

The future needs us to be ourselves: The experiences of trans and non-binary disabled people in Aotearoa New Zealand

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ABSTRACT

INTRODUCTION: Transgender (trans) and non-binary disabled people face discrimination based on both their disability and their gender. Research has demonstrated a high prevalence of disability among trans and non-binary people and identified a range of unmet needs among this group, but there is a lack of qualitative research both in Aotearoa New Zealand and internationally about their lived experiences.

METHODS: We analysed the open text comments of disabled people who completed the second Counting Ourselves survey of trans and non-binary people living in Aotearoa New Zealand in 2022 (Yee et al., 2025). Using an intersectionality-informed, arts-based research approach, we identified five overarching themes across the participants' comments and created data poems and drawings to illustrate each theme.

FINDINGS: Our analysis suggests that trans and non-binary disabled people face multiple sources of discrimination in Aotearoa New Zealand, with significant impacts on their health and wellbeing. We highlight both negative and positive experiences across a range of areas, including: access to general healthcare; access to transition-related healthcare; everyday life and community relationships; compounding discrimination; and trans and non-binary disabled pride.

CONCLUSIONS: Our research indicates a pressing need for greater awareness of, and support for, trans and non-binary disabled people in Aotearoa New Zealand. Social workers can make a difference by learning about the experiences of this group, with a view to improving both disability-affirming and gender-affirming practice.

Keywords: Transgender, non-binary, disability, intersectionality, arts-based methods, data poetry, drawing

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This article highlights the experiences and perspectives of transgender (trans) and non-binary disabled people in Aotearoa New Zealand, as reflected in the 2022 Counting Ourselves survey, the second national health survey of trans and non-binary people in Aotearoa New Zealand (Yee et al.,

2025). A high proportion (42%) of trans and non-binary people who completed the survey were disabled. This is much higher than the proportion of disabled people in the Aotearoa New Zealand population as a whole, estimated at 17% in the Household Disability Survey (Stats NZ, 2025a).

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The results of the Counting Ourselves survey show that the experiences of many trans and non-binary people in Aotearoa New Zealand relate, not only to their gender but also to how being trans or non-binary intersects with other parts of their identity, including being disabled. In this article, we hope to raise awareness among social workers of the specific challenges experienced by those living at the intersection of disability and gender-based oppression. We also 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 themselves and their connections with each other.

We believe the best way to understand any aspect of lived experience is to hear directly from the people concerned. This article includes information on trans and non-binary people in the 2022 Counting Ourselves survey, including: the number of trans and non-binary disabled participants, how they describe their disabilities, and some notable differences between trans and non-binary disabled and non-disabled participants in the survey. The main focus of the article, however, is our analysis of the open text comments in the Counting Ourselves survey, where trans and non-binary disabled people wrote about their lives. Using an intersectionality-informed, arts-based analysis, we combine participants' exact words to make illustrated data poems representing frequently shared experiences in five areas: access to general healthcare, access to transition-related healthcare, everyday life and community relationships, compounding discrimination, and trans and non-binary disabled pride.

Language about gender and disability

The trans and non-binary people who completed the 2022 Counting Ourselves survey used many different terms to describe their gender, including Indigenous terms from Aotearoa New Zealand and the Pacific. The survey used *trans* and *non-binary* as an

umbrella term to describe anyone whose gender differs in some way from the sex they were assigned at birth. This article adopts that approach, whilst acknowledging that no English-language terms can fully describe the meaning of genders from other languages or cultures.

Two ways of framing disability are relevant to this article. The medical model of disability views disability as located within an individual, via their medical diagnoses (Marks, 1997). 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 (Goering, 2015). 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 New Zealand tend to prefer the social model of disability, although it is not without critique (Owens, 2015). We mostly align with the social model of disability, but we depart from it at times, 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.

Another distinction is between person-first and identity-first language (Dunn & Andrews, 2015). 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 New Zealand. For example, identity-first language is generally preferred by the autistic community, following international patterns (Taboas et al., 2022). 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. Thus, similar to our approach regarding models of disability, we defer to the language choices of the participants in the data poems. Recognising the complexities here, we try to make the rationale for these language choices clear in context.

Research on trans and non-binary disabled people

Trans and non-binary people report a significantly higher prevalence of disability compared to cisgender (not trans or non-binary) adults internationally. Studies often include trans people within a broader LGBTIQ+ category or use varying definitions of transgender (e.g. not including non-binary people), making comparisons difficult, but what data exists is telling. A recent analysis of the US Census Household Pulse Survey found that disability in the LGBTIQ+ community was 156% more prevalent than among non-LGBTIQ+ people, and this rose to 281% more prevalent for trans people (identified through respondent identification as transgender and through gender identity at birth compared to current gender identity), when compared to non-LGBTIQ+ people (Surfus, 2023). Another study from the USA, using data from the Behavioral Risk Factor Surveillance System, found that trans adults (non-binary people were not included in this study) had a 27% chance of having at least one disability by age 20, which increased to a 39% chance by age 55—nearly twice the rate of their cisgender counterparts at both ages. Overall, trans adults reported higher rates of disability (30%) compared with both cisgender women (24%) and

cisgender men (18%) (Smith-Johnson, 2022). Researchers suggest that experiences of discrimination, victimisation, and violence contribute to chronic stress, which can lead to health outcomes like higher rates of disability (Smith-Johnson, 2022). Alongside a higher prevalence of disability, researchers have identified significant unmet health needs among trans and non-binary disabled people. In an analysis of cross-sectional survey data from the USA, Mulcahy et al. (2022) found that disabled trans and non-binary people were almost three times more likely to report at least one unmet health need compared to cisgender disabled people. The authors argued that this may reflect the compounding effects of both disability and gender identity on unmet health needs. All the research above is based on quantitative analysis of survey data. There is a lack of qualitative research on the lived experiences of trans disabled people internationally. As Mulcahy et al. (2022, p. 14) observed:

Qualitative studies are needed to take a deep dive into the lived experiences of gender identity among disabled people, particularly around mental health-related disabilities and developmental disabilities. Additionally, and perhaps most importantly, community-engaged research that results in the co-production of knowledge around ways to eradicate compounded adversity faced by transgender disabled people is essential.

The small amount of research on trans and non-binary disabled people extends to Aotearoa New Zealand. Mirroring international findings, statistical data suggests a higher prevalence of disability among trans and non-binary people than among the general population, but this is complicated by the differing measures of disability used. The 2023 Census uses the Washington Group Short Set (WGSS) questions to identify disability. These questions are often used in general population surveys 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). The WGSS is contested as a measure of disability, as it does not include all disabled people. Stats NZ notes, for example, that “it does not ask directly about difficulties relating to mental health, socialising, pain, fatigue, learning, or intellectual function” (Stats NZ, 2025b). This data is nevertheless somewhat useful in demonstrating differences between population groups in terms of disability. Data from the 2023 Census indicates the LGBTIQ+ population were more likely to be disabled under the WGSS criteria, compared with the non-LGBTIQ+ population, across all age groups (Stats NZ, 2025a). For the LGBTIQ+ population, 13% percent had at least one activity limitation, compared with 7.8% percent of the non-LGBTIQ+ population. All trans and non-binary groups were more likely to be disabled compared with cisgender men and women, with the highest proportion being for trans people of another gender (i.e., non-binary people) at 25.2%. Using the same WGSS measure, data from the 2025 Household Income and Living Survey (HILS) suggested much higher rates of disability for all groups. This survey showed that 15.8% of the non-LGBTIQ+ population in Aotearoa New Zealand were disabled, compared with one in four (25.6%) of the LGBT+ population. Within the LGBT+ population, 37.9% of the trans and non-binary population were disabled (Stats NZ, 2026).

Stats NZ acknowledges that the HILS and the Census undercount the disabled population and recommend that only the Household Disability Survey (HDS) should be used as an official measure of disability prevalence in Aotearoa (Stats NZ, 2025b, 2026). The HDS uses the International Classification of Functioning, Disability, and Health (ICF) to measure disability, based on an integration of the social and medical models of disability, in which disability is viewed as an outcome of interactions between health conditions and

contextual factors. In this survey, disability status remains based on functional difficulty, similar to the WGSS, but with modifications, leading to a broader measure. People were counted as disabled if they reported having difficulty in at least one of the aspects of universal human functioning (domains) that were measured in the survey and their level of difficulty met the threshold for that domain, with caregivers assessing this for children. In the 2023 survey, the disability rate for the LGBTIQ+ adult population was 29%, significantly higher than the rate for the non-LGBTIQ+ population of 17%, but results were not presented on disability prevalence among trans and non-binary people specifically, meaning no official prevalence of disability among this group exists. We are not aware of any qualitative research specifically on the experiences of trans and non-binary disabled people in Aotearoa New Zealand, but we would like to acknowledge work by trans disabled community activist Stace Robertson, who undertook a qualitative study exploring intersections of experience among 14 people in Aotearoa New Zealand, including the intersection of being trans and disabled (Robertson, 2017).

Aims of our study

Against this backdrop of limited research, we wanted to explore the lived experiences of trans and non-binary disabled people in their own words. Our study takes an intersectional approach, looking at moments trans and non-binary people speak directly to the intersection of being trans or non-binary and disabled. To do so, we used data from the 2022 Counting Ourselves survey of trans and non-binary people in Aotearoa New Zealand. In the next section, we provide information on the Counting Ourselves survey and the quantitative results for trans and non-binary disabled people in the survey. We then describe our arts-based approach to analysing the open-text comments in the survey, from which we created data poems and drawings to express common experiences among the participants. We present these results as five

overarching themes and conclude with some implications for social workers, alongside policy recommendations to improve the lives of trans and non-binary people in Aotearoa New Zealand.

Disabled people in the Counting Ourselves survey

In this section, we provide information on the 2022 Counting Ourselves survey and the quantitative data it provides on the experiences of trans and non-binary disabled people in Aotearoa New Zealand.

The Counting Ourselves survey

Counting Ourselves is a comprehensive research project about the health and wellbeing of trans and non-binary people in Aotearoa New Zealand. The project is led by researchers who are trans, and it includes a core research team based at the University of Waikato, alongside students, associate investigators, and other collaborators from across the country. The Counting Ourselves team undertook this research to collect information that could help to improve the lives of trans and non-binary people. This 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 2631 trans and non-binary participants aged 14 and older. The participants lived in all regions of Aotearoa New Zealand and ranged in age from 14 to 86. Most were youth aged 14–24 (53%) or adults aged 25–54 (43%), with participants spread across all age brackets. Over half (56%) of the participants were non-binary, while trans men and trans women made up 22% each. 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. The survey provides robust data about trans and non-binary people living in Aotearoa New Zealand. You can read more about the methodology and overall results of the 2022 survey in the survey's community report (Yee et al., 2025).

Defining trans and non-binary disabled people in the survey

As discussed above, 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, overlapping but distinct, groups of people. The first group was anyone who answered "yes" to the question, "Do you identify as Deaf or disabled?" This reflected a commitment to respecting people's self-identification as 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 six activities from the WGSS questions about disability. As noted above, the use of the WGSS is contested, and is likely to undercount disability. When combined with an identity-related question, as in the Counting Ourselves survey, it is likely to capture more disabled people. For this research, we used the same definition of disabled as the Counting Ourselves survey.

Number and characteristics of trans and non-binary disabled people in the survey

More than two out of five survey participants (42%) were disabled (1102 people). The percentage of people meeting the WGSS criteria (38%) was much higher than the

disability rate for adults aged 15 or older (10%) in the 2021 General Social Survey.

The survey results 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 above on language about disability). We have chosen to do so here, as we believe it can be affirming to see aspects of one's own experiences reflected in how others describe themselves.

Trans and non-binary disabled participants also varied in other ways, such as:

- 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%); and
- 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.

More than three in five participants (62%) in the Counting Ourselves survey 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 were thus not included in the analysis in this article. The group of participants who were disabled and neurodivergent (35% of participants) 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.

Quantitative findings about trans and non-binary disabled people in the survey

The statistics from the Counting Ourselves survey portray the systemic and cumulative impacts of discrimination and exclusion across many parts of trans and non-binary people's lives, partly because the survey questions focused on areas of potential challenge. While the findings show access barriers and negative impacts for trans

and non-binary people overall, in many instances the results are worse for trans and non-binary disabled people than for those who are non-disabled. The results also show the community connectedness and pride of trans and non-binary disabled people. 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 (Yee et al., 2025). Here we provide just some examples, to give a sense of how the findings differ between disabled and non-disabled people across the survey.

In terms of 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%); and
- 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%).

As to experiences of 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%); and
- to feel unsafe in school most or all of the time (among those attending school in Aotearoa New Zealand at the time they took the survey) (27% vs 11%).

Relative to their 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); and
- 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%).

Regarding 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%); and
- to report feeling lonely most or all of the time in the last 4 weeks (47% vs 27%).

On the positive side, like the survey participants overall, 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%); and
- had tried to make things better for other trans and non-binary people (87%).

Our analysis of comments in the survey

In our view, numbers tell one part of the story, but they cannot express the detail of people's experiences. In the rest of this article, we attempt to fill out the picture, by exploring the comments shared by trans

and non-binary disabled participants in the survey. We describe our approach to analysis in this section.

Theoretical approach: Intersectionality

Our approach is informed by intersectionality theory. Intersectional approaches to research are critical in nature, seeking to explore how power is implicated in people's life experiences at multiple levels and "how people are simultaneously positioned—and position themselves—in multiple categories, such as gender, class, and ethnicity" (Christensen & Jensen, 2012, p. 110). This involves recognising that people's experiences are structured by intersecting forms of oppression and privilege, which must be seen in connection rather than in isolation (Wyatt et al., 2022). One important aspect of the experience of being trans or non-binary and disabled is minority stress. Minority stress theory posits that marginalised groups experience chronic, excess stress stemming from social stigma and discrimination, which leads to poorer mental and physical health outcomes compared to the majority population (Frost & Meyer, 2023). Trans and non-binary people are subject to gender minority stress as a result of experiencing gender-based stigma, discrimination and violence, with impacts on their physical and mental health (Tan et al., 2020; Veale, 2023). Trans and non-binary disabled people are likely to experience amplified minority stress, deriving from both gender-based and disability-based oppression. These forms of stress may also interact; if gender minority stress negatively affects mental health, this may result in (further) disability.

Being trans or non-binary and disabled is already an intersectional experience, but further intersections are also relevant to many trans and non-binary disabled people in Aotearoa New Zealand. For instance, both Māori trans and non-binary people (irawhiti takatāpui) and Māori disabled people

(tāngata whaikaha Māori) experience serious health inequities compared to the non-Māori population, as result of the myriad effects of colonisation. Tāngata whaikaha Māori experience both racism and ableism (Ingham et al., 2022) and irawhiti takatāpui experience both racism and transphobia (Kerekere, 2017) and these experiences are compounded by the intersection between these types of discrimination. In the HDS, Māori adults had a disability rate of 24% compared with 20% for European adults. The disability rate was 22% for Māori non-LGBTIQ+ adults compared with 19% for European non-LGBTIQ+ adults, but rose to 45% for Māori LGBTIQ+ adults compared to 32% for European LGBTIQ+ adults. In this context, addressing both gender-based and disability-based discrimination is a responsibility under Te Tiriti o Waitangi and an important aspect of decolonisation in Aotearoa New Zealand.

Intersectionality is often associated with methodology, but it is best conceptualised as a project-wide approach (Abrams et al., 2020). This includes undertaking research with the explicit aim of advancing social justice, formulating critical research questions, forming diverse teams, being reflexive about one's own positionality as a researcher, engaging with relevant communities, recruiting diverse participants, using creative methods, and analysing data from an intersectional perspective (Abrams et al., 2020). The essential element is that "to do intersectionality justice, researchers must unequivocally orient to issues of power, positionality, and difference throughout their research processes" (Rice et al., 2019, p. 412). We describe below the method we used for our research, including how we implemented an intersectional approach throughout.

Positionality

The authors of this article are both disabled, ia Morrison-Young is takatāpui, and Julia de Bres is cisgender and queer. The intersection between being trans or non-binary and disabled is a big part of our lives, impacting

our own and/or our close family members' experiences in multiple areas, including health, education, work, and relationships. We recognised our own experiences in the data we analysed and we also learnt about experiences that diverged from our own. Professionally, we are both researchers in the field of trans health: Julia is an Associate Professor in the School of Humanities, Media and Creative Communication at Massey University / Te Kunenga ki Pūrehuroa, and ia is a master's student in Māori Studies at Victoria University of Wellington / Te Herenga Waka. We both analysed the data and combined quotes to create poems, and Julia made the drawings that accompany each poem. In preparing this article, we received advice and assistance from members of the Counting Ourselves research team. We also received feedback from an expert group of disabled and/or neurodivergent advisors in Aotearoa New Zealand, all of whom had professional expertise in relation to disability and/or trans and non-binary communities in Aotearoa New Zealand, and many of whom were also trans or non-binary.

Analytical approach: Arts-based methods

Although intersectionality is much discussed as a theoretical concept, there are few guidelines for implementing it methodologically (Abrams et al., 2020; Christensen & Jensen, 2012). One important point is to recognise that "there is more than one way of doing intersectional analysis" (Christensen & Jensen 2012, p. 121). It can be adapted to the research question and data at hand and to the researcher's preferred methodological approach. Rather than being seen as vague and hard to implement, this dynamism and versatility is a strength of intersectional research, in that it can be applied to many different forms of social analysis (Rice et al., 2019).

Our use of data poetry and drawing fits within the umbrella of arts-based research methods. Arts-based research covers a wide range of approaches that fit two main criteria: "it is research; and one or more art forms or processes are involved in the doing of the research" (Greenwood, 2019, para 1). Creative modes include: the visual arts (drawing, photography, comics), literary arts (poetry, creative writing) and performance arts (theatre, music, dance). These can be used to collect, analyse and present research data. Arts-based methods are becoming more prominent in Western social science research, resisting scholarly traditions that devalue subjectivity and creativity in research. Art has always been a key means of knowledge creation in Indigenous cultures, so arts-based research has decolonial potential too (Cooms & Saunders, 2024).

Data poetry usually involves "reducing interview transcripts to the words most essential to illustrating the speaker's story and then arranging them into poetic form" (Glesne, 2010, p. 30). Although most frequently used with interview data, this method "can be applied to almost any qualitative data set, such as surveys, field notes or interviews" (Illingworth, 2022, para 3). Data poetry is often used to communicate the experiences of minority groups to those outside the group, as the poetic form can convey subjective experiences with emotional impact. It is said to "[offer] marginalised and oppressed groups ways to engage in bringing awareness and understanding to those academic voices and experiences who often tell their stories for them" (Cooms & Saunders, 2024, p. 13).

The survey had many comment boxes where participants could write down anything else they wanted to share about a topic covered in the survey. Although open text comments do not provide as rich an account of people's experiences as qualitative interviews might do, they nevertheless provide useful insights. 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 about how being disabled impacted their ability to participate in community events for trans and non-binary people.

We organised these comments into 13 themes that expressed the lived experiences of the trans and non-binary disabled participants in the survey. The themes we identified were influenced in part by the survey questions, for example questions about experiences interacting with medical systems necessarily led to content related to this topic, and questions about experiences in employment led to content related to that topic. We also identified themes that went beyond the topics of the survey questions, however, when topics arose in response to multiple questions. For example, the survey did not directly ask about weight-based discrimination, but this came up frequently in response to a range of questions and we included it in a theme about compounding discrimination, which also included discrimination based on ethnicity and migration status. We did not use a specific coding system to generate themes, instead taking the approach of closely reading all the comments together at the same time, and making decisions about which themes to place them in as we went. These themes evolved as we worked, until all the comments had been categorised. Not all the themes we identified were relevant to all trans and non-binary disabled participants, but they occurred frequently enough to represent shared experiences.

We then created data poems, combining the exact words of several different participants to express a common theme. To do so, we

read through the collected data for each theme, first identifying 15 to 20 lines that were representative of the theme as the basis for the initial poem (as suggested by Illingworth, 2022). We then arranged these lines into poetic compositions, adding line breaks, repeating some lines, and moving them around the page until we felt that the key messages of the participants had been conveyed in an impactful way. We each created a first draft of half of the poems and reviewed them with each other.

A distinctive aspect of our project is that we combined two arts-based methods, also using the first author's drawings to illustrate each theme. Like other arts-based methods, drawing can be used to collect, analyse and present research data. One example of using drawing to present research is Sally Campbell Pirie's comics-based research (CBR), in which she publishes her research on trans young people's experiences in the form of comics in research journals (e.g., Pirie, 2024). Our approach was centred on how to communicate our results in ways that were meaningful to trans and non-binary disabled communities. We viewed drawing the results as a way to further uplift the voices of trans and non-binary people and increase visual representation of a community lacking visibility. After finalising the poems, the first author, who is an illustrator, read through each poem and thought of an image that could reflect an aspect of the content in an eye-catching way. For example, in the first drawing below (Figure 1), the ghosts of past experiences emerging from within the hospital and the placement of the character at the base of a flight of stairs in front of the large building are intended to convey the daunting feeling of approaching a medical institution as a trans or non-binary disabled person. Words and images work together in conveying meaning, and we believe that the use of drawing enhanced communication of the findings by amplifying themes already present in the poems.

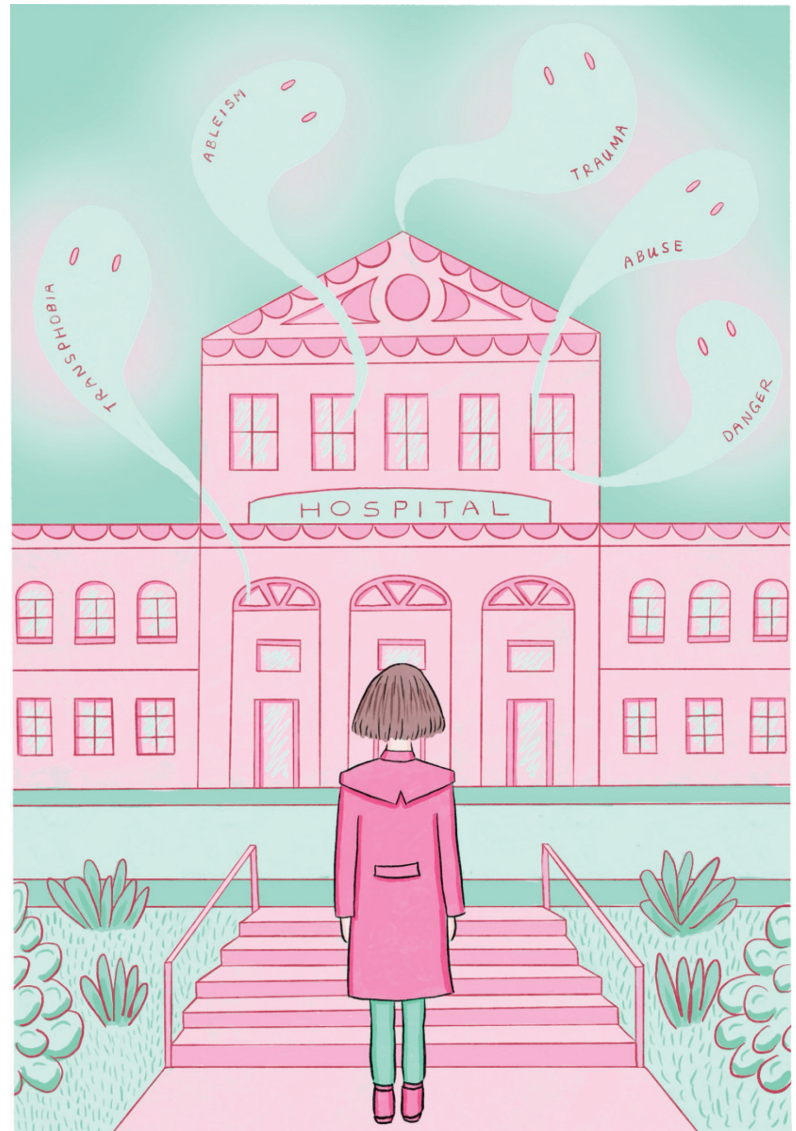
Results: Themes, poems and drawings

Space prevents sharing all 13 data poems and drawings that we created for this research. For this article, we have compressed the 13 themes into five overarching themes that structure trans and non-binary disabled people's lives, namely: access to general healthcare; access to transition-related healthcare; everyday life and community relationships; facing compounding discrimination; and trans and non-binary disabled pride. We describe our findings within each of these five themes, giving an example of a data poem for each overarching theme, alongside the associated drawing. The full set of data poems and drawings can be viewed in our community report (de Bres & Morrison-Young, 2025).

Access to general healthcare

The first theme is about access to general healthcare. Trans and non-binary disabled people reported experiencing discrimination when accessing healthcare, based both on being trans or non-binary and being disabled. Due to experiences of transphobia (discrimination against trans people) and ableism (discrimination against disabled people), they did not trust healthcare providers to treat them well and give them the care they needed. In response to mistreatment in healthcare settings, some chose to avoid engaging with the medical system, with negative impacts on their health and wellbeing. Among those who did engage with the medical system, some felt they had to conceal being trans or non-binary to get the healthcare they needed for their disability and others felt they 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

Figure 1. *I Avoid the Medical System to Avert Discrimination*



than someone who affirmed their gender. Accessibility issues meant trans and non-binary disabled people often experienced barriers to receiving healthcare, included physical access obstacles, mental health barriers, and lack of accommodations for neurodivergence.

The data poem below and drawing in figure 1 focus on avoiding the medical system to avert discrimination.

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

Figure 2. *I Need Better Information*



Access to transition-related healthcare

The second theme concerns access to transition-related healthcare. Trans and non-binary disabled people wrote of having to hide their disability to access transition-related healthcare, such as gender-affirming hormones. Some chose to hide their neurodivergence, lest this be seen as a reason to deny them access to hormones. Others chose to hide their mental illness, fearing healthcare providers would see their gender as a mental health symptom or express 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. Others spoke of a vacuum of information about the interactions between transition-related care and their health conditions, and wanted better information so they could make

informed decisions about their health, without the prospect of care being withheld as a result.

The data poem below and drawing in figure 2 focus on experiences of access to information.

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 –
kāo¹,
I desperately need
for doctors to know about hormones

Everyday life and community relationships

The third theme is about everyday life and community relationships. Much of this article

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, other areas including employment, housing, and sports. As to social relationships, trans and non-binary disabled people often reported feeling disconnected from rainbow, takatāpui, queer, or trans and non-binary

Figure 3. *I Feel Connected to Other Trans and Non-Binary Disabled People*



communities, because events or spaces were not accessible. Barriers included physical access issues, sensory overload, neurotypical communication norms, and ableist attitudes. On the other hand, 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.

Figure 4. *I Face Compounding Discrimination*



The data poem below and drawing in figure 3 focus on experiences of positive connections with other trans and non-binary disabled people.

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

Compounding discrimination

The fourth theme is about facing compounding discrimination. In addition to experiencing discrimination based on being trans or non-binary and disabled, 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 weight-based discrimination.

The data poem below and drawing in figure 4 focus on experiences of migration.

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

Trans and non-binary disabled pride

The fifth and final theme highlighted for this article is about trans and non-binary disabled pride. 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.

The data poem below and drawing in figure 5 focus on this pride

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

Figure 5. *I Am Proud to be Trans/Non-Binary and Disabled*



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

Discussion

Our analysis of the open text comments in the 2022 Counting Ourselves survey suggests that trans and non-binary disabled participants face multiple sources of discrimination in Aotearoa New Zealand, with significant impacts on their health and wellbeing. An intersectional approach is helpful to shed light on aspects of participants' experiences that relate to both gender and disability. Reference to simultaneous experiences of ableism and transphobia are rampant throughout the data, suggesting potential for high levels of minority stress among this population. Urgent attention is required to uphold the rights of this multiply marginalised group.

Recommendations for policy

Based on these findings, we offer the following recommendations for policy change to better meet the needs of trans and

non-binary disabled people in Aotearoa New Zealand. There is a need for:

- Comprehensive training and resources for health providers about the needs and human rights of trans and non-binary disabled people, including for those diagnosing or providing support to neurodivergent people. Trans and non-binary disabled people should be able to be their whole selves when accessing healthcare. They 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. 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.
- Clear, accessible information on health pathways websites for trans and non-binary disabled people, emphasising eligibility for care. The high priority trans and non-binary disabled people place on transition-related healthcare should be respected. Trans and non-binary disabled people should also have access to information about the interactions between their transition-related care and their disabilities that enables them to make decisions that will benefit their health and wellbeing.
- Better protection from discrimination, including through strengthening legal protections for trans and non-binary people in New Zealand's Human Rights Act 1993 and providing information about human rights for employers, sporting bodies, and housing providers.
- 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. Healthcare providers and support organisations should also make their services and spaces 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.

- Funding community-led strengths-based messaging about trans and non-binary disabled people to whakamana (empower) the community. Resources should be produced in formats that are accessible to trans and non-binary disabled people, with additional audiences including families and whānau, disability sector organisations, trans and rainbow community organisations, and healthcare organisations.
- More research on the prevalence of disability among trans and non-binary disabled people and the lived experiences of this group. As Stats NZ notes, “disability prevalence data is crucial for planning and providing effective disability support services and for a broad range of other public services’ (Stats NZ, 2025a, p. 6), and we do not currently have this data for trans and non-binary disabled people at a national scale. The data we do have suggests serious unmet needs among this group, which merit further investigation from a community-led and mana-enhancing perspective, based on lived experiences.

Implications for social workers

Regardless of the context in which they are working or the communities they work with, social workers are likely to encounter trans and non-binary disabled people. The perspectives shared by the trans and non-binary disabled participants in this research provide vital knowledge relevant to fostering intersectional and culturally responsive practice. Knowledge and empathy among service providers can go a long way to making a difference for trans and non-binary disabled people. Social workers would do well to learn more about the experiences of trans and

non-binary disabled people, for example through training in both disability-affirming and gender-affirming practice, and strive to ensure that they are sensitive to the specific needs of this group.

Strengths and limitations

This project adds to the limited research about trans and non-binary disabled people’s experiences in Aotearoa New Zealand from an intersectional perspective. The use of arts-based methods vividly conveys participant perspectives, bringing to light the voices of a community whose points of view are rarely heard by the able-bodied cisgender community. While rich in itself, the data available for analysis were constrained by the topics covered in the open text questions in the Counting Ourselves survey, and the anonymity of survey participants meant we could not follow up to ask further questions or explore their answers in more depth. This research could provide a springboard for further research on many of the themes explored above.

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 it is very common to be both trans or non-binary and disabled. 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 New Zealand.

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, including what is needed to achieve empowerment and autonomy for trans and non-binary disabled people and what brings them joy.

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¹ No in te reo Māori (the Māori language)

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