

Listening and Learning: Giving Voice to Trans Experiences of Disasters

Andrew Gorman-Murray*

Urban Research Program, Western Sydney University, Australia

a.gorman-murray@westernsydney.edu.au

Scott McKinnon

Australian Centre for Cultural Environmental Research, University of Wollongong, Australia

scottmck@uow.edu.au

Dale Dominey-Howes

School of Geosciences, University of Sydney, Australia

dale.dominey-howes@sydney.edu.au

Catherine J. Nash

Department of Geography, Brock University, Canada

cnash@brocku.ca

Rillark Bolton

Department of Gender and Cultural Studies, University of Sydney, Australia

rillark.bolton@gmail.com

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Abstract

This article gives voice to trans experiences of disasters, investigating their specific vulnerabilities and resilient capacities. We draw on findings from a project on lesbian, gay, bisexual and trans (LGBT) experiences of recent Australian and New Zealand disasters. We present and analyse trans voices from a survey conducted across multiple case study sites and insights from interview data with a trans person who experienced the 2011 Brisbane floods. Conceptually, to provide a robust understanding of trans experiences of disasters, we bring socially sensitive disaster studies into conversation with trans geographies. Disaster studies have begun to examine LGBT experiences, with some suggestion that trans people are most vulnerable. We advance this work by focusing on trans lives. Trans geographies, in turn, underline the importance of space, place and the body in understanding trans lives, and the need to examine the lived reality of trans people's everyday geographies rather than embodiment as an abstract concept. Applying these insights to the trans voices in our project, we examine four themes that highlight impediments to and possibilities for trans-inclusive disaster planning: apprehension with emergency services and support; concerns about home and displacement; anxiety about compromising the trans body; and the potential of trans and queer interpersonal networks for capacity building. We offer suggestions for trans-inclusive disaster planning and preparedness, and indicate how the insights from trans experience can enrich disaster planning and preparedness for wider social groups.

Keywords: trans; LGBT; vulnerability; resilience; trans geography; disaster planning.

Introduction: Towards Inclusive Disaster Planning

We advance the meagre research on trans experiences of disasters, highlighting and giving voice to trans experiences of vulnerability, resilience and capacity in the face of disasters. We draw on findings from a project on LGBT experiences of disasters in Australia and New Zealand, which has gathered data through surveys, interviews and media analysis. LGBT refers to lesbian, gay, bisexual and trans people, and is a collective acronym for sexual and gender minorities often used in the Global North. Our project is part of a rapidly growing body of research in disaster studies, geography and social science that has started to investigate the vulnerabilities and capacities of sexual and gender minorities in disasters (Balgos et al. 2012; Cianfarani 2013; Dominey-Howes et

al. 2014, 2016; Gaillard et al. 2016; Gorman-Murray et al. 2014, 2016, 2017; McKinnon et al. 2016, 2017a, 2017b; McSherry et al. 2015). This work not only finds that LGBT people encounter heterosexist discrimination and marginalisation during disasters and recovery, but suggests trans people face heightened harassment and fears *vis-à-vis* even lesbian, gay and bisexual populations, with their specific needs as yet unheard in disaster risk reduction, response and recovery planning.

Trans people are gender minorities who do not ascribe to the determinism of sex-equals-gender, and thus do not easily fit within the normative binary gender model of biological male and female embodiment that suffuses Western thinking and social patterns. Trans collectively (and politically) refers to a range of gender minorities (Rooke 2010). These include individuals who identify their gender as different from the one assigned to them at birth. Some undergo a medical process of sex reassignment (aka gender confirmation) and/or change their embodied gender expression to align with their gender identity. Common terms for trans people include trans man and FtM (female-to-male), and trans woman and MtF (male-to-female). While trans men and trans women transition across the male/female binary, other trans people are genderqueer, identifying as ‘neither man nor woman’, ‘both man and woman’ or something else entirely (Kean and Bolton, 2015). The commonality for trans people is ambivalence towards and rejection of biologically determined binary genders (Johnston 2016). This has socio-spatial implications. Trans people have to navigate a landscape predicated on binary gender, often facing prejudice in public spaces, workplaces, government agencies, neighbourhoods and homes (Doan 2007, 2010; Hines 2010). While trans people show high levels of emotional trauma and mental health issues (Couch et al. 2007; Leonard et al. 2012), they also evince unique coping strategies in everyday life (Browne and Lim 2010; Nash 2010, 2011). We therefore argue that *all* social groups could benefit from listening to and learning from trans voices in disasters – not only to address social injustice, as vital as this is, but also because we might gain new insights through distinctive trans capacities for resilience, including solidarities, social capital and personal adaptability.

We begin by bringing together two bodies of literature to create a framework for understanding trans experiences of disaster: disaster studies, particularly work on social dimensions of disasters and on LGBT experiences of disasters, and the growing body of work in trans geographies, which trains attention on the geographical, lived experiences of trans people. We then outline our project and data before discussing our findings. We focus on an interview with Alice (MtF, 26-35yo, Brisbane) about her experiences during and after the 2011 Brisbane floods, while also drawing on wider trans voices from a survey of LGBT people in Antipodean disasters. Themes discussed include concerns about accessing emergency services and support, experiences of housing and displacement, issues of health and the body, and the development of networks and connections that aid resilience.

Trans Lives, Disasters and Geography

Disasters, whether triggered by natural hazards or otherwise, are social phenomena (Weichelsgartner 2001; Brun 2009). On the one hand, a potentially adverse event becomes a disaster when it exceeds ‘the capacity of the affected society to cope with its own resources’ (Ginige et al. 2009: 23). On the other hand – and fundamental for this article’s argument – the detrimental impacts of a disaster are unevenly distributed across local communities and social groups. Marginalised groups are more vulnerable to loss and adversity ‘because they are deprived access to resources which are available to others with more power’ (Gaillard 2011: 121). While this access might be most readily understood in terms of economic or material resources, Wisner (2009: 177) points out that ‘persons at the same level of income do not suffer equally in disaster situations nor do they encounter the same handicaps during the period of recovery’. Social power dynamics encompass a range of axes, and researchers have shown that lack of political rights and social recognition, and differences constructed on ethnicity, age, health, disability, gender and sexuality, all play into individual and group experiences of vulnerability in a disaster (Wisner 1998; McEntire 2005; Finch et al. 2010; Dominey-Howes et al. 2014).

Yet many policies designed to reduce disaster risks or respond to disaster impacts inadequately include marginalised populations (Finch et al. 2010; Gaillard 2011; Gaillard and Mercer 2012). If disasters are social phenomena, then this is a flaw, and not just due to a duty of care to accommodate vulnerable groups in disaster risk reduction, response and recovery. Understanding the different experiences of diverse social groups (including those at the intersections of social categories) might also enhance general knowledge and practice around resilience and capacity in the face of a disaster. As Wisner (1998: 25) argues, working towards fully inclusive ‘disaster planning would tap new knowledge, new coping mechanisms, and enrich the entire planning process’. While the concept of vulnerability highlights exogenous structural conditions that expose different social groups to adverse effects from hazards, capacity underscores existing knowledge, resources, skills and networks of solidarity that are endogenous to these social groups and which are mobilised as coping strategies during crises (Gaillard 2010). Capacity is the accumulated social learning of individuals and groups that might become a source of agency and resilience that helps people recover from the uncertainty and change caused by disasters (Brown and Westaway 2011). This is not an atomistic exercise though; capacity is inhibited by structural constraints and can be enabled and enhanced by provision of resources by governments, authorities and organisations (Brown and Westaway 2011).

Disaster researchers have recently begun to investigate the experiences of sexual and gender minorities across the Global North and the Global South (Dominey-Howes et al. 2014; Gorman-Murray et al. 2014), focused on a range of sites shown in Figure 1 (with reference to published studies). This work highlights a number of vulnerabilities based on the social marginalisation of sexual and gender minorities (sometimes differing across and sometimes transcending specific contexts). For present purposes we simply summarise issues common to LGBT populations and then turn to concerns specific to gender minorities. LGBT vulnerabilities include:

- Religious stigmatisation and abuse when disasters are perceived as ‘divine retribution’;
- Loss of safe personal and communal spaces, exposing LGBT people to harassment;

- Verbal and physical abuse in the close quarters of emergency shelters; and
- Heteronormative assumptions in government policies and NGO practices that exclude or marginalise same-sex families and LGBT individuals in disaster response and recovery.

LGBT needs are absent from disaster planning. McSherry et al. (2015: 27) argue that consideration of sexuality and gender is not just treated as ‘inconsequential’ to disaster planning, but as a transgression that needs ‘to be controlled and contained’ rather than ‘acknowledged as central to the human experience’.

Figure 1: Locations of work on LGBT experiences of disasters: New Orleans, USA (Leap et al. 2007; D’Ooge 2008; Richards 2010; Stukes 2014); Haiti (IGLHRC and SEROVie 2012); Tamil Nadu, India (Pincha 2008; Pincha and Krishna 2008); Nepal (Knight and Welton-Smith 2013); Java, Indonesia (Balgos et al. 2012); Irosin, the Philippines (Gaillard 2011; McSherry et al. 2015); Japan (Ozawa 2012; Yamashita 2012; Yamashita et al. 2017). Brisbane, the Blue Mountains and Christchurch are our case study sites (Dominey-Howes et al. 2016; Gorman-Murray et al. 2016, 2017; McKinnon et al. 2016, 2017a, 2017b).



Gender minorities, such as trans people, face additional censure – control, containment and exclusion in disaster situations. Emergency shelters and relief services have proven to be particularly problematic. In the post-Katrina aftermath, two trans women were arrested for using the ‘wrong’ bathroom (D’Ooge 2008); in Japan, a trans woman was abusively called a ‘cross-dressing deviant fag’ by a volunteer worker (Yamashita 2012). Different ‘third gender’ groups – *aravanis* in Tamil Nadu, India (Pincha and Krishna 2008), *warias* in Java, Indonesia (Balgos et al. 2012) and *baklas* in Irosin, The Philippines (Gaillard 2011; McSherry et al. 2015) – had difficulty accessing emergency shelters because evacuees were recorded by officials as ‘male’ or ‘female’ only. Furthermore, if they did access shelters, *aravanis* were denied food and suffered verbal and/or physical abuse, while *baklas* assigned to ‘male’ accommodation were harassed and ridiculed. Reports from Haiti indicate that trans people were subject to gender-based violence and ‘corrective rape’ in evacuation centres (IGLHRC and SEROVie 2011). The loss of safe space, combined with social stigma and insensitive policies and practices, has placed gender minorities in very vulnerable positions.

The question of space – public, private, social and safe space – is consequential in trans lives. Trans geographies have begun the vital task of focusing attention on the everyday geographies of trans people, and the role of space and place in their vulnerabilities, capacities and wellbeing. This contributes a necessary corrective in sexuality studies and queer scholarship on trans issues, which have tended to discuss trans lives and performativities in the abstract; the emphasis on the fluidity and multiplicity of sex and gender has meant ‘the trans subject’ has been fetishised in this deconstructive project and epitomised as exemplary among ‘queer’ subjects (Browne et al. 2010; Rooke 2010). Trans-focused research is rightly critical of how this abstraction has devalued the *actual lives* of trans people, which are socially located and materially embodied, and has thus deflected and neglected ‘the urgent issue of discrimination and violence against trans people in many contexts’ (Rosenberg and Oswin 2015: 1271; Hines 2010) – discrimination and violence which is shown in the very material context of disasters, as described above. Trans

scholarship thus contributes to ‘enabling coherent trans voices to be heard throughout the academy’ and beyond (Whittle 2006: xv). Emerging research in disaster studies and geography on gender minorities advances this work.

Trans geographies have brought to light problematic trans encounters within a range of spaces. Doan (2007, 2010) has pioneered research on the tyranny of gendered spaces for trans people, exploring the ways in which assumptions of binary male/female gender ‘shape nearly every aspect of their public and private lives’ (Doan 2010: 635), including in workplaces, shopping malls, public bathrooms, parking lots and even homes (cf. Browne 2004; Hines 2010). Gender tyranny operates in ‘queer’ as well as ‘mainstream’ spaces (see Doan 2007; Browne and Lim 2010; Nash 2011), which means trans people can also experience discomfort in lesbian and gay community spaces. Spatial comfort is fundamental for ontological security and wellbeing, where comfort is found in the ‘fit between the body and the spaces surrounding it’ (Rooke 2010: 664; Ahmed 2004; Hawkins and Maurer 2011). This is consequential for trans people’s embodied, social encounters in gendered spaces, and in this light research into trans geographies has underscored the need for safe, secure and comfortable *physical* spaces that enable wellbeing through an uncontested sense of self (Doan 2007; Rooke 2010; Choi 2013). Rooke (2010: 655) describes these spaces, when and where they manifest, as ‘trans spaces’ – ‘a space of comfort where transgendered subjectivities can be expressed, recognised and formed’.

The importance of space, place and comfort should thus be a key consideration for disaster research on trans lives. Given the significance of hard-won and tenuous trans spaces, and the general discomfort (if not hostility) of normative gendered space, how do trans people experience disruption and displacement in disasters? Does the experience of gender tyranny, while traumatic and untenable, also provide some intrapersonal and interpersonal resources to aid their resilience in disasters? Given the difficulties that can be encountered in navigating gendered space during times of ‘normal’ social functioning, in what ways might the disrupted social spaces, situations and relationships of disaster events present further problems?

Approach and Methods: Queering Disasters in the Antipodes

Our project aims to investigate LGBT experiences of vulnerability, resilience and capacity in the face of disasters in Australia and New Zealand. In doing so, we also aim to explore differences across LGBT populations. This is part of the intention of the present article: to focus on trans *vis-à-vis* LGB experiences. Our main case study sites are Brisbane, following the January 2011 floods; Christchurch, following the February 2011 earthquake; and the Blue Mountains, following the October 2013 bushfires. For detail on the physical, human and economic toll of these disasters, see Gorman-Murray et al. (2016, 2017) and McKinnon et al. (2016, 2017a, 2017b). We have also collected some data from far north Queensland (subject to tropical cyclones) and regional Victoria (subject to floods and bushfires). Our data collection is multi-layered, with ethics approval from Western Sydney University (H9754). It includes analysis of LGBT and mainstream media coverage (focused on reporting in Brisbane and Christchurch during 2011); 31 semi-structured interviews with LGBT people in Brisbane ($n=8$), Christchurch ($n=19$) and the Blue Mountains ($n=4$); and a survey on LGBT disaster experiences across all five sites ($n=200$; 73 in Australia, 127 in New Zealand). Interviews and surveys were collected over 2013-2015 at the various sites. The call for survey/interview participants was distributed in the LGBT press (e.g. *QNews*, *LOTL*, *GayNZ*) and LGBT community email lists (e.g. Queensland Association of Healthy Communities, Pink Mountains, Gay and Lesbian Health Victoria). The sample therefore represents individuals connected to LGBT communities; those without links are less likely to have responded.

Here, we focus on trans lives, utilising survey and interview data. Nineteen survey respondents (9.5%) identified as trans (10 in Australia, 9 in New Zealand), and we analyse their quantitative and qualitative responses (in reference to LGB respondents where applicable). While only one of the interviewees identified as trans, this interview was particularly rich and we conducted further conversations with this interviewee. We highlight this interview material, giving voice to Alice's stories of vulnerability, capacity and resilience in the 2011 Brisbane floods. We

introduce Alice below, but first it is important to indicate that the analysis of a single narrative is also not uncommon in recent geographical scholarship on gender and sexuality (Walsh 2006; Meth 2009; Waitt and Gorman-Murray 2011; Gorman-Murray 2015). Focusing on a single biography facilitates a deep analysis and attention to nuance. This is particularly useful in crisis contexts, enabling close attention to personal experiences that, in turn, highlight broader patterns of vulnerability, capacity and resilience, since these individual experiences are embedded in wider processes of social marginalisation and/or transformation (Gorman-Murray 2011, 2015). The single narrative voice is, however, corroborated and supported by multiple survey responses.

Our survey asked participants about their place-based experiences, social encounters, and access to services, before, during and after the disaster. Closed and open questions were used to gather information about, *inter alia*, their levels of (dis)comfort in neighbourhoods, private (e.g. homes) and public (e.g. streets) spaces, and in accessing mainstream services; experiences of discrimination or acceptance from emergency services, government departments and members of the public; specific concerns related to sexuality or gender identity during and after the disaster (e.g. home loss; crisis accommodation; availability of medication) and if this prevented or limited access to emergency services; from where or from whom support was sought; and the impact of the disaster on the LGBT community, including participants' emotional wellbeing. Through dissemination across case study sites, our survey was designed to gather a breadth of information on LGBT experiences – information which then underpinned the semi-structured interviews. Interviewees were recruited through an invitation at the end of the survey. This was an opportunity for individuals to tell their experience in more depth and detail, with an interviewer asking clarifying questions. The interview questions were thus similar to the survey questions, but sought more detailed information on each person's experiences. Each interview was 1-1.5 hours long. The semi-structured interview design allowed for flexibility, so that interviewees could give more attention to experiences and concerns that were particularly relevant for them. This was quite

important for teasing out the different experiences of, for example, lesbians, gay men and trans people (Gorman-Murray et al. 2016).

Alice was recruited after responding to the invitation in the survey. The second author conducted the interview in 2013. The interview not only enabled Alice to expand on her own experiences with vital detail, but also gave us an opportunity to share with her some information from trans survey respondents and allow her to reflect on their ‘fit’ with her own experiences. In this way, we could further interweave our survey responses and Alice’s recollections. To provide some background, then, Alice (26-35yo) is MtF and identifies as trans. She moved to Brisbane in 2008 to work for the Queensland Association of Healthy Communities, a non-government organisation that promotes the health and wellbeing of LGBT Queenslanders through advocacy, education and counselling. Through her work, she has extra insight into the conditions of trans and LGB people in Brisbane. Alice lives in West End, an inner-city riverside suburb that was largely inundated by the January 2011 floods – her home was flooded. In late 2010, just before the floods, Alice underwent sex reassignment surgery. We want to *listen* to and *learn* from Alice’s experience in order to make suggestions for more inclusive disaster risk reduction, response and recovery policies and practices, which we believe would benefit not only trans people and other sexual and gender minorities, but wider populations as well. Our analysis draws insights from Alice’s story as well as survey responses from trans participants. Both Alice’s interview and trans survey responses were analysed together using latent (thematic) content analysis to identify the key issues for trans respondents. The themes identified – and discussed below – encompass experiences of emergency services and support, home and displacement, health and the body, and interpersonal networks and capacity building.

Vulnerabilities: Marginality and Disaster Response and Recovery

We first consider broader issues of trans vulnerability. Wisner (1998) argues that vulnerability to the effects of a disaster is exacerbated by existing social stigmatisation and isolation. Such marginalisation separates certain individuals and groups from ‘mainstream’ society, on which

disaster planning is focused. Our survey results suggest that trans people are even more socially marginal and isolated than LGB people. To understand trans *vis-à-vis* LGB marginalisation and stigmatisation, we disaggregated these groups in analysing our survey. We found that a greater proportion of trans people had experienced recent harassment in their daily lives in the period just before the disaster – 44.4% of trans respondents compared with 34.6% of LGB respondents. This included verbal abuse, physical abuse, intimidation and denial of service. Moreover, in a likert-scale question that evaluated individuals' sense of place in their local neighbourhood before the disaster, the cumulative responses from trans respondents showed noticeably lower place attachment, belonging and feelings of security than LGB respondents (Table 1). This suggests that trans people were most susceptible to vulnerability amongst the LGBT population.

Table 1: Pre-disaster sense of place. Each statement required a response on a five-point likert-scale (strongly agree / agree / neither agree nor disagree / disagree / strongly disagree). Points for each response were tallied (strongly agree = 5 ... strongly disagree = 1) and divided by number of respondents to yield the average score.

Statement	Trans average	LGB average
I felt at home there	3.5	4.2
I felt part of the local community	2.6	3.7
I felt safe there	3.7	4.1
I held the same values and beliefs as my neighbours	2.5	3.3
The local community was accepting of my sexuality/gender identity	2.9	3.5

Trans people's greater experience of harassment and isolation had implications for disaster response and recovery. In particular, trans respondents expressed deep concerns about accessing emergency services, shelters and other official forms of relief and recovery. In fact, half the trans respondents indicated they were fearful of, *or actually experienced*, discrimination and prejudice when trying to access emergency services. Open comments included:

St. Vincent de Paul was offering food parcels and I know they are not accepting of queer relationships. (Genderqueer, 26-35yo, Christchurch)

There were religious nutters saying the queers had caused the quakes. (Genderqueer, 36-45yo, Christchurch)

It is always a bit of a concern outing myself. (Genderqueer, 46-55yo, Christchurch)

Assumption of cisgender identity from emergency personnel. (MtF, 56-65yo, Christchurch)

The firemen knew I was gay and were racist. (Genderqueer, 18-25yo, Blue Mountains)

These comments suggest that apprehension with interpersonal engagement in disaster contexts encompasses dealing with workers and volunteers, such as emergency services personnel and contracted religious providers, who could potentially range from insensitive to intolerant towards gender minorities, as well as fears about encountering bigoted members of the general population also seeking assistance with relief and recovery.

Alice had similar fears. Alice lived in a share house in Brisbane's West End with four other trans people. Share house is a common term for group households in Australia, where unrelated individuals reside together (the typical tenure is private rental). The house and its belongings were severely damaged by the floodwaters, and Alice and her housemates wanted to seek the government relief payments made to households through Centrelink, the Australian federal government agency that provides the coalface for social support and welfare. But as a non-traditional group household of trans people, Alice said she was fearful of transphobic discrimination and encountering a difficult process due to both the complications of each person's changing gender identification *and* lodging a claim as a non-family group household:

It was a bit tricky, you know, most houses are just a family, where in our house, it was several different, all different, individuals, and we weren't sure about, you know, how that would work with claiming. We wanted to do that together cos we didn't feel confident doing it by ourselves. And perhaps a fear of what might happen. It can be quite hard for people at Centrelink sometimes to understand [about gender identification] and it does add to the difficulty of those processes if you're concerned with discrimination.

Ultimately, the process was 'not too bad' and they received relief payments. However, they had to make a considerable emotional investment to overcome fear of discrimination and exclusion, and seek assistance.

We contend this experience of vulnerability and apprehension has lessons *for* and *beyond* trans inclusion in disaster planning. Part of Alice's fear, as with the survey responses, lay in stigmatisation of trans people. To allay this fear, trans needs should be explicitly integrated into disaster risk reduction, response and recovery policies and practices, including recognition and training about non-binary gender identities and the effects of transphobia; and trans people need to know this is integrated into disaster planning. Consultation should be made with trans individuals, groups and representatives (such as the Gender Centre, a primary non-profit advocacy and support centre for trans and gender-questioning Australians, located in Sydney's inner west) to take account of their specific concerns and needs (the same is true for LGBT populations broadly). Moreover, Alice's story has implications for group households in disaster planning more generally. Another part of her concern about the availability of official support lay in the non-family nature of her household. Much of the rhetoric of disaster planning (as with government policies broadly) is directed towards family households to the exclusion of single and group households (cf. Wisner 1998; Finch et al. 2010; Gaillard and Mercer 2012). Do non-family and non-traditional households feel they have the right and capacity to access emergency services and support, including relief payments? If Alice's household felt apprehensive, might also other non-family households? How might non-family single and group households be integrated better into disaster response and recovery policies, practices and communication? Similar barriers may face non-traditional family households, such as same-sex families (cf. D'Ooge 2008). For instance, we also found that same-sex couples in Queensland thought they were ineligible for the relief payments Alice refers to; some didn't approach Centrelink to make claims (Gorman-Murray et al. 2017).

House and Home: Displacement from Trans Space

The impact of a disaster on house and home – particularly damage and displacement – is a key issue in disaster response and recovery (Datta 2005; Brun and Lund 2008). This is perhaps especially so for LGBT people, given wider social marginalisation in public (Gorman-Murray et al. 2014), and this concern may be heightened and complicated further still for trans people, given the finding

discussed above about inhibited pre-disaster sense of place, belonging and safety in neighbourhoods and exacerbated vulnerability in disasters. Rooke's (2010) analysis of trans space – spaces of comfort, recognition and expression for trans subjects – is vitally relevant to understanding the impact of disasters on house and home for trans people. Alice's description of her home in Brisbane's West End, and the West End neighbourhood itself, seems to manifest as a trans space of comfort, recognition and expression:

The West End is full of queers, and gendequeer and trans people. It's a hub of people identifying with different genders, all gathered in the one space ... there's plenty of people that shared the same, like, gender identity journey experience with me, and politics as it were, in terms of quite left and liberal politics ... [My share house] is a mini support network that's, like, you know, can be quite fundamental to your mental health ... it was quite fundamental to my sense of self.

Alice described further ways in which her home and West End were constituted as a trans space, including the close ties and support networks that stretched between multiple (c. 5-6) queer share houses in the neighbourhood, and through community gatherings around trans identity politics.

Given the popular idea of 'home as a haven', it is imperative to note that a trans person's home is not intrinsically a comfortable and safe trans space. The findings above about sense of place suggest that trans people might have a higher propensity to feel unsafe and out-of-place in their own home and local area. Work by Doan (2010) and Choi (2013) further shows how home can be an ambivalent space for trans people, through the eyes of prying neighbours, the incursion of tradespeople, and even unwanted phone callers (marketers, charities) who make gender identity assumptions. Rather, as Felsenthal (2009) argues, a home must be made into a trans space. This seems to be the case for Alice. She found herself in a supportive trans share house in a liberal neighbourhood with other queer share houses and visible left-wing politics. As a trans space, Alice's home (house and neighbourhood) was a critical source of support, capacity and resilience in the context of the wider tyranny of gendered space. As she said, home, and especially the share house, was fundamental to her sense of self and her mental health.

The 2011 floods, however, inundated West End and Alice's share house, and the household had to evacuate. Initially, they evacuated to another queer share house nearby in West End that was not flooded. The various queer and trans share houses were reluctant to access emergency support and shelters because of concerns about discrimination and prejudice. Despite the benefits of a queer support network, the trauma of the disaster situation (uncertainty, loss of power, inaccessibility) strained the network. Moving two households into one, and reliance on a contained support network without exogenous resources, was 'a burden on the other house, it was too much emotional pressure'. After a couple of days Alice and her housemates had to disperse to other share houses. The displacement – the loss of *her* trans space and 'family-like' support – was traumatic for Alice, which she discussed at length:

There were just certain things I needed to have, like systems, routines. Really, being in another space really threw me out. For me it was really core to my mental health being able to be back in that space I could call home. When you stay at other people's place you're worried about, you know, your privacy is a lot less, you have a lot less access to your clothes and living things and things you need, like food options. There were a lot of micro things that ... not having that central space was important, especially for me being a trans person, in that needing a sense of safety, privacy. ... You wanted to go back to your house, you wanted to find a way to keep in contact with your housemates when there's no phone, you wanted to keep that contact, that closeness, it's almost your family, so you don't want to be too far from one another ... It was quite fundamental to my sense of self being able to move back, it was quite distorting being away from my space.

Certainly, home loss and displacement is traumatic for anyone whose house is impacted by disaster. But analysing Alice's story through Rooke's (2010) concept of trans space reveals why home loss and displacement might be especially traumatic for trans people, for who home (in this case) is a heightened site of investment for emotional health, wellbeing, recognition, safety and privacy *vis-à-vis* wider cisgendered spaces and the threat of transphobia. Cisgender refers to 'normatively gendered bodies and the social privilege that comes with this' (Johnston 2016: 670), where normative gender expression matches biological sex. Alice was desperate to return home, to a trans space of comfort and recognition. While home is a source of identity and agency for most

people, we suggest this is particularly so for stigmatised social groups, such as trans people and other sexual and gender minorities. However, residential rebuilding efforts in the wake of a disaster seem to focus on securing housing for traditional families. Richards (2010) indicates, for instance, that the assumption of heterosexuality in recovery and rebuilding policies, activities and funding in post-Katrina New Orleans prioritised middle-class family suburbs and infrastructural needs, with LGBT residential and commercial areas overlooked. Perhaps more inclusive disaster planning would prioritise housing recovery for stigmatised groups, who arguably most need to rebuild safe spaces. This is applicable beyond LGBT communities, and should encompass marginalised racial, ethnic and socioeconomic groups.

In and Beyond the Home: Compromising the Trans Body

In discussing the significance of home, Alice alludes to another critical concern for trans people that reaches into and extends beyond the boundaries of the home: the physical, corporeal (and hence emotional) maintenance of the trans body. Consideration of the body, its appearance, performativity and ‘spatial fit’ is central to trans people’s everyday lives, and is particularly salient in trans geographies scholarship, which, as noted earlier, has shifted attention from abstractions of trans embodiment to consider the actual, fleshy ‘lived materialities’ of trans bodies (Johnston 2016: 672). Nash’s (2010, 2011) work on trans experiences of place in Toronto offers critical insights into the significance of bodily legibility for trans people. Because of the disciplinary power of the binary gender regime (Butler 2004), trans people ‘struggle with being and legibility and the possibilities for recognition beyond gendered and sexualized binaries’ (Nash 2011: 5). The ‘struggle’ is to be ‘read’ in place for one’s gender identity, and not ‘misread’, whether that is as a man, a woman, both or neither. This is readily exemplified in the ‘bathroom problem’ in societies where binary gender prevails (Browne 2004), where cisgender performances are strictly required and transgressions punished. But as Doan (2010) and Nash (2011) demonstrate, the legibility of the gendered body is fundamental in all everyday spaces for trans people – home, work, streets, malls and so on. Alignment of gender expression and public reading helps foster spatial comfort.

If this is a struggle in times of ‘normal’ societal functioning, when a trans person might have secured a safe trans space at home or elsewhere, how might this corporeal maintenance be made more difficult during the disruption and displacement of a disaster, and with what effect on mental wellbeing? Alice asserts that one of the serious problems of home loss and displacement is disrupted access to the resources that help maintain gender legibility, including clothes and, as she put it, ‘living things’, which might include cosmetics and personal products. Displaced trans people during the 2011 disaster in Japan expressed similar discomfort if they could not access cosmetics and personal products (Yamashita 2012). Drawing on both Alice’s story and data from elsewhere (D’Ooge 2008; Pincha and Krishna 2008; Yamashita 2012; Gaillard 2011; Balgos et al. 2012), we contend that the displacement of the trans body from a safe trans space arguably generates more emotional trauma than it might for many other social groups because this dislocation compromises a trans person’s ability to control and maintain their gender legibility, which is vital to their identity, sense of self and wellbeing. As well as emotional trauma, this has implications for physical safety. Misreading of a trans person’s gender can result in verbal, physical or sexual abuse (e.g. in Haiti – IGLHRC and SEROVie 2012) or legal sanction (e.g. post-Katrina – D’Ooge 2008).

Another vital resource for maintaining the trans body – for those trans people who engage in hormonal treatment – is access to regular hormone replacement. Hormones are needed for maintenance of the secondary sex characteristics of the trans body (whether masculine or feminine). For Alice, who is MtF, hormone replacement is vital. While she was displaced from home during the disaster, she stated she was also lucky as she had a stockpile of hormones she was able to take with her:

I was a bit lucky at the time. I’d built a stockpile of hormones. I kind of plan to stock hormones in case something happens, or they cut access.

In this instance, Alice was fortunate enough to be able to take a stockpile of hormones with her in order to maintain her physical and emotional wellbeing. This is clearly a fundamental concern for trans people. Alice felt it was so important that she raised it during the interview even though she

was not personally affected.

We suggest that access to hormones and other medical interventions is an issue that needs careful consideration in disaster planning and preparedness for trans people. While some trans people might be able to stockpile hormones as Alice did, this requires space and storage facilities at home or elsewhere. Indeed, some hormones must be stored in specific environmental conditions or they degrade and become less effective (e.g. Evamist, an oestrogen spray). This can become a problem during a disaster in which power is disrupted and heating/cooling are unavailable, especially in particularly hot or cold climates (as was the case in during the 2011 Brisbane floods, which occurred during the height of summer). Moreover, not every hormone can be stockpiled at home or, indeed, at all. Some are stored at hospitals or pharmacies and must be accessed on-site and dispensed at certain intervals, such as only once per fortnight (e.g. Reandron, a testosterone injection). If health and medical facilities or treating physicians are also impacted by the disaster, this has serious consequences for trans people. This was the case for a survey respondent (FtM, 26-25yo) from Christchurch: their clinic was destroyed in the earthquake, with medical staff displaced, ‘stalling’ their transition. Lack of access to hormones is emotionally and psychologically distressing as well as physiologically disruptive. Consideration therefore needs to be given to how trans people can continue to access necessary hormones and other interventions in disasters, especially if health services and personnel are disrupted. This is a lesson not only for trans-inclusive disaster planning, but also disaster planning that is inclusive of ageing populations, people with disabilities and others who may require specific regular medical attention.

Interpersonal Networks: Possibilities for Resilience?

While trans people have specific vulnerabilities in a disaster exacerbated by social stigmatisation, they may also have particular capacities that can be drawn upon to bolster resilience. Perhaps the most important resource for resilience revealed in Alice’s story and in our survey responses is the development of queer and trans interpersonal networks in and beyond the local neighbourhood. These networks provide social capital that can be drawn upon in times of crisis, such as a disaster,

to help provide mutual material and emotional support. Alice's networks were located in both her local neighbourhood (a discussion started earlier in this article) and her place of work (Queensland Association of Healthy Communities, a NGO that addresses the health and wellbeing of LGBT people in Queensland).

When the flood inundated Alice's home and the household had to evacuate, they turned first to the network of queer and trans share houses located in West End:

We grabbed like essential stuff, and suitcases of files of documentation, and put them in people's cars. One of the other houses came for support. We stayed the night in one of the other share houses over the hill. That's the first kind of place you would think of getting to.

As we noted earlier, however, the 'burden' and 'emotional pressure' of combining two households was too much for the host house, and Alice and her housemates dispersed across other local share houses. While this displacement was traumatic for Alice, as discussed above, distancing her from her own safe trans space, it is also important to note that there indeed *was* a network of queer households who could and *did* provide accommodation and material support while Alice's house was cleaned and restored. This perhaps mitigated some of the adverse feelings of displacement.

Nevertheless, when the toll on this interpersonal neighbourhood network became too great, Alice had another network she could turn to for support: her workplace. This seems to have been a significant source of material and emotional support in the immediate post-disaster period – support that extended well beyond the workplace itself:

It was the support from my co-workers that really made it possible for me to get through that time. It was my co-workers who were putting me up, who were queer-identified themselves, gay-identified, and they helped me out with clothing and bedding and accommodation and food and even coming to help clean the place up, you know, I couldn't have asked for a more supporting workplace at the time.

Alice's experience underscores the significance of social capital – of solidarities, resources and skills within social groups – that can help both individual members and the group as whole cope with the uncertainty of a disaster (Gaillard 2011; Brown and Westaway 2011). The queer and trans

interpersonal networks of inner-city Brisbane comprised a source of resilience for some LGBT people, aiding recovery. Survey responses from Christchurch show similar examples of local and workplace-based trans and queer networks providing material and emotional support:

Agender Christchurch set up a Transitions House to provide accommodation and an office.

(Genderqueer, 46-55yo, Christchurch)

A friend set up what he called the homo-refugee-camp, 10 of us stayed there. I also work for Q-topia [a LGBT youth organisation]. We contacted all of our young members in the days after and made sure they were ok. We have also focused on stress and recovery in our groups since.

(Genderqueer, 36-45yo, Christchurch)

These examples from Alice's story in Brisbane and from the survey in Christchurch are quite suggestive of ways to foster more inclusive disaster planning. Agencies charged with disaster risk reduction, response and recovery might find it useful to partner with key LGBT community organisations in order to find ways to build policies and practices that enhance resilience and recovery utilising endogenous capacities (cf. Wisner et al. 2017). This would seem to be a useful engagement with local knowledge that would help develop plans to deploy limited resources most effectively during disasters. This does not mean, of course, that governments and authorities can avoid their duty to help marginalised groups in society. Rather, it might help public resources to be used most strategically to enable resilience. The careful distribution of such resources could provide extra support to local neighbourhood networks that might otherwise be strained and stretched by the physical and emotional stress of the crisis.

Conclusion: Listening and Learning

We sought to give voice to trans experiences of disasters and to explore some of the specific vulnerabilities and capacities of trans people. We drew on findings from a project on LGBT experiences of recent disasters in Australia and New Zealand, in this case analysing survey data from trans respondents while foregrounding insights from a richly detailed interview with Alice, a trans woman from Brisbane who experienced the 2011 floods. Our discussion makes conceptual,

empirical and applied contributions to disciplinary knowledge and wider practice. Conceptually, we drew together insights from socially sensitive disaster studies and trans geographies. Work in disaster studies has highlighted the differentiated impact of disasters across social groups, and variations in vulnerability, capacity and resilience. Recent research has begun to examine LGBT experiences, with strong indications that in the Global North trans people become vulnerable in disasters. To better understand what some of these vulnerabilities might be – and also tease out some potential resilient capacities – we took up insights from trans geographies about the oppressive effect of gendered space on trans people and the importance of trans space for ontological security, recognition and wellbeing. These concepts helped elicit the problems trans people face in disasters, coupled with possibilities for capacity building.

A key contribution, which is both conceptual and empirical, was our examination of the actual lived experience of trans people in Antipodean disasters. This responds to the vital critique issued in recent trans research that sexuality and queer studies tend to discuss abstract ideas of trans identity rather than the embodied experience of trans lives. Our empirical project enabled us to help advance the aim of understanding trans lives, and to listen and learn from trans voices. Four themes emerged. First, we found that trans people experience particular apprehension when accessing emergency services due to gender tyranny and transphobia. Second, concerns about home and displacement loom large due to the importance of securing a safe trans space (for Alice, her home) for sense of self and wellbeing. Third, the expressive capacity and medical needs of the trans body can be compromised during the spatial disruption of a disaster, and this exacerbates emotional trauma. Fourth, if possible, trans people will draw on extant interpersonal networks of other trans and queer people for assistance to avoid gender tyranny and transphobia: this social capital offers endogenous resources, solidarities and capacities that can aid resilience.

Finally, by working through these conceptual and empirical developments, we sought to make applied contributions to knowledge and practice for disaster planning and preparedness. We sought to make suggestions for how disaster planning could begin to become more inclusive of

trans lives, while also considering how the lessons learned from trans experiences can aid disaster planning for other social groups as well. These suggestions include:

- Training of personnel in sensitivity to trans issues and transphobia;
- Consideration of how to include non-family and non-traditional households in disaster response and recovery;
- Sensitivity to the health and medical needs of trans people, and also others requiring ongoing health and medical attention, such as older people and people with disabilities; and
- Reflection on how disaster planning and funding might be used to enhance endogenous capacities within and across diverse social groups and solidarities.

These suggestions might be productively taken forward in action research in partnership with emergency services and community organisations. Such generative research might begin the task of transforming disaster planning and preparedness into a more inclusive set of practices.

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Notes on contributors

Andrew Gorman-Murray is an Associate Professor of Social Sciences (Geography and Urban Studies) and Director of the Urban Research Program at Western Sydney University, Australia.

Scott McKinnon is a Research Fellow in the Australian Centre for Cultural Environmental Research at the University of Wollongong, Australia.

Dale Dominey-Howes is an Associate Professor of Geography at the University of Sydney, Australia.

Catherine J. Nash is a Professor of Geography at Brock University, Canada.

Rillark Bolton is PhD candidate in Gender and Cultural Studies at the University of Sydney, Australia.

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