health problems were related to anxiety around how I would be treated and persistent dysphoria, this gets better and worse but has decreased a lot again for a while after going on hormones, it has started to get worse again as I feel more desperate to have top surgery. *(Trans man, youth)*

While I haven't personally contemplated suicide since I transitioned, I have lost so many trans and [non-binary] friends and sisters to murder, suicide, and accidental drug overdose. Their suffering, and their loss continues to impact my mental health. The ripple effects throughout our community are hard to handle sometimes. I have to be strong so that others can be strong, and that takes a toll sometimes. I miss them so much . . . *(Trans woman, adult)*

Loneliness

We asked participants how often they had felt lonely in the last 4 weeks. A third of participants had felt lonely *most* or *all of the time*. This is over eight times higher than the level of loneliness across the general population in Aotearoa New Zealand.

During the last 4 weeks, how often did you feel lonely?



Youth (41%) and disabled participants (47%) were more likely to report feeling lonely *most* or *all of the time* and older adults (18%), adults (29%), and non-disabled participants (27%) were less likely to report this.

Participants' comments

It's hard to not feel comfortable with yourself when you don't have anyone who can actively help you. I have some friends who can help me but they are usually busy or too far away to help me directly which gives me a sense of loneliness and the thought of having to go through my gender journey by myself. I want to reach out but most of the time I feel selfish for wasting a person's time because of my own problems. *(Non-binary, youth)*

They are largely related to my mental health, often in all of the communities that I belong to (LGBT+, Te Ao Māori) I do not feel welcome simply for being part of the other communities I belong to. It makes me feel alone on a daily basis as part of me genuinely does not believe that I can find community, even in those who have the same intersectionality as me. *(Non-binary, youth)*

There was no good queer mental health services when I came out and I felt very hopeless and alone. *(Trans man, youth)*

Not having family support, disowned, facing things alone, being a POC Trans there is NO SUPPORT or anyone who knows how to support not only my trans-identity but my cultural, spiritual beliefs. You are a target until you can pass it is exhausting, dehumanising. Pre and post transition you are still pressured to perform gender in accordance with society. *(Trans man, adult)*

Fear of rejection by friends and family, and loneliness from lack of support. No trans or non-binary friends or community to interact with. *(Non-binary, youth)*

During the early stages of my transition I was alone and people blatantly ignored me reaching out for help. When I finally started getting help a lot of the issues I was facing with my mental health went away naturally as I begun to feel like myself, if I had been given that support I wouldn't have gone down mentally as far as I did when I was younger. *(Trans man, youth)*

The most difficult thing about being trans is dealing with the loneliness when it comes to intimate relationships. *(Trans woman, adult)*

Anxiety attacks

Half of participants (50%) had experienced an anxiety attack in the last 4 weeks. This was higher for youth (60%) and disabled participants (64%), and lower for adults (44%), older adults (22%), and non-disabled participants (38%).

Disordered eating

We asked participants five questions about key signs of disordered eating (see Detailed Methods). A third of participants (34%) scored above the level that suggests they may be at risk of disordered eating. Māori (44%), youth (39%), and disabled participants (42%) were more likely to meet this threshold, while older adults (17%), adults (31%), and non-disabled participants (27%) were less likely.

Participants' comments

Food no longer dominates my life, however, from 2019 to early 2022 it did and very likely could have died from anorexia in early 2021. The eating disorder service that I waited 11 months to see was reasonably helpful, I think they had had other trans patients before so were sensitive to my perspective. My eating disorder began after [my top surgeon] asked me to lose weight [before surgery] due to my 'high' BMI. She also told me that if I lost [weight] after the surgery I would have undesirable results . . . Then only after the surgery, she warned me that I would have to keep the weight off or risk complications in healing. That would have been January 2020 that I had that follow-up appointment, and by February 2021 I had lost [weight] and was being threatened with hospitalisation due to how underweight and malnourished I was . . . My results were not impacted by my weight loss. If I could go back in time, I would much rather have had dog ears, revisions, and 'undesirable' results, than go through what I did. It has forever tinged what should have been a really special, happy, and affirming time in my transition. *(Trans man, youth)*

I have had a history of eating disorders since I started puberty – everyone assumed that it was due to other factors, but the truth is that it was to try and stop puberty happening. I struggled with having a female body for the entirety of my adult life. Having chest reconstruction and a hysterectomy has literally changed my life! It is SUCH a relief to not be afraid of my own body. *(Non-binary, adult)*

It is hard to have hope when the whole medical system is against you because of your weight, but one of the ways you cope with your dysphoria is through eating. *(Trans woman, adult)*

Due to the fact that I'm quite far along, and very happy with, my transition, my most recent mental health issues have been mostly unrelated to the fact that I'm trans. My problems with eating and body image are tied into my gender identity, though. *(Trans man, youth)*

I believe many trans people develop eating disorders because they believe it will make them 'pass' better as their gender identity. *(Trans man, youth)*

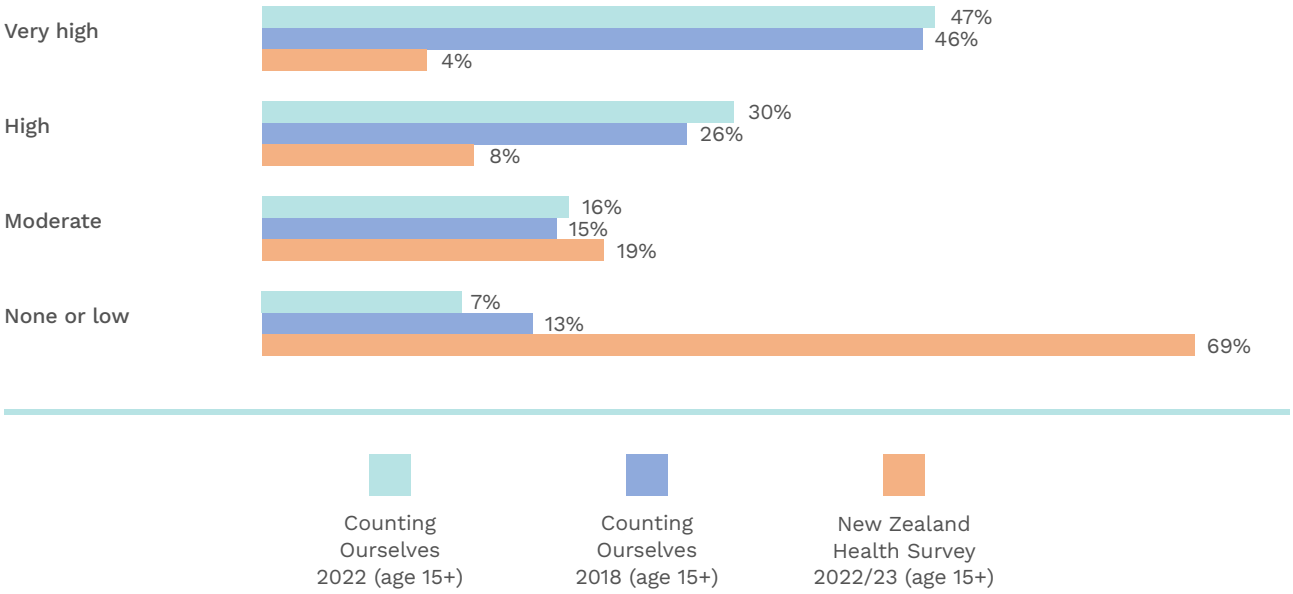
I also struggled a lot with disordered eating (cycles of binging and overly-controlled eating in the form of calorie counting) as a teenager. This was related to trauma and dysphoria and is something I still struggle with a little in my adult life. *(Non-binary, youth)*
My experience working things out with my gender has been quite enmeshed in my eating disorder. I developed anorexia right at puberty . . . I think this was quite linked in hindsight to being trans. Didn't have the awareness or language for it at that time though. I hope services for eating disorders in future will be more competent working with trans people. At this point, there is treatment for being trans OR having an [eating disorder]. Nothing really that ties the two together. (Trans man, adult)

I usually feel very positive about my life. I am an active healthy [older individual]. I have housing security, almost enough money to live, good friends and a caring daughter. I live with an eating disorder dating from puberty but manage it well. I do miss having a partner and feel lonely at times. While I consider myself quite resilient, when I experience repeated transphobia I feel emotionally fragile. *(Trans man, older adult)*

Psychological distress

To measure psychological distress, we gave participants 10 questions about anxiety and depression, which asked them about how they felt emotionally over the last 4 weeks. Nearly eight out of ten participants (77%) had scores on the questionnaire that indicated *high* or *very high* psychological distress. This was over six times higher than the level of psychological distress across the general population (12%) in Aotearoa New Zealand.

Psychological distress during the last 4 weeks



Youth (86%) and disabled participants (90%) were more likely to report *high* or *very high* psychological distress, while adults (72%), older adults (41%), and non-disabled participants (66%) were less likely to report this. The percentage of participants who reported this level of psychological distress has increased since 2018 (from 71% to 77%).

Participants' comments

The more I understand myself and how I do fit into the world and receive care for my mental health the better I do. A lot of my distress when I was younger was about feeling wrong or ashamed. *(Non-binary, adult)*

I don't think my mental health experiences and my gender experiences are particularly related, except as much as they're happening to the same person. My worst times of distress have all been connected to trouble in interpersonal relationships. *(Trans man, adult)*

Not related to being trans most of the time, but my feelings surrounding my relationship with my mother affects my mental health greatly and even though I am closeted she makes me feel like I'm not allowed to be trans and I have to be a feminine woman. It is tiring and it causes me great distress (similar to a PTSD flashback though I am not yet diagnosed) when I have to go shopping with her. *(Trans man, youth)*

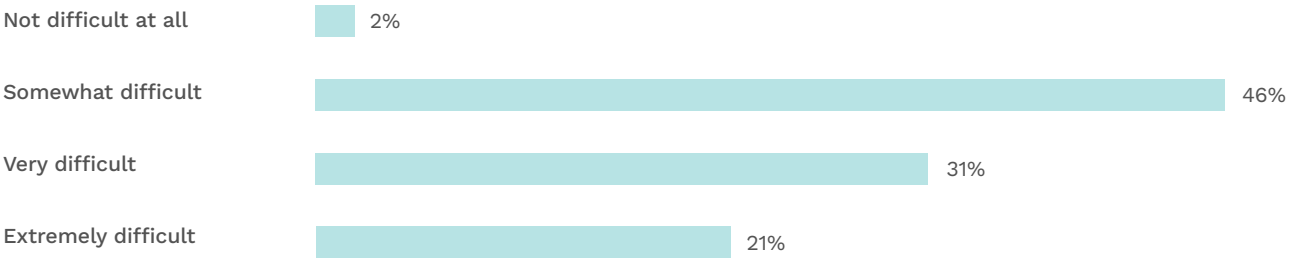
Since starting hormone/gender affirming therapies, external pressures (family, friends, social, work, cultural) have contributed significantly to my mental distress at times. *(Non-binary, youth)*

It's just an added layer which makes mental healthcare hard. I have had experiences previously with psychologists focusing on my gender identity when I have explicitly stated it is not the cause of my mental distress. It is something I dislike bringing up because of this, but then have to deal with being misgendered and deadnamed which adds to my mental load. I would say I have general persistent anxiety and depression/dysphoria, not due to transness itself, but the continued experience of being seen as a woman, including by people who know I am non-binary. I am confident in saying that any mental health issues which feature my gender identity, since the age of 13–14 have been due to external lack of support, not internal conflict. *(Non-binary, youth)*

Impact of psychological distress on daily activities

Participants who reported *high* or *very high* psychological distress were asked to consider how these problems had impacted their ability to carry out work, life, and social activities. More than half (52%) our participants reported that these problems had made it *very* or *extremely difficult* to carry out daily activities.

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?



Out of participants who experienced high or very high psychological distress

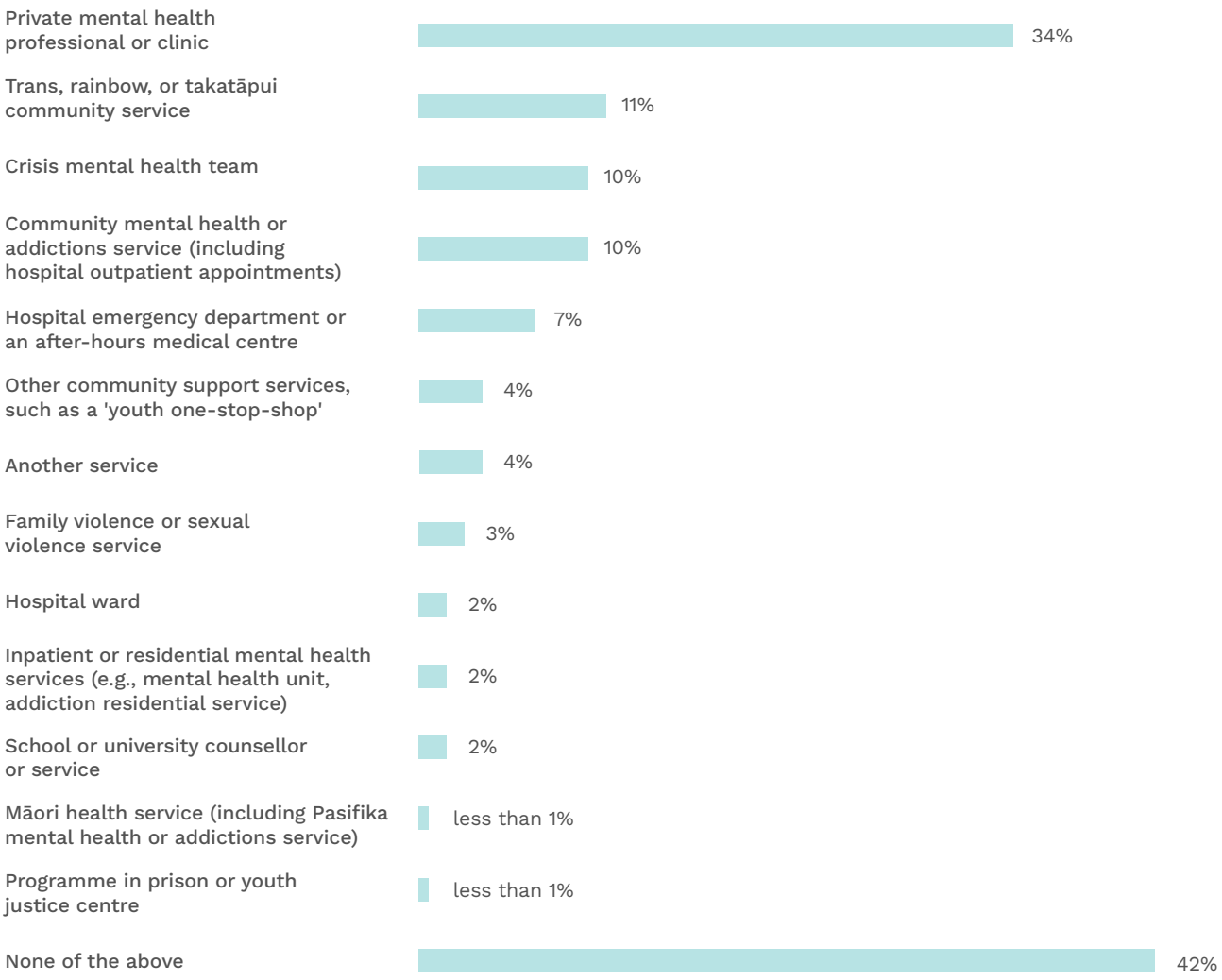
There were some group differences in how difficult it was for participants with *high* or *very high* psychological distress to do their work, take care of things at home, or get along with other people.

Youth (55%) and disabled participants (65%) were more likely to report that this was *very difficult* or *extremely difficult*, while older adults (27%) and non-disabled participants (35%) were less likely to report this.

Mental healthcare and substance use services

We asked all participants if they received help for concerns about their emotions, stress, mental health, or substance use in the last 12 months. The most common place that participants sought help from was from a private mental health professional or clinic. One in ten participants also accessed trans, rainbow, or takatāpui community services, crisis mental health teams, or community mental health or addictions services.

In the last 12 months, have you received help for concerns about your emotions, stress, mental health, or substance use from any of the following? *Select all that apply.*



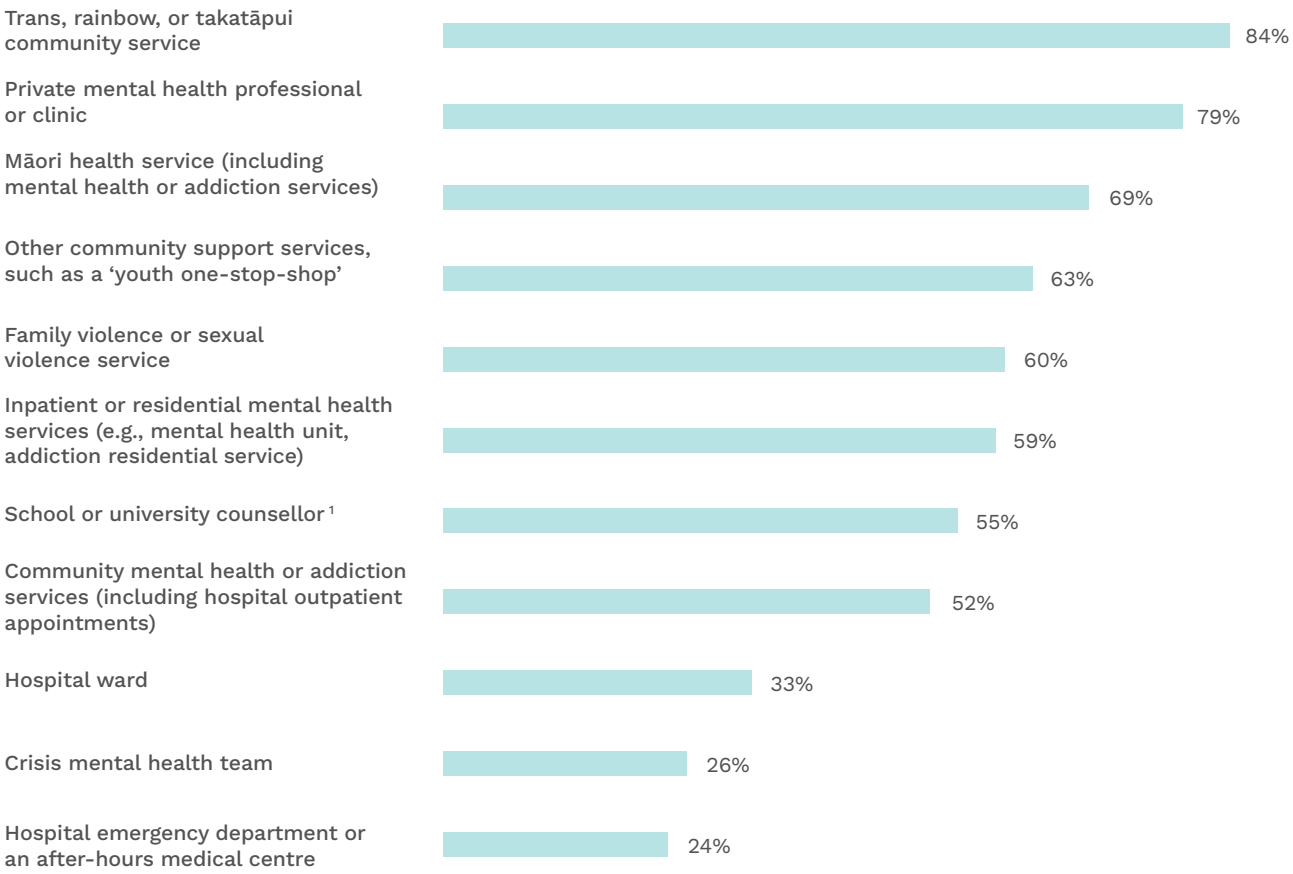
There were many group differences in the types of services accessed by participants:

- Participants living in large cities were more likely and participants living in other areas were less likely to have visited a **private mental health professional or clinic** (36% vs 28%), or a **trans, rainbow, or takatāpui community service** (13% vs 7%).
- Youth (13%) and disabled participants (14%) were more likely to have visited **a crisis mental health team**, while adults (7%) and non-disabled participants (6%) were less likely to report this.
- Disabled participants (13%) were more likely to have visited a **community mental health or addictions service (including hospital outpatient appointments)**, while trans women (6%) and non-disabled participants (7%) were less likely to report this.
- Youth (10%) and disabled participants (10%) were more likely to have visited a **hospital emergency department or an after-hours medical centre**, while adults (5%) and non-disabled participants (4%) were less likely to report this.

Satisfaction with mental health services

Out of those who had received help from mental health services in the last 12 months, the percentage who were *satisfied* or *very satisfied* with these services was highest for trans, rainbow, or takatāpui community services, private mental health professionals or clinics, and Māori health services, and lowest for crisis mental health teams and hospital emergency departments or after-hours medical centres.

Were you *satisfied* or *very satisfied* with these mental health service providers?



Out of participants who had received help from mental health services in the last 12 months

[1] *This item was not directly asked of participants but was created from their write-in responses.*

There were differences between groups in how many participants were *satisfied* or *very satisfied* with different mental health services:

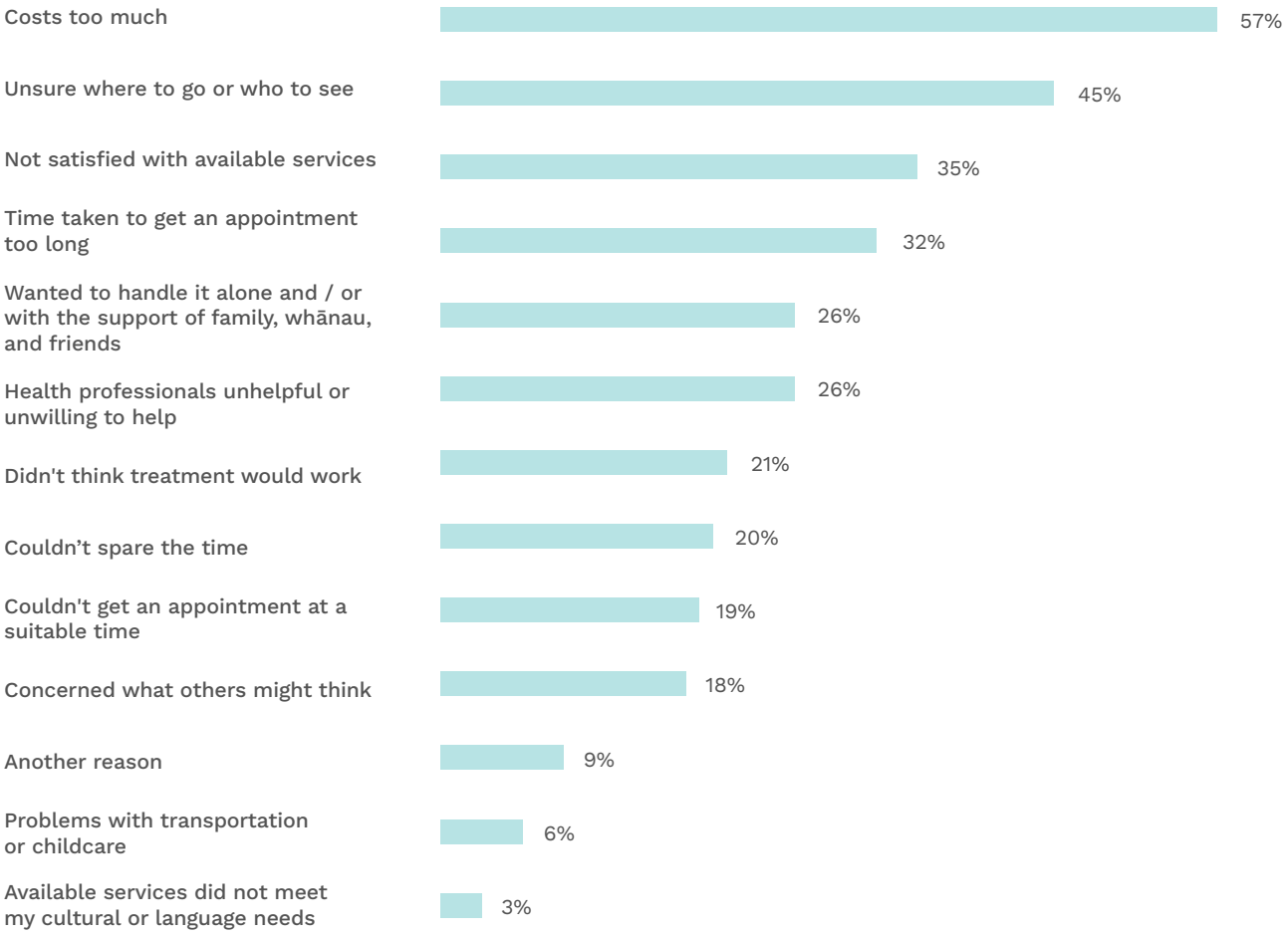
- Non-disabled participants were more likely and disabled participants were less likely to say this about **private mental health professionals or clinics** (83% vs 74%), **school or university counsellors** (74% vs 39%), and **family violence or sexual violence services** (88% vs 51%).
- Trans women (44%) were more likely to say this about the **hospital emergency department or an after-hours medical centre**.

Barriers to accessing mental health care

We asked participants about barriers they faced when they needed but could not get professional help for their mental health or substance use.

Almost three in five participants could not get the help they needed because of cost. Nearly half were not sure where to go or who to see for help. Over a third were not satisfied with the mental health or substance use services available, and a similar number said it took too long to get an appointment.

Thinking about the most recent time when you felt you needed professional help for your mental health or substance use but didn't receive it, why was that? *Select all that apply.*



Out of participants who needed this help in the last 12 months but didn't receive it

There were many group differences in why participants had not been able to access professional help they needed:

- Adults (63%) and participants living in large cities (60%) were more likely to say that it **costs too much**, while youth (54%), older adults (35%), and participants living in other areas (44%) were less likely to report this.
- Youth were more likely and adults were less likely to say that they were **unsure where to go or who to see** (50% vs 40%), or that they **didn't think treatment would work** (27% vs 15%).

- Youth (39%) and disabled participants (40%) were more likely to say that they were **not satisfied with available services**, while non-disabled participants (30%) were less likely to report this.
- Participants living in large cities (34%) were more likely to say that the time taken to **get an appointment was too long**, while participants living in other areas (25%) were less likely to report this.
- Youth (31%) and non-disabled participants (30%) were more likely to have **wanted to handle it alone and/or with the support of family, whānau, and friends**, while adults (20%) and disabled participants (23%) were less likely to report this.
- Youth (30%) and disabled participants (35%) were more likely to say that health professionals were **unhelpful or unwilling to help**, while older adults (6%) and non-disabled participants (16%) were less likely to report this.
- Disabled participants (21%) and participants living in large cities (20%) were more likely to say they couldn't get an **appointment at a suitable time**, while non-disabled participants (15%) and participants living in other areas (11%) were less likely to report this.
- Youth (25%) and participants living in smaller cities/towns/rural areas (25%) were more likely to say that they were **concerned about what others might think**, while adults (9%) and participants from large cities (17%) were less likely to report this.
- Participants living in smaller cities/towns/rural areas (11%) were more likely to say that they had problems with **transportation or childcare**, while participants living in large cities (6%) were less likely to report this.
- Asian (17%), Māori (8%), and non-binary participants (4%) were more likely to say that available services did not meet **their cultural or language needs**, while European participants (1%) and trans women (0%) were less likely to report this.

Participants' comments

My GP believed that the mental health issues I was facing weren't currently severe enough for me to qualify. *(Non-binary, youth)*

Waited for an appointment for 11 months. *(Trans man, youth)*

When I turned 18 I could no longer see my therapist because of my age, so I was basically kicked out. This left me with no mental health help and because I'm autistic change is very hard so was difficult to find another therapist that I liked. *(Non-binary, youth)*

For therapy or counselling, I was on the CAMHS waitlist and had an assessment, then got rejected for being 'not severe enough', and for the others because I'm too young. *(Trans man, youth)*

Afraid that health professionals would not treat me appropriately as a Māori person. *(Non-binary, adult)*

Was treated with no respect, not listened to, ended up in an even worse place than before I asked for help. *(Trans woman, adult)*

There aren't a lot of trans/east Asian therapists and the intersection of those two aspects of my identity play a big role in my mental health. *(Non-binary, adult)*

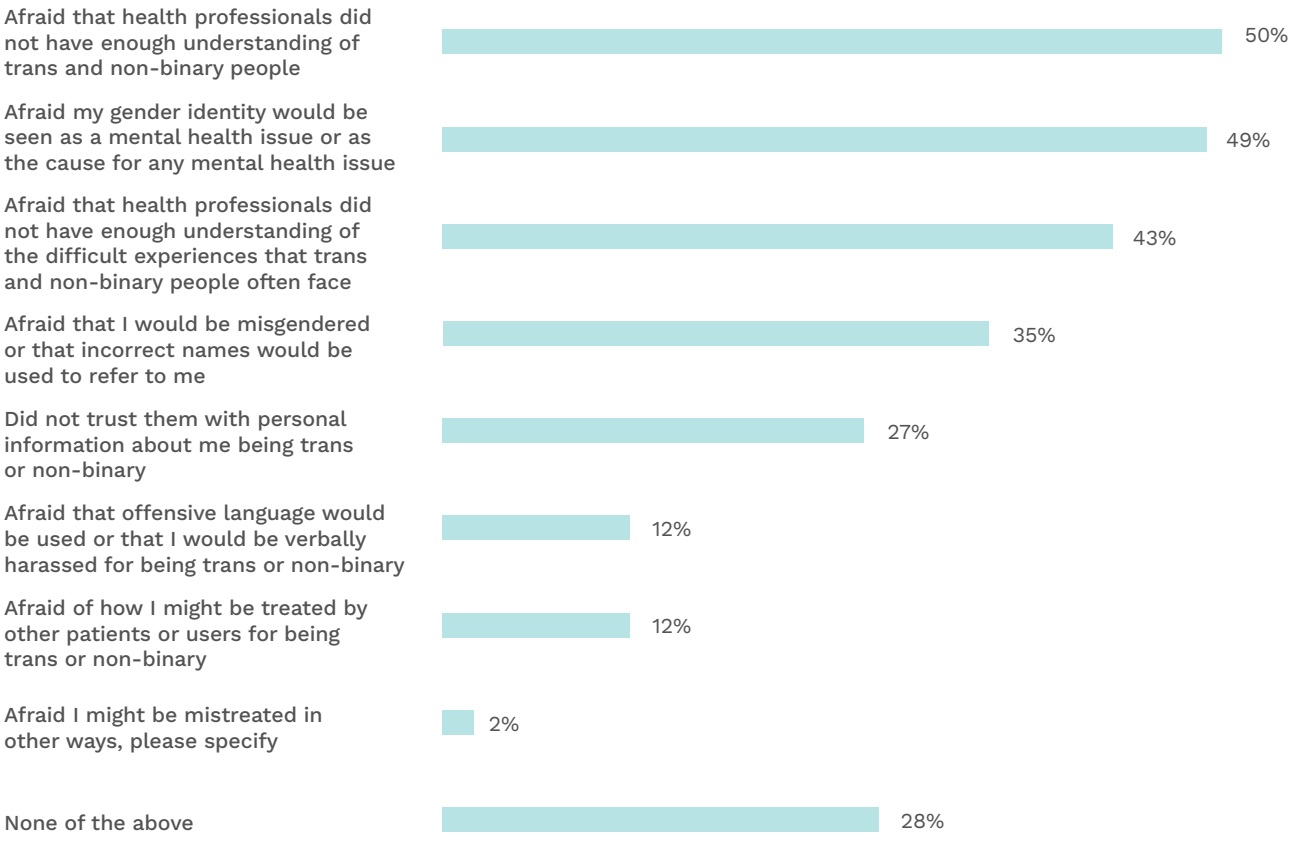
The systemic racism and sexism have caused serious harm and mistrust in the system. *(Trans woman, adult)*

Yeah, haven't been able to as an adult, despite a diagnosis of anxiety, depression, and c-PTSD, apparently I'm not 'bad enough' for them to see me because I hold down a job and don't have immediate suicidal ideation. *(Trans man, youth)*

We also asked participants if they had faced any barriers related to being trans or non-binary that stopped them from seeking professional help for their mental health or substance use.

Half of participants were afraid that health professionals did not understand trans and non-binary people well enough. A similar number were afraid that their gender identity would be seen as a mental health issue or as the cause for any mental health issue. More than two out of five participants were afraid that health professionals did not have enough understanding of the difficult experiences that trans and non-binary participants often go though. Just over a third were afraid that they would be misgendered or have incorrect names used to refer to them.

Thinking again about the most recent time when you felt you needed professional help for your mental health or substance use but didn't receive it, which of the following reasons apply to you?
Select all that apply.



Out of participants who needed this help in the last 12 months but didn't receive it

There were many group differences in these barriers for participants to access mental health or substance use service:

- Disabled participants were more likely and non-disabled participants were less likely to be afraid that **their gender identity would be seen as a mental health issue or as the cause for any mental health issue** (53% vs 44%), to be afraid that **health professionals did not have enough understanding of the difficult experiences that trans and non-binary people often face** (46% vs 39%), or to be afraid of **how they might be treated by other patients or users for being trans or non-binary** (14% vs 8%).
- Youth (42%) and disabled participants (39%) were more likely to be afraid that they would be **misgendered or that incorrect names would be used to refer to them**, while adults (28%), older adults (3%), and non-disabled participants (30%) were less likely to report this.
- Youth (14%) and disabled participants (14%) were more likely to be afraid that **offensive language would be used or that they would be verbally harassed for being trans or non-binary**, while non-disabled participants (8%) were less likely to say this.
- Asian participants (8%) were more likely to say that they were afraid they would be **mistreated in other ways**.

Participants' comments

I had a therapist that I got referred to for being trans and they didn't know the difference between trans and gay and always misgendered and deadnamed me. *(Trans man, youth)*

One of my psychiatrists invited my parents to a session about me, without me present, and against my knowledge, and outed me as transgender to both my parents. *(Trans woman, adult)*

Based on previous experience with mental health professionals I did not feel like the average professional could understand how me being transgender would affect my wider mental health/ failed to respect me as my preferred gender. (*Trans woman, youth)*

I have to educate mental health professionals on being trans and it's tiring. *(Trans man, adult)*

I was afraid I would be forced to take medication I didn't want or forced into inpatient treatment. Afraid to seek help after sexual assaults because I worried, I would be told it was my fault or that I only had gender dysphoria because of that. *(Non-binary, adult)*

Available substance abuse prevention clinics are often very religious and unsafe for trans people because of religious discrimination. *(Trans woman, adult)*

When I was in hospital for an overdose, I kept getting misgendered. Wrong name, wrong pronouns. When my friend told them I was trans they said they didn't understand that sort of thing. *(Trans man, youth)*

Didn't think they would understand my complex problems caused by being trans and disabled. *(Non-binary, youth)*

I received excellent therapeutic help at my own cost (public funding was declined) but I do not believe my concerns about the connection between HRT and suicidal ideation were taken seriously enough, particularly by the public service endocrinologist my doctor consulted. *(Trans woman, older adult)*

I had been to a [university] counsellor for help with mental stress due to suicide of a friend and stress. This counsellor made it all about me being transgender although it had nothing to do with that, then proceeded to 'out' me to my head of department. Sharing personal information that I did not consent to being shared. *(Trans man, adult)*

Afraid accessing mental help would hinder my efforts in accessing gender affirming services like hormones and surgery. *(Non-binary, youth)*

Most mental health practitioners who are knowledgeable in trans healthcare are pākehā or cis and have a poor understanding of how my gender and culture intersect. *(Trans woman, adult)*

8: Substance use

We asked participants about their use of substances such as cigarettes, vapes, and e-cigarettes, alcohol, and other non-prescribed drugs.

Cigarettes

One in 25 participants aged 15 or older smoked at least one cigarette per day, with increased rates of smoking for older age groups.

Participants who smoke one or more cigarettes a day

	Counting Ourselves 2022 (age 15+)	Counting Ourselves 2018 (age 15+)	New Zealand Health Survey 2020/21 (age 15+)
Youth	2%	8%	7%
Adults	6%	12%	13%
Older adults	10%	13%	8%
Overall	**4%**	**10%**	**10%**

Vaping and e-cigarettes

Counting Ourselves participants aged 15 or older (50%) were twice as likely to have ever used vapes or e-cigarettes compared to the general population (25%). Counting Ourselves participants (18%) were also more likely to currently use vapes or e-cigarettes (at least monthly) compared to the general population (8%).

Participants who vape or use e-cigarettes at least monthly

	Counting Ourselves 2022 (age 15+)	New Zealand Health Survey 2020/21 (age 15+)
Youth	19%	19%
Adults	18%	9%
Older adults	11%	2%
Overall	**18%**	**8%**

Māori (32%) and disabled participants (22%) were more likely to **currently use vapes or use e-cigarettes**, while Asian (8%), European (17%), and non-disabled (15%) participants were less likely.

Alcohol

The Ministry of Health defines heavy episodic drinking as having six or more standard drinks on one occasion at least monthly. One in six participants aged 15 and older reported doing this, which is lower than the general population rate.

Participants who have six or more standard drinks on more than one occasion at least monthly

	Counting Ourselves 2022 (age 15+)	Counting Ourselves 2018 (age 15+)	New Zealand Health Survey 2020/21 (age 15+)
Youth	17%	13%	32%
Adults	16%	16%	24%
Older adults	12%	13%	13%
Overall	**16%**	**15%**	**21%**

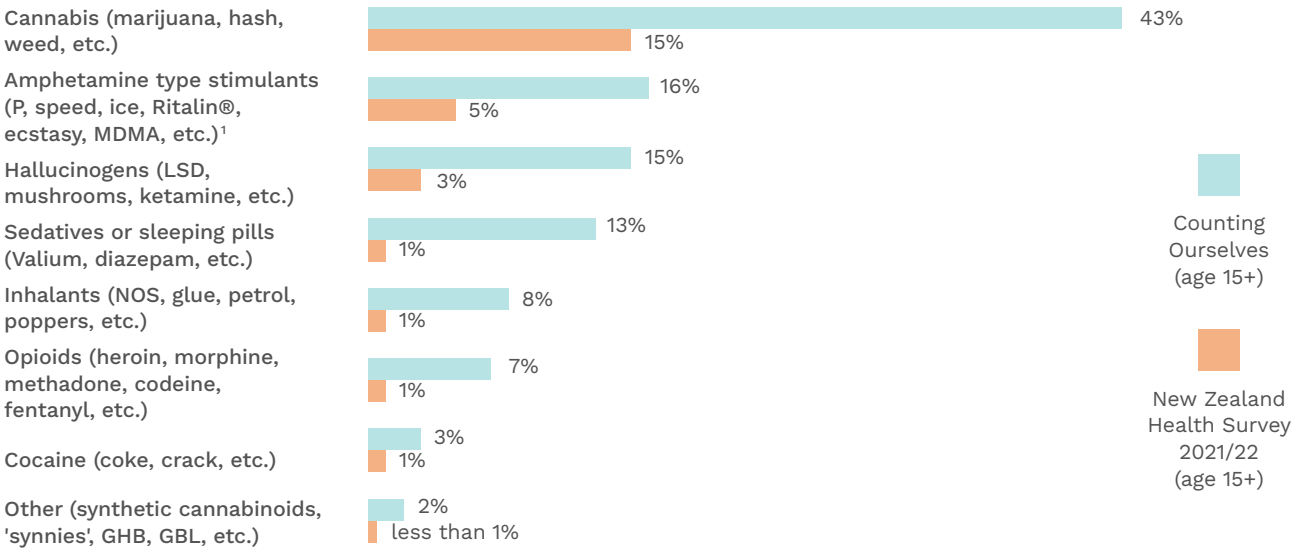
We asked those aged 15 or older who had drunk alcohol in the last year whether a relative, friend, doctor, or other health worker who was concerned about their drinking had suggested they cut down.

More than one in eight participants (13%) said this had happened to them *more than a year ago*, and a further 8% reported that this had happened *in the last 12 months*.

Other drug use

We asked participants aged 15 or older whether they had used other substances or drugs for non-prescription reasons, such as recreation, getting high, or other non-medicinal uses. More than two in five participants (43%) had used cannabis in the last 12 months. This is almost three times higher than the general population in the New Zealand Health Survey and an increase from the 38% in the 2018 Counting Ourselves survey. The rates of other drug and substance use were also higher than the general population in the New Zealand Health Survey.

In the last 12 months, have you used any of the following substances for non-prescription reasons? *Select all that apply.*



[1] *We combined the amphetamine type stimulants and ecstasy / MDMA response options for both surveys.*

There were many group differences for substance use *in the last 12 months*:

- Māori (52%), disabled participants (48%), and participants living in large cities (46%) were more likely to have used **cannabis**, while older adults (17%), non-disabled participants (39%), and participants living in other areas (33%) were less likely to report this.
- Adults (19%) and participants living in large cities (17%) were more likely to have used **amphetamine type stimulants**[1], while older adults (4%), and participants living in other areas (8%) were less likely to report this.
- Māori (20%), disabled participants (17%), and participants living in large cities (16%) were more likely to have used **hallucinogens**, while Asian participants (6%), non-disabled participants (12%), and participants living in other areas (6%) were less likely to report this.
- Adults (16%) and disabled participants (17%) were more likely to have used **sedatives or sleeping pills**, while youth (10%) and non-disabled participants (9%) were less likely to report this.
- Participants living in large cities were more likely and participants living in other areas were less likely to have used **inhalants** (9% vs 3%).
- Adults (9%) and disabled participants (10%) were more likely to have used **opioids**, while youth (5%) and non-disabled participants (4%) were less likely to report this.

Participants' comments

I've realised that I drank more when I am exposed to negative news against transgender and non binary people. *(Non-binary, youth)*

I follow a harm reduction ideology and keep a close eye on my substance use and the way it is affecting me – I see little difference between my daily cannabis use and my other daily medications other than prescription. *(Non-binary, adult)*

Used pot daily for 30+ years to manage having to hide my gender identity. *(Trans woman, older adult)*

I was an [intravenous drug] user of opiates for many years, well before I transitioned, but when I knew I was trans. I had been chronically suicidal for a long time and used opiates to buy me enough time to find something to keep me alive. In the end what ended the suicidal ideation was transitioning, although I had fortunately been clean for many years by that point. *(Trans man, adult)*

I use cannabis to help with PTSD flash backs and other issues since being assaulted. I would rather not take a prescribed anti-anxiety or anything of that nature as I am already taking a lot of medication with hormone treatment. I would consider it a form of medicinal use. *(Trans woman, adult)*

Cannabis saved my life when I was in mental health crisis, and continues to support me through my difficult times. I no longer rely on it to keep my head above water and long story short, it is healthcare and it is possible to have a healthy relationship with. *(Non-binary, adult)*

I was pressured into taking substances by sexual partners. *(Trans woman, adult)*

I exclusively use cannabis for chronic pain, and have a legal prescription, but it is so insanely expensive that I cannot afford medical cannabis and instead source from trusted dealers, but constantly do not have enough money for as much cannabis as I need to be pain free. This rules my life. *(Non-binary, youth)*

I'm so happy with my alcohol- and drug-free lifestyle. This can be a real challenge for many in our communities as so many of our queer/trans spaces involve some kind of substance use. Over time I have found great friends who don't use alcohol and drugs, so I feel well-supported to keep living this way. *(Trans man, adult)*

I have used alcohol in the past to cope when feeling bad about the problems I face being transgender. *(Trans man, youth)*

9: Sexual and reproductive health

We asked about participants' experiences of sexual and reproductive health, as well as pregnancy and parenting.

People often talk about these topics in gendered ways, and many assumptions about trans and non-binary people's needs and choices still exist. These assumptions can affect how trans and non-binary people interact with healthcare providers and how they make decisions about reproduction.

Sexually transmitted infections

We asked participants about a range of sexually transmitted infections.

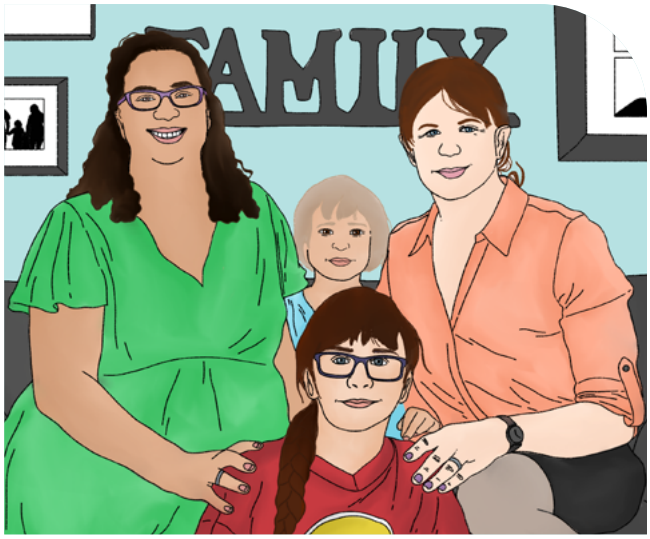
Have you ever been told by a doctor or other healthcare professional that you have...
Select all that apply.

	Counting Ourselves 2022 (age 16–74)	Counting Ourselves 2018 (age 16–74)
Bacterial vaginosis (BV)	11%	-
Chlamydia	8%	6%
Gonorrhoea	4%	3%
Human papillomavirus (HPV)	3%	3%
Genital herpes	3%	3%
Genital warts	2%	2%
Non-specific urethritis (NSU)	2%	2%
Hepatitis	1%	2%
HIV	less than 1%	less than 1%
Syphilis	less than 1%	less than 1%
Trichomonas vaginalis (trich, TV)	less than 1%	less than 1%
Had one or more but can't remember	1%	1%
Crabs/pubic lice	2%	-
Mycoplasm genitalium	less than 1%	-

Out of participants who had ever had sex, except for hepatitis and HIV, which were out of all participants
A dash (-) means no comparison data was available

Group differences for specific sexually transmitted infections included:

- Adults were more likely and youth were less likely to report **bacterial vaginosis (BV)** (14% vs 7%), **chlamydia** (10% vs 5%), or **human papillomavirus (HPV)** (5% vs 1%).
- Older adults were more likely and youth were less likely to report **genital or anal warts** (6% vs less than 1%) or **non-specific urethritis (NSU)** (9% vs less than 1%).
- Pasifika participants (11%), Māori (3%), and trans women (2%) were more likely to report **syphilis** and European participants (less than 1%) were less likely to report this.
- Disabled participants (2%) were more likely to report **trichomonas vaginalis (trich, TV)** and non-disabled participants (less than 1%) were less likely to report this.



Fertility, pregnancy, and parenting

Fertility preservation

We asked all trans men and non-binary participants assigned female at birth whether they had stored their eggs or ovarian tissue. Very few participants had stored their eggs or ovarian tissue, and over one in nine reported an unmet need for this fertility preservation service.

Trans men (16%) were more likely to report an unmet need for storing eggs or ovarian tissue and non-binary participants (11%) were less likely to report this.

Use of and unmet demands for fertility preservation

	Want this, but have not had it **(unmet need)**	Have had this and paid for it themselves	Have had this and did not pay for it themselves	**Total demand**
Storing eggs or ovarian tissue[1]	12%	<1%	<1%	**12%**
Freezing sperm[2]	10%	4%	16%	**30%**

[1] *Out of trans men and non-binary participants assigned female at birth*

[2] *Out of trans women and non-binary participants assigned male at birth*

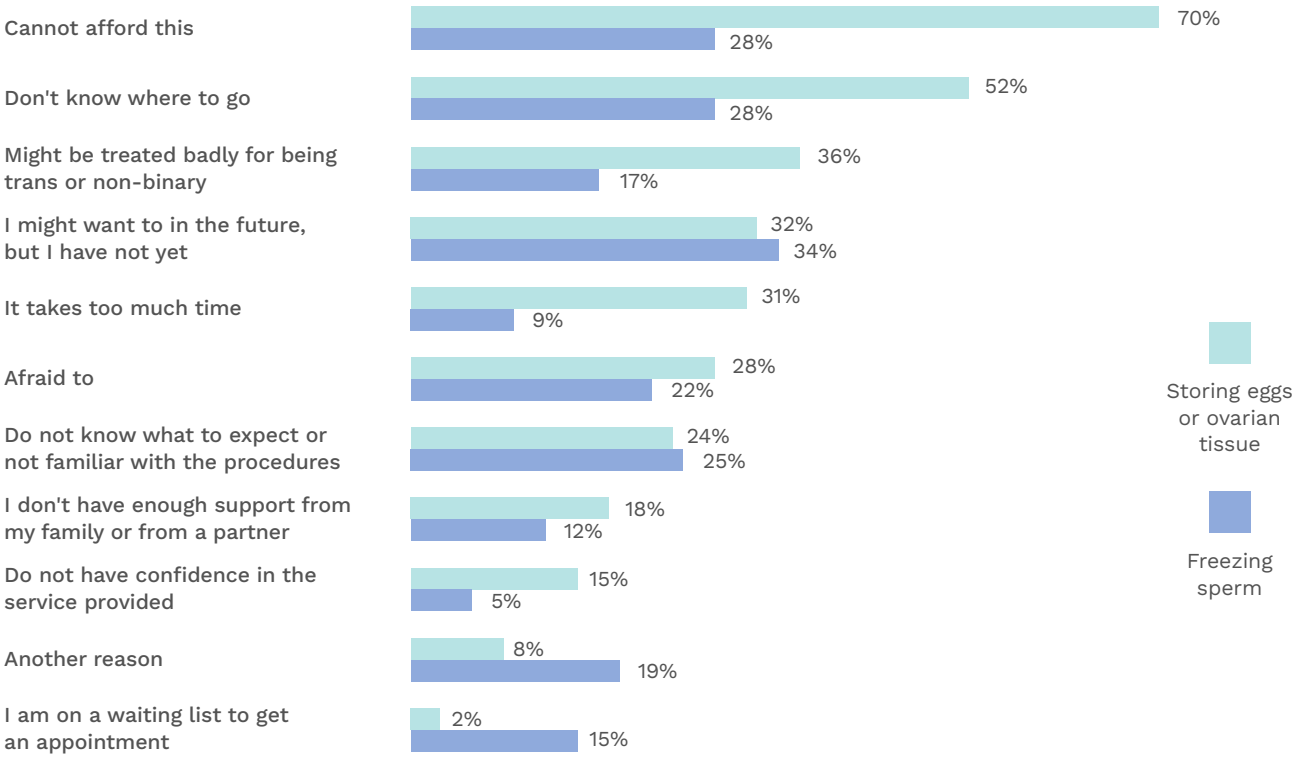
We asked all trans women and non-binary participants assigned male at birth about whether they had frozen their sperm. One in five (20%) participants had frozen their sperm, but one in ten still had an unmet need for this form of fertility preservation.

Youth (22%) and trans women (21%) were more likely to have had their sperm frozen and to have not paid for it themselves, while non-binary participants (8%) and older adults (2%) were less likely to report this. Trans women (6%) were more likely to have had their sperm frozen and to have paid for it themselves, while non-binary participants (2%) were less likely to report this.

Some of the differences between access to sperm and egg freezing could be because the public funding criteria require someone to be having medical treatment which has a permanent effect on their fertility. For trans women and non-binary people assigned male at birth this covers sperm freezing if they are taking estrogen. However, for trans men and non-binary people assigned female at birth, taking testosterone does not permanently impact their fertility, so egg or ovarian tissue freezing is only funded if they are having a medical procedure to remove their ovaries.[1]

We asked participants who had an unmet need for fertility preservation about the reasons why they had not accessed this. Adults (82%) were more likely to cite cost as a barrier for storing their eggs or ovarian tissue, while youth (57%) were less likely to report this. There were no group differences for freezing sperm.

Why have you not accessed fertility preservation? *Select all that apply.*



Out of participants with an unmet need for fertility preservation

Participants' comments

Sperm freezing, I'm waiting [until I am about] to start HRT because then it is publicly funded. *(Trans woman, youth)*

To freeze sperm I have to do a bunch of weird complicated hormonal stuff like hormonally detransitioning and it's complex and scary so I'm taking my time with it. *(Trans woman, adult)*

When I asked the endocrinologist about freezing my eggs I was advised not to because it would give me 'false hope' because the degradation of frozen eggs and eggs after HRT is 'about the same'. As I wanted [testosterone] badly, I didn't argue, but I wish it had gone differently now. I also have had endometriosis so going off [testosterone] in order to freeze my eggs had pretty dire health consequences for me. *(Trans man, adult)*

[1] See www.genderminorities.com/wp-content/uploads/2023/03/fa-transgender-bro-mobile-version.pdf

Parenting

Nearly one in eight (12%) participants were parents. Older adults (61%) and adults (18%) were more likely and youth (less than 1%) were less likely to be parents. This is unsurprising given the average age for first-time parents in Aotearoa New Zealand is around 30.

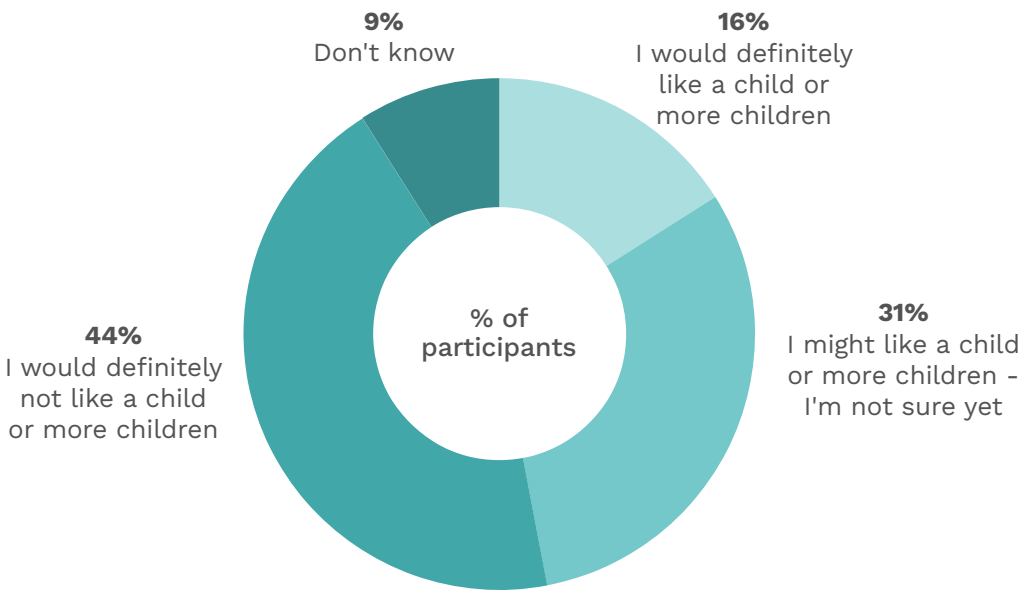
Non-disabled participants (15%) and participants living in smaller cities/towns/rural areas (18%) were more likely to be parents, while disabled participants (9%) and participants in large cities (10%) were less likely to report this.

This number of participants reporting being a parent is lower than it was in 2018, down from 16% to 12%. This could be because we had a higher percentage of participants in the 2022 survey who were youth under the age of 25.

Future parenting

Almost half of participants (47%) reported they would either definitely like to have a child or more children or weren't sure yet.

Which of these statements best describes the way you feel about having a child or more children in the future?



Adults (20%) were more likely to say they would definitely like a child or more children, while youth (13%) were less likely to say this. Youth (40%) were more likely and adults (25%) were less likely to say they were not sure yet.

Older adults (79%) were more likely to say they definitely would not like a child or more children, while youth (38%) were less likely to say this.

Pregnancy experiences

Out of trans men and non-binary participants assigned female at birth, 9% had ever been pregnant.

This included 6% who had been pregnant before identifying as trans or non-binary and 3% who had been pregnant since identifying as trans or non-binary.

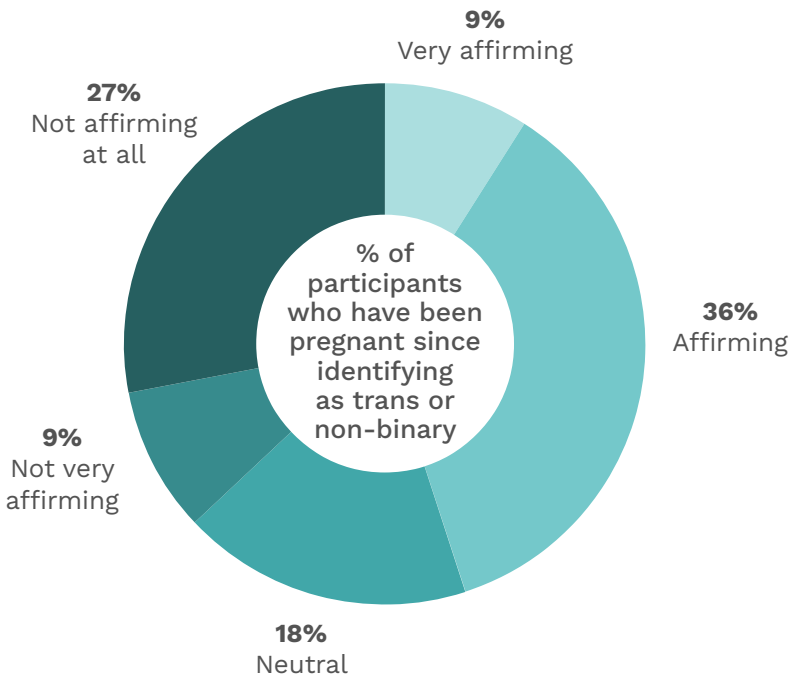
Adults (5%) and participants living in smaller cities/towns/rural areas (8%) were more likely to report **being pregnant *since* identifying as trans or non-binary**, while youth (1%) and participants living in large cities (2%) were less likely to report this.

Adults (12%), older adults (33%), non-binary participants (8%), and participants living in smaller cities/towns/rural areas (11%) were more likely to have **been pregnant *before* identifying as trans or non-binary**, while youth (less than 1%), trans men (3%), and participants living in large cities (5%) were less likely to report this.

Pregnancy or birth care provider

We asked participants who had been pregnant since identifying as trans or non-binary how affirming their main pregnancy or birth care provider was of their gender. Less than half reported that their provider was *affirming* or *very affirming*.

Overall, how affirming do you feel your main pregnancy or birth care provider was of your gender?



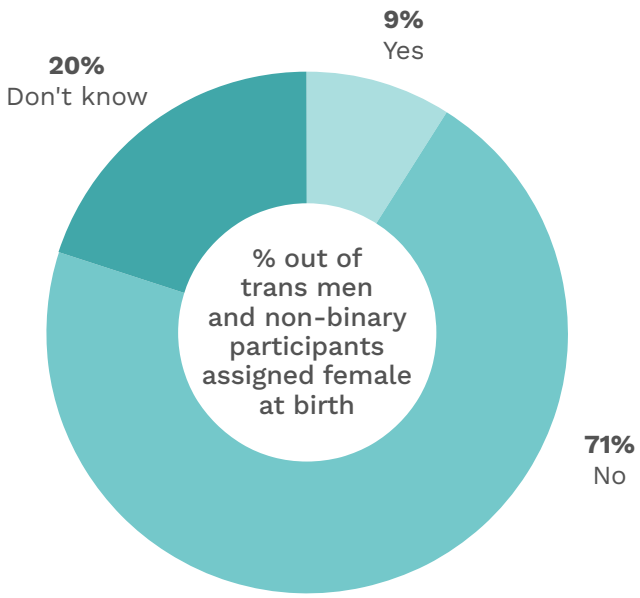
Pregnancy loss and abortion

Nearly half (49%) of participants who had been pregnant since identifying as trans or non-binary had experienced a pregnancy loss, such as a miscarriage or stillbirth. One-third (33%) of these participants had experienced an abortion since identifying as trans or non-binary.

Future pregnancy

Almost one in ten trans men and non-binary participants assigned female at birth said they would like to get pregnant in the future. Non-binary participants (11%) were more likely and trans men (4%) were less likely to report this.

Would you like to get pregnant in the future?



Partners and pregnancy

A small number of our participants (2%) said that their partner had become pregnant since the participant identified as trans or non-binary. Adults (4%) were more likely and youth (less than 1%) were less likely to report this.

We asked these participants how well care providers included them in the pregnancy-related healthcare their partner(s) received, and more than one-fifth (21%) reported they were not included at all or very well. Disabled participants (44%) were more likely and non-disabled participants (7%) were less likely to report this.

Participants' comments

The incredibly gendered space of pregnancy, childbirth and post-partum care did huge amounts of damage to my mental health, my physical health, my sexual health and my sense of identity. My experiences forever changed my relationship with my whare tangata [uterus]. *(Non-binary, adult)*

I have had 3 miscarriages, one since I started identifying as non-binary and I found being pregnant triggered my anxiety and dysphoria, & confusion around my gender. . . We will not be trying again to get pregnant because I can't handle the miscarriages/fear. *(Non-binary, adult)*

My experience was so unbearable I decided not to try and become pregnant again – which is something I struggle with sometimes now that my window has passed. *(Trans man, adult)*

We were in [neonatal intensive care unit], so very intensive and well monitored. Was ok as centred around my partner who is cis female. But as I plan to carry in the future it was worrying for me because it's very cis language. All the info papers etc use very gendered language and I worry about it triggering even more dysphoria than I may be feeling already in future. I can't see myself in any of it looking forward. *(Non-binary, adult)*

10: School

Schools are a critical environment in the lives of trans and non-binary young people and their whānau. School attendance is linked to many positive outcomes.

When schools are inclusive and respectful of trans and non-binary students, it can make them feel valued, safe, and welcome. This can improve students' sense of safety, wellbeing, and achievement and their future educational opportunities.[1]

On the other hand, schools that ignore trans and non-binary young people, discriminate against them, or treat them poorly, can cause stress and harm students' wellbeing, attendance, and achievement. For some young people, these harmful and abusive school environments can have lifelong negative effects.

The 2021 Identify survey is the largest current study focused on rainbow young people in Aotearoa New Zealand and included around 900 trans or non-binary students in secondary education. Identify's 2022 community and advocacy report analyses these students' experiences and is listed in the Selected Resources section at the back of our report.

The Counting Ourselves survey questions about school were answered by the 16% of our participants who were attending an Aotearoa New Zealand secondary school at the time they took the survey.

We asked these students about the care and support they received from people at their school, and their school's trans-inclusive policies and practices, as well as negative experiences such as bullying and harassment.

Bullying and harassment

Almost half (47%) of the trans and non-binary students reported they had been bullied at school in the last 12 months, lower than in our 2018 survey (51%).

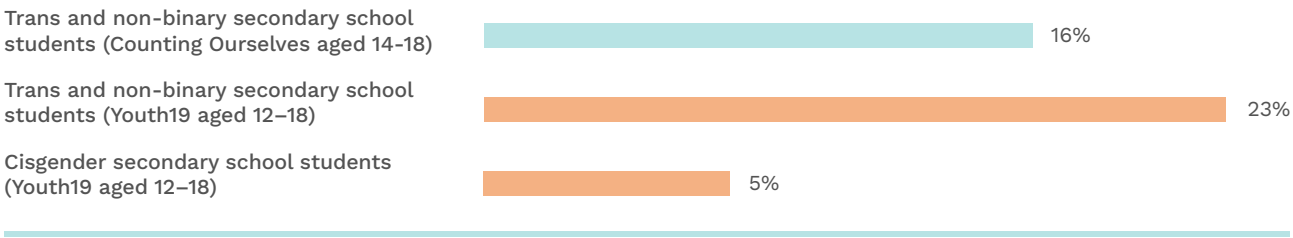
Almost a third of students had been bullied once or twice (31%), and 16% were bullied at least once a week.

Disabled students (22%) and students living in smaller cities/towns/rural areas (26%) were more likely to have been bullied at least once a week. Non-disabled students (8%) and students living in a large city (11%) were less likely to report this.

Counting Ourselves participants and trans and non-binary participants from the Youth19 adolescent health survey were at least three times more likely to have been bullied in school at least once a week in the last year than cisgender students in the Youth19 survey.

[1] See Fenaughty et al. (2019) in Selected Resources

In the last 12 months, have you been bullied in school at least once a week?



Youth19 included participants aged 12 and 13, which is younger than our sample of participants aged 14–18.

Of Counting Ourselves participants who had been bullied in school in the last 12 months, 53% said this was because of their gender identity.

We asked participants if any teachers had ever harassed or attacked them (e.g., made slurs aimed at them, ridiculed them, physically attacked them, or sexually harassed them). Over one in five (22%) participants had experienced this.

School safety policies and practices

Almost one in five students (19%) said they felt unsafe in their school or course *most* or *all of the time*. Disabled school students (27%) were more likely and non-disabled school students (11%) were less likely to say this.

We also asked participants about specific safety concerns for trans and non-binary students. About two-thirds of students *agreed* that there was someone at school they could complain to if a teacher said negative things about what it means to be trans or non-binary. Over half *disagreed* that it was safe to use a toilet or changing room that matched their gender. A similar percentage of students *agreed* and *disagreed* that their schools tolerated the bullying of students for being trans or non-binary.

How much do you agree with the following statements about your school?

	Somewhat or strongly agree	Neither agree nor disagree	Somewhat or strongly disagree	Don't know
I know there is someone at school who I can complain to if a teacher says negative things about what it means to be trans or non-binary	65%	7%	19%	9%
The school makes it clear that it does not tolerate bullying of students for being trans or non-binary	41%	18%	37%	4%
The school respects students' privacy and does not disclose if students are trans or non-binary without their consent	39%	15%	28%	18%
It is safe to use a toilet or changing room that matches your gender (e.g., a trans boy can use male toilets safely)	27%	10%	55%	9%

Inclusive policies, practices, and curriculum

We asked about school policies and practices that support the inclusion of trans and non-binary students.

Only a quarter of students *somewhat* or *strongly agreed* that they could participate in any school activity, including female or male only events, based on their gender. Over one-third of students *somewhat* or *strongly agreed* and a similar percentage *disagreed* that the rules and regulations at their school support trans and non-binary students. More than half of students *somewhat* or *strongly disagreed* that the gender or sexuality education they received represented trans and non-binary people in an accurate way.

How much do you agree with the following statements about your school?	Somewhat or strongly agree	Neither agree nor disagree	Somewhat or strongly disagree	Don't know
The rules and regulations at my school support trans and non-binary students	36%	18%	38%	9%
The gender and sexuality education I received at my secondary school represented trans and non-binary people in an accurate way (e.g., it used gender inclusive language)[1]	28%	15%	56%	-
Students can participate in any school activity, including female only or male only events, based on their gender	25%	9%	43%	23%
Trans and non-binary students are supported to participate in sports at school	21%	17%	34%	29%

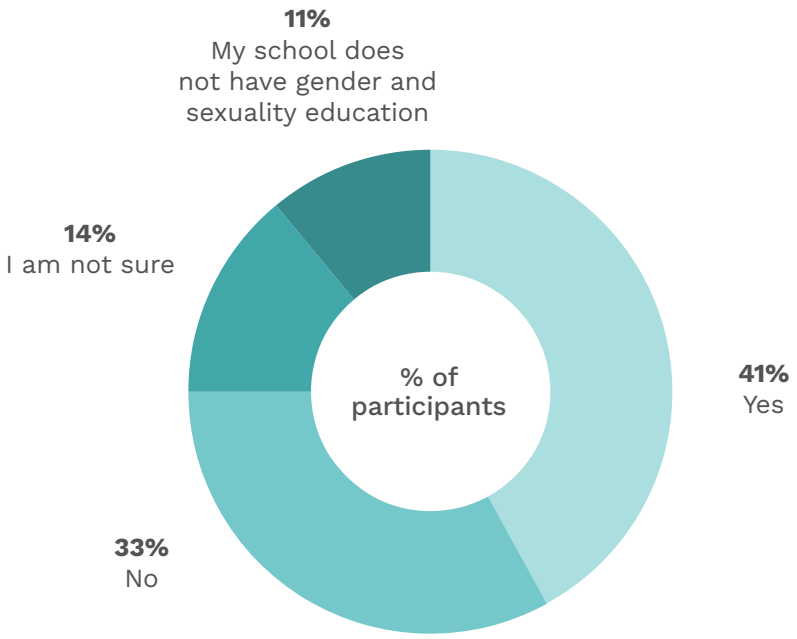
[1] *Out of participants whose school includes gender and sexuality education*

We also asked a separate question about whether the gender and sexuality education students received at secondary school included learning about trans and non-binary topics and experiences, and less than half said it did.

Students living in a large city (49%) were more likely to say their gender and sexuality education included trans and non-binary topics and experiences.

Students living in other areas (26%) were less likely to report this.

Does the gender and sexuality education you have received at secondary school include learning about trans and non-binary topics and experiences?



Participants' comments

I have recently been allowed to be with the boys for kapa haka, which I was previously scared to ask about. *(Trans man, youth)*

I have experienced transphobia from an ex-boyfriend who went around telling people I tricked him and he didn't know I was trans when he was definitely aware. *(Trans woman, youth)*

Gendered Uniforms are a massive hurdle for gender queer kids and queer kids in general because changing uniform is an informal coming out which can be uncomfortable but staying in the incorrectly gendered uniform is soul crushing. *(Trans man, youth)*

Since I go to an all girls school, it's pretty exclusive and sorta just shoves womanhood into everything they can. Trans and gender-queer [kids] sorta just have to find their own crowd and create or find their own safe spaces to go to. Aside from the rainbow group, there aren't a lot of places to go to that are safe and inclusive . . . All of the teachers use exclusively female vocabulary when referring to their classes and are not gender inclusive at all (at least to my knowledge) and as far as support goes, if there are teachers that are young or that have an open mind, you can probably go to them or even the nurses, otherwise it's a waste of time trying. *(Non-binary, youth)*

At my school there's only one bathroom for everyone. It's an all girls school but there [are] many trans and non binary people that I know of. My friend wore pants and got shouted slurs at but most of the students are supportive. *(Trans man, youth)*

. . . I was bullied for two years to the point I broke down bad enough for my [parent] to arrange a meeting with my dean . . . Anything I did that was remotely shy, gay, or genderless, I got sneered at for it. I was excluded from class activities, and targeted when taking part in them. My art was made fun of, and then people denied it . . . My class knew plenty of things about me, and they did everything I hated, knowing I hated it, and only a few people apologised only after I was pushed to the edge . . . *(Non-binary, youth)*

The entire country is very split on how good of an experience a trans person can have at their school. There needs to be more standardisation, the education we received on trans issues was done by the school not mandated. And this education needs to start way earlier, primary school level. You can't come into a class of immature fourteen year olds and expect a good result, this education needs to start early to really show that being trans or non binary is normal. *(Trans man, youth)*

Year 9 and 10 was the worst as it was a PE teacher who taught the class. He was disrespectful and unkind to myself and other students when questions were asked. Year 11+ an outside provider (Mates and Dates) begun and its better but there is still a lot of misinformation being shared and important information being left out. For example safe sex for non hetero/cis relationships was not covered but there was a lengthy conversation about the prevention of pregnancy. *(Non-binary, youth)*

It's hard to tell sometimes whether or not a classmate is genuinely supporting me or is just mocking me, i.e. asking for my pronouns but in a way that I'm not sure is mocking or genuine. *(Trans man, youth)*

My sex ed was all done at my previous high school, not my current one, and did not mention anything about transgender experiences outside of briefly mentioning that gender and sex are different. *(Trans woman, youth)*

Some of the teachers teaching about gender or sexuality do not actually have enough experience or knowledge to accurately represent the LGBTQ community. These lessons are also often made a joke of by students that find it uncomfortable and would rather bash it than try to understand why it's so uncomfortable. *(Non-binary, youth)*

The main thing is that my school only goes to, of course, male and female when talking about sex education . . . it always makes me feel . . . uncomfortable whenever we have to do some test or assessment about sex education. *(Non-binary, youth)*

We talk about 'sexuality' at school but it is only about heterosexual cisgender sex ed. It was mentioned once, 'how many genders are there?' '2' and 'what is the definitions of these sexualities?' (A few of the definitions were wrong). *(Non-binary, youth)*

11: Discrimination and harassment

The Human Rights Act lists the types of discrimination that are unlawful. People can complain to the Human Rights Commission about unlawful discrimination or about sexual or racial harassment.

Discrimination that trans and non-binary people experience because of their gender identity or expression is considered to be part of sex discrimination. In mid-2025, the Law Commission will be publishing the final report of its Ia Tangata review examining whether the current wording of the Human Rights Act adequately protects trans, non-binary, and intersex people.

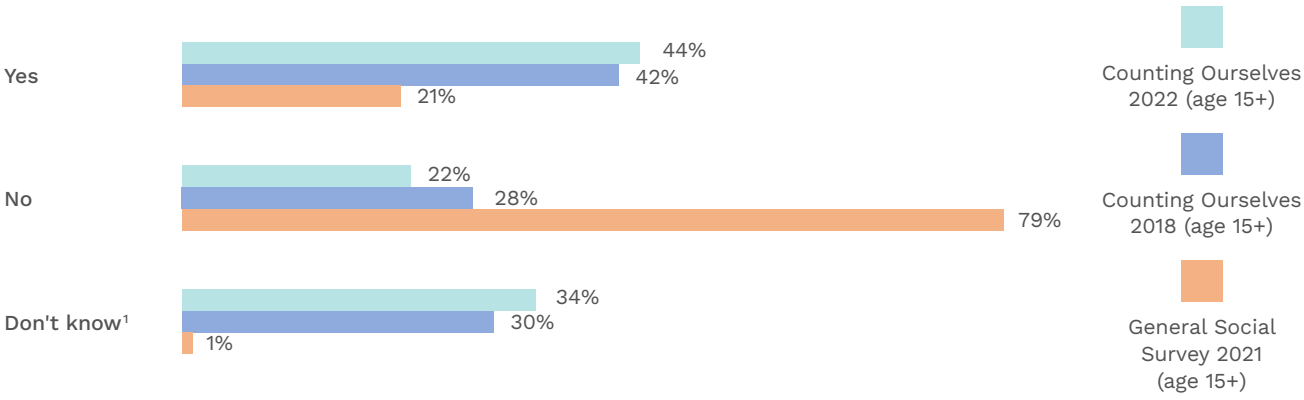
Discrimination overall

We asked participants if they had been treated unfairly or differently compared to other people. This could be due to their gender or because of another personal characteristic. Other examples we gave were because of their age, skin colour, way of dress or appearance, race or ethnic group, accent or language spoken, sexual orientation, religious beliefs, or disability.

In 2022, almost three-quarters (74%) of Counting Ourselves participants aged 15 or older had *ever* experienced discrimination, higher than for participants in the 2018 survey (66%).

Almost half had experienced discrimination *in the last 12 months*, similar to the number reporting this in 2018. This is more than double the rate of the general population reporting discrimination in the General Social Survey 2021.

In the last 12 months have you been discriminated against?



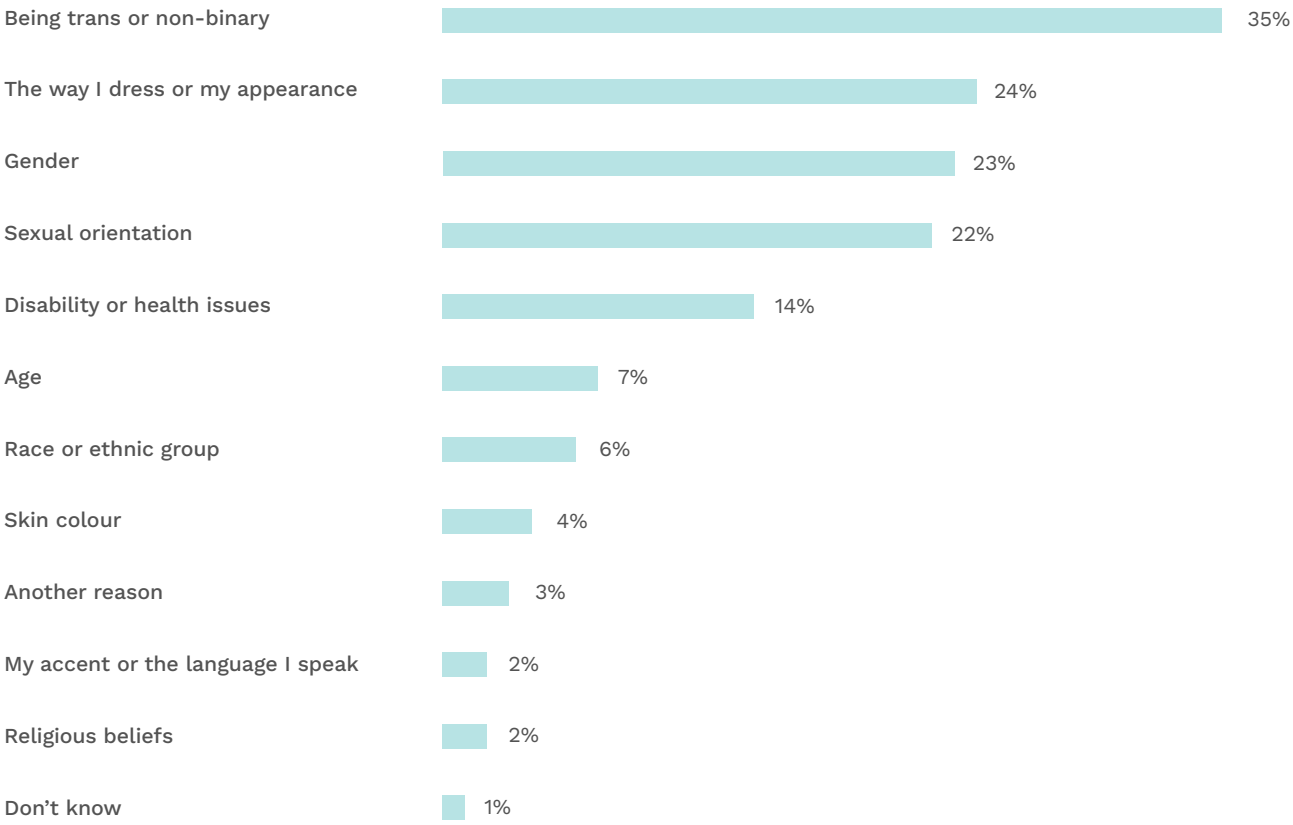
[1] *Includes any participants who didn't know if they had experienced discrimination (ever or in the last 12 months)*

Asian (59%) and disabled participants (55%) were more likely to report that they had experienced discrimination in the last 12 months, while European (42%) and non-disabled participants (35%) were less likely to report this.

Why people experienced discrimination

We asked participants why they were discriminated against in the last 12 months, and over a third reported that this was due to being trans or non-binary. Discrimination because of the way participants dressed or their appearance, their gender, or their sexual orientation was reported by almost a quarter of participants respectively.

Why do you think you were discriminated against in the last 12 months? *Select all that apply.*



There were many group differences in the types of discrimination people reported experiencing in the last 12 months:

- Youth (39%) and disabled participants (42%) were more likely to say they experienced discrimination **because they were trans or non-binary**, while adults (32%), older adults (18%), and non-disabled participants (28%) were less likely to report this.
- Youth (29%), non-binary (27%), and disabled participants (31%) were more likely to say because of the way they **dress or because of their appearance**, while adults (20%), older adults (7%), and non-disabled participants (17%) were less likely to report this.
- Youth (26%), non-binary (28%), and disabled participants (30%) were more likely to say because of their **gender**, while older adults (10%), trans men (16%), trans women (18%), and non-disabled participants (16%) were less likely to report this.
- Youth (29%), non-binary (26%), and disabled participants (28%) were more likely to say because of their **sexual orientation**, while adults (16%), older adults (4%), trans women (13%), and non-disabled participants (16%) were less likely to report this.

- Disabled participants (26%) were more likely to say because of a **disability or health issues**, while older adults (3%) and non-disabled participants (4%) were less likely to report this.
- Asian participants (13%), Māori (11%), youth (10%), non-binary (10%), and disabled participants (10%) were more likely to say because of their **age**, while European participants (6%), adults (5%), trans women (3%), and non-disabled participants (4%) were less likely to report this.
- Asian (43%), Pasifika (25%), Māori (16%), and non-binary participants (8%) were more likely to say because of their **race or ethnic group**, while European participants (1%) and trans women (4%) were less likely to report this.
- Asian (26%) and Māori participants (8%) were more likely to say because of their **skin colour**, while European participants (1%) were less likely to report this.
- Asian participants (10%) were more likely to say because of their **accent or the language they speak**, while European participants (1%) were less likely to report this.
- Disabled participants (4%) were more likely to say because of their **religious beliefs**, while non-disabled participants (1%) were less likely to report this.

Participants who had been discriminated against for being trans or non-binary in the last 12 months were more than twice as likely to have attempted suicide in the last 12 months (15%) as participants who did not report this (7%).

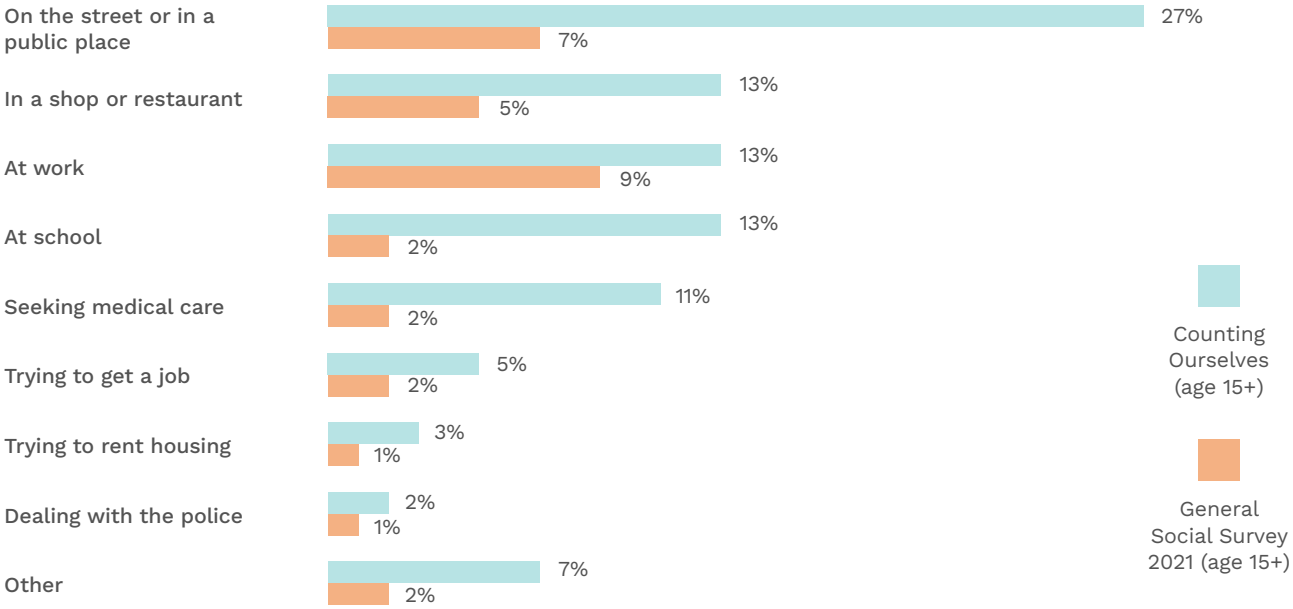
Where discrimination happened

More than a quarter of participants had experienced discrimination on the streets or in a public place in the last 12 months, and more than one in ten in a shop or restaurant, at work, at school, or when seeking medical care during this same period.

Participants reported experiencing discrimination in the last 12 months in all the situations we asked about at rates at least twice as high as the general population in the 2021 General Social Survey, except for discrimination at work.

The biggest difference in discrimination was when seeking medical care, where Counting Ourselves participants were more than five times more likely to report this. Our participants were almost four times more likely to report discrimination while on the street or in a public place, compared to the general population.

Were you discriminated against in any of these situations in the last 12 months? *Select all that apply.*



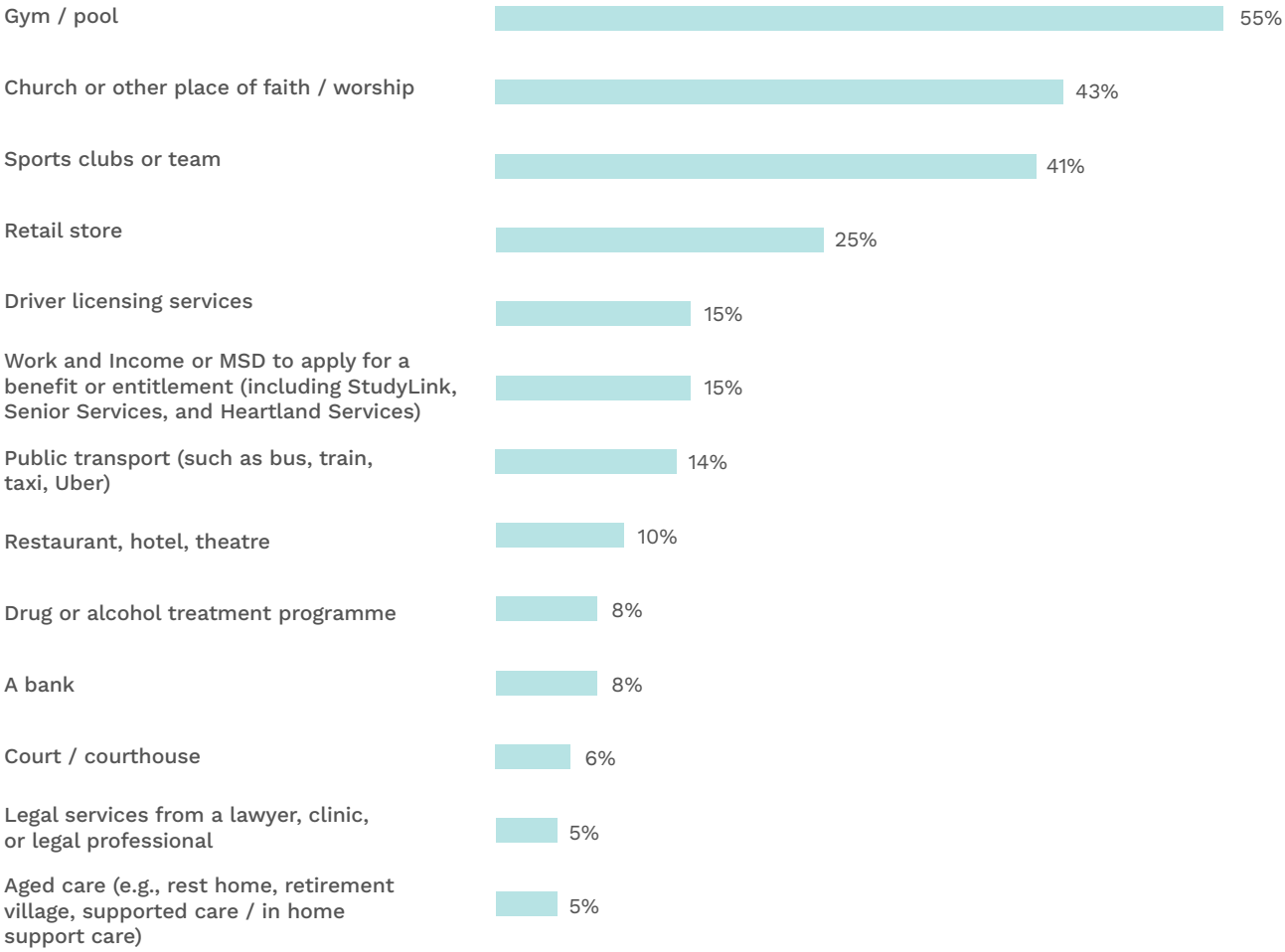
There were many group differences in the situations where participants had experienced discrimination in the last 12 months:

- Asian participants (39%), youth (31%), and disabled participants (35%) were more likely to be discriminated against **on a street or in a public place**, while older adults (11%) and non-disabled participants (19%) were less likely to report this.
- Asian (21%) and disabled participants (17%) were more likely to say **in a shop or restaurant**, while European (12%) and non-disabled participants (10%) were less likely to report this.
- Asian participants (28%), youth (24%), trans men (17%), disabled participants (17%), and participants living in smaller cities/towns/rural areas (19%) were more likely to say **at school**, while European participants (11%), adults (2%), older adults (less than 1%), trans women (6%), non-disabled (8%), and those living in large cities (11%) were less likely to report this.
- Disabled participants were also more likely and non-disabled participants were less likely to say **while seeking medical care** (17% vs 6%), at **work** (16% vs 11%), **when trying to rent housing** (5% vs 2%), or **when dealing with police** (4% vs 1%).

Avoiding services and public places

Pools and gyms were the places and services in the community that participants most often avoided in the last 12 months because of how they might be treated as a trans or non-binary person. Just over 40% avoided a church or another place of faith/worship, or a sports club, and a quarter had avoided going to a retail store in the last year.

In the last 12 months, have you avoided any of these places because you thought you would be mistreated for being trans or non-binary? *Select all that apply.*



Out of participants who indicated that some people at these places were aware they were trans or non-binary and who used these services or places

There are some group differences in whether participants had avoided places or services in the last 12 months because they thought they would be mistreated for being trans or non-binary:

- Youth (64%), trans men (63%), and disabled participants (63%) were more likely to have avoided a **gym or pool**, while adults (51%), older adults (22%), non-binary participants (51%), and non-disabled participants (49%) were less likely to report this.
- Youth (52%) and disabled participants (48%) were more likely **to have avoided church or other place of faith/worship**, while adults (38%) and non-disabled participants (38%) were less likely to report this.
- Youth (48%) were more likely to have avoided **sports clubs or teams**, while older adults (17%) were less likely to report this.
- Non-binary participants (28%) were more likely to have avoided a **retail store**, while older adults (6%) and trans men (18%) were less likely to report this.
- Youth (23%) and disabled participants (19%) were more likely to have avoided **driver licensing services**, while adults (11%), older adults (2%), and non-disabled participants (12%) were less likely to report this.
- Disabled participants (19%) were more likely to have **avoided Work and Income or MSD to apply for a benefit or entitlement**, while non-disabled participants (9%) were less likely to report this.
- Youth (19%) and disabled participants (19%) were more likely to have avoided **public transport**, while adults (11%), older adults (3%), and non-disabled participants (11%) were less likely to report this.
- Youth (12%) were more likely and older adults (<1%) were less likely to have avoided the **bank**.
- Youth (12%) and disabled participants (10%) were more likely to have avoided the **court/courthouse**, while non-disabled participants (3%) were less likely to report this.
- Trans men (10%) and disabled participants (8%) were more likely to have avoided legal services from **a lawyer, clinic, or legal professional**, while non-disabled participants (2%) were less likely to report this.

Participants' comments

Basically, I don't go anywhere these days, mostly because of covid and being a caregiver for someone at risk, but also because of anti-trans hostility. *(Trans woman, adult)*

Bathrooms and changing rooms at school. *(Non-binary, youth)*

Trauma yoga class. *(Non-binary, adult)*

Haircuts. At the barbers I've been verbally attacked and refused service (on one occasion in front of my son). But at the hairdresser I wind up with a girl haircut. *(Trans man, adult)*

I avoid going into 'women's' bathrooms, and instead use 'men's' bathrooms, which is how I imagine most strangers would gender me. *(Non-binary, adult)*

Unfair treatment and verbal harassment

More than half of participants (55%) had been verbally harassed in the last 4 years for being trans or non-binary. This occurred more for youth (59%) and disabled participants (63%), and less for non-disabled participants (47%).

We asked participants if they had ever been treated unfairly or harassed because they are trans or non-binary when visiting or using a range of services and public places. Almost three in ten participants had been *treated unfairly* at church or another place of faith/worship, and almost a quarter had been verbally harassed there. More than one in five participants had been *verbally harassed* while using public transport.

Have any of these things ever happened to you because you are trans or non-binary when you visited or used services at these places? *Select all that apply.*	Treated unfairly	Verbally harassed
Church or other place of faith/worship	29%	24%
Retail store	16%	14%
Work and Income or MSD	14%	4%
Sports clubs or team	14%	12%
Gym/pool	12%	14%
Driver licensing services	10%	3%
Public transport	10%	22%
Restaurant, hotel, theatre	10%	8%
Drug or alcohol treatment programme	9%	5%
Bank	9%	2%
Legal services from a lawyer, clinic, or legal professional	5%	2%
Court/courthouse	5%	3%
Aged care	5%	4%

Out of participants who had ever used these services

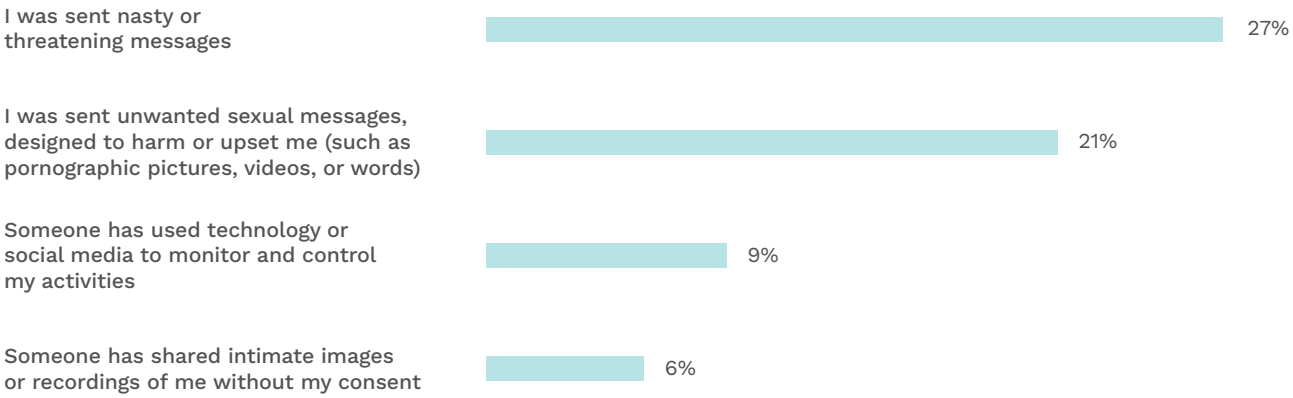
There are group differences in whether participants had been *treated unfairly* or *verbally harassed* in these situations, particularly for disabled participants:

- Disabled participants were more likely than non-disabled participants to say they were *treated unfairly* at **Work and Income or MSD** (18% vs 10%) or at a **gym/ pool** (15% vs 9%) or had been *verbally harassed* at a **retail store** (17% vs 11%).
- Asian participants (21%), youth (26%), and disabled participants (30%) were more likely to have been *verbally harassed* when **using public transport**, while European participants (8%), older adults (6%), and non-disabled participants (14%) were less likely to report this. Disabled participants were also more likely than non-disabled participants to report *unfair treatment* (15% vs 6%).

Online harassment and digital abuse

Over a quarter of participants had been sent nasty or threatening messages in the last 4 years because they are trans or non-binary. More than one in five participants had been sent unwanted sexual messages designed to harm or upset them.

In the last 4 years, have any of the following things happened to you because you are trans or non-binary?



There were group differences in participants' experiences in the last 4 years of online harassment and abuse directed at them because they are trans or non-binary:

- Youth (32%) and disabled participants (35%) were more likely to have received **nasty or threatening messages**, while older adults (13%) and non-disabled participants (20%) were less likely to report this.
- Youth (25%) and disabled participants (30%) were more likely to have been sent **unwanted sexual messages** designed to harm or upset them, while adults (18%) and non-disabled participants (13%) were less likely to report this.
- Disabled participants (11%) were more likely to have had someone **use technology or social media to monitor and control their activities**, while non-disabled participants (7%) were less likely to report this.

Exposure to negative media messages

We asked participants how often they had seen negative messages related to trans or non-binary people in different media in the last 12 months. Online platforms were by far the most common place to see these messages. Three out of five participants (60%) had seen negative messages about trans or non-binary people on social media *weekly*, and almost a quarter had seen them *daily*. Almost a quarter of participants (23%) saw negative messages about trans or non-binary people on online news websites *weekly*.

The higher percentage of participants seeing negative messages on social media and online might be because they use these platforms more than newspapers, podcasts, radio, and TV news.

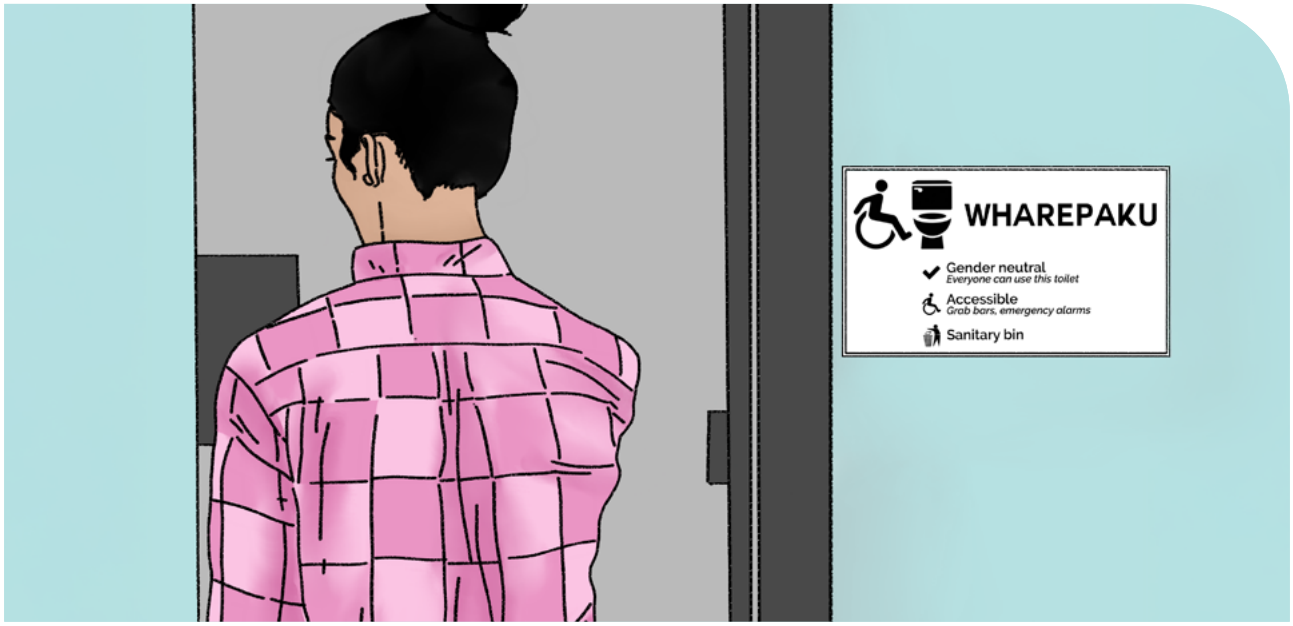
How often in the last 12 months have you seen negative messages related to trans or non-binary people on:	Not in the last 12 months	A few times a month or less	Once a week	A few times a week	Every day
Online news websites (e.g., NZ Herald, Stuff)	15%	61%	6%	12%	5%
Social media (e.g., Facebook, Twitter, Instagram, YouTube, TikTok)	3%	38%	11%	25%	24%
Radio (including online radio)	51%	41%	3%	4%	1%
Printed newspapers or magazines	47%	44%	4%	4%	1%
TV news	41%	50%	4%	4%	2%
Podcasts	55%	35%	4%	5%	2%

We found that some groups were more likely to report being exposed weekly or more often to negative messages about trans or non-binary people:

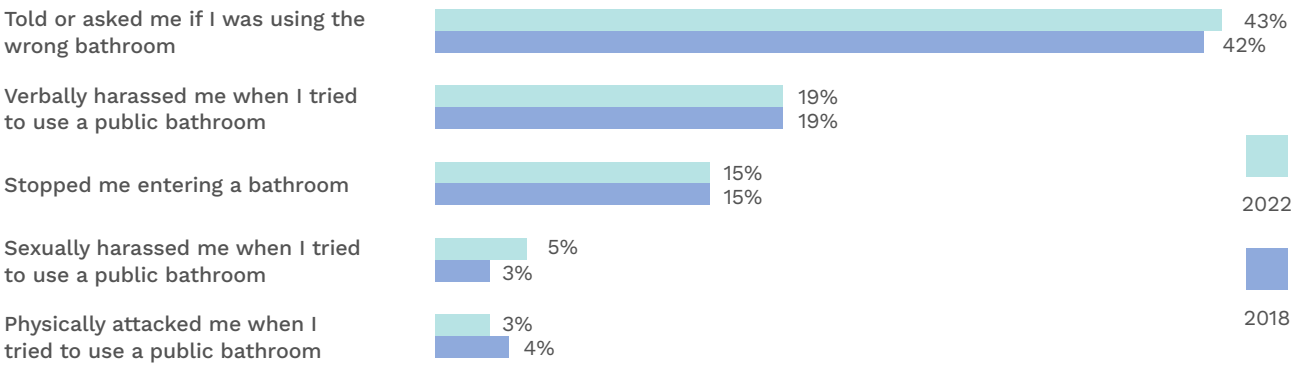
- Trans women (29%) and disabled participants (26%) were more likely to say through **online news websites**, while non-disabled participants (21%) were less likely to report this.
- Trans women (69%) and disabled participants (66%) were more likely to say through **social media**, while non-binary people (56%) and non-disabled participants (54%) were less likely to report this.
- Adults (11%) were more likely to say through **printed newspapers or magazines** and youth (7%) were less likely to report this.
- Disabled participants (13%) were more likely to say through **podcasts**, and non-disabled participants (8%) were less likely to report this.

Discrimination, harassment, and violence when using public bathrooms

Participants experienced high rates of harassment and discrimination when trying to use a bathroom. More than two-fifths of participants at some point had been told or asked if they were using the wrong bathroom, and almost one in five had been verbally harassed when they tried to use a public bathroom.



Has anyone ever done these things to you when you have tried to use a shared or public bathroom?
Select all that apply.



Group differences in participants' negative experiences trying to access bathrooms in the last 12 months included:

- Trans men (56%) were more likely and trans women (26%) were less likely to have been **told or asked if they were using the wrong bathroom**.
- Disabled participants (23%) and participants living in smaller cities/towns/rural areas (27%) were more likely to have been **verbally harassed when they tried to use a public bathroom**, while non-disabled participants (15%) and those living in large cities (17%) were less likely to report this.
- Disabled participants were more likely and non-disabled participants were less likely to have been **stopped from entering a bathroom** (18% vs 13%), or to have been **sexually harassed when they tried to use a public bathroom** (7% vs 2%).

Many participants had experienced discrimination, harassment, or violence while using public bathrooms. Therefore, it is not surprising that in the last year more than two in five (43%) participants had often or always avoided public bathrooms because they were afraid of problems as a trans or non-binary person. This was an increase from the number of participants who reported this in 2018 (33%).

Youth (54%), trans men (53%), and disabled participants (47%) were more likely to have avoided going to a shared or public bathroom *often* or *always* in the last 12 months because they were afraid of having problems because they were trans or non-binary, while adults (33%), older adults (23%), non-binary participants (38%), and non-disabled participants (39%) were less likely to report this.

Sexual harassment

We asked participants about their experiences of sexual harassment in their lifetime. More than two-thirds had experienced unwanted or offensive sexual comments directed towards them, and more than three in five participants had experienced unwanted or offensive sexual contact.

Have you ever experienced any of these types of sexual harassment?

There were some group differences in ever having experienced sexual harassment:

- Disabled participants (77%) were more likely to experience **unwanted or offensive sexual comments, gestures, or 'jokes' directed towards them** than non-disabled participants (62%).
- Māori (76%), adults (71%), and disabled participants (69%) were more likely to have experienced **unwanted or offensive sexual contact**, while European participants (60%), youth (54%), and non-disabled participants (56%) were less likely to report this.
- Māori (53%) and disabled participants (47%) were more likely to experience **another type of sexual harassment**, while European (36%) and non-disabled participants (31%) were less likely to report this.

12: Safety and violence

Trans and non-binary people have the right to live safely, free from harassment and violence, in all aspects of their lives.

This section presents findings about how safe participants feel, and about threats, attempts, or experiences of physical and sexual violence. We also report findings about abuse or violence from family members or partners in Section 22, harassment in Section 11, and school bullying in Section 10.

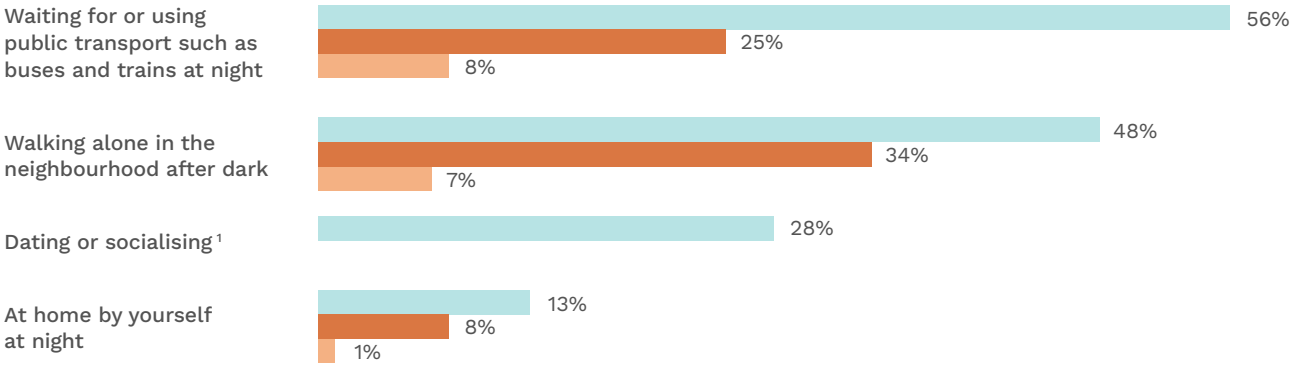
Safety, fear, and verbal harassment

Feeling unsafe or very unsafe

We asked participants how safe they felt in certain situations when thinking about crime in Aotearoa New Zealand. More than half reported feeling *unsafe* or *very unsafe* when waiting for or using public transport like buses and trains at night.[1] This was more than twice the rate for women and seven times the rate for men in the general population.

Nearly half of our participants reported feeling *unsafe* or *very unsafe* when walking alone in the neighbourhood after dark, and more than a quarter felt this way when dating or socialising.

Thinking about crime in Aotearoa New Zealand, do you feel *unsafe* or *very unsafe*?



[1] *This question was not asked in the 2021 General Social Survey.*

[1] In response to a different question, 3% of participants said they were physically attacked because they were trans or non-binary while using public transport. Disabled participants (5%) were more likely than non-disabled participants (2%) to report this.

There were many group differences in whether participants felt *unsafe* or *very unsafe* in the following scenarios:

- Māori (59%), youth (65%), and disabled participants (65%) were more likely to feel *unsafe* or *very unsafe* **waiting for or using public transport such as buses and trains at night**, while European participants (46%), adults (49%), older adults (25%), and non-disabled participants (48%) were less likely to report this.
- Māori (59%), youth (58%), non-binary participants (52%), and disabled participants (57%) were more likely to feel *unsafe* or *very unsafe* **walking alone in their neighbourhood after dark**, while European participants (46%), adults (40%), older adults (28%), and non-disabled participants (40%) were less likely to report this.
- Māori (39%) and disabled participants (36%) were more likely to feel *unsafe* or *very unsafe* **dating or socialising**, while non-disabled participants (20%) were less likely to report this.
- Māori (21%), youth (18%), non-binary (16%), and disabled participants (19%) were more likely to feel *unsafe* or *very unsafe* **at home by themselves at night**, while adults (9%), trans women (9%), and non-disabled participants (8%) were less likely to report this.

Fear, alarm or distress

We asked participants whether someone had acted in way that caused them fear, alarm, or distress in the last 12 months.

More than two in five participants (44%) reported this. Disabled participants (52%) were more likely and non-disabled participants (36%) were less likely to say that someone had acted this way towards them.

Force, violence, or physical harm

Lifetime experiences

We asked participants about their experiences of any force, violence, or physical harm from others at any time in their lives. These included when someone:

- threatened to use force or violence on them, or to physically harm them in any way (threats)
- tried to use force or violence on them, or tried to physically harm them in any way (attempts)
- deliberately used force or violence on them, or physically harmed them in any way that frightened them (deliberate physical violence).

Over half of participants (54%) had ever received **threats** of physical violence, and a similar amount had experienced **attempts** at physical violence towards them (48%) or **deliberate physical violence** (46%).

There were group differences in participants' lifetime experiences of physical violence:

- Māori (65%), adults (62%), and disabled participants (64%) were more likely to have **experienced threats of physical violence**, while Asian (41%), youth (48%), and non-disabled participants (45%) were less likely to report this.
- Adults (57%) and disabled participants (57%) were more likely to have had someone **attempt to use physical violence** against them, while youth (41%) and non-disabled participants (40%) were less likely to report this.
- Māori (58%), adults (55%), and disabled participants (54%) were more likely to have **experienced deliberate physical violence**, while youth (38%), trans men (38%), and non-disabled participants (39%) were less likely to report this.

Physical violence due to being trans or non-binary

We asked participants about their experiences of physical violence due to being trans or non-binary.

In the last 4 years, 19% of participants had received **threats** of physical violence because they were trans or non-binary. One in ten (10%) had faced **attempts** at physical violence, and 8% experienced **deliberate physical violence** because they were trans or non-binary.

Group differences for physical violence included:

- Trans women (25%) and disabled participants (25%) were more likely to have experienced **threats of physical violence**, while non-disabled participants (14%) were less likely to report this.
- Trans women (14%) and disabled participants (13%) were more likely to have had **someone attempt to use physical violence against them**, while non-binary (8%) and non-disabled participants (7%) were less likely to report this.
- Trans women (11%) and disabled participants (10%) were more likely to have **experienced deliberate physical violence**, while non-binary (6%) and non-disabled participants (6%) were less likely to report this.

Forced sexual intercourse

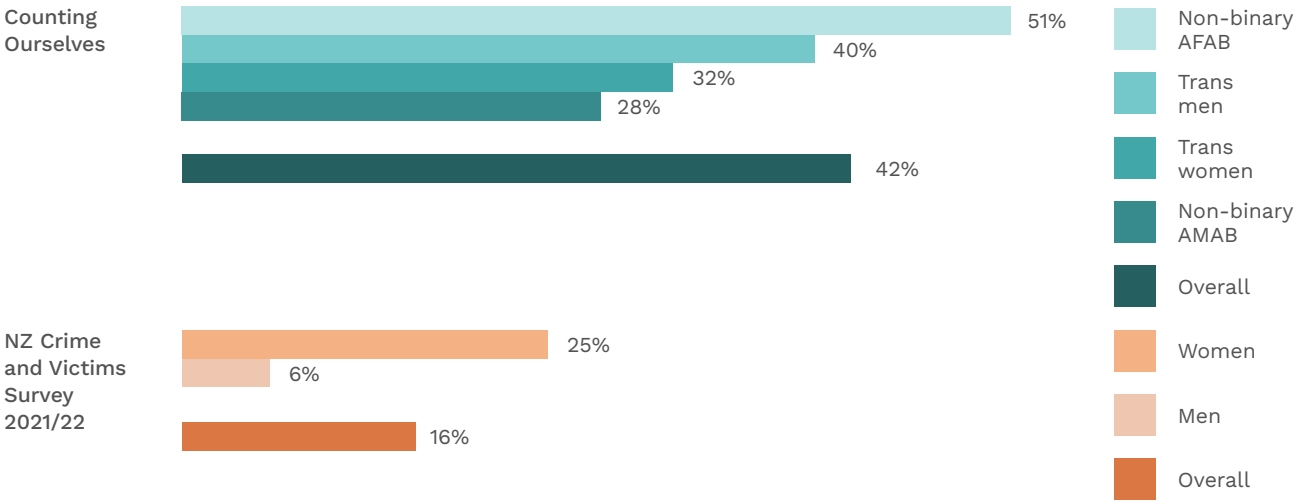
More than two in five participants aged 15 or older reported that someone had forced them, or tried to force them, to have sexual intercourse when they did not want to at some time in their life. This is more than twice the rate in the general population.

Trans women, trans men, and non-binary participants all experienced attempted or forced sexual intercourse at rates higher than for women in the general population and at least four times higher than for men in the general population.

Stigma, shame, and misinformation may mean people are not sure if they have experienced forced intercourse or assume this term is limited to specific violent actions or types of bodies. The survey question we asked started with extra information defining what was meant by forced sexual intercourse.[1] However, this definition is unlikely to cover all the specific ways that trans people experience forced sexual intercourse. This question also did not include being forced to do other sexual acts without consent. Therefore, some participants may still have been unsure whether this question applied to their experiences.

[1] The survey explained this question was from the New Zealand Crime and Victims Survey which defines forced sexual intercourse as forced oral sex or forced penetration of the vagina or anus by any part of the human body, or by any object. This question also specifies it includes attempted or forced sexual intercourse by partners, family/whānau members, other people you know, and strangers; when you were intoxicated, or when you were drugged or sedated; or if this happened in your job.

In your whole life, has anyone forced you, or tried to force you, to have sexual intercourse when you did not want to?



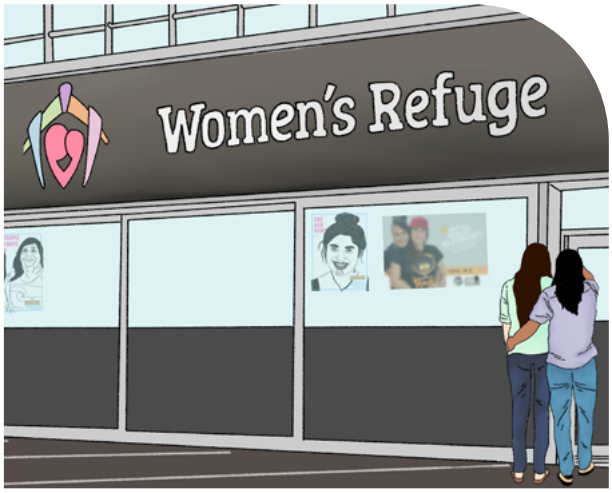
Out of participants aged 15 or older. AFAB is 'assigned female at birth' and AMAB is 'assigned male at birth'.

Māori (57%) were more likely and European participants (39%) were less likely to have ever been forced to have sexual intercourse. This is a similar pattern (but at a higher rate) to the general population (22% for Māori and 17% for European) in the New Zealand Crime and Victims Survey.

Other group differences were that disabled participants (52%) and adults (51%) were more likely to have ever been forced to have sexual intercourse. While youth (31%) and non-disabled (32%) participants were less likely to say they had experienced this, almost a third of these participants also experienced forced sexual intercourse.

One in 20 participants (5%) reported that someone had forced them, or tried to force them, to have sexual intercourse when they did not want to *in the last 12 months*. This was more likely to have happened to Māori participants (11%), youth (7%), and disabled participants (7%), and less likely to happen to European participants (4%), adults (3%), and non-disabled participants (4%).

Participants who had someone force or try to force them to have sex against their will *in the last 12 months* were more than four times more likely to have attempted suicide over that year (29%) compared to those who did not have this experience of sexual violence (7%).



13: Police

This section presents findings about participants' experiences with police and law enforcement officers.

Contact with police

More than one in eight (13%) participants had interactions with police in the last 4 years where some or all of those officers knew they were trans or non-binary. This could include any interaction, not just being detained, questioned, or arrested. We asked participants about how respectfully they were treated in those interactions.

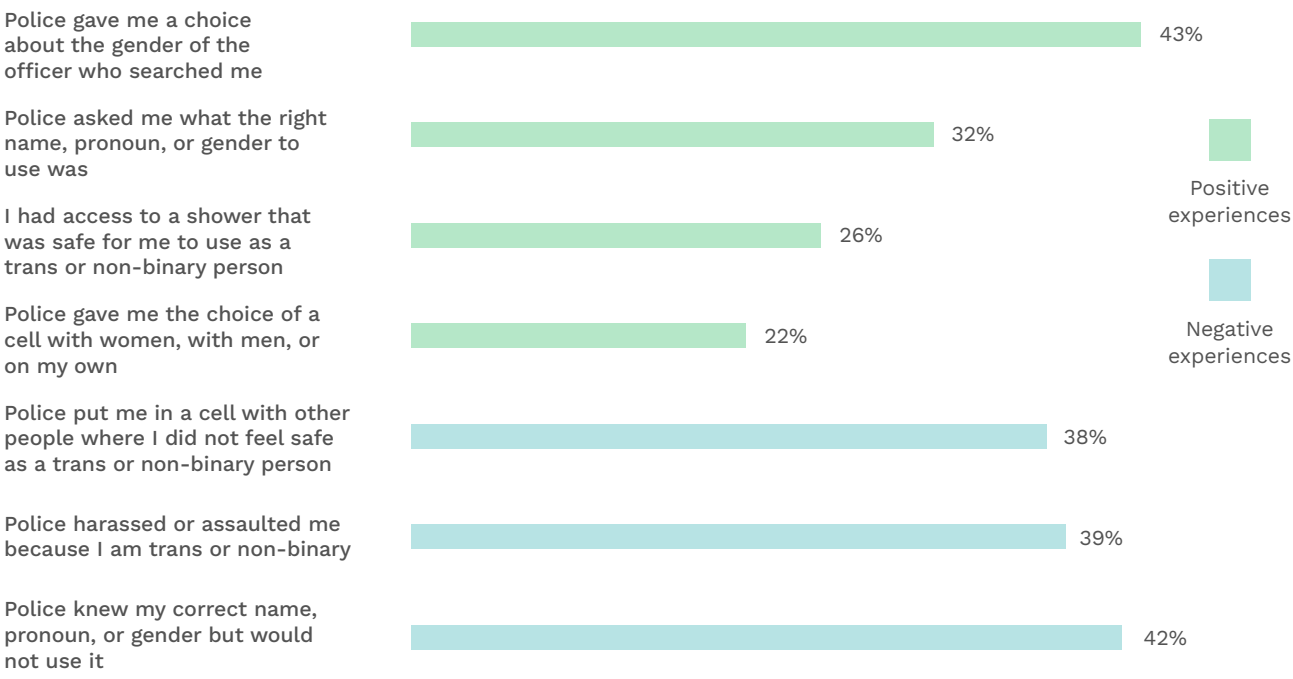
Over two in five (42%) of these participants said they were *always* treated with respect, 46% were *sometimes* treated with respect, and 13% were *never* treated with respect.

Older adults (79%) and non-disabled participants (57%) were more likely to say they were *always* treated with respect, and disabled participants (31%) were less likely to say this.

Over one in eight (13%) participants had avoided contacting the police in the last 4 years when they needed police services

A small proportion (4%) of participants had ever been detained, held in custody, arrested or charged by police. These participants responded to the following questions about their positive or negative experiences in those interactions.

Did any of the following things ever happen to you when you were detained, held in custody, arrested or charged by the police? *Select all that apply.*



Out of participants who had ever been detained, held in custody, arrested, or charged by the police

Participants' comments

I was gendered correctly until the officers knew I was transgender. I was given choice in the pat-down but this choice was ignored and I was pat down by a man and a woman, but they were light with the pat down. I was kept in an extremely cold holding cell that took in draft from outside (like an airlock before the actual holding cells). My interlocutors were placed in holding cells divided by gender, I would have chosen to be with the women but being with either without choice would have been so much better than being alone. Hearing my friends singing from my cell kept me sane. It wasn't long but being alone, with no power, and extreme uncertainty, was quite unravelling. I was not charged with anything. *(Trans woman, youth)*

Having been arrested and charged with my current legal name, I was subsequently given a call whereby police, using my deadname, asked what my whereabouts would be at the pride parade that was coming up that weekend. *(Trans man, adult)*

Called names, called 'He-she', strip searched in public multiple times. *(Trans man, adult)*

I wouldn't feel comfortable to be out to police as non-binary if I can avoid it. I have experienced and witnessed police violence towards me and my peers that I do not trust them, nor would I call them for help for anything. *(Non-binary, adult)*

Several years ago I was arrested because I told my mum I was suicidal and she called the police. I was drunk at the time and when I refused to go with the police officers they threatened to take me whether I got dressed or not. I was detained overnight and when I said I needed my medication, they ignored me. I was kept in a cell with no toilet or running water, and the fluorescent light was left on all night because I was a 'suicide risk'. I was given a non-rip blanket that was hard and scratchy and uncomfortable so I didn't use it, and every hour someone came to check on me and woke me up either by talking to me or just from the noise of the door at the end of the hall opening/closing when they came to check on me. It was the most traumatising thing I have ever experienced and even though my mum couldn't have known that would happen, it has irreparably damaged our relationship as I am unable to forgive her. *(Non-binary, adult)*

I stopped to help at a car crash recently and a cop asked me for my name and details. He found my previous name (deadname) on his computer and refused to use my current name (which was obviously of a different gender to the gender I now live as). I don't think he was being deliberately nasty, just really ignorant. I later contacted a diversity liaison officer at the police who said that she'd talk to him for me, which was greatly appreciated. *(Trans man, adult)*

Experiences in prison or other detention facilities

As less than 1% of participants answered the survey questions about experiences in prison, youth justice or other detention facilities, we have too few responses to be able to report that information here.

14: Intersecting cultural, disability, and gender identities

Some trans and non-binary people face discrimination based on their race or ethnicity (racism), accent or language use (accentism), or disability (ableism), in addition to discrimination for being trans or non-binary.

We use the term 'intersectionality' to describe the experiences of people who face multiple forms of discrimination or advantage based on their different identities. In this section, we focus on the experiences of trans or non-binary people who are also Indigenous, from an ethnic community, or Deaf or disabled.

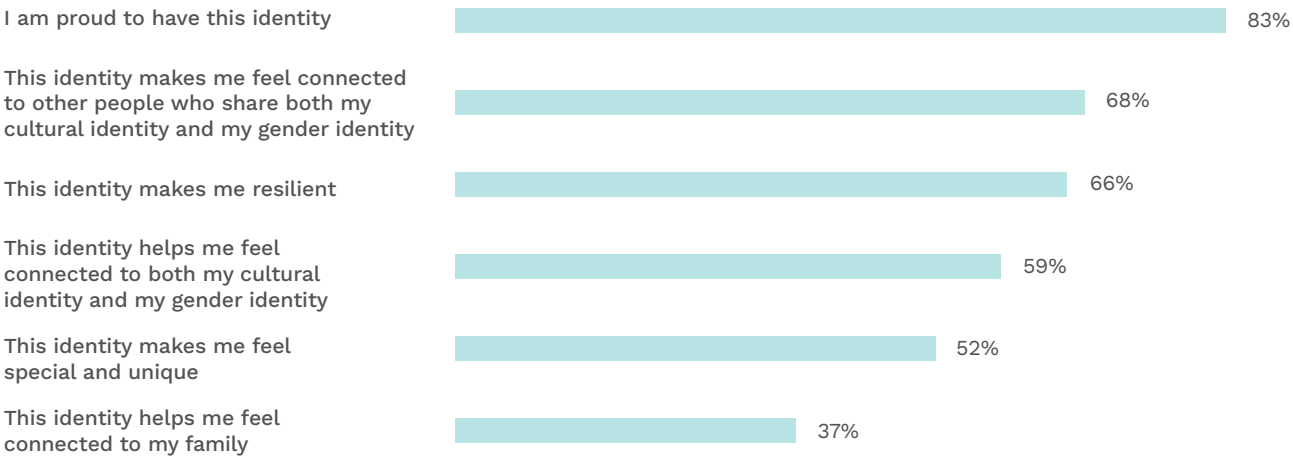
Being trans and Indigenous, a person of colour or from an ethnic community

We asked participants who identified as Indigenous, or as a person of colour, or who were from an ethnic community about experiences related to their cultural and gender identities.

Positive experiences as Indigenous, MVPFAFF+, or as someone from an ethnic community

There was a high level of agreement with positive statements about being a trans or non-binary person who is takatāpui, Indigenous, MVPFAFF+, a person of colour, or from an ethnic community. More than four out of five of these participants *somewhat* or *strongly agreed* that they felt proud to have this identity, two-thirds said it made them resilient, and over half said it helps them feel connected to others with shared identities.

Participants who *somewhat* or *strongly agree* with the following statements



Note: Participants were asked how much they agreed or disagreed with these statements about being takatāpui, MVPFAFF+, or trans or non-binary and Indigenous, a person of colour, or from an ethnic community.

- Māori (70%) were more likely to say that their **identity helps them feel connected to both their cultural identity and their gender identity**, while Asian participants (41%) were less likely to report this.
- Asian participants (26%) were less likely to say that their **identity helps them feel connected to their family**.

Participants who *somewhat* or *strongly agreed* they were proud to have this identity (14%) were more than three times as likely to report having *very good* or *excellent* mental health compared to those who *somewhat disagreed*, *disagreed*, or *neither agreed nor disagreed* (4%).

Participants' comments

Pākehā and tauiwi whānau are still very tokenistic in their engagement with te ao Māori, takataapuitanga is still fed and understood through a western paradigm in most queer circles and it's reductive and harmful. I feel safer and more accepted with my indigenous/ Māori community than queer community due to this even though they understand less about LGTBQI+ and have deficit theories about these communities I find this easier to navigate and feel more seen in te ao Māori than in western queer spaces. *(Non-binary, adult)*

Sometimes within my indigenous community I feel somewhat uncomfortable because roles are really delegated to male or female & being Trans I have to really dig deep & assess the situation. *(Trans woman, older adult)*

I am kiritea/white passing, this comes with a lot of privilege but also people see me as white so will often say deeply racist and deeply harmful things about Māori in front of me because they see me as one of 'us' and not one of 'them'. *(Non-binary, adult)*

Queer spaces can sometimes feel very exclusionary and challenging to access if they aren't intersectional or educated about racism and decolonisation. *(Non-binary, adult)*

LGBTQIA+ services are not culturally competent and cultural migrant refugee services are not LGBTQIA+ competent. I avoid other people from my cultural background because I fear they will find out I'm trans . . . Service providers tend to think to be culturally competent is to hook you up with other people from your culture, but it's unsafe for us LGBTQIA+ people. I wish to connect with my culture of heritage but I have to hide about being trans when I do so. And I cannot bring my cultural identity with me when being LGBTQIA+ because it's a space dominated by white people . . . Being an ethnic LGBTQIA+ migrant/refugee person means I can never be fully myself at the same time – I always have to hide something and lose something to fit into the environment. I often feel like I don't belong to either community because I am a mixture of too many things. *(Trans man, adult)*

Despite being proud of myself as Filipino I feel neglected or alone from the white LGBT community. It's hard for me to relate or even feel comfortable with them when I feel like such an outcast. It's even harder for me to find anyone who is in a similar situation to relate to. *(Non-binary, youth)*

A lot of western frameworks of identity, gender and sexuality don't feel relevant to my body or culture and as such struggle to feel solidarity with queer communities that are dominated by pākehā. *(Non-binary, adult)*

I have less connection with family-friends since I started to express my gender the way I want to. I am blamed for my family's lack of socialisation with family-friends within the same cultural background because now we never invite people to our place or go to others' places as my family doesn't want to talk about me to friends. *(Trans man, youth)*

Chinese parents don't understand it at all. *(Trans woman, youth)*

I'm half Chinese, but have been brought up by Pākehā parents. I spent the majority of my life firstly figuring out that I was a trans woman, and only since I've gotten that sorted in the last couple of years, I am now grappling with my ethnicity; being Chinese. The prejudice I've experienced in life against my ethnicity has been subtle – people thinking I look like someone else (the only defining characteristic being we're both half-caste), being constantly checked at the airport when travelling and jokes from my parents around my Chineseness. These types of prejudice too I have only recently been realising have been racist, because I've been brought up in this sheltered Pākehā environment. When I was a kid I felt like a white kid with an Asian quirk, these days, I feel like I've been 'whitewashed' to an extent. With my transness coupled along with my ethnicity, I have often felt a little lost in myself, only now just trying to pick up the pieces of what I've lost in my gender and culture. *(Trans woman)*

Fetishisation & nonconsensual sexualisation because of my ethnicity is also a very common experience for me. *(Non-binary, adult)*

Negative experiences in Indigenous or ethnic communities

More than half of these participants *somewhat* or *strongly agreed* that they couldn't be open about their gender identity or often felt unwelcome in their Indigenous or ethnic communities because of their gender identity.

Participants who *somewhat* or *strongly agree* with the following statements

Out of participants who identified as Indigenous, or a person of colour, or who were from an ethnic community

There were some group differences in whether participants *somewhat* or *strongly agreed* with these statements:

- Asian participants were more likely and Māori participants were less likely to say they can't be open about their gender identity **within their Indigenous or ethnic communities** (78% vs 39%), or that they **feel unwelcome within their ethnic or Indigenous communities because of their gender identity** (71% vs 40%).

Negative experiences in trans and non-binary communities

We asked participants who were Indigenous, a person of colour, or from an ethnic community about their experiences with other trans and non-binary people and in these community spaces. More than half *somewhat* or *strongly agreed* that their culture was invisible within many trans and non-binary communities. Around a third felt pressure to explain their cultural identity to other trans and non-binary people and that their culture was not respected by other trans and non-binary people.

Participants who somewhat or strongly agree with the following statements

Disabled participants were more likely and non-disabled participants were less likely to say their culture was **invisible within many trans and non-binary communities** (60% vs 43%) and that they **felt pressure to explain their cultural identity to trans and non-binary people** (44% vs 28%).

Being trans and Deaf or disabled

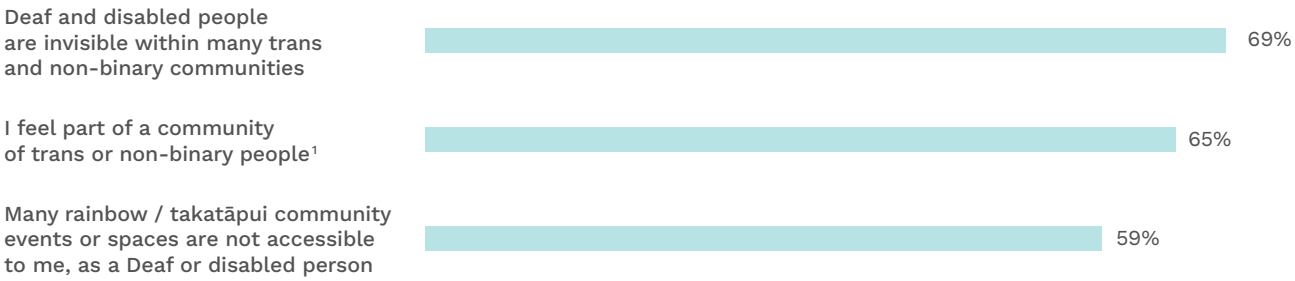
We asked participants who identified as Deaf or disabled questions about how their disability and gender affected their experiences.

Almost two-thirds of Deaf and disabled participants *somewhat* or *strongly agreed* that they felt part of a community of trans or non-binary people. Despite this sense of connection, more than two-thirds *somewhat* or *strongly agreed* that Deaf and disabled people are invisible **within many trans and non-binary communities**. Trans women (53%) were less likely to *somewhat* or *strongly agree* that Deaf and disabled people are invisible within many trans and non-binary communities.

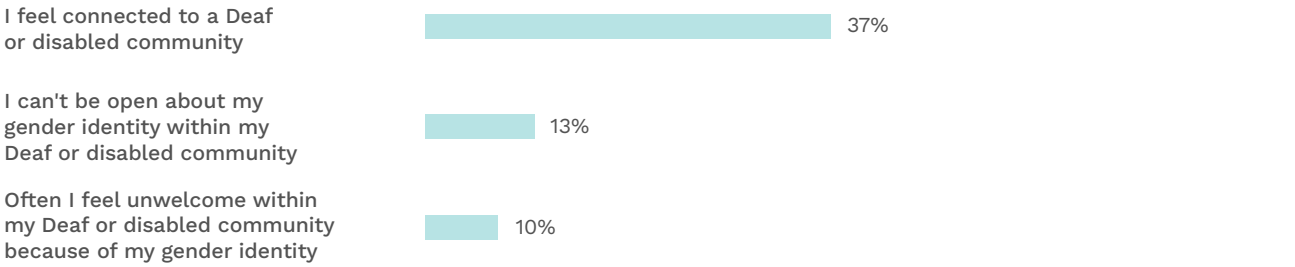
More than half of participants *somewhat* or *strongly agreed* that many rainbow/takatāpui events or spaces were not accessible to them.

Participants who somewhat or strongly agree with the following statements

In rainbow / takatāpui spaces



In Deaf and disabled community spaces



Note: Participants were asked to reflect on their trans and non-binary identity within the context of also being Deaf or Disabled.

Compared to experiences as a Deaf or disabled person within rainbow/takatāpui spaces, participants were much less likely to report negative experiences related to being trans or non-binary **within their Deaf or disabled community**. One in ten *somewhat* or *strongly agreed* they felt unwelcome. Around one in eight *somewhat* or *strongly agreed* that they couldn't be open about their gender identity within these communities, although almost half of participants (44%) selected *neither agree nor disagree* in response to this statement.

However, only just over a third of Deaf or disabled participants *somewhat* or *strongly agreed* they felt connected to a Deaf or disabled community. This suggests that while only a minority of participants felt connected to their Deaf or disabled community, for those who did feel connected these were open and accepting spaces for them.

Participants' comments

People don't take those with physical limitations or requirements into account when planning events. It's unfortunate but I just expect it. *(Non-binary, adult)*

Rainbow events are often way too crowded and loud and my autistic brain cannot handle the sensory overload. I also got discriminated against by Rainbow people for not having the energy to socialise and not wanting to party or drink. *(Non-binary, adult)*

They are often requiring a high degree of physical ability, held in accessible locations (CBDs), in inaccessible buildings, with no mobility transport access, no long-term parking available for people with disabilities to the numbers needed, no access to disability bathrooms, no access to carer supports. Online events place a high degree of importance on looking and sounding 'normal' when facial expressions, voice, communication is very difficult to near impossible (e.g. when unable to have camera face you due to disability but still wanting to attend to listen and speak). *(Non-binary, adult)*

Whilst it is becoming more common, it is still not standard practice to have sign [language] interpreters at public events. Most events are held in accessible locations/venues but some pride events are not accessible due to the nature of the event. *(Trans man, adult)*

Can't afford hearing aids, so busy events are hard for me. A lot of rainbow communities have also stopped most covid precautions, so as a high risk person I'm essentially isolated from most of them. *(Trans woman, adult)*

Used to enjoy trans group but have to rely on others to get to the meeting room because it's not completely accessible. Usually have to get someone to carry my walker up the stairs. *(Trans woman, adult)*

Community events put a lot of pressure or expectation on certain types of socialising and context, e.g. large groups, lots of talking, parties, drinking etc. These events are intimidating and can cause overwhelm for people with certain sensory profiles. *(Non-binary, adult)*

When my disabilities were invisible, it was nearly impossible to get accommodations, even when people were well-meaning. It got only slightly easier when I started using mobility aids. *(Trans woman, adult)*

These spaces are often very bright and can be noisy, which makes them unwelcoming for Autistic and neurodiverse people. *(Trans man, adult)*

The disabled community is usually very supportive of me. *(Trans man, youth)*

15: Conversion practices

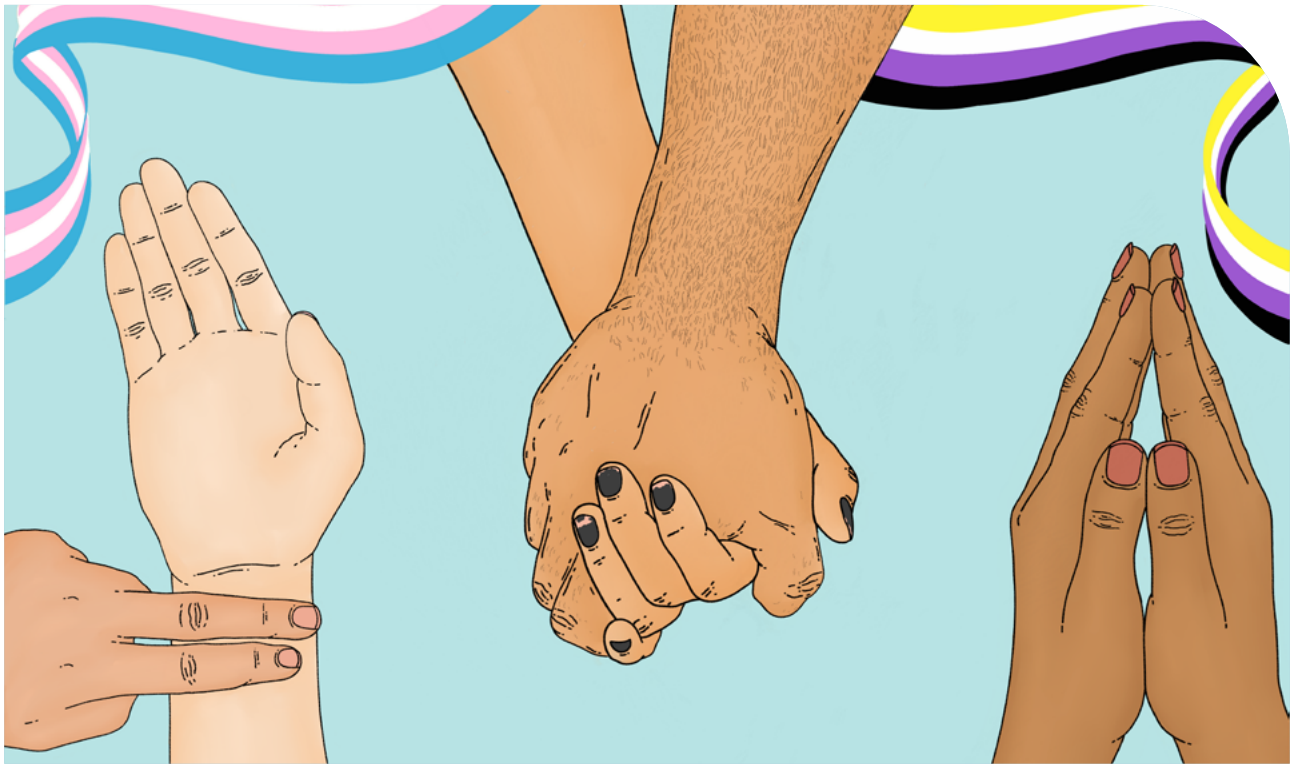
The 2018 Counting Ourselves survey included just one question about conversion practices within a section about experiences in healthcare settings.

Participants were asked if any professional, such as a psychiatrist, psychologist, or counsellor, had ever tried to stop them being trans or non-binary. One out of six (17%) participants said Yes, while 12% were not sure. This was the first data on some forms of conversion practices in Aotearoa. We also found that those who experienced these practices had worse mental health outcomes, reporting higher levels of psychological distress, self-harm, and suicidal thoughts.[1]

These findings from the 2018 survey were important in the debates and submissions that led to Aotearoa New Zealand banning conversion practices in February 2022.

Aotearoa New Zealand law defines conversion practices as a practice, sustained effort, or treatment that is directed towards a person 'with the intention of changing or suppressing the individual's sexual orientation, gender identity, or gender expression.[2]

The 2022 Counting Ourselves survey included more detailed questions about people's experiences of conversion practices using questions from international research which cover a wide range of situations, including practices now banned under Aotearoa New Zealand law.



[1] See Veale et al. (2022) in Selected Resources.

[2] Conversion Practices Prohibition Legislation Act 2022, section 5.

Gender identity and expression conversion practices

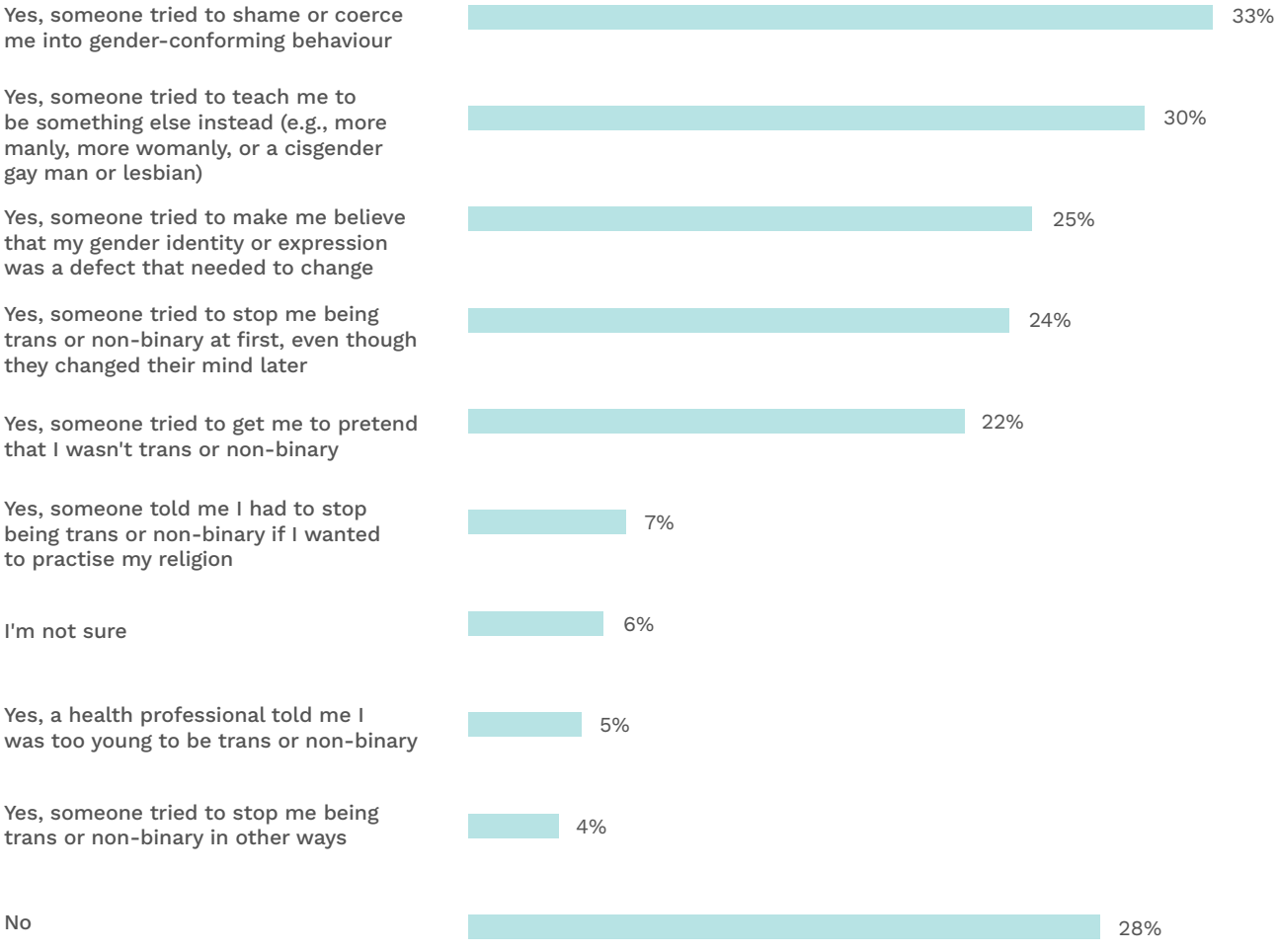
How others had tried to stop them being trans or non-binary

After explaining the next questions were about their experience and knowledge of conversion practices, we asked participants if anyone had ever tried to stop them being trans or non-binary, and what this had involved. The question clarified that this could be someone trying to make you change or suppress your gender identity or your gender expression (your clothing, hairstyle, or the way you talk or move).

Almost two-thirds (66%) of participants answered Yes. Fewer than three out of ten participants said they had never experienced someone trying to stop them being trans or non-binary, and the rest were not sure.

A third of participants said someone had tried to shame or coerce them into gender-conforming behaviour. Other common responses were that someone had tried to teach them they needed to change their behaviour, tried to make them believe this was a defect, or made them pretend they weren't trans or non-binary.

Has anyone ever tried to stop you being trans or non-binary? *Select all that apply.*



There were many group differences in participants' experiences of other people ever trying to stop them being trans or non-binary:

- Māori (42%), adults (39%), and disabled participants (38%) were more likely to say **someone tried to shame or coerce them into gender-conforming behaviour**, while European participants (31%), youth (29%), and non-disabled participants (28%) were less likely to report this.
- Asian (43%), Māori (42%), and disabled participants (34%) were more likely to say that **someone tried to teach them to be something else instead,** while European participants (27%) and non-disabled participants (26%) were less likely to report this.
- Asian (41%), Māori (37%), and disabled participants (29%) were more likely to say that **someone tried to make them believe that their gender identity or expression was a defect,** while European (22%) and non-disabled participants (21%) were less likely to report this.
- Trans men (34%) and disabled participants (28%) were more likely to say that **someone tried to stop them being trans or non-binary at first, even though they changed their mind later,** while non-binary (18%) and non-disabled participants (20%) were less likely to report this.
- Māori (33%) and disabled participants (28%) were more likely to say that **someone tried to get them to pretend that they weren't trans or non-binary**, while European (20%) and non-disabled participants (17%) were less likely to report this.
- Māori (16%) and disabled participants (9%) were more likely to say that **someone told them they had to stop being trans or non-binary if they wanted to practise their religion**, while European (5%) and non-disabled participants (6%) were less likely to report this.
- Asian participants (13%), youth (8%), and disabled participants (7%) were more likely to say that **a health professional had told them they were too young to be trans or non-binary**, while European participants (4%), adults (2%), and non-disabled participants (3%) were less likely to report this.
- Older adults (47%) and non-disabled participants (33%) were more likely to say that **no one had tried to stop them from being trans or non-binary**, while disabled participants (23%) were less likely to report this.

Participants' comments

Feminist and rainbow communities & friends in these communities who had taken up radical feminist thought tried to stop me being trans by saying than men are all evil, dangerous, oppressive, rapists etc. and they went out of their way to say that transgender men are included in this. They attempted to convince me that being a man was an unethical and anti-feminist choice to make. *(Trans man, youth)*

Tried to do an intervention on me when I was getting top surgery. *(Trans man, adult)*

They told me that being non-binary was not real and therefore I wasn't and bullied me and made me scared to continue to uphold the identity. *(Non-binary, youth)*

When I came out to my brother he argued that I wasn't trans and tried to persuade me out of identifying as trans. *(Non-binary, adult)*

2 different experiences with counsellors where they interpreted my gender fluidity as mental distress and tried to heal or cure me. *(Non-binary, adult)*

Attempted to change my gender identity through prayer. *(Non-binary youth)*

Therapists suggested that my gender identity was a result of not having a balanced sense of masculine and feminine and that I needed to work on this. Another [therapist] thought I was suffering from internalised misogyny. *(Non-binary, adult)*

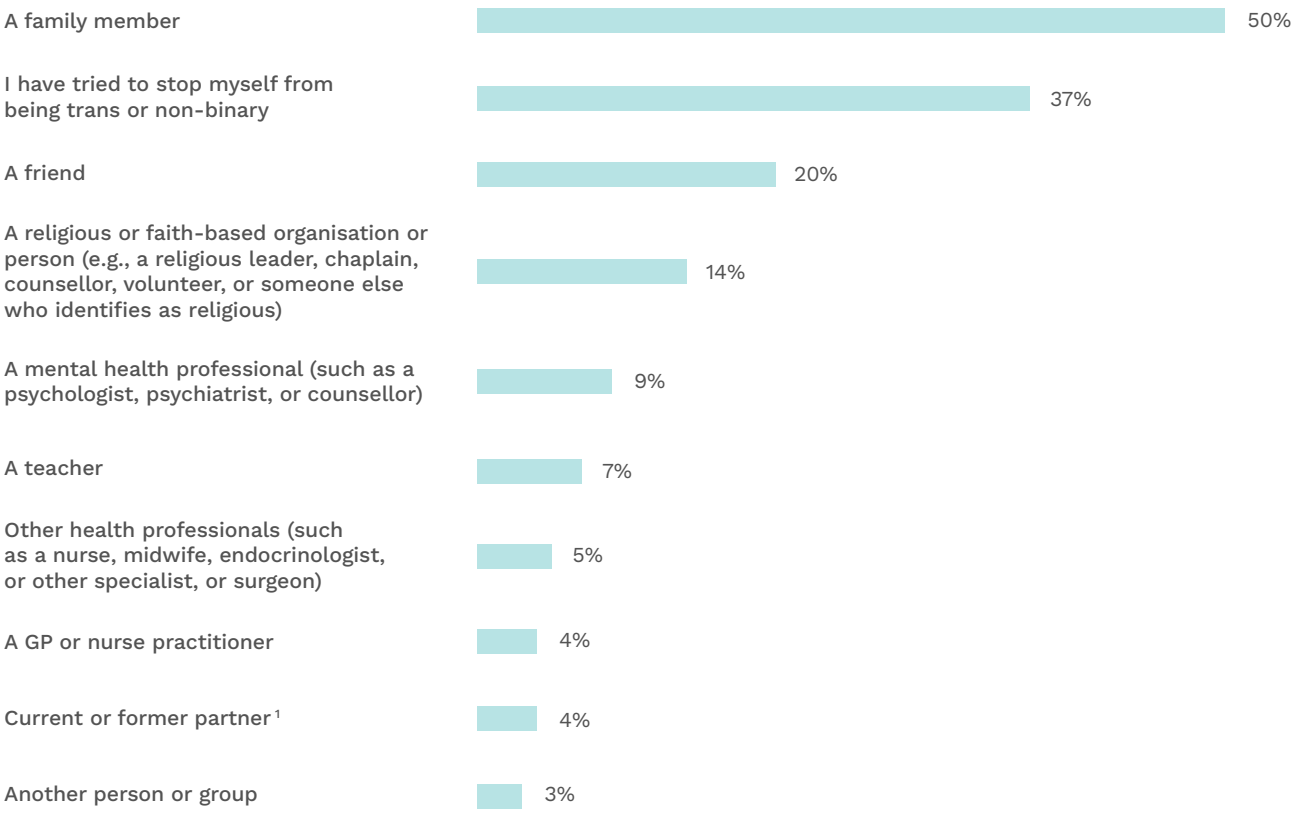
Who had tried to stop them being trans or non-binary

Research shows that often people feel pressure from families, communities, and others in positions of authority to change or suppress their identity, which may include being coached to lead their own or others' conversion practices.

We asked participants about the people or groups who had ever tried to stop them from being trans or non-binary.

Out of participants who had experienced or were unsure if they had experienced someone trying to stop them from being trans or non-binary, half said a family member was involved. Nearly two in five participants had tried to stop themselves from being trans or non-binary. One in five said a friend tried to stop them and more than one in seven had experienced this from a religious or faith-based organisation or person.

Which of the following people or groups have ever tried to stop you from being trans or non-binary? *Select all that apply.*



Out of participants who answered Yes or Not Sure to 'Has anyone ever tried to stop you being trans or non-binary?'

[1] *This item was not directly asked of participants but was created from their write-in responses.*

There were many group differences in the types of people or groups that had ever tried to stop participants being trans or non-binary:

- Asian (66%) and disabled participants (55%) were more likely to say this was from **a family member**, while European participants (47%) and non-disabled participants (45%) were less likely to report this.
- Disabled participants (42%) were more likely to say that they have **tried to stop themselves**, while older adults (19%) and non-disabled participants (33%) were less likely to report this.
- Māori (21%) were more likely to say this was from **a religious or faith-based organisation or person**, while European participants (13%) were less likely to report this.
- Adults (6%) were more likely to say this was from **a current or former partner**, while youth (2%) were less likely to report this.

In addition, disabled participants were more likely to report all the following people or groups had tried to stop them from being trans or non-binary, compared to non-disabled participants:

- A friend (25% vs 15%).
- A mental health professional (13% vs 6%).
- A teacher (9% vs 5%).
- Other health professionals (7% vs 3%).
- A GP or nurse practitioner (6% vs 3%).

Conversion practices related to gender identity, gender expression, and sexual orientation

We also wanted to ask people directly whether they had experienced a conversion practice and, if so, the support they needed then and since. These questions covered any form of conversion practice aimed at suppressing participants' gender identity, gender expression, or sexual orientation. These practices often overlap. For example, a young person's gender non-conforming behaviour may be targeted out of fears that they will identify as lesbian, gay, or bisexual, or as trans or non-binary.

Fewer participants answered yes when we asked if they had experienced a 'conversion practice' than when we listed specific examples of attempts to change or suppress their gender identity or expression. This is similar to other research showing that people often have a narrow view of what the term 'conversion practice' means and think it does not cover their experiences.[1]

Experience of any conversion practices

We asked participants if they had currently or previously experienced a conversion practice that tried to change or suppress their gender identity, gender expression, or sexual orientation. One in seven (14%) said they had, and another 17% thought it might have happened to them but weren't sure.[2] Adults (17%) were more likely and youth (11%) were less likely to have ever experienced a conversion practice.

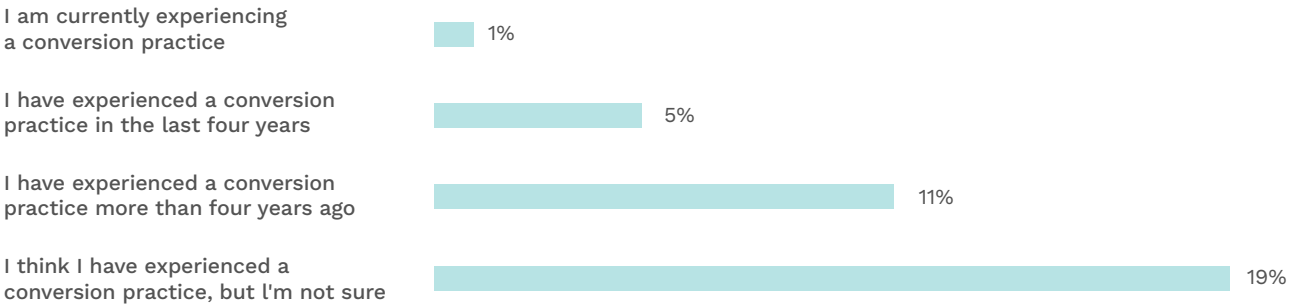
The 2021 Identify survey and the 2022 Manalagi survey asked similar questions about lifetime experiences of conversion practices. They found that 4% of rainbow young people and 14% of Pasifika rainbow people had ever experienced a conversion practice that tried to change their sexual orientation or gender.[3]

[1] See for example Roguski et al. (2024) in Selected Resources.

[2] These totals are slightly different from the next bar graph because some participants selected more than one response. This included those whose conversion practice experiences occurred in different time periods, and those unsure if one of their experiences was a conversion practice.

[3] See Fenaughty et al. (2022) and Thomsen et al. (2023) in Selected Resources.

How would you describe your experience with conversion practices that try to change or suppress your gender identity, gender expression or sexual orientation? *Select all that apply.*



Most participants who had experienced a conversion practice said it happened more than 4 years ago. There were group differences on when the experience of a conversion practice had occurred.

- Adults were more likely than youth to have experienced conversion practices *more than 4 years ago* (15% vs 6%).
- Youth (7%) and disabled participants (7%) were more likely to have experienced this *in the last 4 years,* while adults (3%) and non-disabled participants (4%) were less likely to report this.
- Youth (22%) and non-binary participants (21%) were more likely, while older adults (7%) were less likely to be unsure if they had experienced a conversion practice.

Support needed after experiencing conversion practices

We asked participants who had experienced or were unsure if they had experienced conversion practices about the support they needed. Around three in five participants needed support at the time for themselves or their families to accept their gender or sexual orientation. Two out of five participants said their family still required this support now, and more than a quarter needed ongoing support themselves to accept their identity.

Over half needed information about how conversion practices are harmful and how to make a complaint or required support from others who had been through similar experiences. More than a third needed Indigenous resources that accepted takatāpui, MVPFAFF+, and other rainbow people, or a place to practise their religion or faith where trans and other rainbow people were accepted.

Other forms of support written in by participants included counselling, trauma therapy, peer support, and friends who understood their experience.

What support did you (or do you) need because of conversion practices?	I needed this when it happened	I needed it after this happened	I need this now	**Total who ever needed this**
Support to accept my gender identity, gender expression, or sexual orientation	62%	46%	27%	**81%**
Support for my family to accept my gender identity, gender expression, or sexual orientation	57%	38%	40%	**79%**
Information about the harm of conversion practices including who I could complain to about what has happened to me	46%	28%	11%	**57%**
Support from others who have experienced conversion practices in the past	36%	28%	14%	**53%**
Resources on Indigenous, pre-colonial, or other traditional views that accept takatāpui, MVPFAFF+, and/or other rainbow people	21%	16%	21%	**36%**
Somewhere I could practise my religion or faith where trans, non-binary, and other rainbow people were accepted	24%	13%	16%	**35%**
Resources for ethnic communities about the harm of conversion practices and about supporting trans, non-binary, and other rainbow people	15%	12%	14%	**25%**
Information, in languages other than English, about the harm of conversion practices and support available	7%	5%	7%	**12%**
Other forms of support	11%	8%	7%	**15%**

Out of participants who ever experienced a conversion practice or thought they may have experienced one

There were group differences in the support that participants needed:

- Asian participants (67%) and youth (47%) were more likely to say they **currently need support for their family** to accept their gender identity, gender expression, or sexual orientation, while adults (33%) were less likely to report this.
- Pasifika (86%) and Asian participants (58%) were more likely to say they **needed support from others who have experienced conversion practices in the past when their conversion practice occurred**, while European participants (32%) were less likely to report this.
- Pasifika (more than 99%), Māori (72%), Asian (60%), and non-binary participants (44%) were more likely to say that they **ever needed resources on Indigenous, pre-colonial, or other traditional views** that accept takatāpui, MVPFAFF+, and/or other rainbow people, while European participants (25%) and trans men (22%) were less likely to report this.

There was a high and ongoing need for resources in different languages, and for ethnic communities, about the harm of conversion practices and ways to support rainbow people:

- Pasifika (83%), Asian (47%), and Māori participants (37%) were more likely to say that they **needed resources for ethnic communities when they experienced their conversion practice**, while European participants (7%) were less likely to report this. Almost half of Asian participants (47%) and over a quarter of Māori (26%) **currently needed** these resources.
- Pasifika (83%), Māori (77%), and Asian participants (52%) were more likely to say that they had **ever needed information in languages other than English**, while European participants (4%) were less likely to report this. A third of Asian (35%) and Pasifika (33%) participants said they **currently required this information in languages other than English**.

Participants' comments

I received free mental health support from a service provided to refugees in NZ after I sought asylum, and I'm very lucky to have been assigned a Rainbow friendly therapist who's also competent in family violence, etc. But it's not designed to support survivors of conversion practice and I often find myself having to explain the intersectional issues faced by LGBTQIA+ ethnic people. *(Trans man, adult)*

Religious information that God does support people who are trans, gender diverse and intersex. *(Trans woman, adult)*

Counselling, I sought and received a lot of counselling. *(Non-binary, adult)*

Human Rights Commission resources about conversion practices:
www.tikatangata.org.nz/resources-and-support/conversion-practices

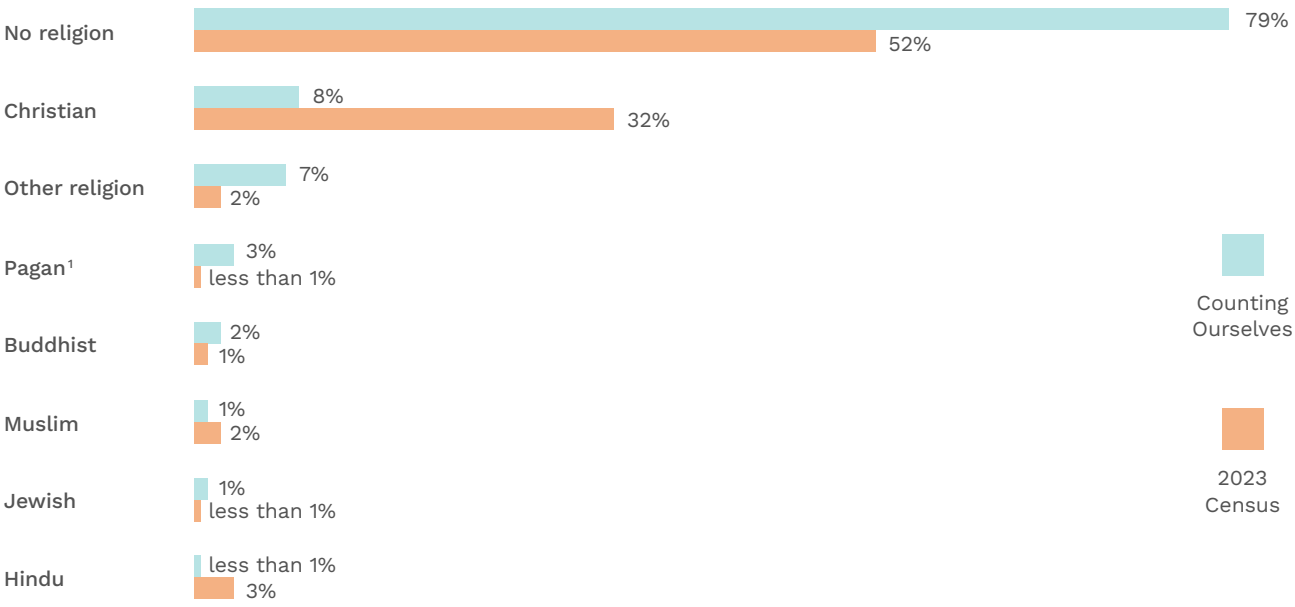
16: **Religion**

We asked participants about their religion and if they have feared rejection or been rejected by their religious or spiritual community.

We also report findings about conversion practices related to religion in Section 15.

Almost four out of five participants had no religion. The remaining participants had a wide range of religions, with Christianity being the most common.

What is your religion?



[1] *This item was not directly asked of participants but was created from their write-in responses. NZ Census data for 'Pagan' was not available. Data for 'Spiritualism and New Age', which includes 'Pagan', was included instead.*

Importance of spiritual beliefs or religious faith

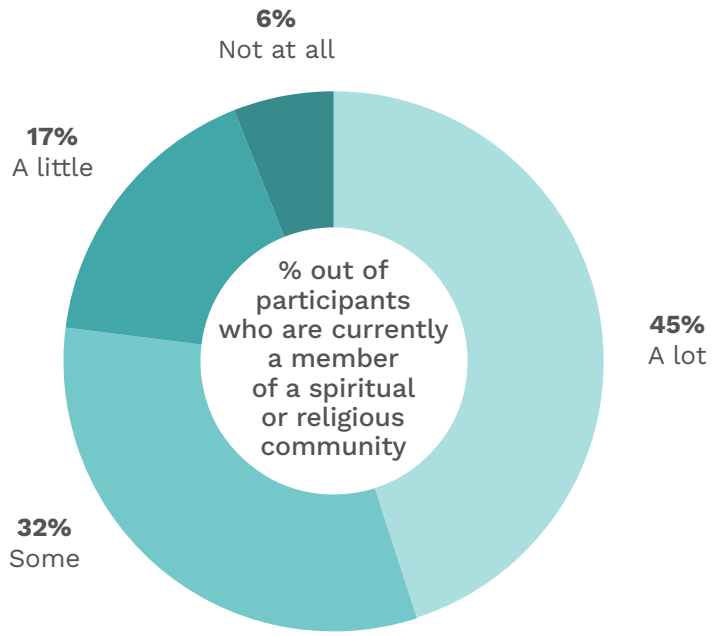
Less than half of participants (44%) reported that spiritual beliefs or religious faith were important to them, which was a decrease from 2018 (47%). Māori (56%), adults (48%), and disabled participants (49%) were more likely and European (41%), youth (38%), and non-disabled participants (39%) were less likely to report this.

Member of a spiritual or religious community

Fewer than one in fourteen participants (7%) were currently a member of a spiritual or religious community. Asian participants (15%) were more likely and European participants (6%) were less likely to report this.

Out of participants who were currently a member of a spiritual or religious community, more than three-quarters said some or a lot of people at their place of worship respected them.

Do people at your church, mosque, or temple respect you?



Participants' comments

I have always been atheist, but since beginning my transition, I am more open minded about the idea of god. *(Trans man, adult)*

Spiritual but not religious, though I do sometimes attend a non-denominational Christian church that has no issue with me being trans. *(Trans man, older adult)*

Unsure/questioning, I believe in God, but do not feel supported in a church environment. *(Trans man, youth)*

Uncertain, I would like to get involved in a spiritual tradition but am not sure how I would be received as a trans person. *(Trans woman, youth)*

Raised Catholic, no religion now but a bit spiritual I guess? I have a deep respect for faith and beliefs but also freedom to choose. I stopped going to Church when I realised I was a Lesbian. I wouldn't ever go back, especially not now as nonbinary. *(Non-binary, adult)*

Reasons for leaving a spiritual or religious community

Out of all our participants, almost one in five had left a spiritual or religious community because of *fear of rejection* for being trans or non-binary, with European participants (15%) being less likely to report this.

One in nine participants had left their spiritual or religious community because they *were rejected* for being trans or non-binary. Older adults (23%) and disabled participants (13%) were more likely, while European (9%), youth (9%), and non-disabled participants (9%) were less likely to say this.

Have you ever left a spiritual or religious community for the following reasons?

Around one in thirty (3%) participants were physically attacked because they were trans or non-binary at a church or another place of faith or worship.

17: Identity documents

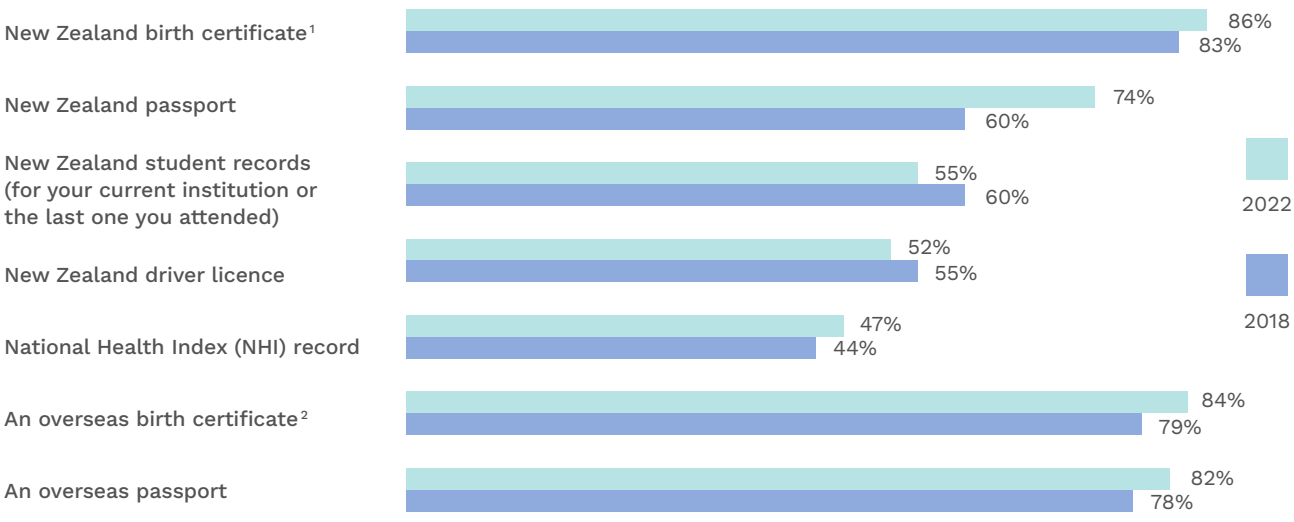
Having the correct name and gender marker on official documents and records respects people's dignity, privacy, and identity.

Correct documentation makes everyday situations where proof of identity is needed safer, especially for those often asked to show identity documents (IDs), such as people assumed to be migrants and youth. In our 2018 survey, we found that trans people who faced barriers obtaining passports or birth certificates with their correct gender marker had higher levels of mental health problems compared with those participants who had the correct gender listed on these documents.[1]

Incorrect gender markers on identity documents

We asked participants whether they had the incorrect gender listed on the following IDs and records. For all documents, apart from national health index (NHI) records, most participants did not have their correct gender listed. Three-quarters of participants had the incorrect gender on their New Zealand passport, and more than four out of five participants had the incorrect gender listed on their New Zealand birth certificate.

Is the incorrect gender listed on the following IDs and records? *Select all that apply.*



Out of participants who had the relevant document or record

[1] *Out of participants born here minus those who did not have a NZ birth certificate*

[2] *Out of participants born overseas minus those who did not have an overseas birth certificate*

[1] See Tan et al. (2022) in Selected Resources.

There were group differences in whether participants had the incorrect gender listed on their following IDs and records, with youth being more likely to have the incorrect gender listed on almost all documents:

- Youth (91%) were more likely to have the incorrect gender on their **New Zealand birth certificate**, while adults (81%) and older adults (58%) were less likely to report this.
- Youth (85%) and disabled participants (79%) were more likely to have the incorrect gender on a **New Zealand passport**, while older adults (42%), adults (67%), and non-disabled participants (71%) were less likely to report this.
- Non-binary participants (61%) were more likely to have the incorrect gender on **New Zealand student records**, while trans men (46%) were less likely to report this.
- Youth (63%) were more likely to have the incorrect gender on their **New Zealand driver licence**, while adults (45%) were less likely to report this.
- Non-binary participants (59%), youth (53%), and disabled participants (51%) were more likely to have the incorrect gender on their **National Health Index (NHI)**, while adults (44%), older adults (26%), trans men (35%), trans women (33%), and non-disabled participants (44%) were less likely to report this.
- Youth (89%) were more likely to have the incorrect gender for an **overseas birth certificate**, while older adults (64%) were less likely to report this.
- Youth (88%) and disabled participants (88%) were more likely to have the incorrect gender on an **overseas passport**, while older adults (49%) and non-disabled participants (76%) were less likely to report this.

Changes in correct gender markers between 2018 and 2022

Comparing between 2018 and 2022, the biggest change was an increase in participants with the incorrect gender marker on their New Zealand passport. The percentage with the incorrect gender on their New Zealand birth certificate also went up. The only two documents where fewer participants had the incorrect gender listed were New Zealand student records and driver licences.

Between our 2018 and 2022 surveys, trans communities led advocacy efforts to replace a complex, medicalised Family Court process for changing gender markers on New Zealand birth certificates with a simpler self-determination process. This new process became law in December 2021 but did not take effect until June 2023, five months after our survey ended.

Participants' comments suggested that many trans people were waiting until June 2023 to use this simpler and more affordable process to update their New Zealand birth certificate, which doesn't require medical evidence and allows non-binary options. A similar self-determination process was already in place for citizens to amend their New Zealand passport.

Participants' comments

Waiting for BDMRR Bill to fully come into effect so I do not have to appear before family court to change gender. *(Trans woman, adult)*

Waiting for the process to become easier with the new legislation. *(Trans man, adult)*

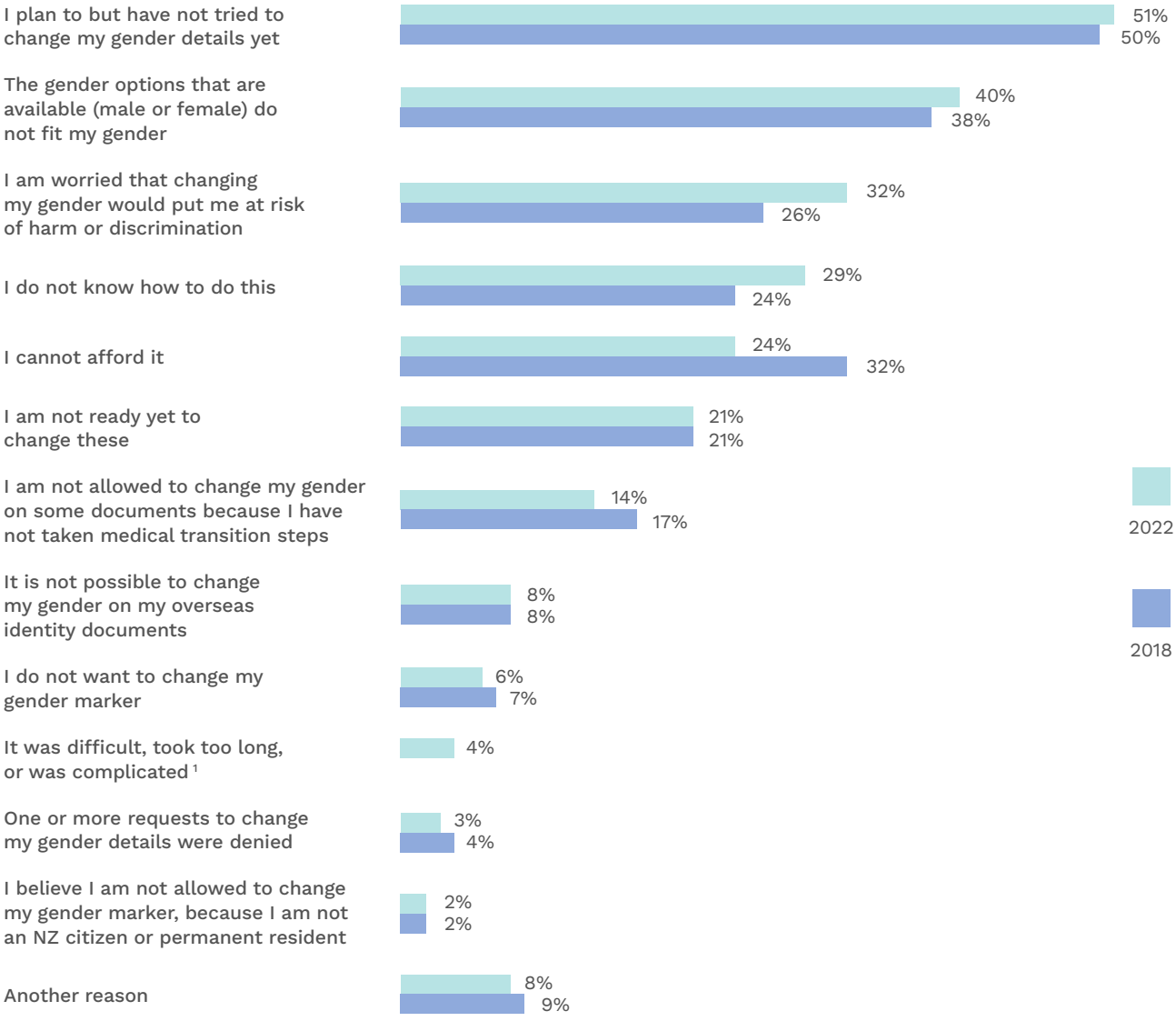
I am waiting to change my name and gender until self-identification is available next year. *(Trans woman, youth)*

I'm waiting for the new BDMRR process to change my birth certificate, I haven't needed to change passport. *(Non-binary, adult)*

Reasons for having incorrect gender details on documents

We asked participants why they had the incorrect gender listed on some of their documents. The main barriers they reported were the lack of non-binary gender marker options, fear of harm or discrimination if they amended these details, not knowing how to make this change, or not being able to afford it. Just over half of participants said they planned to change their gender marker in the future but hadn't tried to yet, while one in five weren't ready to make this change. Only a small number did not want to change their gender marker.

Why is the gender listed on some of your documents incorrect? *Select all that apply.*



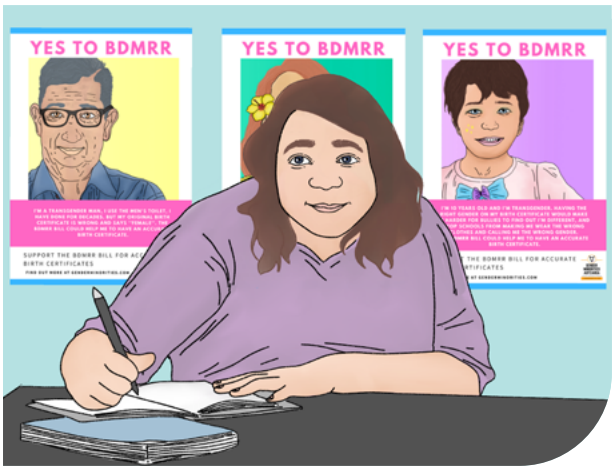
Out of those with the incorrect gender on one or more document

[1] *This item was not directly asked of participants but was created from their write-in responses.*

Between 2018 and 2022 the percentage of people who couldn't afford to change their gender marker dropped. This decrease may be due to the removal of administrative fees in August 2019 for Family Court applications to change sex details on a New Zealand birth certificate.

There were group differences in participants' reasons for having the incorrect gender marker on some of their documents:

- Youth (56%), trans men (66%), and trans women (65%) were more likely to report that they **plan to but have not tried to change their gender details yet**, while non-binary participants (39%) and adults (46%) were less likely to report this.
- Non-binary participants (69%) were more likely to say the **binary gender options available did not fit their gender**, while trans men (6%) and trans women (7%) were less likely to report this.
- Asian participants (46%) were more likely to say this would put them at **risk of harm or discrimination**, while older adults (12%) were less likely to report this.
- Youth (35%) were more likely to say they **did not know how to do this**, while adults (24%) and trans women (22%) were less likely to report this.
- Youth (28%) and disabled participants (32%) were more likely to say they could not **afford this**, while adults (21%), older adults (10%), and non-disabled participants (17%) were less likely to report this.
- Youth (17%) were more likely to say it was because they **had not taken medical transition steps**, while adults (11%) were less likely to report this.
- Asian (36%) and non-binary participants (26%) were more likely to say they were **not ready yet to change their gender marker**, while trans men (10%) were less likely to report this.



Participants' comments

I put gender diverse on all my forms when I can, but I do not want to change my gender markers on my passport as I fear harm or discrimination. I'd like it if gender diverse was an option, and not simply 'M' or 'F'. I like 'X' for the passport but I worry about safety and do not know how to make this change. *(Non-binary, adult)*

I'm a minor so my parents are working on it, it's just expensive and takes a little bit of time. *(Non-binary, youth)*

I am too young to change it without both parents' permission. *(Non-binary, youth)*

My family won't let me. *(Trans man, youth)*

Have not needed my birth cert in 25 years, not bothered about it. *(Trans woman, older adult)*

Changing birth certificate is a massive hassle and I don't need to use my birth certificate for anything at the current time. *(Trans woman, adult)*

I get anxiety about changing my gender with bank, WINZ, etc. *(Trans woman, adult)*

I have tried to change my gender but it leads to so much bureaucracy I can't navigate through it all. *(Non-binary, adult)*

Because [tertiary education institution] can't change it on their past records, I stopped studying with them because of it. *(Trans woman, adult)*

Gender options not available. *(Non-binary, adult)*

I do not want my gender on these documents. *(Trans woman, youth)*

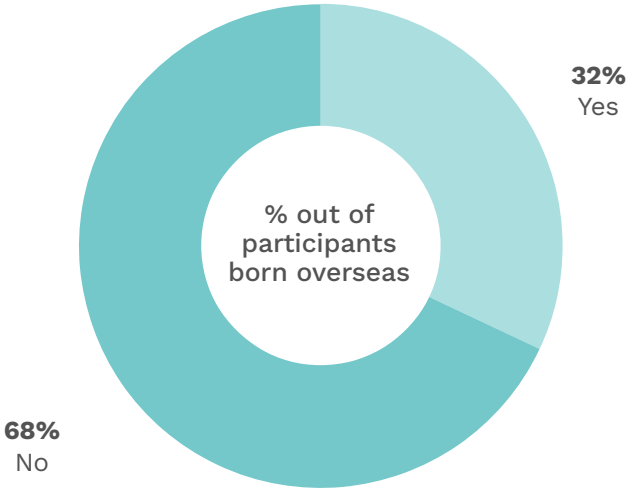
It is a difficult procedure and hard to access remotely. *(Trans man, adult)*

I can't afford to go to court to change my legal sex, and there's no-one locally who can help me with the process of how to do this. *(Trans man, adult)*

Gaps for people born overseas

Most participants born overseas had some official document issued by a New Zealand government agency, but 9% did not. More than two-thirds of these participants had no official New Zealand document that had their correct name, gender, and photo. For those who did, this was in most cases either a passport, if they were now a New Zealand citizen, or a driver licence. Trans and non-binary people can amend their name on a driver licence once they are residents, as well as the gender marker held in the online record.

Do any of your official New Zealand documents have your correct name, gender, and photo on them?



Among overseas-born participants, youth (83%) were more likely to say they didn't have a New Zealand document with their correct name, gender, and photo. While adults (58%) were less likely to report this, most still had no New Zealand photo ID with their correct name and gender.

Up until June 2023, residents born overseas could apply to the Family Court for a Declaration as to Sex with their correct name and gender marker. The law change removed this option, without creating a new process for trans and non-binary people born overseas to obtain an official New Zealand document with these details.

Participants' comments

Being a refugee, I am unable to return to my country of origin to change my details. *(Trans man, adult)*

There are issues with non-binary gender markers and I worry about having documents that don't match. I don't want the government of my country of origin to know I am trans. *(Non-binary, adult)*

Changing gender markers is complicated and difficult as a permanent resident who is a UK citizen. *(Trans woman, youth)*

Changing gender on my Australian birth certificate . . . requires bottom surgery, which I have not had yet. *(Trans woman, adult)*

For some, my passport needs to be updated first, and this can only be done once a year when a representative from the embassy visits NZ. *(Trans man, adult)*

I need to go back to the US to appear in court to change my gender and name on my birth certificate and all other legal forms of ID. This is extremely difficult to do because hearings cannot be planned far in advance and taking time to change passport details and visa takes a long time. *(Non-binary, adult)*

18: Income and employment

We asked participants their annual income and if they have had to go without basic needs to keep costs down. We also asked about their experiences of employment, finding work, and their workplace experiences in relation to being trans or non-binary.

Income

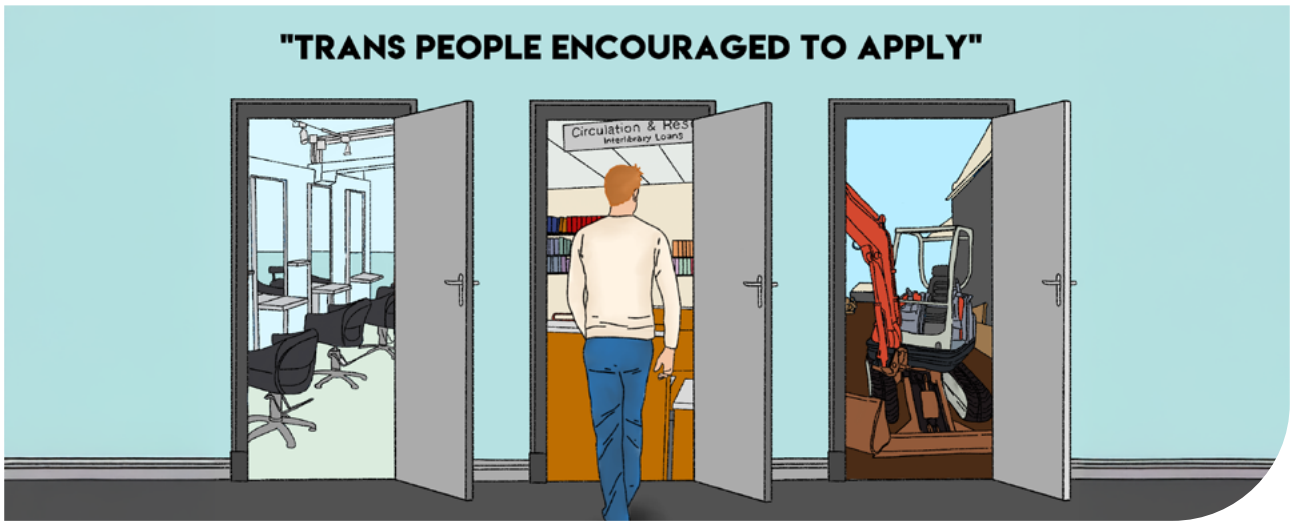
The median annual income of our participants, from all sources, was $20,001–$25,000. Nearly two-thirds of our participants (62%) had an annual income less than the median income for the general population ($40,001–$50,000) in the 2021/22 New Zealand Health Survey.

There were some income differences between groups:

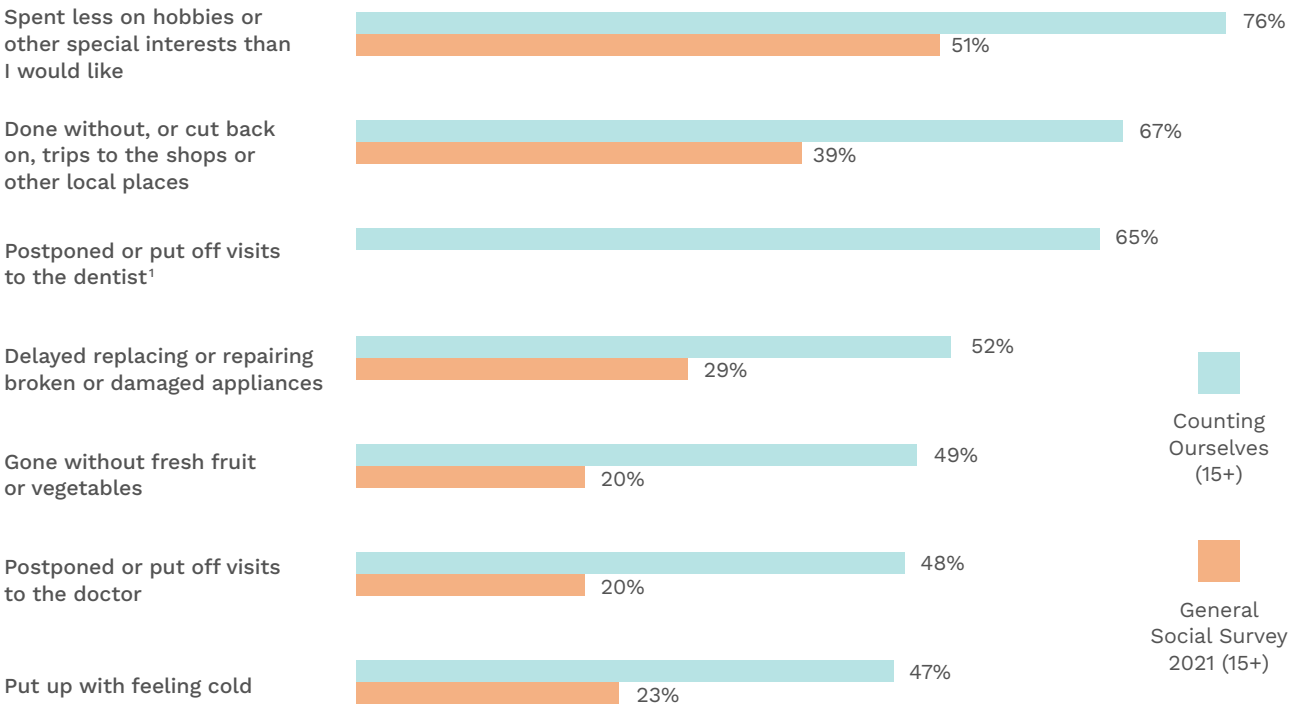
- Youth reported the lowest median income ($5,001–$10,000), followed by older adults ($40,001–$50,000), and adults ($50,001–$60,000).
- Trans men reported a lower median income ($15,001–$20,000) than non-binary participants and trans women ($25,001–$35,000).
- Disabled participants ($15,001–$20,000) reported a lower median income than non-disabled participants ($35,001–$40,000).

Material hardship

To measure material hardship, we asked whether participants had been forced to go without things. Counting Ourselves participants were more likely than the general population to have taken each of these steps to keep costs down. Participants were almost 2.5 times more likely than the general population to have *gone without fresh fruit or vegetables* or *postponed or put off visits to the doctor*.



In the last 12 months, have you had to do any of the following things to keep costs down?



[1] *This question was not asked in the General Social Survey.*

Disabled participants were more likely to report all the following forms of material hardship compared to non-disabled participants:

- Spending less on hobbies or other special interests than they would like (82% vs 69%)
- Doing without, or cutting back on, trips to the shops or other local places (77% vs 58%)
- Postponing or putting off visits to the dentist (72% vs 58%)
- Delaying replacing or repairing broken or damaged appliances (61% vs 44%)
- Going without fresh fruit or vegetables (61% vs 37%)
- Postponing or putting off visits to the doctor (59% vs 37%)
- Putting up with feeling cold (55% vs 39%).

Other group differences included:

- Non-binary participants (71%) were more likely to report **doing without, or cutting back on, trips to the shops or other local places**, while trans women (61%) were less likely to report this.
- Adults (72%) were more likely to report **postponing or putting off visits to the dentist**, while youth (57%) were less likely to report this.
- Māori (58%) were more likely to report **going without fresh fruit or vegetables**, while older adults (33%) were less likely to report this.
- Adults (52%) and participants living in large cities (50%) were more likely to report **postponing or putting off visits to the doctor,** while older adults (25%) and participants living in other areas (38%) were less likely to report this.
- Participants living in large cities (49%) were more likely to **put up with feeling cold**, while participants living in other areas (39%) were less likely to report this.

Employment

We asked participants about their current employment status. Around one in eight participants were not in paid work and were looking for a job, more than twice the rate of the general population.

Which of these statements best describes your current work situation?	Counting Ourselves 2022 (age 15–65)	Counting Ourselves 2018 (age 15–65)	New Zealand Health Survey 2021/22 (age 15–65)
Working in paid employment (includes self-employment)	64%	67%	78%
Not in paid work and looking for job	12%	11%	5%
Not in paid work and not looking for job (due to retirement, student status etc.)	24%	21%	15%
Other	less than 1%	less than 1%	3%

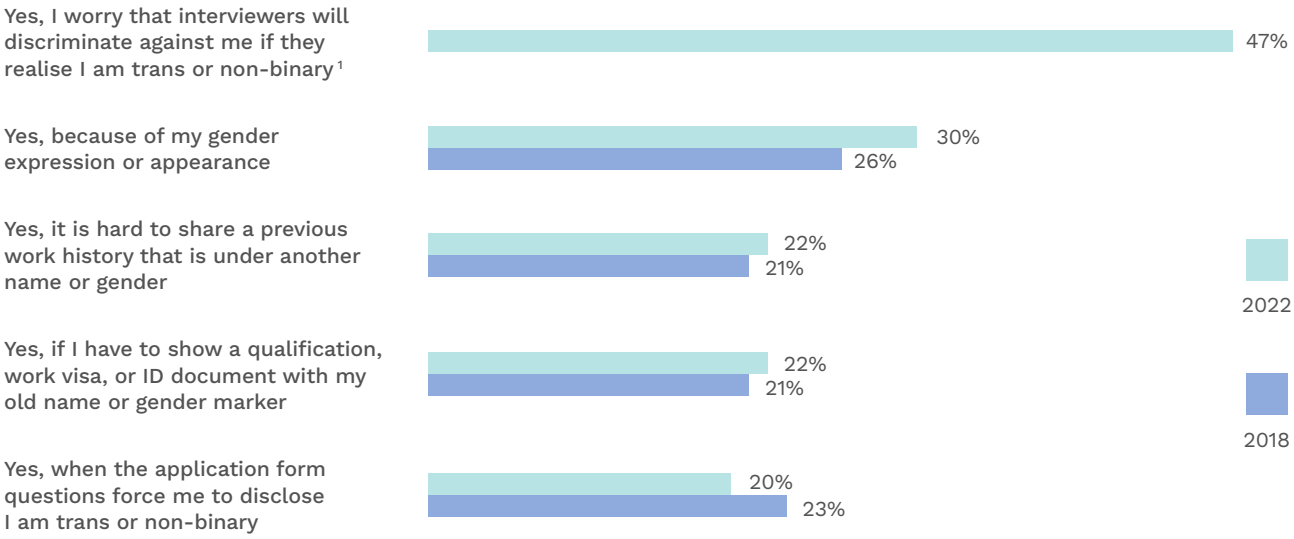
There were differences in employment status between groups:

- Non-disabled participants (71%) were more likely to report **working in paid employment,** while youth (53%) and disabled participants (55%) were less likely to report this.
- Youth (16%) and disabled participants (14%) were more likely to report **not being in paid work, and looking for a job**, while adults (8%) and non-disabled participants (10%) were less likely to report this.
- Youth (30%) and disabled participants (30%) were more likely to report **not being in paid work, and not looking for a job**, while adults (17%) and non-disabled participants (18%) were less likely to report this.

Difficulties finding work

We asked participants if they believed that being trans or non-binary would affect their chances of getting paid work. Almost half said they worried interviewers would discriminate against them if they realised they were trans or non-binary. At least one-fifth of our participants reported each of the other concerns about discrimination as a trans or non-binary person when looking for work, similar to 2018.

Do you think that being trans or non-binary makes it hard for you to get paid work?
Select all that apply.



Out of participants who want paid work and recruiters or employers knew the participant was trans or non-binary

[1] *We do not have comparison data, as the question was asked in a different way in 2018.*

There were many group differences in concerns about finding it harder to get paid work because of being trans or non-binary:

- Disabled participants (54%) and participants living in large cities (50%) were more likely to be **worried that interviewers will discriminate against them**, while older adults (26%), non-disabled participants (40%) and participants living in other areas (34%) were less likely to report this.
- Disabled participants (36%) were more likely to have found it harder **because of their gender expression or appearance**, while trans men (21%) and non-disabled participants (24%) were less likely to report this.
- Youth (26%) and trans men (32%) were more likely to have had to **show a qualification, work visa or ID document with their old name or gender marker**, while adults (18%) and non-binary participants (17%) were less likely to report this.
- Disabled participants (24%) were more likely to report that **application form questions forced them to disclose they are trans or non-binary**, and non-disabled participants (17%) were less likely to report this.

Participants' comments

I am often not perceived as my gender and I find it very hard to correct people but I am trying to be more assertive with it, and I don't know if employers will like that. *(Trans man, youth)*

A lot of places have a dress code or uniform, these often are rather gendered and do not align with my gender expression; so being uncomfortable with conforming to the job's rules means I've lost a few opportunities. *(Non-binary, youth)*

While I am very qualified and experienced, I'm never successful in an interview. I've also suffered having a significantly lower salary at work than almost all of my peers. *(Trans woman, adult)*

I have faced a lot of workplace discrimination and finding a workplace that does not discriminate on top of finding a job that meets my disability needs is difficult. *(Trans woman, youth)*

Job applications can be often confusing if it is asking for your preferred name/name that you use or legal name, and whether gender markers should be correct for you or should match your passport (especially as different places have different degrees of inclusiveness). *(Trans man, youth)*

Being uncomfortable about how my gender identity could be received harms my performance in interviews. *(Trans woman, adult)*

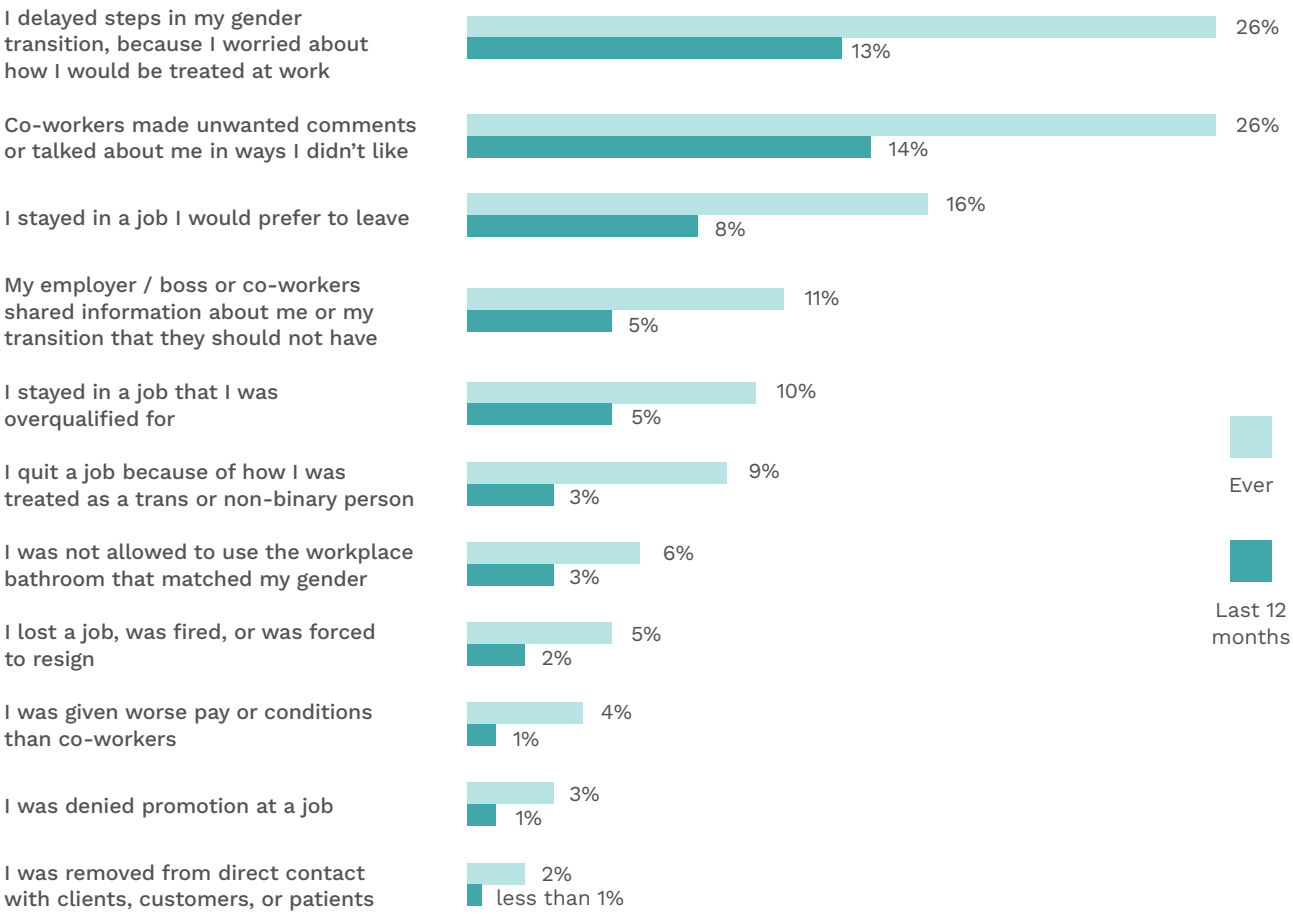
It doesn't because I live stealth so no one knows I'm Trans but being a builder I would worry if people found out I'm trans. *(Trans man, adult)*

My current workplace informed me that they almost didn't hire me because I am non binary. *(Non-binary, youth)*

Negative employment experiences

We asked participants with a history of employment if they had negative experiences at work related to being trans or non-binary. Some of these participants (16%) said no-one at work had ever known they were trans or non-binary. Out of the remaining participants, almost half said there were times when they did not disclose they were trans or non-binary because they feared discrimination. Over a quarter of participants reported that they had ever delayed steps in their transition because they were worried about how they would be treated at work, or that coworkers had ever made unwanted comments or talked about them in a way they did not like. Half as many participants still reported these negative experiences in the last 12 months.

Have any of the following negative experiences happened to you at work because you are trans or non-binary? *Select all that apply.*



Out of participants who had ever worked and had disclosed they were trans or non-binary at any of their jobs

There were some differences between groups who reported negative employment experiences in the last 12 months:

- Trans men (6%) were less likely to report that they **delayed steps in their gender transition** because they worried about how they would be treated at work.
- Disabled participants (11%) were more likely to have **stayed in a job they would have preferred to leave**, while non-disabled participants (6%) were less likely to report this.
- Adults (6%) were more likely to have **stayed in a job they were overqualified for**, while youth (3%) were less likely to report this.

Participants' comments

One of my previous managers asked me – in front of another staff member, and in public – if I had had surgery. I told her in the strongest possible terms that the question was completely inappropriate. I was pretty new to the job (~6 months) and horrified by that boundary violation. Yuck. *(Trans man, adult)*

I did not tell my boss or co-workers I was trans/non-binary however through extensive questioning to my family and friends it was made known to me that my boss and co-workers knew I am gender diverse. Nasty comments were made regarding my gender identity. They refused and did not care to use my correct name and pronouns. *(Non-binary, youth)*

I was 'out' to staff as a trans woman but not allowed to come out to clients. This was not the main reason I retired early but was a factor. The main reason was suicidal ideation. *(Trans woman, older adult)*

My manager made a trans joke in a meeting, I have experienced microaggressions, colleagues are ignorant of what being trans means even though they are not unsupportive. There are no gender neutral bathrooms at my work. *(Non-binary, youth)*

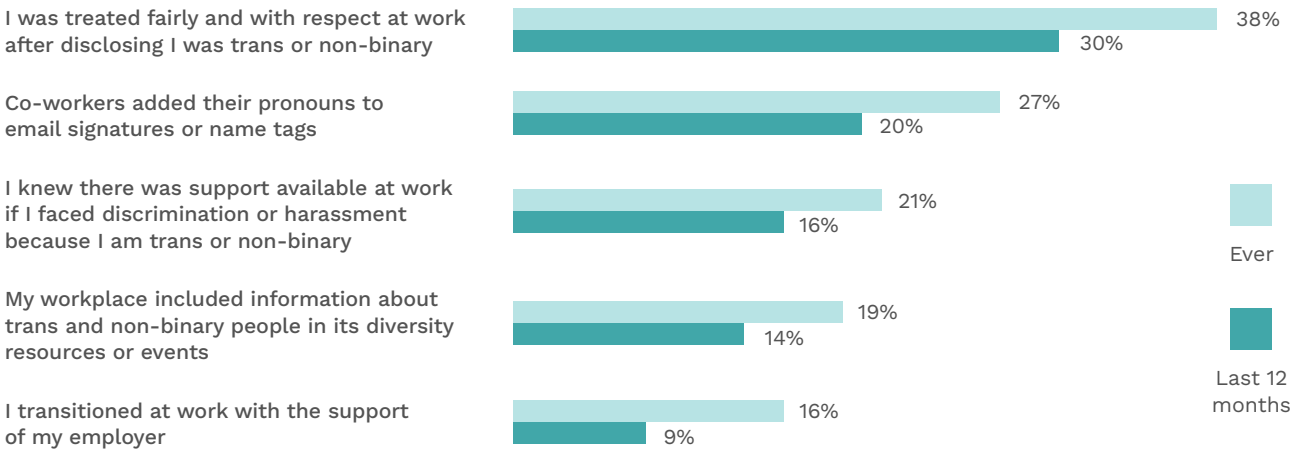
They keep telling my clients that I'm female despite my repeatedly telling them I'm not. They won't use my pronouns. People are 'nice' but don't seem to understand these things are important (or maybe they don't care). Because I am on a work visa and tied to this employer I'm reluctant to make waves. *(Trans man, adult)*

Colleagues said transphobic things on work related social media accounts, and behind my back they ridiculed me for my 'gender politics' (being trans and advocating for our right to wellbeing). *(Non-binary, adult)*

Positive employment experiences

We asked participants with a history of employment if they had positive experiences at work related to being trans or non-binary *in the last 12 months*, or *ever*. Almost two in five participants said they were treated fairly and with respect at work after disclosing they were trans or non-binary *ever*, and 30% said this occurred *in the last 12 months*.

Have any of the following positive experiences happened to you at work because you are trans or non-binary? *Select all that apply.*



Out of participants who had ever worked and had disclosed they were trans or non-binary at any of their jobs

There were some group differences in positive work experiences related to being trans or non-binary in the last 12 months:

- Adults (35%), non-disabled participants (33%), and participants living in large cities (32%) were more likely to say that they were **treated fairly and with respect at work after disclosing they were trans or non-binary**, while youth (26%), older adults (15%), trans women (24%), disabled participants (26%), and participants living in other areas (22%) were less likely to report this.
- Adults (28%), non-binary participants (23%), and participants living in large cities (22%) were more likely to say that their **co-workers added their pronouns to email signatures or name tags**, while youth (11%), older adults (8%), and participants living in other areas (12%) were less likely to report this.
- Adults (17%) were more likely to say that their **workplace included information about trans and non-binary people in its diversity resources or events**, while youth (10%) were less likely to report this.
- Adults (11%) and trans women (13%) were more likely to say **they transitioned at work with the support of their employer**, while non-binary participants (7%) were less likely to report this.

Participants' comments

My employer featured me and my transition story with my approval in internal and external news stories about their trans/non-binary friendly uniform and gender reassignment leave policies. I worked with them on the articles/video. *(Trans man, adult)*

Individual coworkers who knew have treated me fairly and with respect. *(Trans woman, older adult)*

Work made a non binary bathroom! *(Non-binary, adult)*

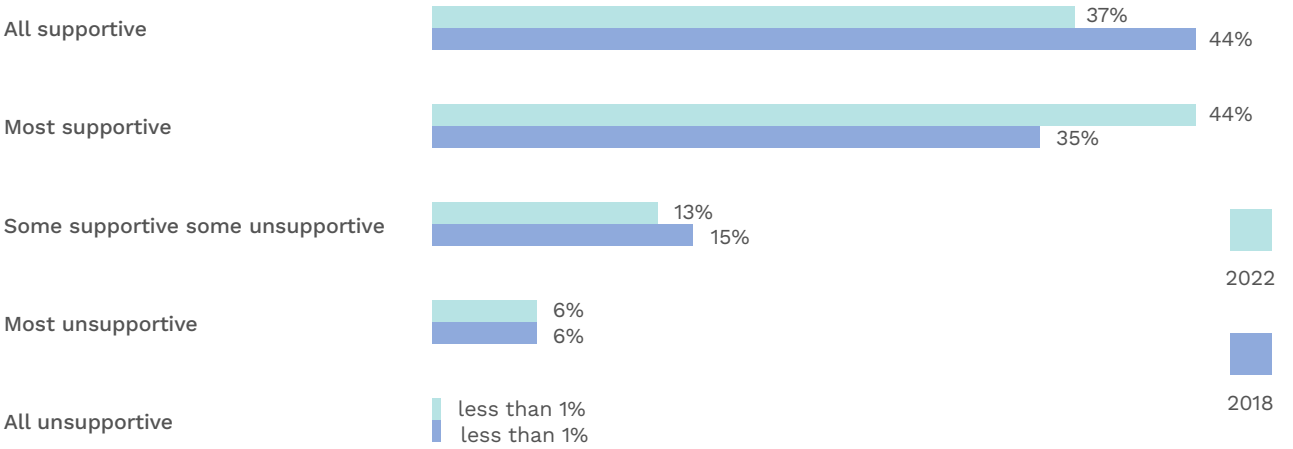
When I'm not there, my manager defends my pronouns. *(Non-binary, adult)*

The team are supportive, but the customers are a really mixed bag. *(Trans woman, adult)*

Supportiveness of co-workers

More than 4 out of 5 participants (81%) reported that all or most of their current co-workers were supportive of them being trans or non-binary. This was a slight increase since 2018 (79%). Trans women (91%) were more likely and non-binary participants (74%) were less likely to report all or most of their co-workers were supportive.

On average, how supportive are your current co-workers of you being trans or non-binary?



Out of participants who were working in paid employment and co-workers were aware they were trans or non-binary

Sex work

We asked participants who were 18 or older if they had engaged in sexual activity for money (sex work) or had done paid work in the sex industry, such as exotic dancing, webcam work, or creating pornographic videos or images.

Nearly one in six participants aged 18 or older (16%) had ever engaged in sex work or paid work in the sex industry, with almost a third of these participants (5%) doing this in the last 12 months.

Māori (26%), adults (19%), and trans women (21%) were more likely to report ever engaging in sex work, while European participants (14%), youth aged between 18 and 24 (12%), and non-binary participants (14%) were less likely to report this.

19: Housing

Having a safe and stable home is important for everyone's health and wellbeing.

Trans and non-binary people often face discrimination, violence, and poverty, which can make it hard for them to find or keep a safe place to live. In this section we report findings about participants' experiences of homelessness, housing discrimination, moving location to be safer, and accessing emergency housing.

Homelessness

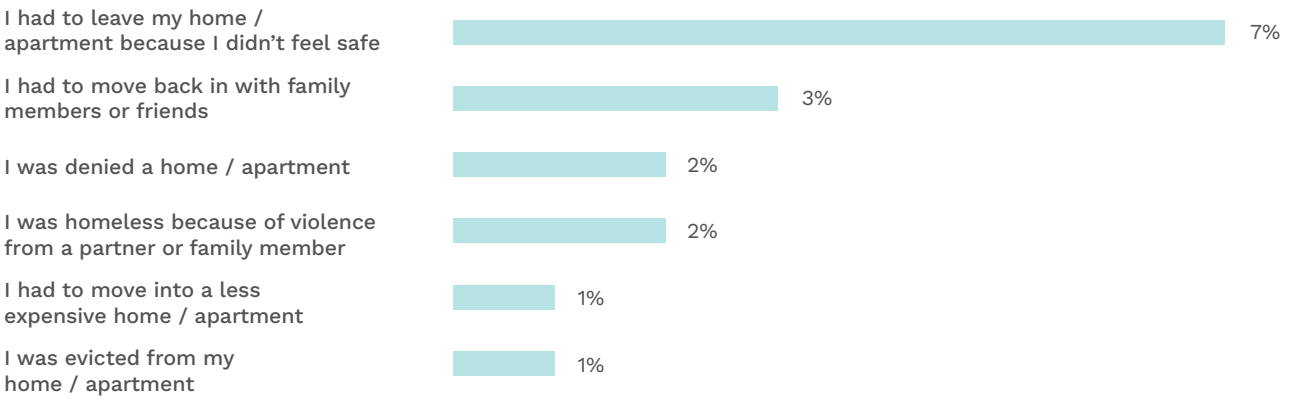
We asked participants if they had ever experienced homelessness.[1] Almost one in five participants (19%) had ever experienced homelessness, which was the same percentage as 2018. This rate was higher for Māori (31%), adults (27%), and disabled participants (26%), and lower for European participants (18%), youth (12%), and non-disabled participants (13%).

Housing instability

Participants reported personal safety concerns and financial difficulties due to being trans or non-binary which made their housing situation unstable *in the last 4 years*. Some also faced discrimination when trying to find or stay in housing because they are trans or non-binary.

[1] We used the Stats NZ definition of homelessness, which is a living situation where people with no other options to acquire safe and secure housing are: without shelter (e.g., sleeping without a roof over your head, or in your car), in temporary accommodation (e.g., renting a room at a motel, or staying at a homeless shelter), sharing accommodation with a household (e.g., couch surfing at friends' homes), or living in uninhabitable housing.

Have any of the following housing situations happened to you in the last 4 years because you are trans or non-binary? *Select all that apply.*



There were some group differences in housing instability in the last 4 years that occurred because participants were trans or non-binary:

- Disabled participants (9%) were more likely to have needed to **leave their home or apartment because they did not feel safe**, while non-disabled participants (5%) were less likely to report this.
- Disabled participants (4%) were more likely to have needed to **move back in with family members or friends**, while non-disabled participants (1%) were less likely to report this.
- Trans women (5%) were more likely to **have been denied a home or apartment** because they were trans or non-binary.
- Trans women (3%) were more likely to have been **evicted from their home or apartment**, while non-binary participants (less than 1%) were less likely to report this.
- Disabled participants (3%) were more likely to have been homeless because of **violence from a partner or family member**, while non-disabled participants (less than 1%) were less likely.

Moving cities or towns for safety

Around one in six participants (16%) had ever moved cities or towns in Aotearoa New Zealand to feel safer as a trans or non-binary person. Māori participants (23%) were more likely to report this.

Participants' comments

Extremely terrifying, sleeping outside as a trans woman on the streets. *(Trans woman, youth)*

Ended up homeless because of unsupportive family. Over a year later, I'm still homeless and just had a brief break where I had my own place but it's been hard being trans and not being on hormones for the majority of the time because I've been harassed on the street for it. *(Trans man, youth)*

Was kicked out by parents with nowhere to go after being abused. They were/are homophobic/transphobic, so it probably added to their dislike of me. *(Trans woman, adult)*

I got kicked out of home when I came out. I then detransitoned as I needed somewhere to live and didn't know about things like youth services. I am now in contact and working towards independent housing in a safer environment. *(Non-binary, youth)*

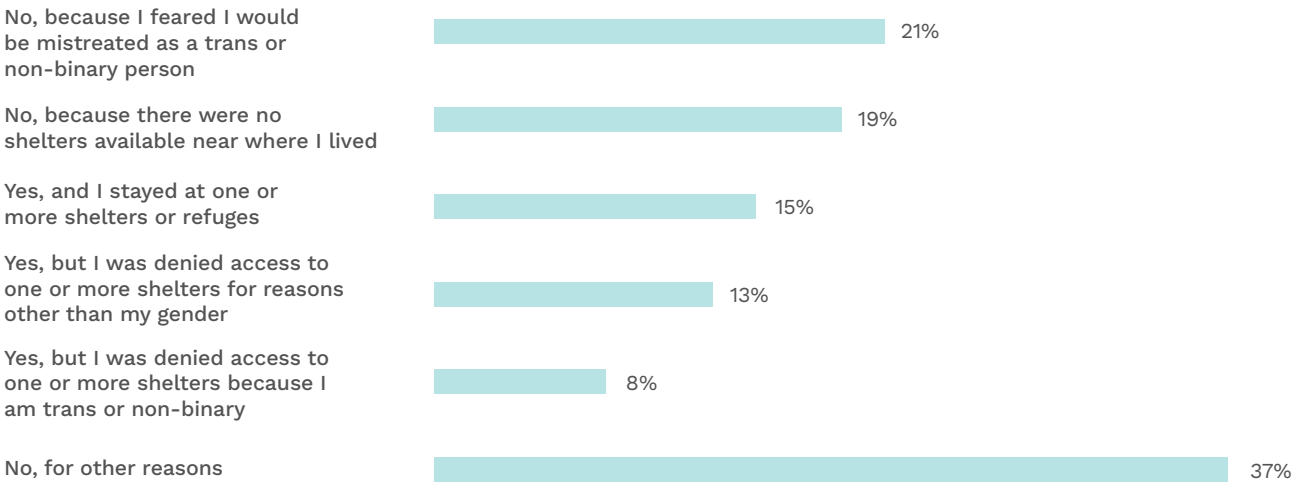
Immediate judgement from property managers. Finding a place to live was extremely disheartening and scary. I felt judged by my appearance many times and I can't help but feel like it played a role in being denied flat housing. My girlfriend and I had a very sad conversation about what we would face as a queer couple looking for their first home. *(Non-binary, youth)*

Accessing emergency housing

Around one in seven participants (14%) had ever needed to access an organisation for emergency housing, including a shelter or refuge. Māori (25%), adults (18%), and disabled participants (19%) were more likely, while European (12%), youth (10%), and non-disabled participants (10%) were less likely to report this.

We asked participants who needed emergency housing about their experiences and found that many did not try to access emergency housing because they were afraid of being mistreated or because there were no options available. Some who did try were turned away. As a result, only about one in seven participants who needed emergency housing were able to access it.

Have you ever tried to access an organisation for emergency housing, including a shelter or refuge?
Select all that apply.



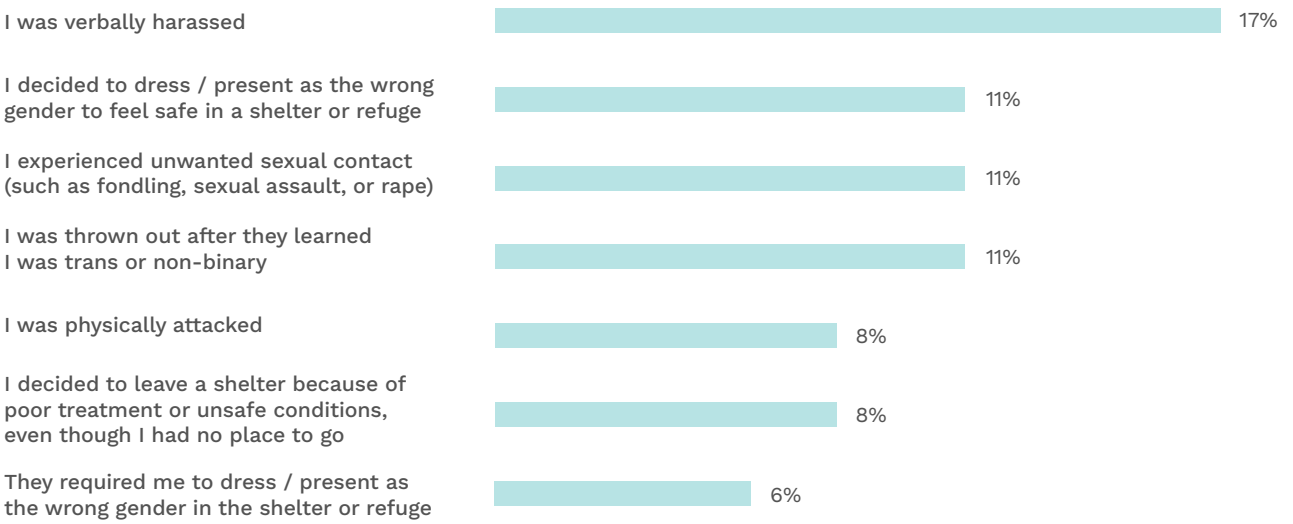
Out of participants who needed to stay at emergency housing, a shelter, or a refuge

Trans women (19%) were more likely and non-binary participants (2%) were less likely to report that they were denied access because they were trans or non-binary. The other reasons that participants wrote about not accessing emergency housing included that they didn't know these supports were available or how to access them, because of the rules of the shelter or refuge, that they were too ashamed, shy, or whakamā to access this support, chose to stay in their current living situation, or had access to other accommodation options.

Experiences at emergency housing

We asked participants about their experiences staying in emergency housing. Some of these participants reported harassment, assault, eviction, and other challenges trying to stay at the accommodation because of their gender.

Have any of these things ever happened to you in a shelter or refuge because you are trans or non-binary? *Select all that apply.*



Out of the 2% of participants who had ever stayed in emergency housing

Participants' comments

I was interrogated about my gender from the person running the women's homeless shelter about my right to be there. *(Trans woman, adult)*

I avoided seeking help or going to shelters and hostels because I fear harassment and discrimination and being sent back home. The few times I sought help I had to go to the female hostel/shelter because the male one is not safe for me (I'm a trans man). *(Trans man, adult)*

Not comfortable going to a shelter due to being trans. *(Non-binary, adult)*

Yes, but emergency housing took years to access and was therefore completely unhelpful in a crisis. Shelters and refuges were not an option due to being with a partner and having a child. *(Trans woman, adult)*

No because at the time I had no knowledge of services available. *(Non-binary, adult)*

I was approved for a room in Salvation Army men's transitional housing but was afraid to take it because there weren't locks on doors and due to being trans (worry over sexual assault and harassment) despite the fact I pass. *(Trans man, adult)*

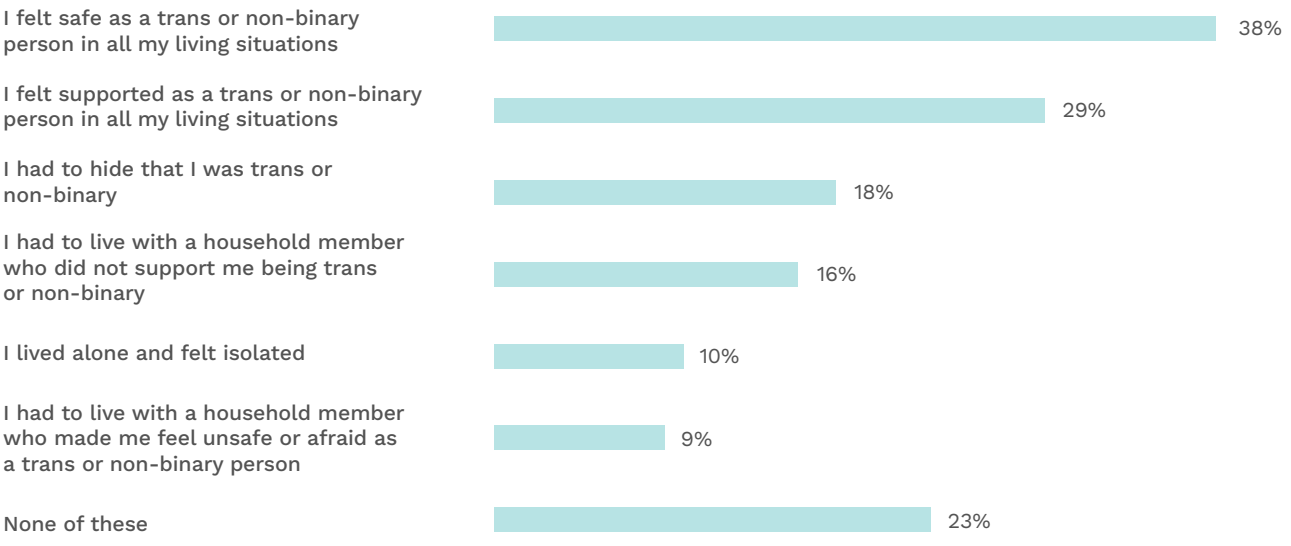
20: COVID-19

We asked participants about their living, financial, and health service access challenges during the COVID-19 pandemic, as other research shows trans and non-binary people were more likely to face these issues.[1]

Living situation during the pandemic

During the COVID-19 pandemic, fewer than two in five participants felt safe as a trans or non-binary person and fewer than three in ten felt supported in all their living situations. Almost one in five participants had to hide their gender identity where they lived. A similar percentage lived with someone who did not support them being trans or non-binary, and one in ten participants lived with a household member who made them feel unsafe or afraid or lived alone and felt isolated.

These situations are about your living situation during the COVID-19 pandemic. Did you have any of these experiences because you are trans or non-binary? *Select all that apply.*



[1] See Poupard (2021) in Selected Resources.

There were group differences in participants' living situation experiences related to being trans or non-binary during the pandemic:

- Adults were more likely and youth were less likely to report that they **felt safe** (43% vs 33%) and **supported** (36% vs 24%).
- Asian participants (37%) and youth (26%) were more likely to report they had to **hide they were trans or non-binary**, while European participants (16%), older adults (4%), and adults (10%) were less likely to report this.
- Youth (23%) and trans men (20%) were more likely to say that they **had to live with a household member who did not support them**, while adults (9%) were less likely to report this.
- Older adults (23%) and adults (13%) were more likely to report **feeling isolated living alone**, while youth (5%) were less likely to report this.
- Youth (14%) were more likely to have **lived in a household with someone who made them feel unsafe**, while adults (5%) were less likely to report this.

Participants' comments

I spent two weeks in MIQ [Managed Isolation and Quarantine] in 2020, and did not yet pass as male, so I spent the whole time being deadnamed and misgendered (I was too afraid to out myself). *(Trans man, youth)*

Because of the custody situation happening with me and my parents at the time, I was forced to stay with my father who was verbally and physically abusive as well as wildly transphobic. *(Trans man, youth)*

As a caregiver to a severely disabled child, we became seriously isolated (barely left our property in 12 months). *(Trans man, adult)*

Three adults sharing small home. Not going out much. Less physical exercise for all of us. Competition for bathroom and kitchen. A bit stir crazy. Isolating and much less social contact and other enrichment like fresh air, time in new spaces etc. *(Non-binary, older adult)*

My parents are anti-vaxxers, so the tentative peace we had built where they pretend I'm straight and cis got blown back up by me actually insisting on precautions and not breaking lockdown laws. *(Non-binary, adult)*

My partner and I were separated during lockdowns. *(Non-binary, youth)*

I have anti-vax family I had no choice but to live with during the pandemic. I made the choice to be vaccinated. It was hell. I am an at-risk person for severe symptoms if I catch the virus and so have made deliberate efforts to avoid social places. *(Trans woman, adult)*

The isolation from the world gave me the time and space I needed to think about what I wanted to do in regards to my gender, without the noise of the world and worrying about other people. I could try things in the comfort of my own home and all in all I found the pandemic helped me embrace my transition and work through stuff. I did live alone though. *(Non-binary, adult)*

I was living in lockdown on my own, this was a positive as I was able to live as my preferred gender albeit in the privacy of my own home. *(Trans woman, adult)*

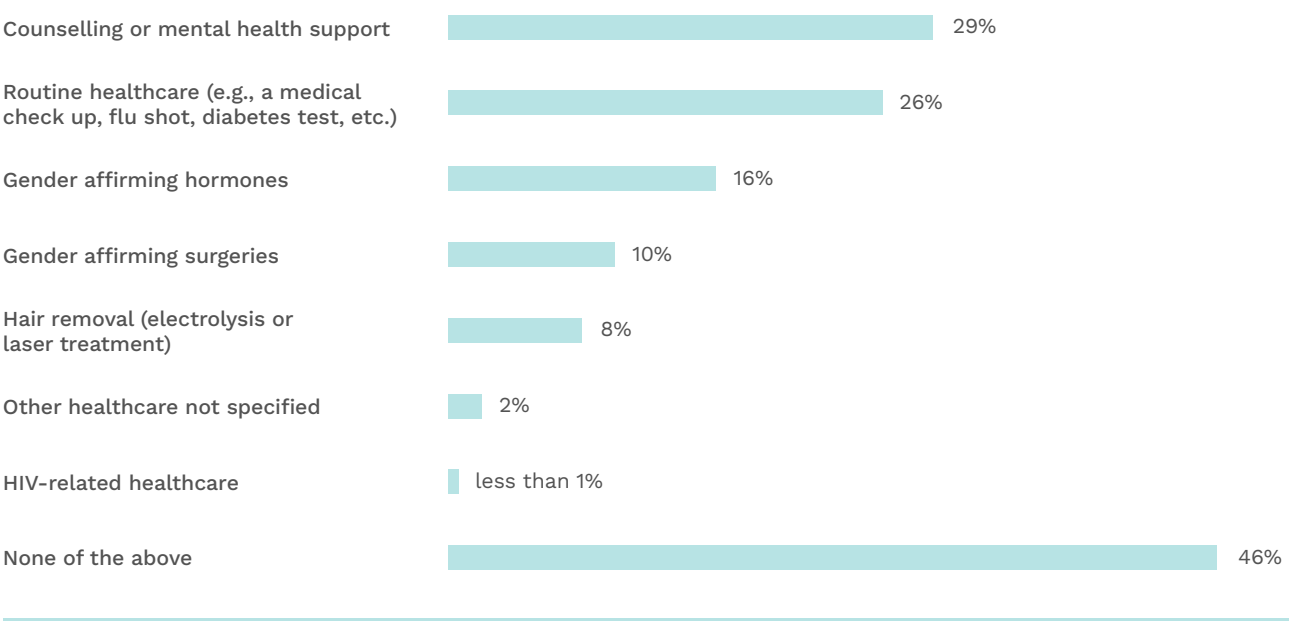
The isolation made it easier to explore my gender in a safe place. While working from home I could make changes without having to hide them while at work. *(Non-binary, adult)*

I had offers from friends to leave my relationship if it became unsafe, however after Covid and lock-downs these were withdrawn out of concern for themselves and their at-risk family. *(Trans man, adult)*

Delays or gaps in healthcare

More than a quarter of all participants had delayed or not received counselling or mental health support or routine healthcare because of the COVID-19 pandemic. During this time, almost one in six delayed or did not receive hormones, one in ten faced delays with gender affirming surgeries, and one in twelve had difficulty accessing hair removal procedures.

Did you delay or not receive any of the following types of healthcare because of the COVID-19 pandemic? *Select all that apply.*



There were many group differences in participants' experiencing delays or not receiving healthcare because of the COVID-19 pandemic:

- Youth (38%) and disabled participants (36%) were more likely to report difficulties accessing **counselling or mental health support**, while older adults (9%), adults (22%) and non-disabled participants (22%) were less likely to report this.
- Non-binary (33%) and disabled participants (33%) were more likely to report delays or not receiving **routine healthcare**, while trans men (21%), non-disabled participants (19%), and trans women (17%) were less likely to report this.
- Youth (19%) and disabled participants (19%) were more likely to report delays or not receiving **gender affirming hormones**, while adults (13%) and non-disabled participants (14%) were less likely to report this.

A small minority (3%) of participants did not seek COVID-19 vaccination, testing, diagnosis, or treatment because they thought they would be disrespected or mistreated as a trans or non-binary person.

Participants' comments

Injured both of my wrists and hands during lockdown and wasn't able to see a doctor for months because it was deemed not an emergency. *(Trans man, adult)*

Specialist treatment for endometriosis (referral declined due to healthcare system overload). *(Trans man, youth)*

My autism and ADHD diagnosis were significantly delayed in 2020 due to the pandemic, so I was unable to access supports. *(Non-binary, youth)*

Emergency first aid. Instead used at home first aid and had a follow up appoint with GP the next day, to avoid high risk hospital spaces. *(Non-binary, adult)*

Voice therapy has stopped, been long delays with endo appointment and deferred a surgery because of a covid wave. *(Trans woman, adult)*

Due to Covid supply issues aspects of my hormone treatment were not available. I thought it was my life over when I found out. I did get unwell in the interim until the supplies were available again. I have a low seizure threshold so imbalances in my endocrine system / hormone management can tip me into problems with seizures of which I had quite a few and nearly died. I still wonder if I will die from this each night. The lack of care or understanding of how vital these medications were just reinforced that we are expendable. *(Trans woman, adult)*

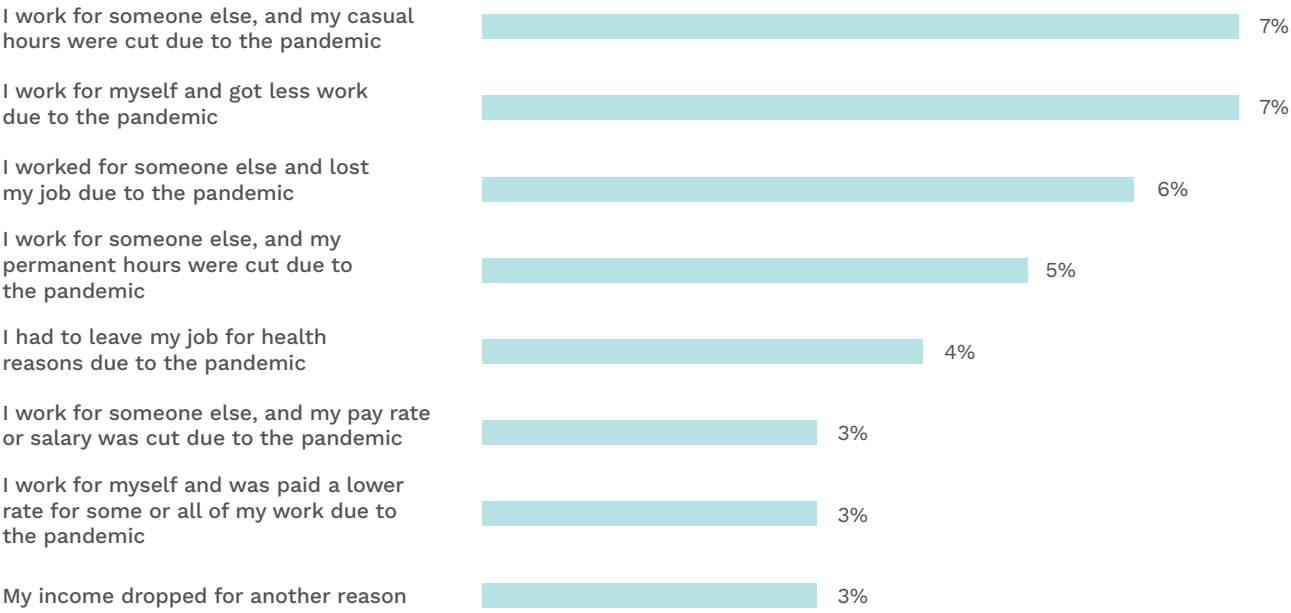
Realised I wanted to transition just before COVID-19 started so experienced delays in getting things underway. This wasn't my choice to delay things, it was just the circumstances of the time. *(Trans woman, adult)*

Financial effects of COVID-19

More than two-thirds of participants had no negative impacts on the hours they worked or pay they received during the COVID-19 pandemic. This included those who would not usually have been working over that time.

The most common financial consequences were cuts to casual working hours, losing a job or having permanent hours cut, self-employed people getting less work, leaving your job for health reasons due to the pandemic, or being paid a lower rate for work.

During the COVID-19 pandemic (since February 2020), has your financial situation been affected for any of these reasons?



There were some group differences in how the pandemic affected participants' financial situation:

- Trans women (4%) were less likely to say that they worked for someone else, and their **casual hours were cut**.
- Non-binary participants (8%) were more likely to say that they were **self-employed and got less work**, while trans men (3%) were less likely to report this.
- Disabled participants (6%) were more likely to **leave their job for pandemic-related health reasons**, while non-disabled participants (3%) were less likely to report this.

Participants' comments

I was on the bargaining team for my union, we were specifically denied a raise because of covid, which meant our wages have stagnated while inflation is very high. *(Trans woman, adult)*

Some of the projects I was meant to work on lost their funding due to the pandemic or could not proceed because of lockdowns. *(Trans man, older adult)*

I struggled to find a job after finishing study because of the pandemic. *(Trans man, youth)*

I dropped out of Masters study due to burn out/ mental health due in part to the pandemic and lost my scholarship. *(Non-binary, adult)*

After losing hours my health also became less manageable. My mental health was also impacted by covid and the consequences of lockdowns, e.g. lost a family member could not access the funeral, cut off from my support network and had to go to hospital appointments alone even for things where you're supposed to go home in someone else's care. *(Non-binary, adult)*

Stressors and sickness lead to less time available to work and running out of sick leave, having unpaid days of leave. *(Non-binary, youth)*

I developed long COVID and had to leave work. *(Non-binary, adult)*

21: Sport and physical activity

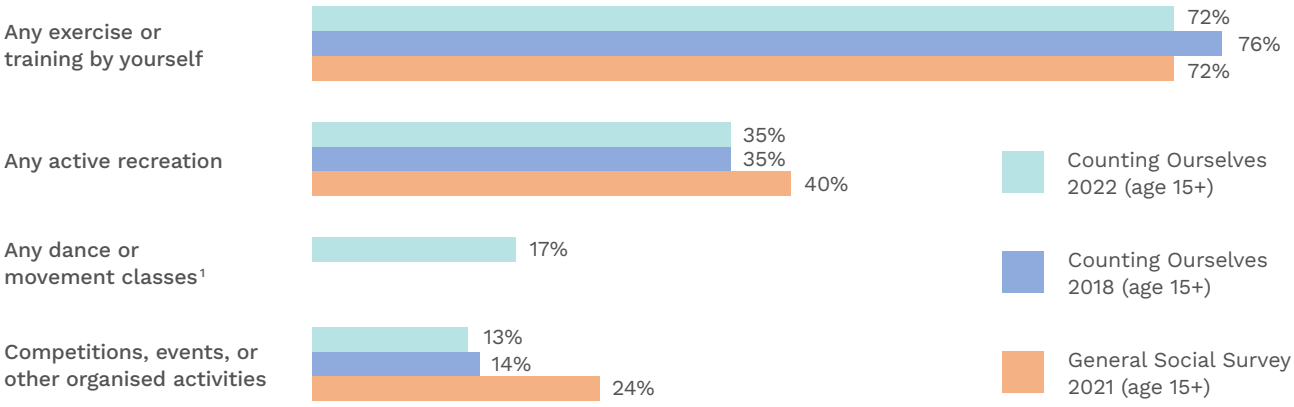
Participation in physical exercise is important for positive physical and mental wellbeing, as well as improving social connectedness.

We asked participants about their participation in sport and active recreation, the barriers they faced, and whether they felt included as a trans or non-binary person.

Participation in sport and active recreation

Most participants had done some form of sport or active recreational activity in the last 4 weeks.

Now thinking about sport and active recreation. In the last 4 weeks, have you done any of the following?



[1] *This question was not asked in the 2018 Counting Ourselves survey or in the General Social Survey.*

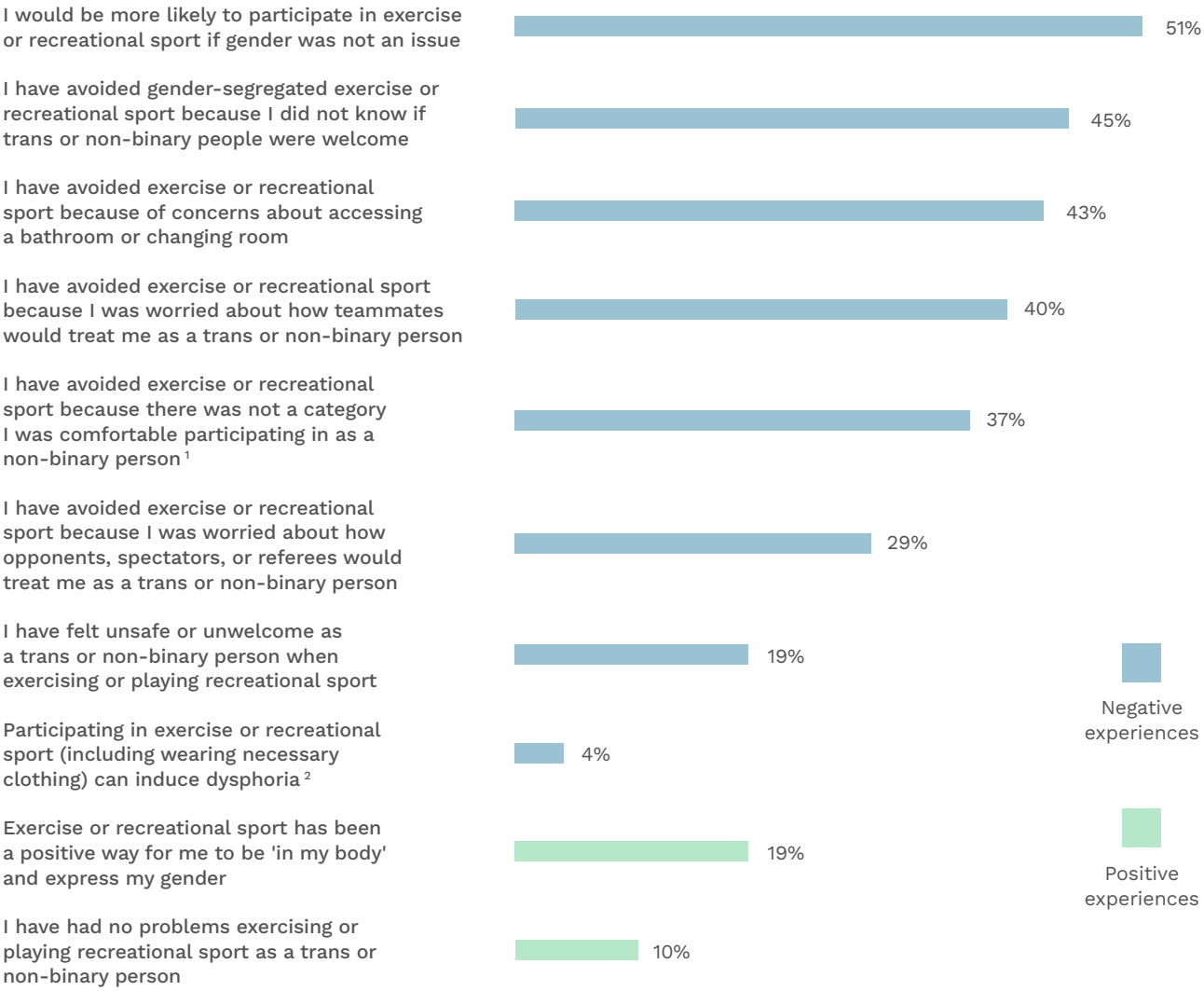
There were some group differences in whether participants have done these activities in the last 4 weeks, particularly between non-disabled and disabled participants, who were less likely to report doing all of these activities:

- Non-disabled participants (79%) were more likely to report doing **any exercise or training by themselves**, while youth (69%) and disabled participants (65%) were less likely to report this.
- Non-disabled participants (39%) were more likely to report doing **any active recreation**, while trans women (26%) and disabled participants (31%) were less likely to report this.
- Non-disabled participants were more likely and disabled participants were less likely to report doing **any dance or movement classes** (19% vs 14%) and doing **competitions, events, or other organised activities** (16% vs 11%).

Barriers to participation in sport and active recreation

We asked participants if being trans or non-binary has affected their ability to exercise or participate in recreational sport in any way. Over half of participants said that they would be more likely to participate in exercise or recreational sport if gender wasn't an issue. More than two in five participants had avoided gender-segregated exercise or recreational sport because they didn't know if trans and non-binary people were welcome, or because they had concerns about accessing a bathroom or changing room.

Has being trans or non-binary affected your ability to exercise or participate in recreational sport in any of these ways? *Select all that apply.*



Out of participants who engaged in or were interested in recreational sport

[1] *Out of non-binary participants*

[2] *This item was not directly asked of participants but was created from their write-in responses.*

There were group differences in participants' responses to how being trans or non-binary had affected their ability to exercise and participate in recreational sport:

- Older adults (28%) were less likely to say they **would be more likely to participate in exercise or recreational sport if gender was not an issue**.
- Disabled participants (51%) were more likely to have said they **avoided gender segregated sport or exercise because they did not know if trans or non-binary people were welcome**, while older adults (22%) and non-disabled participants (40%) were less likely to report this.
- Trans men (53%), trans women (52%), and disabled participants (48%) were more likely to say this was **because of concerns about accessing a bathroom or changing room**, while non-binary (34%) and non-disabled participants (38%) were less likely to report this.
- Disabled participants (47%) were more likely to say this was **because they were worried about how teammates would treat them as a trans or non-binary person**, while older adults (18%) and non-disabled participants (35%) were less likely to report this.
- Trans men (36%), trans women (41%), and disabled participants (35%) were more likely to say this was because t**hey were worried about how opponents, spectators, or referees would treat them as trans or non-binary people**, while non-binary (21%) and non-disabled participants (24%) were less likely to report this.
- Trans women (28%) and disabled participants (23%) were more likely to say they **felt unsafe or unwelcome as a trans or non-binary person**, while non-binary (16%) and non-disabled participants (16%) were less likely to report this.
- Youth (7%) and disabled participants (6%) were more likely to say that **participating in exercise or recreational sport** (including wearing necessary clothing) **can induce dysphoria**, while adults (2%) and non-disabled participants (3%) were less likely to report this.
- Adults (23%) were more likely to say that **exercise or recreational sport has been a positive way for them to be 'in their body'** and express their gender, while youth (13%) were less likely to report this.
- Older adults (31%) were more likely to say they have had **no problems exercising or playing recreational sport** as a trans or non-binary person.

Participants' comments

I avoided recreational sport because gender dysphoria makes it difficult and uncomfortable. *(Non-binary, adult)*

I love to swim, but don't feel safe going to the pool and changing rooms since coming out. *(Trans man, older adult)*

Have a bicycle I ride over summer. *(Trans woman, adult)*

I feel able to pursue these on my own, but seeking clubs or groups is when it becomes an issue. *(Trans woman, adult)*

Being uncomfortable with my body complicates activities which focus on the use of it. *(Trans woman, youth)*

Being unable to wear my binder whilst exercising, therefore only exercising in private. *(Trans man, youth)*

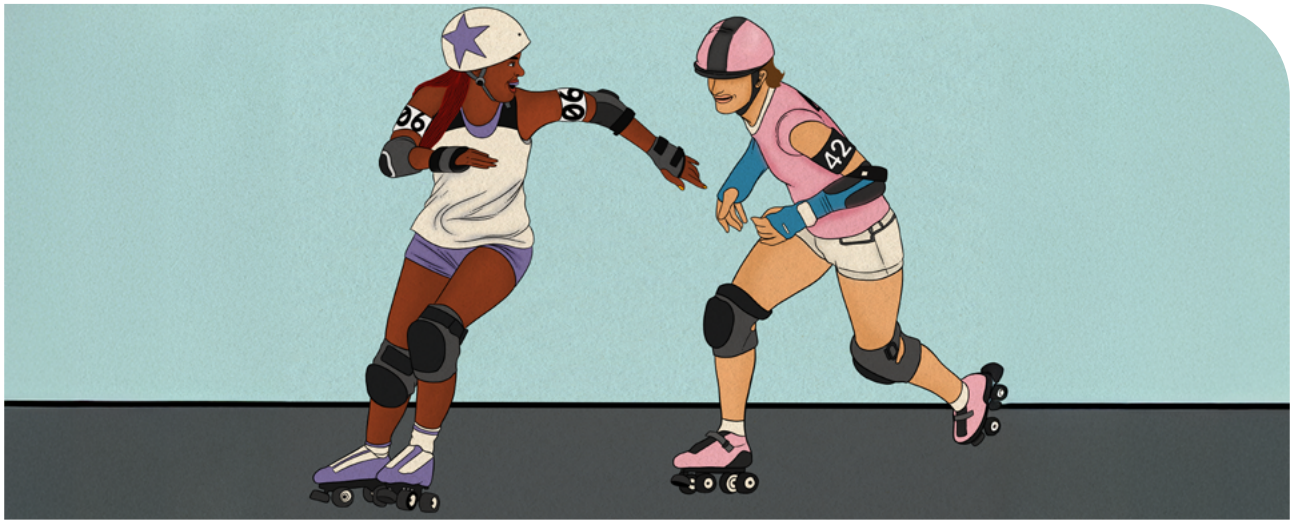
I love exercising and running now that I've had top surgery. *(Trans man, adult)*

I love being physically active, but I am limited by the fact that it is not healthy to exercise in a binder, but not wearing a binder causes dysphoria. I think the only way I can live the active lifestyle I want is to get top surgery, but this isn't feasible in the short term. *(Non-binary, youth)*

I play roller derby which has been very inclusive of non-binary and trans women so this sport feels safe for me. *(Non-binary, adult)*

I attended my gym prior to transitioning, then returned after injury with my correct name and gender. Everyone was very friendly and supportive, including in the changing room. No other LGBTQI members and average age is 75. At my gay men's yoga group, half the members threatened to leave if I joined and some did. *(Trans man, older adult)*

I attend a really openly queer-friendly dance studio and its one of the only places other than work where I'm 'out' and its nice. *(Non-binary, adult)*

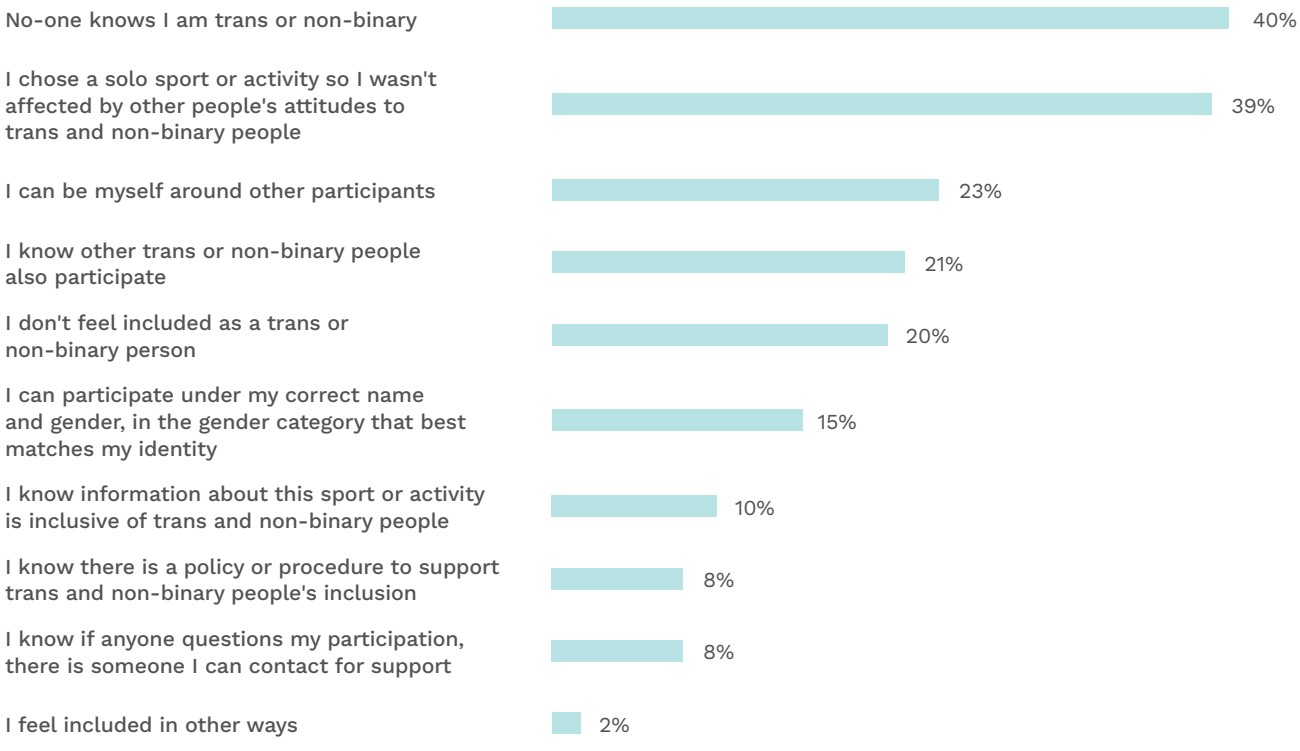


Feeling included in sport and recreational activities

Around two in five participants said that they did not tell others that they were trans or non-binary or deliberately chose to engage in solo sports or activities so that they weren't affected by other people's attitude towards trans or non-binary people.

Less than a quarter of participants said they were able to be themselves around others when engaging in sport or active recreation.

Thinking about the sports or active recreational activities you have participated in, what has made you feel included as a trans or non-binary person? *Select all that apply.*



Out of participants who played or were interested in engaging in sport or active recreational activity

Group differences for this question included:

- Non-binary participants (46%) were more likely to report that **no one knew they were trans or non-binary** when engaging in sport or active recreation, while trans women (24%) were less likely to report this.
- Adults were more likely and youth were less likely to **choose a solo sport or activity** so they wouldn't be affected by other people's attitudes to trans and non-binary people (45% vs 33%), to say that they knew **information about the sport or activity they engage in is inclusive** of trans and non-binary people (13% vs 7%), and to say they knew **there was a policy or procedure to support trans and non-binary people's inclusion** (11% vs 5%).
- Youth (19%) were less likely to report that they **could be themselves around other participants**.
- European participants (17%) were more likely to say that they **could participate under their correct name and gender**, while non-binary participants (11%) were less likely to report this.

Competitive sport

Nearly one in five (19%) of participants played or were interested in playing competitive sport.

Out of these participants, 24% had experienced no problems when playing. Older adults (60%) were more likely to say that they have had no problems playing competitive sport as a trans or non-binary person.

More than two in five participants who were interested in playing competitive sport, however, had avoided participating in it because they were worried about how they would be treated as a trans or non-binary person. Almost a third of non-binary participants interested in competitive sport hadn't played because there wasn't a category they felt comfortable competing in.

Participants' comments

At the martial arts classes I go to periodically, the teacher and some of the higher students there have specifically accommodated both my gender identity and my physical disability. *(Trans woman, youth)*

Myself and my queer friends have worked with our crossfit/functional fitness gym's owner to make the space more welcoming and inclusive. This is great, but still face gender issues when we want to compete in competitions hosted by others in the industry. *(Non-binary, adult)*

The staff at my CrossFit gym have been so outstanding in their acceptance and respect since I transitioned that I simply don't care what other gym users think. *(Trans woman, older adult)*

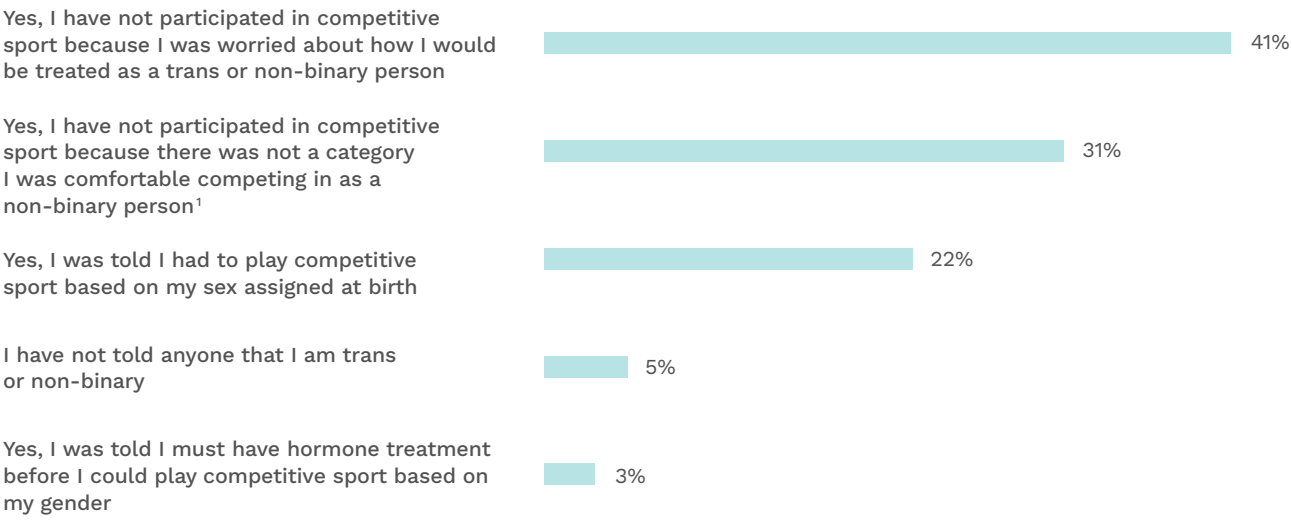
Pre-COVID I was introduced to roller skating by a trans friend and we all started a queer and trans roller-skating group. *(Trans man, adult)*

Told the head of my ballet school that I'm transgender and asked if this was going to be alright for me and she sent a lovely welcoming email saying dance doesn't discriminate. *(Trans woman, youth)*

I participate almost exclusively with friends who know I am trans and support me. *(Trans woman, adult)*

The national board of my sport has done the best they can to allow me to compete, but it is harder to navigate international policies. *(Non-binary, youth)*

Has being trans or non-binary affected your ability to participate in competitive sport in Aotearoa New Zealand? *Select all that apply.*



Out of participants who played or were interested in playing competitive sports

[1] *Out of non-binary participants*

There were a few group differences in participants' experiences of competitive sport:

- Older adults (8%) were less likely to have not participated in a competitive sport because they were **worried about how they would be treated as a trans or non-binary person**.
- Youth (33%) and disabled participants (29%) were more likely to report they were **told they had to play competitive sport based on their sex assigned at birth**, while adults (12%) and non-disabled participants (16%) were less likely to report this.
- Pasifika participants (33%) were more likely to have **not told anyone that they were trans or non-binary** while playing competitive sport.

Participants' comments

I was a professional athlete and lost my sport when I transitioned. *(Trans woman, adult)*

Growing up I did heaps of competitive sports (when I was not out as trans). I miss it so much but I do not feel safe or welcome to do it as a trans genderfluid person and there are not things in place in regards to accessibility needs considering how disabled by my chronic pain and fatigue I am now. *(Non-binary, youth)*

I am a former pro athlete and have contacted my sport about what they intend to do to be more inclusive of trans people and was met with hostility. *(Trans woman, adult)*

Had to stop playing competitive sport when I started HRT. *(Trans man, youth)*

Yes! Even social mixed grade clubs have requirements for how many 'males' can be on the court at one time, this makes things difficult to navigate because my whole team is trans or non-binary. *(Non-binary, youth)*

Have avoided competitive due to fear of backlash. *(Non-binary, youth)*

An opposing coach made a complaint about me to the local governing body of my sport. The local governing body strongly supported my right to play in my women's team. *(Trans woman, adult)*

22: Family, friends, and partners

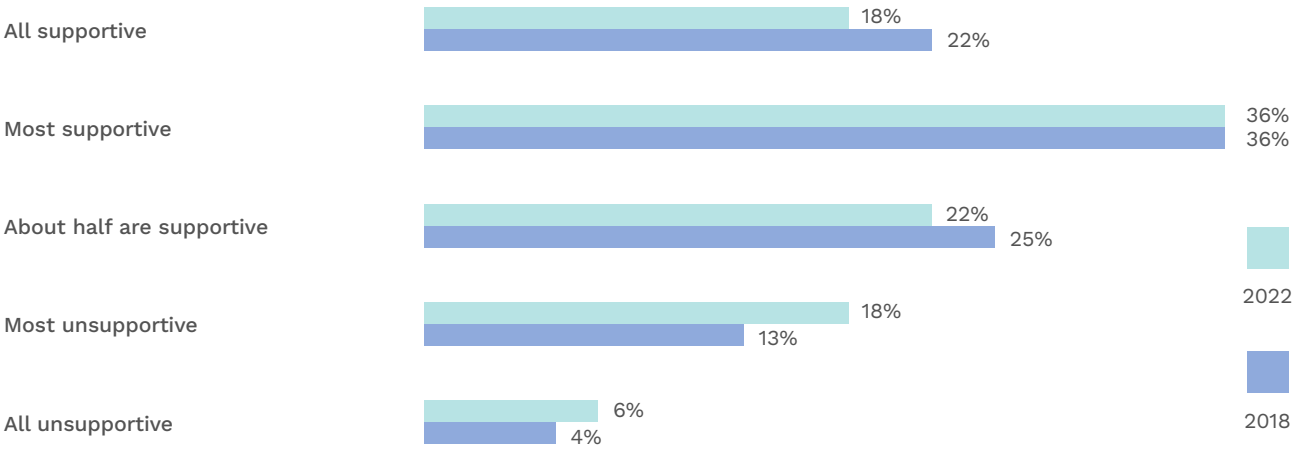
This section looks at the importance of the support that trans and non-binary people receive from family members, friends, and partners.

Level of support from family

We asked participants about the level of support they have now from the family they grew up with.

Out of those who had disclosed they are trans or non-binary to their family, more than half said that *most* or *all* were supportive, a slight drop since 2018. However, the percentage who reported *most* or *all* of their family were unsupportive has increased since 2018, with almost a quarter of participants saying this in 2022. Asian (40%) and non-binary participants (28%) were more likely to report this lack of family support.

On average, how supportive of you being trans or non-binary are the family you grew up with?



Out of participants who had disclosed that they were trans or non-binary to their family

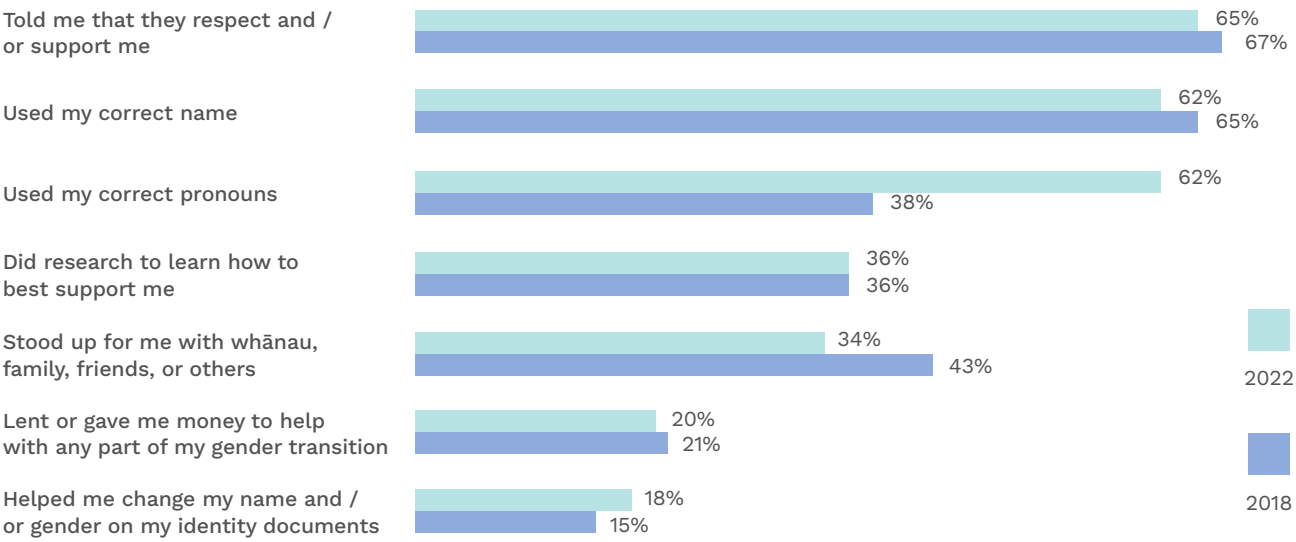
Having a supportive family can play a crucial role in good mental health. Participants who said *most* or *all* of their family members were supportive of their gender (16%) were twice as likely to report *very good* or *excellent* mental health compared to those who said about *half*, *most*, or *all* of their family members were unsupportive (8%).[1]

[1] Out of those who had disclosed they are trans or non-binary to their family

Types of family support

We asked participants who had disclosed their gender to the family they grew up with about the types of support they had received. Close to two-thirds had family members who told them they respected or supported them, and more than three-fifths had family who used their correct name and pronouns. The proportion of participants indicating that family members were using their correct pronouns has shown a substantial increase.

Did any of your family members you grew up with do these things to support you? *Select all that apply.*



Out of participants who had disclosed to their family that they were trans or non-binary

There were many group differences in whether participants had these types of support from any family members they grew up with:

- Youth (70%) were more likely to have family members **respect or support them**, while Asian participants (53%), older adults (48%), and non-binary participants (60%) were less likely to report this.
- European participants (64%), trans men (79%), and trans women (71%) were more likely to have family members **using their correct name**, while Asian (46%) and non-binary participants (48%) were less likely to report this.
- Trans men (76%) and trans women (70%) were more likely to have family members **using their correct pronoun**, while non-binary participants (52%) were less likely to report this.
- Youth (42%) and trans men (44%) were more likely to have family members **research how to support them**, while adults (31%) and non-binary participants (29%) were less likely to report this.
- Trans men (41%) were more likely to have **family members standing up for them**, while non-binary participants (30%) were less likely to report this.
- Youth (25%), trans men (30%), and trans women (21%) were more likely to have **received financial support for gender transition,** while older adults (8%) and non-binary participants (12%) were less likely to report this.
- Youth (26%) were more likely to have **received assistance for updating identity documents** (for example, filling out papers or going to court together), while adults (10%) were less likely to report this.

Participants' comments

Couldn't ask for a more supportive family – while it took a while for some female members to come around to me being trans, it makes me so happy that my family who I grew up with see and embrace me for who I am as I know this is not always the case for trans people, and my family means heaps to me. Also, my dog has played a massive part in my growing up as trans, and has been there as a support companion and friend especially through the rougher times. She's definitely part of the family. *(Trans man, adult)*

My entire family/whanau have been incredibly supportive, except for my sister-in-law who posted TERF material on social media. My nieces took her to task! She then unfriended us all. Everyone else has been wonderful. *(Trans woman, older adult)*

One family member who was unsupportive of my gender in the past recently had a change of heart when his child came out as trans and threatened suicide. That made him realise how harmful his attitudes could be, and he's since apologised to me, and is now genuinely and strongly supportive (both of me and his child). *(Non-binary, adult)*

I know that they could do a lot better than what they are but considering their background and beliefs, they're doing really well. I really love my family and I know they love me too and I'm very grateful that I have them. I have it considerably well off compared to others which I am thankful for. *(Non-binary, youth)*

My family are great, very emotionally and financially supportive. I almost get something akin to survivors' guilt over it, I have close friends who've had to completely cut off bigoted families and I know very few trans people who have familial relationships even close to as good as mine. *(Trans woman, adult)*

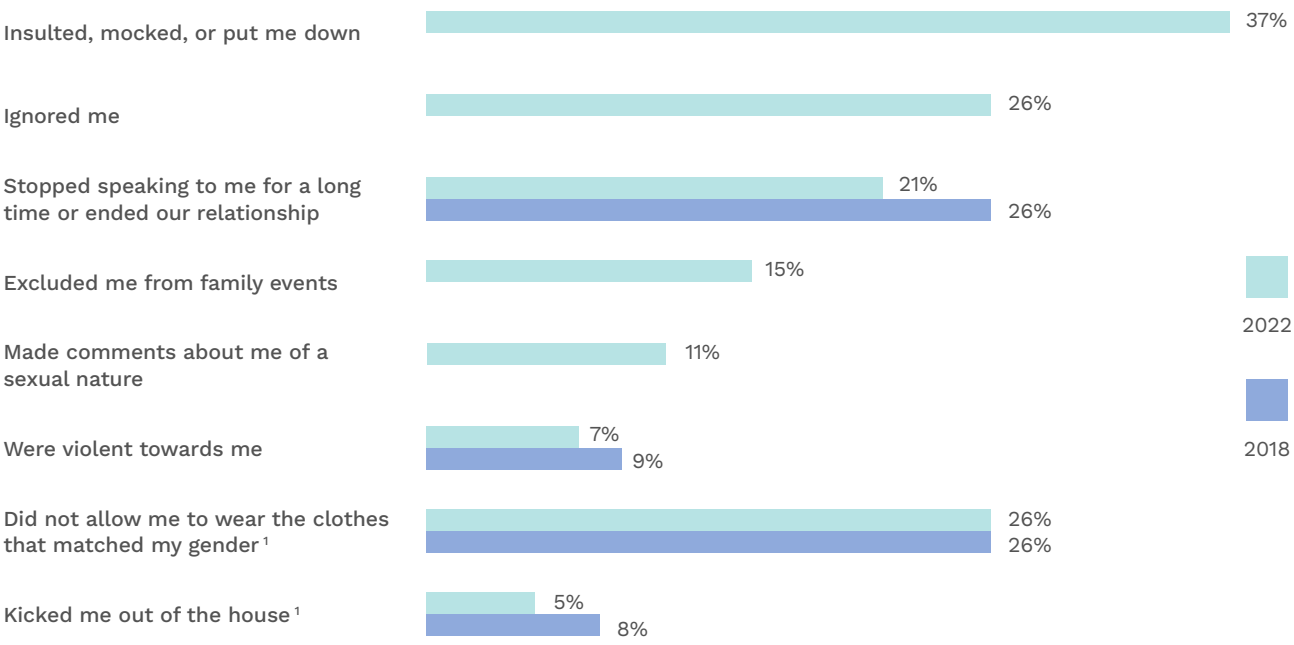
My family are very supportive of me transitioning. Sometimes though mum gives too much detail and mention I am trans. I want to be stealth and live my life as a man as much as possible. *(Trans man, youth)*

Since my family have fully accepted and embraced me fully as who I am, I have been able to love myself fully as well. Family support has been essential to my wellbeing. I feel so fortunate to have a loving family. I did not always feel like that, but today it means everything! *(Trans woman, adult)*

Family rejection

We asked participants about negative experiences they may have had with family members they had grown up with because they are trans or non-binary. Over a third reported having been insulted, mocked, or put down by family members. More than a quarter had family members who had ignored them and more than one in five had family members who had stopped speaking to them or ended their relationship. Over a quarter of youth had family members who did not allow them to wear clothing that matched their gender.

Did any of your family members who you grew up with ever do these things to you because you are trans or non-binary? *Select all that apply.*



Out of participants who had disclosed that they were trans or non-binary to their family

[1] *Out of participants aged 14 to 24*

There were group differences in whether participants had ever been treated badly in these ways for being trans or non-binary, by family members they grew up with:

- Māori were more likely and European participants were less likely to have family members **insult, mock, or put them down** (52% vs 34%), **ignore them** (36% vs 24%), **make a sexual comment about them** (20% vs 10%) or **be violent towards them** (13% vs 6%).
- Older adults (40%) were more likely to have **family members stop speaking to them for a long time or ending their relationship**, while youth (17%) were less likely to report this.
- Māori (25%) and older adults (30%) were more likely to have been **excluded from family events**, while European participants (13%) and youth (9%) were less likely to report this.
- Māori youth (43%) were more likely to have a family member who did not **allow them to wear clothes that matched their gender**, while European youth (24%) were less likely to report this.

Participants' comments

Blood family is extremely mixed in their reactions, usually neglectful. No one uses my correct pronouns except for my two gay brothers and trans cousin. My straight brother and his family doesn't talk to me much. Much better relationship with the femmes of the family, mum fought for gay rights back in the day but they think I'm just 'different' and make little to no effort to understand/change. 'Old dogs, new tricks', they say. *(Non-binary, adult)*

Dad went on a really transphobic rant when I visited family in June. Made me really scared to be out as trans at all in the future. *(Trans woman, adult)*

I don't get my mom . . . she doesn't use my correct pronouns, calls me her daughter, hides that I'm transitioning from others . . . yet she's willing to give me my [testosterone] injection directly herself and supports my legal name change??? *(Trans man, youth)*

My sister would not see me even when she was dying. One of my daughters has refused to meet me since I transitioned. *(Trans woman, older adult)*

My parents are some of the most transphobic people to walk the planet, and I haven't spoken to them in years. I will continue not speaking to them because I do not feel safe around them. My partner, however, is also non-binary and there is not a person on the planet I feel safer with. They are my best friend. *(Non-binary, youth)*

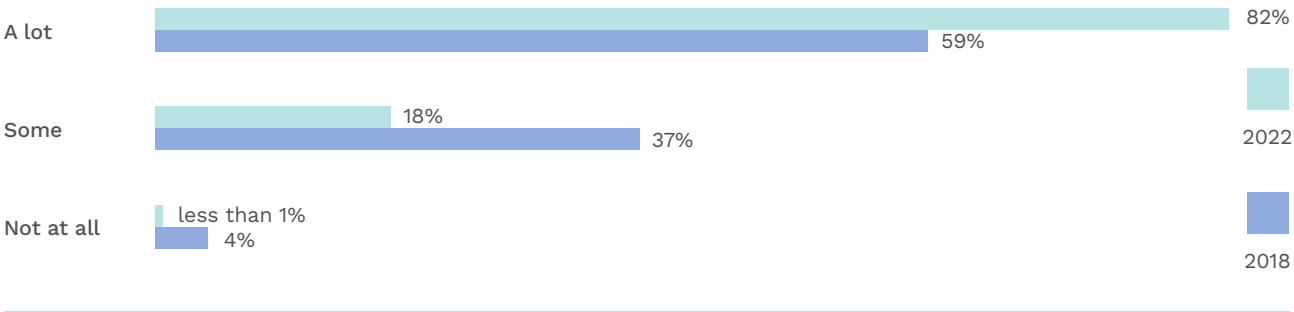
I am an elder now and have never had support from my large number of siblings. My children respect me. I have a grandchild who identifies as non-binary and respects me. I have a niece who respects me. The circumstances of my siblings' lack of respect have required counselling. *(Non-binary, older adult)*

Friend support

Friends were an important source of support for participants.
Most participants (86%) had a friend or friends that they can talk to about anything.

More than four out of five participants said their friends cared about them *a lot*, considerably higher than in 2018.

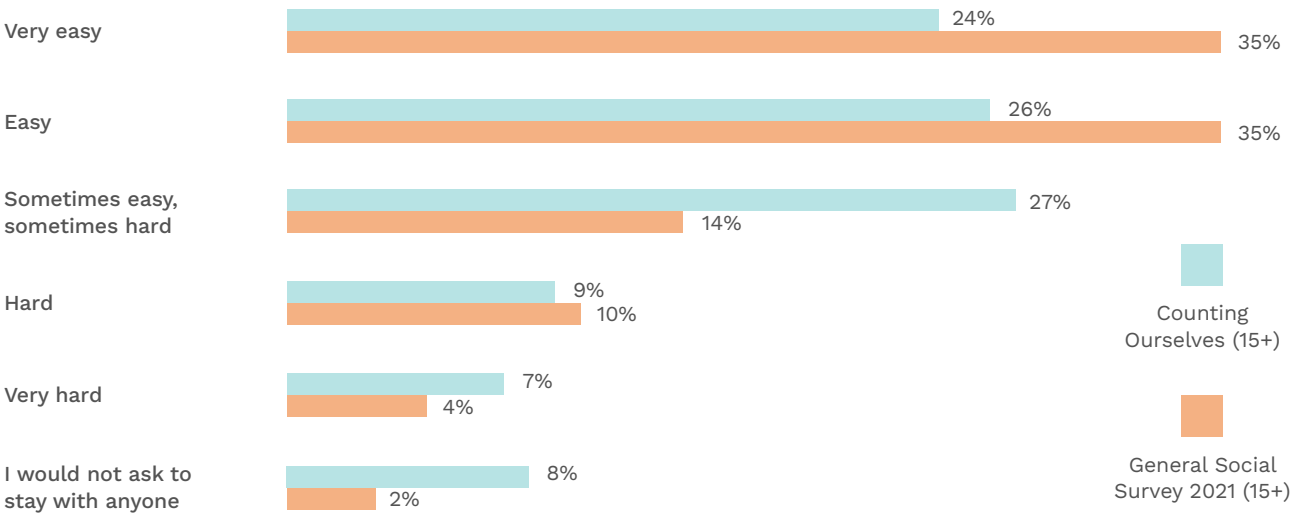
How much do you feel your friends care about you?



Out of participants who said they had a friend or friends that they could talk to about anything

More than half of participants aged 15 or older (51%) said it would be *easy* or *very easy* for them to find someone to stay with if they urgently need to. This was similar to the reported percentage (48%) in 2018. Non-disabled participants (56%) were more likely and disabled participants (45%) were less likely to say this.

Suppose you urgently needed a place to stay. How easy or hard would it be to ask someone you know to stay with them?



Participants' comments

Don't have much contact with dad, don't have much contact with mum but after almost 10 years out she is starting to not misgender or deadname me or my sibling. I have a great relationship with my younger sibling who is also trans (and has a trans boyfriend who I also consider a friend). I have good friends now who all know I am trans and are supportive. I have a wonderful trans girlfriend and am starting to have more trans friends in general, and my best friend I've had since I was 16 is also queer/gender nonconforming. *(Trans man, adult)*

Currently no friend to speak of outside of online spaces, and poor relationships with most of my family. *(Trans woman, adult)*

All of my close friends are trans or nonbinary, and my sibling who is the closest member of my family has recently discovered they are nonbinary. This makes it easier to have positive and safe interactions with those people. Any unsafe interactions are with my parents. *(Non-binary, youth)*

They have all been wonderfully supportive. I think this may be because I came out at a later age and have chosen friends wisely. *(Trans man, older adult)*

Is very hard to make friends, maybe because of my neurodivergence, and my family are ignorant about gender diversity. *(Non-binary, adult)*

Partners

More than four out of five participants (84%) had ever had a romantic, dating, or sexual partner. We asked these participants about their relationship experiences.

Positive experiences with partners

Three-quarters of participants had a partner who told others to use their correct name or pronouns, and more than half had a partner who stood up for them or reduced contact with others who were not supportive of their gender. Just under half had received help with their gender affirming care from a partner.

Has a partner ever done any of the following things for you?

Out of participants who had ever had a romantic, dating, or sexual partner, and this experience was relevant to them

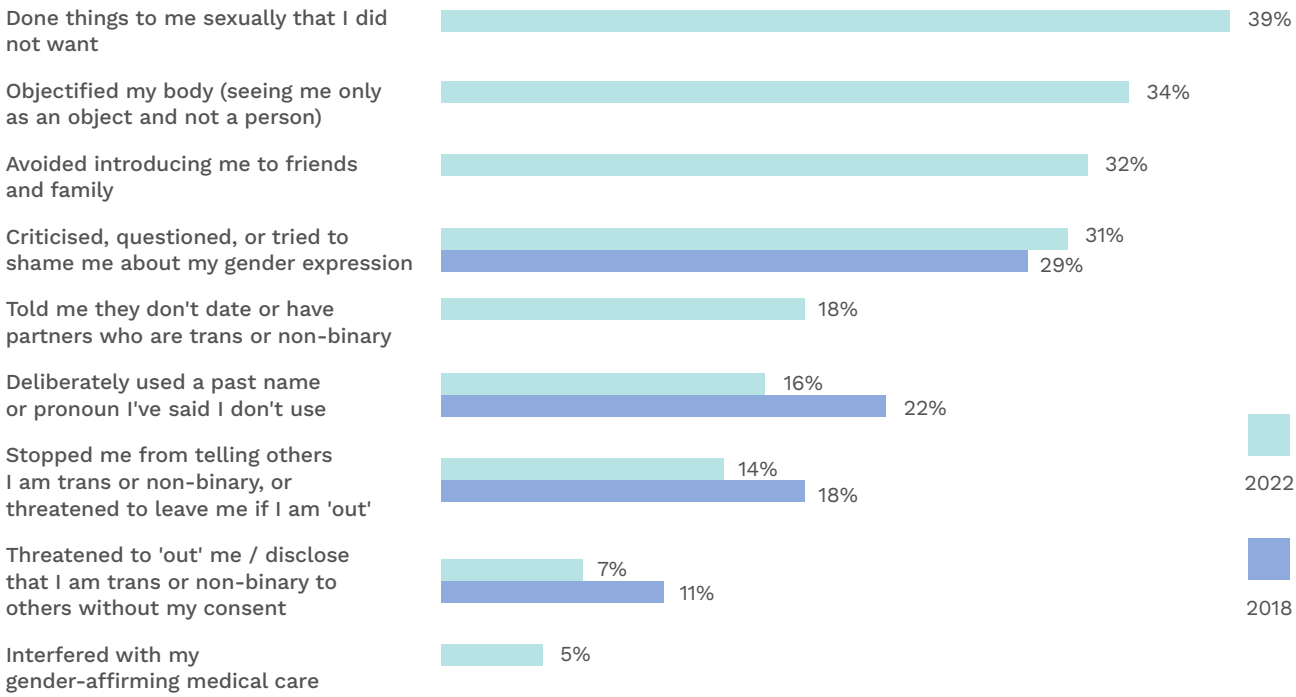
There were group differences in participants' positive experiences with partners:

- Older adults were less likely to have had a partner **tell others to use their correct name or pronouns** (44%) or **stand up for them** (37%).
- Adults (55%) were more likely to have been **helped with gender affirming care**, while Pasifika participants (8%), youth (37%), and non-binary participants (40%) were less likely to report this.
- Adults (42%) were more likely to have had a partner **help pay for things that are important to their trans or non-binary identity**, while youth (28%) were less likely to report this.

Negative experiences with partners

Nearly two in five participants had an unwanted sexual experience with a partner and around one-third had a partner who objectified their body or avoided introducing them to friends and family. Almost a third had ever had a partner who criticised, questioned, or tried to shame them about their gender expression.

Has a partner ever done any of the following things to you?



Out of participants who had ever had a romantic, dating, or sexual partner, and this experience was relevant to them

There were some group differences in participants' negative experiences with partners:

- Māori (48%) and non-binary participants (46%) were more likely to have had a partner **do things to them sexually that they did not want**, while trans women (26%) were less likely to report this.
- Māori (44%) were more likely to have had a partner who **objectified their body**, while European participants (32%) were less likely to report this.
- Adults were more likely and youth were less likely to have been **criticised, questioned or shamed about their gender expression** (36% vs 24%), and to have someone tell them they **don't date or have partners who are trans or non-binary** (26% vs 14%).
- Older adults were more likely to have had a partner **deliberately use their past name or pronouns** (30%), or to have had a partner **threaten to 'out' them** (18%).
- Older adults (29%) were more likely to have had a partner **stop them from disclosing their trans or non-binary identity**, while youth (10%) were less likely.
- Youth (3%) were less likely to have had a partner **interfere with their gender affirming medical care**.

Participants' comments

Ex partner did not take me coming out as transgender that well. A lot of mix feelings especially with us being together for 6 and a half years. She has since moved back home to [home country] where contact has been limited. It hurts a lot losing your best friend from being honest on whom you are. *(Trans woman, adult)*

As soon as my ex-partner acted against my gender identity, I asked them to leave. The rest of my family are very supportive. *(Trans man, adult)*

I am divorced from my partner. She was not interested in my coming out or uncertainties about my gender. *(Trans woman, older adult)*

My partner of two years has been 100% supportive and respectful about me being non-binary. *(Non-binary, youth)*

I was in unsupportive sexual relationships in my teens and my parents didn't get my transness. Those unsupportive people are no longer in my life, my parents have/are coming round and on the whole I have a very supportive network, loving friends, and a loving partner now. *(Trans man, adult)*

I have been married to my current partner for more than 10 years, and she is extremely supportive of my non-binary identity. *(Non-binary, adult)*

23: Belonging, pride, and community connections

We asked participants about their sense of pride in being trans or non-binary, their sense of connection to other trans and non-binary people or communities, and whether they had been rejected by a community they care about.

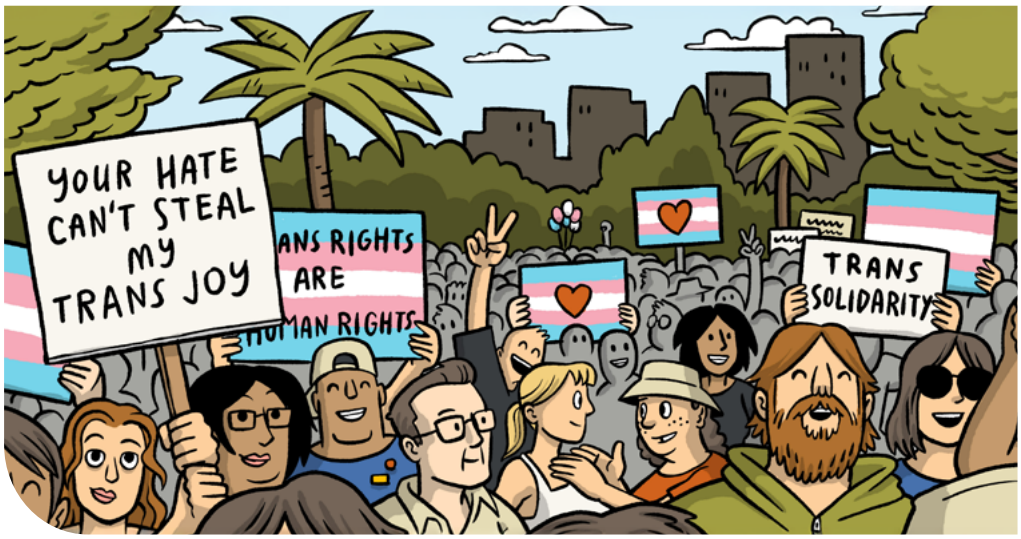
Trans pride and community connection and support

Nearly three-quarters of participants *somewhat* or *strongly agreed* that they were proud to be trans or non-binary and over two-thirds *somewhat* or *strongly agreed* that they feel connected to other trans or non-binary people. These rates of trans pride and connection were higher than in the 2018 Counting Ourselves survey.

Youth (73%) were more likely and adults (66%) were less likely to agree that they feel connected to other trans or non-binary people.

Trans pride and community connection comparisons between 2018 and 2022

Participants who somewhat or strongly agreed with these statements



Participants' comments

I am proud to be a trans woman. Challenging at times with everything against us right now, but essentially proud. *(Trans woman, adult)*

Being asked to describe being nonbinary is like being asked to describe the ocean: difficult but full of possibility. Being nonbinary is both profoundly alienating and beautiful. It's hard but I've come to realise that this is who I am, and who I was created to be. *(Non-binary, adult)*

Being trans is a gift, the Gods made grapes but not wine, wheat but not bread, and they made us so that we could share in the amazing gift of creation. *(Trans man, youth)*

From puberty at age 10 until just before my [most recent] birthday, I tried to fit in as a female. It was always difficult, sometimes even life threatening. The simple joy I feel now at being recognised as male is transformative. My heart sings when I am called Sir, even using the men's toilets! *(Trans man, older adult)*

While I am glad I know who I am as a trans woman . . . it is hard sometimes and sometimes I do find myself wishing I was just cis because it would be easier. *(Trans woman, youth)*

It has been hard in many ways, but it made me the person I am today, and I am very proud of that person. I wouldn't change it. Being trans opened my eyes to myself and others early in my life, and has made me a more compassionate and stronger person. *(Trans man, youth)*

Gender euphoria is a taonga. *(Non-binary, youth)*

While I often wish I wasn't trans, being trans has helped me become more aware of diversity and inclusiveness in a broader sense. It has helped me to find my passion in equity in leadership. The negative experiences and well-being I get from being trans are only due to the environment I grew up in and society. I believe there would essentially be nothing inherently wrong/sad about being trans if there was more awareness and open-mindedness. *(Trans man, youth)*

Accepting being trans and non-binary means I don't feel like I have to accept society's concepts of gender / the gender binary; it is freeing. (Non-binary, adult)

I am challenged in coming out so late in life, yet I have never been happier or felt so authentic. *(Trans woman, older adult)*

More than half of participants *somewhat* or *strongly agreed* with statements about a sense of connection to trans communities or people. More than four out of five agreed they had tried to make things better for other trans and non-binary people, and two-thirds spent a lot of time providing support to other trans and non-binary people.

Community support, sense of community, and trans pride	
I have tried to make things better for other trans and non-binary people	83%
I have spent a lot of time providing support to other trans and non-binary people	66%
I feel part of a community of trans or non-binary people	61%
Being trans or non-binary makes me feel special and unique	54%

Participants who somewhat or strongly agreed with these statements

Youth (65%) were more likely and adults (57%) were less likely to say they felt part of a community of trans or non-binary people. Trans men (47%) were less likely to say that being trans or non-binary makes them feel special or unique.

Participants' comments

Being non-binary has opened up the door to a wonderful community of supportive people. I love the queer community, and I love being part of it. *(Non-binary, youth)*

I love the second chance I have been given at life. I love the community, I love meeting trans people. I love loving trans people (being T4T has changed my relationships drastically for the better). I will always harbour that ex-Catholic shame about being queer and trans but I wake up every day and fight it as best I can with pride, affirmation, and love for myself and fellow trans people. *(Trans man, youth)*

Trans and non-binary people tend to seek each other out and look for each other online and it's awesome. I have met SO MANY trans and non-binary people thanks to Twitter and Mastodon and there's like this thing that happens when you meet someone and you instantly recognise each other as trans, and it's like you've been friends for years. It doesn't always happen, but it happens a LOT in my experience. *(Non-binary, adult)*

Sometimes I feel like I'm not 'trans enough' to be considered part of that community. *(Non-binary, adult)*

I wish I had been born a girl, but at the same time I am happy to be transgender and glad to have a community that I feel like I belong in. *(Trans woman, youth)*

Hearing trans masculine friends tell their stories gave me the courage to transition at the age of 68. *(Trans man, older adult)*

We live in an entrenched binary and cisheteronormative society. There is no space but what we make. The best thing about being nonbinary is the amazing LGBT, trans, and nonbinary people who have unconditionally accepted me. I am pleased to stand at your side, facing fearful odds. *(Non-binary, adult)*

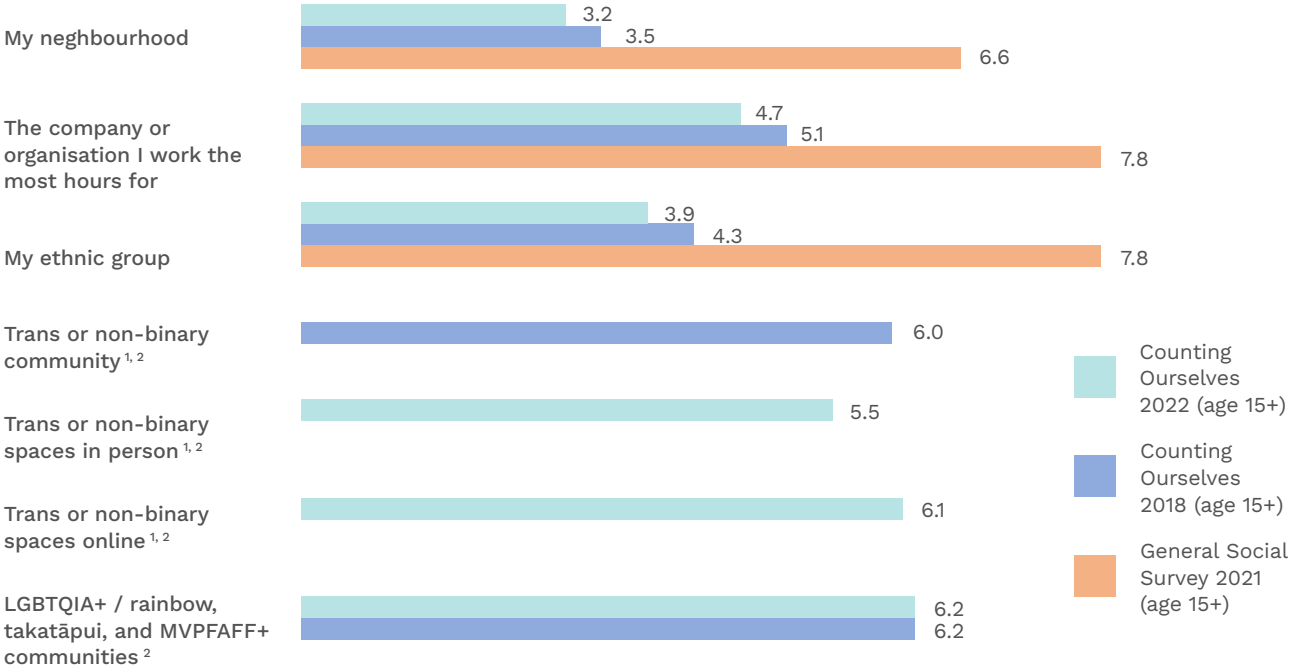
That I was able to know who I really am. The peace it gave me at a later age is wonderful. That the digital age enabled this for me – reading and knowing there were people like me across the globe. Meeting other trans people. Being me and proudly letting others know. That I can support others and provide correct information to friends. That I can call out incorrect assumptions when required. *(Non-binary, older adult)*

Sense of belonging

We asked participants about their sense of belonging in different areas in their life and whether they had been rejected by a community they care about.

Participants felt most connected to trans or non-binary spaces and to LGBTQIA+/rainbow, takatāpui, and MVPFAFF+ communities, but felt least connected to their neighbourhoods. Where we have comparable data, Counting Ourselves participants had a much lower sense of belonging than the general population. For all areas of life, participants reported a similar or slightly lower sense of belonging compared to participants in 2018.

On a scale of zero to ten, how would you describe your sense of belonging to:



[1] *In 2018, we asked about a sense of belonging to the trans or non-binary community. We split this item into in-person and online for 2022.*

[2] *This question was not asked in the 2021 General Social Survey.*

There were many group differences in the sense of belonging that participants experienced in various parts of their lives, measured on a scale from zero to ten. Younger participants tended to report a stronger connection to rainbow and trans or non-binary spaces compared to other areas of their lives that we asked about. Disabled participants often reported a lower sense of connection to spaces that were not trans, non-binary, or LGBTQIA+ specific compared with non-disabled participants.

- **LGBTQIA+/rainbow, takatāpui, and MVPFAFF+ communities:** stronger for youth (6.4) than adults (5.9).
- **Trans or non-binary spaces online:** stronger for youth (6.5) than adults (5.8)
- **Trans or non-binary spaces in-person:** stronger for youth (5.7) than adults (5.2).
- **Company or organisation:** stronger for older adults (5.5) and adults (5.3) than youth (4.0). Stronger for non-disabled participants (5.2) than disabled participants (4.1).
- **Ethnic group:** stronger for older adults (5.6) than adults (3.8) and youth (3.7). Stronger for Māori (5.2) and Asian participants (4.2) than European participants (3.6). Stronger for non-disabled participants (4.2) than disabled participants (3.6).
- **Neighbourhood:** stronger for older adults (5.1) than adults (3.3) and youth (2.8). Stronger for non-disabled participants (3.6) than disabled participants (2.8).

We asked participants if they had been rejected from a group or community that they care about because they are trans or non-binary. Examples we listed were a friend group, a religious community, a community organisation or club, or a support group such as a sober group. More than one in seven (14%) participants reported being rejected from a group or community they care about in the last 4 years.

Participants' comments

My takatāpuitanga has helped me better understand and love myself. Knowing that shame and fear around queer and trans identities is inherited from a colonial legacy has helped me connect better with my own spirituality and embrace a way of being that was passed down from my ancestors. *(Non-binary, youth)*

Having immigrated as a child, it's disorienting when your parents don't link up with an immigrant community and you're expected to immerse into a new culture. I feel that I've left behind a home I'll never get back and arrived at a home I'll never fully assimilate into. In between worlds. It's a lonely life. *(Trans man, youth)*

My ethnic community are typically very hostile to any LGBTQIA+ things. *(Trans woman, youth)*

My ethnic background is mostly Scottish, partly Welsh and English. I have researched my Scottish background. My strongest connections, though, are to my Christian faith community, the trans community and an international lesbian community. *(Trans woman, older adult)*

All the trans and nonbinary people I have met in person I have felt very connected to and accepted by. As for my ethnic background, due to my father being abusive, my mother raised me herself and we had no connection to my dad's side of the family until I was an adult. Thus, I have very little experience of my Black culture and family and community. I don't even 'look Black'. Online spaces have helped me a lot with feeling more connected. *(Non-binary, adult)*

Being born into a country that's been aggressively eliminating and assimilating minority ethnicities, my language and culture of heritage were wiped away from me at a young age. I do not feel connected to the culture of my heritage, or the culture I was brought up in, or the culture of NZ where I migrated to/resettled in. To my ethnic community I am an imposter, to the people I share a nationality with I'm a traitor, and to NZ I'm a foreigner. I feel related the most to the concept of being a refugee or forcibly displaced person due to the shared experience of persecution, the loss of culture, connections and homeland, and being uprooted and displaced. But being LGBTQIA+ means many people from this community believe it was my own fault to be displaced and I deserved it. I'm glad Rainbow Path is able to carve out a space in all of this and make a home for LGBTQIA+ forcibly displaced people. *(Trans man, adult)*

I don't feel trans enough to connect to other transgender or nonbinary people. *(Trans man, adult)*

I have spent a lot of effort trying to connect to older queer people, and to inter-generational queer relationships. I find the few I have managed to create incredibly supportive and helpful, but I find the lack of ability to do this through queer organisations troubling. *(Non-binary, youth)*

My union! I'm not currently employed so I'm not technically a member right now but I've been heavily involved in the [union]. Unions are great and I feel very welcome and valued there. *(Trans woman, adult)*

Conclusion & recommendations

Counting Ourselves provides comprehensive data about the health and wellbeing of trans and non-binary people in Aotearoa New Zealand.

In this second Counting Ourselves community report, we analysed survey responses from 2,631 trans and non-binary people aged from 14 to 86, living all over Aotearoa New Zealand in 2022.

With more than double the number of participants we had in 2018, we can draw strong conclusions and recommendations, including about whether progress has been made in the four years between then and our 2022 survey.

In this report, we have presented a range of findings about trans and non-binary people's:

- physical and mental health compared to the general population
- experiences accessing general or gender affirming healthcare in primary care clinics, hospitals, and other healthcare settings
- access to gender affirming healthcare for those who wish to take these steps
- experiences of stigma, discrimination, violence, and lack of safety, including due to conversion practices
- ability to participate and be fully themselves, including at school, at work, and when playing sport
- pride in themselves and connections to community, including how this intersects with other parts of their identities, and
- support from friends, family, partners, and others and how this might protect against the negative impacts of stigma, discrimination, and violence that many trans and non-binary people face.

In many of these areas, we have seen very limited progress between 2018 and 2022.

Recent research in Aotearoa New Zealand shows a concerning rise in harmful, false information about trans people, especially trans women.[1] This has been linked to a 42% increase between 2022 and 2023 in reports to police of hate incidents targeting people based on their gender identity.[2] Misinformation about trans and non-binary children and young people and threats to gender affirming healthcare may also be hurting trans and non-binary people's mental health.[3]

With these growing barriers and challenges, the Counting Ourselves team has worked to highlight ways to focus on the possibility of better health and wellbeing for trans and non-binary people. We have chosen to draw on Te Whare Takatāpui, a Kaupapa Māori framework created by Professor Elizabeth Kerekere as a vision for takatāpui and rainbow people's health and wellbeing.[4]

[1] See Hattotuwa et al. (2023) in Selected Resources.

[2] See the NZ Police's Te Raranga partnering programme to reduce the harm caused by hate in Aotearoa New Zealand: www.police.govt.nz/advice-services/advice-victims/hate-motivated-crime/te-raranga-weave, including its published data: www.police.govt.nz/sites/default/files/publications/nia-data-on-offences-non-criminal-incidents-flagged-perceived-hate-motivation.pdf

[3] See Lee et al. (2024) in Selected Resources.

[4] See Kerekere (2023) in Selected Resources.

Te Whare Takatāpui

Te Whare Takatāpui is a framework that describes both the process and result of building a better future for takatāpui and rainbow people. It is made up of six values, with each one representing a different part of a wharenui (ancestral meeting house):

- Whakapapa (genealogy)
- Wairua (spirituality)
- Mauri (life spark)
- Mana (authority /self-determination)
- Tapu (sacredness of body and mind)
- Tikanga (rules and protocols).

When these values are woven together Te Whare Takatāpui can shelter and nurture all people whose genders, sexualities, or innate variations of sex characteristics differ from majority norms, and their whānau. In this final section, we have used these values to share our main recommendations and more detailed actions that have emerged from our survey findings.

Whakapapa

Whakapapa is about genealogy and the tūpuna (ancestors) we descend from, and therefore the whenua (land) we belong to. Whakapapa is about the whānau we were born into, the whānau we choose, and the relationships that sustain us.

In Te Whare Takatāpui, whakapapa is represented by the photographs of those we have lost, hanging on the walls. Even if we do not know the names of our tūpuna takatāpui, we know they existed, and we honour them. Whakapapa reminds us that takatāpui have always existed, including those who might be referred to today as trans or non-binary. We remember and honour where we came from and all those who came before us, as we focus on building a whare (house) where trans and non-binary whānau can flourish.

Whakapapa reminds us to recognise how colonisation has affected people. It also helps us to understand how the historic view of gender diversity as a mental disorder, and ongoing discrimination and false information about trans and non-binary people, can harm their health and wellbeing.

Recommendations and actions related to the value of whakapapa are to:

1. Develop resources and programmes that help people understand and celebrate gender diversity including by:
    - documenting Indigenous, pre-colonial, and other traditional views affirming takatāpui, MVPFAFF+, trans, non-binary, and other rainbow people, and
    - portraying the ethnic, cultural, religious, age, and disability, as well as gender diversity of trans and non-binary communities.

Wairua

Wairua refers to the spiritual dimension: the soul or essence we are born with that exists beyond death. In Te Whare Takatāpui, Wairua is represented by the whakairo (carvings) of our tūpuna, kaitiaki (guardians), and tipua (shapeshifters). The marakihau (water creature) depicted here is inspired by Hine Te Ariki, who became a marakihau after her death.

Te Whare Takatāpui recognises that a person's gender identity comes from their wairua and that gender diversity is a positive and natural part of human diversity. Affirming and inclusive practices have positive impacts on the health and wellbeing of trans and non-binary people and their whānau.

Recommendations and actions related to the value aspect of wairua are to:

2. Fund accessible community spaces where people can feel safe enough to be themselves, embracing their takatāpui, MVPFAFF+, rainbow, trans, or non-binary identities.
3. Protect and support trans and non-binary people who have experienced attempts by others to change or suppress their gender identity or expression, including by:
    - providing holistic and culturally appropriate support for those who have experienced family rejection, violence, discrimination, or conversion practices
    - providing education about the harm caused by conversion practices, including information for families and in languages other than English, and
    - monitoring progress in eliminating conversion practices, including the role played by education, support services, and legal prohibition.

Mauri

Mauri is our life spark, that essential quality that is ours alone. Unlike wairua that exists beyond death, our mauri is born and dies with us. In Te Whare Takatāpui, mauri is represented by the tukutuku panels with their diversity of woven pattern and colour. These patterns are Poutama (left) and Kaokao (right).

Te Whare Takatāpui acknowledges the unique mauri of each trans and non-binary person and the right to be accepted for who we are. Trans and non-binary people need to be respected and valued in all areas of life, including at the doctor, in schools, when getting housing support, and on official documents.

Recommendations and actions related to the value of mauri are to:

4. Ensure health, education, housing, and other services treat trans and non-binary people with respect and understanding, and respond to trans and non-binary people's needs, including by:
    - hiring more trans and non-binary workers in healthcare, including peer health navigators and peer support workers
    - creating accessible resources that share the experiences and needs of disabled trans and non-binary people
    - raising awareness and providing support for neurodivergent trans and non-binary people to reduce the barriers they face getting gender affirming healthcare
    - providing education and resources about gender diversity to healthcare providers who diagnose and work with neurodivergent people
    - creating affirming resources for schools about trans and non-binary students' rights to privacy, safety, and inclusion in activities like school sports, balls, and camps, and
    - ensuring homelessness, emergency, and other housing services are safe, welcoming, and accessible for trans and non-binary people.
5. Enable all trans and non-binary people living in Aotearoa New Zealand to legally change their gender and name through a simple self-identification process, including by:
    - making it possible for trans and non-binary people born overseas to easily change their name and gender marker on New Zealand official documents, and
    - recognising the right to self-identification for non-binary people, by making sure there is a non-binary gender marker option on all official records.

Mana

Mana refers to the authority, agency, and power we inherit at birth and that we accumulate during our lifetime through our words, deeds and achievements. In Te Whare Takatāpui, Mana Wāhine and Mana Tāne are represented by the pou (posts) of the whare. Mana Tipua is represented by the tāhuhu (ridge pole).

Mana is about authority, dignity, respect, advocacy, and power. Te Whare Takatāpui upholds the mana of trans and non-binary people to make decisions and advocate for themselves and their needs. This includes providing information and resources for trans and non-binary people to make informed decisions about their health and wellbeing.

In Te Whare Takatāpui, Mana Tipua denotes the inherent mana of trans, non-binary, and intersex people and sits alongside Mana Wāhine and Mana Tāne. Mana Wāhine honours the inherent mana of women, including trans women and intersex women. Mana Tāne honours the inherent mana of men, including trans men and intersex men.

Recommendations and actions related to the value of mana are to:

6. Provide clear and transparent pathways to access gender affirming healthcare based on informed consent through the public health system, so people can get care quickly, no matter where they live in Aotearoa New Zealand.
7. Recognise and support trans and non-binary community leadership, including by:
    - involving trans and non-binary leaders and organisations in making decisions about trans health priorities and how care is provided, and
    - funding health and wellbeing initiatives led by trans and non-binary communities, including those specifically for Māori, Pasifika, Asian, other ethnic minorities, refugees and asylum seekers, disabled, young, and older people.
8. Share accurate information to counter harmful myths about trans and non-binary people through evidence-based resources and training about the inherent dignity of takatāpui, trans, and non-binary people and the importance of gender affirming healthcare.

Tapu

Tapu refers to things that are sacred, things that are prohibited and are often breached in body and mind. Tapu placed restrictions in order to control how people behaved towards each other and the environment. In Te Whare Takatāpui, tapu is represented outside of the wharenui by rongoā, gardens, orchards, and quiet spaces for restorative practice and healing.

Te Whare Takatāpui recognises the harm, violence, and discrimination that many trans and non-binary people have faced and continue to face. Tapu reminds us how important it is to create safer spaces and provide care in a way that recognises and responds to trauma, as we strive to ensure people's hinengaro and tinana are safe so they may recover and heal.

Recommendations and actions related to the value of tapu are to:

9. Make all types of gender affirming healthcare more available through the public health system, including:
    - counselling, hair removal, voice therapy, fertility preservation, puberty blockers, hormones, and surgeries, and
    - funding for longer GP and nurse practitioner sessions when supporting trans and non-binary people considering starting hormones.
10. Protect trans and non-binary people from violence by:
    - naming and addressing the specific issues trans and non-binary people face in strategies, policies, guidelines, training, and services to counter sexual and family violence and sexual harassment
    - providing appropriate training and guidance to agencies that respond to violence to make their services safe and accessible for trans and non-binary people, and
    - expanding access to community-led, culturally appropriate support services for trans and non-binary victims/survivors of violence.
11. Include trans and non-binary people as a priority, alongside other takatāpui/rainbow people, in mental health and addiction policies and programmes by:
    - naming and addressing the specific issues our communities face within action plans, policies, and programmes, and
    - funding counselling and other mental health and addiction initiatives, developed in partnership with trans and non-binary communities.

Tikanga

Tikanga denotes the right ways of doing things and what happens if we do something wrong, based on the evolving mātauranga (knowledge) we have. In Te Whare Takatāpui, tikanga is symbolised by the paepae and marae ātea, the front of the wharenui from where the wero (challenge) is made. We collectively develop tikanga that is inclusive of all our generations and diversity.

In Te Whare Takatāpui, tikanga requires us to think about the systems and processes that will ensure the safety and flourishing of trans and non-binary people. This means collaborating with trans and non-binary community organisations and leaders to upskill kaimahi (workers) and rethinking policies and ways of working so they support trans and non-binary people.

Recommendations and actions related to the value of tikanga are to:

12. Fully protect trans and non-binary people from discrimination and harassment by:
    - strengthening legal protections in the Human Rights Act, and
    - providing training, resources, and policies about human rights including for schools, employers, sporting bodies, police, and other government agencies.
13. Provide training and resources about trans and non-binary people's health needs to healthcare workers, including for Māori, Pasifika, Asian, refugee, perinatal, youth, disability, aged care, and rural health providers.

Next steps

In this community report, we have provided vital data about the situation for trans and non-binary people in Aotearoa New Zealand in 2022, including many comparisons to findings from our first survey in 2018. This helps build a strong case for long overdue changes needed in laws, policies, and services.

In 2021, our Counting Ourselves data were cited by the then Prime Minister when announcing the first national funding for mental health support services for rainbow young people.[1] That same year, our survey data about the unmet need in access to gender affirming healthcare was included in Ministry of Health policy documents that suggested steps to address those gaps.[2]

Some funding for health initiatives for trans people was included in Budget 2022.[3] These included small local projects delivering gender affirming healthcare in primary and community settings, the development of national guidelines to create national care pathways, and some workforce training for primary healthcare providers.[4]

However, these initial steps feel fragile, especially as trans and non-binary communities, and rainbow communities more broadly, remain overlooked in health priorities and action plans. We need commitments to addressing the ongoing gaps in access to gender affirming healthcare and to improving the overall health and wellbeing of trans and non-binary people. This will require national and regional leadership, working in partnership with trans and non-binary communities.

The findings from our second survey in 2022 highlight our shared responsibility to listen to and address the disparities, especially stigma, discrimination, and violence, that trans and non-binary people face. These issues are even more serious for specific groups within our communities, including disabled, Māori, Pasifika, and Asian people, and those from other ethnic community backgrounds. Further in-depth quantitative research and more qualitative studies are required to better understand the urgent needs of these groups, and also for a growing population of older trans and non-binary people.

We only had space in this community report to look at a fraction of the questions we asked in our 2022 survey. Our small team of part-time researchers and students is always seeking opportunities to collaborate with others. Together we could analyse and make available more Counting Ourselves data that can help our communities, service providers, and policy makers. As we finalise this report, we are excited to have started work on a Māori report and to be collaborating with others on a disability resource.

We invite government agencies, health providers, community groups, researchers, and funders to collaborate with us to action the findings and recommendations of this report.

[1] See www.beehive.govt.nz/release/first-ever-nationwide-funding-mental-health-services-rainbow-young

[2] See www.health.govt.nz/system/files/2022-06/h202117552_response.pdf

[3] See www.beehive.govt.nz/release/rainbow-health-gets-funding-boost

[4] See Professional Association for Transgender Health Aotearoa (2023), p. 5, in Selected Resources

Selected resources

National community organisations

Gender Minorities Aotearoa (GMA)

A nationwide organisation run by and for transgender people, including binary, non-binary, and intersex trans people. It provides information and wrap around support for transgender people of all ages. GMA runs a drop in centre in Wellington, IPL clinics in 4 regions, and provides counselling, social worker, and peer support nationwide along with online support through its Facebook group Transgender and Intersex NZ. It has databases of healthcare providers and social groups across Aotearoa.

www.genderminorities.com

OutLine Aotearoa

A rainbow mental health organisation providing support services across Aotearoa, including a free nationwide 0800 phone line and online chat support service staffed by trained volunteers, and a transgender peer support service for trans and non-binary people in Auckland.

www.outline.org.nz

RainbowYOUTH

Support and referral services, drop-in centres, peer-support groups, and resources for queer, intersex, and gender diverse youth and their wider communities across Aotearoa.

www.ry.org.nz

InsideOUT Kōaro

Resources, education, and hui to create safer schools and communities for rainbow and takatāpui young people across Aotearoa.

www.insideout.org.nz

Intersex Aotearoa

Information, education, and training for organisations and professionals who provide services to intersex people and their families.

www.intersexaotearoa.org

Te Ngākau Kahukura

A national organisation working across sectors to advocate for systems change in Aotearoa so that rainbow communities are safe, valued, and able to access healthcare and social support.

www.tengakaukahukura.nz

Rainbow Support Collective

Connecting peer-led LGBTQIA+ organisations throughout Aotearoa, to provide a collective voice for LGBTQIA+ human rights advocacy.

www.rainbowsupportcollective.nz

Rainbow Violence Prevention Network

A network working to make Aotearoa a place where all rainbow people are free of family and sexual violence, and all rainbow people who have experienced harm have access to safe supports.

www.rvpn.nz

Networks and resources for specific groups

Māori

Tīwhanawhana

A national Trust based in Wellington that advocates for takatāpui to 'tell our stories, build our communities and leave a legacy', including the production of research and takatāpui resources.

www.tiwhanawhana.com

Mana Tipua

A kaupapa Māori group for rangatahi takatāpui and Māori LGBTQIA+ young people, based in Ōtautahi Christchurch.

www.manatipua.nz

Nevertheless

A Māori, Pasifika, and Takatāpui Rainbow+ mental health non-profit organisation to support the holistic wellbeing of individuals, whānau, and aiga who are Takatāpui or Pasifika Rainbow+ communities.

www.neverthelessnz.com

Takatāpui: A Resource Hub

A resource hub for takatāpui and their whānau.

www.takatapui.nz

Pasifika

F'INE

Provides Whānau Ora navigational services for Pasifika LGBTQI/MVPFAFF+ peoples and their families in the Auckland region.

www.finepasifika.org.nz

Moana Vā

A Pacific Collective based in Ōtautahi Christchurch addressing the need for tangible community connection, support, advocacy, and mentorship for Pacific Rainbow LGBTQIA+ MVPFAFF+.

www.moanava.org

NUOWTR Mai Le Moana Trust

Serving MVPFAFF+ communities in Porirua and the greater Wellington region.

www.nuowtrmoanatrust.com

Village Collective

Provides knowledge, resources, information, and educational events about sexual and reproductive health for Pasifika youth, families and communities in Auckland.

www.villagecollective.org.nz

Refugees and asylum seekers

Rainbow Path New Zealand

Peer support community and advocacy network for LGBTQI+ refugees and asylum seekers in Aotearoa.

www.rainbowpathnz.com

Ethnic communities

Adhikaar Aotearoa

An organisation advocating for South Asian LGBTQIA+ communities in Aotearoa. Adhikaar Aotearoa provides education, support and community advocacy.

www.adhikaaraotearoa.co.nz

Ethnic Rainbow Alliance

A private group to build an alliance with ethnic rainbow communities in Aotearoa.

www.ethnicrainbowalliance.com

Other regional rainbow groups

Chroma

An LGBTQI+ initiative for the greater Southland area, committed to establishing a local alliance and support network.

www.facebook.com/ChromaInitiativeSouthland

Dunedin Pride

A volunteer-run organisation that connects and supports Ōtepoti's local takatāpui and rainbow community.

www.dunedinpride.org.nz

Nelson Pride

A non-profit organisation dedicated to social events to provide connection.

www.facebook.com/nelsonpridenz

Qtopia

An advocacy, social change, and social support service for the LGBTQIA+ rainbow community, based in Ōtautahi Christchurch, and working throughout Waitaha Canterbury and Te Waipounamu the South Island.

www.qtopia.org.nz

Q-Youth

Provides support, information, advocacy, and education for LGBTQ+ young people and their friends, whānau, and communities in Nelson/Tasman. They run regular **social groups** from their space in central Nelson.

www.qyouthnz.com

Rainbow Hub Waikato

Based in Hamilton Central and provides safe and welcoming spaces and **support services** for sex, gender, and sexually diverse people within the Waikato/Hauraki region.

www.rainbowhubwaikato.org.nz

GMA's database includes details of other support groups too.

Parents, caregivers, and whānau

NZ Parents of Transgender and Gender Diverse Children

A public website and private parent-led group that provides information and advice for parents and guardians to support their transgender and gender diverse children.

www.transgenderchildren.nz

Be There

A campaign to support whānau to support their rainbow loved ones.

www.be-there.nz

Crisis and support helplines and resources

OutLine Aotearoa

0800 688 5463 (0800 OUTLINE)

Every evening from 6–9pm, OutLine Aotearoa provides a nationwide, free, and confidential support line and online chat services.

www.outline.org.nz

1737

Need to talk? Free call or text 1737 any time for support from a trained counsellor.

Suicide Crisis Helpline

0800 TAUTOKO (0800 828 865)

A free, nationwide service available 24 hours a day, 7 days a week. If you think you, or someone you know, may be thinking about suicide, call the Suicide Crisis Helpline for support.

Safe to Talk

0800 044 334, or text 4334

Phone, text, or online chat for confidential advice for sexual harm issues.

Healthline

0800 611 116

General health advice and information from a registered nurse.

Mental Health Foundation – find support

A comprehensive list of resources and crisis support lines for looking after our mental health and wellbeing.

www.mentalhealth.org.nz/menupages#find-support

There are more helplines, groups and resources listed on the Counting Ourselves website support page:

www.countingourselves.nz/support

Health contacts

Burnett Foundation Aotearoa

Provides HIV and STI testing, counselling, group support, and other services at local centres as well as remotely for people anywhere in New Zealand. (Formerly called the New Zealand AIDS Foundation.)

www.burnettfoundation.org.nz

PATHA

The Professional Association for Transgender Health Aotearoa (PATHA) is an interdisciplinary professional organisation that promotes the health, wellbeing, and rights of transgender people. Members work professionally for transgender health in clinical, academic, community, legal, and other settings.

www.patha.nz

Clinical Pathways for gender affirming care

Regional information about transgender health pathways or gender affirming healthcare is available for health providers through the 3D Regional Health Pathways: 3d.communityhealthpathways.org

Some regions also have information on their public websites including:

- Hauora Tāhine – Pathways to Transgender Healthcare Services covers the northern region through secondary services across Auckland/Tāmaki Makaurau and Northland/Te Tai Tokerau
- Gender affirming healthcare in Canterbury/Waitaha
- Gender affirming services in the Wellington region

Legal resources

Human Rights Commission

Provides free, confidential services for the public to deal with unlawful discrimination, sexual and racial harassment, and conversion practices which are prohibited under the Human Rights Act.

www.tikatangata.org.nz/resources-and-support/make-a-complaint

Health and Disability Commissioner

Promotes and protects people's rights as set out in the Code of Health and Disability Services Consumers' Rights. This includes resolving complaints in a fair, timely, and effective way.

www.hdc.org.nz/your-rights

Key publications

Counting Ourselves selected publications

Tan, K. K., Watson, R. J., Byrne, J. L., & Veale, J. F. (2022). Barriers to possessing gender-concordant identity documents are associated with transgender and nonbinary people's mental health in Aotearoa/New Zealand. *LGBT Health, 9*(6), 401–410.

Veale, J. F., Tan, K. K. H., & Byrne, J. L. (2022). Gender identity change efforts faced by trans and non-binary people in New Zealand: Associations with demographics, family rejection, internalized transphobia, and mental health. *Psychology of Sexual Orientation and Gender Diversity, 9*(4), 478–487.

Veale, J., Byrne, J., Tan, K. K., Guy, S., Yee, A., Nopera, T. M. L., & Bentham, R. (2019). *Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand*. Transgender Health Research Lab.

Other peer-reviewed published journal articles based on the Counting Ourselves survey data are also available online at: www.countingourselves.nz/journal-articles

Other selected publications

Bal, V., & Divakalala, C. (2022). *Community is where the knowledge is: the Adhikaar report*. Adhikaar Aotearoa.

Budge, S. L., et al. (2024). Gender affirming care is evidence based for transgender and gender-diverse youth. *Journal of Adolescent Health*. Advance online publication. www.doi.org/10.1016/j.jadohealth.2024.09.009

Fenaughty, J., Ker, A., Alansari, M., Besley, T., Kerekere, E., Pasley, A., Saxton, P., Subramanian, P., Thomsen, P., & Veale, J. (2022). *Identify survey: Community and advocacy report*. Identify Survey Team.

Fenaughty, J., Lucassen, M. F. G., Clark, T., & Denny, S. (2019). Factors associated with academic achievement for sexual and gender minority and heterosexual cisgender students: Implications from a nationally representative study. *Journal of Youth and Adolescence, 48*(10), 1883–1898. www.doi.org/10.1007/s10964-019-01124-w

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Detailed methods

This section goes into more detail about how we conducted the survey.

Ethics

The survey started with information that potential participants could read before deciding whether they would consent to begin the survey. This gave people information about their rights and how the data would be accessed and used and explained that the survey asked questions about difficult topics, such as violence, suicide, and self-injury. Both here and in relevant parts of the survey we provided contact details for support organisations.

We did not collect responses from participants who were aged younger than 14, because this is the age that is commonly accepted for participants to be able to give informed consent to participate in a study of this nature.

Counting Ourselves received ethics approval from the Health and Disability Ethics Committee, reference 2022 FULL 12683.

The number of participants

We had 3,584 individual responses to the survey, but some of the web responses had to be removed from our data because they did not meet our inclusion criteria:

- 57 did not provide consent.
- Seven were younger than 14.
- 12 did not live in Aotearoa New Zealand.
- 54 did not confirm that they were trans or non-binary in some manner.
- 492 withdrew from the survey before completing the demographic section.

A further 57 responses were removed because we identified more than one response from the same person. In these cases, we excluded the less completed response, which was usually the earlier response.

Finally, we removed a further 274 responses that we identified as not genuine. We used multiple methods to determine if a response was not genuine, including reviewing open-text comments, response times, and illogical responses, such as when the age someone realised their trans identity was older than their current age.

After excluding all these responses, we were left with a final sample of 2,631.

Except for a few demographic questions at the start of the survey, participants could skip any question by not responding, and not all participants responded to each question. We also gave participants the option to skip particularly sensitive questions, such as those about suicide, sexual violence, and conversion practices. Some questions were only shown to specific participants, such as for those attending school. Questions about surgery, pregnancy, and cervical cancer screening were shown based on participants' sex assigned at birth. For questions that were shown based on sex assigned at birth, we included all participants with innate variations of sex characteristics, regardless of their sex assigned at birth.

Number of participants for each section of the survey		
Section 1:	Who participated in the survey	2,631
Section 2:	Gender affirming allied health services	2,608
Section 3:	Puberty blockers and gender affirming hormones	2,602
Section 4:	Gender affirming surgeries	2,427
Section 5:	Gender affirming healthcare providers	2,207
Section 6:	General health and healthcare[1]	2,024
Section 7:	Mental health and wellbeing	2,050
Section 8:	Substance use	1,967
Section 9:	Sexual and reproductive health	1,993
Section 10:	School	301 current students
Section 11:	Discrimination and harassment	1,912
Section 12:	Safety and violence	1,862
Section 13:	Police	1,906
Section 14:	Intersecting cultural, disability, and gender identities *Indigenous, person of colour, or from an ethnic community* *Deaf or disabled (identified as)*	 344 535
Section 15:	Conversion practices[2]	1,497
Section 16:	Religion	1,772
Section 17:	Identity documents	1,797
Section 18:	Income and employment	1,918
Section 19:	Housing	1,917
Section 20:	COVID-19 experiences	1,845
Section 21:	Sport and physical activity	1,784
Section 22:	Family, friends, and partners	1,826
Section 23:	Belonging, pride, and community connectedness	1,847

[1] *We had fewer participants respond to the cervical cancer screening question as there was an error in the skip logic that prevented them from seeing it. Only 36% of participants who should have seen the question saw it*

[2] *Participants could choose to skip this section*

Getting the data ready to report

Changing continuous variables to categorical

We chose to make some of our continuous variables into categorical variables to make them easier to report – for example, we grouped satisfied and dissatisfied responses in the questions about the quality of healthcare.

Recoding 'Other' responses

We gave participants the option to write in responses wherever we had 'Other (please specify)' as a response option to closed-ended questions. For questions that had a high proportion of Other responses, our team reviewed the write-in responses and identified if the responses could be recoded into existing response options. When a response could be recoded, we removed it from the 'Other' category, unless there was further data write-in response which was best kept as 'Other'. Most sections of the report have questions that were recoded in this manner.

Where there was a substantial number of Other responses (at least 2%) that could be grouped into a single theme to create a new response option (that was not provided as an existing response option), we created a new response option and reported this. Write-in responses that could not feasibly be recoded into existing or new response options were left as Other responses.

The questions where we created new response options from 'Other' write-in responses were:

- Section 4: Why have you not applied to the Gender Affirming (Genital) Surgery Service or High Cost Treatment Pool? Not sure about surgery yet response option.
- Section 5: Which of the following services did you use to access gender affirming hormones for the first time? Mental health professional response option.
- Section 6: Was there a time when you had a medical problem but did not visit a GP for any of the following reasons? Difficulty booking due to a disability, neurodivergence, or mental health related barrier response option.
- Section 7: Have you received help for concerns about your emotions, stress, mental health, or substance use from any of the following? School or university counsellor or service response option.
- Section 7: How satisfied have you been with these mental health service providers? School or university counsellor or service response option.
- Section 15: Which of the following people or groups have ever tried to stop you from being trans or non-binary? Current or former partner response option.
- Section 16: What is your religion? Pagan response option.
- Section 17: Why is the gender listed on some of your documents incorrect? Difficult, a lot of work, or complicated response option.
- Section 20: During the COVID-19 pandemic (since February 2020), has your financial situation been affected for any of these reasons? Other changes not related to the pandemic response option.
- Section 21: Has being trans or non-binary affected your ability to exercise or participate in recreational sport in any of these ways? Participating in exercise or recreational sport (including wearing necessary clothing) can induce dysphoria response option.

Combining responses for accessing gender affirming care

When we asked participants their reasons for not accessing gender affirming care (see Sections 2, 3, and 4), we combined responses that were reported by less than 5% of participants. If the combination was still less than 5%, we didn't report it.

The psychological distress scale

Our survey included a multiple-question scale, the Kessler Psychological Distress (K10) scale, which measures depression and anxiety. The K10 has 10 questions which are rated on a five-point scale from *none of the time* (0) to *all of the time* (4), and total scores ranged from 0 to 40. A score of 12 or more indicates the presence of *high* levels of psychological distress symptoms and a score of 20 or more indicates the presence of *very high* levels of psychological distress. The percentage of missing answers for each K10 item ranged from 0.3% to 1.1%. We filled in the missing answers

using the expectation-maximisation method in SPSS statistics software, which estimates the missing answers based on the average and relationships with the other questions in the scale.

The SCOFF questionnaire

We also included a scale for detecting disordered eating called the SCOFF, which has five questions to which participants can respond yes or no. Participants who answered yes to two or more questions were counted as being at risk of disordered eating.

Doing the analysis

We used statistical software, called SPSS version 29, for all our statistical analyses.

We rounded all percentages to the nearest whole percentage. To avoid reporting on small numbers of participants, the smallest percentages we report are 'less than 1%' when we report on the entire sample and 'less than 2%' when reporting on subgroups within the sample.

If participants did not answer a question or said it didn't apply to them, we didn't include them in the total number we used to calculate percentages.

Comparisons between demographics groups

Age and gender groups

We chose the age range 14–24 for youth because this is close to the World Health Organization's definition of youth (15–24). While 55 years old is younger than most definitions for older adults, we had fewer older participants and needed to use this age threshold to have enough older adult participants to identify any different issues they might be facing.

For gender groups, we asked participants to choose how they would like us to group them: as a trans man, trans woman, or non-binary person. There were a small number of participants who did not answer this question and needed to be recoded based on responses about their gender and sex assigned at birth, but overall, this self-identification approach for three gender categories minimised the number of participants we needed to recode. A small number of participants did not provide enough information to be coded in one of the three gender groups. These participants were not included in any gender comparisons. This approach differed to the one used in the 2018 Community Report where we decided how to group participants based on their responses to a broader gender question and, in some instances, sex assigned at birth. This time, we wanted participants to be able to choose which category was the closest fit for them.

Ethnicity recoding and prioritisation

We used the same question as the New Zealand Census and New Zealand Health Survey to ask our participants about the ethnic group or groups that they belong to. Participants could select as many response options as apply.

To be able to make comparisons between participants, we followed Statistics New Zealand's Ethnicity New Zealand Standard Classification protocol to recode each ethnicity reported to one of the Level 1 categories: Māori, Pacific peoples, Asian peoples, Others (including Middle Eastern, Latin American, and African), and European. For example, we counted participants who are British or Irish (3%), Dutch (1%), and Australian (less than 1%) in the European Level 1 group. When a participant identifies with more than one Level 1 ethnicity, each participant is assigned a single ethnic group based on the prioritisation order of Māori, Pacific peoples, Asian peoples, Others (including Middle Eastern, Latin American, and African), and European. The Ministry of Health Ethnicity Data Protocol states that this prioritised ethnicity measure is 'the most common form of output in the health and disability sector'. [1, 2]

In Section 1 when we compared our participants' ethnicities to the general population, we compared them to the 2020/21 New Zealand Health Survey, which used the approximate benchmark population obtained from Statistics New Zealand's estimate for its ethnicity data.

[1] Ministry of Health (2017). *HISO 10001:2017 Ethnicity Data Protocols*. www.tewhatuora.govt.nz/assets/Our-health-system/Digital-health/Health-information-standards/HISO-10001-2017-Ethnicity-Data-Protocols.pdf

[2] Yao, E. S., Meissel, K., Bullen, P., Clark, T. C., Atatoa Carr, P., Tiatia-Seath, J., Peiris-John, R., & Morton, S. M. B. (2022). Demographic discrepancies between administrative-prioritisation and self-prioritisation of multiple ethnic identifications. *Social Science Research, 103*, 102648. www.doi.org/10.1016/j.ssresearch.2021.102648

The New Zealand Health Survey combined European with Other participants, so we did the same when comparing our participants' ethnicities to the New Zealand Health Survey. We do not combine Other ethnicity participants with Europeans anywhere else in this report given their very different experiences of racialisation and racism in Aotearoa New Zealand.

Disability groups

We counted participants as disabled if they said they were disabled or met the Washington Group Short Set (WGSS) criteria for being disabled. Participants identified as being disabled by responding *yes, I am disabled or have a disability* to the question *do you identify as Deaf, disabled, or as having a disability or impairment?* Participants met the WGSS criteria for being disabled if they *could not do* or *had a lot of difficulty* with at least one of these six activities: seeing, walking, hearing, concentrating or remembering, communicating, or caring for oneself (such as washing or dressing). We did not count participants as disabled if they were Deaf but did not also identify as disabled or meet the WGSS criteria. There was a lot of overlap between those participants who met the WGSS criteria and those who identified as disabled, with about half of each group fitting into both categories. The WGSS criteria for disability have limitations with measuring some forms of disability, which is likely to undercount some disabilities including neurodiversity.[1] Therefore, we consulted with a group of disabled trans people to help us decide on this approach. This differed to the approach we used in the 2018 Community Report where we based our disability variable on the WGSS criteria only.

Demographic group analysis

Throughout this report, we compared participants by age, gender, ethnicity, and disabled/non-disabled groups, except for the demographic questions in Section 1 and the religion question in Section 16. For questions about gender affirming care (see Section 2, 3, and 4), we checked for differences between regions, which was consistent with the approach we used in the 2018 Community Report. For all other questions, we instead checked for differences between participants who lived in a major city (e.g., Auckland or Christchurch) and participants who lived in either a large city (e.g., Whangārei or Nelson), a medium-sized town or city (e.g., Ōamaru or Masterton), or a small town or rural area (Ōtaki, Kerikeri, or Lyttelton).

All participants who responded to the relevant demographic questions were used in these comparisons. Because we undertook so many analyses, we only report group differences as 'lower' or 'higher' than the overall percentage or mean if this difference was statistically significant at the $p < .01$ level. This means that the probability that this result could have occurred due to random chance was no more than 1%.

The type of statistical test that we used for group differences depended on the findings we were analysing. We conducted chi-square tests for most findings (which were reported as percentages) and used adjusted standardised residuals to identify individual group differences if the chi-square test was statistically significant. We used ANOVA tests to compare means for a sense of belonging to different communities (Section 23) and used Tukey's post-hoc test to identify group differences if the ANOVA was statistically significant.

Because there were age differences between our gender groups – trans women tended to be older (average age of 33 years), and trans men (average age 24) and non-binary participants (average age 26) tended to be younger – we needed to take age into account when examining gender differences. When we found differences for gender groups, we did a logistic regression analysis to control for age. These analyses had gender groups, age (in years), and an interaction term predicting the variable in question. We reported gender group differences only if these regression analyses still showed a significant ($p < .01$) difference for gender groups after controlling for age.

We only reported differences between the age groups if these remained after we had statistically accounted for the gender differences in these age groups. In the same way, we only reported differences between the gender groups after we had statistically accounted for the age differences in these gender groups.

[1] See www.washingtongroup-disability.com/resources/frequently-asked-questions

Comparisons to the 2018 survey

To understand how trans and non-binary people's health and wellbeing has changed over time, we compared some of the 2022 results to the 2018 data. We did not conduct any statistical analyses to test for any differences between Counting Ourselves 2018 and 2022.

In our report of the 2018 findings, we used ethnicity weighting to compensate for the ethnicity differences between Counting Ourselves participants and the general population. However, we decided not to use ethnicity weighting for this report because it made our analysis more complex. Weighting also did not alter our findings much, so we could not be sure that it was improving the accuracy of our data estimates.

Comparisons to the general population

For some questions, we could compare with the general population from surveys like the New Zealand Health Survey and the General Social Survey. When looking at these comparisons, the reader should be aware Counting Ourselves is based on a convenience sample where anyone could participate provided they met the inclusion criteria. This means we cannot know for sure to what extent it is representative of the general population of trans and non-binary people in Aotearoa New Zealand. This is different from studies of the general population that we compare to, which select participants at random from the population, meaning they are representative (or close to being so) of the general population.

Whenever we do comparisons with the New Zealand Health Survey (2017/18, 2020/21, 2021/22, 2022/23),[1] the General Social Survey 2021,[2] and the New Zealand Crime and Victims Survey 2021/22,[3] we don't include our 14-year-old participants because these other surveys only recruited participants aged 15 years and older. The exception to this is for our comparisons with questions from the New Zealand Health Survey 2014/15 Adult Sexual Reproductive Health Questionnaire, where we report results for our 16–74-year-old participants,[4] to be comparable with the questionnaire. Our data were not directly comparable with the Youth19 survey as it included secondary school participants aged 12–18,[5] and our sample did not include 12- and 13-year-olds.

We did not conduct statistical analyses to test the difference between Counting Ourselves and results for the general population.

Access to the population-based data was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the authors, not Stats NZ, or individual data suppliers.

Limitations of this study

The main limitation of this study is that because we allowed anyone who met our eligibility criteria to participate, it is not representative of the general population. We know from other research that it is likely that our survey under-represented some groups, including Pasifika participants, sex workers, and homeless, rural, and older people (including those who affirmed their gender a long time ago). As we mentioned above, we did what we could with our resources to let as many potential participants as possible from these groups know about the survey.

The other main limitation of the study is that we had a relatively small number of participants in some groups we looked at, especially smaller ethnicity and region groups. Even if we did not see evidence of differences between these groups, differences may still exist in the real world. In many cases, we did not have enough participants in our survey to be able to statistically detect all existing differences, especially if the differences were small.

We had to limit the number of questions we could put in the survey to prevent participants from dropping out before they could finish. As a result, some topics had fewer questions, and further research is required to explore them further. Some examples include participants' experience with police when reporting crimes and wider definitions of homelessness.

[1] See www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey and www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey/publications

[2] See www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/about-the-general-social-survey

[3] See www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/nzcvs-cycle-5-resources-and-results

[4] See www.health.govt.nz/system/files/2015-12/adult-sexual--reproductive-health-questionnaire-nzhs-2016-august.docx

[5] See www.youth19.ac.nz/projects

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