

Executive summary

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

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

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

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

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

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

Key findings

Gender affirming healthcare overall

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

Gender affirming allied health services

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

Gender affirming hormones

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

Gender affirming surgeries

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

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

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

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

Gender affirming healthcare providers

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

General health and healthcare

- 54% of participants reported that they had a disability, long-term condition, or mental health condition that limited their ability to carry out everyday activities.
- 61% of participants rated their general health as *good*, *very good*, or *excellent*, much lower than for the general population (86%).
- Compared to the general population, participants were less likely to report that their doctor was good or very good at involving them in decisions about their care (67% vs 89%) and treating them with respect and dignity (81% vs 97%).

- 21% of participants had avoided seeing a doctor or nurse practitioner in the last 12 months because they were afraid of being disrespected or mistreated as a trans or non-binary person.
- 29% of participants had avoided visiting a GP in the last 12 months when they had a medical problem because they could not afford it. This was more than twice the rate reported by the general population (13%).

Mental health

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

Substance use

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

Sexual and reproductive health

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

School

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

Discrimination and harassment

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

Safety and violence

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

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

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

Being trans and Deaf or disabled

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

Conversion practices

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

Religion

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

Identity documents

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

Employment

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

Housing

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

COVID-19 experiences

- 38% of participants felt safe as a trans or non-binary person and less than a third (29%) felt supported in all their living situations during the COVID-19 pandemic. Almost a fifth of participants (18%) had to hide their gender identity where they lived.

- 29% of participants had delayed or not received counselling or mental health support or routine healthcare because of the COVID-19 pandemic.

Sport and physical activity

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

Family, friends, and partners

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

Trans pride and community connection

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

Recommendations

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

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

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

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

Whakapapa

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

Wairua

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

Mauri

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

Mana

6. Provide clear and transparent pathways to access gender affirming healthcare based on informed consent through the public health system, so people can get care quickly, no matter where they live in Aotearoa New Zealand.

7. Recognise and support trans and non-binary community leadership in decision-making and delivery of trans health services.
8. Share accurate information to counter harmful myths about trans and non-binary people through evidence-based resources about the inherent dignity of takatāpui, trans, and non-binary people and the importance of gender affirming healthcare.

Tapu

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

Tikanga

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