To Be Ourselves

Trans and non-binary disabled people in Aotearoa

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Cover image: A person with a walking stick strides across the page, looking up and into the distance. Stars and sparkles surround their head.

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# 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*](https://indd.adobe.com/view/0d8ac9eb-d901-422a-b23d-f859203ba8ba) 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, 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.

(Image: three candy hearts, with the words ‘ngā mihi’, ‘thank you’, and ‘you’re the best’ on them)

# 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 in 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.

## 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.

(Image: A person sways with their hand to their forehead as if they are about to faint. Their tshirt says ‘chronically awesome’.)

# 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 5 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.

(Image: six headshots of trans and non-binary disabled people of different ages and skin colours, with stars surrounding them)

# 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.

Among the participants of the survey as a whole:

* 35% identified as disabled and neurodivergent
* 8% identified as disabled and neurotypical

These participants are included in this report.

Among the remaining participants:

* 31% identified as non-disabled and neurotypical
* 27% identified as non-disabled and neurodivergent

These participants 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).

(Image: A young Asian person holds a hand up to their rose-tinted glasses. They wear a frog themed bucket hat with the words ‘weird but cute’ on it.)

# 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 5 on language about disability). 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, 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 :(

(Image: A person sits at the centre of a Venn diagram connecting the words ‘transphobia’ and ‘ableism’. They look annoyed and are saying ‘Ugh!’)

## 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

(Image: A patient and doctor sit in a medical consultation room, the doctor typing on a computer while the patient watches. The doctor passes the patient a consent form. As the doctor looks on, the patient decides whether to tick ‘male’, ‘female’ or ‘other’ for the gender question on the form.)

## 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

(Image: A person stands before a large and imposing building with the word ‘hopsital’ on it. Ghosts float out of the windows of the hospital, labelled with the words ‘transphobia’, ‘ableism’, ‘trauma’, ‘abuse’ and ‘danger’.)

## 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

(Image: Three hands extend towards objects just out of their reach. These include scientific articles, referral forms, and pills.)

## 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 access 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

(Image: A person lies in bed staring out the window, with a worried expression on their face. Another person sits at a kitchen table, gazing anxiously at their phone. A clock shows the time of five minutes to four. A hand takes a letter out of the mailbox, which says ‘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

(Image: In the first panel, a person faces the viewer, smiling and making a thumbs up sign. Their hat says ‘AOK’, their tshirt says ‘100% average guy’, and their shorts say ‘normal’. In the second panel, we see the same person from behind. They are wearing a backpack with pockets, out of which peek three cute little critters, one labelled ‘autism’, another ‘chronic fatigue’, and the third ‘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

(Image: A person tumbles down a rocky cliff, looking overwhelmed. Tumbling alongside them are boulders labelled ‘homophobia’, ‘erasure’, ‘society’ and ‘poor health care’. Inset is a face of a psychologist with one eyebrow raised, saying ‘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

(Image: A patient gestures towards a collection of objects, including hormone patches, ADHD medication, a coffee cup, a heart and a liver, with a querying look on their face. A doctor shrugs his shoulders, with his hands outstretched, surrounded by question marks.)

## 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

(Image: A person in a wheelchair works at a table in an office, while two colleagues talk to each other across the room. A person lies sleeping on a sofa in a lounge, while a person with crossed arms looks at them from the doorway. A person walks into a gym carrying a gym bag, while other gym goers do press ups and kick a punching bag.)

## 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

(Image: A sign reads ‘Queer Games Night: All Welcome’. A person on crutches struggles to get up the stairs. Someone pauses in the hallway, grimacing as they stretch their back. A person in headphones walks up a staircase, worrying about what will happen at the event. Someone stands with their hands over their ears, wincing at the loud music.)

## 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

(Image: A protest is happening. A person in a wheelchair next to a sign reading ‘disability justice for all’ reaches out to another person next to a sign reading ‘here, queer, back pain: severe’. Another person reaches out to someone in headphones standing near a group of people holding a sign reading ‘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

(Image: A person in a dress with Pacific patterns with a flower in her hair sashays across the page. Half of the background features Pacific flowers and the words ‘too queer’. The other half features rainbows and the words ‘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

(Image: Two buildings are pictured. The text reads ‘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

(Image: A person rolls their eyes. Their t-shirt reads ‘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.*

*Poem in English:*

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

Its magical

I feel honoured to be this way

And I feel the future needs us

To be ourselves

*Poem in Māori:*

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

(Image: A person with a walking stick strides across the page, looking up and into the distance. Stars and sparkles surround their head.)

# 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 6). 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 discriminationwhen 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:

1. 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.

1. 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.

1. 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:

1. 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.

1. 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:

1. 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.

1. 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:

1. 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.

1. 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 throughstrengthening 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.

1. 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:

1. 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.

1. 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](https://www.facebook.com/groups/1574586646110552) and has a [database of social and support groups](http://www.genderminorities.com/community-groups-database/) across Aotearoa.

[www.genderminorities.com](http://www.genderminorities.com/)

**OutLine**

A rainbow mental health organisation providing support services across Aotearoa, including a [free nationwide 0800 phone line](http://www.outline.org.nz/free-helpline-service/) and [online chat support service](https://outline.org.nz/chat/) staffed by trained volunteers, and a [transgender peer support service](http://www.outline.org.nz/transgender-peer-support-service/) for trans and non-binary people in Auckland.

[www.outline.org.nz](http://www.outline.org.nz/)

**RainbowYOUTH**

[Support](https://ry.org.nz/support-services) 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](http://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](http://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](http://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](http://www.be-there.nz/)

## Takatāpui community organisations

**Tīwhanawhana**

A takatāpui community group based in Wellington.

[www.tiwhanawhana.com](http://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](http://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 – find support**

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

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

There are more helplines, groups and resources listed on the support page on the Counting Ourselves website:<https://countingourselves.nz/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/*](https://www.hdc.org.nz/your-rights/)