TO BE OURSELVES

Trans and Non-Binary Disabled People in Aotearoa

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Contents

Introduction

This report illustrates the experiences and perspectives of trans and non-binary disabled people in Aotearoa, as reflected in the 2022 Counting Ourselves survey, the second health survey of trans and non-binary people in Aotearoa.

A high proportion of trans and non-binary people who completed the survey were disabled, much higher than the proportion of disabled people in the Aotearoa population as a whole. To those who share these identities, this will not be surprising. Many trans and non-binary people are neurodivergent, which some experience as a disability. Other trans and non-binary people become disabled across their life course, as a result of the physical and mental health impacts of experiencing gender-based stigma, discrimination and violence.

It is clear from the results of the survey that many trans and non-binary people's experiences in Aotearoa relate not only to their gender but also to how their transgender identity intersects with other parts of their identity, including being disabled. In this report, we hope to raise awareness of the specific challenges experienced by those living at the intersection of disability and gender-based oppression. This is just one of many intersections experienced by trans and non-binary disabled people, which also include discrimination based on being Indigenous, fat, a person of colour, or a migrant, and we seek to reflect some of these experiences too. We hope to highlight the strength, wisdom, and drive of trans and non-binary disabled people, and the ways they find hope and joy, including through pride in their identities and their connections with each other.

In shining a light on the intersection of disabled and trans and non-binary experience, our focus mirrors that of an earlier report called All of Us made by trans disabled artist and community activist Stace Robertson in 2017, which this report builds on.

The best way to understand any aspect of lived experience is to hear directly from the people concerned. For this report, we have focused on the open text comments in the Counting Ourselves survey, where trans and non-binary disabled people told us about their lives. We have used the participants' exact words to make data poems representing frequently shared experiences. At the end of the report (page 53), we include a summary of findings from our analysis, alongside recommendations to improve the lives of trans and non-binary people in Aotearoa.

About this report

This report includes information on trans and non-binary people in the 2022 Counting Ourselves survey, including:

- the number of trans and non-binary disabled participants and how they describe their disabilities
- some notable differences between trans and non-binary disabled and non-disabled participants in the survey, and
- the words trans and non-binary disabled people shared in their open text comments – what experiences they are having, how they feel about these, and what they want to change.

What is Counting Ourselves?

Counting Ourselves is a comprehensive research project about the health and wellbeing of trans and non-binary people 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. This has involved finding out about trans and non-binary people's physical and mental health, access to general healthcare and gender affirming healthcare, experiences of stigma, discrimination and violence, participation at school, work and in sports, connections to community, and support from family, friends, and others.

The second survey in 2022 included 2,631 trans and non-binary participants aged 14 and older. This gives us very strong data about trans and non-binary people living in Aotearoa.

You can read more about the methodology and overall results of the 2022 Counting Ourselves survey in the community report.

What does trans and non-binary mean?

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 Counting Ourselves survey. We acknowledge that no English-language terms can fully describe the meaning of genders from other languages or cultures. The survey asked participants to categorise themselves as either a trans woman, trans man, or as non-binary, so that differences between gender groups could be compared.

Who are we?

The Counting Ourselves project is led by researchers who are trans. It includes a core research team based at the University of Waikato, alongside students, Associate Investigators, and other collaborators from across the country.The authors of this report are trans health researchers Julia de Bres (Pākehā, she/her) and ia Morrison-Young (Te Ātiawa, they/them). ia is takatāpui, Julia is cisgender and queer, and we are both disabled and part of a majority trans/non-binary disabled whānau. The intersection between being trans or non-binary and disabled is a big part of our lives. We both analysed the data and wrote the poems, and Julia wrote the report, drew the illustrations and did the graphic design.

In preparing this report, we received advice and assistance from members of the Counting Ourselves research team, Jack Byrne, Ryan Bentham, Jaimie Veale, and Ashe Yee. We also received feedback from an expert group of disabled and/or neurodivergent advisors in Aotearoa, many of whom are also trans or non-binary. These advisors were Etta Bollinger, Scout Barbour-Evans, Angela Desmarais, Adeline Greig, Allyson Hamblett, Áine Kelly-Costello, Stace Robertson, and Maggie Shippam.

Why did we make this report?

Trans and non-binary disabled people are a sub-group within the trans and non-binary community in Aotearoa whose perspectives are not often made visible. We are passionate about uplifting the voices of trans and non-binary disabled people, who have so much knowledge to share, if not always the spoons (energy/capacity) to do so. We want to ensure this community knowledge reaches a broader audience.

Who is this report for?

This report is for trans and non-binary disabled people, who we hope will feel seen and heard in the findings that follow. It is also for all trans and non-binary people, the general public, advocates, and policymakers. We hope it will help you learn more about the experiences of trans and non-binary disabled people, with a view to bringing about social change to improve their health and wellbeing.

A big thank you

The data we share in this report is a taonga (precious) and required a lot of effort from the trans and non-binary disabled people who responded to the survey. In comments on the survey, trans and non-binary disabled people told us how important it was for them to participate. They also told us that it took them a long time to complete the survey: several hours, the majority of their day, or multiple sessions over the course of a week. They described the pain, strain, distress, and fatigue they experienced completing the survey. Despite this, participants said they would not change the survey. For example, one participant said:

> *For people with communication disabilities it is a nightmare marathon that causes significant pain to get through as the time and effort is incredibly fatiguing… causing more pain. But I would not drop any of it. […] It is important for me to withstand a lot of pain and physical harm to myself to complete this survey because in my mind I know of tens of people directly who cannot take this survey with disabilities.*

Another participant said:

> *I didn't expect it to take close to 3 hours to fill out but I am glad I did. Thank you for allowing me to share my voice!*

We are so grateful to everyone who made the time and effort to complete the survey to help improve the lives of other trans and non-binary disabled people in Aotearoa.

Language about disability

Just as language about the experiences of trans and non-binary people is complex and ever-changing, so too is language about the experiences of disabled people. Two ways of framing disability are especially relevant to this report.

The social and medical models of disability

The medical model of disability views disability as located within an individual, via their medical diagnoses. This can reflect a pathologising view of disability, which frames disabled people as having something 'wrong' with them that would ideally be 'fixed' via medical intervention. The social model of disability focuses instead on the structural factors that render people disabled. This framing locates the problem within a society that does not accommodate the needs of disabled people, rather than within disabled people themselves. Disabled communities in Aotearoa tend to prefer the social model of disability, although it is not without critique.

Person-first and identity-first language

Person-first language places emphasis on a person before the fact that they are disabled (e.g. 'people with disabilities'). Identity-first language emphasises disability as a core part of a person's identity (e.g. 'disabled people'). We acknowledge widely held community preferences in relation to this language use in Aotearoa. For example, identity-first language is generally preferred by the autistic community. However, we also acknowledge every disabled person's right to use the language they prefer to describe their own experiences, which is essential to their autonomy.

Our approach

We mostly align with the social model of disability and identity-first language, but we depart from these at times in the report, to reflect the language choices of the participants. For example, sometimes we refer to people's 'disabilities' and include medical diagnoses that participants shared. Some might see this as pathologising (and thus aligning with the medical model), but we see it as raising visibility of the diversity of trans and non-binary disabled experience and offering solidarity to those who are able to connect to these more specific shared experiences. We also use the exact words the participants used in the data poems, even if this is not the language we might use ourselves, because we see it as vital to share the participants' voices exactly as they shared them with us. Recognising the complexities here, we will try to make the rationale for these language choices clear in context.

Te Whare Takatāpui

In envisaging a positive future for trans and non-binary disabled people, we 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 well-being.

We introduce the framework below, using the words and images from the Counting Ourselves community report, and return to it at the end of this report, to present our main findings and recommendations relating to the experiences and perspectives of trans and non-binary disabled people in the Counting Ourselves survey.

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.

Reference: Kerekere, E. (2023). Te Whare Takatāpui – Reclaiming the spaces of our ancestors. In Green, A. & Pihama, L. (Eds.), Honouring our ancestors. Takatāpui, two-spirit and Indigenous LGBTQI+ wellbeing. Te Herenga Waka University Press.

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, and our culture and language. 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.

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.

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).

Mana

Mana refers to the authority, agency, and power we inherit at birth and what 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 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.

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.

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 is made. We collectively develop tikanga that is inclusive of all our generations and diversity.

Defining trans and non-binary disabled people

It is not straightforward to determine who is disabled, as this depends on which definition is used. After consulting with trans and non-binary disabled advisors, the Counting Ourselves team decided that the definition of disabled people for the 2022 community report would include two groups of people.

The first group was anyone who answered yes to the question, **“Do you identify as Deaf or disabled?”** The 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.

The second group was anyone who had a lot of difficulty or could not do at least one of the activities from the **Washington Group Short Set (WGSS)** questions about disability. These questions are used in general population surveys, including by Stats NZ, to identify individuals who might experience barriers to participating in society because of difficulties undertaking basic activities. The activities include seeing, walking, hearing, concentrating or remembering, communicating, or caring for themselves (such as washing or dressing).

In this report, we used the same definition of disabled as the Counting Ourselves team.

Trans and non-binary disabled people are numerous and diverse

The survey results show that trans and non-binary disabled people are **numerous**. More than two out of five survey participants (42%) were disabled, in accordance with the definition described above, making up 1102 people. The percentage of people meeting the WGSS criteria (38%) is much higher than the disability rate for adults aged 15 or older (10%) in the 2021 General Social Survey.

The survey results also show that trans and non-binary disabled people are **diverse**. One way they are diverse is in their experiences of disability. Those who identified as being disabled or as having a disability or impairment were asked to list any disabilities or impairments they had. Many had several. These related to physical health, mental health, chronic illness, and neurodivergence. In the participants' own words, they included (but were not limited to) the following.

> *Deaf, blind, cerebral palsy, spina bifida, epilepsy, brain injury, connective tissue disorder, heart condition, arthritis, back problems, fibromyalgia, chronic fatigue syndrome, chronic pain, functional neurological disorder, vertigo, migraine, diabetes, multiple sclerosis, muscular dystrophy, asthma, autoimmune disorders, coeliac disease, irritable bowel syndrome, endometriosis, premenstrual dysphoric disorder, polycystic ovary syndrome, ADHD, autism, auditory processing disorder, sensory processing disorder, dyslexia, dyspraxia, dyscalculia, OCD, Tourette syndrome, depression, anxiety, PTSD, bipolar disorder, borderline personality disorder, dissociative identity disorder, and schizophrenia*

Note: *Some disabled people prefer not to name impairments or diagnoses, as this may be seen to align with the medical model of disability (see page 7 on language about disability). We have chosen to do so here, as we believe it can be affirming to see aspects of our own experiences reflected in how others describe themselves.*

Trans and non-binary disabled participants also varied in other features of their identity. For example:

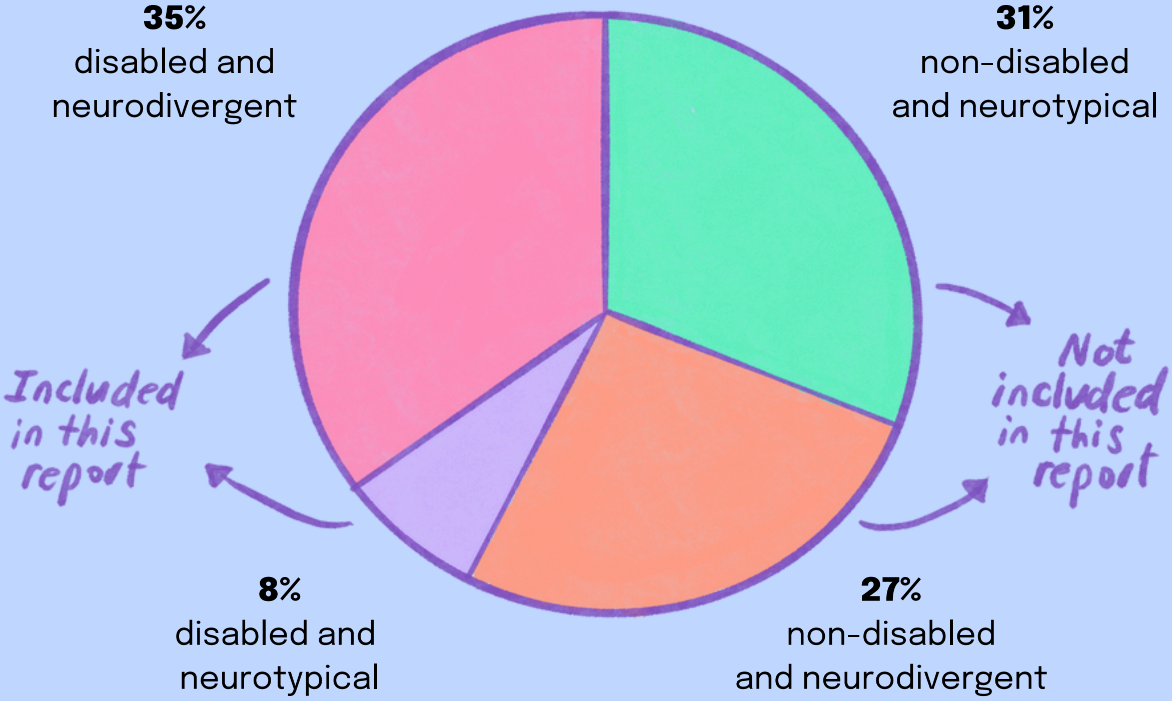
- Their **ethnicity**: including Māori (15%), Pasifika (2%), Asian (5%), and European/Other (78%)
- Their **gender**: including non-binary (61%), trans man (22%) and trans woman (17%)
- Their **age**: including youth (14-24 years, 56%), adult (25-54 years, 41%), and older adults (55 and older, 3%)
- **Where they lived**: in a large city (82%) or in a smaller city, town, or rural area (19%)

Across these demographic characteristics, most of these percentages were similar to the non-disabled participants of the survey. Younger participants were more likely to be disabled, and older participants were less likely to be. There were no other statistically significant demographic differences between disabled and non-disabled participants.

Neurodivergent trans and non-binary people

More than three in five participants (62%) in the Counting Ourselves survey self-identified as being neurodivergent.

Many neurodivergent people do not consider neurodivergence to be a disability. More than a quarter of the neurodivergent participants in the Counting Ourselves survey (27%) did not identify as disabled and thus are not included in this report.



The group of participants who were disabled and neurodivergent encompasses people with a wide range of disabilities. It will include some people who described being neurodivergent as a disability, who may or may not have other disabilities.

Among neurodivergent-identifying participants, more than a third reported ADHD (39%) or autism (37%) respectively, and 14% reported another form of neurodivergence. Some forms listed by participants included, in their own words: obsessive-compulsive disorder, dyslexia, dyscalculia, dysgraphia, sensory processing disorder, Tourette syndrome, tic disorders, giftedness, and synaesthesia.

The big picture

The statistics from the Counting Ourselves survey portray the effects of structural oppression on the lives of trans and non-binary people, partly because the survey questions focused on areas of potential challenge. However, the findings are poor overall for trans and non-binary people, and the results for disabled people are generally worse than those for non-disabled people. The results also show the strength, community connectedness and resistance of trans and non-binary disabled people in the face of oppression.

Note: *Some of the findings in the rest of this report may be distressing for some readers. We encourage you to take care of yourself while reading, take breaks if you need to, and consider consulting the support services at the end of this report if you feel distressed.*

For the 2022 community report, the Counting Ourselves team checked for differences between disabled and non-disabled participants and reported any statistically significant results. For full results, you can refer to the community report.

Here we provide just some examples, to give a sense of how the findings differ between disabled and non-disabled people across the survey.

Healthcare

Disabled participants were more likely than non-disabled participants:

- to not have had **transition-related care** that they wanted, such as voice therapy (33% vs 28%), a hysterectomy or oophorectomy (46% vs 31%), and counselling or psychological support to affirm their gender (28% vs 23%)

- to say that a healthcare provider knowingly referred to them by the **wrong gender**, either in person or in a referral in the last 12 months (27% vs 16%)

- to have **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 (42% vs 28%)

Discrimination

Disabled participants were more likely than non-disabled participants:

- to have **experienced discrimination** in the last 12 months (55% vs 35%)
- to have been **verbally harassed** in the last 4 years for being trans or non-binary (63% vs 47%)
- to have ever been **treated unfairly** at Work and Income or MSD (18% vs 10%)
- to feel **unsafe in school** most or all of the time (among those attending school in Aotearoa at the time they took the survey) (27% vs 11%)

Financial situation

Disabled participants:

- reported a **median income less than half** that of non-disabled participants ($15,001-$20,000 vs $35,001-$40,000)
- were much more likely to report **material hardship** compared to non-disabled participants, such as going without fresh fruit or vegetables (61% vs 37%), postponing or putting off visits to the doctor (59% vs 37%), and putting up with feeling cold (55% vs 39%).

Distress

Disabled participants were more likely than non-disabled participants:

- to report high or very high **psychological distress** during the last 4 weeks (90% vs 66%)
- to have **deliberately injured themselves** at least once in the last 12 months (63% vs 38%)
- to have **seriously considered suicide** at least once in the last 12 months (66% vs 41%)
- to report **feeling lonely** most or all of the time in the last 4 weeks (47% vs 27%)

Community connection and pride

On the positive side, most disabled participants somewhat or strongly agreed that they:

- were **proud** to be a trans or non-binary person (77%)
- felt **connected** to other trans or non-binary people (71%)
- felt **part of a community** of trans or non-binary people (62%)
- had tried to **make things better** for other trans and non-binary people (87%)

The survey asked disabled participants to rate their sense of belonging in various areas of their life, on a scale from 0 to 10. Disabled participants reported the weakest sense of belonging in relation to their neighbourhood (2.8), ethnic group (3.6), and the company or organisation they worked the most hours for (4.0). They reported a stronger sense of belonging to:

- trans and non-binary community spaces online (6.2)
- LGBTQIA+/Rainbow, takatapui, and MVPFAFF+ communities (6.1), and
- trans and non-binary spaces in person (5.3).

The stories

The numbers tell one part of the story, but they cannot express the detail of people's experiences. The rest of this report attempts to fill out the picture, by reporting the comments shared by trans and non-binary disabled participants in the survey.

The survey had many comment boxes where 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 the comments from trans and non-binary disabled participants across the survey. Given the large amount of material, we focused on **moments where people spoke about how their experience of being disabled and being trans or non-binary intersect**. For example, participants might write about how being trans or non-binary influenced their experience of medical encounters related to their disability, or they might write about how being disabled impacted their ability to participate in community events for trans and non-binary people.

We have organised these comments into thirteen themes that express the lived experiences of the trans and non-binary disabled participants in the survey. Not all themes were relevant to all trans and non-binary disabled participants, but they occurred frequently enough to represent shared experiences.

We present these thirteen themes in the form of 'data poems'. We made these poems by combining the exact words of several different participants to express a common overall theme.

After presenting all the themes, we summarise the findings and provide recommendations to improve the lives of trans and non-binary disabled people in Aotearoa.

Note:

- *We have not changed any of the participants' words in the poems, because it is important to us to share their voices exactly as they shared them in the survey. Sometimes the words participants use may not align with wider community preferences (see page 7 on language about disablity). It is essential that trans and non-binary people be able to describe their experience in the ways that make sense to them.*
- *The poems convey the participants' experiences viscerally at times, which may be distressing for readers with similar experiences. If the poems distress you, you can skip them and go to the Summary and Recommendations section of the report (page 53), which summarises the main findings from our analysis.*

I face discrimination when accessing healthcare

Trans and non-binary disabled people **experienced discrimination** when accessing healthcare, based both on being trans or non-binary and being disabled. Due to experiences of transphobia (discrimination against transgender people) and ableism (discrimination against disabled people), they did not trust healthcare providers to treat them well and give them the care they needed.

Just accessing basic medical health care
is very difficult

It can take years of fighting
and if you do not have resources
or have other disabilities
then you are screwed

Everyone keeps misgendering me
even if I tell them what my pronouns are

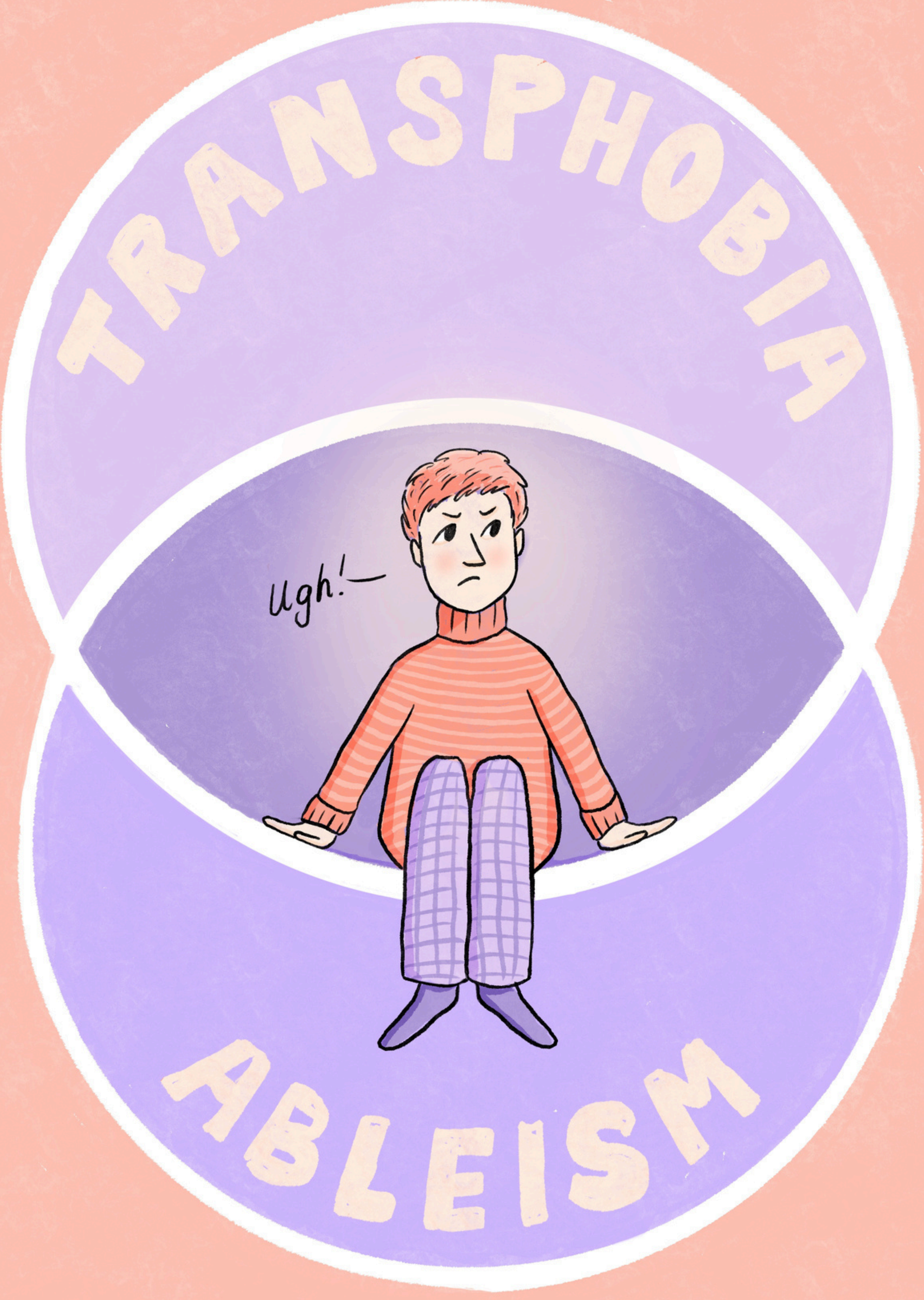
You can imagine how much worse it makes my health
if they are doing this when I'm unwell

Last time I was at the hospital
a doctor yelled at me
for my gender presentation

Now I make do with primary care
despite having complicated physical conditions
because I don't want a repeat

That is the more concerning issue
because those things can kill quickly
if left poorly treated or neglected

People are already awful to trans people
and autistic people
and I'm both :(


TRANSPHOBIA
Ugh!
ABLEISM

I have to hide my gender to get healthcare

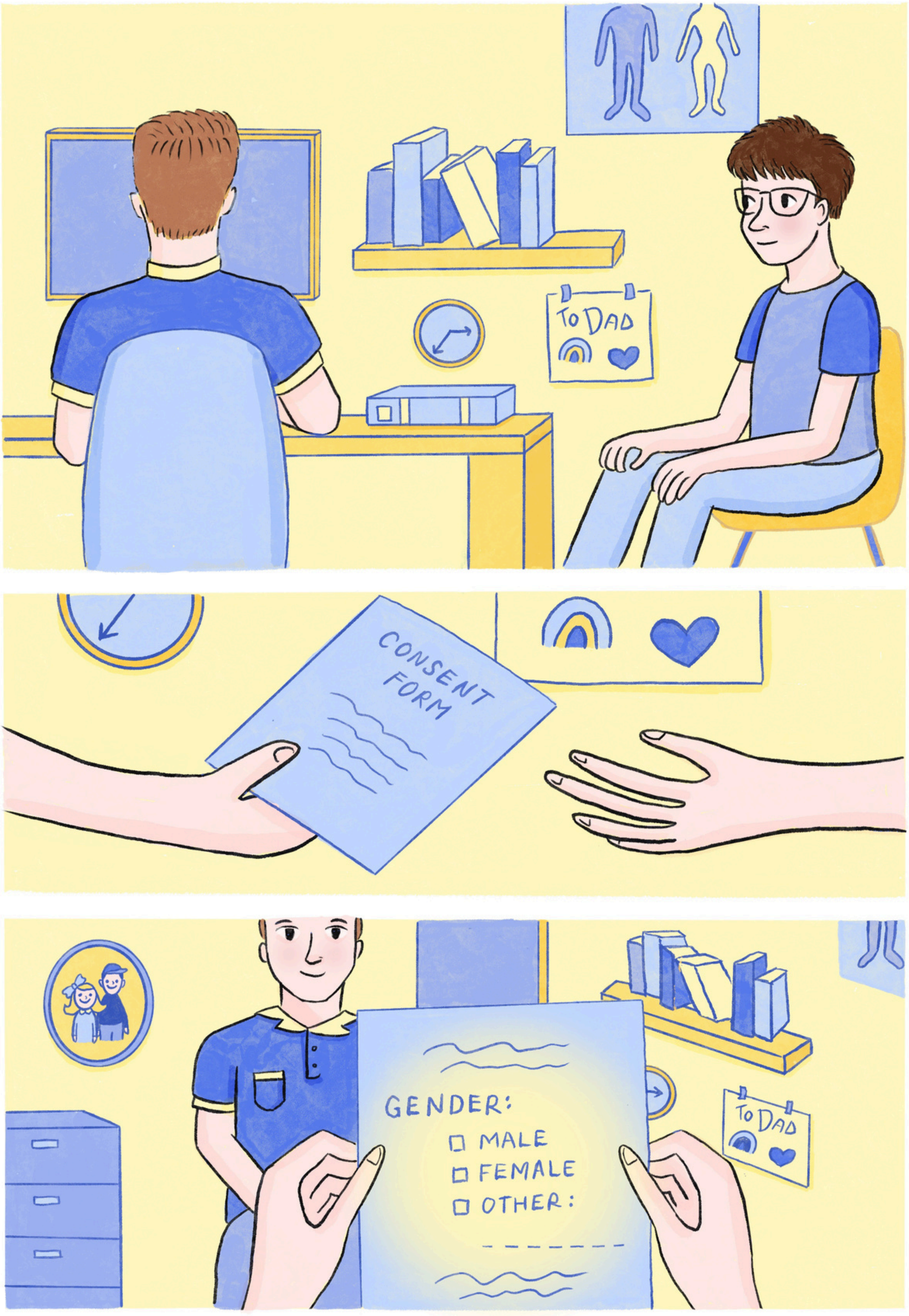
Some trans and non-binary disabled people felt they had to **conceal being trans or non-binary** to get the healthcare they needed for their disability. This might mean refraining from expressing their gender or avoiding seeking transition-related care.

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 already have multiple health conditions
and am worried about
the quality of that care being harmed
by seeking gender affirming care

I am afraid of how I will be treated
I already find stigma hard to deal with
Hormones might make it even harder
and make my transness more visible

If I wasn't disabled
I would medically transition straight away


To DAD
CONSENT FORM
GENDER:
☐ MALE
☐ FEMALE
☐ OTHER:
To DAD

I avoid the medical system to avert discrimination

In response to mistreatment in healthcare settings, some trans and non-binary disabled people chose to **engage with the medical system as little as possible**. This had negative impacts on their health and wellbeing.

At the cost of neglecting my mental and physical health
I have limited my exposure with the medical system to avoid
psychologists and psychiatrists who decided for me
I was not trans or autistic

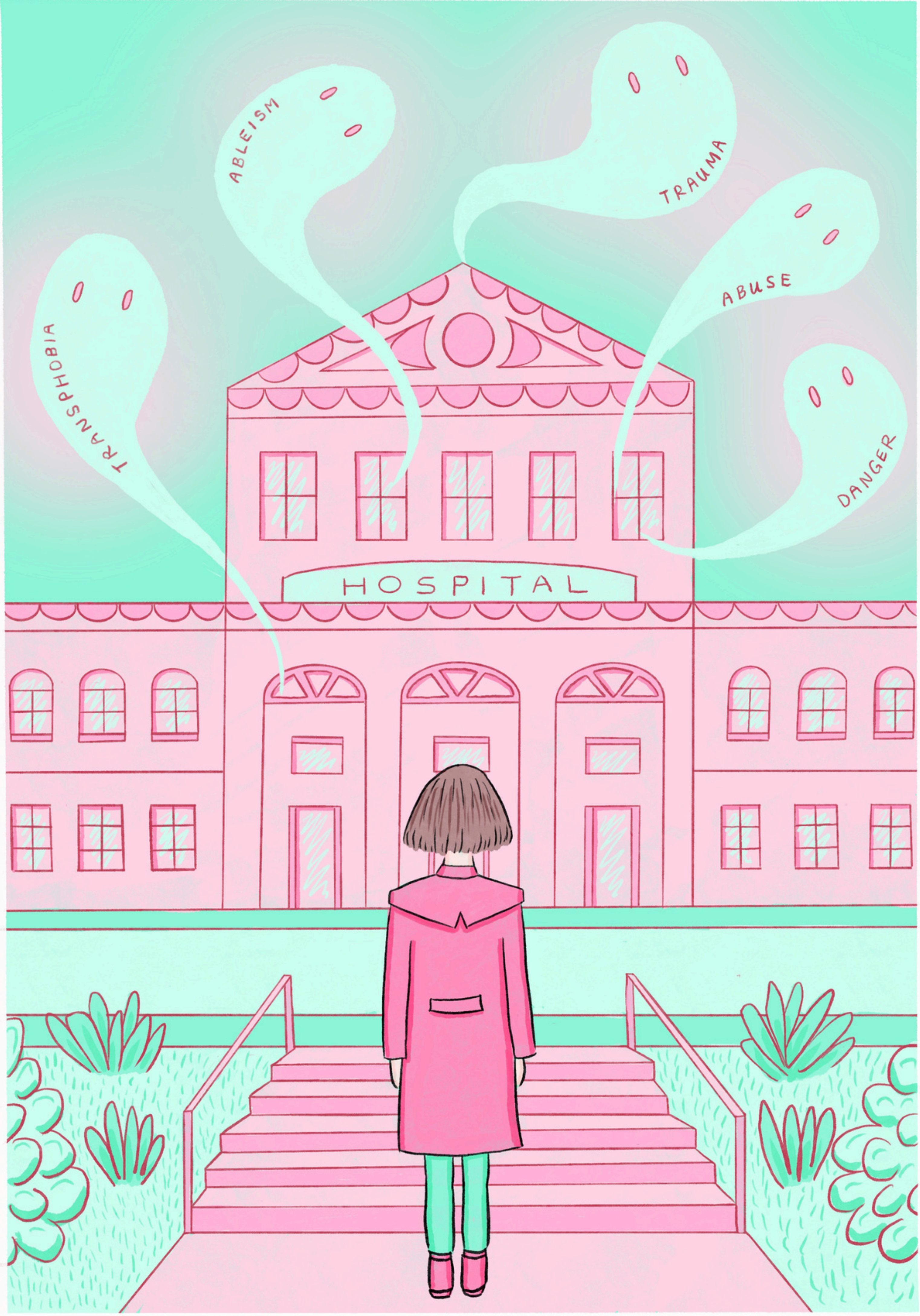
At the cost of neglecting my mental and physical health
I have limited my exposure with the medical system to avoid
mental shutdowns
sensory overload
panic attacks

At the cost of neglecting my mental and physical health
I have limited my exposure with the medical system to avoid
invasive and traumatizing experiences
mistreatment and abuse by medical staff
of all kinds

I don't feel like any medical professional has taken the time to consider
that I’m financially lower class
that I don’t trust mental health professionals easily
that I’m a systematic abuse survivor
that I have lifelong mental and physical scars
that I haven't been confident enough to ask for the help

There is not enough support, accessibility and safety protocol
to investigate my health
in a whole person kind of way

At the cost of my mental and physical health


ABLEISM
TRAUMA
TRANSPHOBIA
ABUSE
DANGER
HOSPITAL

There’s too much to deal with at once

Some trans and non-binary disabled people had so much to deal with health-wise that they had to prioritise access to general healthcare over transition-related healthcare. Sometimes, this meant **delaying seeking transition-related healthcare** while they focused on their disability. Sometimes, it meant choosing a healthcare provider who would best **help them with their disability** rather than someone who affirmed their gender.

This seems out of reach

I have a lot going on all the time
I have put most everything else on hold
Gender stuff is not currently a priority
Been forced onto the backburner for now?

I need to get my uterus removed first
I need to get the medication for my mental illness
I need to figure out if my new reality allows for me to pursue surgery
I cannot afford multiple referrals at one time
I haven't really felt like I've had the time to try
I’ve no energy at present to pursue anything to do with gender affirmation

My GP was very openly transphobic and misogynist
Misgendering, and using wrong pronouns
But I feel like I have to stay with them because

They are willing to prescribe ADHD meds
They are fat friendly
They are experienced with chronic illness
They are experienced with neurodivergence
They are experienced with eating disorders
They are a ME/CFS expert
They are managing my epilepsy
They are endometriosis friendly

There is a tendency to pick our battles
It’s exhausting
We are forced into choosing which version of ourselves we are advocating for
Only have a 15 min appointment to discuss everything

This seems out of reach


MRI
IMMUNOLOGY
PAIN CLINIC

There are multiple barriers to accessing healthcare

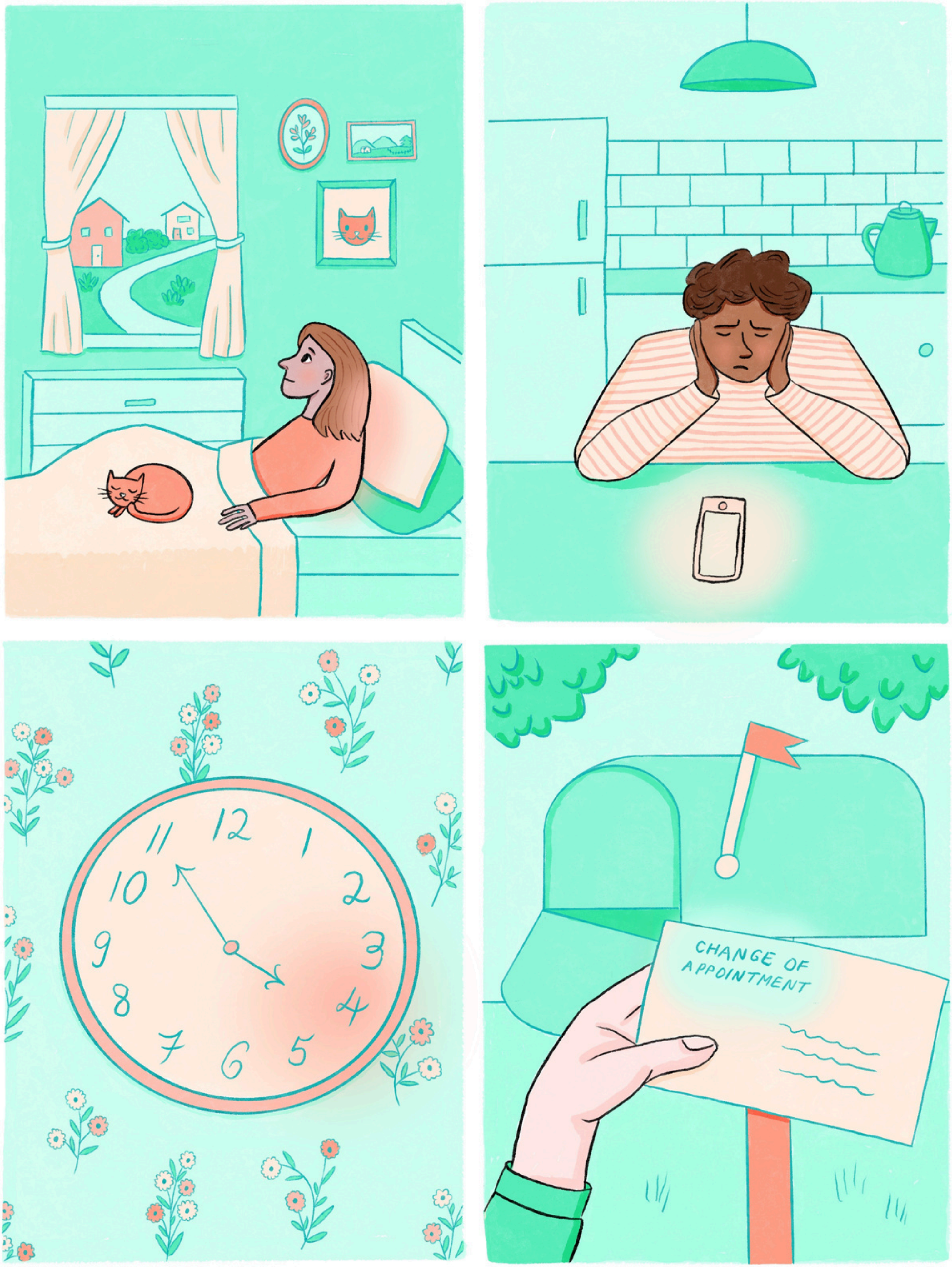
Accessibility issues meant trans and non-binary disabled people often experienced barriers to receiving healthcare. This included physical obstacles, mental health barriers, and lack of accommodations for neurodivergence.

I’m bedbound
Can’t get to the doctor safely
Unable to walk
Cannot drive
No funded transport
Pain flare up and fatigue
Stopped me
I have yet to find a way to get care

I’m burnt out
With brain gremlins
Depression times
Too anxious to see anyone
Too anxious to leave the house
Too anxious to call
Didn’t feel worth getting help
Didn’t believe appointment will be useful
I have yet to find a way to get care

I’m ADHD
I clean forgot
Missed the appointment
Only way to book is the phone
I hate making calls
My brain couldn't cope with the logistics
Failed to take action due to
Executive functioning
I have yet to find a way to get care

I’m Autistic
“Congrats on making your appointment”
Medical clinic treats me like a child
The waiting rooms are a sensory nightmare
Sudden changes in plan frightening
Having surgeries moved with little notice
Even if a ‘good’ move
I will cope with it poorly
I have yet to find a way to get care


12
1
2
3
4
5
6
7
8
9
10
11
CHANGE OF APPOINTMENT

I have to hide parts of my identity to get what I need

Trans and non-binary disabled people talked of having to hide parts of their identity to access transition-related healthcare, such as gender-affirming hormones.

Sometimes, trans and non-binary disabled people chose to **hide their neurodivergence**. They thought healthcare providers would deny them access to hormones if they knew or even suspected they were neurodivergent. They felt they would not be considered capable of making their own decisions or that their experience of gender would not be taken seriously.

Sometimes, trans and non-binary disabled people felt they had to **hide their mental illness**. They thought this would be seen as a reason to deny them medical treatment or to remove access to current necessary medical prescriptions. This included healthcare providers seeing their gender as a symptom of mental illness or having concerns about how hormone treatment might further impact their mood.

Trans and non-binary disabled people currently taking hormones sometimes **hid their physical health concerns** to prevent their access to hormones being taken away.

Despite the two being connected
I avoid telling doctors I’m autistic
because I fear they'll take my gender less seriously
My autonomy to make decisions about my body could be questioned
They’ll think I don’t know if I’m actually trans
It will affect my hormone prescriptions
I don't want them taking me off hormones

Despite the two being connected
I do not disclose mental health disorders
I do not want my gender to seem like a symptom of mental illness
when it isn't
I was told that struggling with mental health
could mean being forcibly taken off HRT

Despite the two being connected
Most health related things I don’t reveal
I only talk about health issues related to my hormones
Told that my headaches and stomach discomfort would alleviate
if I stopped taking testosterone
No alternative explanations for my ailments given
It’s not worth it to get other healthcare
If my hormones are taken away


A.O.K.
100% AVERAGE GUY
NOR MAL


AUTISM
CHRONIC FATIGUE
ANXIETY

Being trans or non-binary is not a mental health issue

Trans and non-binary disabled people pushed back against **their gender being conflated with mental illness**. They emphasised that it was not being trans or non-binary that made their mental health challenging, but other aspects of their life, including not being able to access transition-related healthcare or being discriminated against for being trans or non-binary.

Being "trans" does not make my mental health worse

There are many other factors
that influenced my bad mental health
apart from gender

My mental health has suffered
because of other people being transphobic and
because of other things unrelated to being trans
(like being stigmatised for being gay)

I wish people understood that being trans
is NOT a mental disorder
It’s just an added layer which makes mental healthcare hard

I have had experiences with psychologists
focusing on my gender identity
when i have explicitly stated
it is not the cause of my mental distress

The only way my mental health
has been detrimentally affected
by my gender identity
has been external

My gender identity
is one of the few things I'm confident in

Being "trans" does not make my mental health worse
The society I live in makes my mental health worse


Homo-phobia
Erasure
society
poor health care
It's your gender, right?

I need better information

Trans and non-binary disabled people wanted to be able to ask questions about **interactions between gender-affirming hormones or surgeries and their disability**, without the prospect of care being withheld as a result. They also reported a vacuum of information about the interactions between transition-related care and their health conditions. This limited their ability to give informed consent to treatment.

> I'd really like to better understand
> and for doctors to know about hormones
>
> Not enough GPs with enough knowledge
> Very few professionals know anything about the interactions:
> "it will work itself out"
>
> Intimidating to approach with a doctor
> how hormones might affect issues like
> chronic pain, disability, nervous system dysregulation, mental health
>
> I'd really like to better understand
> and for doctors to know about hormones
>
> Not in a gatekeeping sense:
> "There are irreversible changes"
> but in terms of the effects hormones have on your body
>
> I'd really like to better understand
> how hormones would affect my neurological disease
> my PCOS
> my ADHD
> my liver
>
> Which supplements or other forms of medication
> are good to take alongside hormones
> What hormones will be best for my body
> versus what I want transitionally
>
> Despite the fact I've researched
> I'd really like -
> kāo,
> I desperately need
> for doctors to know about hormones


?
CONCERTA
Estradot
?


!?
?!

It’s not just about healthcare

Much of this report focuses on trans and non-binary disabled people’s experiences of accessing healthcare, as this was a strong focus of the Counting Ourselves survey, and a key area of concern for those who responded to it. However, healthcare was just **one of many areas** in which trans and non-binary disabled people experienced **discrimination and barriers**. Some other areas included employment, housing, and sports.

I worry a great deal

about future work

Even if people aren't being outwardly transphobic
I have learned to assume everyone is
Finding a workplace that does not discriminate
on top of finding a job
that meets my disability needs

is difficult

Jobs seem to go wrong
when people discover
I am more than one minority
Being trans and disabled
seems like too much to accommodate

I am constantly terrified

of being homeless

I don't have a reliable support network
to fall back on
Because making and keeping friends
as an other-gendered person
with mental health issues

is difficult

I've had to beg for temporary help
from people who are hesitant to give it
Because I've had no one else to turn to
I don't feel safe or secure

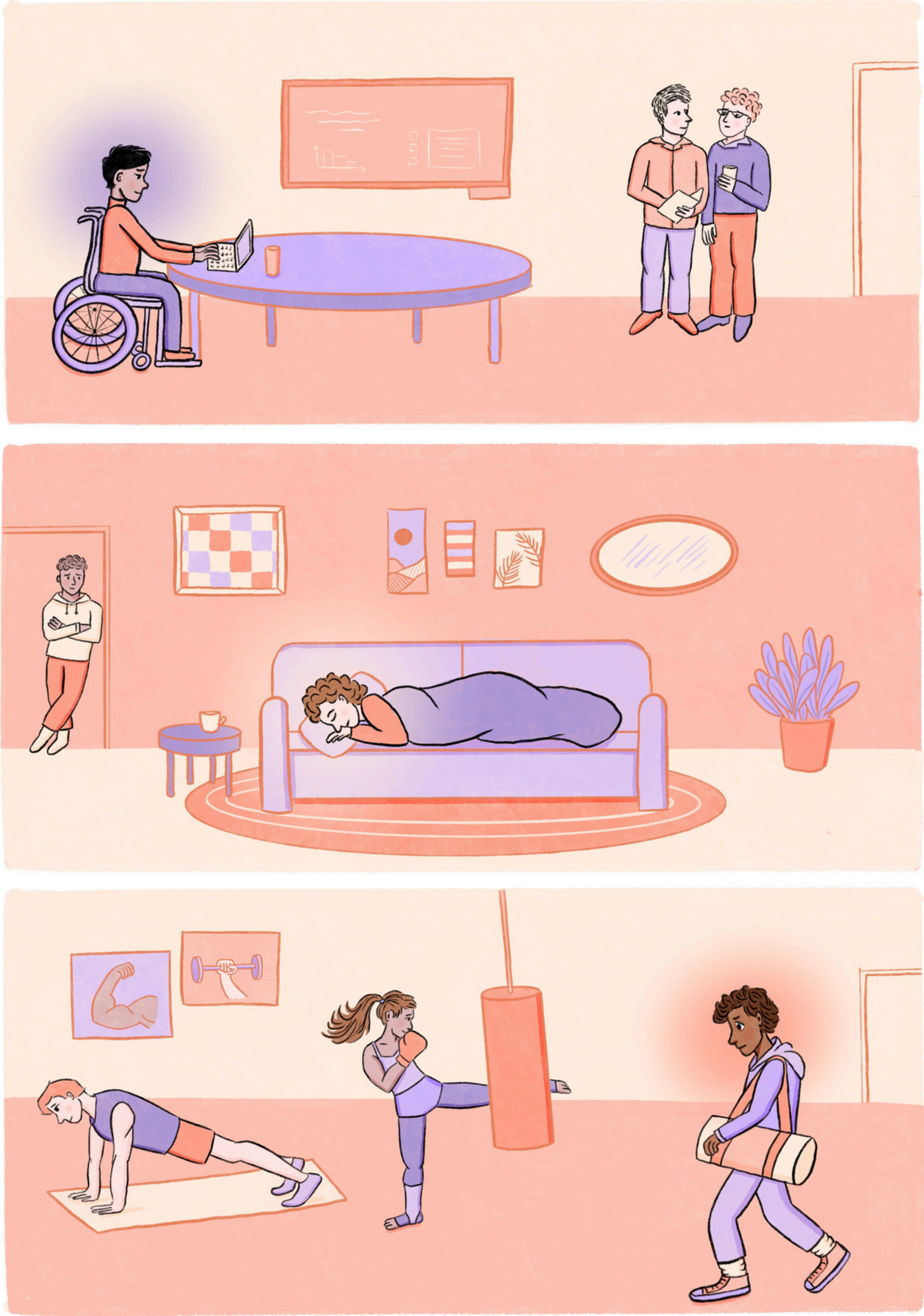
I have a massive fear

of violence

Not being able to exercise
has massively impacted
both my mental health
and ability to manage my ADHD
But I do not feel safe or welcome to do it

It is very difficult

to continue kickboxing
when you don't know if those around you
will accept your transition
I miss it so much



I am excluded from queer communities

Being connected to other trans and non-binary people can promote feelings of being part of a community. But trans and non-binary disabled people often reported being **disconnected from these communities**, as rainbow, takatāpui, queer, or trans and non-binary community events or spaces were not accessible. Barriers included **physical access issues**, **sensory overload**, **neurotypical communication norms**, and **ableist attitudes**.

I am mobility impaired
And live where there is no transport

There's an event on tonight
that I would go to
A queer games night

But no one offers
to transport the disabled

Inaccessible locations
in inaccessible buildings

I literally can't get in
because the doorway
won't fit my mobility aid

In my case due to stairs
I am in a lot of pain
when I arrive

There are never
any chairs
No spaces to rest

I have asked galleries
so many times
to provide one chair
just have a chair there
at every show

Loud noises
Bright lights
Strong smells
Crowded spaces

It is hard to hear
through everyone’s noise

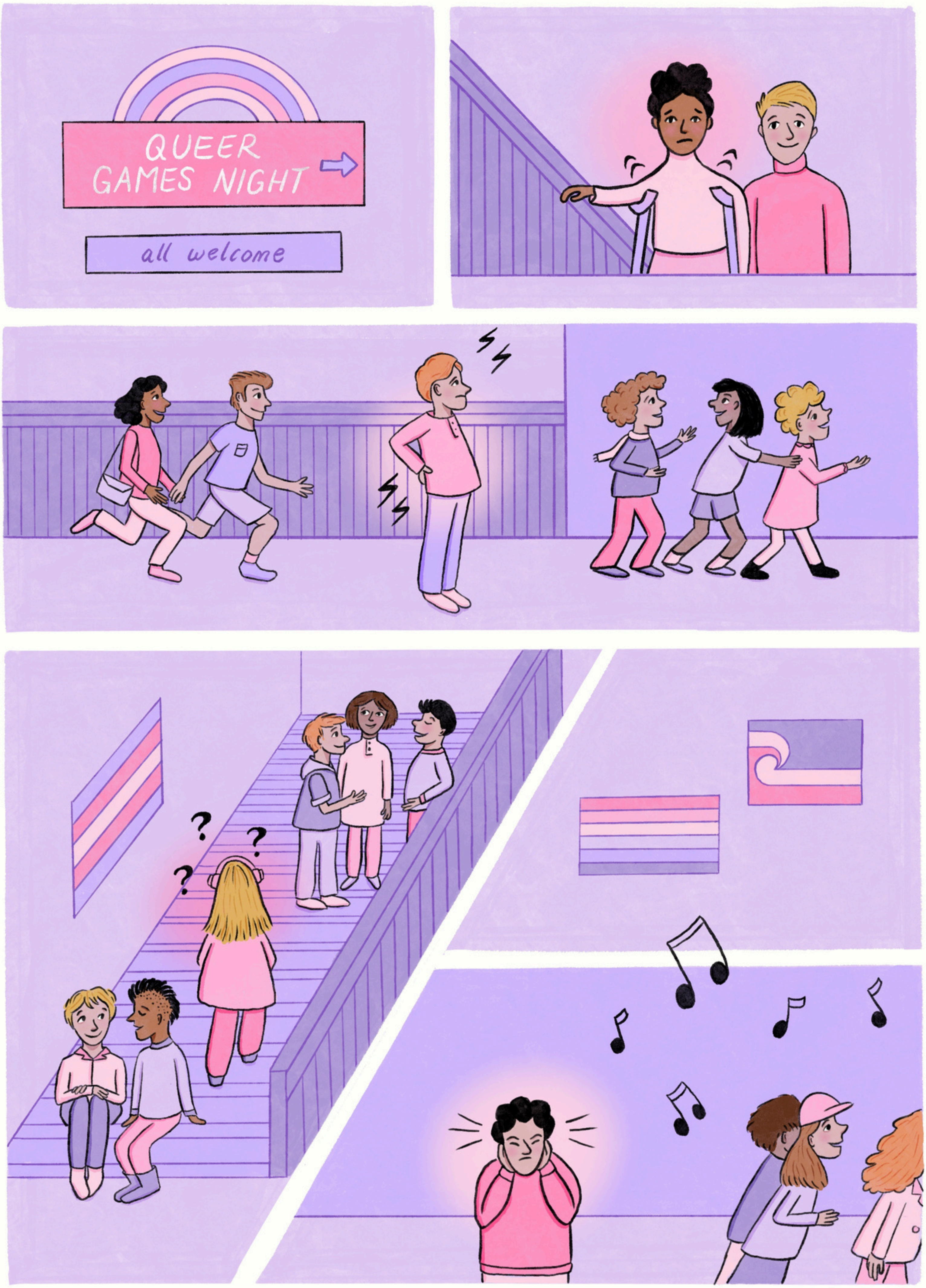
People don't wait for me
to get a sentence out
or jump in with inputs
when I'm struggling for a word

Even if I can make it to the event
afford/scrounge venue tickets
somehow manage the stairs
If I get that far
I have to deal with

People staring at me
making ableist comments
being treated as a curiosity
or like I don't exist

We’re invisible in every direction
Neglected, thought of last, or not at all
Seen as ugly, cringe, inconvenient
Pushed out of the club and left on the doorstep

A lot of abled queer people are perfectly happy
to leave disabled queer people in the dirt


QUEER GAMES NIGHT
all welcome

I feel connected to other trans and non-binary disabled people

Trans and non-binary disabled people also reported **positive connections with other trans and non-binary disabled people**. These connections brought them a sense of belonging and helped them feel understood and supported in navigating life's challenges.

I have found a lot of meaning being connected to the rainbow community
It's great to have each other
participate in activities
Built by us, for us

I feel the most strongly attached in advocacy for better human and civil rights
My strongest communities
and connections
Built by us, for us

I only really exist in community spaces that center both disabled and trans people
No one else is putting in much work
to meet us halfway
Built by us, for us

I most belong with other trans, queer, disabled, neurodivergent people
Despite being from very different parts of the world and walks of life
Built by us, for us

There's a reason to be here


Disabi
justic
for all
HERE, QUEER, BACK PAIN: SEVERE
TRANS RIGHTS NOW!

I experience multiple forms of discrimination

Being trans or non-binary and disabled is already an intersectional experience, but many trans and non-binary disabled people experienced discrimination based on other parts of their identity as well. This included experiences of **racism**, discrimination based on **migration status**, and **fat discrimination**.

> Being black, brown, disabled
> That's a tough place to be
>
> I am disgusted about how so many of our community are ignorant
> about the systemic racism in queer spaces
> If they aren't intersectional or educated
> about racism and decolonisation
> 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
> It's reductive and harmful
>
> Rainbow communities have often felt hostile
> Many lgbtq+ organisations in smaller cities
> do not include BIPOC people in their leadership
> Brown neurodivergence is read
> as dangerous rather than quirky
> I can clearly see the mental calculations
> made by my peers entering queer spaces
> about whether or not I belong there
>
> I find my identity is not represented anywhere
> Often deemed "not queer/trans enough"
> because I'm a quiet and reserved east Asian
> I don't dye my hair pink, get drunk or party at bars
> I wish I had queer Pasifika role models growing up
> I'm too queer to fit in with those of my ethnicity
> and as a result of my ethnicity
> I am not visibly queer enough to fit into rainbow spaces
> We have connections to various communities but
> all too often
> we're the one connecting strand


Too Queer
Too Brown

Being an ethnic LGBTQIA+ migrant/refugee person with extra health needs
That’s a tough place to be

"Why don't you go back home and go to your own hospitals”
"This service is for New Zealand people only"
"They should deport you"

I want to become a citizen of NZ
Denied: "requires too much healthcare”
Part of the reason why I'm a refugee
is that I'm trans
and being trans adds an extra layer
on top of every struggle
I already have being a refugee
with endless immigration problems
which no one understands

Huge struggles getting IDs in my correct details
and getting my identity consistently recorded in different systems
Being uprooted and displaced
means I am unable to return to my country of origin to change my details

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+ services are not culturally competent
and cultural migrant refugee services are not LGBTQIA+ competent

Being an ethnic LGBTQIA+ migrant/refugee
means I can never be fully myself at the same time

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

SELECT ONE OPTION:

A) REFUGEE CENTRE

(NOT RAINBOW COMPETENT)

B) RAINBOW CENTRE

(NOT CULTURALLY COMPETENT)

Being a fat disabled person
That’s a tough place to be

I'll be told I am too fat to get surgery
so I don't bother asking

Told by an endocrinologist in the public health system
that I should get a dietician and consider bariatric surgery
despite having no weight-related health problems

Obgyn refused my surgery because of my size
He said he "may not be able to find what he's looking for"

The BMI restriction for top surgery sucks
I got on the list
But I think they just took me off it because of my BMI

A psychiatrist attempted to withhold hormones
on the basis that my BMI was “Too High”

As a fat trans person I have found it very difficult
to have conversations with healthcare providers

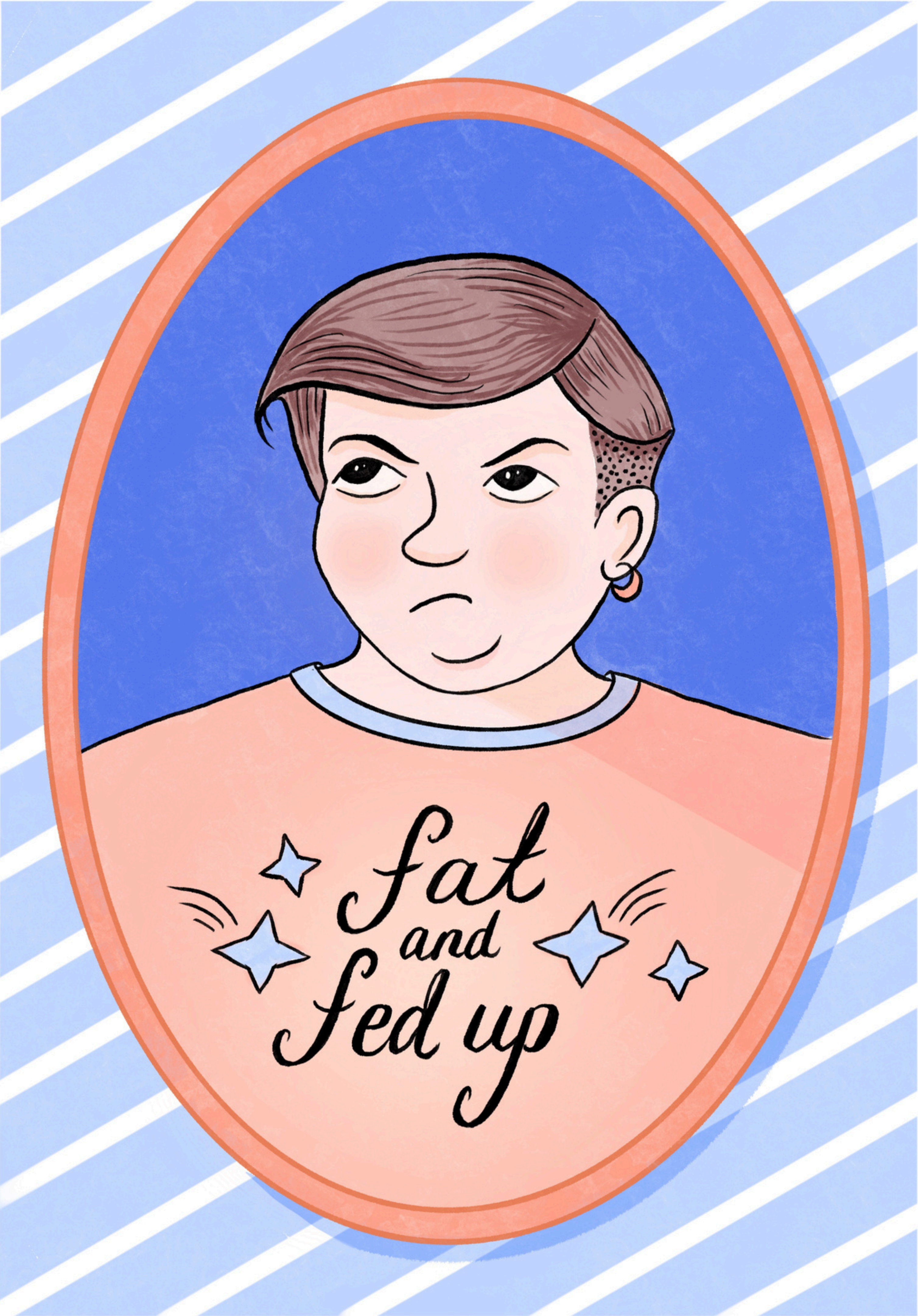
I have been neglected
My fatness considered to be of more concern
than my suicidal ideation

Fat Shaming attitudes and ill informed views
by doctors about diets and weight control

This impacts my likelihood to seek gender affirming care
I do not wish to offer up another aspect of my identity for potential ridicule

I am fat and fed up

Being black, brown, disabled
Being an ethnic LGBTQIA+ migrant/refugee person with extra health needs
Being a fat disabled person
That’s a tough place to be


Fat
and
fed up

I am proud to be trans/non-binary and disabled

Despite all the challenges trans and non-binary disabled people faced, many reported being **proud of who they are**. This pride may help them cope with the challenges they face and improve their health and wellbeing.

We thank Te Whetu Kerekere for her translation of this final poem into te reo Māori.

I wonder if being gender diverse and neurodiverse
Has given me different ways of seeing/being?

I love being able to step outside social norms
And see them for what they are
I am free to define myself
Find my own people and
Find my own way of life

We have gifts and insights that no one else in society sees
We have emotional and spiritual talents
That are hard to come by any other way
We have hugely important contributions to make
For past present and future generations

My existence itself is a form of activism
And I feel a lot of responsibility
For being all of who I am
This gives me meaning in life
And the strength to keep going

It's magical
I feel honoured to be this way
And I feel the future needs us
To be ourselves

Ka kite ōku whatu irahuhua, ōku whatu kanorau ā-rōrō he ao kahukura

Ka aroha au ki tēnei kitenga
He kitenga rerekē
He kitenga pono
Māku e para i te ara o tōku tuakiritanga
Ka whai tōtika, ka rapu i ōku ake tikanga me ōku ake hapori

He taonga pūmanawa kei waenga i te hunga mana tipua whaikaha
He pūkenga ā-ngākau, ā-wairua tō te hunga mana tipua whaikaha
He taonga tā te hapori nei hei koha atu ki te ao
He koha mō ngā tīpuna o onamata rātou ko ngā mokopuna a anamata

He manu tutetute au
He mea tutū tōku tuakiri
He kawenga taumaha tēnei, ki te tū katoatia ki te tūranga o tōku tuakiritanga
Mā tēnei tūranga ka whakatō te mana hei whai tōtika i tōku ara

Anō te mīharo
Nōku te hōnore ki te tū ki tēnei tūranga
He mea hira mōku, ā, mō ngā uri e whai ake
Ko tēnei au

Conclusion

Transphobia and ableism are closely linked
and both need to be dealt with at the same time

(Counting Ourselves disabled participant)

The results from the 2022 Counting Ourselves survey suggest that the intersection between being trans or non-binary and being disabled is very common. The results also show that people with both these experiences face challenges in multiple areas of their lives, leading to very difficult life conditions for many. Our analysis highlights a pressing need for much greater awareness of, support for, and research about trans and non-binary disabled people in Aotearoa.

The main positive elements we identified in our analysis are that some trans and non-binary disabled people find support in community with each other and feel proud about who they are. It would be useful for future research to include in-depth qualitative analyses of protective factors for trans and non-binary disabled people, asking them questions that might expand on the positive aspects of their life experiences – where, despite everything, they find hope and joy.

Summary of findings and recommendations

Below we summarise the findings from our analysis of the open text comments in the 2022 Counting Ourselves survey covered in this report. For each of these we include a recommendation for improvement to better meet the needs of trans and non-binary disabled people in Aotearoa.

We present these findings and recommendations using the Te Whare Takatāpui framework introduced earlier in this report (page 8). In so doing, we also draw on the phrasing of the conclusion and recommendations section of the 2022 Counting Ourselves community report.

Whakapapa

Whakapapa reminds us that trans and non-binary disabled people have always existed. We remember and honour where we came from and all those who came before us, as we focus on building a whare where trans and non-binary disabled people 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 health disorder, and disinformation and false information about trans and non-binary disabled people, can harm their health and wellbeing.

We found that:

> **1.** Trans and non-binary disabled people experienced discrimination when accessing healthcare, based both on being trans or non-binary and being disabled. Due to experiences of transphobia (discrimination against transgender people) and ableism (discrimination against disabled people), they did not trust healthcare providers to treat them well and give them the care they needed.
>
> **We recommend offering health providers comprehensive training and resources about the lived experiences, needs, and human rights of trans and non-binary disabled people, to prevent discrimination towards trans and non-binary people in healthcare contexts.**

Wairua

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 disabled people and their whānau.

We found that:

2. Trans and non-binary disabled participants emphasised that it was not being trans or non-binary that made their mental health challenging, but other aspects of their life, including not being able to access transition-related healthcare or being discriminated against for being trans or non-binary.

We recommend prioritising work to raise understanding of and depathologise trans and non-binary identities in healthcare.

3. Despite all the challenges trans and non-binary disabled participants faced, many reported being proud of who they are. This pride may help them cope with the challenges they face and improve their health and wellbeing.

We recommend communities be funded to create resources including strengths-based messaging about the positive things about being trans and non-binary and disabled, to encourage trans and non-binary disabled people to feel good about who they are. These resources should be produced in formats that are accessible to trans and non-binary disabled people, with additional audiences including families, disability sector organisations, trans and rainbow community organisations, and healthcare organisations.

4. Some trans and non-binary disabled participants reported positive connections with other trans and non-binary disabled people. These connections brought them a sense of belonging and helped them feel understood and supported in navigating life's challenges.

We recommend resourcing communities to create and maintain accessible community spaces, to foster opportunities for trans and non-binary disabled people to connect with each other and improve their social connectedness and wellbeing.

Mauri

Te Whare Takatāpui acknowledges the unique mauri of each trans and non-binary disabled person and their right to be accepted for who they are. Trans and non-binary disabled people need to be respected and valued in all areas of life, including at the doctor, in schools, when getting housing supports, and on official documents.

We found that:

5. Some trans and non-binary disabled people felt they had to conceal being trans or non-binary to get the healthcare they needed for their disability. This might mean refraining from expressing their gender or avoiding seeking transition-related care.

We recommend creating training and resources for healthcare professionals that affirm the rights of trans and non-binary disabled people when accessing healthcare, so that trans and non-binary disabled people can be their whole selves when accessing healthcare, without fear of adverse outcomes. Such training and resources should also emphasise the importance of health professionals taking the time to find out more about the person they are seeing, who they are, and what is important to them.

6. Trans and non-binary disabled people reported having to conceal other parts of their identity – their neurodivergence, mental illness, or physical health concerns – to avoid being denied transition-related healthcare.

We recommend providing clear, accessible information for trans and non-binary disabled people on trans health pathways websites, emphasising their eligibility for care. The high priority trans and non-binary disabled people place on transition-related healthcare should be respected. People should not have to conceal who they are to get medically necessary care.

We recommend raising awareness among healthcare providers that many trans and non-binary people are neurodivergent, and providing gender-affirming training for people diagnosing or providing support to neurodivergent people who may be trans or non-binary.

Mana

Mana is about authority, dignity, respect, advocacy, and power. Te Whare Takatāpui upholds the mana of trans and non-binary disabled people to make decisions and advocate for themselves and their needs. This includes providing information and resources for trans and non-binary disabled people to make informed decisions about their health and well-being.

We found that:

7. Trans and non-binary disabled people wanted to be able to ask questions about interactions between gender-affirming hormones or surgeries and their disabilities, without the prospect of care being withheld as a result.

We recommend the development of clear, accessible health information for trans and non-binary disabled people on trans health pathways websites. Trans and non-binary disabled people should have access to information about the interactions between their transition-related care and their health conditions that enables them to make informed decisions about their healthcare.

We recommend the development of informed consent models of care that ensure trans and non-binary people can exercise agency over the healthcare they receive.

8. Some trans and non-binary disabled participants had so much to deal with health-wise that they felt they had to prioritise access to general healthcare over gender-related healthcare. Sometimes, this meant delaying seeking transition-related healthcare while they focused on their disability. Sometimes, it meant choosing a healthcare provider who would best help them with their disability rather than someone who affirmed their gender.

We recommend funding for workforce development on supporting trans and non-binary disabled people for GPs, specialist health providers working with disabled and/or neurodivergent people, and those providing transition-related healthcare services. Trans and non-binary disabled people should not have to choose between accessing general healthcare and transition-related care. Nor should they have to forego having their gender respected to access healthcare.

Tapu

Te Whare Takatāpui recognises the harm, violence and discrimination that many trans and non-binary disabled 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.

We found that:

9. In response to mistreatment in healthcare settings, some trans and non-binary disabled people chose to engage with the medical system as little as possible. This had negative impacts on their health and wellbeing.

We recommend workforce development for healthcare providers, to raise awareness of the healthcare experiences of trans and non-binary disabled people. Services provided to trans and non-binary disabled people must be trauma-informed, taking into account trauma related to discrimination based on both gender and disability.

10. Healthcare is just one of many areas in which trans and non-binary disabled participants experienced discrimination and barriers. Other areas included employment, housing, and sports.

We recommend better protecting trans and non-binary people from discrimination, including through strengthening legal protections in the Human Rights Act and providing comprehensive training, resources, and policies about human rights for employers, sporting bodies, and housing providers. Addressing discrimination in all areas of everyday life is essential to improving the overall health and wellbeing of trans and non-binary disabled people.

11. Being trans or non-binary and disabled is already an intersectional experience, but many trans and non-binary disabled participants experienced discrimination based on other parts of their identity as well. This included experiences of racism, discrimination based on migration status, and fat discrimination.

We recommend the resourcing of community-led solutions to address discrimination on the basis of ethnicity, migration status and body size. Addressing all forms of identity-based discrimination is essential to improving the health and wellbeing of trans and non-binary disabled people.

Tikanga

In Te Whare Takatāpui, Tikanga requires us to think about the systems, structures, and processes that will ensure the safety and flourishing of trans and non-binary disabled people. This includes working with trans and non-binary disabled leaders to upskill kaimahi (workers) and reconsidering policies and ways of working so they support trans and non-binary disabled people.

We found that:

> **12.** Trans and non-binary disabled people often experienced barriers to accessing healthcare, due to accessibility issues. These included physical access obstacles, mental health barriers, and lack of accommodations for neurodivergence.
>
> **We recommend that resources be created for healthcare providers to help them make their spaces more accessible to disabled people.**
>
> **13.** Being connected to other trans and non-binary people can promote feelings of being part of a community. But trans and non-binary disabled participants often reported feeling disconnected from these communities, as rainbow, takatāpui, or trans and non-binary community events or spaces did not accommodate their disabilities.
>
> **We recommend that queer support organisations work to make their activities and services more accessible to trans and non-binary disabled people. This should be done in collaboration with trans and non-binary disabled people, who should be resourced to contribute to this work.**

Information and support

Below is a list of information and support services that work to improve the lives of trans and non-binary people in Aotearoa. While there are no organisations that specifically focus on supporting trans and non-binary disabled people, many of these organisations seek to meet the needs of trans and non-binary disabled people in their work.

National community organisations

Gender Minorities Aotearoa (GMA)

A nationwide organisation run by and for transgender people, including non-binary, intersex, and takatāpui gender diverse people. It offers information, advocacy, and wrap around support for transgender people of all ages, ethnicities, and backgrounds. GMA runs The Gender Centre in Wellington, provides online support nationally including through its Facebook group, Transgender and Intersex NZ and has a database of social and support groups across Aotearoa.

www.genderminorities.com

OutLine

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

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

Takatāpui community organisations

Tīwhanawhana

A takatāpui community group based in Wellington.

www.tiwhanawhana.com

Mana Tipua

A kaupapa Māori group for rangatahi takatāpui and Māori LGBTQIA+ young people, based in Ōtautahi Christchurch.

https://manatipua.nz/

Crisis support helplines and resources

OutLine Aotearoa

0800 688 5463 (0800 OUTLINE)

Every evening from 6-9pm, OutLine 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 to someone for confidential advice for sexual harm issues.

Healthline

0800 611 116

General health advice and information from a registered nurse.

Mental Health Foundation

A comprehensive list of resources and crisis support lines for looking after our mental health and wellbeing.

https://mentalhealth.org.nz/menupages#find-support

Legal resources

Human Rights Commission

Provides provide 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.

https://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.

https://www.hdc.org.nz/your-rights/

There are more helplines, groups and resources listed on the support page on the Counting Ourselves website: https://countingourselves.nz/support/