

## **International Day against Homophobia, Biphobia and Transphobia 2017**

### **Report for Panel Presentation on Human Rights Issues in Rainbow Communities**

#### **Introduction**

The 17<sup>th</sup> of May is recognised as the International Day against Homophobia, Biphobia and Transphobia (IDAHOBIT), and is a time to stand up against such violence and discrimination by celebrating the diversity of sex, gender, sexuality and sex characteristics. Here in Aotearoa New Zealand, a coalition was formed to seek input on the challenges that our diverse Rainbow populations face. The coalition includes the Human Rights Commission, Intersex Trust Aotearoa New Zealand, Tīwhanawhana Trust, InsideOUT, Mosaic and Rainbow Wellington. The Rainbow NZ Parliamentary Network has supported this process so that these issues can be raised with MPs, starting with this panel discussion and leading to a National Rainbow Strategy. We respectfully ask all political parties to detail how they plan to work with us in the priority areas outlined below.

This report brings together existing research and submissions on human rights issues affecting Rainbow communities because of our sexual orientation, gender identity or expression, or sex characteristics/intersex status (SOGIESC) in Aotearoa New Zealand. That material is supplemented by initial results from the coalition's IDAHOBIT online survey completed by 247 people from Rainbow communities in April 2017.

#### **What Needs to Change**

Over the last 10 years, there is significant consistency in the human rights issues related to SOGIESC that have been raised by NGOs and the New Zealand Human Rights Commission.<sup>1</sup> These include the rights to:

- Equality and non-discrimination.
- Safety and security of the person for all our communities, with specific concerns about violence within schools and in places of detention.
- The highest attainable standard of health.
- Freedom from torture and cruel, inhuman, or degrading treatment or punishment in healthcare settings and protection from medical abuses, particularly for intersex people.<sup>2</sup>
- The right to recognition before the law, particularly in relation to legal gender recognition, particularly with regard to those who are not binary.

The IDAHOBIT online survey reinforced the priority issues of health, violence and bullying with a focus on trans and intersex people and on youth. When asked to rank 16 issues, more than half of all respondents identified access to healthcare for transgender people and violence against Rainbow communities in their top 5 issues. The following issues were prioritised by a third or more of respondents.

- Lack of inclusive healthcare, including mental health services, for all Rainbow communities.
- Barriers to general and gender affirming healthcare for trans and gender diverse people.
- Human rights violations experienced by intersex people, particularly in healthcare settings.
- Bullying and the need for more diversity education in schools.
- Violence against people with Rainbow identities.

While these are each discussed separately below, they raise intersecting and compounding issues. Many survey respondents noted the difficulty in prioritising issues because of these interconnections. In all of the areas below there is a need for more data collection and research, funding of Rainbow organisations doing this work, resources for peer-led initiatives, and effective participation by Rainbow communities in legal and policy decisions that impact on their lives.

*“There is almost no funding for peer led groups supporting takatāpui, fa'afafine, fa'afatama, leiti, fakafifine, akava'ine, lesbian, gay, bisexual, queer, trans and/or intersex communities, despite the well-known impacts of minority stress on marginalised communities. There are positive indigenous and Pacific models of support that rely on the passion of individuals, and could make a huge difference if they were better resourced.” - IDAHOBIT survey respondent*

## **HEALTHCARE FOR RAINBOW PEOPLE**

### ***Issues***

Research shows that Rainbow communities, like other minorities, experience persistent underlying stress from being in a hostile environment in which their behaviour, values, appearance, and/or actions are different from the dominant majority<sup>3</sup>. Homophobia, transphobia, biphobia, stigma (including self-stigma), isolation, and secrecy are likely to cause chronic stress for Rainbow communities including intersex people. This has negative impacts on health outcomes for Rainbow people, including higher rates of mental health and addiction issues.<sup>4</sup>

Stigma and discrimination in healthcare settings reduces the likelihood that Rainbow communities will seek timely health services or consistently receive adequate care. Accessing information about the health of our communities is difficult because few New Zealand services request information and insufficient research has been undertaken on best practice to improve health outcomes. The development of appropriate programmes and policies and the training of healthcare professionals have been slow and studies have found significant gaps in health service provision.

Survey respondents identified that one health priority for gay men is securing PHARMAC funding for Pre-Exposure Prophylaxis (PrEP) when prescribed as an HIV medication.

### ***Calls for Action:***

- Develop practice standards to improve access to, and the standard of, health services delivery for Rainbow communities.
- Require health providers to demonstrate steps taken to build health care professionals' responsiveness to the health needs of Rainbow communities.
- Continue the Youth2000 Series.
- Undertake research into the health and well-being needs of those groups within Rainbow communities who face significant health disparities (particularly Māori and Pacific people) or have additional health needs (including disabled and older people).

*“Every Pacific politician must understand the detrimental effects upon our vulnerable Pasifika LGBTIQ Fa'afafine, Leiti, Akava'ine, vakasalewalewa etc by families and communities, alike. Both young and old are affected. Suicide issues, mental health issues etc are all due to the unnecessary abuse our people face.” - IDAHOBIT survey respondent*

## **GENDER AFFIRMING HEALTHCARE FOR TRANS AND GENDER DIVERSE PEOPLE**

### ***Issues***

The 2008 report of the Human Rights Commission's Transgender Inquiry focused on three areas: discrimination, access to health, and legal gender recognition. Outstanding issues identified by the 2013 SOGII Coalition's submission to the UN Human Rights Council highlighted the lack of progress in improving trans people's access to gender affirming health services including, for example, counselling, hormone treatment, chest reconstruction and other surgeries.<sup>5</sup> The Northern Region DHB has established a Clinical and Consumer Advisory Group to develop a Transgender Health workplan based on an informed consent model of care.<sup>6</sup> While this initiative is strongly welcomed, without systemic responses, including allocated funding in this and other DHB regions, trans people will continue to have limited or no access to gender affirming health services. A 2014 nationwide survey<sup>7</sup> of DHB specialists confirmed significant gaps in public health services for transgender people in many regions and disciplines, including psychological services, access to hormone therapy and surgeries. Even when DHBs had surgeons available to perform gender affirming procedures (including chest reconstruction, and removal of gonads); the survey concluded that those with lower socioeconomic status will be disadvantaged, because they cannot afford to access gender affirming health services through the private system. This would lead to further health inequity and poorer health outcomes.

Many survey respondents noted the 40 to 70 year waiting lists for genital reconstruction surgeries under the Specific High Cost Treatment Pool funding.

### ***Calls for Action***

- Require District Health Boards to ensure trans and gender diverse people's access to gender affirming health services available in NZ, based on an informed consent model of healthcare.
- Provide sufficient funding to enable timely access to gender reassignment surgeries not provided through the NZ public health system.
- Support the development of training and resources on an informed consent model of healthcare for trans and gender diverse people, and provide information and resources for communities and individuals about accessing gender affirming services.

*"I think the biggest one is the shameful lack of funding that has created a decades-long waiting list for transition-related surgery." - IDAHOBIT survey respondent*

## **INTERSEX PEOPLE**

### ***Issues***

Intersex is an umbrella term describing people born with sex characteristics (including genitals, gonads or chromosome patterns) that do not fit typical binary notions of male or female bodies. There are more than 30 naturally occurring intersex variations. At least 1 in every 2000 infants is born with an intersex trait, and there may be as many intersex people in the world as those born with red hair or green eyes.

Ethical, medical and human rights concerns have been raised by intersex advocates<sup>8</sup>, academics, the New Zealand Human Rights Commission and international human rights and health experts (including many United Nations treaty bodies and Special Rapporteurs, and the

World Health Organisation)<sup>9</sup> about medical and surgical practices on intersex infants and children when they are too young to provide informed consent. They have called for the end to unnecessary (non-life essential) medical or surgical treatment during infancy or childhood, including the repeal of laws enabling intrusive, irreversible so-called ‘genital normalising’ practices. The repeal of these ‘normalising’ practices are necessary to uphold intersex people’s right to bodily and physical integrity, autonomy, and self-determination.

In order to facilitate the New Zealand government’s commitment, the Intersex Trust Aotearoa New Zealand, Tīwhanawhana Trust and the New Zealand Human Rights Commission collaborated to host the intersex roundtable in April 2016. It brought together multiple stakeholders to address Aotearoa New Zealand’s current practice of genital normalisation on intersex children.<sup>10</sup>

### ***Calls for Action:***

- Immediately action the recommendations made to New Zealand by the UN Committee on the Rights of the Child under New Zealand’s review in 2016<sup>11</sup>
- Fund the establishment of the National Multi-Sector Intersex Advisory Body, to be hosted by the Ministry of Health, to address the practice of genital normalisation on intersex children in Aotearoa New Zealand.
- Require that population data on intersex people is accurately and uniformly recorded, allowing for truthful records to be kept and monitored while preserving the privacy of individual intersex people.
- Make funds available to ensure that appropriate advocacy and social support services are made available to intersex people for the whole of their lives.
- Implement effective legislative and professional standards for the medical profession to protect intersex children from surgical decisions that compromise bodily integrity.

*“For intersex people, [there is] the continued pathologisation of bodily diversity that is used to justify surgeries on intersex infants and children when they are too young to give consent”  
- IDAHOBIT survey respondent*

## **SAFETY FOR YOUNG PEOPLE**

### ***Issues:***

The Youth2000 series found that same sex attracted, both sex attracted and transgender young people face discrimination and stigma challenges in their environments, including higher rates of bullying and violence and barriers to seeking healthcare.

For same and both sex attracted young people:<sup>12</sup> 58% were afraid they would be bullied or hurt; they were 3 times more likely to be bullied at school at least weekly; 43% had been hit or harmed by another person; and 35% had been unable to access the healthcare they wanted. They were 4 times more likely to experience significant depressive symptoms and 4 times more likely to have attempted suicide in the last 12 months. For transgender young people:<sup>13</sup> more than half were afraid that someone at school would hurt or bully them; they were 4.5 times more likely to be bullied at school at least weekly; 50% had been hit or harmed by another person; and only nearly 40% had been able to access healthcare *when they needed it*. They were 4 times more likely (41%) to experience significant depressive symptoms and 5 times more likely to have attempted suicide in the last 12 months.

Results suggested that schools play an important role in providing safe and supportive environments but require training to do so. The primary learning resource to help increase understanding and support of diverse sex, gender, sexuality and sex characteristics is the *Inside Out* teaching resource developed by RainbowYOUTH.<sup>14</sup> InsideOUT have led work nationally on creating diversity groups in school.

Ara Taiohi indicated the need for greater local and national communication between Rainbow and mainstream youth organisations. Te Hautaki (2012-13)<sup>15</sup> noted the need to include young Rainbow voices in mainstream training and to support the Rainbow support sector to improve their youth work practice and connections to tangata whenua in their regions. Braided Pathways (2015)<sup>16</sup> identified the need for competency training for mainstream services within the wider youth sector. Snapshot (2016)<sup>17</sup> found that 76% of Rainbow youth organisations reported having young people disclosing suicidal thoughts to them, 65% worked with young people whose friends had completed suicide, and 47% had worked with a Rainbow young person who had later killed themselves. While 76% have had suicide prevention training, only 65% had access to suicide support services and supervision.

### ***Calls for Action:***

- Develop comprehensive anti-bullying policies to address bullying based on someone's sexual orientation, gender identity, gender expression or sex characteristics.
- Require all schools, including 'special character', to produce policies outlining how they will ensure safe and inclusive environments for Rainbow students with options for gender neutral bathrooms and uniforms.
- Resource InsideOUT's initiatives to assist schools to establish Rainbow diversity groups, address bullying and provide safer environments for rainbow students.
- Resource schools to deliver high quality, comprehensive sexuality and diversity education encompassing sexual orientation, gender identity and expression and sex characteristics such as RainbowYOUTH's Inside Out training programme.
- Resource queer and gender diverse youth groups to support the services they provide for young people including suicide support services and supervision.
- Support Ara Taiohi initiatives to provide diversity and intersectional cultural competency training for people working with Rainbow young people.

*"Discrimination is the education system, anything from health classes only teaching students about heteronormative relationships or not having a gender-neutral bath room or changing spaces. All the little things that a lot of people would never even think about but become big barriers to us. Also, there are a lot of amazing people in schools dealing with the issues but this is a school by school basis and it's moving very slowly. Sports groups, uninformed teachers who unknowingly encourage negative behaviours, school policies ... that haven't changed." - IDAHOBIT survey respondent*

## **VIOLENCE AGAINST RAINBOW PEOPLE**

### ***Issues:***

Security and safety remain important issues for Rainbow communities. "The use of violence against people based on their actual or perceived sexual orientation, gender identity or sex is frequently grounded in misogyny and what it means to be a 'real' man or woman."<sup>18</sup> Those members of Rainbow communities whose identity is more visible to others, including many trans women and gender non-conforming people, are particularly vulnerable to violence in

public spaces. Other forms of violence take place within families and in intimate partner relationships. As noted earlier, Youth2000 indicated higher levels of violence against same sex and both attracted and trans youth. It also indicated higher rates of them being touched in a sexual way or made to do sexual things they did not want to do.

In 2016, Hohou Te Rongo Kahukura – Outing Violence<sup>19</sup> undertook a major research project on the incidence of intimate partner and sexual violence against Rainbow people. The project found significant limitations on the ability of mainstream services to respond effectively to Rainbow people experiencing partner or sexual violence. Racism compounded the experiences of violence experienced by Māori, Pacifica, Asian and other non-Pākehā people within Rainbow communities.

Over a quarter of people who completed the IDAHOBIT online survey identified safety and healthcare issues for transgender people in prison as one of their top 5 issues of concerns. While the Department of Corrections’ regulations for placement of transgender and intersex prisoners were revised in 2014,<sup>20</sup> high profile reports of transgender women assaulted in prison raise significant concerns about their implementation in practice.<sup>21</sup>

#### ***Calls for Action:***

- Ensure anti-violence strategies, policies and services recognise the specific experiences and needs of Rainbow communities.
- Train Rainbow and mainstream organisations on preventing and responding to Rainbow people’s experiences of partner and sexual violence.
- Monitor, review and update the Department of Correction’s Transgender Prisoner policy to reflect international best practice about placement, care and management of trans prisoners to ensure their right to safety, and access to health services and rehabilitation on an equal basis as others.

*“Safety! I cannot stress enough about safety! We are still seeing all our whānau being attacked for who we are.”- IDAHOBIT survey respondent*

## **LEGAL GENDER RECOGNITION & ADOPTION**

### ***Issues:***

Two of the options on the IDAHOBIT Day survey focused on areas where there has been some legal or policy reform: legal gender recognition and adoption. In both instances, it was clear that respondents were aware of the limitations of current provisions.

A quarter of respondents identified legal gender recognition as one of their top 5 issues of concern. Respondents consistently noted the significant barriers for amending a birth certificate, including the reliance on medical evidence, the time and cost of a Family Court process, and the resulting difficulties of having incongruent identity documents. Instead respondents support the world leading approach used for changing gender markers in New Zealand passports and driver licenses. That approach was the basis an October 2016 petition to the Government Administration Committee calling on the Minister of Internal Affairs to enable intersex, trans and gender diverse adults to change the sex details on any official documentation to male, female or indeterminate based solely on the individual's self-

identification, without any requirement for medical treatment and without the need to resort to a court process.<sup>22</sup> New Zealand's passports policy requires two additional letters of support for those under the age of 18.<sup>23</sup>

UN treaty monitoring bodies and multiple UN agencies have repeatedly recommended the revision of gender recognition laws to comply with international human rights standards.<sup>24</sup> This has included recommending the removal of “restrictive or abusive” medical requirements and calling for legal gender recognition procedures that are “expeditious, transparent and accessible”, inclusive of transgender children, and have been developed through effective consultation with transgender people and organisations.<sup>25</sup> As a result of a April 2017 European Court of Human Rights ruling, 22 states in Europe will be required to amend laws that make gender recognition contingent on sterilisation or any medical treatment likely to result in infertility, including hormone treatment.<sup>26</sup> Since the 2012 Argentinian gender recognition law, four countries in Europe have introduced laws based on self-determination (Malta, Demark, Ireland and Norway).<sup>27 28</sup>

In the case of adoption, a small number of people noted the need for the Adoption Act 1955 to reflect the diversity of New Zealand family and parenting arrangements by clearly enabling all de facto couples to adopt, with no discrimination based on the sexual orientation, gender identity or expression or sex characteristics of the adoptive parents.

Finally, survey responses indicated that there continues to be significant community concerns that it may be legal to discriminate against transgender and intersex people because gender identity, gender expression and sex characteristics are not prohibited grounds of discrimination under section 21 of the Human Rights Act 1993.

#### ***Calls for Action:***

- Enable adults with intersex conditions and trans and other gender diverse adults to change the sex details on any official documentation to male, female or ‘X’ based solely on the individual’s self-identification, without any requirement for medical treatment and without the need to resort to a court process.
- Enable children and young people under the age of 18 who have intersex conditions or who are trans or gender diverse change the gender marker on their documentation, with only the additional requirement that they have the support of their legal guardian/parent, taking into account the evolving capacities and best interests of the child without any requirement for medical treatment and without the need to resort to a court process.
- Provide comprehensive resources and training to employers, educational institutions, government agencies and other service providers outlining how transgender, gender diverse and intersex people are fully protected from discrimination under section 21 of the Human Rights Act 1993 and
- Amend section 21 of the Human Rights Act 1993 to explicitly include gender identity, gender expression and sex characteristics as specific prohibited groups grounds of discrimination
- Review the Adoption Act 1955 with the aim of reflecting the legitimate diversity of Aotearoa New Zealand family and parenting arrangements.

*“Financial barriers to birth certificate changes for transgender people . . . that gender cannot be changed easily on a NZ birth certificate. It would be great if you could self-define.”- IDAHOBIT survey respondent*

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<sup>1</sup> Aotearoa / New Zealand's SOGII UPR Coalition (2014) *Submission to New Zealand's second Universal Periodic Review*: [https://www.hrc.co.nz/files/7014/2406/3081/SOGII-Coalition\\_joint-UPR-submission\\_New-Zealand\\_Jan-Feb-2014-with-appendices.doc](https://www.hrc.co.nz/files/7014/2406/3081/SOGII-Coalition_joint-UPR-submission_New-Zealand_Jan-Feb-2014-with-appendices.doc); Human Rights Commission (2010) *Human Rights in New Zealand 2010, Chapter 19 – rights of sexual and gender minorities*; Human Rights Commission (2008) *To Be Who I Am / Kia noho au ki tōku anō aoanōao*. Report of the Inquiry into discrimination experienced by Transgender People / He Pūrongo mō te Uiuutanga mō Aukatitanga e Pāngia ana e ngā Tāngata Whakawhitiira; Human Rights Commission (2016) *Intersex Roundtable Report 2016: The Practice of Genital Normalisation on Intersex Children in Aotearoa New Zealand*. [https://www.hrc.co.nz/files/5914/8124/9497/HRC\\_Intersex\\_Roundtable.pdf](https://www.hrc.co.nz/files/5914/8124/9497/HRC_Intersex_Roundtable.pdf)

<sup>2</sup> Submission from the Intersex Trust of Aotearoa New Zealand (ITANZ) to the Committee on the Rights of the Child. 73rd session for the Convention on the Rights of the Child, September 2016; Supplementary submission of the New Zealand Human Rights Commission to the Committee on the Rights of the Child's 73rd Session, September 2016

<sup>3</sup> Brooks, V. R. (1981) 'The theory of minority stress'. In V.R. Brooks (Ed.), *Minority stress and lesbian women*. Lexington, MA: Lexington Books; Meyer, I.H. (2003) 'Minority stress and mental health in gay men'. *L.D. Garnets and D.C. Kimmel (Eds.) Psychological perspectives on lesbian, gay and bisexual experiences*. 2nd edition. New York: Columbia University Press, pp. 699–731.

<sup>4</sup> Birkenhead A. and Rands, D. (2012) *Let's talk about sex . . . (sexuality and gender). Improving mental health and addiction services for Rainbow Communities*. Auckland District Health Board.

<sup>5</sup> Aotearoa / New Zealand's SOGII UPR Coalition (2014) *Submission to New Zealand's second Universal Periodic Review*: [https://www.hrc.co.nz/files/7014/2406/3081/SOGII-Coalition\\_joint-UPR-submission\\_New-Zealand\\_Jan-Feb-2014-with-appendices.doc](https://www.hrc.co.nz/files/7014/2406/3081/SOGII-Coalition_joint-UPR-submission_New-Zealand_Jan-Feb-2014-with-appendices.doc)

<sup>6</sup> <http://www.adhb.health.nz/about-us/news-and-publications/latest-stories/better-health-services-for-transgender-communities/>

<sup>7</sup> John W Delahunt, J Hayley J Denison, Jane Kennedy, Jackie Hilton, Heather Young, Owais B Chaudhri, and Marianne S Elston (2016) 'Specialist services for management of individuals identifying as transgender in New Zealand', *The New Zealand Medical Journal*, Vol. 129, No. 1434, 6 May 2016 [https://www.nzma.org.nz/\\_data/assets/pdf\\_file/0004/49576/Delahunt-2070FINAL1434.pdf](https://www.nzma.org.nz/_data/assets/pdf_file/0004/49576/Delahunt-2070FINAL1434.pdf)

<sup>8</sup> Fourth International Intersex Forum (2017) Statement from the Fourth International Intersex Forum, Amsterdam, April 2017 <https://oiieurope.org/4th-international-intersex-forum-media-statement/>

<sup>9</sup> Asia Pacific Forum of National Human Rights Institutions and the United Nations Development Programme (June 2016) *Promoting and Protecting Human Rights in relation to Sexual Orientation, Gender Identity and Sex Characteristics: A Manual for National Human Rights Institutions*, Chapters 4 and 5. <http://www.asiapacificforum.net/resources/manual-sogi-and-sex-characteristics/>

<sup>10</sup> Human Rights Commission (2016) *Intersex Roundtable Report 2016: The Practice of Genital Normalisation on Intersex Children in Aotearoa New Zealand*. [https://www.hrc.co.nz/files/5914/8124/9497/HRC\\_Intersex\\_Roundtable.pdf](https://www.hrc.co.nz/files/5914/8124/9497/HRC_Intersex_Roundtable.pdf)

<sup>11</sup> The recommendations are:

(25)(b) Develop and implement a child rights-based health-care protocol for intersex children, setting the procedures and steps to be followed by health teams, ensuring that no one is subjected to unnecessary medical or surgical treatment during infancy or childhood, guaranteeing the rights of children to bodily integrity, autonomy and self-determination and provide families with intersex children with adequate counselling and support;

(25)(c) Promptly investigate incidents of surgical and other medical treatment of

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- intersex children without informed consent and adopt legal provisions to provide redress to victims of such treatment, including adequate compensation;
- (25)(d) Educate and train medical and psychological professionals on the range of biological and physical sexual diversity and on the consequences of unnecessary surgical and other medical interventions on intersex children;
- (25)(e) Extend free access to surgical interventions and medical treatment related to their intersex condition to intersex children between the age of 16 and 18.

<sup>12</sup> M.F.G. Lucassen, T.C. Clark, E. Moselen, E.M. Robinson and The Adolescent Health Research Group (2014) *Youth '12 The Health and Wellbeing of Secondary School Students in New Zealand: Results for Young People Attracted to the Same Sex or Both Sexes*. Auckland: The University of Auckland.

<https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/Youth'12%20Young%20People%20Attracted%20to%20the%20Same%20or%20Both%20Sexes%20Report.pdf>

<sup>13</sup> T.C. Clark, M.F.G. Lucassen, P. Bullen, S.J. Denny, T.M. Fleming, E.M. Robinson and F.V. Rossen (2014) *The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12)* in *Journal of Adolescent Health*. Vol 55 (1) [http://www.jahonline.org/article/S1054-139X\(13\)00753-2/abstract](http://www.jahonline.org/article/S1054-139X(13)00753-2/abstract)

<sup>14</sup> Inside Out Training in Schools: <http://insideout.ry.org.nz/>

<sup>15</sup> Te Hautaki o Ara Taiohi Full Report 2013. [www.arataiohi.org.nz/images/uploads/general/te-hautaki-2012.pdf](http://www.arataiohi.org.nz/images/uploads/general/te-hautaki-2012.pdf)

<sup>16</sup> Braided Pathways: A Report on the 2014 Ara Taiohi National Youth Sector Survey [www.arataiohi.org.nz/images/uploads/general/Braided\\_Pathways.pdf](http://www.arataiohi.org.nz/images/uploads/general/Braided_Pathways.pdf)

<sup>17</sup> Snapshot 2015: A Report on the Support Sector for Rainbow Young People [http://www.arataiohi.org.nz/images/uploads/general/Ara\\_Taiohi\\_Snapshot\\_Report\\_Final\\_5\\_April\\_2016.pdf](http://www.arataiohi.org.nz/images/uploads/general/Ara_Taiohi_Snapshot_Report_Final_5_April_2016.pdf)

<sup>18</sup> Human Rights Commission (2010) *Human Rights in New Zealand 2010, Chapter 19 – rights of sexual and gender minorities*, p. 321 [https://www.hrc.co.nz/files/1914/2388/0525/HRNZ\\_10\\_rights\\_of\\_sexual\\_and\\_gender\\_minorities.pdf](https://www.hrc.co.nz/files/1914/2388/0525/HRNZ_10_rights_of_sexual_and_gender_minorities.pdf)

<sup>19</sup> Dickson, S. (2016) *Hohou Te Rongo Kahukura – Outing Violence. Building Rainbow communities free of partner and sexual violence*. Wellington. <http://www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-20161.pdf>

<sup>20</sup> [http://www.corrections.govt.nz/resources/policy\\_and\\_legislation/Prison-Operations-Manual/Movement/M.03-Specified-gender-and-age-movements/M.03-4.html](http://www.corrections.govt.nz/resources/policy_and_legislation/Prison-Operations-Manual/Movement/M.03-Specified-gender-and-age-movements/M.03-4.html)

<sup>21</sup> <http://equaljusticeproject.co.nz/2016/05/report-on-the-ejp-symposium-the-rights-of-transgender-people-in-prison/>

<sup>22</sup> [https://www.parliament.nz/en/pb/petitions/document/51DBHOH\\_PET71439\\_1/petition-of-allyson-hamblett-that-the-house-note-that](https://www.parliament.nz/en/pb/petitions/document/51DBHOH_PET71439_1/petition-of-allyson-hamblett-that-the-house-note-that)

<sup>23</sup> <https://www.passports.govt.nz/what-you-need-to-renew-or-apply-for-a-passport/information/>

<sup>24</sup> Including the rights to non-discrimination, privacy, autonomy, physical and psychological integrity, and equal protection before the law.

<sup>25</sup> Asia Pacific Forum of National Human Rights Institutions and the United Nations Development Programme (June 2016) *Promoting and Protecting Human Rights in relation to Sexual Orientation, Gender Identity and Sex Characteristics: A Manual for National Human Rights Institutions*, chapters

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3 and 5; United Nations Development Programme [2017 forthcoming] *Legal Gender Recognition: A Multi-Country Legal and Policy Review in Asia*

<sup>26</sup> *A.P. and Others v. France*, accessed 8 May 2017 at: <http://hudoc.echr.coe.int/eng?i=001-172556>

<sup>27</sup> Köhler, R. and Ehrt, J. (2016) *Legal Gender Recognition in Europe*, 2<sup>nd</sup> revised edition.

<sup>28</sup> Australian federal passports and Medicare documents, and birth certificates in ACT and South Australia, can be amended with a supporting letter from a medical professional.

## CITATION

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