New Zealand Psychological Society
Rōpū Mātai Hinengaro o Aotearoa

Submission on Definitions of Woman and Man Amendment Bill from the New Zealand Psychological Society Rōpū Mātai Hinengaro o Aotearoa

Introduction

The New Zealand Psychological Society ('the Society') opposes the Definitions of Woman and Man Amendment Bill on the evidence-based grounds that it will cause further psychological harm to intersex, trans, takatāpui, fa'afine and gender-diverse people, who are excluded from the binary definitions. We consider this Amendment Bill to be a breach of fundamental human rights and Te Tiriti o Waitangi.

Our members are psychologists, highly educated and trained experts with clinical expertise in trauma, mental health, and psychological wellbeing. They have first-hand experience of the mental health challenges already faced by people in Aotearoa who do not identify with the binary sex-based distinctions of 'female' and 'male', and many of them have clients who do not fit the definitions covered in this Amendment Bill.

To prepare this submission, we canvassed members for their views on this Amendment Bill based on their clinical experience and their access to current evidence-based literature. The vast majority of members reported that the literature and their clinical expertise led them to oppose this Amendment Bill. A few members indicated support for the bill with a focus on it providing clarity and in relation to safeguarding measures. All feedback supported recognising, supporting and respecting transgender, intersex, non-binary and other gender-diverse people. We have drawn on the literature, and members clinical expertise in writing this submission.

Further, the four ethical principles (respect for the dignity of persons and peoples, responsible caring, integrity of relationships, and social justice and responsibility to society) in the Code of Ethics followed by all psychologists in Aotearoa New Zealand makes it clear that this Amendment Bill is one the Society needs to oppose. In doing so, we wish to affirm the rights of all persons who identify with or express identity as diverse in relation to sex, sexuality, and gender to be treated with dignity and respect, to have their

wellbeing promoted and protected, and to have access to ethical and effective health and mental health services as they choose.

Exclusion creates discrimination

The Bill relies on a reductive view of sex as fixed, binary, and easily legislated. This position is inconsistent with established research across biology, medicine, psychology, and gender studies, which shows that sex characteristics, including chromosomes, hormones, anatomy, and secondary traits, do not always align within two discrete categories (American Society for Reproductive Medicine, 2025; Anderson, 2025; Fuentes, 2023; Rehmann-Sutter et al., 2023). Sex is a spectrum, while many people gather at the points commonly considered male or female, there is a range of possibilities, known as intersex or innate variation of sex characteristics (IVSC). This is estimated to be about 1– 2% of the population (RANZCOG, 2025). Sex characteristics are also changeable, through the use of hormone treatments or surgery.

Gender identity is a distinct psychological construct, and decades of research support its independence from biological sex characteristics. Legislating a binary definition contradicts established science and undermines the credibility of evidence-based policy.

A person's gender identity may or may not align with their sex. The definitions exclude trans, non-binary, takatāpui, takatāpuitanga, fa'afine, and gender-diverse people. The Bill violates Te Tiriti o Waitangi by ignoring te ao Māori concepts and failing to recognise that takatāpui and takatāpuitanga are taonga.

Excluding people from legislation does not make them cease to exist. Instead, it sends a message about whose dignity, identity, and safety are regarded as worthy of protection, thereby creating the grounds for discrimination against them in every aspect of their lives, from access to housing, healthcare, education, and more. These experiences of exclusion and discrimination are very likely to further exacerbate already high levels of psychological harm experienced.

Increased psychological harm

A substantial body of evidence (see many of the References below) demonstrates that transgender, non-binary, and intersex people have a higher risk of depression, anxiety, self-harm, suicidality, eating disorders, and substance misuse than other members of society. This is the case not only overseas but in Aotearoa New Zealand (Yee et al., 2025) and is particularly so for young people (Roy et al., 2023). These mental health issues are not

caused by their identity but relate to experiences of social exclusion, discrimination, minority stress, marginalisation, and institutional exclusion (Yee et al. 2023).

Research also identifies substantially increased risk of homelessness or insecure living situations, involvement with Oranga Tamariki (King-Finau, 2023), and disengagement with school for gender diverse and questioning young people (Clark et al., 2015; Denny et. Al, 2016; Fenaughty, et al., 2021). It often leads to alienation from family and withdrawal from school and friendships, as well as challenges of accessing healthcare. For youth in care, it includes increased risk of rejection from caregivers or placements who sometimes hold specific religious beliefs.

This Bill would deepen the risk of those experiences by denying legal recognition to people's identities, and therefore trans, intersex and gender diverse people, their whānau, and communities will be more at risk of psychological harm. There will also be increased risk of societal violence for trans individuals (particularly trans women) and negative mental health impacts due to other risks and restrictions (see below).

For clients who are already struggling with identity, mental health, or marginalisation, having Parliament debate and potentially legislate a narrow definition of who they are sends a clear message that their identity is contested or illegitimate in the eyes of the state. That's likely to increase distress, reduce trust in services, and make people less willing to seek help. Clinicians noted that may create additional challenges for psychologists in assessment, therapeutic engagement, and collaborative safety planning.

The psychological impact will be considerable as it goes beyond the current marginalisation to exclusion by definition of trans clients and potentially a large proportion of teens. Legalising binary terminology is likely to have far reaching effects on rainbow youth and adults by removing any possibility of a spectrum of identification.
Further, educational psychologists pointed out that the Amendment Bill sets up contradictions for educators and educational psychologists working with children and young people who may not come into the mental health services but who are wanting to learn about and connect with their identity, and who are looking for safety and reassurance in the institutions tasked with keeping them safe and helping them grow.

Finding trustworthy information and support has been shown to be transformative for these young people, allowing them to address mental health needs and build positive social, educational, and work lives. In the Youth19 adolescent health survey many young people commented on needs for acceptance and inclusion of diverse groups, with some specifically mentioning inclusion of those with diverse gender identities.

Psychological risk is reduced when people experience social inclusion, affirmation, and access to appropriate evidence-based healthcare (Treharne et al., 2022). Gender euphoria' (feeling 'right' in your gender) has a positive effect on mental health. Available evidence suggests simple supportive approaches can make a major impact (Tan et al., 2021). Where schools and families are supportive of rainbow (sex and or gender diverse) youth, risks appear to be significantly reduced (Denny et al., 2016).

However, members expect the Bill to have measurable adverse effects on the wellbeing of these communities. Some members reported that this is already occurring with the knowledge of the Amendment Bill empowering some members of society to express bigotry, and that the Amendment Bill proceeding this far has already caused minority stress and psychological harm to be experienced by people with trans, non-binary, intersex, takatāpui, and gender diverse identities. Merely witnessing this message play out (e.g., in media coverage of this Bill) has increased the likelihood of trans people internalising that anti-trans message (i.e., coming to believe it themselves), which in turn increases the chance of worse mental health outcomes. Stressful experiences like this also take a toll on trans people's bodies, by increasing physiological stress responses that tax the body's resources.

Voices of those affected

Some members added anecdotal reports of the experience of clients and family members, noting that even with many supports in place (professional, family, school, and community) the road has still included suicide attempts, self-harm, body dysphoria, and difficulty eating.

These anecdotal reports include that the proposed Bill has already created more psychological harm. "Some young people are already in the process of changing their gender markers on their birth certificates, not because they necessarily felt ready to do so or had an urgent a need to take this action right now, but for fear their rights and choices to make this decision in the future was going to be removed."

They also describe young people affected by this legislation as "feeling less hopeful about their futures, more detached from non-queer groups, exhausted from having to consider how they are being judged and perceived across many public spaces, generating a sense of mistrust and exclusion that is already palpable enough".

Other members report increased client concern about the future, should this Bill pass. There is anxiety and questioning about “what safety nets would be provided as the risk of harm increases for the rainbow population, along with the increased risk of physical and sexual harm, discrimination, death rates, self-harming rates, and increased mental health needs”. These concerns from clients are based on trends are already evident in overseas countries, and it is clear from these expressed fears that harm has already occurred.

Psychological harm caused by other effects of the Amendment Bill

By legally erasing the existence of trans, non-binary, takatāpui, and intersex people there will be many unforeseen consequences, including potentially restricting rights and access to services, including equitable healthcare, such as gender affirming healthcare, abortion, breast/cervical/prostate screening) and mental health care. This will cause a secondary effect of psychological harm.

The issue around the definition of ‘adult’ as being over 20 may also lead to unintended consequences, including access to abortion. This kind of unintended flow-on effect is exactly the sort of harm that's hard to predict in advance, but easy to imagine landing on already-vulnerable clients.

Insurers rely on legal sex to determine eligibility and exclusions. By legislating that a trans person’s legal sex no longer corresponds to the body insurance must cover, the Bill creates a clean path for insurers to refuse cover for medically necessary screening and treatment. The economic and clinical cost lands on people who are already underserved.

New Zealanders can currently align their birth certificate (under the BDMRR Act 2021) and passport with their gender. This Bill puts that right in direct conflict with itself. More than 60 countries still criminalise same-sex relationships, and several criminalise trans expression and identity specifically. A discrepancy between a New Zealander’s passport and their domestic legal sex is not paperwork – in a hostile jurisdiction it can mean detention, deportation, outing or violence. A New Zealand government has a duty to protect its citizens abroad, not to manufacture risk for them.

There is nothing to fix – and it doesn't help women

Proponents have not pointed to a single concrete failure in current New Zealand law that this Bill repairs.

The Human Rights Act 1993 already provides for single-sex spaces and sports categories with specific, justified exemptions that already permit services or facilities for women in most circumstances raised as of concern (women's refuges, bathrooms and changing rooms, prisons, and sports involving physical contest) based on biological sex. The Bill would therefore not affect the legal position in those commonly cited circumstances where women might have concerns about safety and privacy.

Psychologists are often working with vulnerable populations (traumatised individuals, people in the LGBTQIA+ community, family violence survivors etc) and recognise the importance of safe spaces and felt safety for those who have been impacted by trauma. We also recognise that these situations are far more complex than can be addressed by a binary definition of sex. Refuges and other social services are able to manage these situations to best reflect the needs of their clients and potential clients – rather than the blunt instrument of definitions that this bill proposes.

The Human Rights Act 1993 operates alongside the Births, Deaths, Marriages, and Relationships Registration Act 2021, so single-sex provisions in workplaces, schools, and clubs currently function because legal recognition, identity documents, and lived reality line up. This Bill creates new contradictions every employer, principal, and HR department will have to navigate. Trans parents face complications around birth certificates, custody and family law. The trans, intersex, or non-binary person pays the cost of every newly uncertain interaction. None of the institutions running these spaces have asked for this Bill.

Further, while framed as safeguarding women and girls, the Bill does nothing to address this or the structural harms they face in Aotearoa, including gender-based violence, economic inequality, workplace discrimination, and barriers to healthcare (Chalson, Earp, & Savulescu, 2026).
Instead, it risks expanding exclusion, surveillance, and state control over whose bodies and identities are recognised as legitimate – meaning that cisgender women who do not conform to conventional femininity will also be negatively impacted. It also harms cisgender people by reducing gender to biological functions, for example, defining women by their reproductive capacity regardless of individual circumstances.

Recommendations

The NZPsS makes the following recommendations:

1. That the committee reports back to the House with the recommendation that the Bill does not proceed in any form.
2. That the protection currently afforded to trans, intersex, takatāpui, and non-binary New Zealanders under the Crown Law interpretation of section 21 of the Human Rights Act 1993 be maintained, not eroded by ancillary legislation.
3. That, if Parliament wishes to clarify the relationship between sex-based rights and gender identity, the appropriate vehicle is implementation of the Law Commission's *Ia Tangata* recommendations, by adding 'gender identity' and 'innate variations of sex characteristics' as explicit prohibited grounds in the Human Rights Act 1993, not a definitional override of every existing Act as this Amendment Bill does.

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