



COUNTING OURSELVES



The health and wellbeing of
trans and non-binary people
in Aotearoa New Zealand

Counting Ourselves

www.countingourselves.nz

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ISBN 978-0-473-49184-0

Suggested citation: Veale J, Byrne J, Tan K, Guy S, Yee A, Nopera T & Bentham R (2019) *Counting Ourselves: The health and wellbeing of trans and non-binary people in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato: Hamilton NZ.

Second printing 2 December, 2019

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The health and wellbeing of trans and non-binary people in Aotearoa New Zealand

*Ehara taku toa i te takitahi,
he toa takitini kē*

*My strength is not in being
alone, rather it is as many*

Acknowledgements

The project team members and authors of the report are Dr Jaimie Veale, Jack Byrne, Kyle Tan, Sam Guy, Ashe Yee, Dr Tāwhanga Nopera and Ryan Bentham.

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

We particularly thank the trans and non-binary community members involved in this survey, including:

- the community advisory group members who guided the development of the survey questions and report, and promoted the survey: Bea Alcorn, Nathan Bramwell, Phylesha Brown-Acton, Tai Hartley-Parsons, Roxanne Peoples-Henare, Laurel McLachlan, Soul Mehlhopt, Scout Barbour-Evans, Ahi Wi-Hongi and Jevon Wright
- everyone who generously contributed their time and effort to complete the survey
- artist Huriana Kopeke-Te Aho, who created all the images used on our website, for our social media campaign and in the report
- Allyson, Aram, Claudia, Eliana, Emmy, Georgina, Gio, Isaac, Jacquie, Joey, Karen and Peri, Kī, Te Maungarongo, Tommy, Queen Olivia and the community advisory group members who shared their images and words with us to promote the survey
- Sam Orchard and Stace Robertson, who devised our social media campaign, and Izzy van der Ploeg, who created our website
- Tom Hamilton, who advised us on safety measures to ensure survey participants knew who to contact if they needed support around issues that came up for them as they completed the survey
- other community members who were peer reviewers of the report and brought considerable expertise to that work.

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

- *Individuals:* Dr Polly Atatoa-Carr, Tabby Besley, Moira Clunie, A/Prof Simon Denny, Caitlyn Drinkwater, A/Prof Sonja Ellis, Gloria Fraser, Dr John Fenaughty, Mo Harte, Prof Mark Henrickson, Dr Rachel Johnson, Prof Lynda Johnston, Dr Elizabeth Kerekere, Dr Zoe Kristensen, Dr Keri Lawson-Te Aho, A/Prof William Levack, Angelo Libeau, Dr Mathijs Lucassen, Dr Jeannie Oliphant, George Parker, Stace Robertson, Jono Selu, Dr Johanna Schmidt, A/Prof Gareth Treharne and Tycho Vandenburg
- *Organisations:* the Health Promotion Agency, the Human Rights Commission, InsideOUT, the Mental Health Foundation, the Ministry of Health, the New Zealand AIDS Foundation, New Zealand Parents of Transgender and Gender Diverse Children, Pegasus Health, re.frame, Statistics New Zealand, Te Ngākau Kahukura and the University of Waikato.

The Counting Ourselves survey and report would not have been possible without funding from the Health Research Council, Rule Foundation and the University of Waikato.

Executive summary

Counting Ourselves is the first comprehensive national survey of the health and wellbeing of trans and non-binary people living in Aotearoa New Zealand and was conducted from 21 June till 30 September 2018. We worked with a diverse community advisory group to design the questions. Our team is based at the University of Waikato and we also collaborated with other academics, health professionals, community organisations and policymakers with an interest in the wellbeing of trans and non-binary people. We had 1,178 survey participants, with 99% of them completing the survey online.

The survey had participants from all regions in the country, who ranged in age from 14 to 83. Most were either youth aged 14–24 (46%) or adults aged 25–54 (47%). Almost half (45%) of participants were non-binary, and we had slightly more trans men (29%) than trans women (26%). The survey had a higher proportion of European participants and a lower proportion of Asian participants than the general population. A quarter of participants had a disability.

Key findings

Gender-affirming care

- We found high levels of participants wanting but not being able to access gender-affirming healthcare. This unmet need ranged from 19% for hormone treatment through to 67% of trans men wanting chest reconstruction surgery. Around half of trans women had an unmet need for voice therapy (50%) and feminising genital surgery (49%).
- Cost was the most commonly reported barrier for all surgeries, and few participants had been able to access these through the public health system. A third or more of participants had received hormone treatment (48%), counselling support (38%) and mental health assessments (35%) through the public health system, but half of those who wanted counselling or a mental health assessment did not know where to go for these services.

Provider knowledge and competency

- More than half (58%) of participants reported that their main healthcare provider knew most things or almost everything about healthcare

for trans and non-binary people.

- In the last 12 months, 13% of participants were asked unnecessary or invasive questions about being trans or non-binary, that were unrelated to their health visit, when they were trying to access healthcare.
- More than one in six of all participants (17%) reported they had experienced conversion therapy: that is, a professional had tried to stop them from being trans or non-binary.

Healthcare access barriers

- Over a third (36%) of participants had avoided seeing a doctor because they were worried about disrespect or mistreatment as a trans or non-binary person, including 20% reporting this in the last 12 months.

Mental health and wellbeing

- Five out of every seven participants aged 15 and older (71%) reported high or very high psychological distress, compared with only 8% of the general population in Aotearoa New Zealand.
- More than half of the participants (56%) had seriously thought about attempting suicide in the last 12 months. Almost two in five participants (37%) had attempted suicide at some point and 12% had made an attempt in the last 12 months.

Substance use

- Participants' rate of cannabis use in the last year (38%) was more than three times that of the general population (12%).

School

- More than one in five (21%) school student participants were bullied at school at least once a week, much higher than the general population (5%).

Sport

- Only 14% of participants were involved in any sporting events, competitions or organised activities in the last four weeks, just over half the rate of the general population (26%).

Discrimination

- Two-thirds of participants (67%) had experienced discrimination at some point. For close to a half of participants (44%) this had happened in the last 12 months – this was more than double the rate for the general population (17%).

- In the last 12 months, 57% of participants did not disclose at work that they are trans or non-binary because they feared discrimination.
- Participants who had experienced discrimination for being trans or non-binary were twice as likely to have attempted suicide in the past year (16%) than participants who did not report this discrimination (8%).

Safety and violence

- Almost a third of participants (32%) reported someone had had sex with them against their will since they were 13. This is a much higher rate of sexual violence than for women or for men in the general population. Participants who reported this were twice as likely to have attempted suicide in the past year (18%) than participants who did not report this (9%).
- Almost half (47%) reported someone had attempted to have sex with them against their will, since the age of 13.

Identity documents

- Five out of six participants (83%) did not have the correct gender marker on their New Zealand birth certificate.

Material hardship

- Compared to the general population, participants were almost three times more likely to have put up with feeling cold (64%) and gone without fresh fruit or vegetables (51%) in order to reduce costs.

Family/whānau

- Many trans and non-binary people have a lot of support within their family/whānau. Among participants whose family/whānau knew they were trans or non-binary, more than half (57%) reported that most or all their family supported them.
- Participants who were supported by at least half of their family/whānau were almost half as likely (9% vs 17%) to have attempted suicide in the last 12 months.

Community connectedness

- Most participants (62%) felt proud to be trans or non-binary, 58% provided a lot of support for other trans or non-binary people and 56% felt connected to other trans or non-binary people.

Demographic group differences

We found higher rates of mental health problems among youth and disabled participants, and our

school-age participants experienced high levels of bullying and low levels of support from and connection with their school. Disabled participants faced higher levels of discrimination, violence and hardship, and were more likely to say they could not afford to see a GP or access some forms of gender-affirming care.

Non-binary participants were less likely to report positive experiences accessing general or gender-affirming healthcare. Both trans women and trans men were more likely to report that their quality of life had improved since identifying as trans. We also found differences between participants' experiences trying to access gender-affirming healthcare in different parts of the country.

Asian and Pasifika participants were more likely to have experienced not only discrimination or unfair treatment in public places, but also mistreatment or rejection by their family. This is concerning, since our findings suggest that a strong sense of cultural connection is linked to better mental health. Non-European participants (Māori, Pasifika, Asian and Other ethnicities grouped together) who had a strong sense of belonging to their ethnic group/s were less likely to have seriously considered suicide in the last 12 months.

Recommendations

In order to improve the health and wellbeing of trans and non-binary people in Aotearoa New Zealand, action is needed in all areas covered by this report. Our evidence supports the following eight recommendations. More details are in the conclusion and recommendations section of the report.

1. Create clear pathways for gender-affirming healthcare, including training, resources and culturally appropriate services
2. Ensure health services respect gender diversity
3. Improve trans and non-binary people's mental health and wellbeing, as a named priority in mental health and addiction policies
4. Support schools to be safe and inclusive for trans and non-binary students
5. Better protect trans and non-binary people from discrimination
6. Protect trans and non-binary people from violence, as a priority in sexual and domestic violence work
7. Simplify processes for trans and non-binary people to have accurate health records and identification documents
8. Support health and wellbeing initiatives led by trans and non-binary communities.

About the Survey

Counting Ourselves: The Aotearoa New Zealand Trans and Non-binary Health Survey is a comprehensive research project about the health and wellbeing of trans and non-binary people in Aotearoa New Zealand.

The responses participants gave show the many challenges trans and non-binary people face and the impacts on people's health and wellbeing. The findings are sobering. We encourage trans and non-binary people, and their families and friends, to look after themselves as they read this report. Take breaks or connect with someone if you need to talk about any of the issues discussed here. There is a list of useful resources, including support lines, in Appendix 1.

We did this research to collect information that could help to improve the lives of trans and non-binary people. To do this, we wanted to look at:

- how well trans and non-binary people are doing in our mental health and physical health compared to the general population
- our experiences of stigma, discrimination and violence
- our experiences in doctors' clinics, hospitals and other healthcare settings, when accessing general healthcare or gender-affirming healthcare such as hormones or surgeries
- how support from our friends, family, whānau or others might protect us against the negative impacts of stigma, discrimination and violence that many trans and non-binary people face.

We hope that this research provides the evidence required to improve health policies and support community initiatives needed to improve the health and wellbeing of trans and non-binary people in Aotearoa New Zealand.

Gender diversity terms

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



We chose to use *trans* and *non-binary* in this report to describe anyone whose gender is different from the sex they were assigned at birth because they were the two most common identities reported by our participants. We recognise that no English-language terms can fully describe the meaning of genders that come from other languages or cultures.

Methods

Our core research team

Our project is led by researchers who are trans, and we have a core research team based at the University of Waikato, which includes academic staff and students who are trans, non-binary and cisgender.¹

Our project collaborators and advisors

The project started in late 2017, when we sent out a call to trans and non-binary people from across the country to be members of our community advisory group for this project. We chose ten people, with an emphasis on maximising diverse perspectives and expertise (e.g. across ages, ethnicities and locations). In early 2018, we worked with our community advisory group to create a first draft of the survey. Their insights and feedback about the structure and content helped us to improve the survey.

We have also collaborated with academic researchers, health professionals, government agencies and other community groups, with more than 30 people providing comments on the draft survey questionnaire.

How we chose the questions

We chose some questions that were used in existing surveys that assess the health

and wellbeing of everyone in Aotearoa New Zealand, such as the New Zealand Health Survey, the New Zealand Mental Health Survey, the New Zealand General Social Survey, Te Kupenga (the Māori wellbeing survey) and Youth'12. We did this so we could directly compare the health and wellbeing of Counting Ourselves participants with the general population. We also used questions specific to trans and non-binary people from overseas national surveys such as the United States Transgender Survey and, where necessary, adapted these to the Aotearoa New Zealand context. In addition, we created new questions to get information that is specific to our country, such as the High Cost Treatment Pool funding.

We used a Māori health framework, Te Pae Māhutonga (the Southern Cross), to help us select which questions to include in the survey. Emeritus Professor Sir Mason Durie developed this framework based on Māori understandings of health. The two pointer stars of ngā manukura (community leadership) and te mana whakahaere (autonomy) guide this framework. Te Pae Māhutonga gave us a basis to consider what autonomy means for trans and non-binary people, particularly whether access to gender-affirming services is based on informed consent. Te Pae Māhutonga guided us to include questions about family/whānau health, spiritual health, cultural connectedness and access to positive role models as parts of our survey.

Recruiting participants

To recruit participants, we deliberately focused on those parts of our communities that would be harder to reach via social media alone, asking our contacts in these communities for their help to encourage trans and non-binary

¹ *Cisgender (or cis)* refers to someone whose gender is the same as the sex they were assigned at birth



people to complete the survey. This included phoning and emailing older trans people, those living in rural areas, those who had transitioned a long time ago and those who had been key members of early community organisations or networks. We contacted disability organisations and filmed a New Zealand Sign Language recruitment video about the survey that was distributed through deaf community networks.

The online social media recruitment involved asking trans and non-binary community leaders to share an image of themselves and a quote explaining the importance of the survey to them. We sought a wide range of community members for this role, prioritising Māori, Pasifika and Asian people as well as older trans women, and shared their images and/or words on posters, websites and social media posts.

We asked participants how they heard about the survey, and almost four in five of them reported that this was through social media.

Survey responses

People could take part in this survey if they were:

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

We checked to make sure that all participants met all these criteria and had completed the survey only once. We had a total of 1,178 people respond to the survey who met all of these criteria.

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

We did not receive responses from all 1,178 participants for all of the survey questions because:

1. Some questions were not relevant to all participants. For example, only school students answered questions about school and other participants skipped these questions.
2. Only a few questions were compulsory, so participants could choose to not respond to some questions.

How did you hear about the survey? Mark all that apply.	
Social networking site (such as Facebook)	79%
Word of mouth	20%
I was told about it in person (at an organisation, event, or support group)	8%
Email from an organisation (including listserv, e-newsletter)	8%
Organisation website	4%
I was told by a health professional	2%
Something else	2%

3. Around 30% of participants did not finish the entire survey. The survey included 330 questions, and it took participants a considerable amount of time to answer them all.

Our survey had many comment boxes to give participants the option to share anything else about a topic that we may have missed. Many participants took a lot of time to provide comments, and sometimes shared in-depth examples of their experiences. We reviewed all comments and selected a diverse range of quotes to provide context to our findings.

For many survey questions, we instructed participants to 'mark all that apply', which meant they could select more than one response. This means that, for these questions, the total percentage adds up to more than 100%.

For questions where participants could only choose one response option, the percentage generally adds up to 100%, although sometimes this is 99% or 101% due to rounding.

Comparisons between groups

For all questions, we compared the experiences of different groups, based on participants' age, gender, ethnicity and region. (There is more information about how we did this in Section 1: Who participated in the survey.)

We made comparisons between participants with and without disabilities for some key questions that were relevant to disabled people. A list of these questions is available on our website. In any places where we looked and found differences for disabled participants, we state this in the report.

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

Reporting back our findings

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

We have given more detailed technical information about the methods that we used for the survey in Appendix 2 at the end of this report.

1: Who participated in the survey

This section is about the mix of people who participated in this survey. It describes their age, gender and ethnicity, where they live, if they are a migrant or refugee who has come to Aotearoa New Zealand and if they have a disability.

Age

Participants had to be at least 14 years old to participate in the survey. The age range of our participants was 14 to 83 years old. The average age was 29.

In terms of age differences in this report, we compare youth (14–24 years), adult (25–54) and older adult (55–83) participants. Overall, 46% of our sample were youth, 47% were adults and 7% were older adults. A more detailed breakdown of participants' ages is given in the table below.

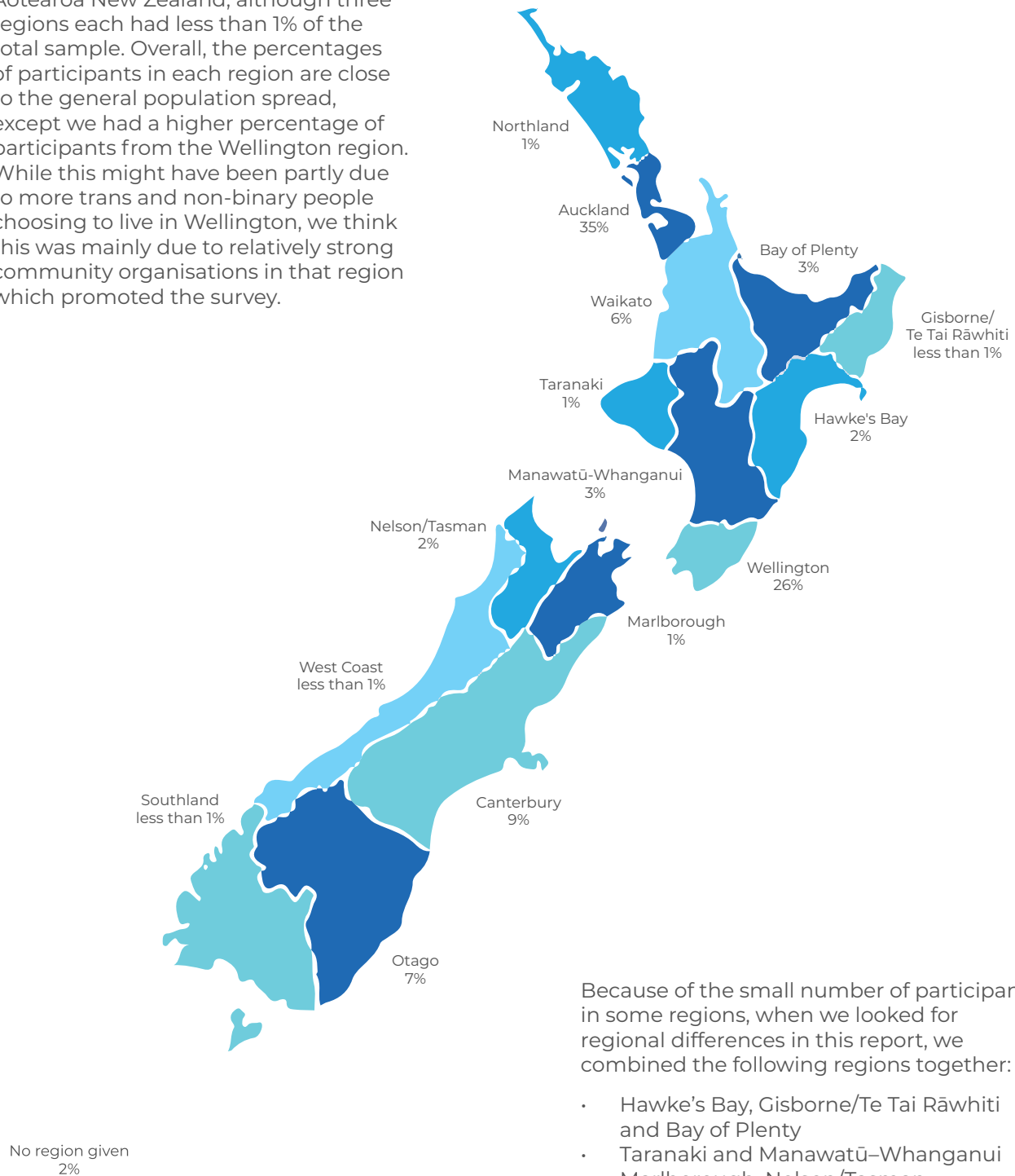
We had higher numbers of younger participants compared to older participants. This may be because younger people are more likely to have seen the social media promoting the online survey. It is also likely that there is a greater number of younger trans and non-binary people in Aotearoa New Zealand.



How old are you?	
14–18	17%
19–24	29%
25–29	19%
30–34	10%
35–39	6%
40–44	5%
45–49	5%
50–54	3%
55–59	3%
60–64	2%
65 years or older	2%

Where participants live

We had participants from all regions of Aotearoa New Zealand, although three regions each had less than 1% of the total sample. Overall, the percentages of participants in each region are close to the general population spread, except we had a higher percentage of participants from the Wellington region. While this might have been partly due to more trans and non-binary people choosing to live in Wellington, we think this was mainly due to relatively strong community organisations in that region which promoted the survey.



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

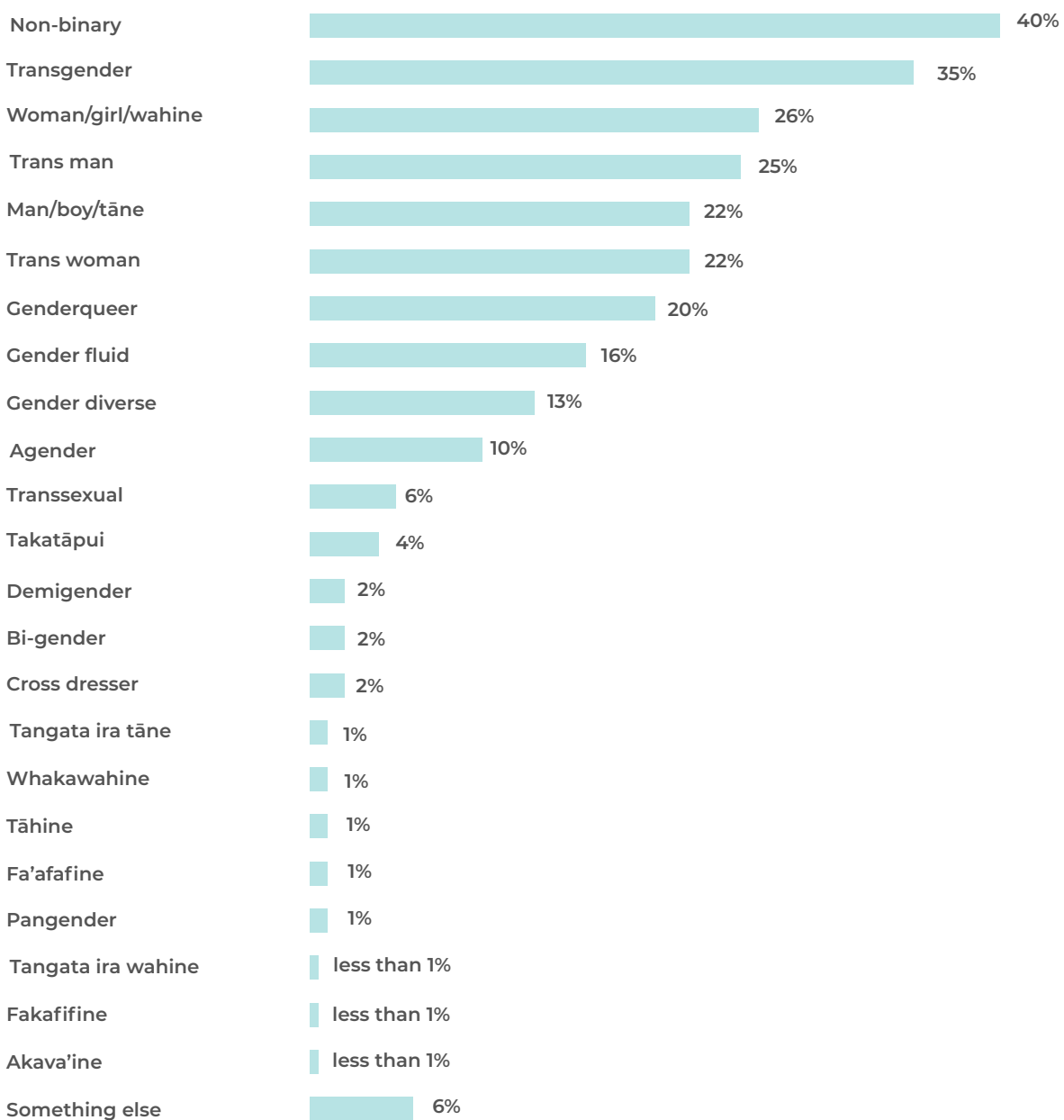
- Hawke's Bay, Gisborne/Te Tai Rāwhiti and Bay of Plenty
- Taranaki and Manawatū-Whanganui
- Marlborough, Nelson/Tasman and the West Coast
- Otago and Southland.

Gender

We gave participants a list of genders and asked them what gender or genders they identify with.

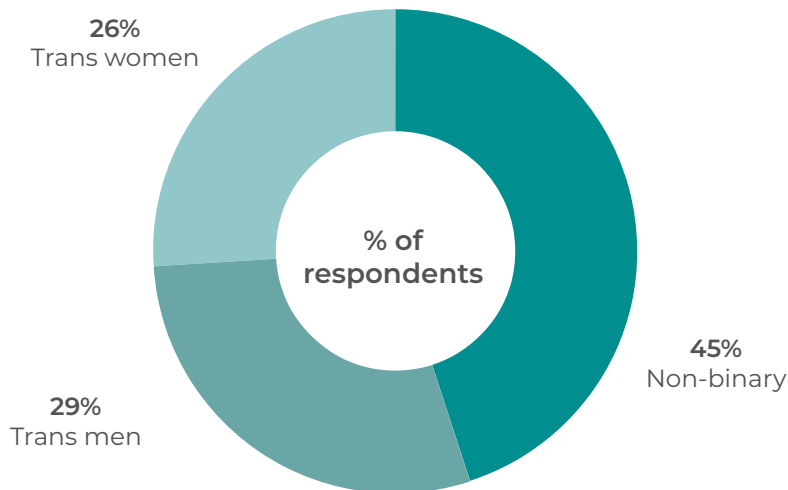
Participants gave a broad range of responses and 70% of participants gave more than one gender. The most common response was non-binary, and many participants were also genderqueer, gender fluid or agender. Around a quarter of participants had female gender identities, and around a quarter had male gender identities.

What gender or what genders do you currently identify with? *Mark all that apply.*



We created three gender groups so we could do gender comparisons between participants for this report. We grouped participants as trans men, trans women or non-binary based on their response to the previous question (see the Detailed Methods section for more information).

Gender groups we used for comparisons in this report



We asked participants if there were positive terms that people from their cultural or social background use to describe people who are gender diverse, and 8% of participants reported that there were. These positive terms are given in the word cloud below.

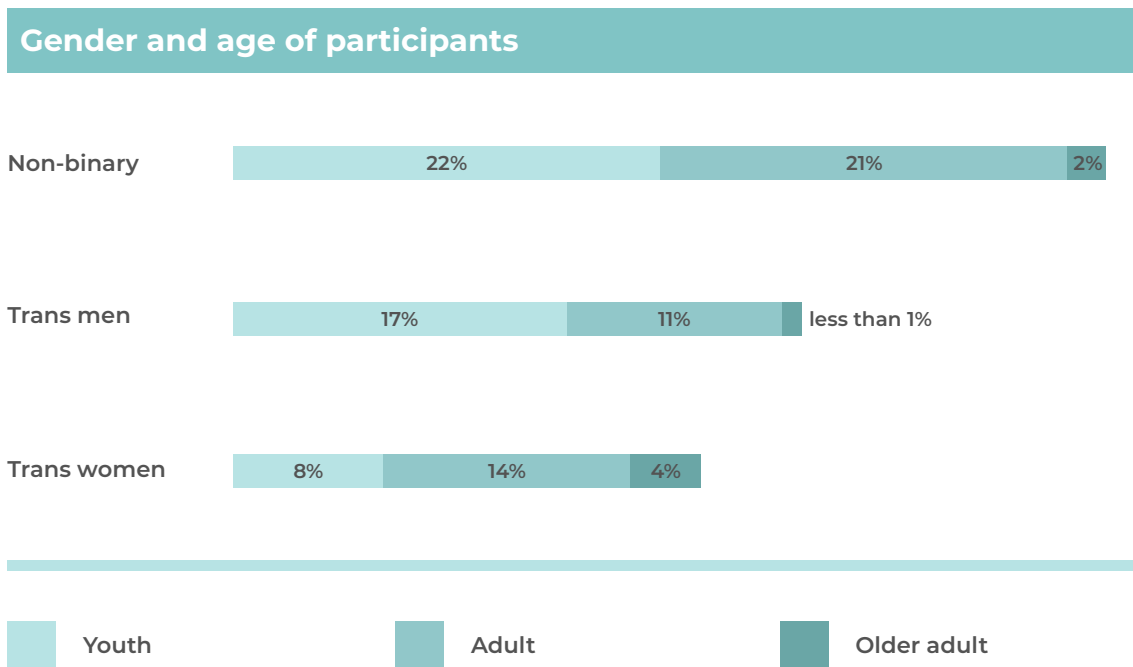


Gender and age

There was an important difference in the life stage of our participants across the gender groups.

The graph below shows what proportion of the survey participants were non-binary, trans men, or trans women – and then the age mix within each of those three gender categories. A higher proportion of trans women were adults or older adults, whereas trans men and non-binary participants had higher proportions of youth.

The largest groups of participants were non-binary youth (22%), non-binary adults (21%), young trans men (17%) and adult trans women (14%).



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

Sex assigned at birth

Considerably more participants (63%) were assigned female at birth than male at birth (37%). Almost four out of five (78%) non-binary participants were assigned female at birth (78%) and 22% were assigned male at birth.

Intersex variations

While only 3% of participants stated that they had an intersex variation, a further 21% reported that they did not know if they did.

Ethnicity

We asked participants which ethnic groups they belonged to, and participants could select or write in one or more group. Overall, we had participants from 18 different ethnic groups. We grouped these into the five main ethnicities used in Statistics New Zealand surveys (European, Māori, Pasifika, Asian and Other), so we could compare our participants' ethnicities with the general population (see Detailed Methods).

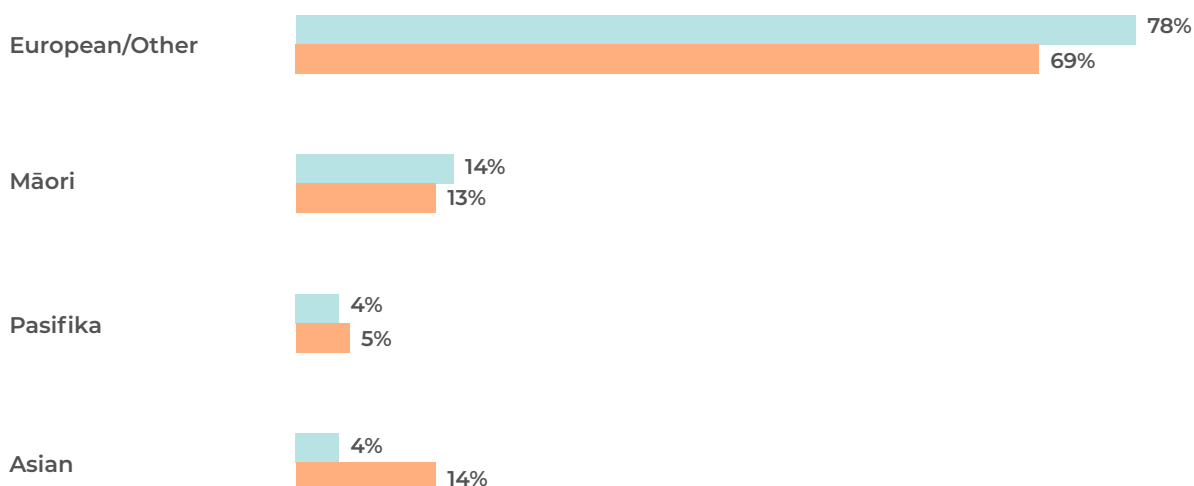
We had a higher proportion of European/Other participants and a lower proportion of Asian participants compared to the general population in the New Zealand Health Survey. Our survey's proportions of both Māori and Pasifika participants were similar to the general population.

Around one in seven participants were Māori. The largest ethnic groups among Pasifika participants were Samoan (2%) and Cook Island Māori (1%). The largest ethnic groups among Asian participants were Chinese (2%) and Filipino (1%).

Because of this difference between our sample and the New Zealand population, we have *weighted* our sample by ethnicity to make it match the New Zealand population. This means that European/Other and Māori participants' responses in our study were given slightly less weighting, and Asian and, to a lesser extent, Pasifika participants were given more weighting (see Detailed Methods).

Throughout this report, we compare European, Māori, Pasifika and Asian participants. We have not reported results for the 'Other' ethnicities group because it was a small number of participants (2%) from a wide range of different ethnicities.

Which ethnic group or groups do you belong to?



■ Counting Ourselves
 ■ New Zealand Health Survey 2016/17

Migration to Aotearoa New Zealand

About three-quarters of participants (74%) were born in Aotearoa New Zealand, 7% were born in England, 3% in the United States of America, 3% in Australia and 13% were born somewhere else.

We asked participants if they had ever applied to be a refugee or sought asylum in New Zealand, and 1% had. All these participants reported that part of the reason that they had come to Aotearoa New Zealand as a refugee or asylum seeker was because it was unsafe for them to be a trans or non-binary person in their former country.

Disabilities

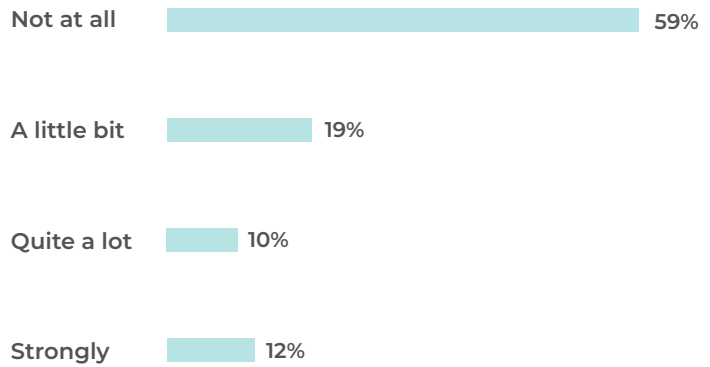
We used the same questions asking about disability as Statistics New Zealand surveys so that we could compare trans and non-binary people with the general population. A quarter (25%) of participants aged 15 and older had a disability, which is higher than the Aotearoa New Zealand general population aged 15 and older (9%) in the 2016 General Social Survey.¹

Neurodiversity

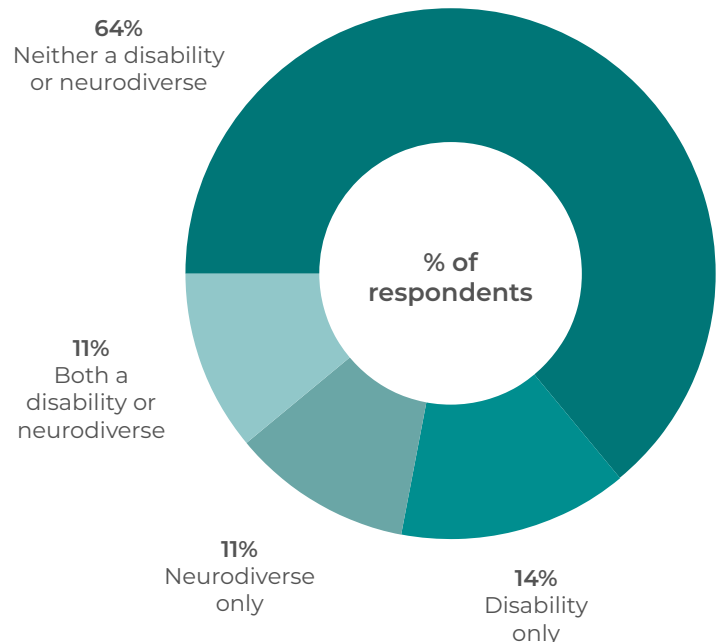
We were aware of concerns that disability questions we used may not properly include neurodiversity, so we created a question to provide some additional information. More than one in five of the participants (22%) identified as neurodiverse *quite a lot* or *strongly*.

If we combine the two questions that we asked about disability and neurodiversity, more than a third of participants (36%) either had a disability or identified *quite a lot* or *strongly* as neurodiverse.

Do you identify as neurodiverse, for example, being on the autism spectrum?



Disability and neurodiversity



¹ Throughout this report, we compare our results to general population data, such as the New Zealand Health Survey and the General Social Survey. These surveys have participants aged 15 and older. So our results are comparable, we only report on our participants aged 15 and older when we do these comparisons.

2: Gender-affirming care

Background

In 2008, the Human Rights Commission's Transgender Inquiry identified major gaps in the availability, accessibility, acceptability and quality of gender-affirming healthcare in Aotearoa New Zealand. Over the following 11 years, trans and non-binary community organisations continued to raise these concerns with subsequent governments and through submissions to the United Nations. The Ministry of Health's published *Health Report* to the Minister and Associate Minister of Health in 2018 noted that the public provision of this broad spectrum of gender-affirming healthcare had not kept up with a significant growth in demand.

Much of the media discussion about gender-affirming care has focused on the more-than-50-year waiting list specifically for genital reconstruction surgeries through the government's High Cost Treatment Pool funding. Since funding was introduced in 2005, there had been a maximum cap on three surgeries for trans women and one for trans men every two years. The waiting list was a legacy of this funding cap, compounded by the retirement of the sole surgeon in Aotearoa New Zealand who provided surgeries for trans women.

In the two years prior to the launch of the Counting Ourselves survey, progress was made across the Auckland region as district health boards jointly developed Hauora Tāhine, a treatment pathway for accessing all forms of gender-affirming care. Smaller-scale initiatives have occurred within district health boards in some other cities and in initiatives with specific health providers, particularly in Wellington and Christchurch. In January 2018, a plastic surgeon experienced in genital reconstruction surgeries was appointed as a consultant to Counties Manukau District Health Board. This opened up hope that she would be able to start

accepting referrals funded through the High Cost Treatment Pool. The Counting Ourselves survey took place within this context.

In October 2018, soon after the survey closed, the cap on the maximum number of genital reconstructive surgeries funded by the High Cost Treatment Pool was removed. This resulted in a fivefold increase in referrals, though a funded pathway to reduce waiting times remained unclear. In the same month, national guidelines for gender-affirming healthcare were published and in early May 2019, the Professional Association for Transgender Health Aotearoa (PATHA) was launched at a sold-out Trans Health Symposium at the University of Waikato.

In the May 2019 Budget, the government announced an extra 3 million dollars over four years to fund an increase in the number of genital reconstruction surgeries and reduce waiting times. No further details were available three months later, as this report was being finalised. The Budget did not include any increased funding for any of the other forms of gender-affirming healthcare services outlined in this section.



Questions we asked about gender-affirming care

Counting Ourselves participants were asked about their experiences trying to access many types of gender-affirming care. We asked questions about non-medical care (including hair removal, counselling support and mental health assessments), hormones, voice therapy and surgery, and a wide range of other surgeries. Throughout this section, we report:

Existing use: those who have accessed this type of care (whether or not they paid for it themselves)

+

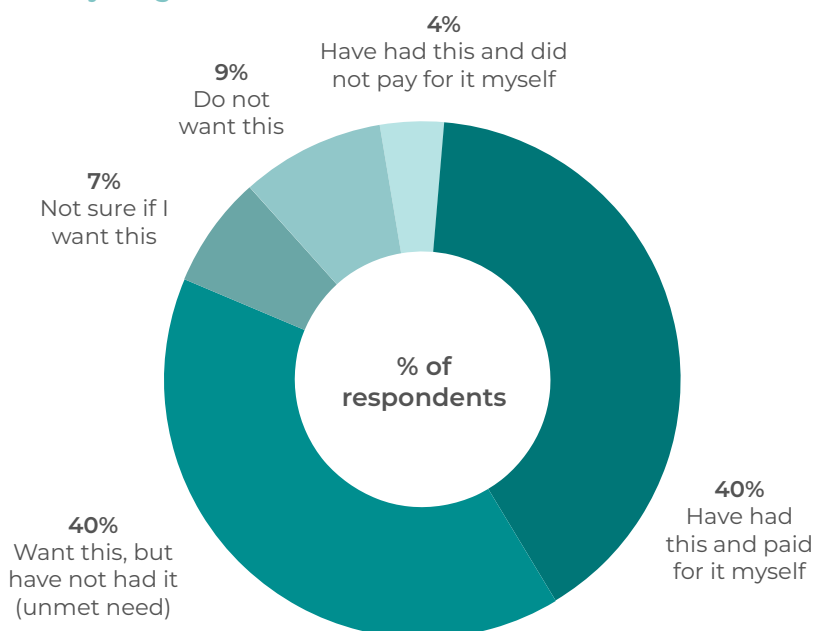
Unmet need: those who want a type of care but have not had it

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Total demand: those who want a procedure or a service (whether or not they have accessed it yet)

We asked participants if they had tried to access specific gender-affirming health services through the public health system. When people said they had paid for services themselves, we asked for further details about why they had not used the public health system for that form of gender-affirming care.

Have you had or do you want laser treatment or electrolysis to affirm your gender?



Hair removal using laser or electrolysis

We asked trans women and non-binary participants who were assigned male at birth whether they had hair removal using laser or electrolysis. Such hair removal treatment was the most highly sought form of gender-affirming care for this group, with a total demand of 84% of participants. This includes the two out of five participants who had paid for this themselves and the small proportion (4%) who had received funded laser or electrolysis treatment.

There were some group differences for accessing hair removal:

- Youth (65%) were more likely and adult (33%) and older adult (22%) participants were less likely to have an unmet need for hair removal.
- Pasifika participants (16%) were more likely and European participants (less than 2%) were less likely to have had hair removal without paying for it themselves.

Participants' comments

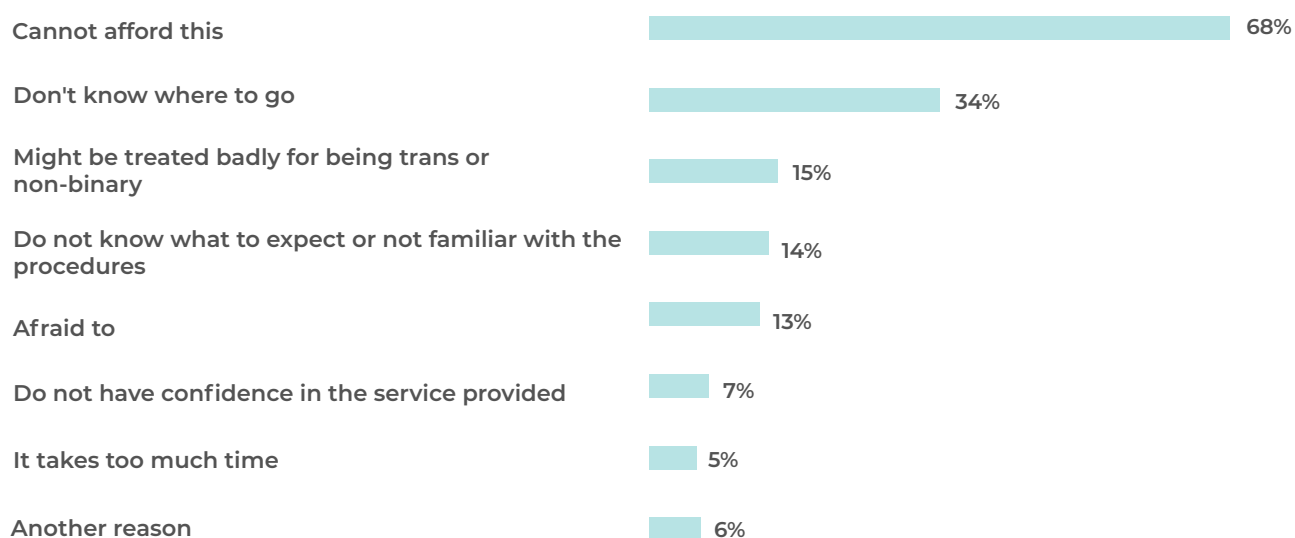
Hair removal is a significant therapy for trans women . . . I would like to have had access to medical advice as to best ways to remove hair and referral to trusted clinical practitioners. Instead, it's all got to be done through the free market, figuring it out for yourself and no one is providing a service with gender reassignment as the foremost objective in mind. (Trans woman, adult)

There are services it would have [been] great to have received had they been available. Electrolysis for one. (Trans woman, adult)

I hate to think what it would be like if I had not been earning well. I spent several thousand removing my facial hair. (Trans woman, adult)

We asked participants who had an unmet need for hair removal about the reasons why they have not accessed this. More than two-thirds reported cost as a barrier and more than a third did not know where to go for this.

Why have you not had hair removal? *Mark all that apply.*



Out of participants who had an unmet need for hair removal

Counselling support and mental health assessments

More than half (56%) of participants had received counselling support for gender-affirming healthcare and just under half (49%) had received a mental health assessment. Almost a quarter of participants had an unmet need – they wanted but have not had these services.

Use of and unmet demands for gender-affirming counselling support or a mental health assessment for gender-affirming care

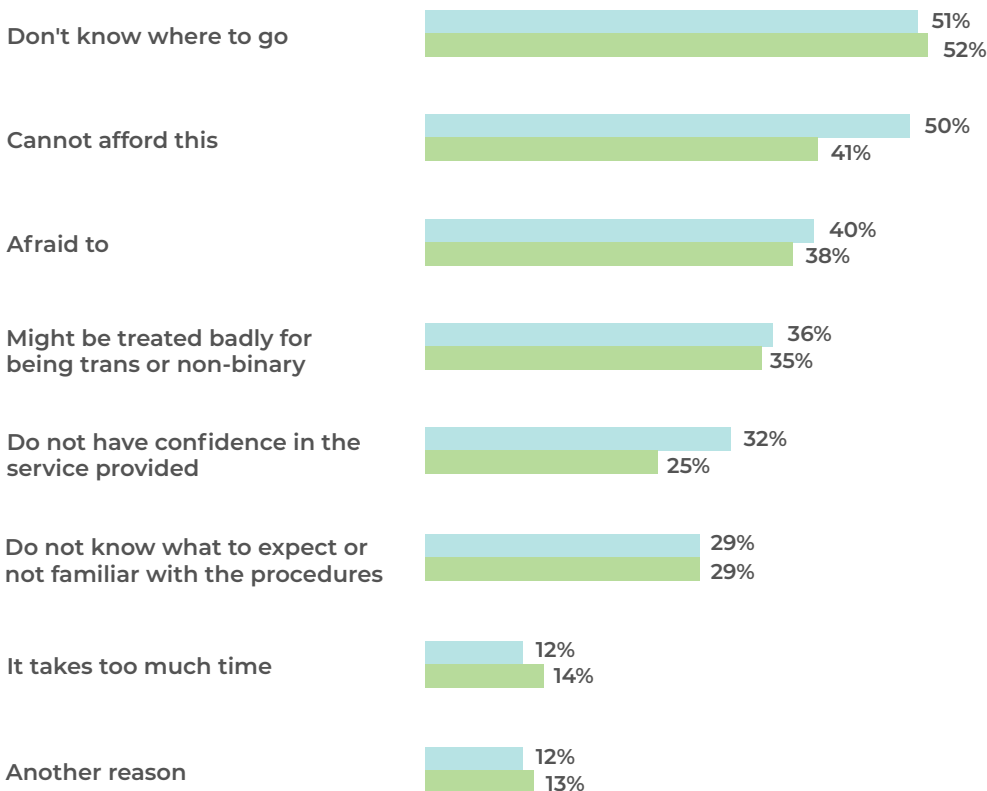
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Counselling support	22%	24%	32%	78%
Mental health assessment	23%	20%	29%	72%

Group differences for counselling and support and mental health assessment access included:

- Disabled participants (30%) and youth (27%) were more likely to have an unmet need for counselling support.
- Youth (31%) and Asian participants (39%) were more likely to have an unmet need for a mental health assessment.
- Adults and older adults were more likely to have paid for counselling support (30% and 51% respectively) and a mental health assessment (28% and 31%) themselves.
- Disabled participants were less likely (15%) to have had and paid for counselling support themselves.

We asked participants who had an unmet need for counselling support or a mental health assessment about the reasons why they had not accessed these services. Not knowing where to go, cost and fear were the most commonly reported barriers.

Why have you not accessed counselling support or mental health services? Mark all that apply.



■ Counselling support ■ Mental health assessment

Out of participants who had an unmet need for counselling support or a mental health assessment

Participants' comments

I attended a free counselling service at Victoria University of Wellington and the counsellor . . . was excellent.
(Non-binary, adult)

My therapist's gender affirmation has been incredible, relieving and life-saving (this was funded by ACC Sensitive Claims).
(Non-binary, youth)

I am glad I had a good therapist who had been there through my transition and re-transition to support my mental health.
(Non-binary, adult)

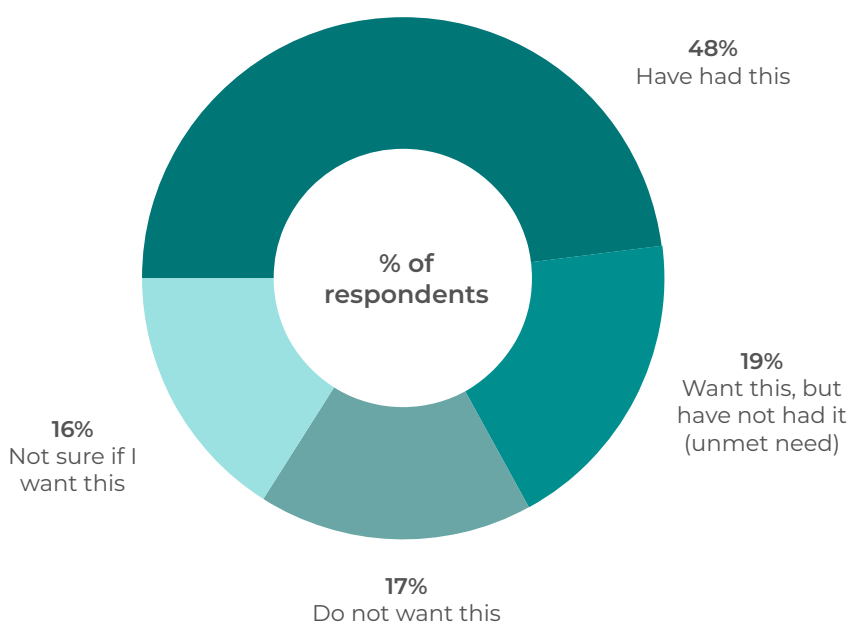


Youth were more likely and adult participants less likely to be afraid to access counselling support (52% vs 25%) and a mental health assessment (48% vs 22%). European participants were more likely to not know where to go to access counselling support (59%).

Hormones and puberty blockers

Two-thirds of participants (67%) wanted access to gender-affirming hormone treatment. This total demand for hormones was made up of 48% of participants who had already accessed hormones and 19% who reported an unmet need for this form of gender-affirming care.

Have you had or do you want hormone treatment to affirm your gender?



Participants' comments

Impossible in Christchurch. You need to have money here, or you will get nothing done I spent \$1,100 for a diagnosis 5yrs ago and I'm still in debt today. (Non-binary, adult)

Being able to have counselling . . . to change my name and pronouns, and being able to have others around me testify to my reality that way, has made basically ALL of the difference. . . . These things counter shame, and shame is the big killer in our community imho [in my humble opinion]. (Non-binary, adult)

[It] took a long time (8 months) from the mental health assessment to hormone appointment (roughly about 6 sessions of 2 hours). I believe excessive weight [was] placed on my parental opinions as the decision was made to wait until my parents were on the same page (which didn't happen). (Trans man, youth)

If they are going to make a psychological assessment compulsory, it should be provided at no cost. (Trans man, adult)

There were some group differences for accessing hormones:

- Youth (29%), trans men (26%) and participants from Marlborough/Tasman/West Coast (49%) and Hawke’s Bay/Gisborne/Bay of Plenty (36%) were more likely to have an unmet need for hormones, whereas Wellington participants were less likely to report this (13%).
- Trans women (76%), trans men (72%), older adults (74%) and adults (56%) were more likely and non-binary participants (16%) and youth (36%) were less likely to have taken hormones.

Barriers to accessing hormones

Out of participants with an unmet need for hormones, not knowing where to go was the most commonly reported barrier. Cost and fear of mistreatment were also barriers for more than a quarter of these participants. Many chose another reason, and some are reflected in the comments in this section.

Disabled participants (50%) were more likely to not be able to afford hormones. Youth were more likely (62%) and adults were less likely (17%) to not know where to go to access hormones.

Sources of hormones

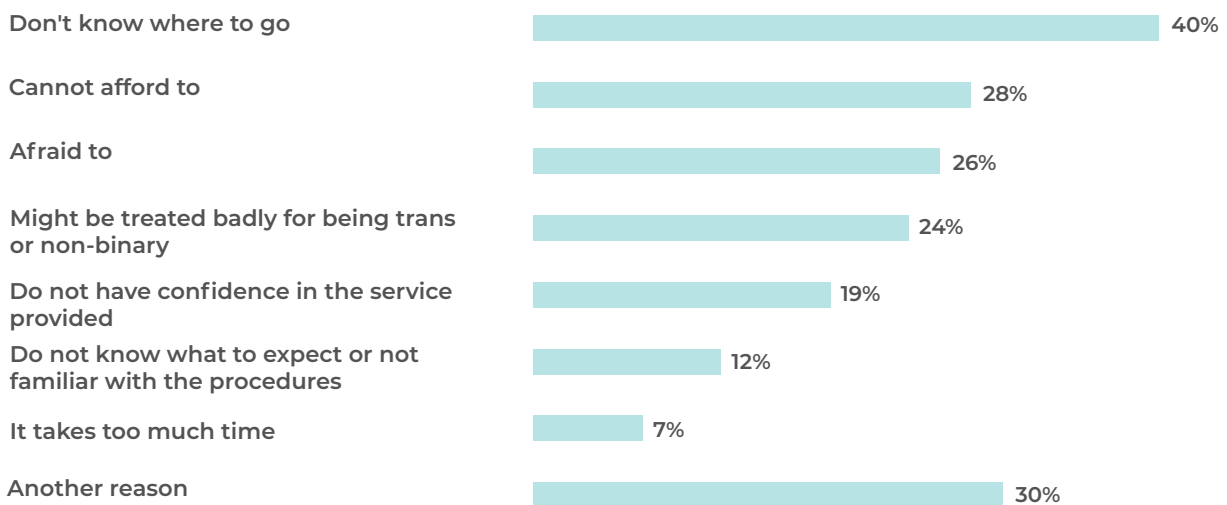
Out of those who had taken hormones, almost all (97%) received their hormones only from licensed professionals. Only 1% received them from only unlicensed sources (e.g. friends or online) and 2% received them from both licensed and unlicensed sources. Asian (6%) and non-binary (5%) participants were more likely to receive hormones from only unlicensed sources and trans women (4%) were more likely to receive hormones from both licensed and unlicensed sources.

Puberty blockers

More than one in ten participants (12%) stated that they had ever received puberty blockers and 1% were not sure. Trans women (22%) and youth (17%) were more likely and non-binary participants (4%), adults (7%) and older adults (6%) were less likely to have received puberty blockers.

In their comments about access to hormones, participants emphasised concerns about limited types of hormone, regional inconsistencies in requirements before starting hormones, information gaps, and inadequate focus on informed consent models of care.

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



Out of participants who had an unmet need for gender-affirming hormones

Participants' comments

Hormones have been a literal lifesaver for me. They have improved my quality of life immensely . . . I am also very grateful that I only have to pay \$5 for each prescription as without the subsidy there is no way I would be able to afford hormones. (Trans man, youth)

I'm actually quite anxious to even look into things like hormones. I'm worried the medical costs will affect my residency status. (Non-binary, adult)

I have been in years of gender therapy in the USA, had top surgery in the USA but still was faced with jumping through hoops to get access to hormones in NZ. (Non-binary, youth)

[I'm] in the midst of trying to get hormone access in NZ. The process is confusing, undefined, and takes way too long. (Non-binary, youth)

Regions' [eligibility requirements] are different. In Nelson I had to . . . start dressing as female for 12 months prior to starting hormones. This is not fair and meant I could not take the pathway I wanted to, which was to start hormones, and when features started to change, I would then 'come out'. In some parts of NZ this is not necessary. (Trans woman, older adult)

I went to see a counsellor who then referred me to an endocrinologist. He said that I would get the letter for [hormones] within two months and it has now been a year. This makes me think that the health care system does not take my trans needs seriously. (Trans man, youth)

Each time I change region, my new GP refuses to prescribe hormones until I see an endocrinologist again. This means a dangerous interruption in supply. (Trans woman, older adult)

The only reason I have been able to access the Youth Health Hub and get such good care is my mother is a great support and researched and found them for me. (Trans man, youth)

I felt that I could not disclose my entire medical background (relating to disability) because I had heard stories of disabled trans people not being allowed to access hormones because their disability made their case too complex. (Trans man, youth)

I don't think enough education about the

different types of hormone treatments is readily available to doctors or trans people. People should be having individualised treatment plans based holistically on their body and any other present medical conditions. All too often there seems to be a reliance on a cookie cutter solution of the same types of hormone treatments, which don't suit everyone. (Trans man, adult)

My experiences on hormones have physically and psychologically done me nothing but good, but the bureaucratic process I needed to go through to access them was intensely prolonged, caused extreme mental distress and depression and I had to pay out of pocket for it. (Non-binary, youth)

It took me 8 months to access hormones. As an informed adult I should have been able to use informed consent to start when I said I was ready rather than having to educate my GP and go through a ridiculous search to find the transgender pathways and elusive professional in my area. (Trans man, adult)

I would like to have more options for hormones (patches, injections etc) as I feel like I didn't get the choice. (Trans woman, adult)

Options for hormone therapy are very limited in NZ. Progynova and Estradot appear to be the only funded options and don't work very well for me. (Trans woman, adult)

I was refused hormone blockers and told to just wait two years so I can go on testosterone. This led me to full blown anorexia and crippling mental health. (Trans man, youth)

I am very glad I was on hormones for five years, and I also feel it was the right thing for me to stop taking them. I'm really happy with how my body and self are now. (Non-binary, adult)

I am thankful that both the people prescribing and administering my hormones over the last couple years have let me have complete control over this process, which in turn allows me to be honest to them about my hopes and fears over what hormones could do to me. I was prepared to lie to everyone from the get-go about my identity so I could access hormones, and I am very thankful I did not have to do that, and also guilty over my good experience when so many people are treated like shit. (Trans man, youth)

Top surgeries: chest reconstruction and breast augmentation

We asked trans men and non-binary participants who were assigned female at birth about chest reconstruction. One in ten participants had paid for chest reconstruction themselves, and almost half had an unmet need (i.e., wanted this but have not had it). We asked trans women and non-binary participants who were assigned male at birth about breast augmentation surgeries, and almost one in ten had paid for breast augmentation themselves, with more than a third having an unmet need for this.

There were large gender differences in demand for these surgeries, with trans men and trans women having a higher demand for top surgeries than non-binary participants. Almost all trans men reported a demand for chest reconstruction surgery but less than a third had received it.

Group differences for top surgery access include:

- Youth were more likely to have an unmet need for chest reconstruction (57%).
- Adults were more likely to have had and paid for their chest reconstruction (17%) and older adults were more likely to have paid for their own chest reconstruction (36%) and breast augmentation (21%).

When asked about the reasons for not having top surgeries, cost and not knowing where to go were once again the biggest barriers.

Waiting times and being told they are not able to have the surgery were commonly reported barriers for chest reconstruction.

There were many group differences in these reported barriers to accessing chest reconstruction:

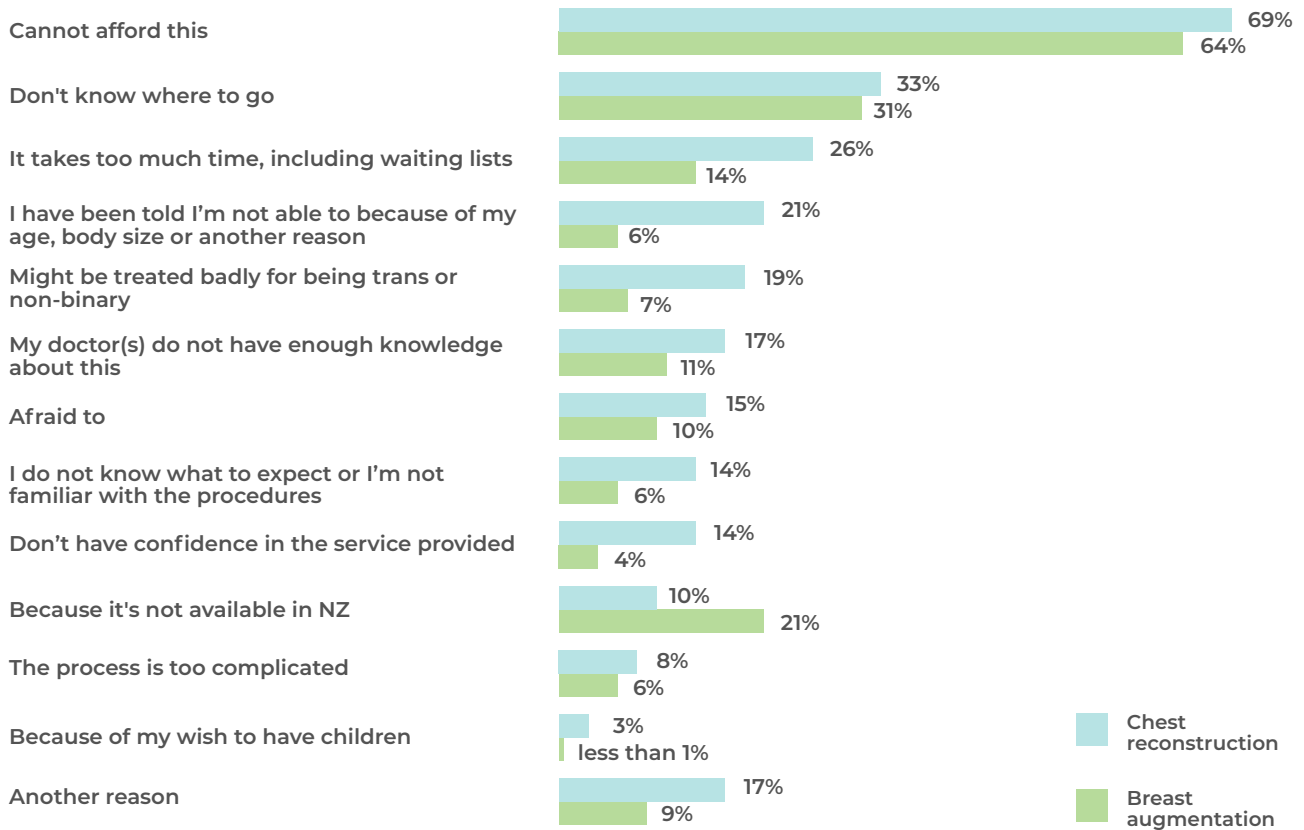
- Non-binary participants were more likely and trans men less likely to be afraid to have chest reconstruction (27% vs 8%), or concerned that they might be treated badly for being trans or non-binary (33% vs 10%), or to not know where to go (43% vs 27%), or to not know what to expect or to be unfamiliar with the procedures (29% vs 6%).
- Disabled participants (35%) were more likely to have been told they were not able to access chest reconstruction because of their age or body size or another reason.
- Adult participants (28%) were more likely and youth (14%) were less likely to report that they might be treated badly for being trans or non-binary when seeking this surgery.
- Asian participants were less likely to report that doctors did not have enough knowledge about chest reconstruction (less than 2%) and less likely to not know where to pursue chest reconstruction (16%).
- European participants were most likely to believe their doctors did not have enough knowledge about chest reconstruction (21%).
- Youth were more likely (84%) and older adults were less likely (22%) to not be able to afford breast augmentation.

Have you had or do you want breast augmentation or chest reconstruction surgery to affirm your gender?					
		Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Chest reconstruction	Trans men	67%	17%	13%	97%
	Non-binary (AFAB)	32%	5%	less than 2%	38%
	Overall	48%	10%	7%	65%
Breast augmentation	Trans women	41%	10%	less than 2%	51%
	Non-binary (AMAB)	21%	5%	less than 2%	25%
	Overall	35%	9%	less than 2%	44%

AMAB is assigned male at birth and AFAB is assigned female at birth

Why have you not accessed chest reconstruction or breast augmentation surgeries?

Mark all that apply.



Out of participants who had an unmet need for chest reconstruction or breast augmentation

Participants' comments

I was originally declined for top surgery 'due to insufficient information' and the letter said they were referring me back to my GP 'to manage your condition'. My GP & hysterectomy surgeon were not aware they needed [photos of my breasts]. If my hysto surgeon hadn't contacted me and pushed back I wouldn't have had top surgery. (Trans man, adult)

It feels like a lottery system with some DHBs [District Health Boards] providing surgeries when they have a surgeon, then closing their books when they get too many referrals. I worry about the trans people I know who have had surgeries scheduled, taken time off work, and then had the surgery cancelled. Some have been threatened with redundancy or told by their employer that they will only be granted leave with sufficient notice. Yet sometimes the only access to surgery is being available at short notice for a cancelled appointment. (Trans man, older adult)

Top surgery meant I was comfortable enough to

go on trips related to my studies with others in my classes – I was able to share a room with male peers without needing to be too worried they would find out I was trans. (Trans man, youth)

Years of binding caused costochondritis leading to fusion of ribs to my sternum so I will never regain full chest expansion. This has created a high risk for pneumonia ... surgery should be promoted for those who need or want it, [due to] these wider health benefits as well as [because it] resolves chest dysphoria. (Trans man, older adult)

Asthma was a big issue with binding my chest for so long, access to this healthcare means this is now manageable. (Non-binary, adult)

Almost two years after starting on testosterone I am the happiest I have ever been. I'm having top surgery this year, funded by Counties Manukau DHB, and my life is going in a really positive direction. I feel so much more confident in myself and while I still sometimes struggle, I know now that there is a place for me in this world and I am enjoying my life. (Trans man, youth)

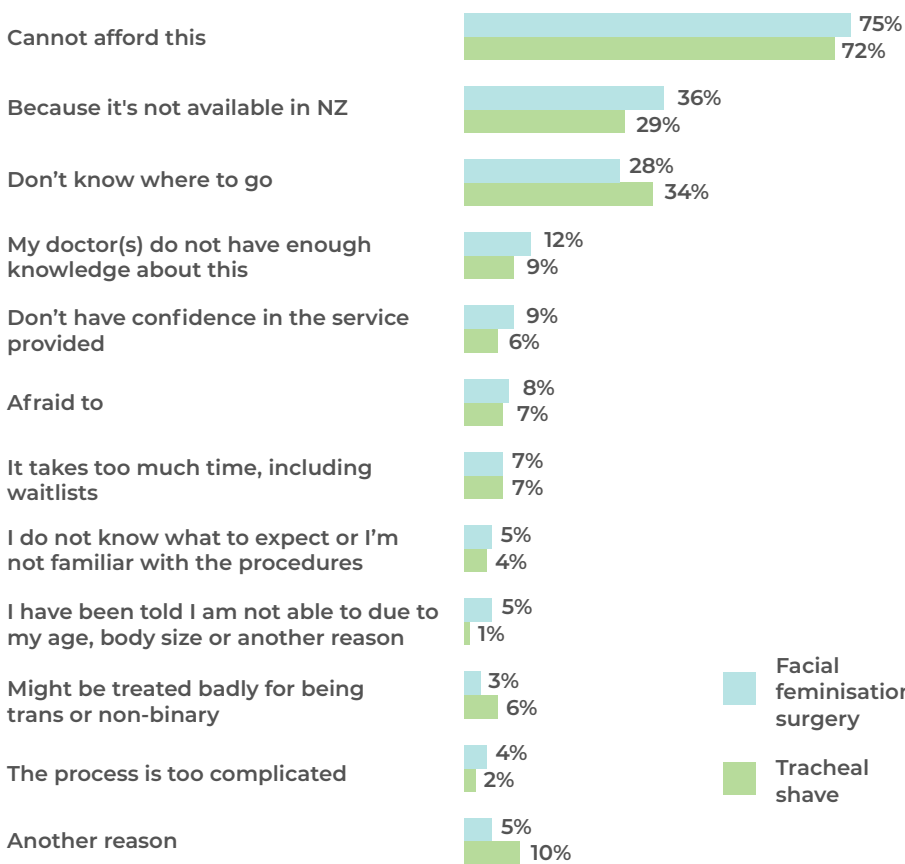
Facial feminising and tracheal shave surgeries

We asked trans women and non-binary participants who were assigned male at birth about facial feminising and tracheal shave surgeries. Few participants had accessed these surgeries, leaving a large unmet demand.

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

Have you had or do you want facial feminising or tracheal removal surgery to affirm your gender?				
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Facial feminising surgery	39%	4%	Less than 1%	43%
Tracheal shave	24%	4%	Less than 1%	28%

Why have you not had facial feminisation or tracheal shave surgery? *Mark all that apply.*



Participants' comments

My quality of life has improved dramatically since undertaking these treatments. In particular, with Facial Feminising Surgery, I've found this has significantly reduced my day to day anxiety in public. (Non-binary, adult)

Facial Feminisation Surgery is more important/valuable to me than any other surgery . . . Without FFS and a passable female voice, I am too anxious to present female in public full time. (Trans woman, adult)

[It] would be great if facial feminising surgery was available on the public health service. (Non-binary, adult)

Out of participants who had an unmet need for facial feminisation surgery or a tracheal shave

Voice therapy and voice surgery

We asked all participants about voice therapy and voice surgery. Few participants had accessed these services, despite the large proportion of participants with a demand for them.

There were notable differences between gender groups' demand for voice therapy. While this demand was higher for trans women and lower for non-binary participants, almost a third of trans men wanted voice therapy and very few

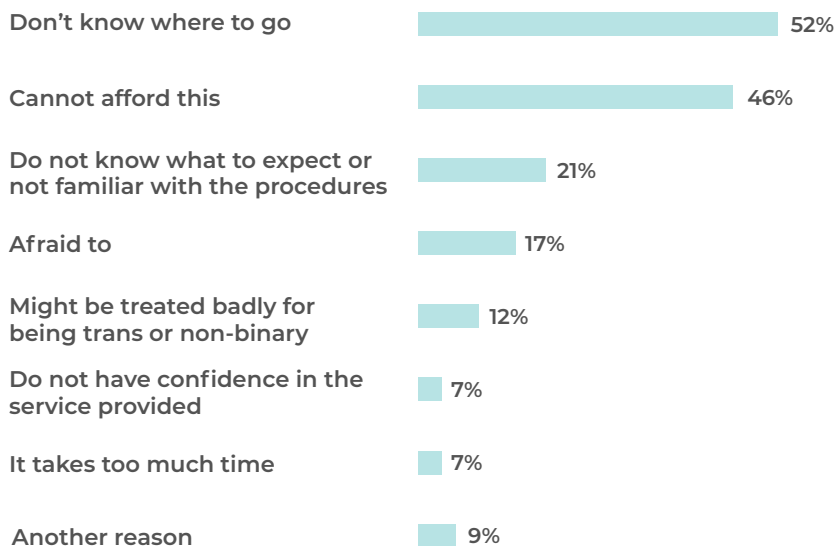
had been able to access it.

The level of unmet demand for voice therapy was higher for Auckland (37%) and Pasifika (55%) participants and lower for Wellington participants (22%).

More than half of participants who wanted but had not accessed voice therapy reported this was because they did not know where to go for this service. Cost was also a barrier for almost half of these participants.

Have you had or do you want voice therapy to affirm your gender?				
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Trans women	50%	6%	5%	61%
Non-binary	18%	less than 2%	less than 2%	18%
Trans men	32%	less than 2%	less than 2%	32%
Overall	31%	2%	2%	35%

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



Out of participants who had an unmet need for voice therapy

Disabled participants were more likely to not be able to afford voice therapy (60%) and youth (25%) were more likely to be afraid to access it. There were also gender differences in unmet need for voice surgery, although more than one in ten trans men still had an unmet need for this.

Participants' comments

Voice training would be number 1, as this could be a cheaper service but make a huge impact. (Trans woman, adult)

[M]y voice is super masculine; I really have no control over that, and I shouldn't have to get shit for it every time. (Trans woman, adult)

I only got voice therapy because I lost my voice due to a job that was strenuous on the vocal cords. [I'm] pretty sure it was only so easy to get because they assumed I was a cis woman. (Trans man, adult)

I'd never heard that... you could get voice training and/or surgery in NZ. No one has ever told me that these are possible. (Trans man, adult)

Great voice therapist in [a South Island] DHB. (Trans woman, adult)

Have you had or do you want voice surgery to affirm your gender?				
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Trans women	28%	2%	less than 2%	30%
Non-binary	5%	less than 2%	less than 2%	5%
Trans men	11%	less than 2%	less than 2%	11%
Overall	13%	less than 1%	less than 1%	13%

The main barriers reported by those with an unmet need for voice surgery were not being able to afford it (59%), not knowing where to go (32%) or because it is not available in Aotearoa New Zealand (30%).

Removal of gonads: orchiectomy and hysterectomy/oophorectomy

We asked trans women and non-binary participants who were assigned male at birth about orchiectomies (surgical removal of testes). More than one in ten participants had had an orchiectomy and most had paid for it themselves.

We asked trans men and non-binary participants who were assigned female at birth about hysterectomies/oophorectomies (surgical removal of uterus or ovaries). Most participants who had ever had this surgery did not pay for it themselves.

Similar proportions, around two-fifths of participants, had an unmet for an orchiectomy (39%) or a hysterectomy/oophorectomy (42%).

Group differences for orchiectomy and hysterectomy/oophorectomy access include:

- Disabled participants (54%) and youth (49%) were more likely to have an unmet need for a hysterectomy.

- Adult participants were more likely to have had and not paid for a hysterectomy (14%).
- Older adults (18%) were more likely to have had and paid for orchiectomy themselves.

We asked participants who had an unmet need for gonad removal surgeries about the reasons for not accessing this surgery. Cost and not knowing where to go were once again the most commonly reported barriers. Almost a quarter of participants with an unmet need for a hysterectomy had been told they were not able to because of their age, body size or another reason. The lack of availability in Aotearoa New Zealand was a more commonly reported barrier for orchiectomies than for hysterectomies/oophorectomies.

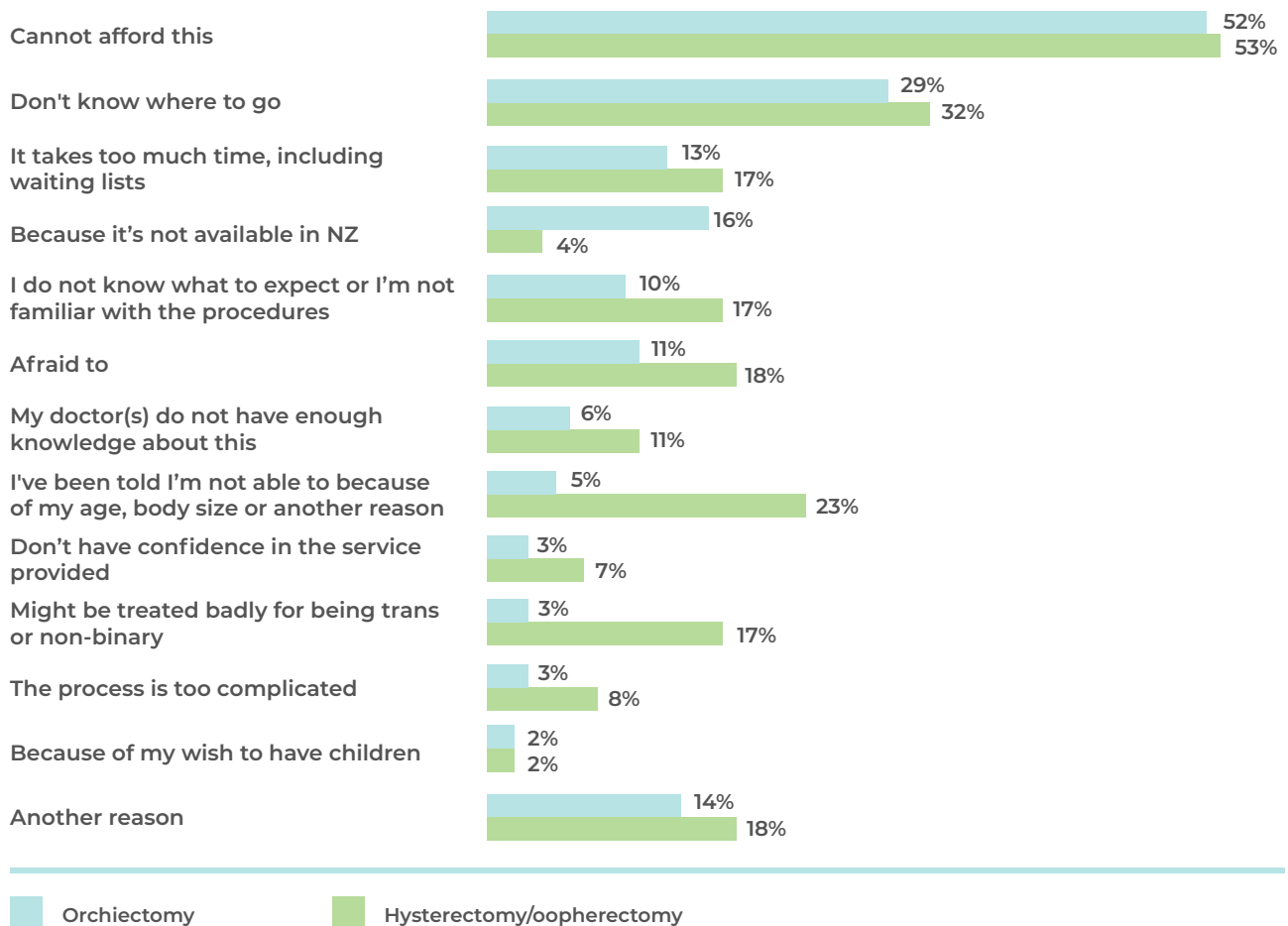
While there were no group differences in barriers to accessing an orchiectomy, there were some for hysterectomies:

- Non-binary participants were more likely than trans men to have not had a hysterectomy because of being afraid to (30% vs 10%), not having confidence in the service (13% vs 3%), concern about being treated badly for being trans or non-binary (29% vs 9%), not knowing what to expect or not being familiar with the procedures (32% vs 8%) or because the process was too complicated (16% vs 3%).

Have you had or do you want an orchiectomy or hysterectomy/oophorectomy to affirm your gender?				
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Orchiectomy	39%	7%	4%	50%
Hysterectomy/oophorectomy	42%	Less than 1%	7%	49%

- Disabled participants were more likely to have been told they were not able to have a hysterectomy because of their age, body size, or another reason (35%).
- European participants were more likely (22%) and Asian participants were less likely (less than 2%) to not have a hysterectomy because they might be treated badly for being trans or non-binary (22%).

Why have you not accessed an orchietomy or hysterectomy? *Mark all that apply.*



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

Participants' comments

Please cover the cost of an orchietomy. It would save on public funding for blockers in the long run.
(Trans woman, adult)

I've been told that the [DHB] will NOT do a hysterectomy as a part of gender-affirming care.
(Trans man, adult)

I had a hysterectomy recently and was put in the urology ward 'for my comfort'. While in there, I had nurses misgendering me while talking about me outside my curtain. I was also potentially outed to everyone in the ward... had to write a note on my

phone saying please use he/him pronouns, please don't mention hysterectomy or gynaecology. I shouldn't have had to do that.
(Trans man, adult)

When I received my hysterectomy, Wellington hospital refused to allow me to stay in the gynaecology ward after the surgery because I identified as male. I wanted the best care and to be cared for by specialists in that field... I was placed in the general surgical ward... I was not given the same quality of information and advice by the medical team; I was forgotten about and did not see a doctor for three days. (Trans man, adult)

Genital reconstruction surgeries

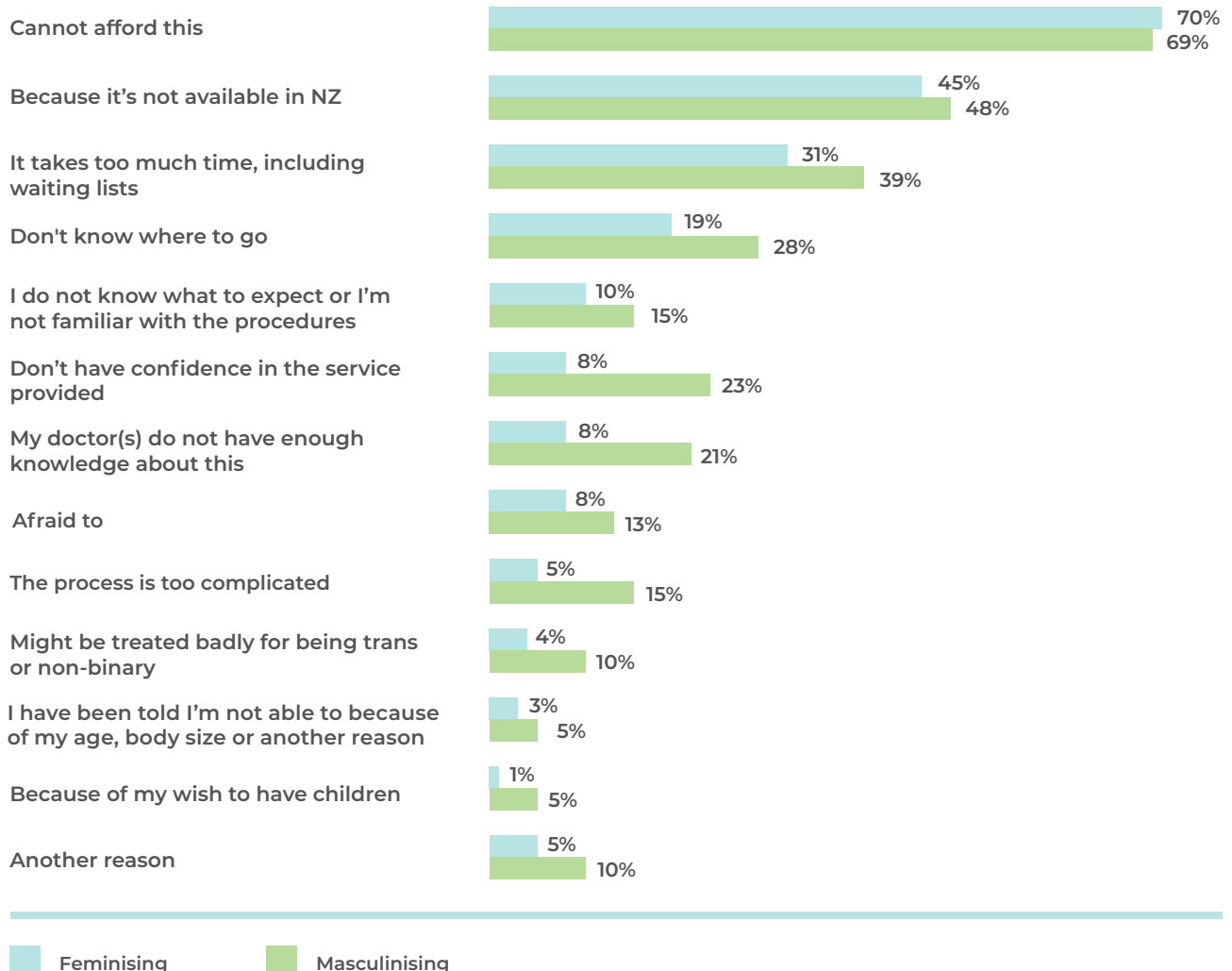
Trans women (15%) were the group most likely to have received feminising genital reconstruction surgery (vaginoplasty), with most of these participants having to pay for it themselves. Almost half of trans women and more than one in ten non-binary participants had an unmet need for feminising genital reconstruction surgery. Less than 1% of trans men and non-binary participants assigned female at birth had ever had masculinising genital reconstruction surgeries (metoidioplasty or phalloplasty). Two in five trans men and a small proportion of non-binary participants had an unmet need for these surgeries.

Have you had or do you want genital reconstruction surgery to affirm your gender?				
	Want this, but have not had it (unmet need)	Have had this and paid for it themselves	Have had this and did not pay for it themselves	Total demand
Trans women	49%	13%	2%	64%
Non-binary (AMAB)	14%	2%	less than 2%	16%
Overall feminising GRS	39%	10%	1%	50%
Trans men	40%	less than 2%	less than 2%	40%
Non-binary (AFAB)	6%	less than 2%	less than 2%	6%
Overall masculinising GRS	21%	less than 1%	less than 1%	21%

AMAB is assigned male at birth, AFAB is assigned female at birth, GRS is genital reconstruction surgery

When participants with an unmet need were asked about the reasons for not having genital surgery, cost was a barrier for more than two-thirds of all participants. The lack of availability in New Zealand was also a reason given by almost half of participants. Many also reported that the waitlist was a barrier, as well as not knowing where to go to access these surgeries. Almost a quarter of trans men and non-binary participants assigned female at birth did not have confidence in masculinising genital reconstruction surgery and many also reported that their doctors lacked knowledge about this.

Why have you not accessed genital reconstruction surgery? *Mark all that apply.*



Out of participants who had an unmet need for genital reconstruction surgery

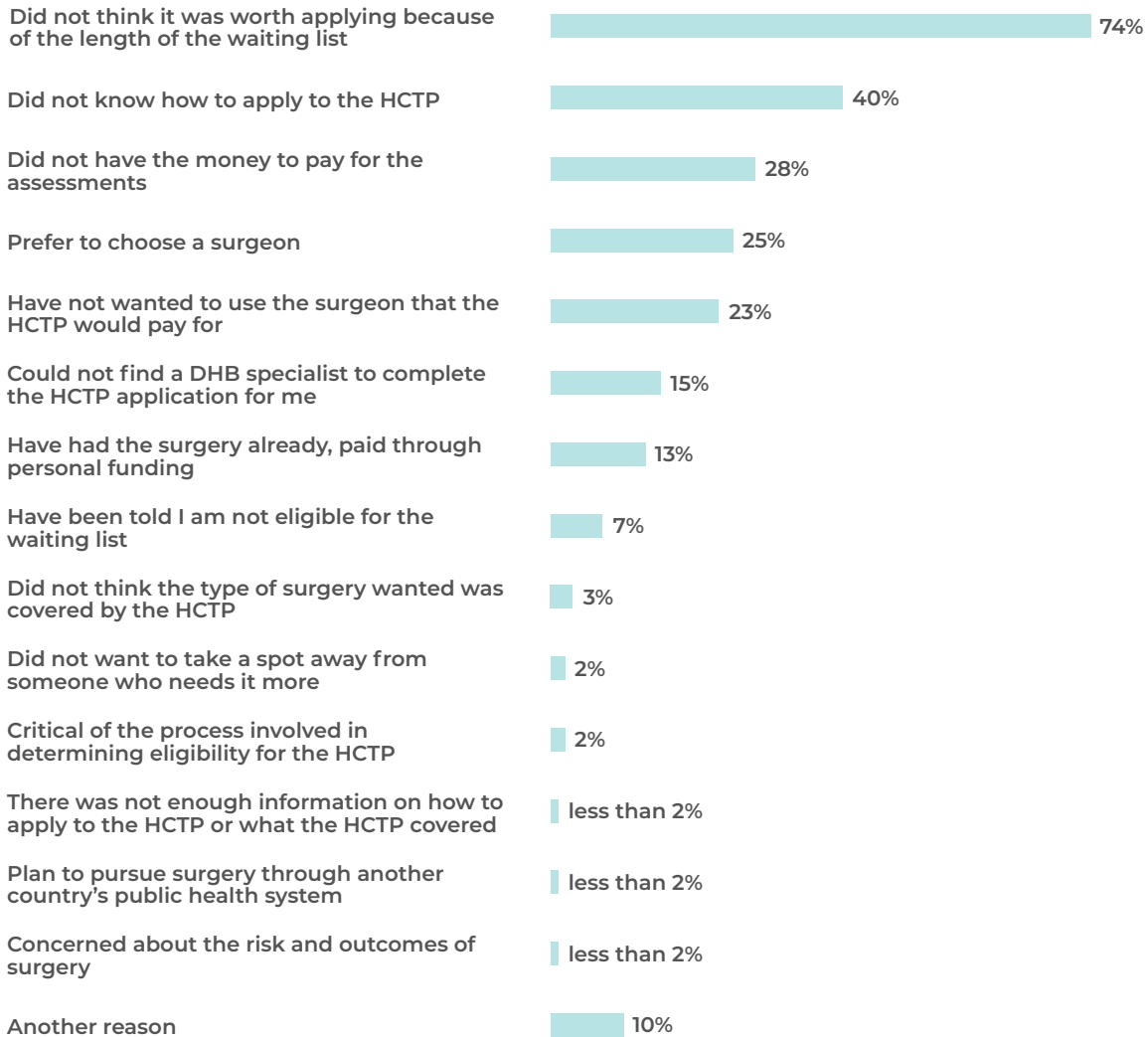
High Cost Treatment Pool funding for genital reconstruction surgery

We asked participants about their experiences applying for genital reconstruction surgeries from the Ministry of Health's High Cost Treatment Pool funding.

Fewer than half (46%) of our participants were aware of the High Cost Treatment Pool funding for genital reconstruction surgeries. This knowledge was higher among trans women (61%) and men (52%), adults (51%) and older adults (72%), and lower among youth (36%) and non-binary participants (32%).

Out of participants who had ever had, or would like to have, genital reconstruction surgery, only 15% had applied to the High Cost Treatment Pool, and a further 3% did not know if they had. Out of those that were aware of the High Cost Treatment Pool but had not applied to it, nearly three-quarters reported that the waitlist made it not worth them applying, more than a third did not know how to apply, more than a quarter reported that the cost was a barrier and a quarter had not applied because they would prefer to choose their own surgeon.

Why did you not apply to the High Cost Treatment Pool (HCTP)? *Mark all that apply.*



Out of participants who had ever had or would like to have genital reconstruction surgery and were aware of the HCTP

Wellington participants (88%) were more likely and Waikato participants (39%) were less likely to respond that the High Cost Treatment Pool was not worth applying to because of the long waiting list.

Trans men (55%) were more likely and trans women (28%) were less likely to not know how to apply to the High Cost Treatment Pool.

Youth (48%) were more likely and older adults (7%) were less likely to not have the money to pay for assessments.

Finally, we asked participants who had applied to the High Cost Treatment Pool what the response to their application had been.

- A quarter (25%) had been declined.
- Almost a quarter (24%) were still waiting for a response to their application.
- 19% had their application accepted and were on the waiting list.

- Fewer than 10% had received gender-affirming surgeries through the High Cost Treatment Pool.
- More than one in five of these participants reported something else and many shared more about their experience with their application.

It is concerning that such a high proportion of participants were waiting for a response about their application. Our project team raised this issue with Ministry of Health officials. As a result, the Ministry has proposed copying trans and non-binary applicants into all correspondence, if their details are provided in the application.

Participants' comments

It's not fit for purpose – it's supposed to be for very rare procedures which don't have a steady demand, not for where there is a demand for several operations every year. (Trans woman, adult)

The process of even getting on the waiting list is inaccessible to many trans people financially. (Trans man, adult)

All DHBs [District Health Boards] should have the same conditions and policies for surgeries of this nature. I was waiting for my endo[crinologist] [in a large city] to refer me and he consistently forgot, I would have been able to get it done there without a problem. Now I cannot get it through [a smaller] DHB. (Trans man, adult)

I enquired . . . and was told there was absolutely no point in being put on the waiting list because of how long the list was. (Trans man, older adult)

I paid for an appointment to discuss bottom surgery. He said he knew nothing about it and would get back to me with how to go about getting the process started. That was a year ago and [he] hasn't got back to me. (Trans man, older adult)

No other procedure with a 50-year waiting list would be tolerated. The Ministry recently confirmed that the list is growing at over three times the current rate of surgeries. (Trans woman, youth)

The waiting lists for surgeries are ridiculous, and any way that they can be dealt with and the backlog cleared would be fantastic. The only reason I haven't applied for vaginoplasty is because of this. (Trans woman, adult)

I don't know how to access it, which surgeries it funds (e.g. metoidioplasty? phalloplasty?), what is funded, the level of experience of the surgeon, or the assessment criteria. (Trans man, adult)

It is extremely confusing, I thought all trans-related surgeries were paid through that and therefore unavailable. I have no idea how anything is funded or how to access them. I wish there was somewhere that actually explained all this shit, letting us know what is available and how. (Trans man, youth)

I enquired about genital reassignment surgery through the public health system and was told there was absolutely no point in being put on the waiting list because of how long it was and how slowly it was moving (I think at the time, circa 2013, the list wasn't actually moving at all). (Trans woman, adult)

I have had an assessment with a [DHB specialist] who has recommended me for the HCTP [High Cost Treatment Pool] surgery, but I have had no written confirmation from . . . the DHB that I am on the waiting list or any other information. (Trans woman, adult)

Once you are past the waiting and you go for surgery, the service is excellent. (Trans man, adult)

There's a strong commitment to continue paying for surgery until complications are resolved and all the stages are complete, which is important as no local surgeons are able or comfortable to fix complications or complete minor procedures. (Trans man, adult)

Overseas genital reconstruction surgery

More participants had received genital reconstruction surgery overseas (4%) than in Aotearoa New Zealand (less than 1%). More than two-thirds (69%) of participants who had received this overseas had received support from health professionals in New Zealand before or after this surgery.

Other gender-affirming care

Participants also mentioned other forms of gender-affirming care, including different forms of body contouring, hair loss treatment and hair implant, seeking health advice about binding, massage (including for post-operative care), peer mentoring and facial masculinising surgery.

Participants' comments

Had a series of strictures and fistulas and wasn't able to get support locally for treating these which made them worse and led to multiple return trips. (Trans man, adult)

I had some [complications] after I got home ... I did not know who I could go to – but I contacted my surgeon's staff. ... for a few weeks there I was feeling pretty scared. It felt like there would be nobody here who would know what to do. (Trans woman, adult)

Massage practitioners and other bodyworkers, osteopaths etc ... handle the body and its healthcare too ... I've literally felt assaulted after one 'relaxation' massage where the practitioner was clearly uncomfortable about my gender presentation and took it out on my person. (Non-binary, adult)



Gender-affirming care through the Aotearoa New Zealand public system

Accessing care through the public health system

We asked survey participants whether, since 2001, they had received or tried to receive gender-affirming care in Aotearoa New Zealand through the public health system. We chose the year 2001 because this was when the current district health board system was established. Under this system, there can be differences in healthcare provided in different regions.

Almost half of participants had received hormone treatment, over a third had received counselling support and mental health assessments, and few participants had received any other types of gender-affirming care. Almost a quarter of trans men and non-binary people assigned female at birth had unsuccessfully tried to receive chest reconstruction surgery. For all other forms of surgeries, and for hair removal, at least two-thirds of participants had not even tried to access this service through the public health system.

Since 2001, have you received or tried to receive these gender-affirming health services through the New Zealand public health system (e.g. through a public hospital)?

	Received	Tried, but did not receive	Have not tried to get this
Hormone treatment	48%	11%	41%
Counselling support	38%	12%	50%
Mental health assessment	35%	13%	51%
Hair removal/electrolysis	10%	8%	82%
Hysterectomy/oophorectomy ¹	9%	12%	78%
Chest reconstruction ¹	8%	24%	69%
Orchiectomy ²	4%	15%	81%
Breast augmentation ²	3%	10%	87%
Voice therapy	2%	6%	92%
GRS overall	1%	11%	87%
Feminising GRS ²	less than 2%	14%	84%
Masculinising GRS ¹	less than 2%	9%	90%
Tracheal shave/removal ²	less than 2%	10%	89%
Facial feminising surgeries ²	less than 2%	9%	91%
Voice surgery	less than 2%	5%	95%

Out of participants who had received, wanted but had not received (unmet need) or were not sure if they want each of these services. GRS is genital reconstruction surgery.

¹ Out of participants who were assigned female at birth

² Out of participants who were assigned male at birth

There were many differences in participants' experiences trying to access gender-affirming care through the Aotearoa New Zealand public health system, based on their age, gender or ethnicity:

- Trans men (49%) and trans women (47%) were more likely to have received counselling support than non-binary participants (25%).
- European participants (38%), trans men (49%) and trans women (44%) were more likely to have received a mental health assessment, and non-binary (18%), Pasifika (11%) and Asian (23%) participants were less likely to report this.
- Pasifika participants (29%) were more likely to have tried to get, but not received, a mental health assessment.
- Māori (17%), adult (13%) and older adult (40%) participants were more likely to have had chest reconstruction surgery. Asian participants (37%) were more likely to have tried to access, but not received, chest reconstruction surgery.
- Pasifika participants (19%) were more likely to have received breast augmentation surgery. This may reflect that they were much more likely to live in the Auckland region where such surgeries are potentially available through District Health Boards.
- Adults (19%) and older adults (38%) were more likely to have received a hysterectomy/oophorectomy. Adult participants (19%) were also more likely to have tried to obtain a hysterectomy/oophorectomy but have not received it.
- Adult participants (4%) were more likely and youth (less than 2%) were less likely to have had voice therapy.

Participants' comments

I am incredibly grateful for the system New Zealand currently has in place, and I truly hope it improves in the future to become available to everyone who needs it. (Trans man, youth)

I am a local leader in helping trans people to access support. I transitioned years ago. However, I still get confused trying to comprehend where and how to access trans healthcare in my region - there is no clear pathway, there is nothing written about it online either. (Trans man, adult)

I am scared that the quality of my gender services will massively drop once I enter the adult system. (Trans man, youth)

There was no psychologist available [at my local DHB] for me to see so I had to see one from Christchurch to get the report done [and I was then] referred to an endocrinologist. I have been waiting 5 months since I have been referred and I have not heard anything from an endocrinologist. I keep asking my doctor about it, but she is unsure when I will get a response. It is very frustrating. (Trans man, youth)

Since accessing gender affirming healthcare, I have moved to a new city by myself and started full-time study. Things I never otherwise would have been able to do. (Trans woman, adult)

My life has been immeasurably better thanks to this. I no longer spend every second of my day thinking of how to kill myself, no longer cry myself to sleep every night, I feel much more comfortable in my own body, and any slip ups come from the fact I don't have the funds to get the SRS surgery I want. . . . I never could've done this without having hormones. (Non-binary, adult)

Services in NZ should be the same everywhere – utilising international guidelines, well-advertised – all DHBs should have a section on their webpage. (Trans woman, adult)

Reasons for accessing care privately, rather than through the public health system

We asked participants why they had not used the Aotearoa New Zealand public health system for their gender-affirming care. Believing the public health system does not provide this was the most common response for most types of care. Having the request declined was the most commonly reported barrier to receiving a hysterectomy in the public health system and long waiting lists were the most commonly reported barrier for those wanting chest reconstruction surgery.¹

¹ These percentages do not add up to 100% because there were additional response options given which we did not have space to report here. For example, many participants also reported that they did not access these procedures through the public health system because they could get a better service somewhere else.

Why haven't you used the New Zealand public health system for this gender-affirming care? Mark all that apply.

	Believe the NZ health system doesn't provide it	Long waiting lists	Request declined or waiting on a response
Hair removal/electrolysis	67%	5%	3%
Facial feminising surgeries	66%	10%	4%
Tracheal shave/removal	64%	9%	7%
Voice surgery	58%	5%	8%
Breast augmentation	56%	15%	3%
Voice therapy	49%	6%	7%
Genital reconstruction	41%	33%	14%
Masculinising	48%	28%	17%
Feminising	37%	35%	12%
Orchiectomy	37%	21%	11%
Counselling support	30%	24%	8%
Hysterectomy	21%	17%	22%
Chest reconstruction	20%	30%	24%
Mental health assessment	19%	24%	8%
Hormone treatment	6%	5%	6%

Out of participants who had received this by paying for it themselves, or who wanted but had not received each of these services (unmet need)

Out of participants who had already paid themselves for or had an unmet need for that type of care, there were many ethnicity and region differences:

- Māori participants (37%) were more likely to believe that the Aotearoa New Zealand public health system doesn't provide mental health assessments.
- Participants in Wellington (41%) and European participants (29%) were more likely to have not accessed a mental health assessment because of the waiting list.
- Māori (38%) and participants in Taranaki and Manawatū–Whanganui (46%) and Canterbury (37%) were more likely to believe that the New Zealand public health system did not provide chest reconstruction surgery. Asian participants (less than 2%) and those in Auckland (9%) were less likely to report this.
- Asian participants were more likely to report their application was declined or they were still waiting for chest reconstruction (41%) and for hysterectomy/oophorectomy (40%). European participants (17%) were less likely to report they were still waiting for hysterectomy/oophorectomy. Asian participants (72%) were more likely and European participants (36%) were less likely to believe that the New Zealand public health system doesn't provide genital reconstruction surgery.

Participants' comments

I was rejected for mental health assessments through Wellington Hospital . . . and have since had to pay out hundreds of dollars to a private psychologist's assessment. (Trans woman, adult)

In Canterbury . . . it is impossible to access hormones before socially transitioning which doesn't suit how I wish to transition. (Non-binary, adult)

I was initially denied hormones through the public health system (Auckland DHB [District Health Board]) because of my weight, so I had to fundraise to go privately. (Trans man, adult)

I chose to go to a private endocrinologist since I had heard good things about the service and wanted to be looked after by one person who was able to get to know me – I worried about being tossed around or mistreated in the public system. (Trans man, youth)

I was told that there's absolutely no funding for top surgery [in Waikato]. (Trans man, adult)

Moving to access gender-affirming care

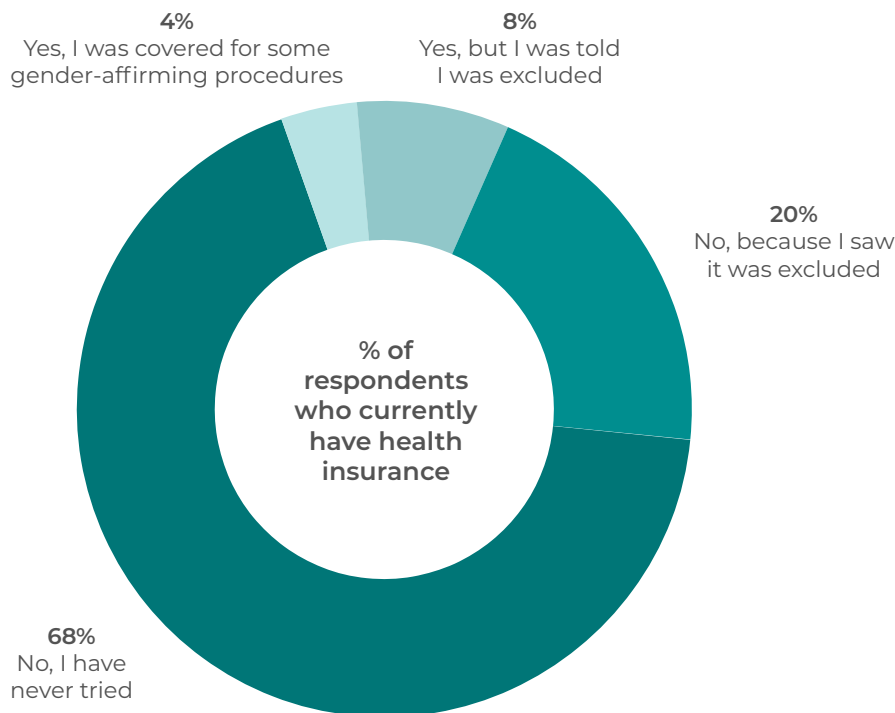
Out of participants who had accessed gender-affirming care, almost one in ten (8%) had moved to another part of Aotearoa New Zealand because this service was not available where they had been living before. In their comments, some participants who had moved location also mentioned travelling long distances so they could continue to visit a good GP or specialist.

Private health insurance for gender-affirming care

Just over a quarter of participants (26%) were currently covered by any health or medical insurance. We asked these participants if they had tried to use this insurance to access gender-affirming care. Only a few participants received some coverage, and over a quarter saw or were told that gender-affirming care was excluded.

Almost nine out of ten participants (88%) had not tried to use their health insurance to cover gender-affirming care. Adults were more likely (28%) and youth (12%) were less likely to have not tried to access this because these costs were excluded from the policy.

Have you ever tried to use your health insurance in Aotearoa New Zealand for gender-affirming procedures?



Participants' comments

Because I moved to a rural area, I am continuing to see my old GP over an hour's drive away as I have no faith in the local GP's knowledge and professionalism regarding trans and non-binary people. (Trans man, adult)

I've maintained the services of my endocrinologist in [another] DHB despite moving into the Whanganui DHB area. My GP has notified me that most people in Whanganui only have access to the single endocrinologist in Palmerston North, who has a long waiting list. (Trans woman, adult)

I am contemplating researching where the best trans healthcare is in NZ and moving there, but I live in poverty with disabilities, so moving would be very difficult. (Trans man, adult)

Participants' comments

Accessing fertility care is unaffordable to many as it is not covered by health insurance or by public funding. (Non-binary, older adult)

I feel that we NEED access to genital reassignment as there are no insurance companies that cover it and the waiting list is so long. I'd be dead before I got it. (Trans woman, adult)

3: Provider knowledge & competency

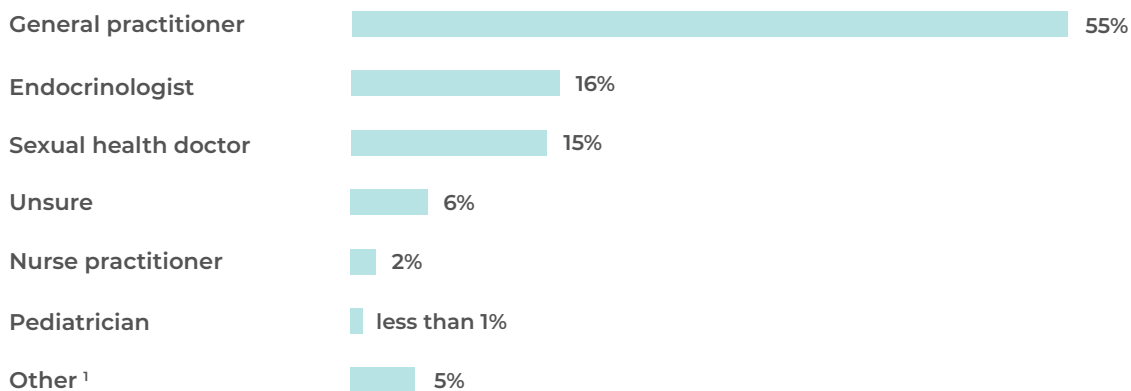


We asked participants about the range of health providers they saw for gender-affirming care, their level of knowledge about working with trans and non-binary people, and the positive and negative experiences that participants had encountered.

Main provider of gender-affirming care

GPs were the main provider of gender-affirming care for over half of participants.

Who is the main healthcare provider you usually go to for gender-affirming care, such as hormone prescriptions or surgery referrals?



Out of participants who had discussed being trans or non-binary with any healthcare professional

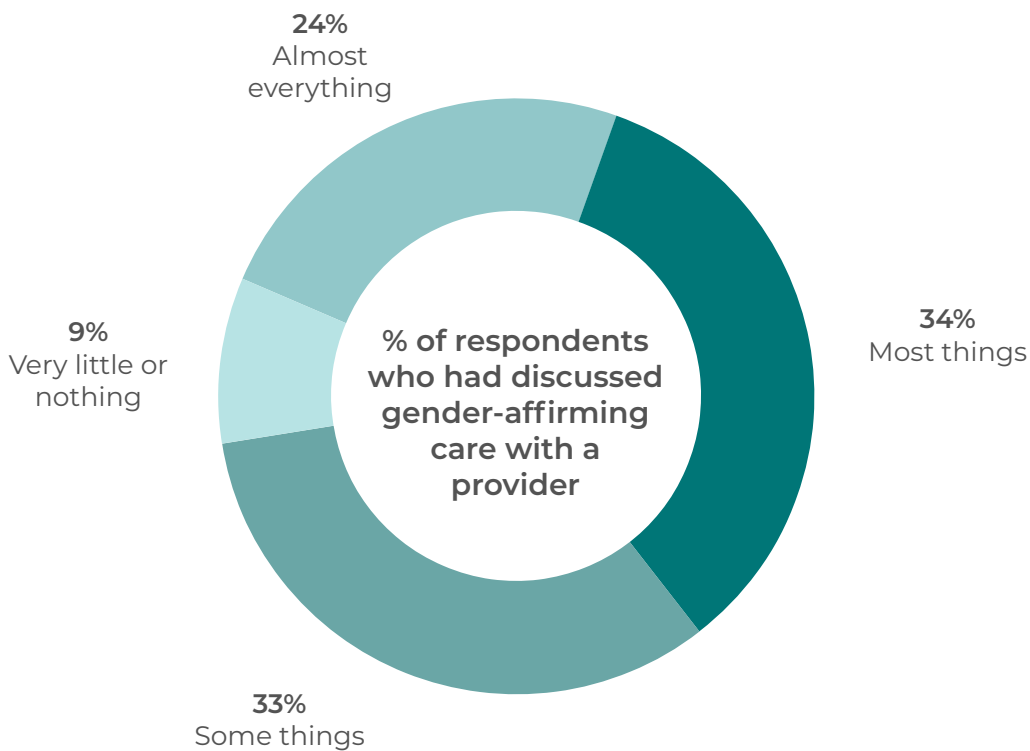
¹ This category included 2% who wrote in Youth Health Hub or Centre for Youth Health in Auckland

There were many group differences for participants' main provider of gender-affirming care:

- Otago and Southland participants (39%) were more likely and non-binary participants (9%) less likely to usually go to an endocrinologist.
- Youth (46%), trans men (47%) and Auckland participants (47%) were less likely and Canterbury participants were more likely (72%) to see a GP.
- Auckland (24%), Waikato (44%) and Asian (38%) participants were more likely and European (12%) and Wellington participants (6%) were less likely to see a sexual health doctor.
- Youth (4%), Pasifika (8%) and Hawke's Bay/Gisborne/Bay of Plenty participants (10%) were more likely to usually see a nurse practitioner.

Among participants who had discussed gender-affirming care with a healthcare provider, more than half (58%) reported that their main healthcare provider knew most things or almost everything about healthcare for trans and non-binary people. Adult (52%) participants were less likely and youth (66%) were more likely to report this.

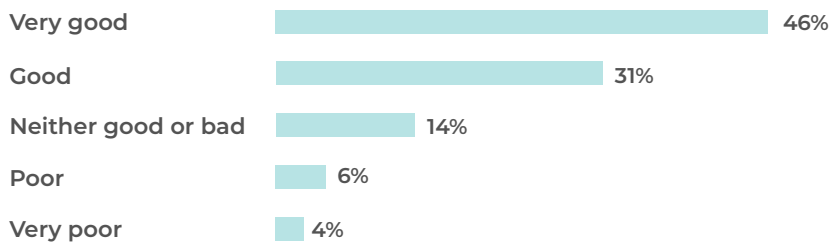
How much do they know about providing healthcare for trans or non-binary people?



Medical specialists

Medical specialists who provide gender-affirming healthcare include endocrinologists, surgeons, urologists, obstetricians or gynaecologists, psychiatrists and sexual health physicians. More than three-quarters of participants (77%) reported that the specialist they last saw for gender-affirming care was *good* or *very good* at explaining their health or treatment in a way they could understand. However, 10% reported the specialist was *poor* or *very poor* at doing this.

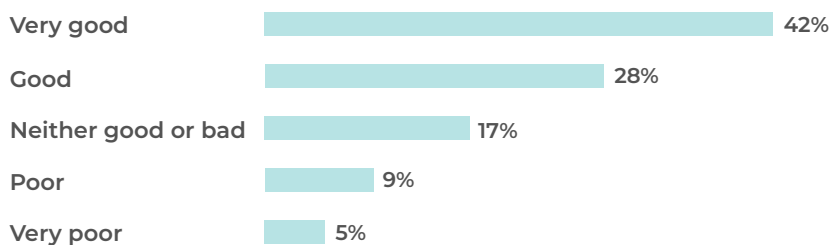
How good was the specialist at explaining your health and treatment in a way that you could understand?



Out of participants who had ever visited a medical specialist for gender-affirming healthcare

Most (70%) also reported that the specialist was *good* or *very good* at involving them in decisions about gender-affirming care, although 14% reported that the specialist was *poor* or *very poor* at doing this.

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



Out of participants who had ever visited a medical specialist for gender-affirming healthcare

Just over half of participants definitely had confidence and trust in the last medical specialist they saw, but one in ten did not have any confidence or trust in this medical specialist.

Participants' comments

No informed consent model or form was offered, although I did inquire about one at the time (as I assumed I would have to sign one). (Trans man, adult)

My endocrinologist . . . frequently had not taken sufficient notes and thus I had to re-explain my situation multiple times, he was very slow in responding to some serious side effects I experienced, minimised my experiences, and mistakenly leaked another patient's private information to me. I have complained about this, but not much came out of it. (Trans man, adult)

I had to endure the judgement of the first endocrinologist . . . I went to who misgendered me constantly, did not believe I am male because I have children and held off giving me testosterone for 2 years. (Trans man, adult)

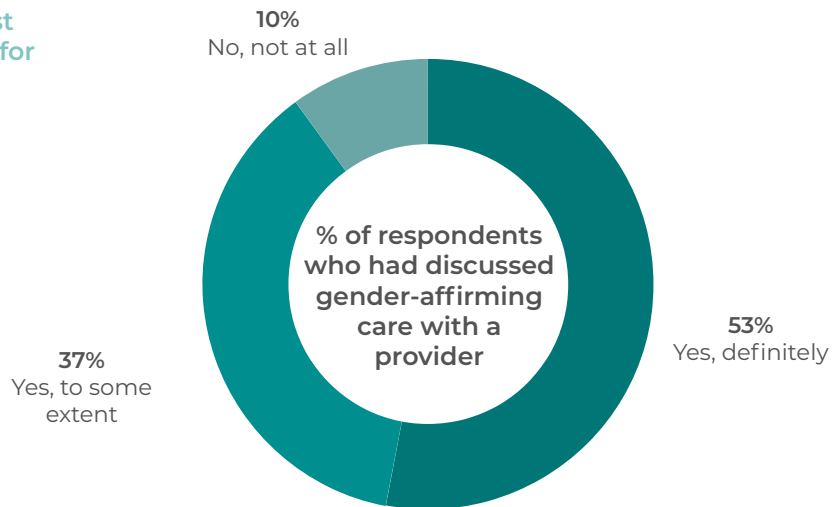
I don't believe my DHB endocrinologist fully listens to my desires/wishes around levels of hormones, and what I wish to achieve. (Trans woman, adult)

It really depends on what specialists you can access and their attitudes. I had a supportive doctor for my hysterectomy but for follow up support after my phalloplasty I've had a variety of urologists who were not supportive up until the last one. (Trans man, adult)

While [my psychiatrist] did initially say he didn't know enough about non-binary people, he managed to quite thoroughly research it in the month between my first and second appointment. (Non-binary, adult)

My care [at] the . . . Auckland DHB and the particular endocrinologist that I see . . . have been great. I was well informed from the outset and my levels were closely monitored and adjusted until I was through the initial stages of changes. (Trans man, adult)

Did you have confidence and trust in the medical specialist you saw for gender-affirming healthcare?



Negative healthcare experiences

We asked all participants about a range of negative things that they might experience as a trans or non-binary person accessing healthcare. Many of these experiences were common, even in the last 12 months, especially the ones that showed providers' lack of knowledge.

Have you had any of these things ever happen to you, as a trans or non-binary person, when you were trying to access healthcare? <i>Mark all that apply.</i>		
	Ever	Past year
You had to teach someone about trans or non-binary people so that you could get appropriate care	46%	22%
You were asked unnecessary or invasive questions about being trans or non-binary that were not related to the reason for your visit	36%	13%
You were told they don't know enough about gender-affirming care to provide it	27%	11%
A provider knowingly referred to you by the wrong gender, either in person or in a referral	26%	13%
A provider knowingly used an old name that you are no longer comfortable with	21%	10%
A provider thought the gender listed on your ID or forms was a mistake	20%	9%
A provider used hurtful or insulting language about trans or non-binary people	17%	7%
You were discouraged from exploring your gender	16%	4%
You could not access an appropriate bathroom	15%	8%
A provider refused to discuss or address gender-affirming healthcare	14%	4%
You were told that you were not really trans or non-binary	14%	3%
A provider belittled or ridiculed you for being trans or non-binary	9%	3%
A provider refused to provide you with a referral for gender-affirming care	8%	3%
You were refused care or had care ended because you are trans or non-binary	8%	2%
A provider examined your body when you thought it was inappropriate or it was not clear why it was necessary	6%	1%
You were placed in an incorrect hospital ward for your gender	5%	2%
A provider was physically rough or abusive when treating you	5%	1%
A provider refused to examine parts of your body because you are trans or non-binary	3%	1%

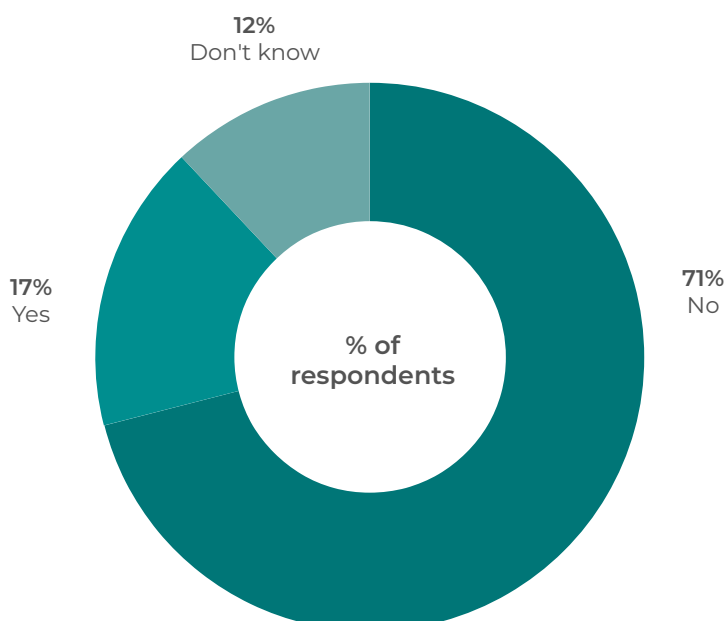
There were many differences between groups for these experiences in the last 12 months:

- Trans men (33%) were more likely and trans women (14%) were less likely to have had to teach someone about trans and non-binary people in order to access appropriate care.
- Trans men (22%) were more likely and non-binary participants (8%) were less likely to be asked unnecessary or invasive questions, or to have had a provider refuse or end care (4% vs less than 2%).
- Non-binary participants (11%) were more likely and trans women (2%) were less likely to report that they could not access an appropriate bathroom.
- Youth were more likely to have been discouraged from exploring their gender (7%) or to have had a provider refuse to discuss gender-affirming healthcare with them (6%).
- Youth (5%) were more likely and adult participants (2%) were less likely to be told they were not really trans/non-binary.
- Trans men (20%) and disabled participants (16%) were more likely and non-binary participants (7%) and trans women (6%) were less likely to have a health provider say that they don't know enough about gender-affirming care to provide it.
- Pasifika participants were more likely to have a provider using insulting language (20%).

Conversion therapy

More than one in six of all participants (17%) reported that a professional had tried to stop them from being trans or non-binary and a further 12% were not sure if this had happened to them. The World Professional Association for Transgender Health's *Standards of Care* clearly state that such treatment that aims to change a person's gender identity and expression is not ethical.

Has any professional (such as a psychiatrist, psychologist or counsellor) ever tried to make you identify only with your sex assigned at birth (in other words, tried to stop you being trans or non-binary)?



Positive healthcare experiences with GPs

We asked participants about positive things that they might experience as a trans or non-binary person from doctors. For most questions, the majority of trans men and women reported positive experiences. However, in each case, fewer than half of non-binary participants had these positive experiences.

How have doctors (GPs) been supportive of you? Mark all that apply.				
	Trans women	Trans men	Non-binary	Overall
<i>All participants:</i>				
Treated you the same as any other patient when your needs were not directly related to gender-affirming care	70%	66%	37%	55%
Always used your current name, with you and in referrals	62%	61%	26%	46%
Always used your correct gender pronouns, with you and in referrals	57%	57%	19%	41%
<i>Participants who had discussed gender-affirming care with a healthcare provider:</i>				
Been supportive of your needs relating to gender-affirming care	69%	62%	22%	47%
Shown they were willing to educate themselves on gender-affirming care, if necessary	55%	57%	22%	42%
Been able to clearly explain why any and all examinations were necessary	47%	47%	18%	35%
Shown they knew a lot about gender-affirming care	33%	32%	13%	24%

Differences between other groups for these positive experiences included:

- Youth were less likely to report that doctors always used the correct name (40%) and pronouns (36%) and older adults were more likely to report that they did (71% and 62%).
- Youth were less likely and older adults were more likely to report that doctors had been supportive of their gender-affirming needs (41% vs 65%) or had treated them the same as other patients (50% vs 73%).
- Youth (35%) were less likely to report that doctors had shown willingness to educate themselves on gender-affirming care.
- Asian participants (20%) were less likely to report that doctors had been able to clearly explain why all examinations were necessary.
- European participants (58%) were more likely to report that doctors treated them the same as other patients. When grouped together, 47% of non-European participants reported this.

4: General health & healthcare access barriers

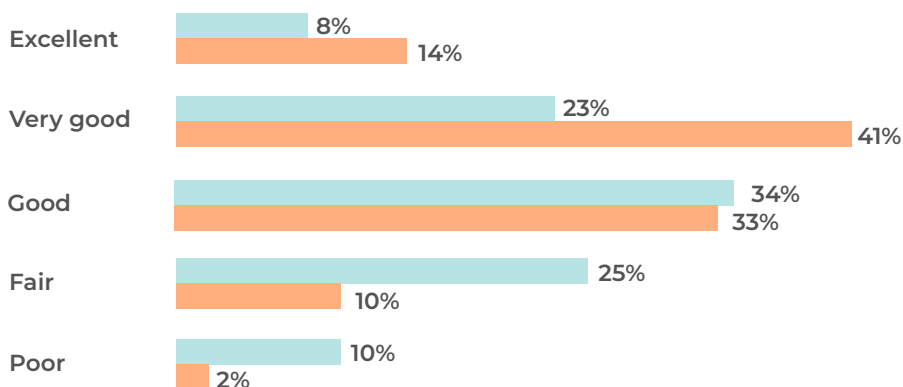


This section focuses on participants' health in general and barriers to accessing healthcare that many trans and non-binary people face. These barriers include discomfort discussing being trans or non-binary and postponing or avoiding care due to fear, cost or travel.

General health

Almost two-thirds (65%) rated their general health as *good*, *very good* or *excellent*. This is lower than the general population (88%).

In general, would you say your health is:



Counting Ourselves (age 15+)

New Zealand Health Survey 2016/17 (age 15+)

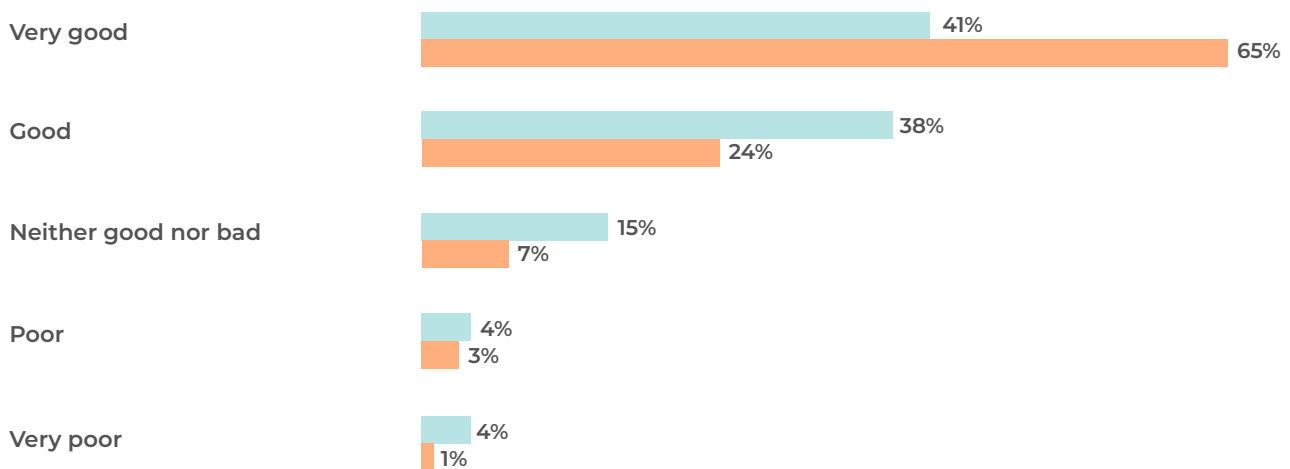
Experiences with GPs

Most participants (96%) had a primary care doctor or GP.

Most (83%) reported that during their last visit to their GP, their GP was *good* or *very good* at explaining health conditions and treatments in the way that they could understand. This was lower than the general population in the New Zealand Health Survey 2016/17 (91%).

Most participants (79%) also reported their doctor was *good* or *very good* at involving them in decisions about their care including treatment options. This was lower than the general population in the New Zealand Health Survey 2016/17 (89%).

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



Counting Ourselves (age 15+) New Zealand Health Survey 2016/17 (age 15+)

Almost half (48%) of these participants were *uncomfortable* or *very uncomfortable* discussing being trans or non-binary with their GP. More than two-thirds (68%) of participants would be *uncomfortable* or *very uncomfortable* discussing their gender with a new doctor.

Participants' comments

I am asthmatic which means that I cannot bind my chest flat despite wanting to, my lungs are too weak. (Non-binary, youth)

My biggest general physical health concerns are my teeth. I have missing teeth and cavities but can't afford to go to the dentist except for emergencies. I know this will impact my overall health but it's out of my control. (Trans man, adult)

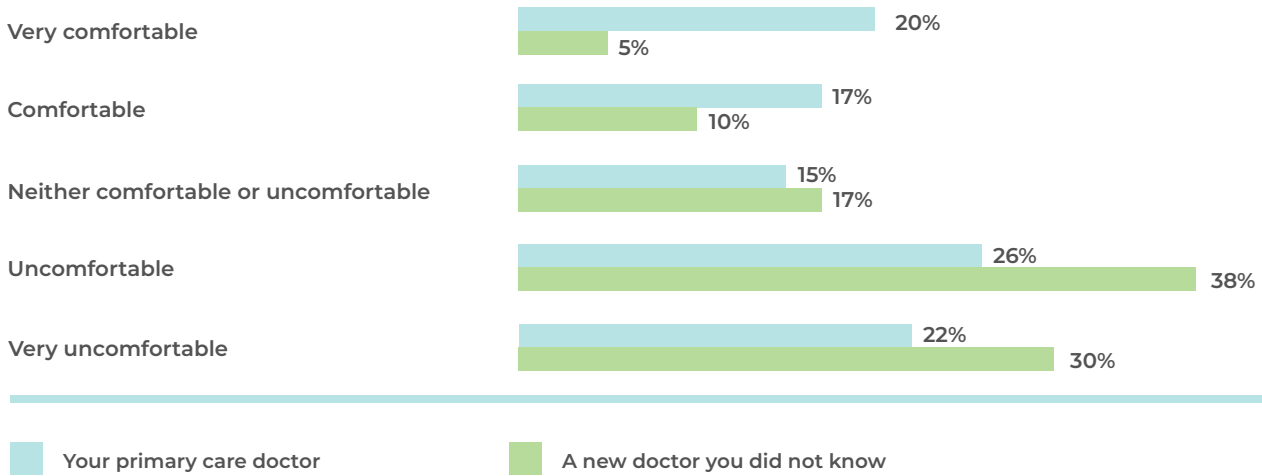
I have had a lifetime of recurrent mental health crises and being bullied out of my job – usually the mental health crises are caused by the workplace

bullying. This has left my general health picture rather poor. With all the chaos in my life ... [I] don't have the stability to get on top of everyday health issues e.g. establish healthy eating, exercise, sleeping and relaxation routines. It's a perfect storm of vicious cycles. (Trans woman, adult)

I have Crohn's disease, which has mostly disappeared since coming out. My doctor suspected it might be anxiety related which led to therapy which led to me discovering I was transgender. (Trans woman, adult)

Coming out and transitioning has allowed me to get in touch with my body and emotions and achieve a more holistic wellbeing. (Trans woman, adult)

How comfortable are you discussing being trans or non-binary with...?



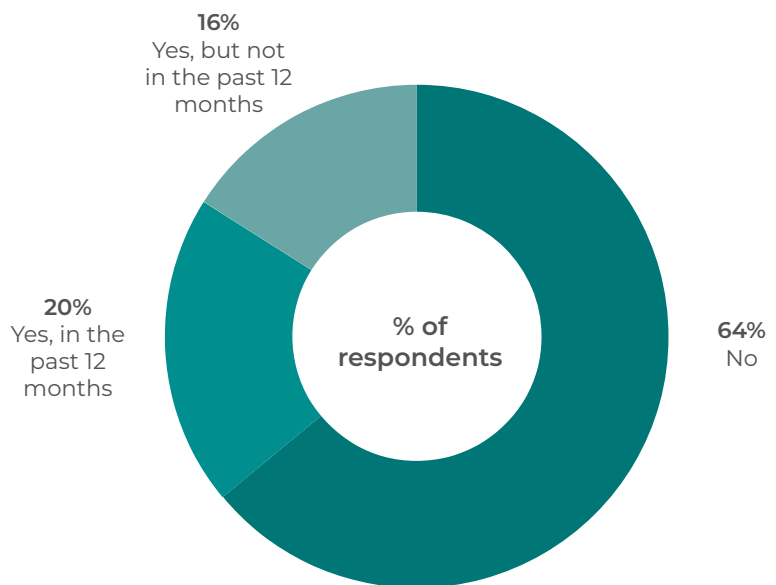
Non-binary participants were more likely to be *uncomfortable* or *very uncomfortable* discussing their gender with their primary care doctor (63%) or with a new doctor (80%) than trans women (36% and 53%) or trans men (37% and 64%). However, more than half of trans women and almost two-thirds of trans men still had this level of discomfort with a new doctor. Wellington participants (76%) were also more likely and older adult participants (32%) less likely to be *uncomfortable* or *very uncomfortable* discussing being trans or non-binary with a new doctor.

Postponed care

Over a third (36%) of all participants had avoided seeing a doctor when they needed to because they were worried about being disrespected or mistreated as a trans or non-binary person. More than half of these participants (20% of all participants) reported that this had happened in the last 12 months.

The rate of having postponed care in the last 12 months was higher for youth (26%) and lower for older adults (6%).

Have you ever needed to see a doctor but did not because you thought you would be disrespected or mistreated as a trans or non-binary person?



Participants' comments

Being non-binary, I have been very scared of saying the wrong thing and then being locked out of help from doctors. It leaves me scared to say anything in front of most doctors or counsellors employed under doctors. (Non-binary, older adult)

I have never mentioned anything about non-binary feelings to healthcare professionals . . . out of fear that they will not take me seriously and remove my access to hormone treatment and recommendation for surgery. (Trans woman, youth)

Receptionists can impact my experience at the GP. . . if the admin staff get [my name/pronoun] wrong. (Trans man, adult)

I don't have many opportunities to access medical care without my parents' knowledge . . . I know they wouldn't be happy with me trying to transition. They have said they would kick me out if I did. (Trans man, youth)

For the past few years my preference has been to access the free sexual health clinic in [provincial city]. The doctors there are more knowledgeable than my GP and I can access HIV meds through there, although it's more difficult to coordinate time to get there . . . [so] I'll go for weeks without meds. I have been HIV positive for 20 years and have had the same GP for 15 years. He still knows little about HIV and hasn't taken the time to find out. For this reason, I feel he'd be apathetic about gender issues. (Non-binary, adult)

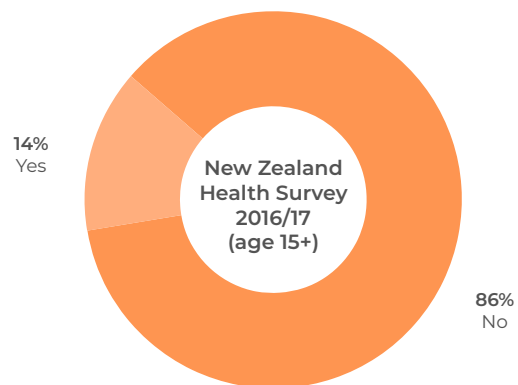
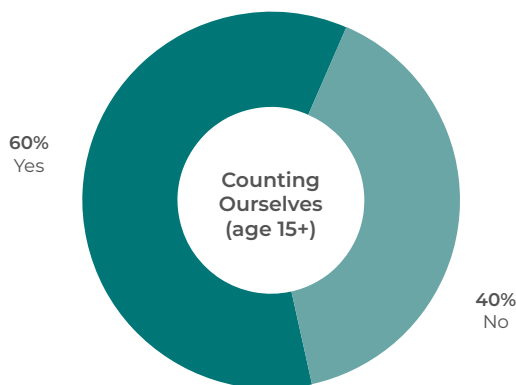
The GP I'm registered with is extremely good, however he works at an expensive inner-city clinic, making seeing him regularly an expensive prospect. (Trans woman, adult)

I have been with my GP my entire life, so we have a good relationship. Even though my GP also sees other members of my family, at no time was I worried that they would break patient-doctor confidentiality. (Non-binary, adult)

Cost and transport barriers

More than six out of ten participants (62%) had not visited a GP because of cost and two out of five reported this had happened within the last 12 months. This was much higher than the proportion of the general population who had not visited a GP because of cost.

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



Participants' comments

Cost is a real barrier to care. I have been off hormones for six months because I couldn't afford to see my GP and the cost of injection at that time. I am now in the process of starting treatment again but need to save up money to see my GP. (Trans man, adult)

My GP is free up to the age of 25. I'm 25 now, so in the near future I will most likely skip GP visits because of the cost of visiting and transport. (Trans man, adult)

Currently I am using student health but when I'm

not studying the GP is generally too expensive. (Trans man, youth)

I lived for 5 years as a single parent on the benefit with various health issues . . . family violence and gender identity struggle. Even with a good GP I didn't get the care I needed due to financial constraints, transport constraints. (Non-binary, adult)

Cost is a major issue. Two months ago, I was seriously sick, and should have seen a doctor. I couldn't afford it, and neither could my flatmates. On day six my flatmate just took me into hospital. I had viral septicemia and meningitis. (Trans man, adult)

Youth (49%) and disabled participants (57%) were more likely and older adults (15%) were less likely to have not visited a GP due to cost in the last 12 months.

Over a quarter of participants (26%) had not visited a GP because they had no transport to get there and 15% reported this had happened within the last 12 months. This was five times higher than the general population in the New Zealand Health Survey 2016/17 (3% in the last 12 months). Youth (21%) and disabled participants (32%) were more likely and adults (12%) and older adults (3%) were less likely to have not visited a GP due to transport in the last 12 months.

Cancer screening

Over a quarter of participants were not sure if they needed mammograms or prostate cancer screening and almost one in five were not sure if they required cervical cancer screening.

Unsure about needing cancer screening	
Mammogram	29%
Prostate ¹	26%
Cervical ²	18%

¹ Out of participants assigned male at birth

² Out of participants assigned female at birth

Prostate cancer screening is not recommended for everyone in Aotearoa New Zealand; however, anyone over age 50 with a prostate can request it. Among our participants aged over 50 who stated that they would need this, 23% had delayed getting or decided not to get a prostate cancer screening in the last 12 months because they were worried about how they would be treated as a trans or non-binary person.

The National Cervical Screening Programme recommends that all people with a cervix (including trans and non-binary people) aged 20–69 who have ever had sex should get regular cervical cancer screening (also called a pap smear). Among our participants in this age group who stated that they would need cervical cancer screening, 33% had delayed getting or decided not to get this in the last 12 months because they were worried about how they would be treated as a trans or non-binary person. This rate was higher for trans men (49%) and Pasifika participants (88%) and lower for non-binary participants assigned female at birth (24%).

BreastScreen Aotearoa recommends that all 'women' aged 45 to 69 should get a mammogram every two years. Among our participants aged 45 to 69 (of any gender) who stated that they would need breast cancer screening, 14% had delayed getting or decided not to get this in the last 12 months because they were worried about how they would be treated as a trans or non-binary person.

Participants' comments

As a very visibly female profiled trans woman with all my official [female] IDs . . . I got called 'a man' by the technician operating the mammogram machine. (Trans woman, older adult)

After my pap smear, I got a letter in the mail from the Ministry of Health. It referred to me as a woman. I am a trans man. The pap smear was unpleasant enough, but at least the doctor was respectful. It was unpleasant getting a letter calling me a woman. (Trans man, adult)

I am very dysphoric about questions related to my genitals and breasts, [so] I am afraid to receive essential tests such as smears and mammograms. I also do not want to be treated like a woman. (Trans man, youth)

My current GP wasn't sure if she could/should change my gender on the NHI [National Health Index] because of my need for pap smears. (Non-binary, adult)

I went 30 years without a pap smear or internal examination. Despite being high risk for cervical cancer I was unable to tolerate these procedures due to genital dysphoria. I recently had an internal examination under anaesthetic which was a very kind and appropriate way to manage my dysphoria. (Trans man, older adult)

Cancer screening needs to be accessible regardless of gender. (Non-binary, adult)

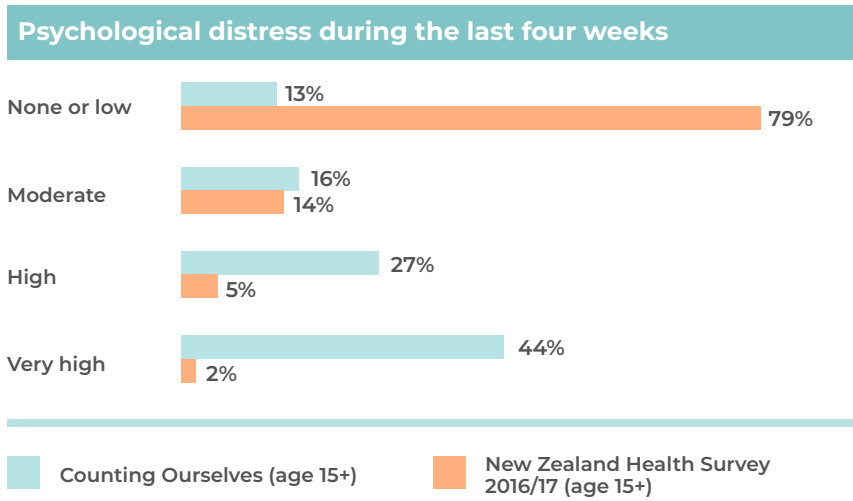
5: Mental health & wellbeing



Mental health and wellbeing is a hugely important issue in trans and non-binary communities. We asked participants questions about their depression and anxiety, eating and weight control, experiences of self-injury and suicide, satisfaction with mental health services, overall life satisfaction and ability to cope with stress.

Psychological distress

To measure psychological distress, we gave participants a 10-item anxiety and depression questionnaire which asked them about their emotional state in the last four weeks (see Detailed Methods). More than seven out of ten participants (71%) had scores on the questionnaire that indicated high or very high psychological distress. This is almost nine times higher than the level of psychological distress across the general population (8%) in Aotearoa New Zealand.



Participants' comments

Being trans isn't something that in itself causes mental distress or harm. It's how the world around you treats you for being trans that does the harm. (Trans man, adult)

It has been impossible to find mental health professionals who can work with BOTH trauma and trans-related mental health issues and the interactions between. (Non-binary, adult)

I have had a psychiatrist tell me she could 'fix' my gender and sexuality as it was caused by trauma. (Non-binary, youth)

I've often had my mental health conflated with my 'trans' status. . . . assumptions have been made that my mental health is poor due to being apparently 'part way' through transitioning (implying that because I haven't had chest surgery, for example, that's why I'm in a bad space) . . . [I] agree that gender variance has influenced my mental health and will continue to – not because it is an issue for me so much as dealing and navigating in a world that often does its best to make me alienated. (Non-binary, adult)

They relate my depression/anxiety/post-traumatic stress disorder to general life problems (money, no family, etc.) but it is deeply linked to my inability to get gender confirming treatment here. (Non-binary, adult)

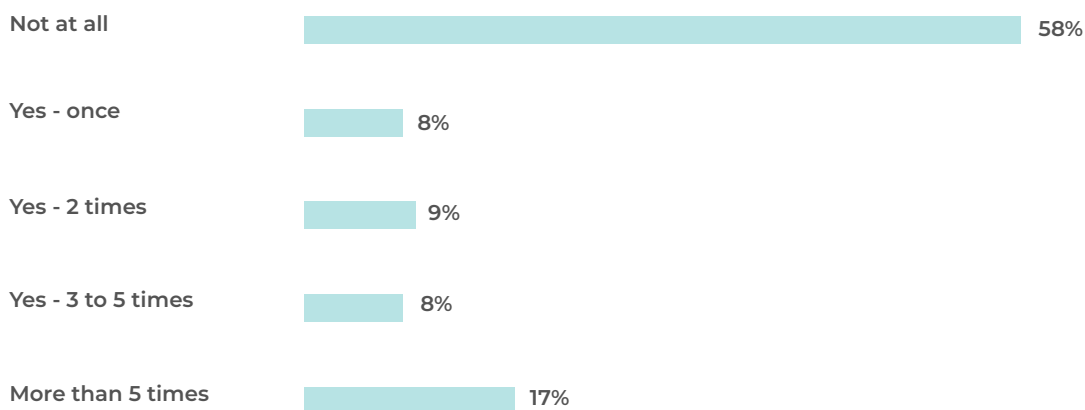
[I] had severe obsessive-compulsive disorder when I was young, developed at the same time [as] I started actively suppressing thoughts and feelings related to gender. Treatment (psychologist, SSRIs [anti-depressant medication]) helped a lot, and also hormones helped – it made me less stressed and so better able to deal with symptoms. (Trans woman, youth)

These concerning rates of psychological stress overall were even higher for disabled participants (92%) and youth (86%). Adult (64%) and older adult participants (32%) were less likely to have high or very high psychological distress.

Self-injury

More than four out of ten participants (42%) had deliberately injured themselves in the last 12 months and almost one in six participants had done so six or more times. Youth (60%), trans men (48%) and disabled participants (63%) were more likely and older adults (8%), adults (30%) and trans women (32%) were less likely to have self-injured at least once in the last 12 months.

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



For all three gender groups, the rate of self-injury reduced for adults and older adults. This trend was especially prominent for trans men. Younger trans men had the highest rate of self-injury but adult and older adult trans men tended to have lower self-injury rates.

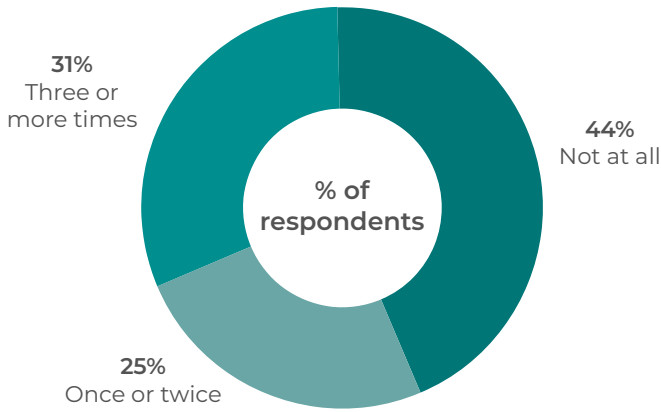
Suicide

More than three-quarters of participants (79%) had seriously thought about attempting suicide at some point. This was higher for youth (84%), trans men (87%) and disabled participants (91%) and lower for older adults (63%).

More than half of the participants (56%) had seriously considered suicide in the last 12 months. This was higher for disabled participants (76%) and youth (67%) and lower for adults (50%) and older adults (30%).

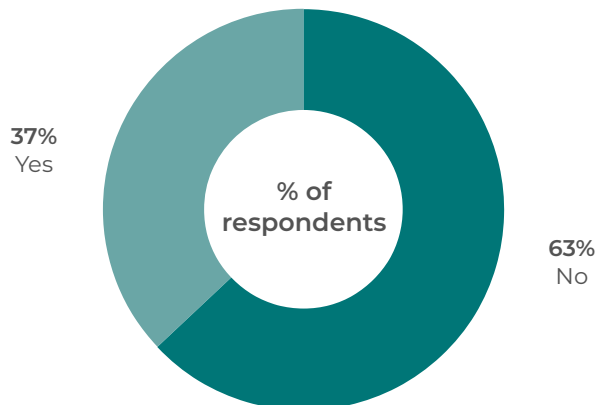
If you or anyone you know is having thoughts of suicide, you don't need to deal with this alone. There are people who are willing, able and available to help you. Free call or text 1737, call OUTLine on 0800 633 5463 any evening between 6 and 9 or refer to the other support services in Appendix 1 at the back of this report.

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

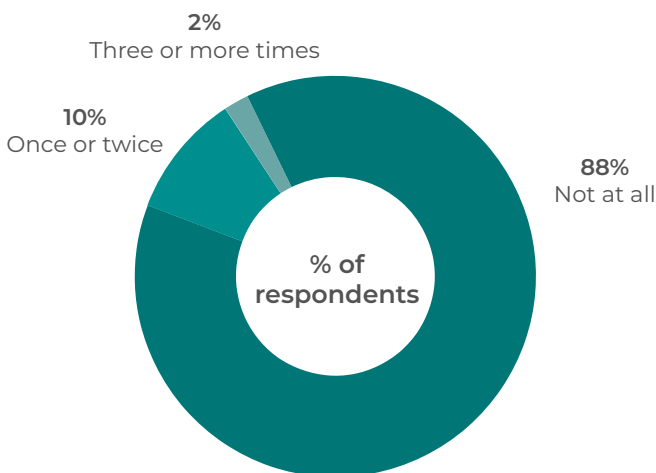


More than a third (37%) of participants had attempted suicide at least once in their life, and 12% had attempted suicide in the last 12 months.

Have you ever tried to kill yourself (attempted suicide)?



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



Overall, 12% of participants had attempted suicide in the last 12 months. Disabled participants (19%) and youth (17%) were more likely and adults were less likely (8%) to report this.

Binge eating and weight control behaviours

More than a third of participants (36%) had eaten so much food in a short period of time that they felt out of control (binge eating) in the last 12 months. This rate was higher for Māori (50%) and disabled participants (50%) and lower for older adults (18%). To lose weight or control their weight, almost half of participants had fasted or skipped meals, one in seven had smoked, and one in ten had vomited or thrown up.

During the last 12 months, have you done any of the following to lose weight or control your weight? *Mark all that apply.*

Fasted or skipped meals	46%
Smoke cigarettes	14%
Vomit or throw up on purpose after eating	10%
Used diet pills or speed	2%

Group differences for binge eating and weight control behaviours included:

- Youth (55%) and disabled participants (59%) were more likely and adult (41%) and older adults (23%) were less likely to have fasted or skipped meals to lose weight.
- Māori (22%), disabled (20%), Auckland (19%) and Marlborough/Tasman/West Coast participants (32%) were more likely and Europeans (10%) were less likely to have smoked to lose weight.
- Youth (18%) and disabled participants (17%) were more likely and adults (4%) and older adults (less than 2%) were less likely to have vomited or thrown up to lose weight.

Coping with stress

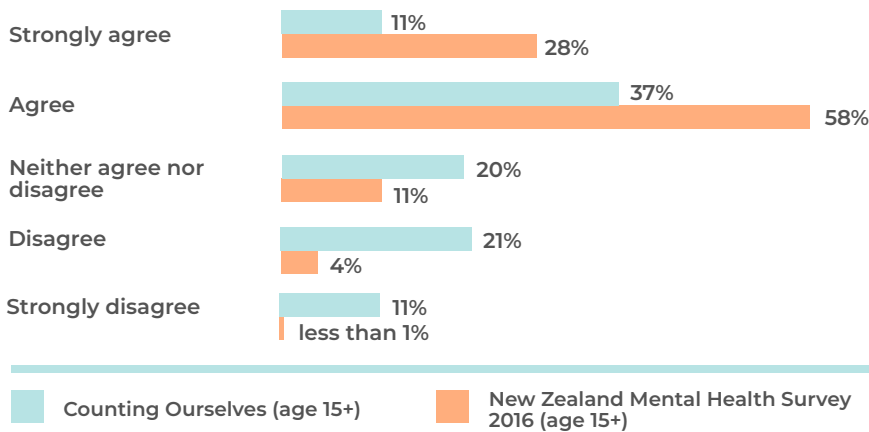
Almost half (48%) of participants *agreed* or *strongly agreed* that they could cope with the everyday stresses of life, but this is much lower than the general population (86%). This rate was higher for older adults (77%) or adults (56%) and lower for youth (35%) and disabled participants (25%).

Participants' comments

I spent over five years seeing mental health workers in the US for care about eating disorders, depression, and anxiety. Never once did any counsellor mention gender identity. I only had affirming care when I went to gender therapist (after understanding on my own terms that I was trans). I could have suffered a lot less if mental health workers had helped me explore my gender identity and the debilitating anxiety I felt being female. (Non-binary, youth)

There needs to be more discussion about eating disorders within the trans communities – in my experience it's easy to feel isolated when people don't understand dysphoria and try to control it. (Trans man, youth)

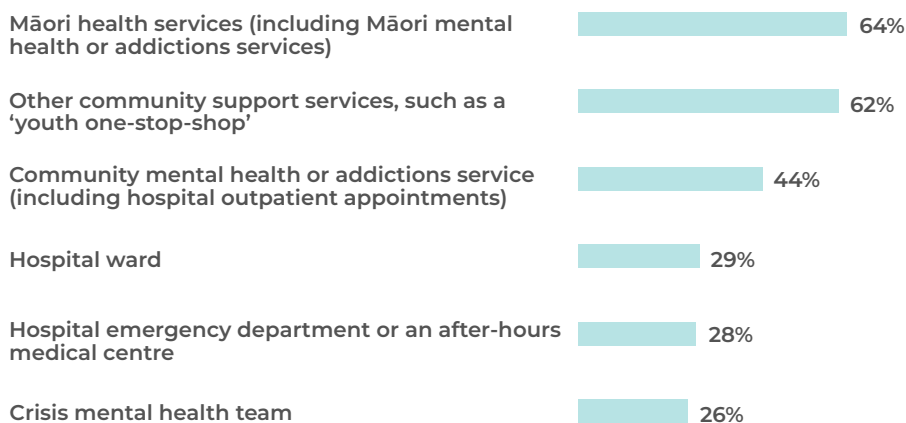
How much do you agree or disagree with the following statement: I am able to cope with everyday stresses of life.



Satisfaction with mental health services

Out of those who had ever used mental health services, the percentage who were *satisfied* or *very satisfied* with these services was highest for Māori health services and other community support services and lowest for hospital services and the crisis mental health team.

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



Out of participants who had used each of these mental health services

Out of participants who had used a crisis mental health team, trans women (42%) were more likely and trans men (11%) were less likely to have been *satisfied* or *very satisfied* with it. Out of those participants who had used a community mental health and addictions service, adult participants (53%) were more likely and youth (31%) were less likely to have been *satisfied* or *very satisfied* with it.

Participants' comments

I have gotten myself into a vicious cycle. . . . I am depressed because of how I am, i.e. trans, and can't find the energy to get up, which means I skip medication, which means that I can't become the person that I want to be. (Trans man, youth)

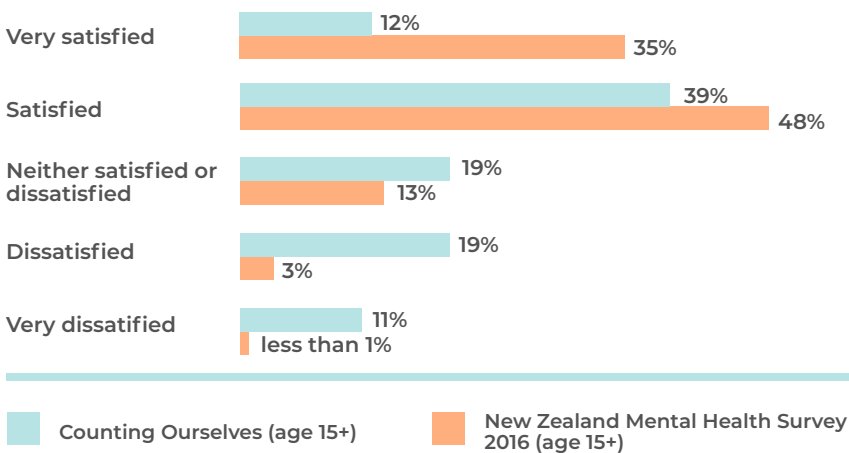
The recent despair was at having no autonomy over transition, surgical rejection, delays due to others' mistakes, and no certainty that I would even be accepted for treatment. All the time struggling daily with being misgendered – not seen and read correctly. (Trans man, adult)

And only in the last year of being on hormones can I confidently say I want to live out the rest of my life. I can now see a future for myself, as a man, that I could never see before. (Trans man, youth)

Life satisfaction

Over half of participants (51%) were *satisfied* or *very satisfied* with their life overall, but this is much lower than the general population (83%). This was higher for older adults (80%) and adults (59%) and lower for youth (36%) and disabled participants (32%).

Overall, how satisfied are you with life as a whole these days?



Participants' comments

Overall, I am OK and I know I am less depressed and stressed than before surgeries, before hormones and transitioning. I still have dark moments, but when they occur these are more often driven by worries about work and finances. Having hormone and gender-affirming surgery has reduced these periods. (Trans man, adult)

Being accepted and affirmed by my family and whānau in my preferred gender improved my mental health. (Trans man, youth)

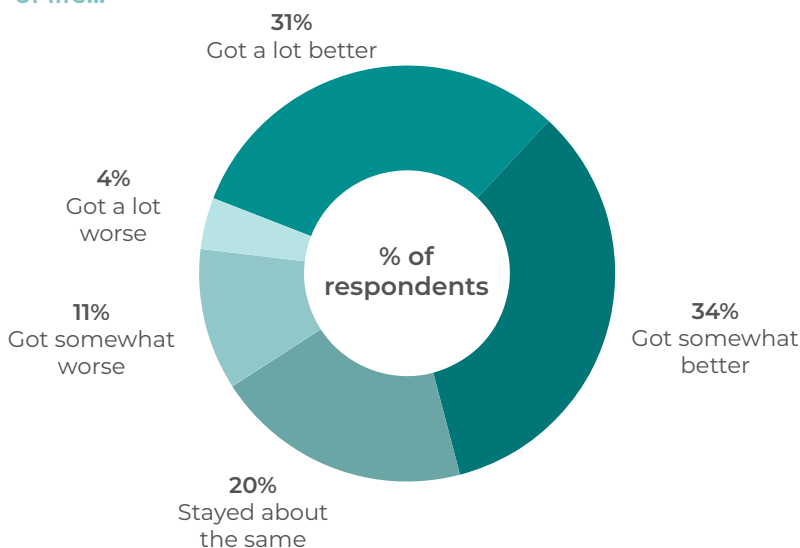
It's been nearly two years and I haven't stopped having 'happy' as my baseline mood. I love life and I love who I am, which is a stark contrast from before. (Trans man, adult)

The effect on my mental health of realising I was trans was profound. A year ago, I would have answered 'most/all of the time' to most of the questions [about mental health problems] on the previous page, and that has been the status quo for as long as I can remember. The change was noticed by others in my life, even before I came out to them. (Trans woman, youth)

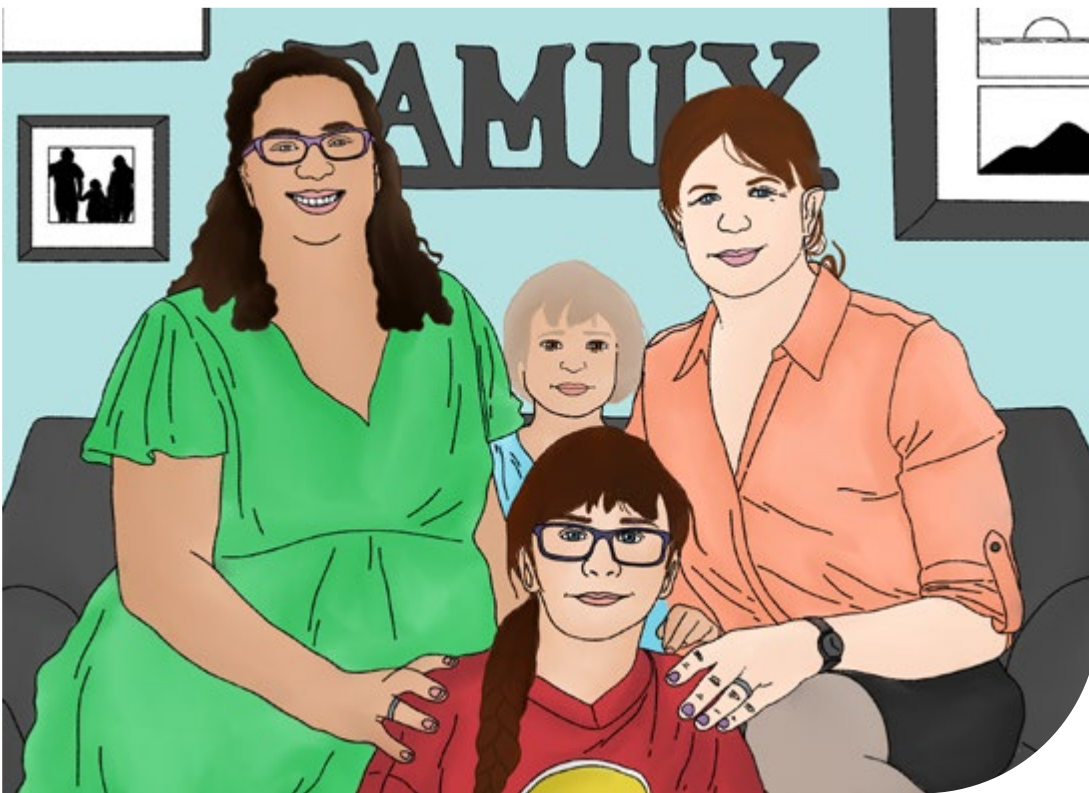
Being trans or non-binary and quality of life

Almost two-thirds of participants (65%) reported that their quality of life had improved since identifying as trans or non-binary. This was higher for trans men (75%) and trans women (72%) and lower for non-binary participants (55%).

Since identifying as trans or non-binary, has your quality of life...



6: Relationships, sexual health & family planning



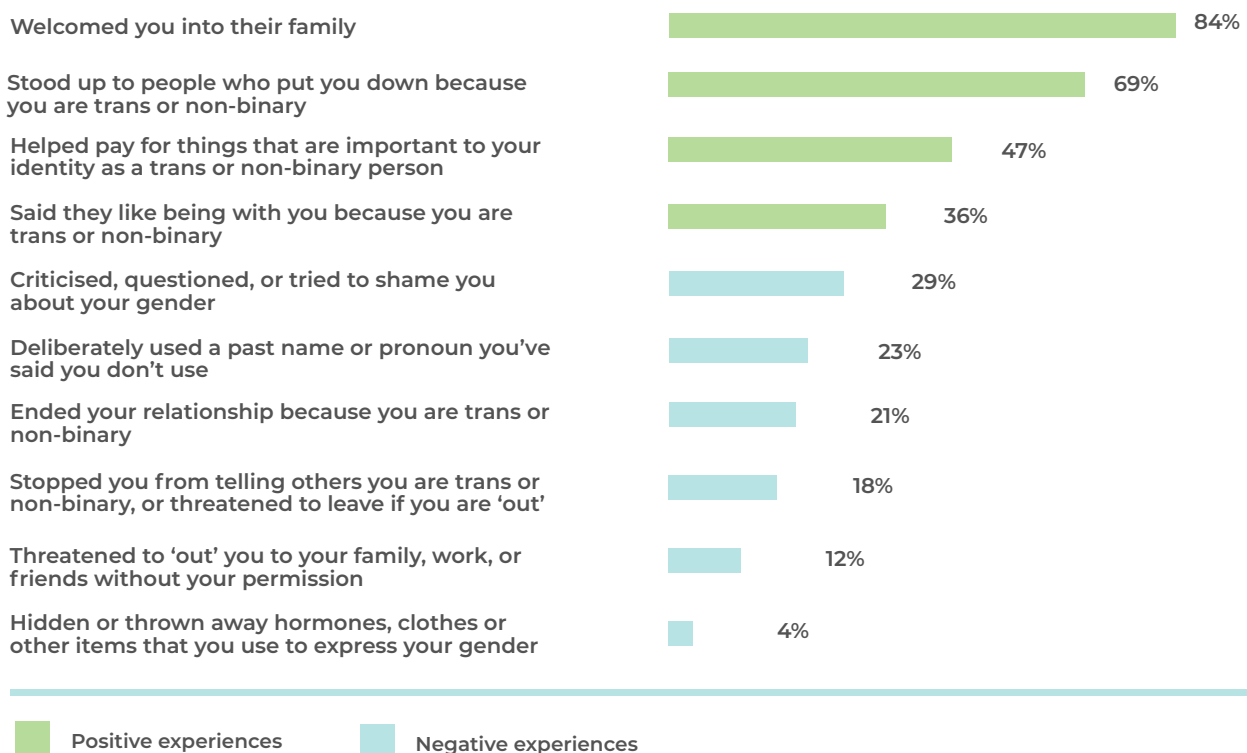
Experiences with romantic, dating and sexual partners

Almost nine out of ten participants (89%) had ever had a partner. We asked these participants about dating and relationship experiences related to them being trans or non-binary and most of them (90%) reported at least one positive experience. The most common was having had a partner who welcomed them into their family or stood up for them to people who put them down.

Unfortunately, 42% reported at least one negative experience. More than a quarter had been criticised, questioned or shamed about their gender, and more than one in five participants had been deliberately misgendered.¹

¹ *Misgendering a trans or non-binary person means referring to them using the wrong name, pronoun or title in a way that does not correctly reflect their gender. For example, misgendering a trans woman by referring to her as 'he', calling a trans man 'she', or refusing to use 'they / them' when a non-binary person has said that is their preferred pronoun. Some trans and non-binary people use the term deadnaming to describe when someone refers to them by the birth name they used before they transitioned.*

Has your partner ever...? *Mark all that apply.*



Out of participants who had ever had a romantic, dating or sexual partner

Youth were less likely to report most of these experiences, both positive and negative, and older participants were more likely to report some of them.¹ These findings may be due, at least partly, to younger participants being likely to have had fewer relationships. Non-binary participants were also less likely to have had someone end a relationship with them because of their gender.

We asked participants whether being trans or non-binary affected their sex life in any other ways, and more than 200 participants wrote in comments. These included a range of positive and negative experiences, demonstrating the complexity of navigating sex and relationships in an environment where they often cannot access the gender-affirming care they need.

¹ Youth were less likely to have had their partner welcome them into the family (77%), stop them from telling others they are trans or non-binary (12%), hide or throw away items they use to express their gender (e.g. a bra, binder or packer) (2%), help them pay for things (35%) and say they like being with them because they are trans or non-binary (26%). Adults (56%) were more likely to have had their partner help them pay for things and older adults were more likely to report their partner stopped them from telling others they are trans or non-binary (29%) or hid or threw away items they use to express their gender (12%).

Participants' comments

I have found that identifying as trans has had an overall negative effect on my dating life due to people either being uncomfortable with dating a trans woman or because my partners have felt ashamed of being seen with me and would insist on our relationships being secret. Probably the only relationship that lasted for a significant amount of time and was open to others was a relationship I had with another trans-woman. (Trans woman, adult)

More scared to date strangers. (Trans man, older adult)

I don't have sex as much as I would like because coming out to new people is hard and I don't want to have sex with people who don't know my gender. (Trans man, adult)

It has hindered me in terms of being comfortable while naked in front of others, however it has also made me experiment with ways to enjoy my body sexually in ways that does not trigger dysphoria. (Trans man, youth)

It helped me understand a lot of the issues and discomforts I had with sex before I knew I was trans. . . . It's definitely a journey and dysphoria

can make it hard, but my sex life is better for it. (Trans woman, adult)

My feelings towards sex are extremely complicated. It is better, but it is still extremely difficult because i cannot access surgery. (Non-binary, youth)

I wasn't comfortable having a sex life before transitioning, and now I am. (Trans man, youth)

I adore my sex life, but I also imagine that I will always experience some level of grief around sexual function and possibly self-consciousness about my trans-bodiedness . . . I'm aware that human beings face grief and self-consciousness sexually for all sorts of reasons and transness (for me) is just one form of this. It doesn't discount the pleasure I also experience – they co-exist. (Trans man, adult)

It's led me to meet people in the trans and nonbinary community, who I have had some of the most positive sexual experiences with in my life. These people are amazing friends. (Non-binary, youth)

Being seen fully by another person you love is an incredible experience. (Non-binary, adult)

Protective barriers during sex

More than six out of ten participants were completely certain that they could use protective barriers with a new sexual partner, or they could refuse sex if a protective barrier was not available. Participants were less certain about this if they were drunk or high or if their partner did not want this.

How certain are you that you could use protection in the following scenarios if you wanted to?	Uncertain ¹	Completely certain
I could ask a new sexual partner to use a protective barrier	7%	69%
I could refuse sex when I don't have a protective barrier available	11%	60%
I could get a sexual partner to use a protective barrier, even if I'm drunk or high	26%	32%
I could get a sexual partner to use a protective barrier, even if they don't want	27%	30%

Out of participants who had ever had sex with another person
¹ Participants who responded not at all certain or somewhat uncertain to the question

European participants were more certain that they could refuse sex if they did not have a protective barrier available. Only 8% said they were uncertain whether they could refuse sex in that situation, compared with 17% of non-Europeans.

Hepatitis, HIV and other sexually transmitted infections

We asked participants about a range of infections that can be transmitted sexually. Almost one in five participants (19%) aged 16–74 reported at least one of these compared with 16% in the general population. This rate was higher for Asian (33%) and adult participants (23%) and lower for youth (11%) and European participants (16%). We only have comparison data with the general population for a few of these sexually transmitted infections, and these are similar to the rates for Counting Ourselves participants.

Have you ever been told by a doctor or other healthcare professional that you have... <i>Mark all that apply.</i>		
	Counting Ourselves (age 16-74)	NZ Health Survey 2014/15 (age 16-74)
Chlamydia	7%	7%
Human papillomavirus (HPV)	5%	-
Genital herpes	3%	2%
Gonorrhoea	3%	1%
Genital warts	2%	4%
Non-specific urethritis (NSU)	2%	-
Hepatitis	2%	-
HIV	less than 1%	-
Syphilis	less than 1%	-
Trichomonas vaginalis (trich, TV)	less than 1%	-
Had one or more but can't remember	1%	-

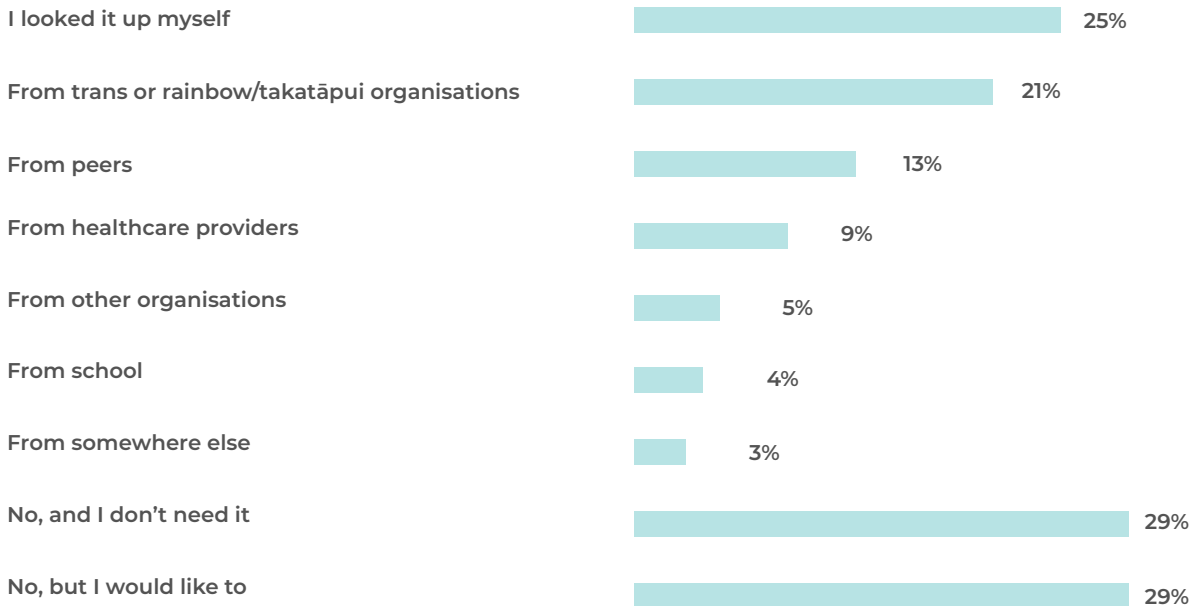
*Out of participants who had ever had sex, except for hepatitis and HIV, which were out of all participants.
A dash (-) means no comparison data was available.*

Sexual health education

The most common source of trans/non-binary-specific sexual health information was from participants looking it up themselves, which a quarter of participants had done. Trans men (33%) and youth (29%) were more likely and trans women (17%) and older adults (8%) were less likely to have looked this information up themselves. Few participants had received this information from healthcare providers or from school.

Almost six out of ten (58%) of participants had not received this information at all, and half of these participants (29%) said they would have liked to receive this information. Non-binary participants were more likely (36%) to respond that they would have liked trans/non-binary-specific information.

Have you ever received any trans/non-binary-specific information about STI prevention or safer sex? Mark all that apply.



Group differences for where participants had received this information included:

- Trans women (15%) were more likely and non-binary participants (5%) were less likely to have received this information from healthcare providers.
- Disabled participants (8%) and youth (6%) were more likely to have received this information from school.
- Youth (27%) and Wellington participants (28%) were more likely and Hawke's Bay/Gisborne/Bay of Plenty (3%) and Canterbury (11%) participants and adults (17%) were less likely to have received this information from trans or rainbow/takatāpui organisations.

Participants' comments

At school, they tried to teach a unit on LGBT sex ed[ucation] and it was 2 hours during school . . . and they split the class in half and made us debate topics. . . . nothing we learnt or any of the debates ended in ways that affirmed my identity. (Trans man, youth)

Health teachers can be rather unreliable or can gloss over things. . . . some things (such as anything specifically for the rainbow community) didn't get told at all [in] 2016. (Trans woman, youth)

The only sexual health information that I've seen as relevant to trans people has come from the

US, and it wasn't relevant to me. I am a trans man and it was for trans women. (Trans man, adult)

I have not seen any trans-specific information about whether the symptoms of STIs change after being on testosterone. (Trans man, older adult)

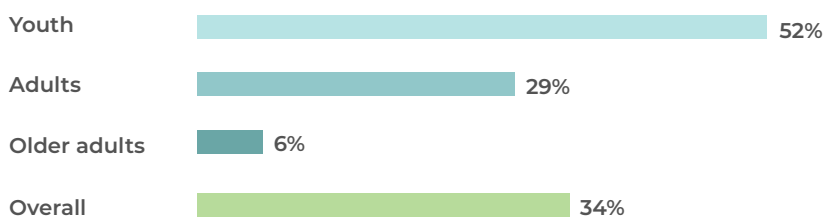
We need more resources and information around sexual health that is specifically relevant and responsive to trans and gender diverse people. (Trans man, adult)

People need peer-run, non-judgmental services, as well as being able to access mainstream services. (Non-binary, adult)

Fertility, pregnancy and parenting

Among those who had accessed hormones or genital surgery, only around a third (34%) had received information about fertility preservation options, and one in six (17%) had received fertility services to preserve their eggs or sperm to retain this option for having children. Younger participants were more likely to have received information about and used these services. This may reflect how awareness of available fertility preservation services for trans and non-binary people has grown in recent years and the value of continuing education for health professionals on this issue.

Have you received information about options for trans and non-binary people to preserve their eggs or sperm to have children later?



Out of participants who ever received hormones or genital reconstruction surgery

Out of participants who were assigned female at birth, 4% had been pregnant since identifying as trans or non-binary and 1% were unsure if they had.

We also asked participants if they were a parent, including being a foster or adopted parent. One in six (16%) were parents.¹ Almost one in five participants (19%) would *definitely like a child or more children*, and this rate was higher for Māori (32%) and lower for older adults (6%). A further 35% were not sure if they wanted more children; this rate was higher for youth (45%) and lower for trans women (26%).

Participants' comments

I had surgery for prostate cancer and was told I was not eligible for having sperm saved. I later found out I was eligible. (Trans woman, older adult)

I am still confused about how likely I am to be able to keep my fertility after going on T [testosterone] and whether there is any way to do this. (Trans man, youth)

I feel like this information isn't easy to find and would like it more readily available. (Non-binary, adult)

¹ Older adults (60%) and adults (24%) were more likely to be parents, and youth (less than 2%) were less likely to be. This is unsurprising, since the average age for first-time parents in Aotearoa New Zealand is around 30.

Participants' comments

My partner is a trans man and he was not offered any information about fertility options when he was starting to access gender affirming healthcare (hormones, surgery). This limits our options now we are thinking about starting a family. (Non-binary, adult)

I know anecdotally that trans and gender diverse people often rule out options or are not comfortable asking healthcare providers about their options because they are worried it will impact their access to care/mean that people won't respect their gender (Trans man, adult)

This was a very significant factor in feeling free and able to transition. Had I not been able to freeze sperm the decision would have been much harder for me. This is great and [a] crucial service. (Trans woman, adult)

I wish that any stage of trans fertility was publicly funded. I've had to pay to obtain my material, I'll have to pay to store it for the next 10+ years, and I'll have to pay \$20,000+ to use it. (Trans woman, adult)

A participant shared in detail their experience seeking support at a hospital for a miscarriage. We present this almost in full here because it is a powerful illustration of the harm that trans and non-binary people face when trying to access general healthcare services, and the need for trans competency training.

Content warning: in this extract a participant describes an experience that felt like rape to them.

I'm keen to share my experience of pregnancy as a transguy. . . . I had to go to the hospital (maternity) to get medication to induce the miscarriage. First up the receptionist made a massive loud spectacle about but you're a man! You look like a man. You can't access this unless you're a woman. I had to say 'Yes I am a woman' or she wouldn't let me go to my appointment. All this was in a quiet space with about 20 other people staring and listening. I went in then sat with all the women . . . staring at me for 30 minutes and whispering.

Then I saw a clinician in her 30s or 40s who did an ultrasound. It was horrific. She kept saying she was a Christian. She looked me up and down literally with her mouth open looking so disgusted by me. I tried to be assertive and clear and helpful . . . [explaining] 'I need some medical help because I can't miscarry' . . . After leaving me with my pants off in there for 5 minutes she came back then really roughly rammed the ultrasound thing up inside me with no lube or anything. I can't believe I didn't stand up for myself, but I was feeling so damn vulnerable emotionally with the baby stuff. . . .

I asked to see the screen and she said 'you don't need to' then walked out, leaving the ultrasound thing . . . just hanging out of me in a way that I told her was hurting. She . . . just turned her back, walked out and didn't come back for 20 minutes. It felt like rape. It was so fucking awful and humiliating. Eventually she came back in, roughly pulled it out, and told me to go . . .

Then I had to go to the maternity miscarriage unit place and sat down in the waiting room. An older woman who worked there immediately came over and asked me if I'd like to wait next door by the tea room. She was so discreet but kind. Her and another older woman treated me with so much dignity and care. Used my correct name and pronoun and didn't miss a beat. Set me up to wait somewhere private while the pill started to work and were just so kind and professional. They never mentioned gender, just acknowledged how hard it was to miscarry – on the heart – they were so great . . . they wouldn't accept thanks, just said everyone is entitled to respect and the service they require and said they were doing nothing more than their jobs.

It was the ultimate in contrast between abuse and care. Fear of interacting with the medical system has been a component in deciding not to try getting pregnant again . . . Competency training is so badly needed.

Participants' comments

After waiting approximately 2 months for an appointment when I was looking into freezing eggs before going on hormone treatment, I was told I couldn't have it subsidised unless [I] was booked in to have a hysterectomy. . . . My folks are still processing me being trans . . . if I had dropped that I'm trans on them and then told them I was getting such a permanent operation like this they would've flown off the handle. (Trans man, youth)

Currently there is not funded treatment for egg preservation for trans men or IVF treatment unless one is at the point of hysterectomy. This calls into issues surrounding medicalisation of what makes a trans person trans, based on how far they transition. (Trans man, youth)

7: Substance use

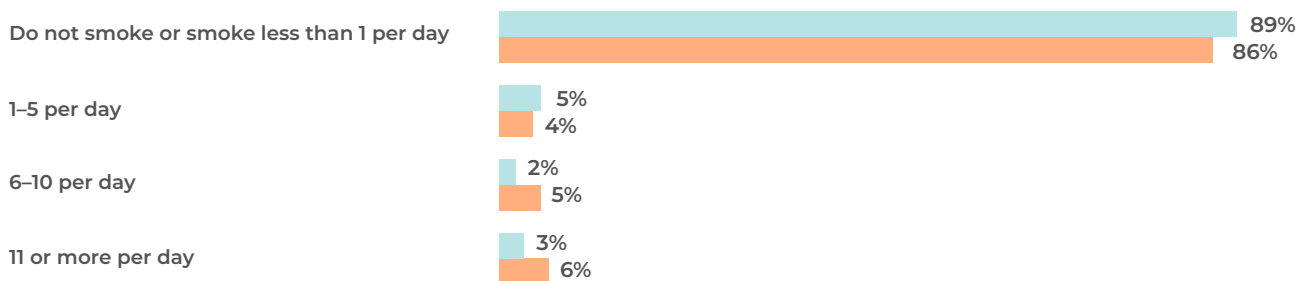


Cigarettes

Almost two-thirds of participants (64%) had ever smoked cigarettes or other forms of tobacco, which was the same rate as the general population in the New Zealand Health Survey (64%). Māori (75%), Asian (76%), Auckland (70%) and adult (75%) participants were more likely and youth (48%), European (58%) and Canterbury (50%) participants were less likely to have smoked cigarettes or tobacco.

One in ten participants (10%) smoked at least one cigarette per day, which is less than the rate of the general population (15%).

On average, how many cigarettes do you smoke a day?



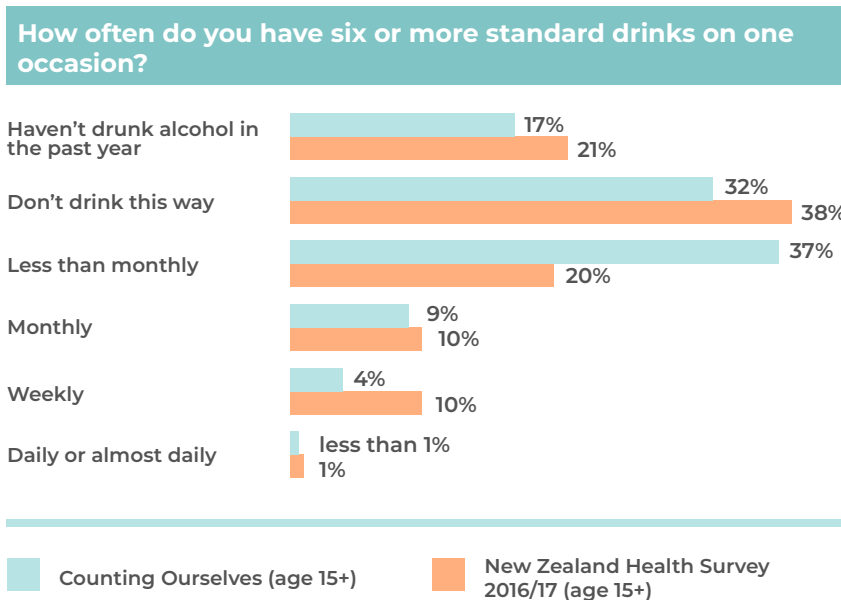
Counting Ourselves (age 15+)

New Zealand Health Survey 2016/17 (age 15+)

Pasifika (27%) and Māori (20%) participants were more likely and European (8%) and non-binary (6%) participants were less likely to smoke at least one cigarette per day.

Alcohol

Having six or more standard drinks on one occasion at least monthly is defined by the Ministry of Health as heavy episodic drinking and is associated with increased risk of alcohol-related health problems. One in seven (14%) participants do this, which is lower than the general population rate (21%), although Counting Ourselves participants were more likely to report this type of drinking less than once a month.



Pasifika (79%) participants were more likely to report that they drink six or more standard drinks less than once a month and older adults (28%) were less likely to report this.

Almost one in five (18%) participants had a relative, friend, doctor or other health worker who been concerned about their drinking and suggested that they cut down, and 8% reported that this had happened in the last 12 months. This is higher than the New Zealand Health Survey 2016/17, where 11% reported this ever and 5% in the last 12 months.

Participants' comments

Stopping drinking was critical to figuring out my sexuality and gender (which I hadn't known were different things), dealing with my internalised homophobia and transphobia, coming out, and then transitioning. That one decision to stop changed the course of my life. (Trans man, adult)

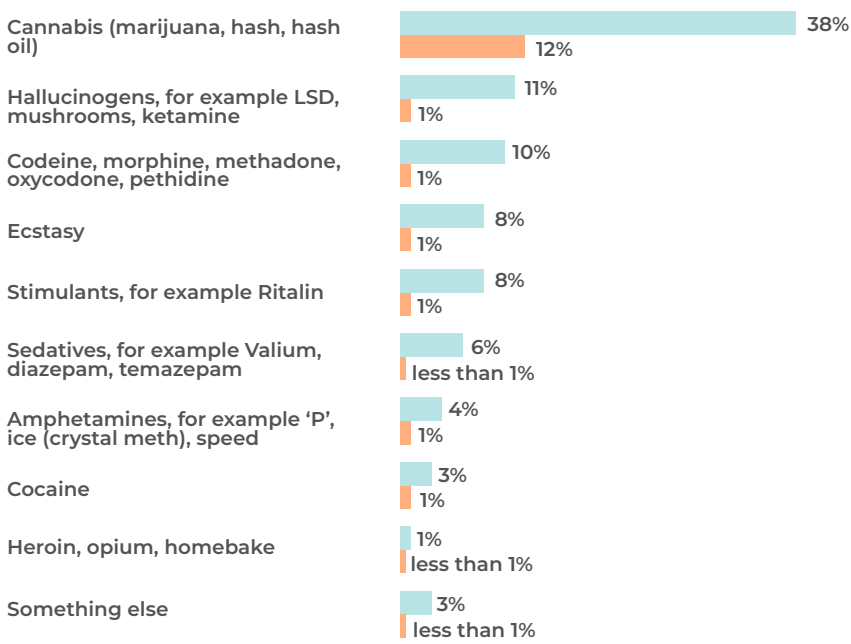
Before I went on hormones, I had drunk a lot most of my life, and smoked a huge amount of cannabis . . . In hindsight, it was to suppress gender dysphoria. (Trans woman, adult)

I also think that many trans or non-binary people might need access to rehabilitation or 12 step programs, but many are scared. Luckily here in Wellington we have LGBTQI meetings for AA [Alcoholics Anonymous] and NA [Narcotics Anonymous]. (Trans woman, adult)

Other drug use

More than a third of participants had used cannabis in the last 12 months. While most of our participants (57%) had not used any other non-prescribed drugs in the last 12 months, the rates of drug use were much higher than the general population in the New Zealand Health Survey.

In the last 12 months, have you used any of the following drugs for recreational or non-medicinal purposes, or to get high? Mark all that apply.



Counting Ourselves (age 15+) New Zealand Health Survey 2016/17 (age 15+)

Older adults (13%) were less likely to have ever used cannabis. Adult participants were also more likely (6%) and youth less likely (less than 2%) to have used amphetamines in the last 12 months.

Participants' comments

I used cannabis on a daily basis for over 25 years to manage trauma symptoms and gender dysphoria. (Trans woman, older adult)

Marijuana use helps significantly with my anxiety. (Non-binary, adult)

Marijuana used to be something of a coping mechanism earlier on in transition (about 2 years ago) when I felt a lot worse about being trans and was in a depressive and hormonal slump. (Trans woman, youth)

Heavy drug user (daily habit) in late teens and early 20s. This was due to gender identity issues. (Trans man, older adult)

I had a morphine addiction and heavily abused anything I could get my hands on . . . as a coping strategy prior to transitioning. (Trans man, adult)

Hallucinogens have been one of the most important things in helping me understand and become comfortable with my gender identity. (Non-binary, adult)

To get surgery, I have to be really focused, ambitious [and] dedicated to my life goals . . . I can't do this if I'm drunk and stoned half the time. And my sports and athletic and fitness stuff, that is what I need to do to keep sane through all this and to help keep my body looking good. Drinking and smoking stuff that up. (Trans woman, adult)

8: School



For trans and non-binary students, a school that is inclusive of gender diversity is crucial for them to have a safe and welcoming learning environment. Schools that do not provide the right sort of environment for trans and non-binary students to participate fully risk undermining the current health, educational opportunities and future wellbeing of these students.

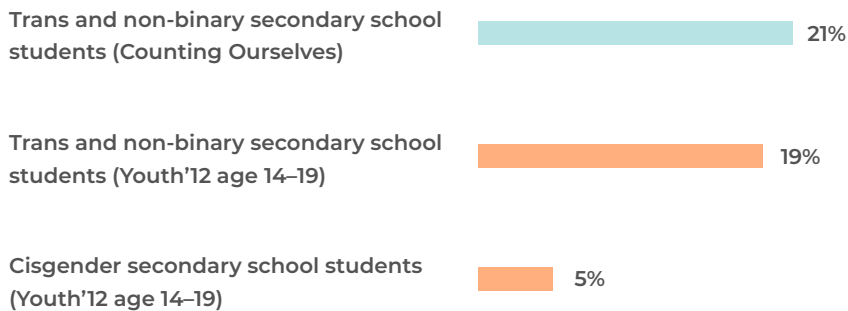
We asked students about their sense that people cared about them at school, whether their school had a range of positive policies or practices for trans and non-binary students, and their experiences of bullying. This section of our survey was completed by the 8% of our participants who were currently attending a New Zealand secondary school.

Bullying

Almost half (49%) of the trans and non-binary students had been bullied at school in the last 12 months. More than a quarter had been bullied once or twice (28%), 10% had been bullied once a week and 11% were bullied several times a week or most days.

This is slightly higher than the rate of bullying of trans and non-binary students identified by the Youth'12 survey. The rate of bullying for students in Counting Ourselves was more than four times higher than bullying experienced by cisgender secondary students in Youth'12.

In the last 12 months, have you been bullied in school at least once a week?



More than three out of five (62%) of those who had been bullied said the bullying was because of their gender identity or expression.

School discrimination, policies and practices

More than a third (35%) of 15–19-year-old participants had faced discrimination at school. This rate was much higher than the 13% of 15–19-year-olds in the general population who faced such discrimination, as measured by the 2016 General Social Survey.

We also asked school students about specific safety concerns for trans and non-binary students. Over half (59%) disagreed that it is safe for trans and non-binary students in their school to use a toilet or changing room that matches their gender. Less than half had access to a unisex bathroom at their school.

We also asked about school policies and practices that could support the inclusion of trans and non-binary students. Participants did not always know if their school had specific policies, which is why the yes and no responses add up to less than 100%.

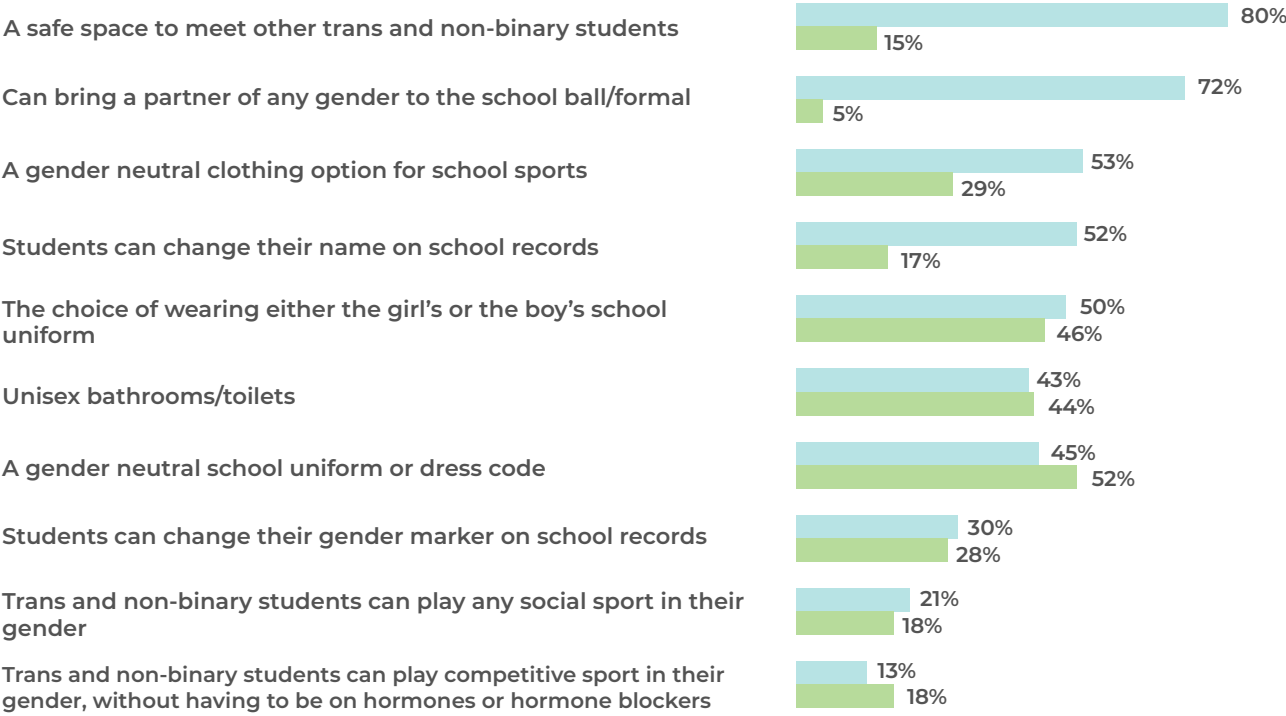
Participants' comments

At age 13 at school, photos of my genitalia were taken on my camera while I was asleep at a school trip, by other students.

The school did nothing to attempt to investigate this.
(Trans woman, adult)

The second high school I went to I saw a counselor there for trans related things and he was fantastic. (Trans man, youth)

Does your current school provide these options for trans and non-binary students?



Yes No

There were some positive findings, with most students having safe spaces to meet other trans and non-binary students and being able to bring a partner of any gender to a school ball. Just over half of students had a gender-neutral clothing option for sport at their school. This was more common than a gender-neutral school uniform or dress code, although half of the students said their school allowed trans and non-binary students to choose between the boys' and girls' uniform.

Most of the inclusive school policies we asked about, however, were only reported by a minority of the trans and non-binary students. Less than a third were able to change their gender marker, and many students were unsure of the policies in their school for changing name or gender marker. Most students did not know their school's policy about trans and non-binary students being able to play either social sport in their gender, or competitive school sports without the need to be on hormones or hormone blockers. This raises concerns about the accessibility of sport, and the resulting health impacts, for trans and non-binary students.

Participants' comments

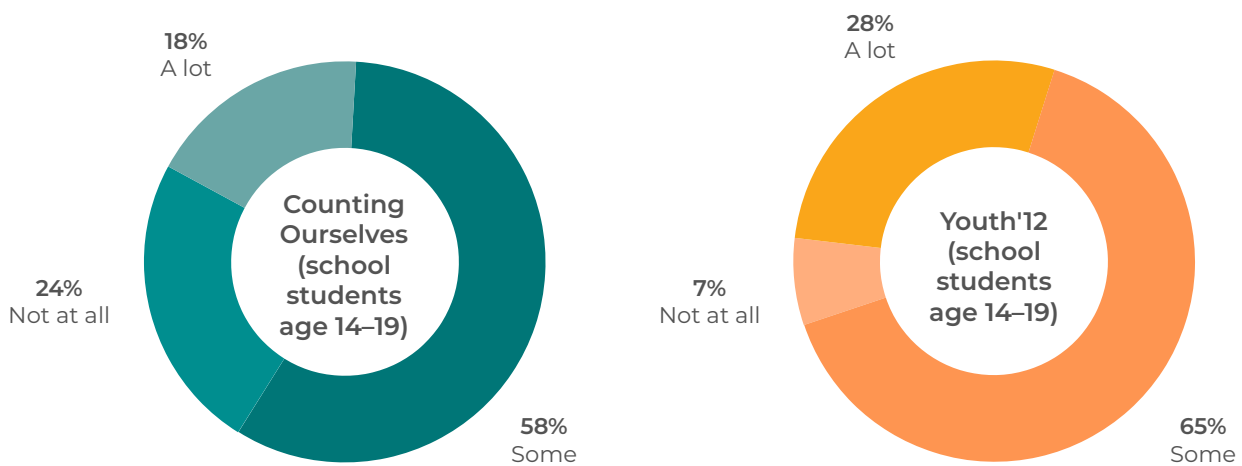
At the start of the year, several of my teachers asked us to write down our preferred name and pronouns for them. (Non-binary, youth)

The school I attend is quite accepting of trans and non-binary people. There are gender-neutral bathrooms for people who aren't comfortable using binary ones, but it is only one bathroom, and many people aren't aware it's not gendered. It was only implemented around 2 years ago. There are no gender-neutral changing rooms. (Non-binary, youth)

Support from students and teachers

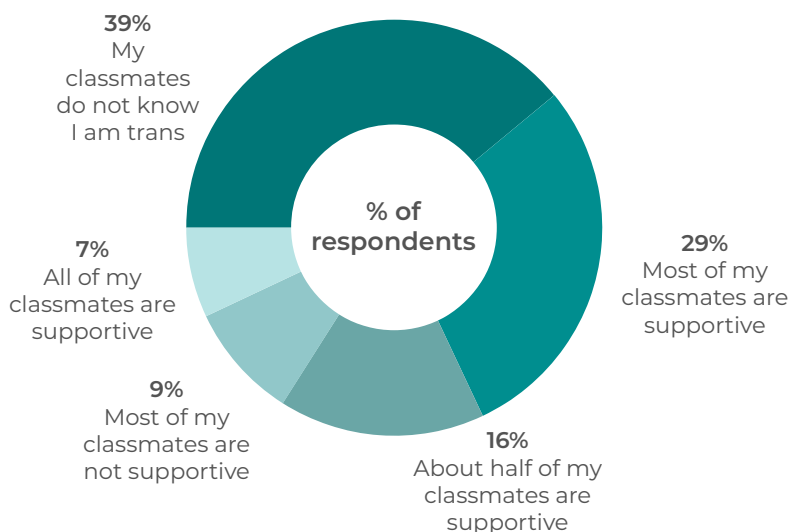
Fewer than one in five students reported that adults at their school cared about them a lot, which is less than for transgender students surveyed in Youth'12. Almost a quarter of Counting Ourselves students felt that adults at school did not care about them at all, and disabled students were more likely to report this (41%).

How much do you feel that people at school care about you (like teachers, coaches, or other adults)?



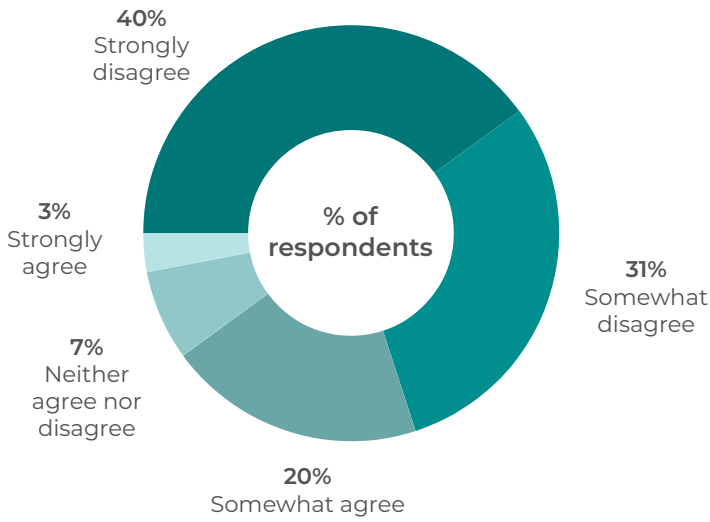
We asked students about the level of support they received when their classmates knew they were trans or non-binary. All of these students had at least one supportive classmate. However, many students reported that most of their classmates were not supportive of them being trans or non-binary.

How supportive are your classmates of you being trans or non-binary?



Less than a quarter of participants (23%) agreed that students at their school are educated about what it means to be trans or non-binary.

Students at my school are educated about what it means to be trans or non-binary



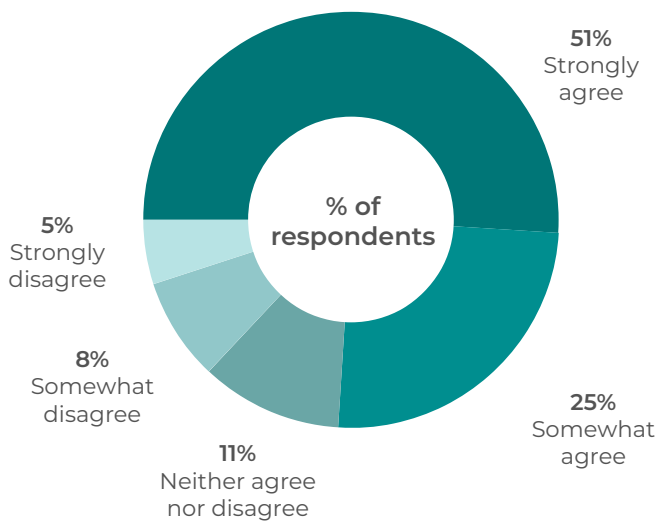
Participants' comments

The rainbow group within the school was only formed this year because of me and one of my friends and it was denied previous years. (Trans man, youth)

The school itself is pretty good, all things considered. There's still work that needs to be done, and teachers need to brush up on educating their students, but it is pretty good . . . the majority of the student body is super supportive. (Non-binary, youth)

Just over three-quarters of students (76%) agreed or strongly agreed that there was someone at school who they could complain to if a teacher said negative things about what it means to be trans or non-binary. One in six students (13%) disagreed, in some cases strongly, with this statement.

There is someone at school who I can complain to if a teacher says negative things about what it means to be trans



9: Sport & physical activity



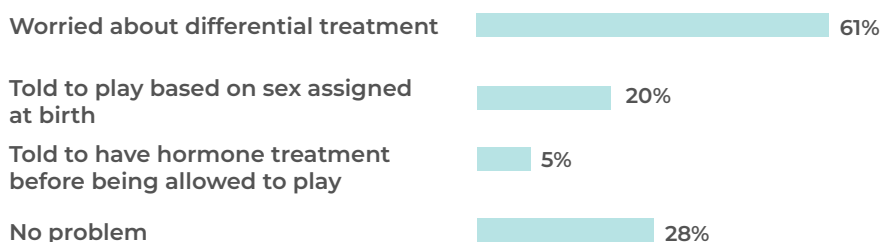
Participation in sports and physical activities is important to promote positive physical and mental health for everyone. More than half (53%) of participants had been involved in sports, exercise or training at least once a week, and about one in six (18%) exercised daily. This rate of exercising daily is lower than the general population (26%) in the 2016 General Social Survey.

Only 14% of trans and non-binary people had participated in any sport competitions, events or other organised activities in the last four weeks, such as bowls, a soccer practice or a netball game. This is almost half the rate of the general population (26%) in the 2016 General Social Survey. Disabled participants were even less likely (8%) to report they had participated in any sport competitions, events or activities in the last four weeks.

More than half (61%) of participants were worried about how they would be treated as a trans or non-binary person in competitive sport. This concern was more common for trans men (81%) and less common for trans women participants (42%). One in five participants had been told they could only participate based on their sex assigned at birth.

These results suggest that fear of discrimination and concerns about eligibility criteria seriously limit trans and non-binary people's opportunities to have equal access to sports.

Has being trans or non-binary affected your ability to participate in competitive sport in Aotearoa New Zealand? *Mark all that apply.*



Out of participants who were interested in playing competitive sports

Participants' comments

While playing sport, people who knew of my trans identity from high school queried my participation in an all-women's volleyball team. (Trans woman, youth)

I have made my gender expression more normative to be taken seriously in my sport. (Trans man, adult)

I am scared of the close physical contact and revealing sports clothing possibly outing me. (Trans man, adult)

Being physically gender ambiguous made it super stressful to exercise in public places. When I transitioned I stopped physically exercising in ways I had previously. Even now, when I can 'pass' when I need to, I only go to places where I can change in a cubicle. Most public pools and gyms don't have this option. (Non-binary, adult)

Some people opposed me playing cricket for a women's team. (Trans woman, adult)

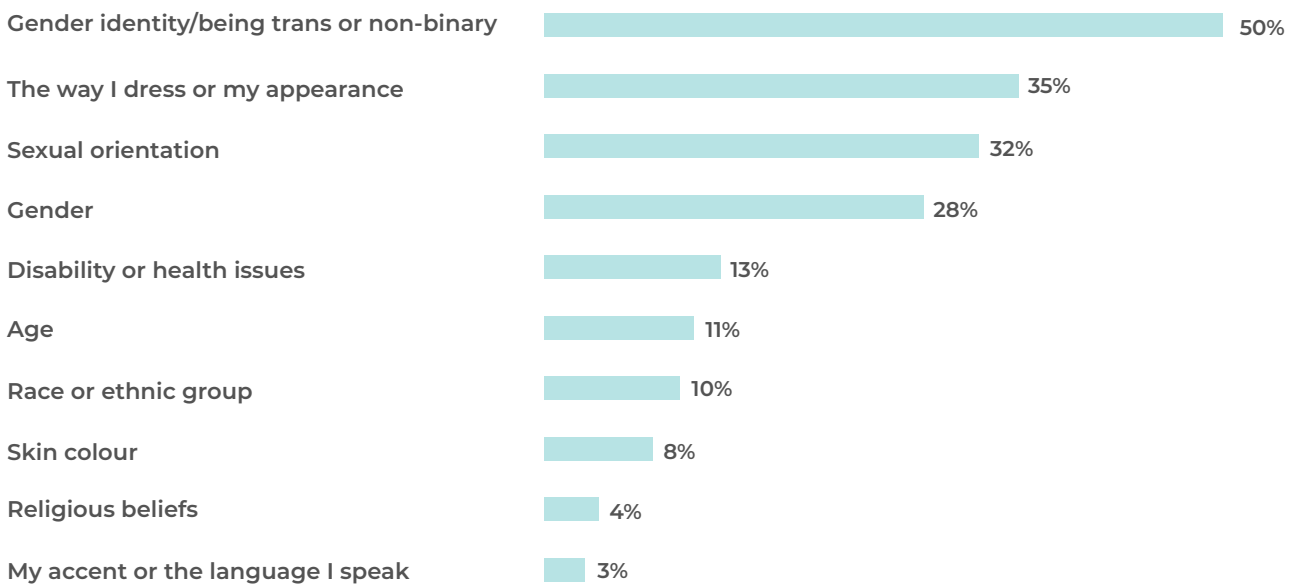
10: Discrimination & harassment

The Human Rights Act protects people in Aotearoa New Zealand from discrimination and outlines what behaviours are against the law. Trans and non-binary people can make complaints to the Human Rights Commission about unlawful discrimination due to their gender identity or expression, as these are covered under sex discrimination.

More than two-thirds (67%) of Counting Ourselves participants had experienced discrimination, and a further 19% did not know if they had.

When asked about the reasons for this discrimination, half reported that this was due to being trans or non-binary. Many other participants had experienced discrimination due to other types of prejudice.

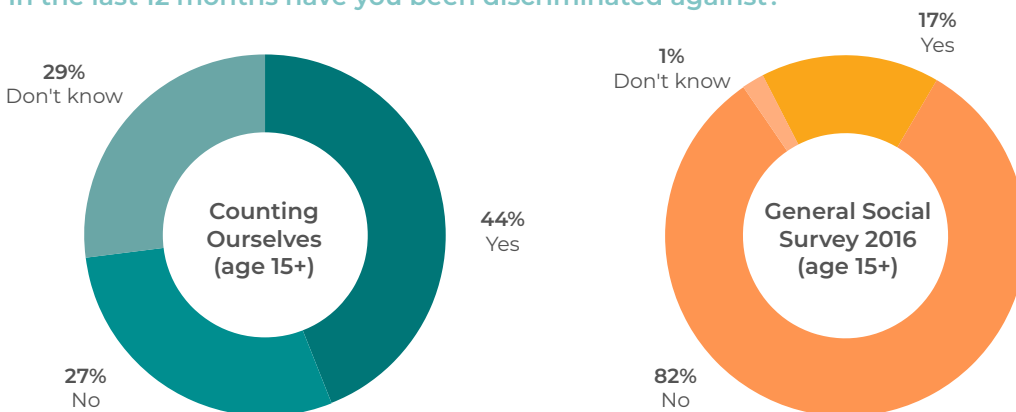
Have you ever been discriminated against for any of the following reasons? *Mark all that apply.*



Participants who had been discriminated against for being trans or non-binary were more likely to have *very high* psychological distress (54%) than participants who did not report this (35%). They were also twice as likely to have attempted suicide in the past year (16%) than participants who did not report this (8%).

More than two in five participants experienced some form of discrimination in the past year. This rate of discrimination is two-and-a-half times higher than the general population.

In the last 12 months have you been discriminated against?

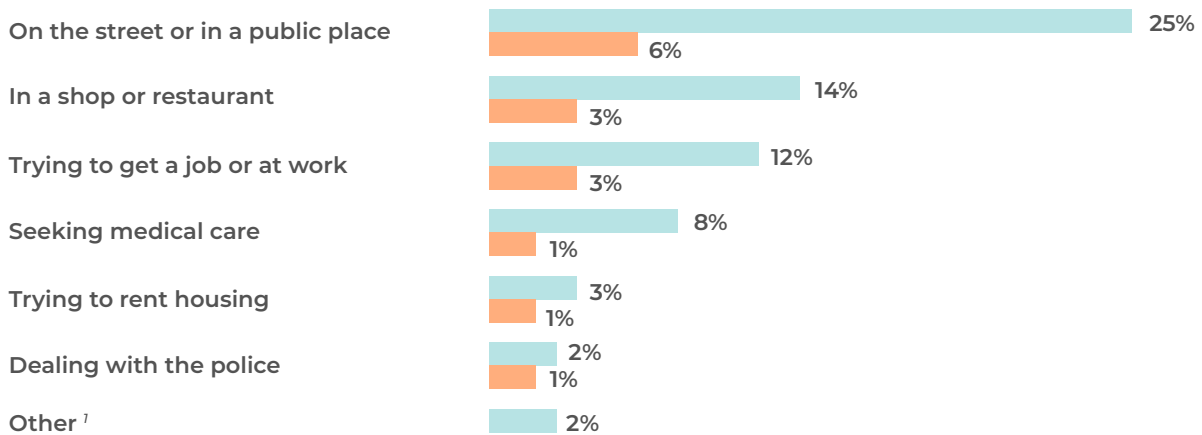


Asian (60%) and disabled (60%) participants were more likely and Europeans (40%) and older adults (25%) were less likely to have been discriminated against in the last 12 months.

We asked participants about situations where they might have faced discrimination in the last 12 months. In every specified situation, trans and

non-binary participants were more likely than the general population to have experienced discrimination. In particular, they were eight times more likely to be discriminated against when seeking medical care, and at least four times more likely to experience discrimination on the street or in a public place, in a shop or restaurant, or in an employment situation.

Were you discriminated against in any of these situations in the last 12 months?
Mark all that apply.



Counting Ourselves (age 15+) General Social Survey 2016 (age 15+)

¹ The General Social Survey did not include this response option.

Participants' comments

I wish there was a law that clearly said what protections trans people are entitled to. (Trans man, adult)

People want to think that everything is fine, that we're all nice people. . . but my experience is that the bias is deep. . . [and] that I encounter more

discrimination because of being Māori, than because of my gender. (Trans man, adult)

I've seen how transgender people can be deliberately misrepresented in the media, or used by the media to generate controversy and therefore sell papers/drive more traffic to websites etc. (Trans woman, adult)

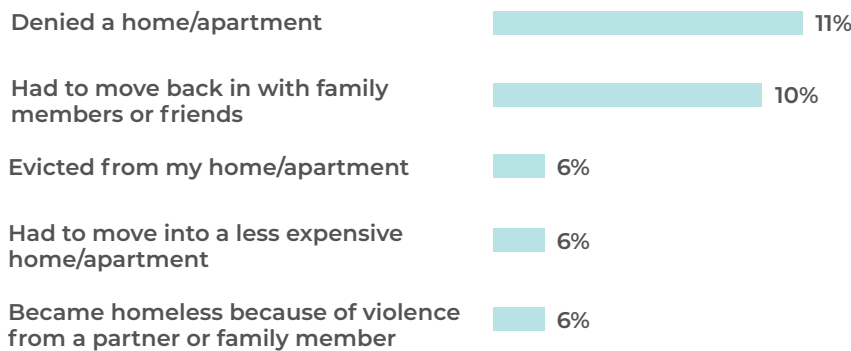
A quarter of participants had experienced discrimination on the street or in a public place in the last 12 months. Disabled (40%) and Asian (37%) participants were more likely and European participants (21%) were less likely to experience this.

Disabled participants were also more likely to experience discrimination in the last 12 months in a shop or restaurant (23%), when seeking medical care (17%) and when dealing with police (4%).

Housing discrimination

We asked participants about situations related to housing. More than one in seven participants (15%) reported at least one of these experiences.

Have any of the following housing situations ever happened to you because you are trans or non-binary? Mark all that apply.



Auckland (13%) participants were more likely and non-binary (2%) participants and those in Wellington (1%) were less likely to have been evicted because they were trans or non-binary.¹

Emergency housing

Few participants (1%) had accessed emergency housing and less than 1% of participants had been denied access to a shelter because they were trans or non-binary. It was more common (4%) for participants to have avoided accessing emergency housing because they were worried about how they would be treated for being trans or non-binary.

Adults (7%) were more likely and youth (2%) were less likely not to try to access emergency housing because they feared they would be mistreated for being trans or non-binary.

¹ Youth also tended to be less likely to be denied housing (6%), to move back in with family members or friends (5%) or move into less expensive housing (2%) due to their gender. This may be because young people are less likely to be living independently and trying to access housing.

Participants' comments

I felt they wouldn't think the abuse I was going through was bad enough and I didn't know where to look. (Non-binary, youth)

I went to a mental health facility a couple of times. (Trans man, youth)

WINZ kept trying to send me to male only boarding houses. I had to resort to living in my car. (Trans woman, adult)

I was told that I couldn't – that there was nothing. I was homeless with a two-year-old at the time. They said the wait list was 6 months. (Trans man, adult)

I was refused because I had a job. It did not pay me enough for shelter and I could only afford food once a day, as long as that food item was cheap. (Trans man, youth)

I just slept outside a few nights before someone took me in and let me stay with them until I was back on my feet. They were gang members. It was an interesting and humbling experience to be accepted by them and looked after. (Trans woman, adult)

WINZ saw my situation as urgent so I was put on a wait list. In the meantime, I was staying in a friend's caravan in her backyard for almost 6 months without hearing anything from WINZ. By the time they called me asking if I still needed their services, I had found a place to live. (Non-binary, adult)

Many participants (6%) also reported other reasons for not accessing emergency housing. The most common responses were that they found a friend or family member to stay with temporarily, did not know where to find emergency housing, or were told none was available or that the waiting list was very long. One trans woman reported being referred to male-only boarding houses.

Services and public places

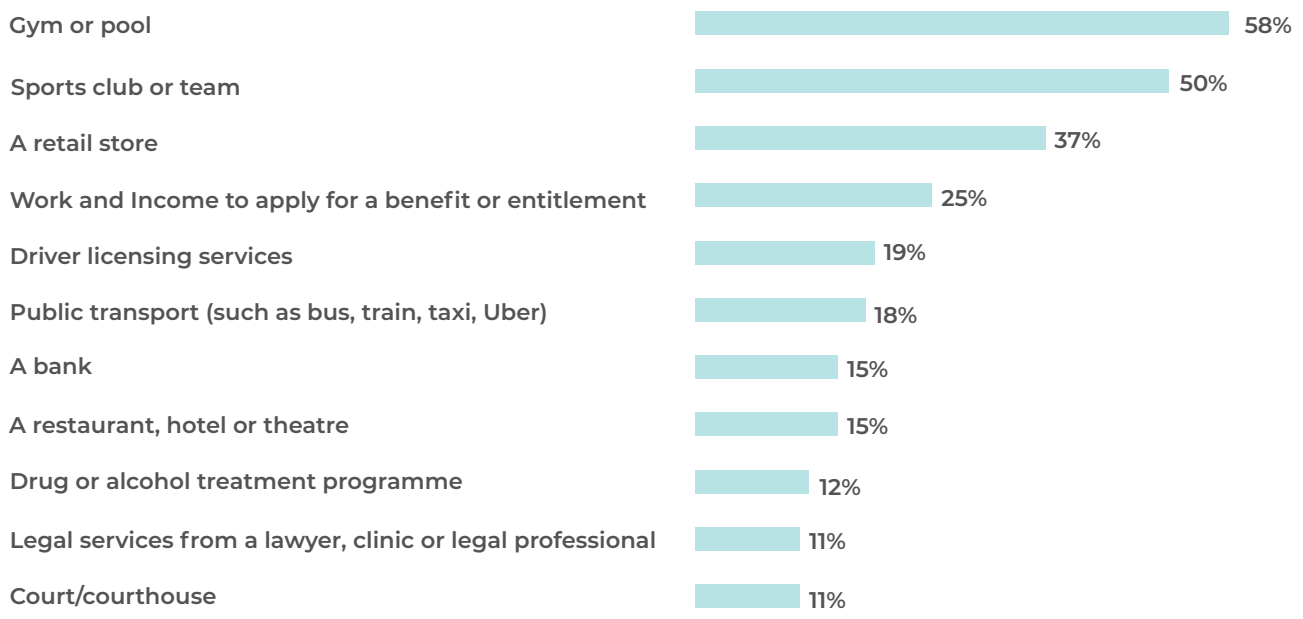
Avoiding services

The places and services in the community that participants most often avoided because of how they might be treated as a trans or non-binary person were gyms or pools. More than half of participants had avoided gyms and pools. This rate was even higher for trans men (76%), and although non-binary participants were less likely to report this, more than two-fifths (43%) had avoided these places too.

Half of participants had avoided a sports club or team. This was more common for trans men (67%), and although non-binary participants were less likely to report this, almost two-fifths of them (39%) still reported it.



Have you ever avoided any of these places because you thought you would be mistreated for being trans or non-binary? Mark all that apply.



Out of participants who had ever used each of these services

Over a third of participants had avoided a retail store and a quarter had avoided going to Work and Income to apply for a benefit or entitlement. Group differences in avoiding services included:

- Trans men were more likely to avoid Work and Income (34%), driver licensing services (30%) and banks (27%) and non-binary participants were less likely to avoid these services (17%, 13% and 8%).
- Disabled participants were more likely to avoid Work and Income (39%).
- Pasifika (33%) and Asian (26%) participants were more likely than Europeans (12%) to avoid banks.
- Older adults were less likely to avoid visiting a retail store (20%).

Discrimination and harassment

We asked participants who had used these services and public places if they had experienced discrimination or harassment for being trans or non-binary when doing so. One in five participants had been treated unfairly at Work and Income and more than one in seven had been verbally harassed when using public transport. In addition, more than one in ten experienced unfair treatment in retail stores, in gyms or pools, or in restaurants, hotels or theatres.

Have any of these things ever happened to you because you are trans or non-binary when you visited or used services at these places? <i>Mark all that apply.</i>		
	Treated unfairly	Verbally harassed
Work and Income (including StudyLink, Senior Services and Heartland Services)	20%	5%
A retail store	18%	12%
Gym or pool	14%	12%
A restaurant, hotel or theatre	11%	8%
Public transport (such as bus, train, taxi, Uber)	9%	15%
Drug or alcohol treatment programme	9%	3%
A bank	9%	1%
Driver licensing services	8%	2%
Court/courthouse	5%	3%
Legal services from a lawyer, clinic or legal professional	5%	less than 1%

Out of participants who had ever used each of these services

Disabled participants were more likely to be treated unfairly (30%) and verbally harassed (10%) at Work and Income. Trans men (15%) were more likely to have been treated unfairly at a bank and Pasifika participants (30%) were more likely to have been treated unfairly at a restaurant, hotel or theatre.

Less than 1% of participants had been physically attacked when they visited or used these places or services, except for 2% who had been physically attacked using public transport.

Participants' comments

I have been verbally and physically assaulted in the street for my gender presentation. (Non-binary, adult)

A receptionist . . . informed me that anyone with 'woman parts' would be required to use the women's changing rooms (even when I was bald and bearded). . . . I requested management call me and they were EXTREMELY apologetic, had spoken to the staff member to make it clear that what she said was completely inappropriate, and were actively supportive of me using whichever changing room I was comfortable using at whatever stage in my transition. (Trans man, adult)

My experiences as being trans, and my safety are hinged on me being 'stealth' and hiding in plain sight. I unfortunately spend a lot of time out of the comfort of my community to live a relatively 'free' life. (Trans man, adult)

Dead naming, misgendering and verbal harassment is an everyday occurrence in my life. No matter how

much care I take in representing myself as female through clothing and make-up I am continually addressed as mate or sir. (Trans woman, older adult)

It feels like 95% of the forms I fill out require a male/female box to be ticked without an alternative. These things are relatively small and minor problems. They become micro-aggressions and do accumulate though. (Non-binary, youth)

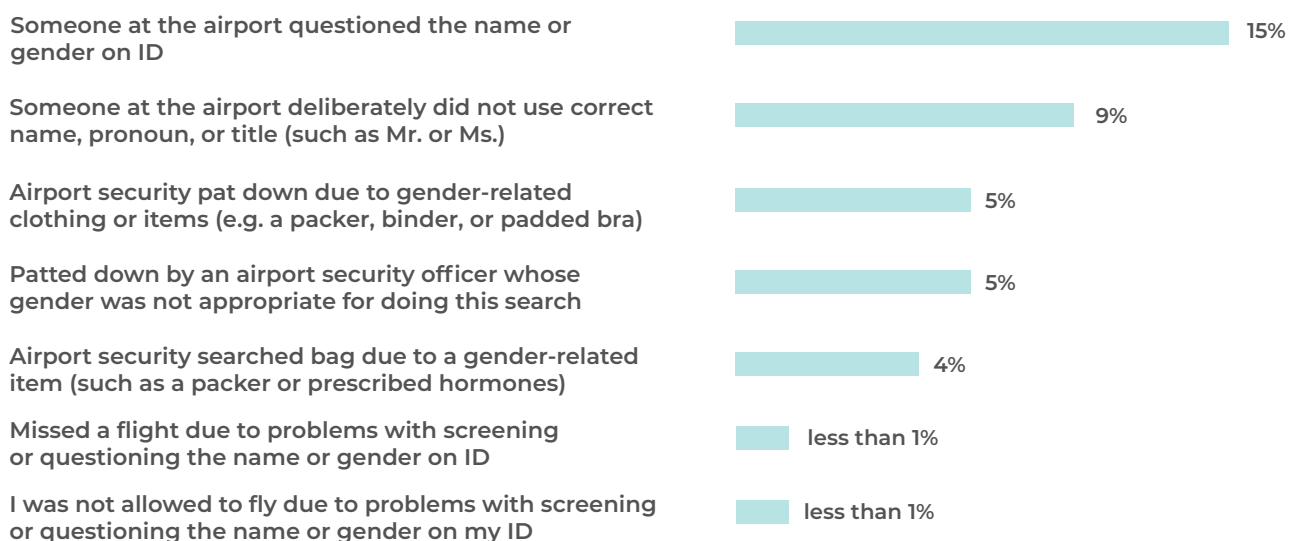
I was told I couldn't have a suit made for me by a bespoke suit tailors because they only do men's suits. It's not the worst thing in the world, but it's annoying when planning a wedding! (Non-binary, adult)

I had significant difficulties in applying for insurance this year. One company wanted to apply a 50% increase in the usual premium across a range of personal insurance products (life, income, etc.) because I am transgender. They also wanted to apply a mental health exclusion on the policy. They were very evasive when pressed on their justification for this. (Trans woman, adult)

Air travel

We asked participants who had travelled via an airport in Aotearoa New Zealand if they had ever experienced various types of discrimination because they are trans or non-binary.

Have you experienced any of the following while travelling by plane from an airport in Aotearoa New Zealand? *Mark all that apply.*



Around one in seven participants were questioned about the name or gender on their identity documents. Māori participants (25%) and trans men (21%) were more likely and European (12%) and non-binary participants (11%) were less likely to report this.

Nearly one in ten participants reported someone had deliberately used the wrong name or gender for them. Asian participants (less than 2%) were less likely to report this.

A small number of our participants missed a flight or were told that they were not allowed to fly, after being screened or questioned about the name or gender on their identity documents.

Participants' comments

I almost wasn't able to catch a plane because my passport still has the wrong gender. (Trans man, youth)

I was once reprimanded in public in an airport for booking tickets under a gender-neutral title and told it was fraud and I could be prosecuted for claiming that title, but there was no other option available that wasn't gendered. (Non-binary, adult)

I was advised by a travel agent (regarding an upcoming trip) to try to present as more masculine, because my passport has not been updated (still says I am male). I have been threatened by the airline that I will not be allowed to board their flight if I do not update the gender marker on my passport, which I have not done, because it would require me to purchase a new ticket. (Trans woman, adult)

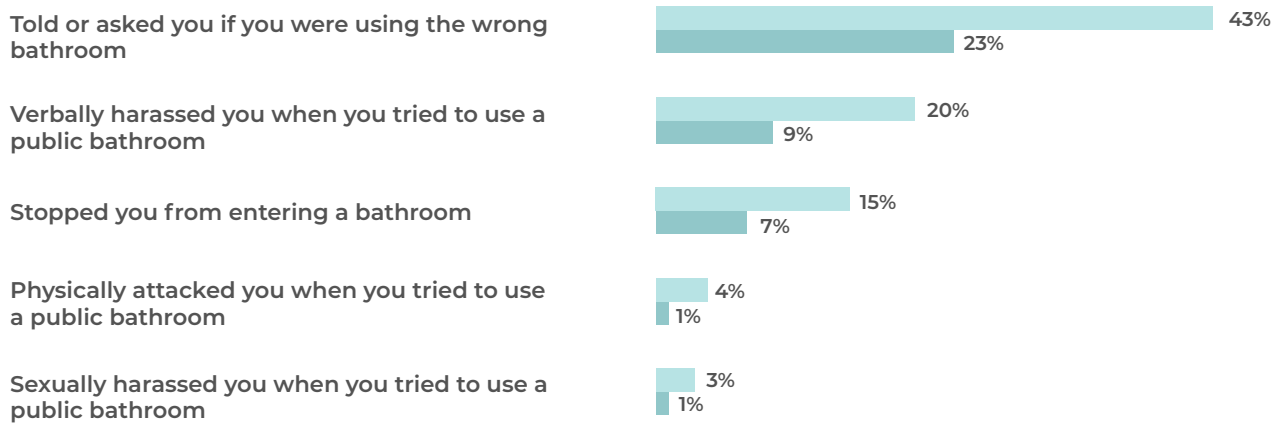


Bathrooms

Participants experienced high rates of harassment and discrimination when trying to use a bathroom. More than two-fifths of participants had been told or asked at some point if they were using the wrong bathroom and one in five had been verbally harassed when they tried to use a public bathroom.

Has anyone ever done these things to you when you have tried to use a bathroom?

Mark all that apply.



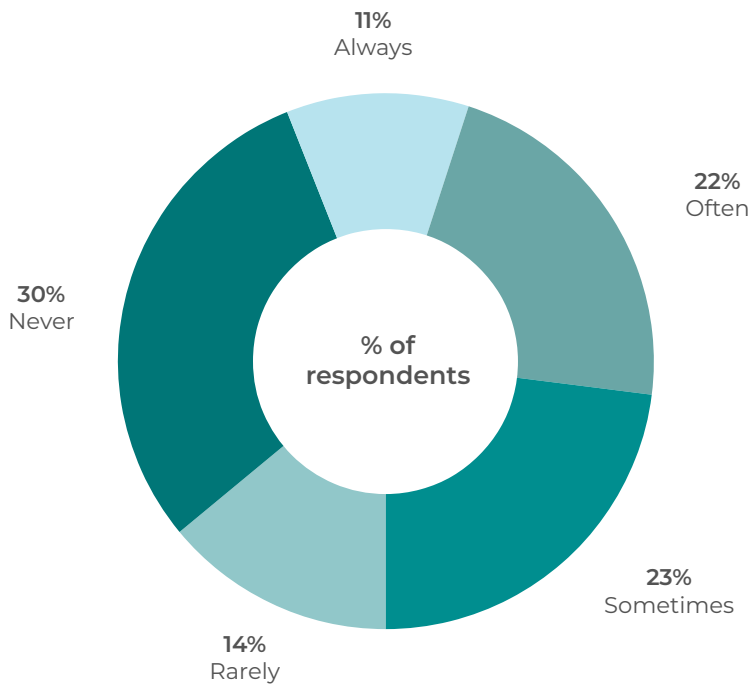
■ Ever
 ■ In the last 12 months

Group differences in participants' experiences trying to access bathrooms in the last 12 months included:

- Youth (32%) were more likely to have been told or asked if they were in the wrong bathroom than adults (18%) and older adults (10%).
- More than a quarter of non-binary participants (26%) and trans men (29%) had been told or asked if they were in the wrong bathroom. This higher rate for trans men was driven by a high number of younger trans men (42%) reporting this.
- Trans women were less likely to have been told or asked if they were in the wrong bathroom, but this was still experienced by one in seven (14%) of them.
- Youth (12%) were more likely to have been stopped from entering a bathroom.
- Trans men (16%) and Waikato (24%) participants were more likely and trans women (5%) were less likely to be verbally harassed when trying to use a bathroom.

With such high rates of negative experiences using bathrooms, it is not surprising that 70% of participants had avoided using a public bathroom in the last 12 months and a third of participants (33%) did this *often* or *always*.

How often have you avoided going to a shared or public bathroom in the last 12 months because you are afraid of having problems using them, since you are trans or non-binary?



Trans men (49%) and youth (43%) were more likely and trans women (25%), non-binary (26%), adult (26%) and older adult participants (13%) were less likely to have *often* or *always* avoided a public bathroom in the last 12 months.

There appear to be serious barriers to using shared bathroom facilities faced by trans and non-binary participants. Although younger participants and trans men were more likely to report these concerns, they were still common in all participant groups.

Participants' comments

I may not avoid public bathrooms but that doesn't mean I am not nervous using them. My biggest hassle came from using shop changing rooms when I was physically prevented from entering one. (Non-binary, older adult)

Simple things such as using a public bathroom or going clothes shopping can be very difficult to do without discomfort. (Trans man, adult)

I'm still presenting fairly male, so most of my discomfort comes from the lack of gender-neutral bathrooms as I feel out of place in the male rooms and don't appear feminine enough to use the women's bathrooms. (Trans woman, youth)

My university has all-gender bathrooms (repurposed single person disabled bathrooms) which I use, but in situations outside of this I avoid going into either male or female public bathrooms. (Trans woman, youth)

I am so grateful to be able to do the most mundane things in life, like use a public bathroom and feel confident because the hormones have meant I 'pass' and I won't risk being abused/harassed because of my gender. (Trans man, adult)

11: Safety & violence

If you want to talk to someone about any issues raised in this section, there are contact details for support agencies in Appendix 1.



We asked participants about how safe they felt in different contexts and their experiences of sexual violence. We also report findings about partner abuse in Section 6, school bullying in Section 8 and family/whānau abuse and violence in Section 15.

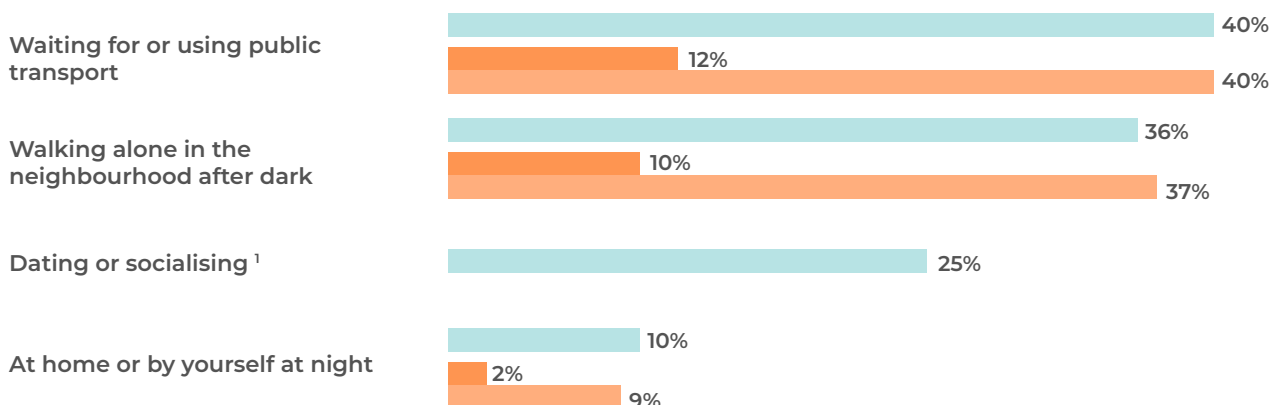
Feelings of safety

Trans and non-binary participants felt unsafe at rates that were similar to women in the general population, and they were three to five times less likely to feel safe than men in the general population. We did not see evidence of gender differences among Counting Ourselves participants – all three of our gender groups reported these high levels of feeling unsafe.

Disabled participants were more likely to feel *unsafe* or *very unsafe* at home at night (17%), walking alone after dark (52%), waiting for or using public transport (52%) and dating and socialising (40%).

Participants in the Marlborough/Tasman/West Coast region (77%) were more likely to feel unsafe or very unsafe walking alone in their neighbourhood after dark. Youth were more likely to feel unsafe or very unsafe than older participants in all three of the places we asked about.

Thinking about crime in Aotearoa New Zealand, do you feel unsafe or very unsafe?



Counting Ourselves 2018 (age 15+)

General Social Survey 2016 men (age 15+)

General Social Survey 2016 women (age 15+)

¹ This question was not asked in the 2016 General Social Survey.

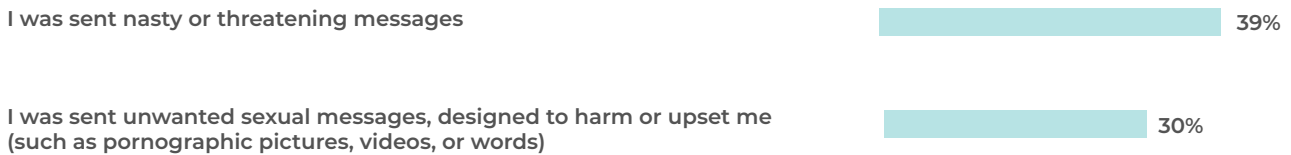
Thinking about crime in Aotearoa New Zealand, do you feel unsafe or very unsafe?

	Youth	Adult	Older adult
At home or by yourself at night	16%	7%	2%
Walking alone in the neighbourhood after dark	49%	28%	13%
Waiting for or using public transport	52%	33%	23%

Cyber bullying

Almost two out of five participants had been sent nasty or threatening messages through the phone or on the internet. This rate was higher for trans men (47%) and lower for non-binary participants (33%) and older adults (7%). Three out of ten participants had been sent unwanted sexual messages. This rate was higher for trans women (41%) and lower for non-binary participants (22%).

Have any of the following things ever happened to you on a mobile phone or on the internet because you are trans or non-binary?



Sexual violence

Almost half of participants reported that someone had tried to have sex with them against their will. As well as differences between the gender groups, this rate was higher for disabled (65%) and adult (54%) participants and lower for youth (40%).

Participants who had someone have sex with them against their will since age 13 were twice as likely to have attempted suicide in the past year (18%) than participants who did not report this (9%).

Since the age of 13, has anyone tried to have sex with you against your will?

Trans men	Non-binary	Trans women	Overall
50%	55%	33%	47%

The results are even starker for the level of trans and non-binary participants who had been forced to have sex against their will. Trans women, trans men and non-binary participants all reported someone having had sex with them against their will at rates two to three times higher than that for women in the general population and seven to 12 times higher than for men in the general population.

Since the age of 13, has anyone made you have sex with them against your will?

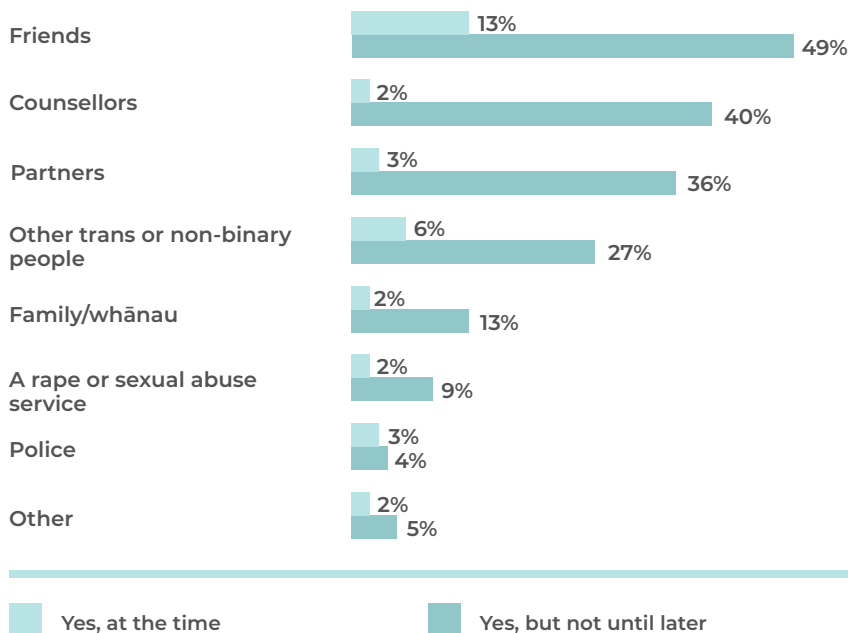
Counting Ourselves (age 16-74)				NZ Health Survey 2014/15 (age 16-74)		
Trans Men	Non-binary	Trans women	Overall	Males	Females	Overall
33%	38%	23%	32%	3%	11%	7%

Disabled participants were more likely (49%) to report that someone had sex with them against their will.

Support received

We asked participants who they received support from after this sexual violence, either at the time or since then. Only a small proportion of participants received any support at the time. It was most common for participants to get support later from friends, counsellors, partners or other trans and non-binary people.

Did you get support from any of these places at that time, or since then?



Out of participants who reported someone had tried to have sex with them or had sex with them against their will since age 13

Few participants received support at the time or since then from police (7%) or family/whānau (15%). Māori were more likely to get such support from whānau (30%), while Asian participants (less than 2%) were less likely to get this. Only 11% of participants had received support from a rape or sexual abuse service.

Participants' comments

There needs to be support for underage abuse sufferers other than just teachers – it's impossible to tell an adult as a 14 year old you are having sex and get honest answers about what consent is, which is what I would have needed to get out of an abusive relationship. Surprisingly, I only got those answers when I approached my local youth group. Not ideal that I had to join a church to get sex education. (Trans man, youth)

I've attended survivors' support groups which have been helpful, but sometimes I've been scared about being accepted as non-binary amongst cis women. Sometimes places such as Rape Crisis don't make clear whether their service is trans or non-binary inclusive. (Non-binary, adult)

Because I was viewed as male, they put me in male sexual abuse counselling, which just wasn't suitable, but I was told the female one was inappropriate because 'I looked male'. (Non-binary, adult)

When I had to do the tier 3 level interview with the adult sexual assault team at the police, at no point did they ask my gender or correctly refer to my gender. The whole thing was traumatic enough, I didn't bring it up at the time, but I wish I did. (Trans man, adult)

I was rejected from a specialist service for being trans. (Non-binary, adult)

I would want to see a helpline that the gender of victim is frankly not important. Ask the caller what gender they want to talk to as a support and go from there. (Trans woman, adult)

12: Police & detention

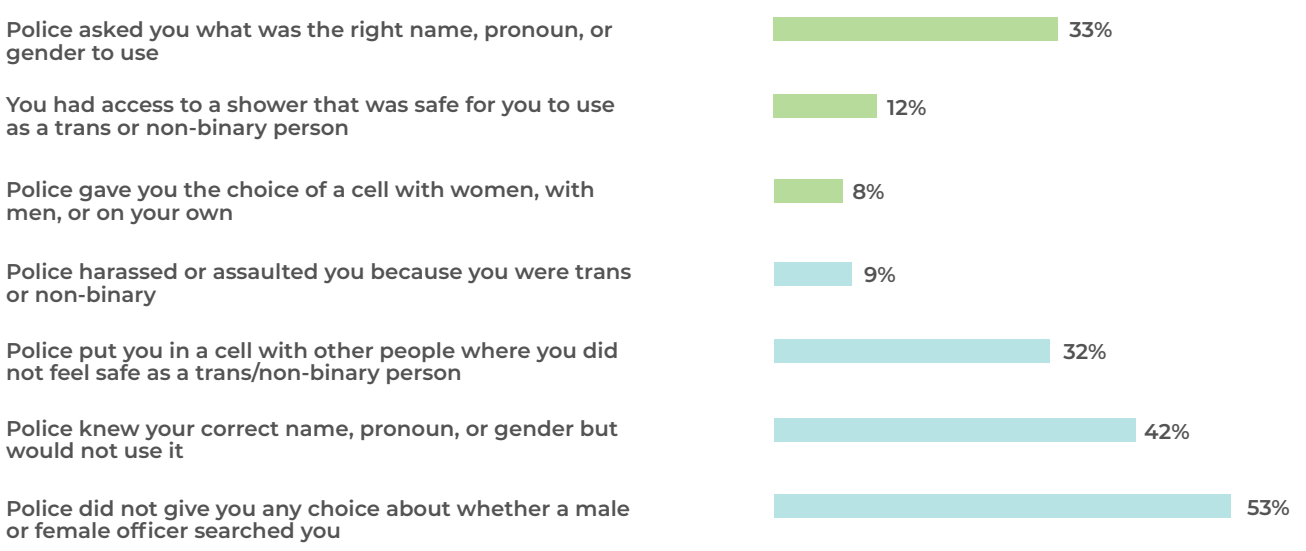
Contact with police

One in 14 participants (7%) had been detained, held in custody, arrested or charged by the police. These participants responded to the questions in this section.

Almost two-thirds of these participants reported that police did not ask their correct name, pronoun or gender, and almost half had been misgendered when police knew their correct name, pronoun or gender but would not use it.

For more than half of these participants, police did not give them any choice about whether a male or female officer searched them, and less than one in ten were given the choice of whether they were put in a police cell with women or men or on their own.

Did any of the following things ever happen to you when you were detained, held in custody, arrested or charged by the police?



Positive experiences Negative experiences

Out of participants who had ever been detained, held in custody, arrested or charged by the police

Almost one-third were put in a cell with other people where they did not feel safe as a trans or non-binary person.¹ Most participants who required a shower did not have access to a shower that they felt safe to use.

Almost one in ten of these participants had been harassed or assaulted by police for being trans or non-binary.

Participants were invited to share more about their experiences with the police. The examples provided ranged from very negative to very positive encounters, both as victims of crime and when stopped by the police.

Experiences in prison or other detention facilities

Because only around 1% of participants answered the survey questions about experiences in prison, youth justice or other detention facilities, we have too few responses to be able to report this information here. The information that we have, however, provides some useful indicative information that could be explored in future research, working with individuals and community groups that support trans and non-binary people in prison and other detention facilities.

Participants' comments

The police system still has my birth name recorded even though it was legally changed a couple of years ago. I phoned the information centre and they said that my name had been updated in the system; however, when stopped by a police officer, my old name was used. (Trans man, youth)

My trust in the police especially has significantly decreased since figuring out/coming out as trans/non-binary. (Non-binary, youth)

I have no idea what my rights are as a trans person when dealing with the police or prisons. (Trans man, adult)

I think that these are some of the settings in which being non-binary is the most scary. (Non-binary, adult)

My past interactions with the police (I was mocked for being trans) . . . have led me to avoid them . . . I have opted not to call the police in situations where I probably should have. (Trans man, adult)

I have watched my friends be brutalised by police and seen them be intentionally misgendered and taunted because they were trans. (Non-binary, youth)

I involved the police when I left the sexually abusive relationship and they have always been great especially regarding using language I am comfortable with and have always used my correct name and pronouns. (Trans man, youth)

¹ Only some participants were placed in police cells or required access to a shower, so these questions were answered by a smaller number of participants

13: Identity documents

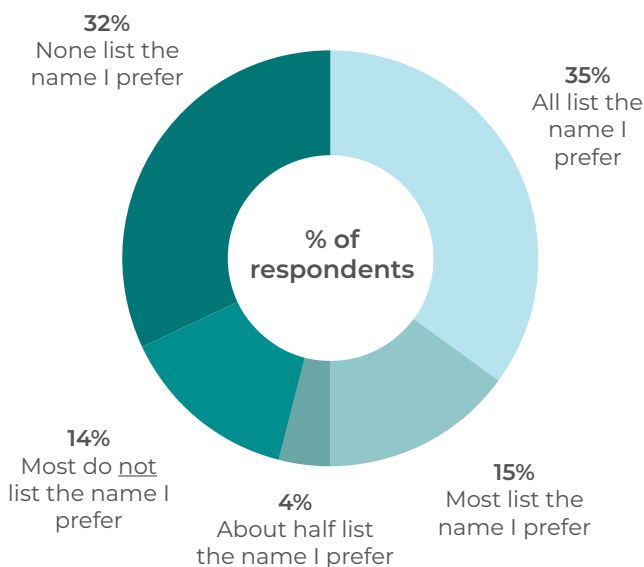
Having a name and gender marker on documents that reflect a trans or non-binary person's identity is important because correct details allow them to have dignity and privacy, reduce the discrimination they may face and make it safer in the many parts of their daily life when they have to show an identification document (ID). We asked participants about their experiences trying to change their name or gender marker on these documents.

Name

Having the wrong name on records or IDs was common for participants. Only 50% of participants had their correct, preferred name on more than half of their IDs or records. Older adults (73%) and adults (57%) were more likely than youth (37%) to report this.



Thinking about how your name is listed on all your IDs and records that list your name (such as your birth certificate, driver's licence, passport, 18+ card, etc.), which of these statements is most true?



Almost a third of participants had no documents with their correct, preferred name.

We asked participants who did not have their correct name on their IDs and records why they had not changed these details:

- The most commonly reported barrier for participants to change their name was because they could not afford to do this (42%). This was more common for disabled participants (65%).
- A quarter of participants (25%), including 39% of non-binary participants, were worried that changing their name would put them at risk of harm or discrimination.
- A quarter (25%) also did not know how to change their name on their IDs. Youth (36%) were more likely and adults (8%) were less likely to report this.

In their comments, participants also described the frustrations of having to amend each document separately and multiple times, when staff or computer systems reverted to their former name.

Participants' comments

The biggest barrier is often cost for changing your name. Birth certificate, passport and driver license all charge fees to do this, which is a big problem if you aren't well off. (Trans man, adult)

I got the people at WINZ [Work and Income New Zealand] to change my name in their records but it seems . . . temperamental. Most of the time they'll still get it wrong, and they definitely get my gender wrong. I don't know why it's so difficult to change your name in so many places. (Trans man, youth)

Despite having a different preferred name in my university records, the university insists on my 'legal name' on their ID cards. (Trans woman, youth)

I'm rather pissed off that much documentation –

including my new birth certificate and my marriage certificate – insist on featuring my former name as well as my current name.

(Non-binary, adult)

It has been very frustrating that after changing my name legally with one department of the government I then had to get a Justice of the Peace verified copy of this to change it with other departments. (Trans man, adult)

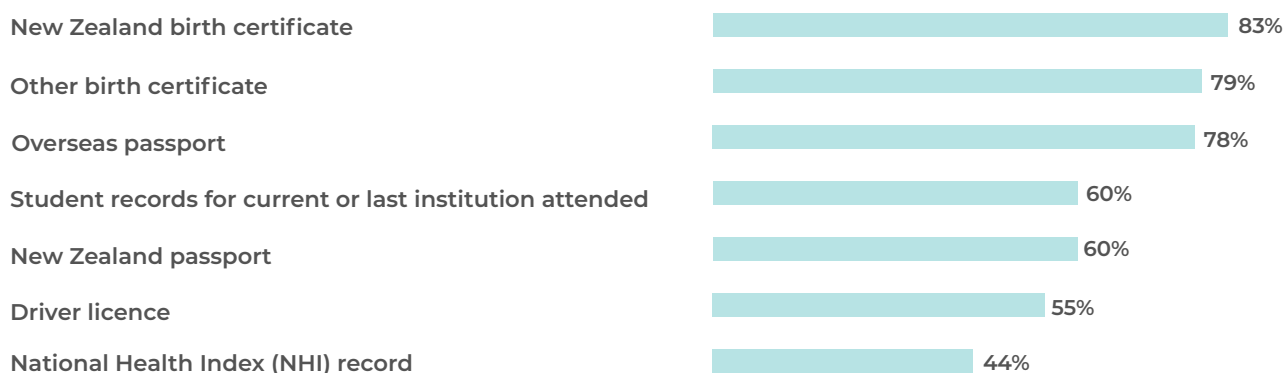
It would be fantastic if, when you paid the fee to change your name, that there was a centralised service that connected with all other government information and changed it automatically. (Non-binary, adult)

Mx title would be nice. (Non-binary, youth)

Gender markers

Participants were even less likely to have the correct gender marker on their identification documents and official records. More than eight out of ten participants did not have their correct gender marker on their Aotearoa New Zealand birth certificate.

Is the incorrect gender listed on the following of your IDs and records? Mark all that apply.



Out of participants who had each of these identity documents or records

Worryingly, for all the identity documents that we asked about, more than half of participants had the incorrect gender listed. More participants had the correct gender on their New Zealand passport than their birth certificate or overseas passport. This is likely to be because of policy changes in 2012–13 which allowed people to change the gender marker on their New Zealand passport to male, female or X (indeterminate/unspecified), by signing a statutory declaration.

Being able to have the correct gender on health records is important for trans and non-binary people's interactions with the health system and this is also recommended in the Aotearoa New Zealand Guidelines for Gender Affirming Healthcare. Although the National Health Index (NHI) record had a lower rate of incorrect gender listing than other IDs and records, this is partly because a high proportion of participants (24%) did not know what gender was listed there.

There were many group differences for having incorrect gender markers on these identity documents:

- Non-binary participants were more likely (62%) and trans women were less likely (27%) to report that their NHI contained the wrong gender marker. As there is a simple process for amending NHI records, this result could be considerably improved if the NHI included a third gender marker option.
- Non-binary participants were more likely than trans women or trans men to have their incorrect gender on their driver licence records (72%) and student records (69%).
- Youth (78%) and non-binary participants (75%) were more likely and adults (49%), older adults (25%) and trans women were less likely (45%) to have the incorrect gender listed for their New Zealand passport.
- Youth were also more likely than other age groups to have the incorrect gender on their birth certificate (94%), overseas passports (91%), driver licence records (67%), student records (67%) or their NHI record (55%). Adults and older adults were more likely to have the correct gender marker on many of these documents and records.¹

Most participants had an incorrect gender marker on one or more documents (including those with overseas passports and birth certificates), and only 7% of participants who had an incorrect gender marker on a document said they did not want to change this. One in five (20%) were not ready to change their documents yet.

Reasons for having an incorrect gender marker on one or more documents

Participants' most common reason for having an incorrect gender marker on documents was the limitations of existing gender marker options (male or female); non-binary participants were more likely to report this (79%). Almost a third of participants could not afford to change these details.

While a quarter of participants had not amended their gender marker because they were worried this would put them at risk of harm or discrimination, non-binary participants were more likely to report this (43%).

Youth were more likely to not be able to afford to amend their documents (35%) or not know how to do this (28%).

Medical evidence is part of the legal requirement for amending a gender marker on an Aotearoa New Zealand birth certificate. For almost one in five participants, not having taken the necessary medical steps was a reason why the gender was incorrect on one or more of their documents. This was more common for trans men (27%) and youth (23%).

¹ Older adults were less likely to have the incorrect gender marker on their birth certificate (57%), student records (41%), overseas passport (39%), driver licence (29%) or NHI record (24%). Adults were less likely to have the incorrect gender marker on their birth certificate (81%) and their NHI record (37%).

Participants' comments

The person who I filed my [birth certificate] claim with kept misgendering me, despite the fact he was literally filing the paperwork explaining my gender. (Trans man, adult)

Some documents have needed to be changed more than once because they mysteriously revert. I have had some documents which had been changed for years and then were changed back at the whim of an administrator or a computer system and it took lots of work to re-change, e.g. driver licence, when I renewed it after ten years. (Trans man, adult)

It has taken far longer to change because of the financial element in addition to immense difficulty in finding information. (Non-binary, youth)

There needs to be some helpful and clear guidelines for what the NZ Government will accept as sufficient to change your sex marker on your birth certificate etc. (Non-binary, adult)

I was supported and helped by a trans person in the passport office, who made me aware of my options and ensured I had the best outcome. (Trans woman, adult)

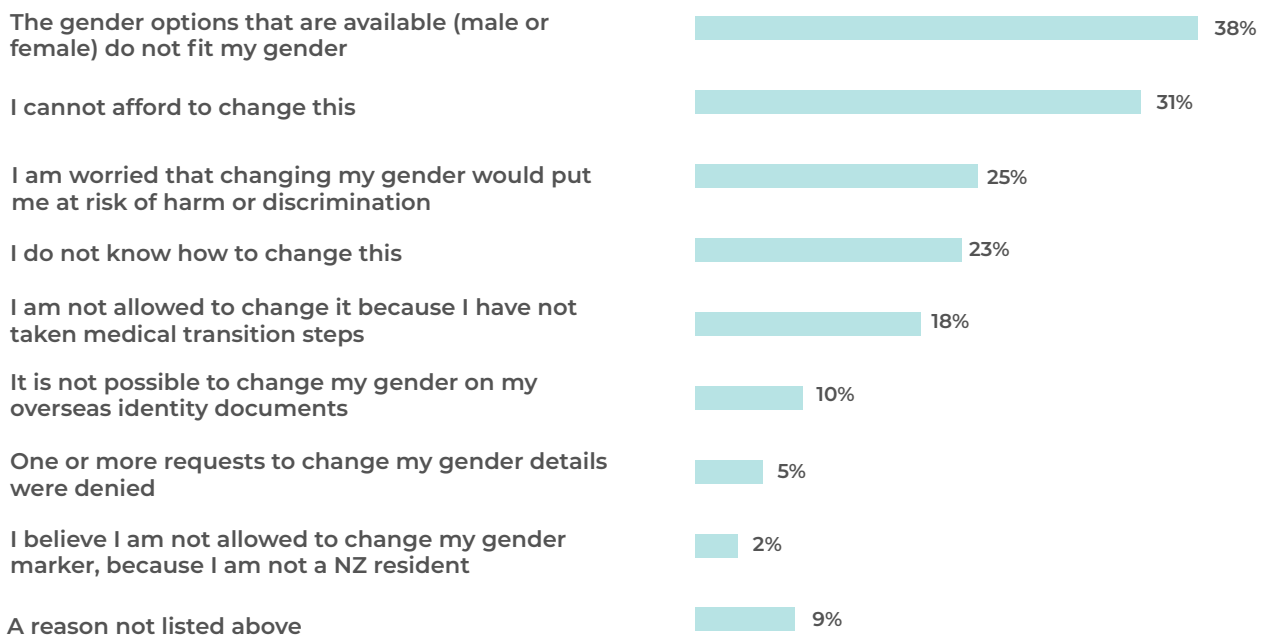
The process to change my name and gender on all my IDs was convoluted and stressful. . . . I strongly believe that people who are not well educated or who speak English as a second language would find the process virtually impossible without help. (Trans man, adult)

When I tried to get a New Zealand driver licence I was told that I could not use the 'gender diverse' marker because that did not match the marker on my overseas licence. I tried to explain that the overseas licence doesn't have that option. (Non-binary, adult)

The obsession with gender being included is absolutely baffling – frankly even with regard to cis people, nobody actually needs to know that. (Non-binary, adult)

I was kindly funded by university to get my legal documents changed. (Trans woman, youth)

Why is the gender listed on some of your documents incorrect? *Mark all that apply.*



Out of participants who had the incorrect gender listed on at least one of their identity documents or records

Participants' comments

I'm confused about how the National Health Number system works. I've tried a few times to correct my details there but I don't think it stuck. (Trans woman, adult)

It has been incredibly frustrating that WINZ [Work and Income New Zealand] and the bank refuse to change my gender marker. (Trans man, adult)

I was never aware that there was an 'X' option for Aotearoa passports. Extremely let down that this is not more commonly known (missed opportunity). (Non-binary, youth)

I want to get an X on my passport, but the instructions on the immigration website are pretty vague, so I'm not sure how to go about it. (Non-binary, adult)

I considered . . . getting an X gender marker on my NZ passport, but . . . I would be unable to do so in so many other institutions: my foreign passports, and records here and overseas where only binary options are available. I felt like I had to choose male because then at least everything would match. (Non-binary, youth)

I am frustrated that self-selection for gender is not available for NZ official documents. I have zero interest in medically transitioning. I resent that this means that I am stuck with my inaccurate birth

gender on my identity documents. (Non-binary, adult)

The cost to change gender markers on IDs needs to be less expensive than it currently is, because for many it is a very real safety issue. (Trans man, adult)

I can't afford it and will probably never change [my] birth certificate if I have to go to court and can't have an 'X' [gender marker]. (Trans man, youth)

I have been going through the Family Court system to have my legal gender and name changed on my birth certificate for over 1.5 years as they not only have lost all of my original applications but continuously ask for information already provided by health board professionals to decide whether to accept my application. This is extremely frustrating and labour intensive. (Trans man, youth)

Very hard for an overseas person in NZ to change documents. I cannot go back to America long enough to change my records so my name and gender must be wrong on my documents for the next two years, before I get residency. (Non-binary, youth)

My citizenship certificate could not be changed to my current name and gender, it is the only legal NZ document not changed. (Non-binary, adult)

Participants provided comments describing the barriers they faced when changing their gender marker on official identity documents, bank accounts or records, and their frustration when electronic records reverted to past details. Barriers included costs, lack of information, and the complexity of using a Family Court process for changing birth certificate details, particularly for those with less formal education or written English-language skills. Others described the positive difference it made when staff's actions or an institution's policies were inclusive of trans and non-binary people. Some participants commented on the lack of legal gender options for people who were not born in New Zealand, or who changed their name or gender after their citizenship certificate had been issued. Others questioned whether gender details were necessary on documents.

Experiences showing an ID that does not match appearance

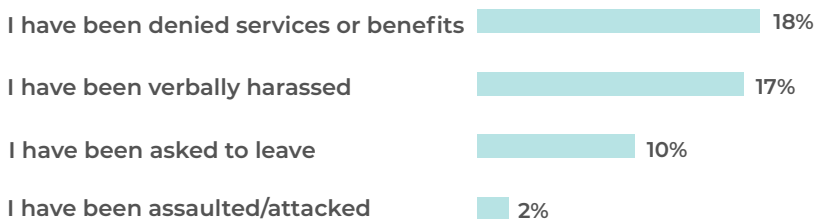
More than half (59%) of participants had used an ID with a name or gender that did not match their appearance. Non-binary participants (51%) and youth (52%) were less likely to report this. We asked participants about possible negative consequences from showing an ID that did not match their appearance. The most common experiences were being denied services or benefits and being verbally harassed.

Trans men were more likely and non-binary participants were less likely to have been verbally harassed (28% vs 9%) or denied benefits (26% vs 11%) when the name or gender marker on their ID did not match their appearance. European participants were less likely (8%) than non-European participants (17%) to be asked to leave after showing such an ID.

We asked participants if there was anything else they wanted to share about their experiences using identity documents that did not match their appearance. The most common responses focused on:

- experiences travelling on a passport or using it as a photo ID
- being stopped by police and asked to show their driver licence
- the limited options for non-binary people and inconsistency between IDs this caused
- experiences of harassment, fear and misgendering
- examples of positive interactions when amending or using amended ID documents.

Have any of these things ever happened to you when you have shown an ID with a name or gender that does not match your appearance? Mark all that apply.



Out of participants who had ever had to show an ID with a name or gender that did not match their appearance

Participants' comments

I will change my gender on my driver licence, as the last time I was pulled over the police officer thought that I had presented someone else's ID until I explained that I am transgender. (Trans man, adult)

I have been stopped at the border entering Rarotonga as I could not fill out their immigration form ('Are you male or female?') in accordance with the gender marker on my passport, even though Rarotonga uses New Zealand passports. (Trans man, youth)

My licence photo looks like a man, has a man's name, and male gender etc. It really looks nothing like me. Same with all my other photo ID. I tried to sell a box of old X-Box games to Cash Converters and they were going to buy them until they saw my ID. I gave them a passport, driver licence and two forms of work-related photo ID. They said none of it was acceptable. (Trans woman, adult)

It makes a HUGE difference when work HR and payroll records give you a non-binary or 'other' option. (Non-binary, adult)

14: Income, hardship, homelessness & employment

We asked participants two questions related to their standard of living: their income, and whether they were being forced to keep costs down to pay for basic goods and services that they need.

Income

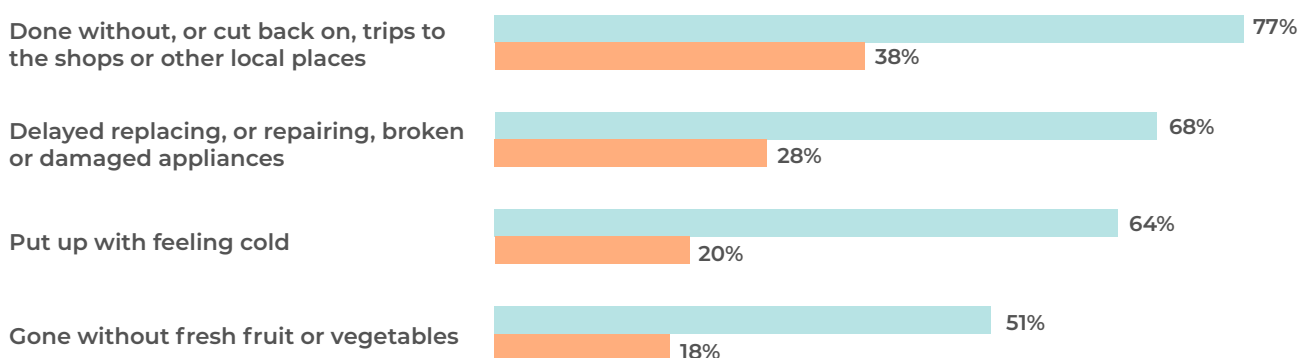
The median annual income of participants was \$15,001–\$20,000. This is around half of the median income for the general population, which was \$35,001–\$40,000 in the 2016/17 New Zealand Health Survey. The median income for disabled participants in our survey was even lower, \$10,001–\$15,000. Almost two-thirds of our participants (68%) had an annual income of less than the Aotearoa New Zealand median (\$35,001).

Material hardship

To measure material hardship, we asked whether participants had been forced to go without things, using questions from the General Social Survey. Trans and non-binary participants were two to three times more likely than the general population to have gone without each of these things.

In the last 12 months, have you done any of the following things to keep costs down?

Mark all that apply.



Counting Ourselves (age 15+)

General Social Survey 2016 (age 15+)

Disabled participants were more likely to have gone without trips to the shop or other local places (86%) or fresh fruit and vegetables (68%), put up with feeling the cold (73%) and delayed replacing or repairing appliances (79%). Asian participants were more likely to put up with feeling cold (80%) and adult participants were more likely to have delayed replacing or repairing appliances (73%).

Homelessness

We asked participants if they had ever been homeless and also about any experiences accessing an emergency shelter or refuge (see section 10). Almost one in five participants (19%) had been homeless. This was higher for adult (25%) and non-European participants (25%) and lower for European participants (16%) and youth (12%).

Participants were asked what role, if any, being trans or non-binary had played in their experience of being homeless. Participants who were kicked out of their home because of their gender struggled to find other housing options that welcomed trans or non-binary people. Employment discrimination and violence against trans and non-binary people contributed to a cycle of homelessness.

Employment

Two-thirds of participants aged 15–65 were working in paid employment (including self-employment). The unemployment rate¹ of our 15–65-year-old survey participants was more than double that of the general population.

Current employment status		
	Counting Ourselves (age 15–65)	New Zealand Health Survey 2016/17 (age 15–65)
Working in paid employment (includes self-employment)	67%	72%
Not in paid work, and looking for job	11%	5%
Not in paid work, and not looking for job (due to retirement, student status etc.)	21%	22%
Other	Less than 1%	1%

Adults were more likely (76%) and youth were less likely (54%) to be working in paid employment. Youth were more likely to not be in paid work, whether they were looking for a job (18%) or not looking for a job (28%). Adults were less likely to be in either situation, with 8% looking for a job and 17% not looking for a job.

¹ Those not in paid work who were looking for a job.

Participants' comments

I basically view self-employment as my only feasible option due to discrimination. (Trans woman, adult)

I am concerned about getting a job in the future due to the large gap in my work history, which was due to mental health and surgeries. Neither of which I am comfortable disclosing in an interview as I believe they would lower my chances of getting a job. (Trans man, adult)

I was kicked out of home at 17 for being trans, then unable to make rent at 18 due to my workplace treating me badly in regards to being trans. (Trans woman, youth)

Whether it's landlords or current tenants, we've been denied housing numerous times because we're trans. (Trans woman, adult)

Hard to get decent accommodation. The majority don't want to live with a trans person. (Trans woman, youth)

It is really scary looking for homes as a trans person and not knowing if somewhere is going to accept you . . . so I have had to couch surf or move from place to place and not feel like anywhere is safe or 'home'. (Non-binary, adult)

My experience of homelessness was due to intimate partner violence that I experienced. (Non-binary, adult)

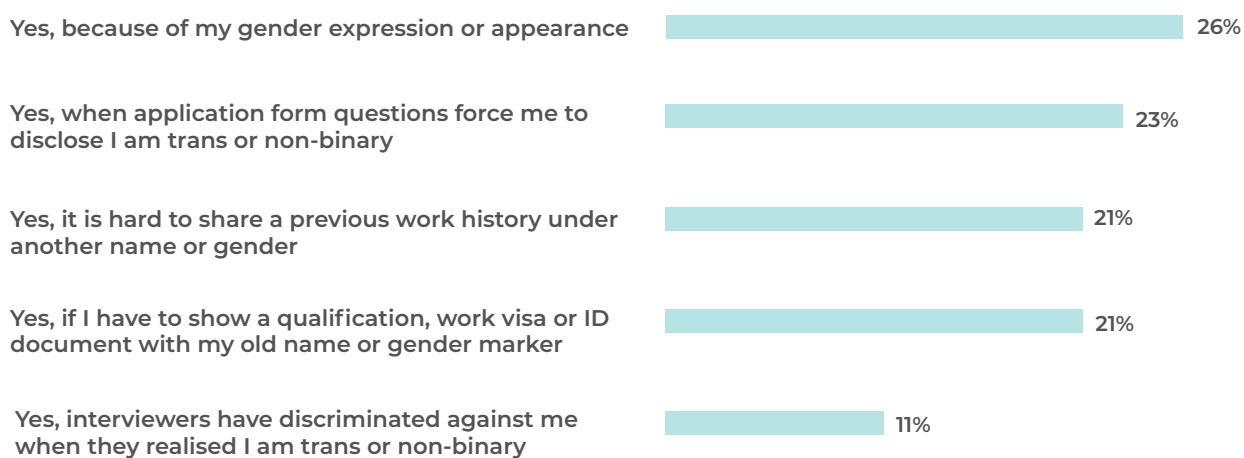
I got kicked out of a flat because they decided that trans women aren't really women. . . . because I was trans I was a target for workplace bullying which is why I lost my job and ended up on a benefit with mental health issues which in turn is why I got kicked out of another flat. When I was living in a car I went back to presenting as male for safety reasons e.g. charity drop-in centres aren't the safest of spaces. (Trans woman, adult)

Finding work

We asked participants if they believed that being trans or non-binary would affect their chances of getting paid work. More than a quarter reported that their gender expression or appearance made it harder to get paid work and almost a quarter reported that having to disclose that they are trans or non-binary through their work history, qualifications or old documents would have this impact.

Do you think that being trans or non-binary makes it hard for you to get paid work?

Mark all that apply.



Trans men were more likely to report they had to show a qualification, work visa or ID document (31%) or share a previous work history (28%) that made it hard for them to get paid work, and non-binary participants were less likely to report both of these concerns (11% and 13%).

Disabled participants were more likely to report that showing a document with an old name or gender marker (30%) or having an application form that forced them to disclose that they are trans or non-binary (32%) made it hard for them to get paid work.

Participants' comments

Disclosing you are trans makes a huge difference whether one gets a shot at the job! (Trans woman, adult)

It was quite easy to see discrimination was happening as I have had the same kind of job for decades and been through 4 rounds of applying for such roles, the first three pre-transition. I had to apply for significantly more roles and do more interviews than before. (Trans woman, adult)

I fear I will always have to take low paid work, where I invisibly fit into the community, or where I am so overqualified / over-skilled there is no way I could reasonably be turned down. (Non-binary, adult)

Went back to university to change careers because I believe that I would not have been accepted in my

old profession. (Trans woman, adult)

That I have to put my birth name down for police check forms whenever I start a new job is pretty stressful. I'd rather have the choice to be stealth. (Trans man, adult)

It was particularly when I looked very ambiguous in terms of gender . . . that I had an awful time with work. I couldn't get any jobs and when I finally got one my paperwork (IDs etc.) were shared freely so I was constantly being told 'I know about you' etc. (Non-binary, adult)

I am highly academically qualified and have good work experience but find it very hard to get work. Often, I come down to [the] last couple of candidates before not getting [a] role and I wonder whether being non-binary effects that. (Non-binary, adult)

"TRANS PEOPLE ENCOURAGED TO APPLY"



Employment experiences

We asked participants about their experiences at work related to being trans or non-binary. Almost three-quarters had hidden that they are trans or non-binary because they feared discrimination. This is understandable, as many participants reported negative experiences when co-workers were aware of their gender. For over a quarter of participants, employers or co-workers had inappropriately shared personal information. Almost one in five quit a job because of how they were treated as a trans or non-binary person.

Around one in ten participants received worse pay or conditions than co-workers, were not allowed to use the bathroom that matched their gender, were denied promotion or were fired or forced to resign because they were trans or non-binary.

In the last 12 months, 57% of participants did not disclose at work that they are trans or non-binary because they feared discrimination.

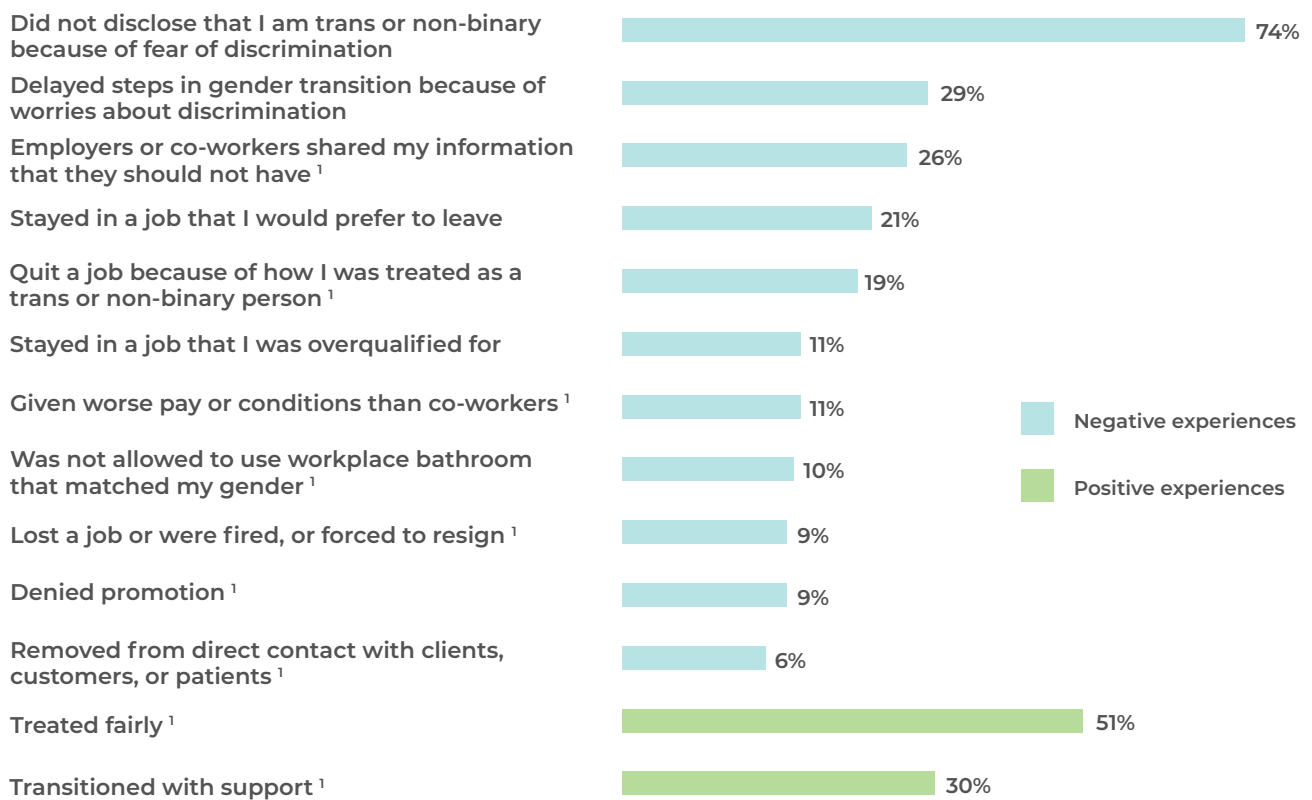
Youth (67%) and non-binary participants (71%) were more likely and older adults (33%) and trans women (37%) were less likely to report this.

Almost one in seven (15%) had delayed steps in their gender transition in the last 12 months because of fear of discrimination.

Not every experience at work was negative for our participants. More than half of participants had been treated fairly and with respect at work after disclosing they were trans or non-binary, including almost a quarter (22%) who reported this happened in the last 12 months.

Participants whose colleagues knew they were trans or non-binary reported high levels of workplace support. More than three-quarters of these participants described their colleagues as supportive, and a further 15% had a mix of supportive and unsupportive co-workers. This left 6% reporting that all their co-workers were unsupportive towards them being trans or non-binary.

Did any of the following things ever happen to you at work because you are trans or non-binary? *Mark all that apply.*



¹ Out of participants whose work colleagues were aware that they are trans or non-binary; all other responses were out of participants who had ever worked at a job or business

Participants' comments

Even when you're not 'out' as trans at work, it can still be nerve wracking. I've heard co-workers make ridiculing comments about trans people; it makes me scared to come out. (Trans man, adult)

Most of the problems currently stem from being in a customer service role. My workmates are lovely, however customers regularly misgender me, repeatedly and maliciously. They've asked me incredibly personal and invasive questions. (Trans woman, adult)

I was intentionally referred to by the wrong name (which clearly belongs to the wrong gender) at work in front of customers during a busy period, as a form of punishment for not being fast enough. (Trans man, adult)

I was discriminated against in several jobs, but felt unable to stand up for myself, or, when I did, felt unable to sufficiently prove the discrimination and bullying. . . . I believe I was constructively dismissed

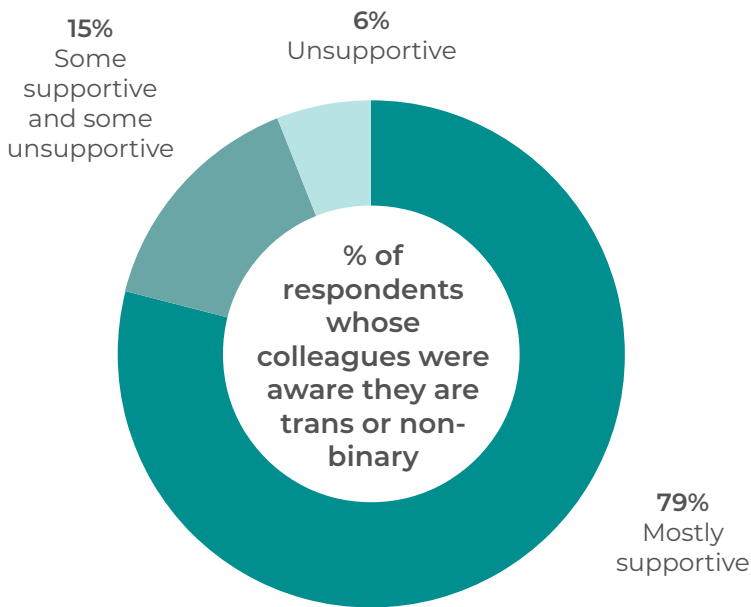
from one job because of my gender identity, even though I was presenting male and not publicly 'out' about being trans (I had long hair, facial hair removal, ears pierced and somewhat visible breast growth). . . . My current employer makes inappropriate comments/gestures, but I don't say anything because I don't want to be singled out for ridicule, labelled paranoid or oversensitive, or to endanger my job. (Trans woman, adult)

I have tried to tell my coworkers that I am non-binary and prefer they/them pronouns, but this is never acknowledged or respected. I don't feel it's malicious, I just think they don't care enough to remember. (Non-binary, adult)

A week ago, someone graffitied my main workplace with a transphobic image and slogan. I could not explain to my boss why I was so upset because I am not out to them. (Non-binary, adult)

I think I was able to face transition mainly due to the support and respect that my workplace and fellow employees provided. (Trans woman, adult)

How supportive are your current co-workers with you being trans or non-binary?



Sex work and sex trading

Nearly one in five (19%) participants aged 18 and older had engaged in sex or sexual activity for money (sex work) or worked in the sex industry. Participants had worked in a broad range of different types of sex work. Sex work advertised online and indoor sex work without a manager were the most commonly reported.

What type of sex work or work in the sex industry have you ever done?

Mark all that apply.

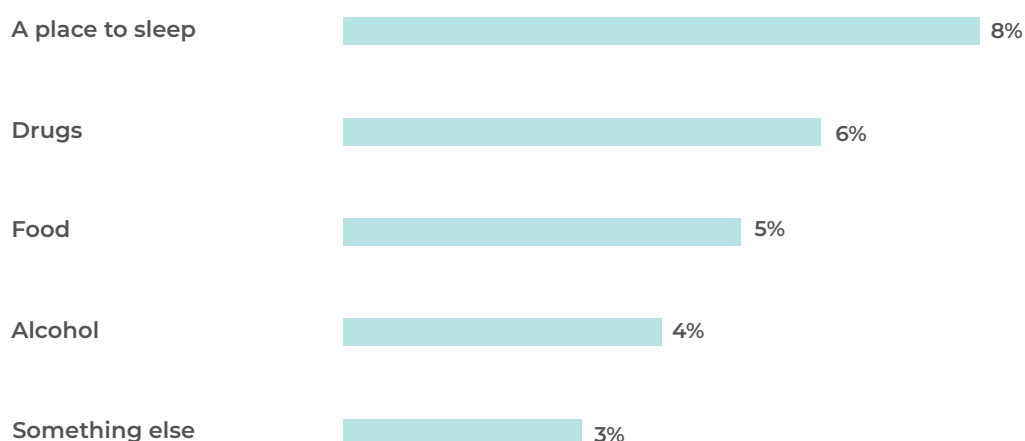
Sex work advertised online	7%
Indoor sex work without a manager	7%
Informal sex work through word of mouth	6%
Fetish work (dom, sub, switch, BDSM)	5%
Pornography/picture or video	5%
Street-based sex work	4%
Indoor sex work in a brothel or with a manager	4%
Webcam work	3%
Escort/call girl/rent boy with an agency	3%
Sex work advertised in magazines or newspapers	2%
Phone sex	2%
Erotic dancer	2%
Something else	less than 1%

Out of participants aged 18 or older

We also asked participants if they had ever exchanged sex for things other than money, and 15% reported that they had done so.

Have you engaged in sex or sexual activity in return for any of the following?

Mark all that apply.




Māori were more likely to have traded sex for food (10%) and Pasifika participants were more likely to have traded sex for alcohol (15%). European participants were less likely to have traded sex for a place to sleep (6%) than non-European participants (12%).

15: Family/whānau & friends

"Belonging and visibility is crucial in a world that pretends we do not exist. We are not objects, we are living breathing people to be treated with dignity and respect in our society, family, work and health system."

- Aram

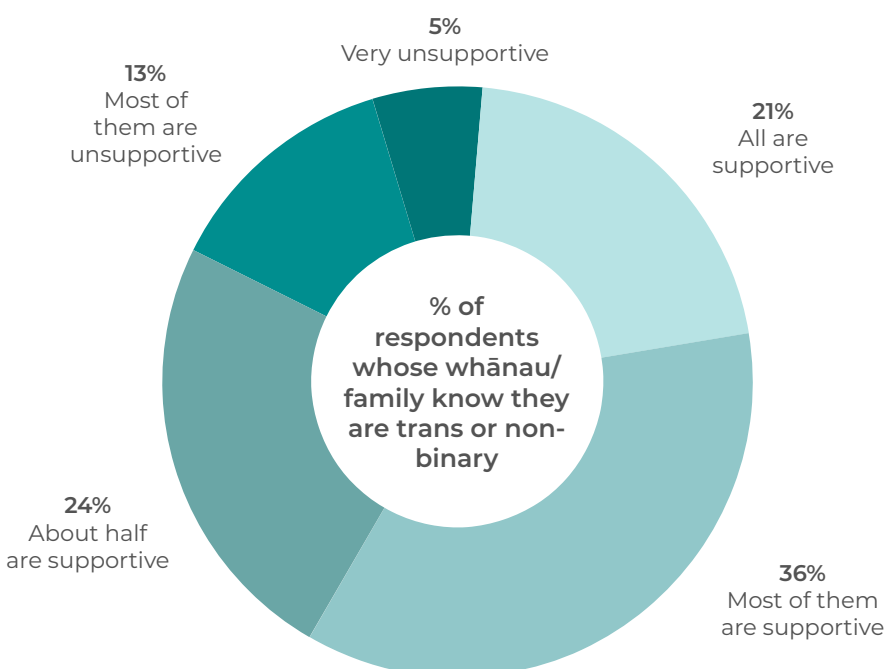


Family/whānau support

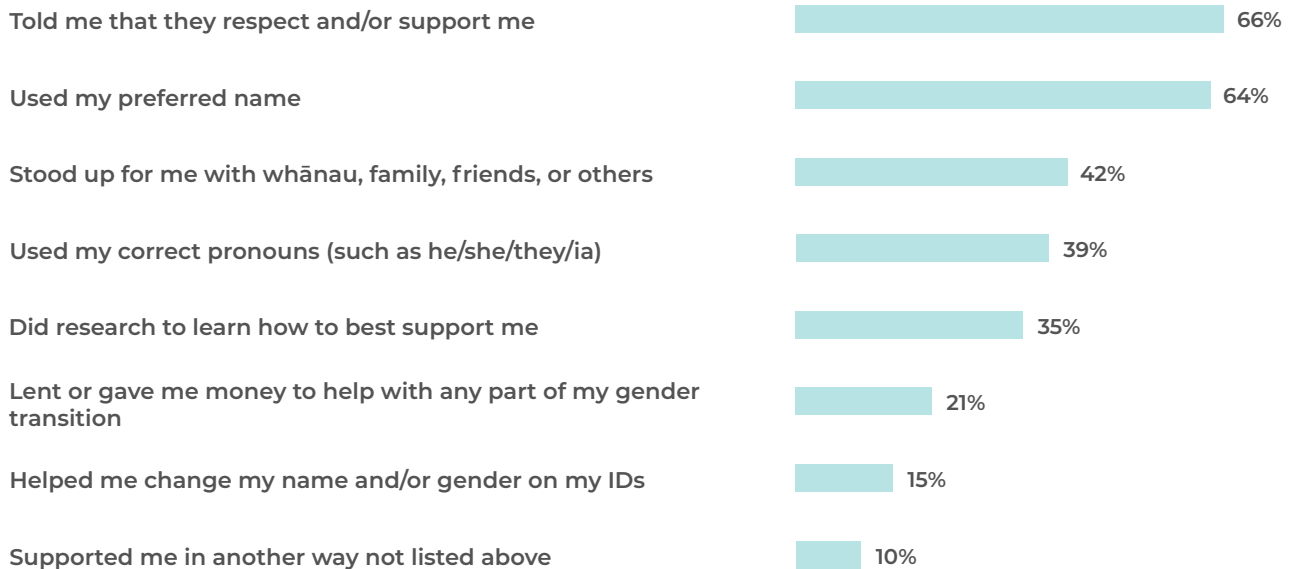
More than four out of five participants (81%) reported that at least one of their family members knew that they are trans or non-binary. We asked these participants how supportive their family or whānau are of them being trans or non-binary, and more than half (57%) of these participants reported that most or all of their family/whānau are supportive.

If participants had support for their gender from at least half of their family/whānau they were almost half as likely (9%) to have attempted suicide in the last 12 months compared to those who said most of their family/whānau were unsupportive or very unsupportive (17%).

On average, how supportive of you being trans or non-binary are the whānau/family you grew up with (e.g. mother, father, sister, brothers, etc.)?



Did any of your whānau/family members you grew up with (e.g. mother, father, sisters, brothers, etc) do any of these things to support you? *Mark all that apply.*



Out of participants whose whānau/family knew they are trans or non-binary

We asked participants whose families/whānau knew they were trans or non-binary about support they had received. Most participants had family/whānau members who had respected or supported them and used their correct name. Two in five participants said that a family/whānau member had stood up for them.

One in five received a loan or gift of money from family/whānau towards their transition costs and one in seven received help to change their name or gender on identity documents.

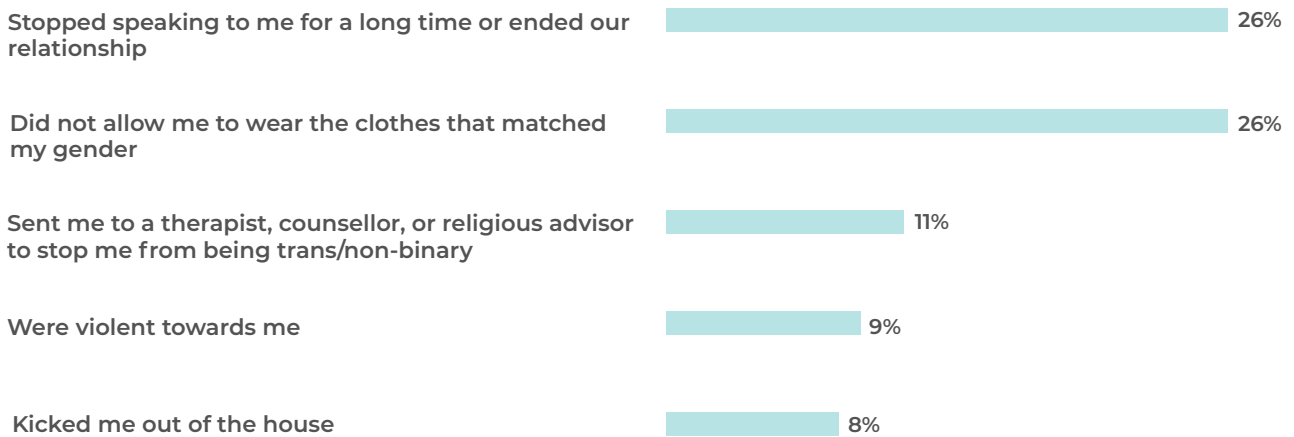
There were many group differences in family/whānau support:

- Older adults were less likely to have family/whānau members who respected and supported them (36%), used their preferred name (38%) or stood up for them (19%).
- Trans men were more likely (78%) and non-binary participants were less likely (49%) to have family members who used their preferred name to address them.
- Non-binary participants were more likely (53%) and trans men were less likely (29%) to have family members who used their preferred pronoun.
- Trans men (29%) were more likely, and older adult (5%) and non-binary participants (11%) were less likely to have had family members lend or give them money towards their transition.
- Trans men (24%) and youth (19%) were more likely and non-binary (9%) participants were less likely to have family members who helped them to change their name or gender on their identity documents.
- Youth (45%) were more likely and older adult participants (9%) were less likely to have had family/whānau members do research to learn how to best support them.

Family/whānau rejection

We asked participants about possible negative reactions they had received from family/whānau members. While these experiences were less common than the supportive ones, more than a quarter of participants had a family/whānau member who stopped speaking to them for a long time, ended the relationship or did not allow them to wear clothes that aligned with their gender.

Did any of your whānau/family members you grew up with (mother, father, sisters, brothers, etc.) do any of these things to you because you are trans or non-binary? Mark all that apply.



Out of participants whose whānau/family knew they are trans or non-binary.

There were also group differences for these negative reactions from family/whānau:

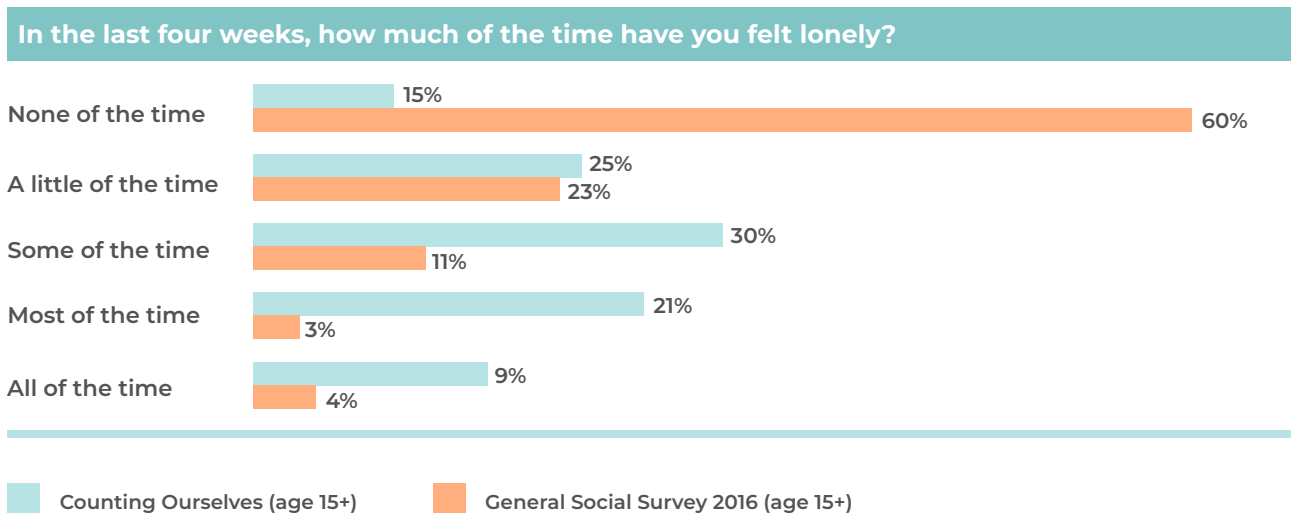
- Asian (43%) and older adult participants (47%) were more likely and youth (17%) and non-binary participants (15%) were less likely to have a family member stop speaking to them for a long time or end the relationship because they are trans or non-binary.
- Pasifika participants were more than twice as likely (56%) to have a family member not allow them to wear clothes that matched their gender.
- Pasifika participants were more likely and European participants were less likely to be

kicked out of the house (27% vs 6%) or have a family member being violent towards them (33% vs 7%) because they are trans or non-binary.

- Asian participants were more than twice as likely (24%) as participants overall to be sent by their family members to a therapist, counsellor or religious advisor to stop them being trans or non-binary. There are some more findings about conversion therapy in Section 3.

Loneliness

We asked participants how much of the time they felt lonely in the last four weeks, and almost a third of participants (30%) felt lonely *most or all of the time* – this is more than four times higher than the general population (7%).



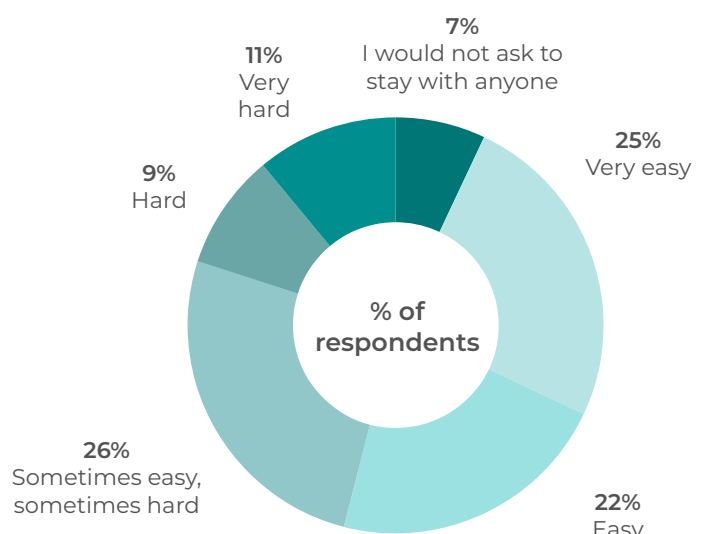
Disabled participants (42%) and youth (42%) were more likely and adults (23%) and older adults (7%) were less likely to feel lonely *most or all of the time*.

Help from friends or family

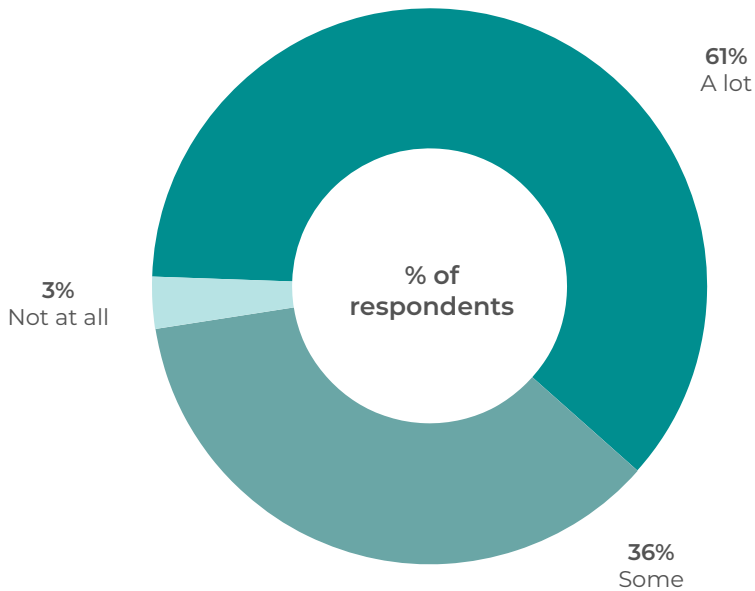
One way to know about the amount of support that someone could access from their friends or family is to ask them if they think they could stay with them if they urgently needed to. Trans and non-binary participants were less likely (47%) than the general population (76% in the 2016 General Social Survey) to report that it would be easy or very easy for them to ask this.

Friends were an important source of support for our participants. Most participants (84%) had a friend or friends that they can talk to about anything. More than three out of five participants reported that their friends cared about them a lot.

Suppose you urgently needed a place to stay, how easy or hard would it be to ask someone you know to stay with them?



How much do you feel your friends care about you?



Participants' comments

I distanced myself from my family before I transitioned out of fear of rejection. I feel that we are all closer now after my coming out. (Trans man, adult)

My extended family are either abusive or would pass details on to abusive members, so I am cut off from my extended family. (Non-binary, adult)

My family have no social interactions with me. (Trans woman, older adult)

My Mum has been amazing. (Non-binary, adult)

My children are very supportive and are more than happy to go places in public, just not an issue with them. Love them to bits. (Trans woman, older adult)

It still sucks to be deprived of relationships with nephews and nieces. (Non-binary, adult)

My pronouns and gender identity don't translate well into my cultural world, so when talking about my pronouns, it can get tricky. But I found a peace within myself around that and I am okay with it. (Non-binary, youth)

Many of us live a long way from family, many of us are older and have molded our lives in a secretive way. It is very hard to break protective habits. (Trans woman, older adult)

I have one close trans friend that I met online who is my brother for life and without him I would be lost. He is more of a brother to me than my real brother is. (Trans man, adult)

My friends are literally the best people in the world. We've been through hell together and I trust them with my life. (Non-binary, youth)

My family is an octopus poly-monster . . . We are very tight, and the love and support for each other is massive. My birth family mostly can't handle me at all, but there are a few good people. (Trans man, adult)

I recently lost someone I had considered my best friend for more than 10 years because she revealed her true feelings about trans people. (Non-binary, youth)

My partner has found my being transgender hard, but she has tried hard to stay loving and be accepting. (Trans woman, adult)

My primary support comes from my partner . . . The rejection by friends was immediately after I transitioned. Some adjusted and are friends again. And I have many new friends. (Trans man, older adult)

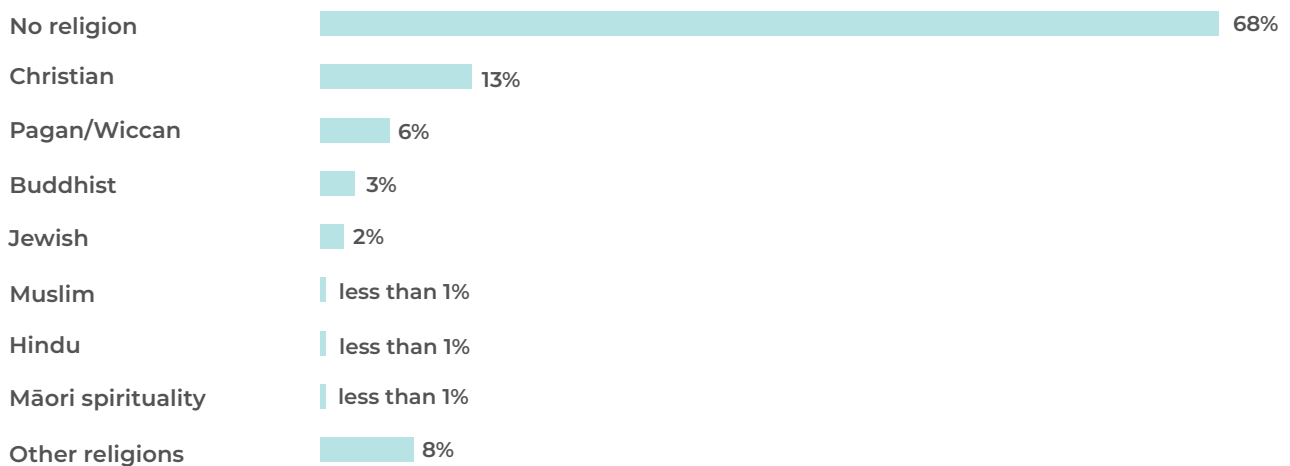
I love my family. It was a transition for all of us, but we got there. (Trans woman, adult)

16: Religion

We asked survey participants about their religion, whether religious or spiritual beliefs were important to them and if they have feared rejection or been rejected by their religious or spiritual community.

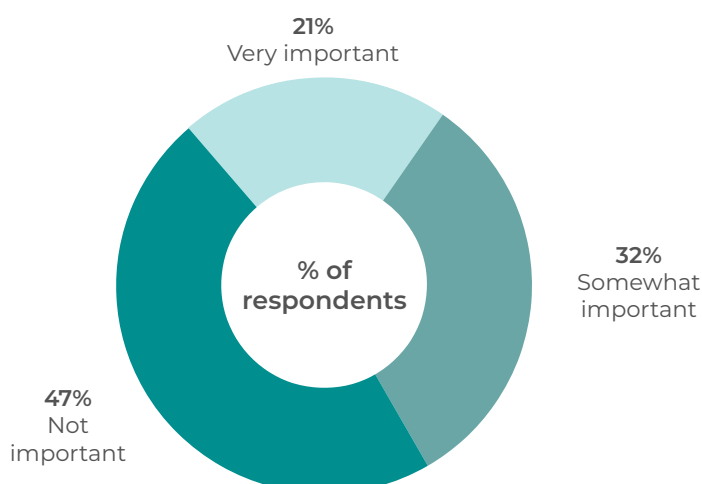
More than two-thirds of participants had no religion. The remaining participants had a wide range of religions, with Christianity being the most common.

What is your religion?



Spiritual beliefs or religious faith were somewhat or very important in the lives of more than half (53%) of participants.

How important to you are your spiritual beliefs or religious faith?



More than a quarter of participants had withdrawn from spiritual or religious communities because of fear of rejection for being trans or non-binary, with Asian participants (52%) more likely to report this. One in seven participants were rejected from these communities; Asian participants (26%) were more likely and European participants (11%) were less likely to report this.

Have you ever left a spiritual or religious community for any of the following reasons?



Trans and non-binary participants who were involved in spiritual or religious communities described difficulties and rejection they had faced when they were open about their gender. For some, their beliefs or support from other spiritual or religious community members had been a source of strength in their transition.

Participants' comments

I have been on the receiving end of an attempted 'intervention' by a member of my church. He essentially tried to talk me out of transition, including using emotional blackmail. (Trans woman, adult)

The church I've loved since I was 9 is incredibly transphobic. (Non-binary, youth)

I am not out primarily because of my faith community. (Non-binary, adult)

I have felt anxious about revealing my gender identity to my spiritual community for fear of rejection, disrespect, misunderstanding and stress. (Non-binary, adult)

I'm Muslim but do not go to a mosque as I do not want to hide my homosexuality and it would not be accepted there. I practice my faith on my own. (Trans man, adult)

Currently I am trying to set up an LGBT friendly group within my specific church. If that happens, it

will make it easier for me to be out to the rest of my church's community. (Non-binary, adult)

When I started transitioning, I left a Baptist church which I felt would not be supportive of me and joined another Baptist church which is fully supportive of me. I was so overjoyed I wept the first three times I went there. (Trans man, older adult)

The Jewish community I am joining has been incredibly inclusive, accepting and celebrating of diverse genders and sexualities, even when they don't fully understand it. (Non-binary, youth)

My Christian-based values and beliefs, what I have learnt from reading the bible, through prayer – these things have helped me hugely get through my transition. I believe God has blessed me in my transition as well and has protected me and cared for me and watched over me. (Trans woman, adult)

I am extremely lucky to be part of a spiritual community that celebrates diversity. (Non-binary, adult)

17: Community connectness

"I have so much love for trans and non-binary people. I know that we are taking care of each other as best we can, being real about both the acute despair and the active kinship networks that keep us alive.

And I have faith in our skills to care lovingly for each other as we keep pushing relentlessly for revolution."

- Joey

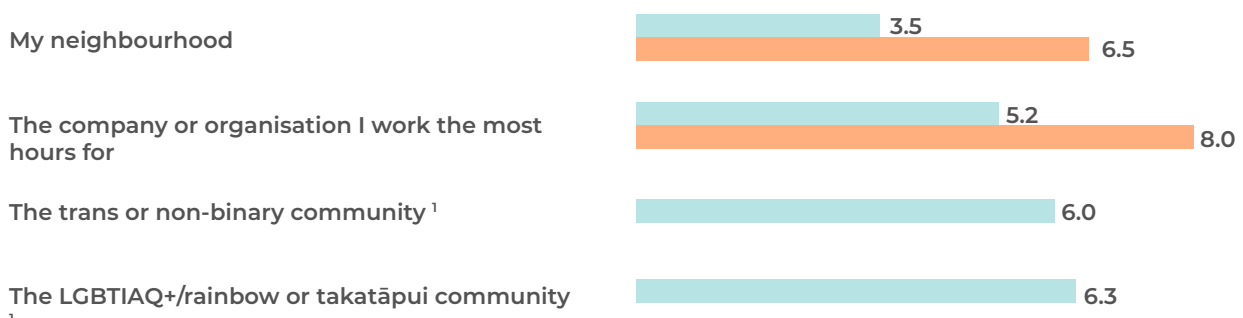


We asked participants about their sense of belonging in different areas in their life and pride in their identity.

Sense of belonging

On average, participants felt most connected overall to their trans/non-binary or rainbow/takatāpui communities and least connected to their neighbourhoods. Where there is comparable data from the General Social Survey, our participants' sense of belonging was much lower than for the general population.

On a scale of zero to ten, how would you describe your sense of belonging to:



Counting Ourselves (age 15+) General Social Survey 2016 (age 15+)

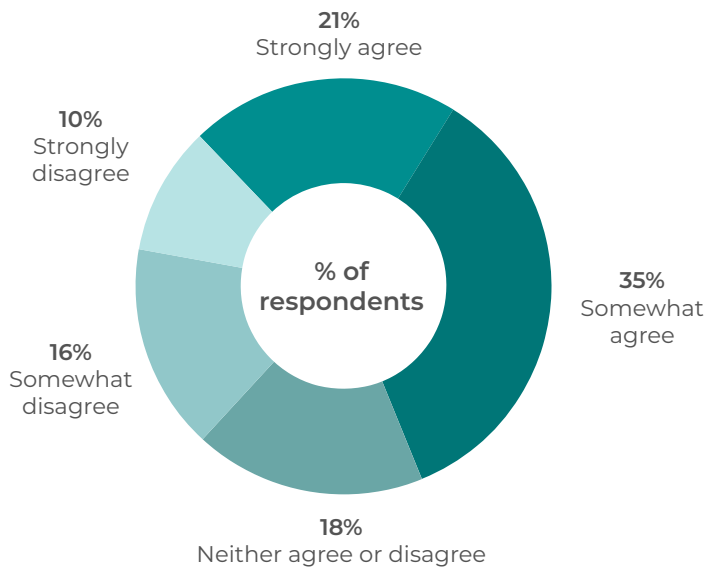
¹ Comparisons with the General Social Survey were not available for these questions

Older adults reported the most connection to their neighbourhood (5.8 out of 10), followed by adults (3.8) and youth (2.9). Pasifika participants (5.9) also reported more connection to their neighbourhood on average.

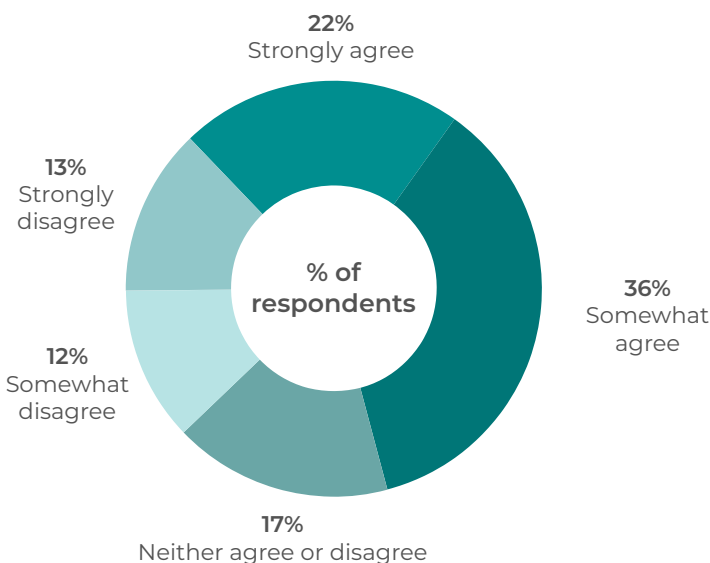
Connection to other trans and non-binary people

Over half of participants (56%) strongly agreed or somewhat agreed that they felt connected to other trans or non-binary people and 58% agreed that they provided a lot of support for other trans or non-binary people.

I feel connected to other trans or non-binary people



I have spent a lot of time providing support to other trans and non-binary people



Participants' comments

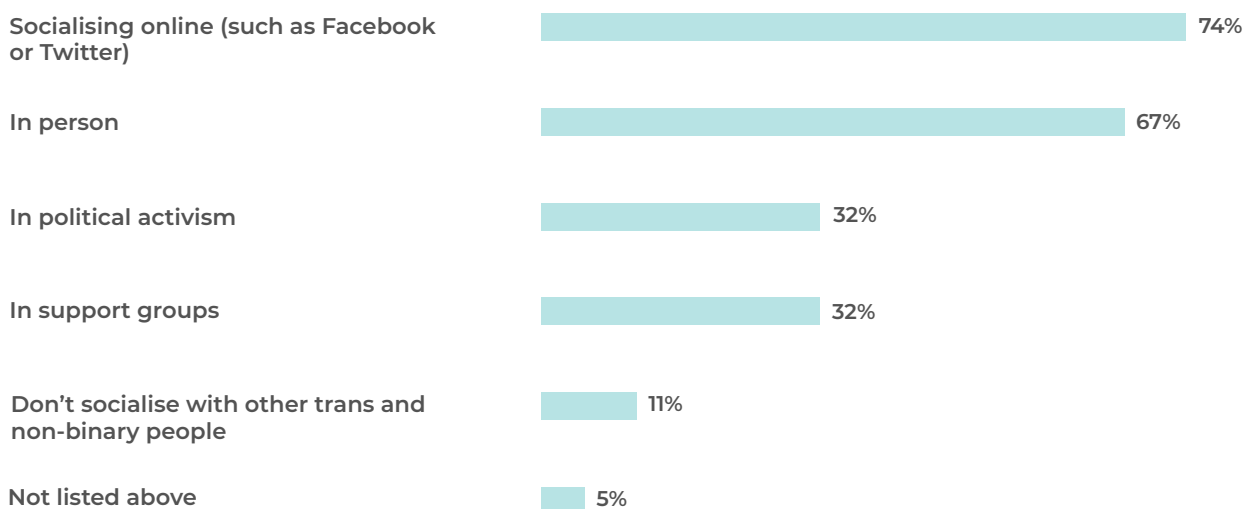
In the past I have done more as a member of the trans community, but I got very burned out. (Trans man, adult)

[I'm] so tired. It's hard when it feels like everyone in your 'community' is struggling. (Non-binary, youth)

I feel very connected to the trans community in Wellington through volunteer work, it's important to me that young trans folk never have to deal with any of the internalised issues that held me back from coming out for so long. (Trans woman, adult)

Most participants socialised with other trans and non-binary people. More than three-quarters socialised online and around two-thirds did so in person. Because we recruited many participants through online groups and community organisations, these results may overestimate the amount that trans and non-binary people socialise with each other online.

How do you socialise with other trans or non-binary people? *Mark all that apply.*



There were many group differences for this question:

- Disabled participants (85%) were more likely to socialise online with trans and non-binary people.
- Wellington participants were more likely (77%) and older adults were less likely (50%) to socialise with other trans and non-binary people in person.
- Disabled (41%), Wellington (39%), non-binary (38%) and adult (37%) participants were more likely to socialise with other trans and non-binary people in political activism.
- Non-binary participants (25%) were less likely to socialise in support groups.

One in five participants were involved in voluntary work for specific trans or non-binary community groups (20%) and wider takatāpui/LGBTIAQ+ organisations (21%) in the last four weeks.

Participants' comments

There is no physical space for trans people in my area so I cannot connect in person. The only LGBT+ groups are for youth so I am excluded due to my age. (Trans man, adult)

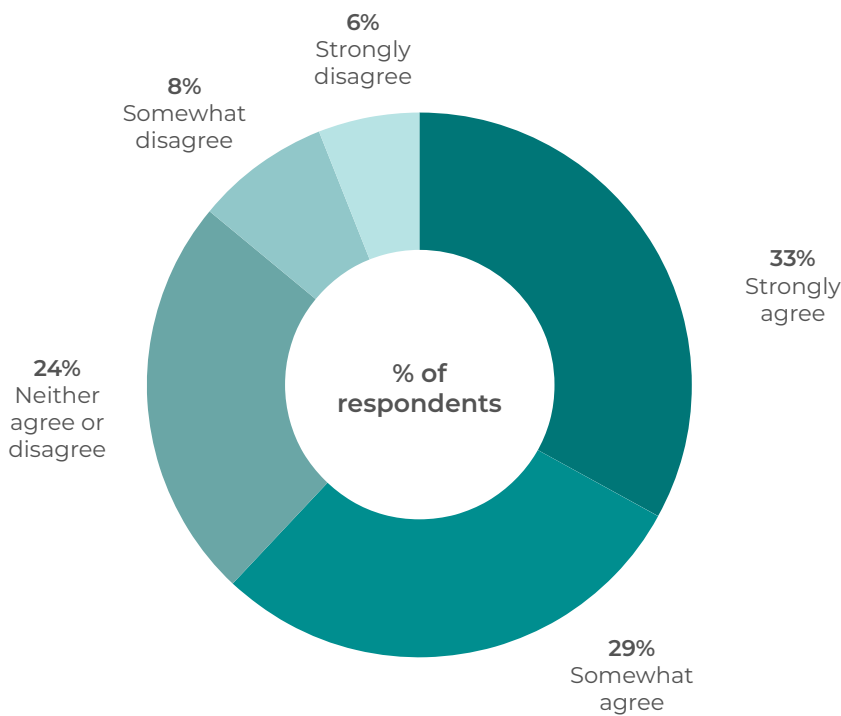
I live in a small town now and I don't really get to meet other queer people, let alone trans or enby [non-binary] people. It is a bit isolating. (Non-binary, adult)

I would love more online resources [groups] in Aotearoa with the capacity for anonymity. (Trans woman, adult)

Identity pride

Nearly two-thirds (62%) of participants *strongly agreed* or *somewhat agreed* that they were proud to be trans or non-binary.

I am proud to be a trans or non-binary person



Participants' comments

Despite the fact I'm not ashamed to be who I am, sometimes I wish I wasn't trans, that I didn't have to deal with this stuff. I'm proud to be trans, and I'm proud to help anyone who needs it, but I feel that life would just be easier if I could go back to just pretending to be a girl. (Trans man, adult)

Whilst I accept my lot in life and being trans is part of who I am, I do wish that I was born with the anatomy that matches my gender identity. (Trans man, adult)

It used to feel quite fraught after I re-transitioned. . . . I now consider myself part of the community but also not part of the community, gender non-conforming but not trans, but also not cis. . . . I did lose people years ago when I re-transitioned. . . . and I know that stories like mine get used in really unhelpful ways. (Non-binary, adult)

I hugely value the role model trans people, that allow themselves to be seen. They have helped me greatly to accept being transgender. (Non-binary, older adult)

Really important part of my life. (Non-binary, adult)

Being trans is a part of me, a big part, but only a part. (Trans woman, youth)

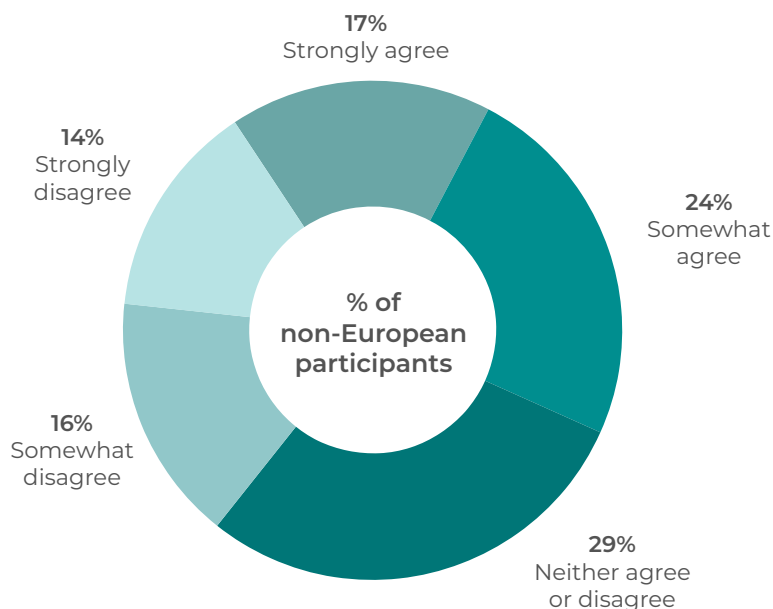
I feel like I'm a part of a community for the first time in my life. (Trans woman, older adult)



Cultural connectedness

When we looked at non-European participants together as a group, more than two out of five (41%) *strongly agreed* or *somewhat agreed* that they had a strong sense of belonging to their ethnic group or groups. Māori participants (50%) were more likely to *strongly agree* or *somewhat agree* that they had a strong sense of belonging to their ethnic group or groups.

I have a strong sense of belonging to my own ethnic group(s)



This was an important protective factor against suicide for non-European participants. Those who agreed that they had a strong sense of belonging to their ethnic group(s) were less likely to have seriously considered suicide in the last 12 months (44%) than those who did not agree with this statement (65%).

Participants' comments

There is plenty of space in a traditional Māori context for gender diversity, and I have always felt seen, understood and more comfortable in a Māori setting, at least so far as gender is concerned. (Trans man, adult)

As with many trans/non-binary people of colour, my being genderfluid intersects with my cultural identity. (Non-binary, adult)

I feel there's a lot of gendering present in celebrations of my culture; and . . . most of the spaces I find available for me to connect with my culture make absolutely no provision for non-binary people. (Non-binary, youth)

My family's cultural background has a strong tradition of gender variance (once you go back past the Christian era) and this has helped me a lot in terms of understanding and making peace with what I am. (Trans man, adult)

It's been [through] getting involved with an LGBTI+ kapa haka group that I've finally found the confidence to start trying to better engage with my (Māori) heritage. (Trans man, adult)

18: Findings for specific groups

Trans and non-binary people come from communities across all parts of Aotearoa New Zealand and share many common experiences, whatever their background. This report documents differences between groups of trans and non-binary participants, based on ethnicity, gender, age, region or disability. The short profiles below collate this information to give a clearer picture of some of these distinct experiences of what it means to be trans or non-binary in Aotearoa New Zealand today. Further details can be found in the relevant sections of the report.

Disabled participants

Around a quarter of participants had a disability and many faced additional barriers when trying to access healthcare. Disabled participants were more likely to have put off visits to the GP in the last year due to the cost or because they did not have transport. They were also less likely to be able to afford to access hormones, and to be told they could not access chest reconstruction surgery or a hysterectomy because of their *age, body size or other reason*.

Disabled participants had lower median incomes and higher levels of material hardship. This means they were more likely to have put up with feeling cold, gone without fresh fruit and vegetables or trips to the shops or repairing broken appliances. Disabled participants were also more likely to not be able to afford to change their name on IDs or records.

Disabled participants were more likely to have experienced discrimination in the last 12 months, either on the street/in a public place, in a shop or restaurant, or when seeking medical care. They were also more likely to have been treated unfairly or verbally harassed because they were trans or non-binary when using Work and Income services and avoided Work and Income because they thought they would be mistreated for this reason. Disabled students were more likely to report that adults



at school did not care about them.

Disabled participants were also more likely to feel *unsafe* or *very unsafe* at home at night, walking alone in the neighbourhood after dark, waiting for or using public transport, or dating and socialising. They were twice as likely to report someone had sex with them against their will, at a rate seven times that for the overall Aotearoa New Zealand population.

Disabled participants were twice as likely to feel lonely most or all of the time in the last four weeks. Nine out of ten experienced *high* or *very high* psychological distress over that period. Almost two-thirds of disabled participants had deliberately self-injured in the last 12 months.

These findings show increased levels of hardship, discrimination, violence and isolation experienced by disabled trans and non-binary people, which could explain the severe mental health inequities that we found for this group. Despite this, disabled participants were more likely to socialise online with other trans and non-binary people. Disabled trans and non-binary people are leaders in demanding the need for change, and they were more likely to be involved in political activism than non-disabled survey participants.

Youth

Almost half of our survey participants (46%) were young people aged from 14 to 24. Youth were the age group most likely to report that their main healthcare provider knew *most things* or *everything* about gender-affirming care. They were more likely to have received information about fertility preservation or used these services to preserve eggs or freeze sperm before starting gender-affirming care. However, youth were also more likely to report that a health provider had discouraged them from exploring their gender, refused to discuss gender-affirming healthcare with them or told them they were 'not really trans or non-binary'. They were also more likely to have postponed seeing a GP due to costs or because they feared how they would be treated for being trans or non-binary.

Trans and non-binary students were much more likely than the general population to be bullied at school on a weekly or more frequent basis. Most did not think it was safe for trans and non-binary students in their school to use a toilet or changing room that matched their gender, and less than half had access to a unisex bathroom at their school. Youth were more likely to face harassment in public or shared bathrooms generally, including being stopped from entering or told or asked if they were in the wrong bathroom. They were also more likely to have avoided using a public or shared bathroom because they feared such problems. Youth were more likely to feel *unsafe* or *very unsafe* at home at night, walking alone in their neighbourhood after dark and waiting for or using public transport.

Youth were more likely to have the wrong gender marker on their documents and records and to not be able to afford to change these documents, not know how to do this, and not be eligible to do so because they had not taken medical transition steps. Less than a third could change their gender marker on school records.

Youth were more likely to have *high* or *very*

high psychological distress over the last four weeks and to have deliberately self-injured, or seriously thought about or attempted suicide in the last 12 months. They were twice as likely to feel lonely *most* or *all of the time* in the last four weeks, and less likely to report that they could cope with everyday stresses or were satisfied with their life.

Youth participants faced severe inequities, especially in their mental health and wellbeing. Our findings illustrate the additional barriers that trans and non-binary youth face with accessing supportive gender-affirming care. Youth also reported high rates of bullying at school and they were more likely to fear for their safety in many parts of their life, including navigating bathrooms. Their comments illustrate the difference that a supportive healthcare provider or family makes. There were also glimpses of positive findings for youth, who were the age group most likely to report positive support from family/whānau. This included family who had researched how to best support them or had helped them to change their name or gender on their identity documents. In addition, all student participants had at least one supportive classmate, and more than half of students had support from most or all of their classmates.



"We need to keep ourselves alive. When everyone knows who we are, what we want and where we are, our voices will break closet doors, and carry the passion of 100s and 1000s of people. We are real, we are living, and we want more than what they've thrown to us."

- Te Maungarongo



Adults

Almost half (47%) of our survey participants were adults aged from 25 to 54. These trans and non-binary adults were more likely to have accessed a range of gender-affirming care, though they were more likely to have paid for it themselves. Although they tended to report better mental health than youth, many still reported mental health challenges.

Adult participants were more likely to have been homeless and to avoid emergency housing because they feared being mistreated because of their gender. They were also more likely to report that someone tried to have sex with them against their will.

Adult participants were more likely to have the correct name on their identity documents or



records, to be in paid employment, to report a sense of belonging to their neighbourhood and that they were *satisfied* or *very satisfied* with their life overall.

Older adults

Less than one in ten (7%) of our survey participants were older adults, aged from 55 to 83. Older adults' experiences accessing gender-affirming care were similar to other adults, including that they were also more likely to have paid for these procedures themselves.

Older adults were more likely to have experienced rejection by a family member or partner. They were more likely to have had a partner stop them from telling others they were trans or non-binary, or hide or throw away items they used to express their gender. Older adults were more likely to have had a family member stop speaking to them for a long time or end a relationship because they were trans or non-binary. They were also less likely to have family/whānau members they grew up with who respect and support them, or use their preferred name, or stand up for them.

However, their current life experiences were more positive. They were less likely than other age groups to experience discrimination in the last 12 months – though this had still occurred for a quarter of older adults. Four out of five trans and non-binary older adults were *satisfied* or *very satisfied* with their life, close to the level for the overall New Zealand population (83%).

Trans women

Just over a quarter of participants (26%) were trans women, and they were older, on average, than trans men and non-binary participants. Trans women were more likely to have received puberty blockers and to have accessed hormones from unlicensed as well as licensed services.

More than four out of five trans women sought access to electrolysis or laser treatment to remove hair, yet very few had received any funded treatment. This left equal proportions of trans women either paying for hair removal themselves or not having this treatment at all. Half of trans women participants want but have not had voice therapy and more than a quarter want but have not had voice surgery. Almost two-thirds of trans women sought genital



reconstruction surgery, and almost half had an unmet demand for this procedure.

Trans women were less likely to report that they did not disclose their gender at work because they feared discrimination for being trans. They were also less likely to have had negative experiences when accessing public or shared bathrooms in the last 12 months, although a quarter had *often* or *always* avoided public bathrooms over that time period.

Trans women were more likely to have been sent unwanted sexual messages through the internet. While trans women were less likely than trans men and non-binary participants to report someone had had sex with them against their will, almost a quarter still experienced this sexual violence. This is more than three times the rate for the general population.

Trans women were more likely to report that their quality of life had improved since identifying as trans.

Trans men

More than a quarter (29%) of participants were trans men, and more than half of them were under 25. They were more likely to have received counselling and a mental health assessment through the public health system. Almost all trans men reported a need for chest reconstruction surgery; however, over two-thirds had not been able to access this procedure, most often because they could not afford it. While trans men were more likely to be aware of the High Cost Treatment Pool, they were also less likely to know how to apply for this funding. Two

in five trans men have an unmet need for genital reconstruction surgery.

Trans men were more likely to have the incorrect gender marker on one or more documents because they had not taken the required medical transition steps. They were more likely to be questioned in an airport or have difficulties obtaining work because their ID or work history contained an old name or gender. Trans men were also more likely to be verbally harassed or denied benefits for showing an identification document that did not match their appearance.

Trans men were more likely to have been told they were using the wrong bathroom – particularly young trans men. They were more likely to have worried about how they would be treated in competitive sport and to have avoided services because of fears of mistreatment (including sports clubs, gyms and pools, driver licensing services, Work and Income or banking services).



Trans men were also more likely to report most forms of support from family members they grew up with. Specifically, family members used their preferred name (but not pronoun), lent or gave them money towards their transition, or helped them to change their name or gender on their identity documents. Trans men were also more likely to report that their quality of life had improved since identifying as trans.



Non-binary participants

More than two out of five (45%) participants were non-binary and just under half of these participants were under 25. More than three-quarters of non-binary participants were assigned female at birth.

Non-binary participants were more likely to report barriers to accessing general and gender-affirming healthcare on many questions that we asked about. They were more likely to be uncomfortable discussing their gender with their primary care doctor. Most said a healthcare provider did not always use their correct name or gender pronouns. They were also less likely to have access to an appropriate bathroom when using healthcare services.

Non-binary participants were less likely to have had positive experiences when they had discussed gender-affirming healthcare. Less than a quarter reported that a doctor had been supportive of their needs or shown that they knew a lot about gender-affirming care, or that they were willing to educate themselves in this area. Non-binary participants were more likely to be receiving hormones from an unlicensed source. Over a third of non-binary participants sought chest reconstruction surgery and a quarter sought breast augmentation surgery, but less than one in six had received either procedure. Non-binary participants with an unmet need for chest reconstruction surgery or a hysterectomy were more likely to report that this was because they were concerned about how they would be treated because of their gender. Non-binary people were less likely to be aware of the High Cost Treatment Pool funding.

Non-binary participants were more likely to

have the incorrect gender marker on one or more documents, because the male and female options available did not fit their gender. They were more likely to fear that changing their name or gender marker would put them at risk of harm or discrimination. Non-binary participants were also more likely to report that someone had had sex with them against their will.

These findings depict the additional barriers non-binary people face trying to obtain legal gender recognition and general or gender-affirming healthcare in an environment that respects their gender identity. While non-binary people were less likely to report their quality of life had improved since identifying as non-binary, a majority still gave this response.

Ethnicity

There were fewer differences in the experiences of trans and non-binary people based on their ethnicity. This is likely to be partly due to the relatively small size of all groups other than Europeans. Over three-quarters of our survey participants were European (78%), 15% were Māori, and Pasifika and Asian participants were each 4%. Our findings suggest that for non-Europeans (Māori, Pasifika, Asian and Other ethnicities grouped together) a strong sense of cultural connection was an important protective factor against suicide. Those who agreed that they had a strong sense of belonging to their ethnic group(s) were less likely to have seriously considered suicide in the last 12 months (44%) than those who did not agree with this statement (65%).





Māori participants

Māori participants were more likely to have smoked cigarettes or other forms of tobacco and were twice as likely to currently smoke at least one cigarette a day.

Māori participants were more likely to have been questioned at an Aotearoa New Zealand airport about the name or gender on their ID. They were also twice as likely to have traded sex for food.

Māori participants who had experienced sexual violence were more likely to have received support from whānau. Māori were more likely to want a child or more children, with almost a third reporting this. They also reported a higher sense of belonging to their ethnic group.

Pasifika participants

Pasifika participants were more likely to delay or avoid cervical screening because they were worried about how they would be treated as a trans or non-binary person.

Pasifika participants were more likely to have been treated unfairly accessing a range of services (including using a hotel, restaurant or a theatre) because they are trans or non-binary. They were also more likely to have avoided Work and Income, driver licensing services or a bank because they fear being mistreated as a trans or non-binary person.

Pasifika participants were also more likely to report negative experiences from family because they were trans or non-binary. These included not being allowed to wear clothes that matched their gender, experiencing violence and being kicked out of the house.

Local community was more important for

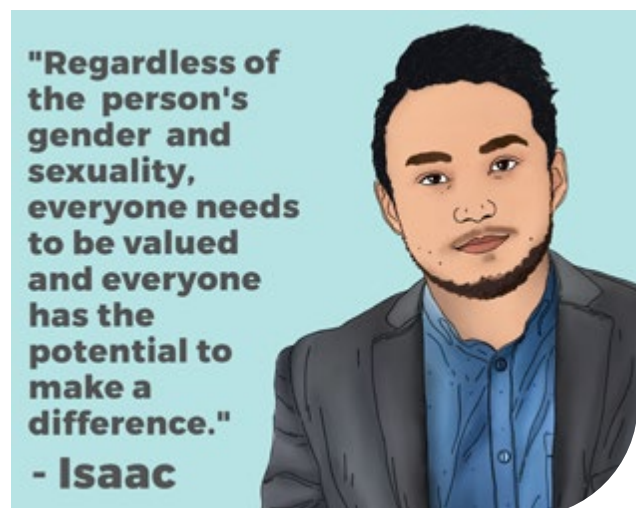
Pasifika participants, who reported a higher sense of belonging to their neighbourhood.

Asian participants

Asian participants were more likely to have received hormones from unlicensed sources and to have paid for their own chest reconstruction surgery or hysterectomy because they were declined by or still waiting for a response to their referral to the public health system. They were less likely to report that GPs could clearly explain why all examinations were necessary.

Asian participants were more likely to have experienced discrimination in the last 12 months, and specifically to have been discriminated against on the street or in a public place.

Asian participants were more likely to have a family member end a relationship with them because they were trans or non-binary. In addition, they were twice as likely to report that a family member had sent them to a therapist, counsellor or religious advisor to stop them being trans. Asian participants were almost twice as likely to have left a spiritual or religious community because of fears they might be rejected for being trans or non-binary, or to have been rejected from this community.





Regions

There were a few regional differences reported by survey participants,¹ especially with the types of health providers that participants were primarily seeing for their gender-affirming care. Auckland and Waikato participants were more likely to report that a sexual health doctor was their main provider of gender-affirming care, those in Otago/Southland were more likely to see an endocrinologist and participants in Hawke's Bay/Gisborne/Bay of Plenty were more likely to see a nurse practitioner as their main health provider for gender-affirming care.

Auckland participants who had paid for their own chest reconstruction surgery were less likely to report that this was because the surgery was not available in the public health service. Hauora Tāhine's surgical services currently have a limited capacity for chest reconstruction and breast augmentation surgeries. Auckland participants were also more likely to report an unmet need for voice therapy.

Participants from Marlborough/Tasman/West Coast and Hawke's Bay/Gisborne/Bay of Plenty were more likely to report an unmet need for

European participants

European participants were more likely to report that doctors treated them the same as other patients. They were less likely to have experienced discrimination in the last 12 months, although two out of five still reported this, which is more than twice the rate of discrimination of the general population in Aotearoa New Zealand.



¹ Due to the concentration of the general New Zealand population and our survey participants in cities, there were small numbers of participants in some regions. This means we were unlikely to detect small differences between regions.

hormones. Wellington participants were more likely to have paid for their own mental health assessment or for their own chest reconstruction surgery because these were not available in the public health system. Wellington participants were also more likely to believe it was not worth applying for High Cost Treatment Pool funding for genital reconstruction surgery because of the long waiting lists.

Auckland participants were more likely to report they had been evicted from their home for being trans or non-binary, and Marlborough/Tasman/West Coast participants were more likely to feel unsafe walking alone in their neighbourhood. Participants in the Waikato were more likely to have been verbally harassed when trying to use a bathroom in the last 12 months.

Wellington participants were more likely to socialise with other trans and non-binary people in person compared to those from other regions. They were also more likely to have received sexual health information specific to the needs of trans and non-binary people from trans or rainbow/takatāpui organisations. Participants in Hawke's Bay/Gisborne/Bay of Plenty and Canterbury were less likely to have received this targeted information from these community organisations.

Overall, these findings suggest that the availability of gender-affirming care is inconsistent across the country, that people in less populated regions are even more likely to experience harassment or feel unsafe, and that trans community organising is particularly strong in Wellington.

Changing demographics

The survey findings and our knowledge of changing demographics suggest some emerging issues. We have chosen to highlight three of these here.

Asian population

The first emerging issue is the growing Asian population in Aotearoa New Zealand, particularly Auckland, and the additional barriers faced by Asian trans and non-binary people. It is vital that clinically and culturally competent information about gender-affirming healthcare reaches Asian communities and health service providers, in accessible languages. Asian trans and non-binary community leaders can play an important role in this area.

Older population

Only 2% of survey participants were aged 65 or older, although this is likely to underestimate the proportion of trans and non-binary people in this age group, as they were harder to recruit as survey participants. Just a handful were currently using aged care services. Other New Zealand research has highlighted concerns wider rainbow communities have about rainbow competency within aged care services.

Survey participants aged 55 or older in our survey were less likely to have support from family members, or connections to trans and non-binary communities. As the trans and non-binary population ages, the specific health and support issues they face will require greater attention.



Trans and non-binary parents

At the other end of the life span, the third emerging issue is fertility preservation and parenting options for trans and non-binary people. There is a need to build the competency of hormone-prescribing providers, midwives and other health professionals in supporting a growing number of trans and non-binary people with aspirations to be parents.

Conclusion & recommendations

By focusing specifically on trans and non-binary people and asking about a comprehensive range of health-related topics, Counting Ourselves has been the first survey of its kind in Aotearoa New Zealand. Key strengths of this survey are that it was led by trans people with guidance from a trans and non-binary community advisory group, it had a large number of participants from across the country and we are able to compare the results with key health indicators from population-based surveys.

This is the first time we have quantitative data from trans and non-binary people living in Aotearoa New Zealand for many of the topics covered in this report. Our findings illustrate the stark contrast and health inequities between trans and non-binary people and the general population, especially in the areas of mental health and wellbeing, including the very high rates of psychological distress and suicide attempts within our communities.

Access to healthcare

One of the goals of this research project was to explore possible reasons for these health inequities. This report shows many trans and non-binary people cannot access medically necessary gender-affirming care. This care is often simply not available within the public health system. Other barriers we identified include cost, lack of information about how to access services, long waiting lists and gaps in health providers' knowledge about gender-affirming care. Participants described other barriers they faced when they were trying to access healthcare. These included being asked unnecessary or inappropriate questions and being referred to by the incorrect name or gender, which meant that many participants delayed or avoided seeking care.

Discrimination, violence and hardship

Our findings illustrate the huge personal impact of the stigma that people face for being trans or non-binary.

Counting Ourselves participants reported widespread discrimination, especially in public places, trying to find a job or housing and at work. Most did not have the correct gender marker on their identity documents, and many of these participants reported that this resulted in harassment and other negative and stressful experiences in many areas of their lives. We also found high rates of harassment and violence against trans and non-binary people, including by family members and partners.

Given the high levels of discrimination, harassment and violence, it was not surprising that we found high rates of material hardship among our participants.

Differences between groups

Trans and non-binary communities are diverse, so it was important for us to explore where there are different findings based on participants' gender, age, region, ethnicity or whether they have a disability. These findings are reported as demographic profiles in this report.

Our findings show that those who also experience discrimination, harassment or violence for reasons other than being trans or non-binary (such as racism or ableism) were more likely to experience health inequities.

We found reasons to be hopeful for the future. Trans and non-binary youth were more likely to have grown up with a family/whānau member who helped them to legally transition or researched how best to support them. Participants who were supported by their family/whānau were also more likely to have positive mental health. Most participants were working to improve the lives of other trans and non-binary people through volunteer work.

Recommendations

In order to improve the health and wellbeing of trans and non-binary people in Aotearoa New Zealand, action is needed in all areas covered by this report. The evidence in this report supports the following eight high-level recommendations, many of which have previously been submitted to formal consultation processes within Aotearoa New Zealand or through reporting to United Nations' human rights mechanisms.¹

1. Provide access to gender-affirming healthcare

- provide clear pathways, based on informed consent and self-determination, for timely access to gender-affirming healthcare through the public health system, including hair removal, puberty blockers, hormones, fertility preservation, voice therapy, counselling and mental health support and gender-affirming surgeries.
- provide access to training and resources to improve primary healthcare providers' competencies for working with trans and non-binary people, including around gender-affirming care.
- work with Māori and Pasifika trans and non-binary people to develop culturally appropriate services built on kaupapa Māori and holistic Pasifika models of care and wellbeing.

2. Ensure health services respect gender diversity

- provide mandatory training for staff in DHBs, primary health organisations, disability support services and residential care facilities on supporting trans and non-binary people and promote health service environments that are respectful of gender diversity and are trans positive.

3. Improve trans and non-binary people's mental health and wellbeing

- identify trans and non-binary people, and the broader rainbow population, as a named priority in the Government's response to its 2018 Mental Health and Addictions Inquiry, including in national and regional mental health and addictions policies.

4. Support schools to be safe and inclusive for trans and non-binary students

- resource initiatives that assist schools to deliver high-quality, comprehensive sexuality and gender diversity education, undergo staff training on gender diversity and establish rainbow diversity groups.
- address bullying against trans and non-binary students and adopt inclusive policies and practices for trans and non-binary students, especially around access to sports, bathrooms and changing rooms, including gender-neutral/unisex options for uniforms, bathrooms and changing rooms.

5. Better protect trans and non-binary people from discrimination

- provide comprehensive resources and training about the human rights issues and protections for trans and non-binary people for health providers, schools, employers, government agencies and the wider public.
- amend Section 21 of the Human Rights Act 1993 to explicitly include gender identity, gender expression and sex characteristics as specific prohibited grounds of discrimination.
- review police policies and practices to ensure the dignity and safety of trans and non-binary people who have been detained, held in custody, arrested or charged by the police.

¹ The recommendations about access to general and gender-affirming care draw heavily from the *Guidelines for gender-affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa, New Zealand*, published in October 2018

6. Protect trans and non-binary people from violence, as a priority in sexual and domestic violence work

- recognise the specific experiences and needs of trans and non-binary (and other rainbow) people and communities in anti-violence strategies, policies and services.
- provide appropriate training and guidance for all agencies that respond to sexual or domestic violence, to improve the safety and accessibility of their services for trans and non-binary people.

7. Simplify processes for trans and non-binary people to have accurate health records and identification documents

- provide a third non-binary gender marker option on all administrative records including the National Health Index and electronic patient record systems.
- adopt an accessible administrative process, based on self-declaration, for amending gender markers on birth certificates.
- enable trans and non-binary refugees and asylum seekers on temporary visas to complete a statutory declaration to verify their self-defined gender identity and name.

8. Support health and wellbeing initiatives led by trans and non-binary communities

- resource peer support and other wellbeing initiatives led by trans and non-binary communities including those developed by disabled people, Māori and Pasifika peoples, Asian and other ethnic minorities, and refugees and asylum seekers.

Next steps

This community report is the first analysis of responses to the Counting Ourselves survey. It includes rich information about risk and protective factors for trans and non-binary people's health in Aotearoa New Zealand and offers a strong rationale and evidence base to advocate for changes needed.

Our research team is hugely aware of the context within which this survey was conducted. The recently announced Budget 2019 funding for genital reconstruction surgeries to reduce 50-year waiting lists was long overdue and welcomed. However, there appears to have been no additional provision for the many other areas of gender-affirming care where this report shows there are high levels of unmet demand. Until that occurs, trans and non-binary people are likely to continue to struggle to get the care they need.

The Counting Ourselves participants were incredibly generous in sharing their fears and hopes, and it is vital that their voices are heard. If no action is taken, it risks reinforcing the perception that trans and non-binary people's health and wellbeing is undervalued and current health inequities are acceptable.

We invite government agencies, health providers, community groups, researchers and funders to collaborate with trans and non-binary researchers to action the findings and recommendations of this report.

Appendix 1:

Selected resources

Trans and non-binary national organisations

Gender Minorities Aotearoa

Information about gender-affirming healthcare and changing ID documents, a free binder project, access to free facial IPL, drop-in shop and centre, a database of community support services around the country, and an online peer-support group, based on a kaupapa Māori approach

www.genderminorities.com

Agender NZ

National support and lobby organisation with regional branches and a newsletter

www.agender.org.nz

National rainbow organisations

OUTLine NZ

Confidential, free, LGBTQI+-affirming support line and face-to-face counselling, ph. 0800 688 5463 (0800 OUTLINE)

www.outline.org.nz

RainbowYOUTH

Support and referral services, drop-in centres, peer-support groups and resources for queer and gender diverse youth and their wider communities across Aotearoa

www.ry.org.nz

InsideOUT

Resources, education, hui and tools to produce safer schools and communities for young people of minority genders, sexes and sexualities

www.insideout.org.nz

ITANZ – Intersex Awareness New Zealand

Information, education and training for organisations and professionals who provide services to intersex people and their families

www.ianz.org.nz

Networks and resources for specific groups

Disabled people

Aotearoa Rainbow Disability Network (FB)

An online group for Rainbow identified disabled people to network, share information and ideas

www.facebook.com/groups/407790389968475

All of Us

Resource booklet about increasing access and inclusion for intersex, gender diverse and queer young people who also have other minority identities

www.theallofusproject.net

Māori

Tiwhanawhana

A takatāpui community group based in Wellington

www.tiwhanawhana.com

Te Rākei Whakaehu

Online peer support for transgender people, with a kaupapa Māori approach

www.facebook.com/groups/1859212104305978

Takatāpui

A resource hub for takatāpui and their whānau

www.takatapui.nz

Pasifika

F'INE

Whānau Ora navigational services for Pasifika LGBTQI peoples and their families in the Auckland region

www.f-ine.org.nz

Refugees and asylum seekers

Rainbow Path New Zealand – Refugees and Asylum Seekers

Information and network for LGBTQI+ refugees and asylum seekers in Aotearoa

www.facebook.com/groups/588910448181053

Parents and children

Portal Support for NZ Parents of Transgender and Gender Diverse Children

A portal for partners and guardians of transgender or gender diverse children in Aotearoa New Zealand to find and join a secret Facebook discussion support group

www.facebook.com/groups/180569895612937

Regional contacts

I'm Local

A website and free gender and sexuality resources for high schools, medical centres, hospitals, libraries, marae and community centres in more rural or isolated areas of Aotearoa

www.imlocal.co.nz

Health contacts

Gender-affirming healthcare

PATHA

The Professional Association for Transgender Health Aotearoa was established in May 2019 as an interdisciplinary professional organisation working to promote the health, wellbeing and rights of transgender people

www.patha.nz

Ministry of Health: Transgender New Zealanders

The Ministry of Health's general information about health services for trans people in New Zealand

www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders

Hauora Tāhine – Pathways to Transgender Healthcare Services

Hauora Tāhine covers the northern region (Auckland, Waitematā, Counties Manukau and Northland) District Health Boards

www.healthpoint.co.nz/public/sexual-health/hauora-tahine-pathways-to-transgender-healthcare

Gender-affirming health services that are available in Canterbury through the public health system

www.healthinfo.org.nz/index.htm?gender-affirming-health-services_1.htm

Support lines

OUTLine NZ

Confidential, free, LGBTQI+-affirming support line and face-to-face counselling, ph. 0800 688 5463 (0800 OUTLINE)

www.outline.org.nz

1737

Need to talk? Free call or text 1737 any time for support from a trained counsellor

www.1737.org.nz

Lifeline

Ph. 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)

www.lifeline.org.nz

Suicide Crisis Helpline

Ph. 0508 828 865 (0508 TAUTOKO)

www.lifeline.org.nz/services/suicide-crisis-helpline

Healthline

Call free on 0800 611 116 for health advice and information

www.health.govt.nz/your-health/services-and-support/health-care-services/healthline

Helplines

Some other services available in Aotearoa New Zealand that offer support, information and help. All services are available 24 hours a day, seven days a week unless otherwise specified.

www.mentalhealth.org.nz/get-help/in-crisis/helplines

Key publications mentioned

Aotearoa NZ IDAHOBIT Day Coalition, 'UPR Submission from the Aotearoa New Zealand IDAHOBIT Day Coalition', www.insideout.org.nz/upr-submission-from-the-aotearoa-nz-idahobit-day-coalition

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'Rainbow communities, mental health and addiction', submission to the Government Inquiry into Mental Health and Addiction – Oranga Tāngata, Oranga Whānau, June 2018, www.mentalhealth.org.nz/assets/Our-Work/policy-advocacy/Rainbow-communities-and-mental-health-submission-to-the-Inquiry-into-Mental-Health-and-Addiction-08062018.pdf

World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, Version 7, WPATH, 2012, www.wpath.org

Appendix 2: Detailed methods

This section goes into more detail about how we conducted the survey.

Designing the questions

The Counting Ourselves survey was developed over a six-month period that included literature review, community outreach and consultation with external researchers. One of the goals of our survey was to compare trans and non-binary people with the general population in Aotearoa New Zealand. To do this, we needed to use questions that were from population-based surveys, including the New Zealand Health Survey 2016/17,¹ the New Zealand Health Survey Adult Sexual Reproductive Health Questionnaire 2014/15,² the General Social Survey 2016,³ the New Zealand Mental Health Survey 2016⁴ and Youth'12.⁵ We also included questions about experiences related to being trans and non-binary adapted from other studies: The US Transgender Survey 2015, the TGEU Trans Health Survey (Europe), Trans PULSE Ontario, Trans Pathways (Australia), the Canadian Trans Youth Health Survey and Hohou Te Rongo Kahukura – Outing Violence. We also designed some questions ourselves when they hadn't been asked in other surveys. We did this in collaboration with community advocates and experienced researchers in specific areas.

Our community advisory group also reviewed drafts of the survey questionnaire. This process was important to ensure the survey reflected the primary points of concern within the community and created a sense of community ownership of the survey. Our community advisory group also assisted us by promoting the survey in trans and non-binary communities across Aotearoa New Zealand. The group was intentionally selected for their diversity in geographic location, age, ethnicity, gender and perspectives on being trans or non-binary.

Ethics

The survey started with information that potential participants could read before deciding whether they would consent to begin the survey. This gave people information about their rights and how the data would be accessed and used and explained that the survey asked questions about difficult topics, such as violence, suicide and self-injury. Both here and in relevant parts of the survey we provided contact details for support lines and to a mobile phone that was monitored by project team members who had referral details to crisis support teams.

We did not collect responses from participants who were aged younger than 14, because this is the age that is commonly accepted for participants to be able to give informed consent to participate in a study of this nature.

Counting Ourselves received ethics approval from the Health and Disability Ethics Committee, reference 18/NTB/66/AM01.

Recruiting participants

The recruitment strategy focused on reaching out to as many trans and non-binary people as possible and targeting those parts of our communities that would be harder to reach via social media alone. This included seeking support from key trans and non-binary people within Māori, Pasifika, Asian, disability and sex worker networks who encouraged others in their networks to complete the survey. We made direct approaches to older trans people, those living in rural areas, those who had transitioned a long time ago and those who had been key members of early community organisations or networks.

One of our key recruitment messages about the survey was reassuring people that no information would be disclosed that could potentially identify an individual person.

¹ See www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey

² See www.health.govt.nz/publication/questionnaires-and-content-guide-2014-15-new-zealand-health-survey

³ See www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/information-about-the-new-zealand-general-social-survey-gss/

⁴ This survey has been called the New Zealand Mental Health Monitor since 2018. See www.hpa.org.nz/research-library/research-publications/questionnaire-2016-new-zealand-mental-health-survey

⁵ See www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf

This meant that people who do not disclose that they are trans or non-binary to others could safely complete the survey. In our community outreach, we used a wide variety of terms in addition to trans and non-binary, including Māori and Pasifika terms and words used by people who had transitioned a long time ago.

Other strategies we used to recruit participants included:

- paid advertisement notices via Facebook and Google
- posting the link to the survey to online groups and distributing it through email lists
- filming a New Zealand Sign Language recruitment video about the survey that was distributed through deaf community networks
- using word of mouth, primarily through members of our research team and the community advisory group
- contacting rainbow and takatāpui community groups and other organisations interested in transgender health, as well as our network of health professionals, to ask them all to promote the survey

Collecting the data

Most participants elected to complete the survey online. It was available through any device with a browser and access to the internet, including computers, tablets and smartphones. We made sure the web survey was accessible to participants who use screen readers including by adding alt text descriptions for all the images.

Participants who filled out the paper version of the survey did so by contacting us, and we posted this to them with a stamped and self-addressed envelope so they could send the completed version back to us anonymously and at no cost. Our goal was to make this survey open to any trans and non-binary people in Aotearoa New Zealand who wanted to participate and be 'counted'. While we were collecting data, we monitored the demographics and targeted our outreach to groups that were under-represented, including paid billboard advertising outside the main cities.

While we had a total of 330 questions in the survey, the survey's skip logic meant participants were only asked questions that were directly relevant to them or their experiences. Most of the questions required participants to select from response options, but we included open-ended questions with comment boxes at the end of each section, asking participants to share their feedback and experiences in more detail through write-in responses.

The survey was open for participation from 21 June 2018 to 30 September 2018.

The number of participants

We had 1,380 individual responses to the survey, but some of the web responses had to be removed from our data because they did not meet our inclusion criteria:

- two were younger than 14
- 12 did not live in Aotearoa New Zealand
- 161 did not confirm that they were trans or non-binary in some manner (most of these were because they withdrew from the survey before they had completed the demographics section).

A further 22 responses were removed because they were duplicates. These were identified through responses that had the same IP addresses with identical or almost-identical responses. This could occur when somebody began the survey but was unable to complete it in a single session and then started the survey again in a later session. In these cases, we excluded the less complete response, which was always the earlier response.

Finally, we removed five responses which we identified as not genuine through their text-box comments and illogical responses, such as when the age someone realised their trans identity was older than their current age.

After excluding all these responses, we were left with a final sample size of 1,178.

Not all of the 1,178 participants completed the whole survey. Questions that were later in the survey had a lower number of participants.

Number of participants for each section of the survey

Section 1: Who participated in the survey	1,178
Section 2: Gender-affirming care	1,086
Section 3: Provider knowledge and competency	979
Section 4: General health and healthcare access barriers	905
Section 5: Mental health and wellbeing	894
Section 6: Relationships, sexual health and family planning	869
Section 7: Substance use	855
Section 8: School	93 current school students
Section 9: Sport and physical activity	794
Section 10: Discrimination and harassment	851
Section 11: Safety and violence	831
Section 12: Police and detention	58 who had been detained, arrested or charged with an offence
Section 13: Identity documents	810
Section 14: Income, hardship, homelessness and employment	798 ¹
Section 15: Family/whānau and friends	811
Section 16: Religion	811
Section 17: Community connectedness	822

¹ Fewer participants (742) answered the income question

Getting the data ready to report

Recoding responses

We gave participants the option to write in responses wherever we had 'Other (please specify)' as a response option to closed-ended questions. For questions that had a high proportion of Other responses, our team reviewed the write-in responses and identified if they could be recoded into existing response options. The reviewing process began with one research team member carrying out initial coding, and then two other team members examining the coding. Our team members would highlight any disagreement with the initial coding and bring these for further discussion until a consensus could be reached among most of the team members. When there was a substantial number of Other responses that could be grouped into a single theme to create a new response option (that was not provided as an existing response option), we created a new response option and reported this. Write-in responses that could not feasibly be recoded into existing or new response options were left as Other responses.

The questions that we did this recoding for were:

- Section 2: What were your reasons for not applying to the High Cost Treatment Pool?
- Section 7: In the last 12 months, have you used any of the following drugs for recreational or non-medical purposes, or to get high?
- Section 10: What situation or situations were you in when you were discriminated against?
- Section 14: Which of these statements best describes your current work situation?

A few of our questions that had the option to select multiple response options (i.e., 'select all that apply') did not provide a 'none of the above' response option when one would have been appropriate. For these questions, we needed to differentiate between participants who did not select any response options because they 1) had seen the question but none of the response options applied to them, and those who 2) did not see the question due to exiting the survey before that point. We identified the first type of responses as those who had provided responses beyond that point in the survey and we counted these participants in the denominator for the percentages that we reported. The second type of responses were counted as missing and not included in the denominator for the percentages that we reported.

Ethnicity recoding and prioritisation

We used the same question as the New Zealand Census and New Zealand Health Survey to ask our participants about the ethnic group or groups that they belong to, allowing participants to select all that apply.

To be able to make comparisons between participants, we recoded each ethnicity response to one of the Level 1 categories from Statistics New Zealand's Ethnicity New Zealand Standard Classification. For example, we counted participants who are British (3%), American (2%), Irish (1%), Dutch (1%) and Australian (1%) in the European Level 1 group.

When we compared our participants' ethnicities to the general population in Section 1, we compared them to the 2016/17 New Zealand Health Survey, which used the approximate benchmark population obtained from Statistics New Zealand's estimate for its ethnicity data. The New Zealand Health Survey combined European with Other participants, so we did the same when comparing our participants' ethnicities to the New Zealand Health Survey. We do not combine Other ethnicity participants with Europeans anywhere else in this report.

Grouping participants for comparisons

We chose ages 14–24 for youth because this is close to the World Health Organization's definition of youth (age 15–24). While age 55 is younger than most definitions for older adults, we had fewer older participants and needed to use this age threshold to have enough older adult participants to identify any different issues they might be facing.

For gender groups, we counted trans men as those who selected man, trans man or tangata ira tāne. Trans women were those who selected woman, trans woman, tangata ira wahine or whakawahine. We categorised participants as non-binary if they selected none of the options above or if they selected a combination of man and woman options. A few participants selected 'transsexual' as their only response – these participants were categorised as trans men if they were assigned female at birth or trans women if they were assigned male at birth. After doing this, we checked and no participants who were assigned male at birth were categorised as trans men and no participants who were assigned female at birth were categorised as trans women.

When we did comparisons between ethnic

groups for our findings, we used four groups: Māori, Pasifika, Asian and New Zealand European/Pākehā. We did not include the Other ethnicity participants for these separate comparisons because this group contained small numbers of a range of many different ethnic groups, which would have made it difficult to find or interpret any results about this Other ethnicity group. In some situations where we saw a difference for European participants but none of the other ethnic groups, we grouped together all non-European participants to report the overall percentage for these groups together; in these cases, we included Other ethnicity participants in the non-European group.

The questions that we used to identify disabled participants were the Washington Group Short Set. We counted participants as having a disability if they *could not do or had a lot of difficulty* with at least one of these six activities – seeing, walking, hearing, concentrating or remembering, communicating, or caring for oneself (such as washing or dressing).

Weighting the sample

As noted in Section 1, compared to the general population, our sample over-represented European/Other and Māori participants and under-represented Pasifika and Asian participants. The only population-based study from Aotearoa New Zealand, Youth'12, did not find lower rates of Pasifika or Asian transgender participants, and (although a different context) the United States Behavioral Risk Factor Surveillance System survey found higher proportions of ethnic minority trans people. This suggests that our ethnicity differences may be due to different ethnic groups being more or less likely to participate in our survey, so we weighted our sample by ethnicity to give it a more similar underlying distribution to the general population. We did this to make our sample more representative of the population of trans and non-binary people in Aotearoa New Zealand, but because our survey was not population-based, we note that it is not completely representative.

We weighted our sample based on the New Zealand Health Survey 2016/17's weighted sample to approximate Statistics New Zealand estimated benchmark population. The weightings were calculated using the following formula:

$$\text{weighting}_{\text{ethnicity}, X} = \frac{\text{proportion of } X \text{ in NZ Health Survey}}{\text{proportion of } X \text{ in Counting Ourselves}}$$

The weightings we applied were Asian 3.25, Pasifika 1.49, Māori 0.90 and European/Other 0.89. We used these weightings because we believed these will make our results more likely to be closer to what is occurring in the trans and non-binary population in general in Aotearoa New Zealand and to make our results more comparable to the population-based surveys that we used. All of the results in this report, apart from ethnicity, are weighted for ethnicity in this way. These weightings generally did not cause more than a few percentage points' change to our results.

We chose not to weight our sample by region or age because we have reason to believe that the trans and non-binary population in Aotearoa New Zealand tend to be younger and they are more likely to move to larger cities, which would explain the demographics we see among Counting Ourselves participants.

The psychological distress scale

Our survey included a multiple-item scale, the Kessler Psychological Distress (K10) scale, which measures depression and anxiety. The K10 has 10 items which are rated on a five-point Likert scale from none of the time (0) to all of the time (4) and total scores range from 0 to 40. A score of 12 or more indicates the presence of *high* levels of psychological distress symptoms and a score of 20 or more indicates the presence of *very high* levels of psychological distress. The percentage of missing data for each K10 item ranged from 0.2% to 1.1%. We imputed this missing data using the expectation-maximisation method in IBM SPSS Statistics 25. This method estimates the missing data using the mean and covariances of the other items in the scale.

Doing the analyses

We used SPSS for all our statistical analyses.

We rounded all percentages to the nearest whole percentage. To avoid reporting on small numbers of participants, the smallest percentages we report are 'less than 1%' when we report on the entire sample and 'less than 2%' when reporting on subgroups within the sample.

We treated participants who did not respond to a question and responses indicating that a question was not relevant (e.g. 'this does not apply to me') as missing data. This means that they were not counted in the denominator that was used to calculate percentages.

We chose to make some of our continuous variables into categorical variables to make

them easier to report – for example, we grouped satisfied and dissatisfied responses in the questions about the quality of healthcare.

Comparisons to the general population

For some questions, we could provide a comparison with the general population from population-based surveys, such as the New Zealand Health Survey or the General Social Survey. In making these comparisons, the reader should be aware Counting Ourselves is based on a convenience sample where any trans or non-binary person could participate, which means we cannot know for sure to what extent it is representative of the general population of trans and non-binary people in Aotearoa New Zealand. This is different from studies of the general population that we compare to, which select participants at random from the population, meaning they are representative (or close to being so) of the general population.

Whenever we do comparisons with the New Zealand Health Survey, the General Social Survey and the New Zealand Mental Health Survey, we exclude our 14-year-old participants because these comparison surveys only recruited participants aged 15 years and older. The exception to this is for our comparisons with questions from the New Zealand Health Survey Adult Sexual Reproductive Health Questionnaire, where we report results for our 16–74-year-old participants, to be comparable with the questionnaire. Finally, our comparison data for Youth'12 excluded their participants who were younger than age 14 to be comparable to Counting Ourselves.

We have not done any statistical analyses to test the inequities between our findings and the general population estimates. We did not conduct statistical analyses to test the difference between Counting Ourselves and results for the general population.

Access to population-based data that was provided by Statistics New Zealand was under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the authors, not Statistics New Zealand.

Comparisons between demographic groups

We conducted comparisons between age, gender, region and ethnicity groups for all of the variables in this report. We also conducted these comparisons with some additional variables that we prioritised for disability analysis.

Section 1 gives more details of the groups we used for these comparisons. All participants aged 14 years and older who responded to the relevant questions were used in these comparisons. Because we undertook so many analyses, we only report these as 'lower' or 'higher' than the overall percentage or mean if this difference was statistically significant at the $p < .01$ level. This means that the probability that this result occurred due to random chance was no more than 1%.

We conducted chi-square tests for comparisons between these demographic groups for categorical responses (which were reported as percentages) and used adjusted standardised residuals to identify group differences if the chi-square test was statistically significant. We conducted ANOVAs for comparisons for continuous variables and used Tukey's honest significant difference post-hoc test to identify group differences if the ANOVA was statistically significant.

Because there were age differences between our gender groups – trans women tended to be older and trans men and non-binary participants tended to be younger – we needed to take age into account when examining gender differences. Wherever we found a gender group difference, we conducted a logistic regression analysis to control for age. These analyses had gender groups, age (as a continuous variable) and an interaction term predicting the variable in question. We reported gender group differences only if these regression analyses still showed a significant (i.e., $p < .01$) difference among gender groups after controlling for age. In some cases, where we saw a significant interaction effect, we report differences for age groups with different genders (e.g. results for young trans men or non-binary older adults). We only report differences between the age groups if these remained after we had statistically accounted for the gender differences in these age groups. In the same way, we only report differences between the gender groups after we had statistically accounted for the age differences in these gender groups.

Limitations of this study

The main limitation of this study is that because we allowed anyone who met our eligibility criteria to participate, it is not representative of the general population. Although we weighted our sample based on ethnicity to make it more likely to reflect the general population, we know from other research that it is likely that our survey under-represented specific groups, including Pasifika and Asian participants, sex workers, and homeless, rural and older people (including those who affirmed their gender a long time ago). As we mentioned above, we did what we could with our limited resources to let as many potential participants from these groups know about the survey.

The other main limitation of the study is that we had a relatively small number of participants in some groups we looked at, especially smaller ethnicity and region groups. If we did not see evidence of differences between these groups, differences may still exist in the real world. In many cases, we did not have enough participants in our survey to be able to statistically detect all existing differences, especially if the differences were small.

There were limitations to how many questions we could put in the survey without risking people giving up before the end. This means a smaller number of questions were asked on some topic areas and further research is required to fill in these survey gaps. Some examples include participants' experiences with police when reporting crimes and wider definitions of homelessness.

