

Gender minority stress, resilience, and coping experiences of trans women incarcerated in Australia

Carol du Plessis, Tait Sanders, Jessica Gildersleeve, Amy Mullens, Adam Olczak & Annette Brömdal

To cite this article: Carol du Plessis, Tait Sanders, Jessica Gildersleeve, Amy Mullens, Adam Olczak & Annette Brömdal (03 Apr 2025): Gender minority stress, resilience, and coping experiences of trans women incarcerated in Australia, International Journal of Transgender Health, DOI: [10.1080/26895269.2025.2487015](https://doi.org/10.1080/26895269.2025.2487015)

To link to this article: <https://doi.org/10.1080/26895269.2025.2487015>



© 2025 The Author(s). Published with license by Taylor & Francis Group, LLC.



Published online: 03 Apr 2025.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

Gender minority stress, resilience, and coping experiences of trans women incarcerated in Australia

Carol du Plessis^a, Tait Sanders^b, Jessica Gildersleeve^c, Amy Mullens^a, Adam Olczak^a and Annette Brömdal^d

^aSchool of Psychology and Wellbeing and Centre for Health Research, University of Southern Queensland, Ipswich, Australia; ^bSchool of Communication and Arts, University of Queensland, Brisbane, Australia; ^cSchool of Humanities and Communication, University of Southern Queensland, Toowoomba, Australia; ^dSchool of Education and Centre for Health Research, University of Southern Queensland, Toowoomba, Australia

ABSTRACT

Background and Aim: Trans women in carceral settings are an identified “priority group” due to the significant stigma, discrimination, violence, sexual assault, harassment, and mistreatment they experience, resulting in a substantial mental health disparity compared to the general incarcerated population. In Australia, most incarceration settings continue to segregate persons based on their genitalia (i.e. sex characteristics) as opposed to their gender. This paper seeks to explore the ways in which trans management and housing policies in Australia effect and affect their experiences of psychological distress and the development of unique coping mechanisms, agency and resilience skills.

Methods: Drawing upon the lived experiences of five formerly incarcerated trans women in Australia, and employing Testa, Habarth, Peta, Balsam and Bockting’s *Gender Minority Stress and Resilience Model* alongside Matsuno and Israel’s *Transgender Resilience Intervention Model*, this analysis explores how trans women use strong social support networks and bolster pride in their gender to navigate psychologically distressing, sex-segregated, and cisnormative carceral settings.

Results: Through both inductive and deductive thematic analyses two themes were developed: (1) harms and stressors and (2) survival strategies. The two opposing themes demonstrate the harms and stressors experienced by incarcerated trans women as well as the survival strategies adopted by those women in order not only to negotiate the carceral system, but to build resilience within it. The second theme of survival strategies offer novel insights to the current trans carceral debate and reflects a focus on viewing incarcerated trans women as agentic, rather than merely victims of an oppressive and subjugating system.

Conclusions: This analysis contributes new and nuanced understandings of how trans women incarcerated in Australia use unique coping mechanisms and displays of resilience and agency to navigate carceral settings.



KEYWORDS

Australia; coping mechanism; gender minority stress; incarceration; psychological distress; resilience; trans women

Introduction

Trans persons are identified and recognized as a “priority population” by government stakeholders and intergovernmental organization for diverse health equity/promotion initiatives due to their “vulnerability” (Australian Institute of Health & Welfare, 2024; UNAIDS, 2023; United Nations Office on Drugs & Crime, 2020) concerning significantly high rates of mental health concerns, including substance use, anxiety, depression, and

suicidality compared to the general population (Chesnut et al., 2024; Du Plessis et al., 2023; Evans et al., 2024; Franks et al., 2023; Fuller et al., 2024; Grundy et al., 2024; Hughto et al., 2022; Ledesma & Ford, 2020; Marchi et al., 2024; Phillips et al., 2025; Rodgers et al., 2017; Van Hout & Crowley, 2021). These concerns are exacerbated in carceral settings largely due to the cisnormative policies and architecture of the justice system (Dalzell et al., 2024; Sanders et al., 2023; Schüttler et al., 2024; Winter, 2024).

CONTACT Annette Brömdal  Annette.Bromdal@usq.edu.au  School of Education, Centre for Health Research, Institute for Resilient Regions, University of Southern Queensland, Toowoomba, Queensland, 4350 Australia.

© 2025 The Author(s). Published with license by Taylor & Francis Group, LLC.

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way. The terms on which this article has been published allow the posting of the Accepted Manuscript in a repository by the author(s) or with their consent.

Carceral settings throughout the world, including in Australia, typically segregate persons by their sex characteristics or sex assigned at birth (i.e. male and female facilities, rather than affirmed gender), often resulting in trans women being housed in men's carceral facilities (Brömdal et al., 2024; Chesnut et al., 2024; Jenness & Fenstermaker, 2014; Ledesma & Ford, 2020; Schweikart, 2018). Within such cisnormative settings (i.e. the assumption that gender correlates with the person's sex assigned at birth; Worthen, 2016), trans women are subjected to various forms of substantial harms including stigma, discrimination, violence, sexual assault, harassment, and mistreatment (Chesnut et al., 2024; Evans et al., 2024; Marchi et al., 2024; Maycock, 2022; Maycock et al., 2025; National Center for Transgender Equality, 2018a, 2018b; Phillips et al., 2025; Sevelius & Jenness, 2017; Suhomlinova et al., 2023; Suhomlinova & O'Shea, 2021; United Nations Office on Drugs & Crime, 2020). Furthermore, disproportionate rates of incarceration of First Nations people in Australia (Australian Bureau of Statistics, 2024), is a result of the historical legacy of colonialism and dispossession as well as ongoing systemic factors of oppression from childhood to adulthood including higher rates of unemployment, experiences of institutional and systemic discrimination, and experiences of family violence and sexual abuse (Boffa & Mackay, 2025; Burra Lotjpa Dunguludja, 2024; Kendall et al., 2020). This in turn also inform how First Nations trans women experience systemic harms and intersectional oppression while incarcerated (Clark et al., 2023; Phillips et al., 2025). Despite this, there is a growing body of research suggesting that trans women enact high levels of resilience and strength while in these settings in order to express and embody their identities and experiences (Brömdal et al., 2023; Sanders et al., 2023). Similarly, a recently published case study of Natasha Keating, a trans woman incarcerated in Australia, highlights the resilience she displayed in advocating for change in the carceral system during her own incarceration (see Du Plessis et al., 2023; Halliwell et al., 2022; 2023).

Nevertheless, the experiences and mental health outcomes of trans persons in carceral settings in

Australia and around the world remain an under-researched area, with most scholarship focused on the United States (US) and on trans women. The findings of a small but burgeoning body of Australian research in this area (Blight, 2000; Brömdal et al., 2023; 2024; Clark et al., 2023; Daken et al., 2024; Dalzell et al., 2024; Du Plessis et al., 2023; Halliwell et al., 2022; 2023; Lynch & Bartels, 2017; Perkins, 1991; Phillips et al., 2025; Richters et al., 2008; Sanders et al., 2023; Simpson et al., 2025; Wilson et al., 2017; Winter, 2024) are largely consistent with the US findings in illustrating how sexual assault, harassment, mistreatment, indifference and correctional staff ignorance are the norm rather than the exception for incarcerated trans persons. Within the Australian context, there is limited research exploring the ways in which cisnormative management and housing policies (Dalzell et al., 2024; Winter, 2024) influence trans women's experiences of psychological distress alongside their development of unique coping mechanisms and resilience skills.

The authors of this paper are trans rights and health academic advocates seeking to contribute credible evidence toward alleviating carceral injustices and human rights violations experienced by trans women, and importantly we include people who are trans and non-binary and with lived experience of incarceration. We are specifically concerned with the ways in which carceral settings in Australia are governed by cisnormative management and housing policies that place trans women in facilities that do not align with their gender; are inadequately prepared to care for their overall and unique health and well-being needs; and can result in devastating and lasting psychological, sexual, and physical harm. Drawing on Testa and colleagues' *Gender Minority Stress and Resilience* (GMSR) measure (2015) and Matsuno and Israel's *Transgender Resilience Intervention Model* (TRIM) (2018), this analysis seeks to critically analyze the particular and challenging psychological distress trans women experience while incarcerated in Australia and identify and appraise the unique coping mechanisms and strategies of resilience they employ while navigating their incarceration. To this end, the analysis is framed by the following research questions:

1. What are the gender minority stress experiences of incarcerated trans women in Australia?
2. How do trans women express and display coping mechanisms and strategies of resilience while incarcerated in Australia?

We now provide a brief review of the current literature by contextualizing some of the contemporary lived carceral experiences of trans women, especially in relation to settings that customarily segregate persons by cisnormative sex characteristics.

Trans women and carceral settings

Carceral settings in Australia and globally commonly segregate and house persons in female or male carceral facilities according to the person's genitalia rather than in accordance with their gender and gender expression (Brömdal et al., 2024; Chesnut et al., 2024; Dalzell et al., 2024; Jenness & Fenstermaker, 2014; Lynch & Bartels, 2017; Schüttler et al., 2024; Schweikart, 2018; Winter, 2024). However, research suggests that for a variety of reasons, including not wanting to be governed by cis- and gender-normative bodies and/or the overwhelming financial costs to pursue such surgeries (Axfors et al., 2023; Puckett et al., 2018; Ross et al., 2023; Sanders, Du Plessis et al., 2023; Swan et al., 2023), most trans people have not legally affirmed their gender and pursued genital gender-affirming surgery (James et al., 2016; Kailas et al., 2017; Nolan et al., 2019; Piñón-O'Connor et al., 2023; Swan et al., 2023; Windt et al., 2024). As such, most trans women remain housed in carceral facilities that do not align with their gender and are consequently at substantially greater risk of being subjected to diverse forms of violence and sexual assault (Evans et al., 2024; Gorden et al., 2017; Grundy et al., 2024; Kilty, 2021; Marchi et al., 2024; Maycock et al., 2025; Phillips et al., 2025; Redcay et al., 2020; Rosenberg & Oswin, 2015; Sanders et al., 2023; Tadros et al., 2020; United Nations Office on Drugs & Crime, 2020; Van Hout et al., 2020; Wilson et al., 2017). For example, a recent study of 280 trans people in state prisons across 31 states in the US found that 90% of the respon-

31% reported they had been harassed, threatened or attacked by other incarcerated people, and 53% experienced non-consensual sexual encounters during their current sentence (Chesnut et al., 2024). The same study also highlights that 28% of the respondents experienced verbal discrimination by staff working in the prison system, 3% reported physical harm by prison staff, and 53% of the respondents experienced significant barriers to accessing gender-affirming medical healthcare (Chesnut et al., 2024). Similarly, a recent review of violence in carceral settings confirmed that women and LGBTIQ+ people are at greater risk of sexual assault than other groups, with many reported cases committed by correctional staff (Worthey et al., 2022). Studies have also found experiences of harassment and physical or sexual assault by correctional officers were particularly common among racial/ethnic minority trans women relative to their non-racial/ethnic minority counterparts (Grant et al., 2011).

Gender-based mistreatment of incarcerated trans women by correctional officers and healthcare providers can also come in the form of misnaming and/or misgendering (i.e. using the incorrect name and/or pronoun intentionally or unintentionally) as well as restricting access to gender-appropriate clothing, grooming items, and even medically necessary, gender-affirming medical and psychological healthcare, including hormone therapy (Kilty, 2021; Phillips et al., 2025; Tadros et al., 2020; Van Hout et al., 2020; White Hughto et al., 2018). This occurs even though such denials violate human rights as described by the United Nations and also frequently contravene other correctional directives and policies (Brömdal et al., 2019; Dalzell et al., 2024; United Nations Office on Drugs & Crime, 2020; Winter, 2024). In the US the systematic denial of medically necessary care to incarcerated trans women has resulted in several lawsuits in which individuals have successfully sued the US government on the basis that the denial of healthcare, including the denial of gender-affirming surgery such as the case of *Campbell v. Kallas, Holzmacher, Greer, Ankarlo, Anders, Muse, Weisgerber, Hable, Jess and O'Donnell, 18-cv-261-jdp* (Kallas et al., 2020), which represents cruel and unusual punishment in violation of their 8th Amendment Constitutional

rights (Edney, 2004; Peek, 2004; Phillips et al., 2020; Redcay et al., 2020; Tarzwell, 2006).

Correctional staff working in men's prisons, including in Australia, sometimes place trans women in "protective custody" settings, which involve isolation from other incarcerated persons, for extended periods as a measure of "safety" and "protection" from abuse from other incarcerated people. These measures are also referred to as "administrative segregation", "administrative detention" or "administrative confinement" (Brömdal et al., 2024; Chesnut et al., 2024; Kilty, 2021; Lydon et al., 2015; Smith, 2014; White Hughto et al., 2018). As international and US courts have considered prolonged periods of solitary confinement as torture (Lobel, 2008; Phillips et al., 2020), it follows that even when trans women are isolated ostensibly for their own safety, lengthy or repeated solitary confinement has significant and pervasive psychological health consequences, and is experienced by trans women as a compounded punishment and a violation of their human rights (Association for the Prevention of Torture, 2018; Lobel, 2008; Phillips et al., 2020; United Nations Office on Drugs & Crime, 2020; Van Hout & Crowley, 2021). The aforementioned physical, verbal, and sexual abuse, lack of access to gender-affirming healthcare, erasure of gender experience, and unnecessary use of protective custody frequently experienced by trans women in prison have been linked to dire health consequences for this population. Indeed, many incarcerated trans women have been found to have elevated levels of depression, anxiety, and other salient mental health conditions, as well as to have engaged in self-harm, attempted suicide, and surgical self-treatment (for example, auto-castration) in a desperate attempt to cope with their untreated gender-related medical needs and care (Brown, 2010; Chesnut et al., 2024; Evans et al., 2024; Gorden et al., 2017; Grundy et al., 2024; Kilty, 2021; Marchi et al., 2024; Phillips et al., 2025; Tadros et al., 2020; United Nations Office on Drugs & Crime, 2020; Van Hout et al., 2020).

Theoretical framework

Testa et al. (2015) GMSR extends Meyer's (2003) minority stress model to include distal stressors

(factors external to an individual) and proximal stressors (internal experiences that occur as a result of a distal factors) unique to trans and gender-non-conforming individuals. This model is supported by recent research suggesting that trans individuals are especially vulnerable to minority stress (White Hughto et al., 2015). The distal factors identified in the GMSR are: gender-discrimination, rejection, victimization and non-affirmation of one's gender, and the proximal factors are: internalized transphobia, negative expectations and concealment of one's gender. The GMSR model expands on minority stress theory by examining negative outcomes while also acknowledging the importance of coping and resilience factors, namely community connectedness and pride. The model makes clear that the interaction of distal and proximal stressors, as well as coping and resilience factors, influences mental and physical health outcomes for trans people (Hendricks & Testa, 2012; Meyer, 2003; Testa et al., 2015).

Building on the GMSR model's attention to resilience, as well as contributing to psychological literature on resilience (see Aranda et al., 2012; Hillier et al., 2020), Matsuno and Israel (2018) TRIM allows for the identification of individual and group factors that contribute to resilience. Within the model, group resilience factors relate to social support, community belonging, family support, involvement in trans advocacy, having positive role models, and being a positive role model. Individual factors are: self-worth, hope, positive self-defined identity, and transition (defined as the ability to transition medically or socially to the extent to which an individual desires).

Considering the overrepresentation of First Nations peoples in Australian carceral settings, it is important to consider the extent to which the GMSR and TRIM address intersectionality, particularly with respect to the application of the models to Black, Indigenous and Persons of Color (BIPOC), including First Nations peoples of Australia. Testa et al. (2015) states that although people of color were included in their sample, the sample size was small, and "it is unclear whether differences in reliability or validity of this measure may exist for TGNC People of Color" (p.

74). Likewise, Matsuno and Israel (2018) recognize that

... transgender people of color experience additional minority stressors based on their racial identity and may need to utilize different or additional resilience factors to overcome societal stigma. Therefore, [TRIM] ... may need to be adjusted for working with transgender people with other marginalized identities. (p. 648)

The GSMR and TRIM may therefore lack the nuance and apparatus needed to fully consider how stress and duress due to additional layers of discrimination and violence affect First Nations Australian trans persons' experiences of harm and of developing resilience. With this in mind, this article acknowledges the work of O'Sullivan (2021a, 2021b), which highlights the colonial reductionism inherent in the application of binary gender concepts to First Nation Australians and advocates instead for the inclusion of notions of kinships and complexity when discussing gender in relation to First Nation Australians. Similarly, this paper recognizes the work of Clark et al. (2023) highlighting how interlocking forces of oppression (such as White supremacy, settler colonialism, systemic racism together with cis-genderism and heteropatriarchy) not only inform, but maintain and reinforce pathways to prison, the conditions while serving time, and experiences post release. Where possible these notions have been included in the results and discussion section.

Methods

The Australian (Queensland) context

This study took place in Queensland, Australia. Queensland is the third most populous state in Australia, with a population of approximately 5.6 million (Queensland Government Statistician's Office, 2025). Carceral settings in Queensland do not routinely or transparently share data regarding the number of trans persons incarcerated in its jurisdiction (Brömdal et al., 2023). However, through a Right to Information process, the research team identified that 68 trans persons had been incarcerated between 2014 and 2020 (although it was unclear how many of these were

trans women, trans men or non-binary), with several experiencing multiple incarcerations. Considering the pervasive stigma surrounding gender non-conformity already identified, including the elevated risk and vulnerability of trans women in men's prisons, and the cyclical nature of incarceration and release, some trans women may elect not to disclose their trans history. Collectively, this leads to underreporting, miscounting, and impeded clarity around incarcerated trans persons (Brömdal et al., 2023).

A Custodial Operations Practice Directive concerning trans and gender diverse prisoners was first issued by Queensland Correctional Services (henceforth QCS) in 2018 and has been annually reviewed since (2024). This directive outlines politics and guidance for correctional staff in their responsibilities toward trans people in their care. The details of this directive are discussed throughout this paper in relation to the identified themes. In particular though it should be noted that the directive provides guidelines regarding the initial center placement (in which people's preference is only once amongst a list of considerations), instructions that isolating trans persons from other incarcerated people should only be done when it is reasonably necessary to mitigate risk, and suggesting that case conferences need to be held to consider, amongst other factors, access to appropriate gender-affirming medical care (see further Dalzell et al., 2024; Queensland Corrective Services, 2024; Winter, 2024).

Recruitment, participants, and methods of analysis

This critical analysis draws on one set of semi-structured in-depth interviews with five formerly incarcerated trans women conducted in Queensland, Australia in 2018–2019, funded by the the HIV Foundation Queensland. The study recruited participants through multiple purposive sampling strategies, which included posting paper and electronic recruitment flyers at community organizations and trans-specific websites and list-serves. The five participants ranged in age from 20 to 58 years old; self-identified as a woman, trans woman, or on the trans-feminine or male-to-female spectrum; and were assigned a

male sex and gender at birth. One participant had legally affirmed gender; four had socially affirmed gender. Of the four participants who had socially affirmed gender, two had pursued breast gender-affirming surgery and three had engaged in gender-affirming hormone therapy. All participants had been incarcerated at least once in a male/female watch house or prison (henceforth carceral setting) in Queensland, Australia. At the point of interview, they had been incarcerated within the past five years for three days or more, typically in a secure single/double occupancy cell or protected/secured areas with sexual abstinence-enforcing directives. Of the five participants, one was incarcerated in a female setting, four in male settings, and accords with the current overrepresentation of First Nations peoples in Australian carceral settings, three of the participants (60%) self-identified as having First Nations Australian background.

After providing written informed consent, participants engaged in interviews exploring the ways in which the trans management and housing policies in Queensland, Australia effected and affected their experiences of psychological distress, including their development of unique coping mechanisms and resiliency skills. The interviews ranged from 45 to 120 min and were conducted by X and Z, both trained in qualitative data collection methods, and importantly, with vulnerable communities. Interviews were audio-recorded and transcribed verbatim. To protect anonymity, participant names were anonymized with pseudonyms, and participants received a gift card as compensation for their time. The research project was approved by the University of Southern Queensland Human Research Ethics Committee (Approval Number: H17REA147).

To make meaning of the five trans women's lived experiences while incarcerated, thematic analysis was employed in "generating" and "defining" themes (Braun & Clarke, 2019, p. 593). More specifically, Braun and Clarke (2006, 2019) encourage scholars making use of thematic analysis to do so with the help of their revised six-step guide. This six-phased guide of thematic analysis consists of (1) familiarizing yourself with your data; (2) generating initial codes; (3) generating

(initial) themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report (Braun & Clarke, 2019, p. 593). While the six phases were "applied flexibly" (Braun & Clarke, 2006, p. 86) and informed by our theoretical frameworks, the steps were chronologically applied with the end goal of capturing the "uniting idea" of a theme (Braun & Clarke, 2019, p. 593). The initial thematic analysis was inductive in nature and was conducted by AO, with cross checking by AB and AM. Following this, an additional deductive thematic analysis was conducted by CdP and TS focusing specifically on resilience factors, with final review by JG.

Results and discussion

The two stages of thematic analysis resulted in the identification of two main themes, each with a set of sub-themes. The first main theme relates to *harms and stressors* and includes the three sub-themes of (1) "They put me in the wrong jail": Housing assignments; (2) "Officers that never used my right pronouns": Misgendering, misnaming and other discriminatory practices; and (3) "Within a minute the door was closing behind me": Sexual assault. The second main theme relates to *survival strategies* and includes the four sub-themes of (1) "You pull the duty of care card": Working the system; (2) "And I said... stop calling me names": Speaking out and using silence; (3) "I wasn't really suicidal, I was desperate": Extreme actions; and (4) "I found my true... real friends in here": Connection with others. Previous research on the lived experiences of incarcerated trans women in Australia and around the world has demonstrated that they are a vulnerable group exposed to serious discrimination and victimization (Brömdal et al., 2019; Chesnut et al., 2024; Clark et al., 2023; Du Plessis et al., 2023; Evans et al., 2024; Fuller et al., 2024; Grundy et al., 2024; Hughto et al., 2022; Ledesma & Ford, 2020; Marchi et al., 2024; Maycock et al., 2025; Phillips et al., 2025; Van Hout & Crowley, 2021). While the first main theme in this analysis echoes and builds on these findings, the second main theme provides some insight into how trans women use survival strategies within the carceral system to build and demonstrate resilience. The

sub-themes within the main theme of harms and stressors align with the distal and proximal stressors identified by Testa et al. (2015) and represent the specific manifestation of these factors within a carceral setting. The second main theme of survival strategies builds on Testa et al. (2015) recognition of the impact of coping and resilience factors on those stressors, and represent the specific manifestation of Matsuno and Israel (2018) attention to particular individual and group factors contributing to resilience. The themes are discussed in more detail below.

Harms and stressors

Incarcerated trans women experience a range of harms and stressors in carceral settings that affect their physical, mental, and emotional health and wellbeing. The three sub-themes associated with these harms and stressors are discussed below.

“They put me in the wrong jail”: housing assignments

The trans women in this study were assigned to a men’s or women’s prison contingent upon whether they had undertaken specific genital gender-affirming surgeries, despite the fact that, as noted earlier, the majority of trans people do not undertake this surgery (James et al., 2016; Kailas et al., 2017; Nolan et al., 2019; Piñón-O’Connor et al., 2023; Swan et al., 2023; Windt et al., 2024). Based on this determination, Elsa, Jemma, Luna (all First Nations trans women), and Mandy (White European trans woman) were placed in men’s prisons, while Theresa was housed in a women’s prison (White European trans woman). Jemma (First Nations) described the policy and departmental justification for the simplified selection process that failed to give appropriate consideration to her gender and housing preference:

Because I still have a male’s parts downstairs. They just said I need the surgery and I’ll be fine. ... Oh, because I might not be transgender, and I might go into the female jail and have sex with females—that’s their whole argument.

This process often resulted in traumatic experiences for participants. Staff sometimes refused to believe that participants were trans, and this

resulted in some participants being subjected to invasive examinations. Such examinations have been shown to lead to severe psychological distress for trans women who experience gender dysphoria (Iyama, 2012; Pemberton, 2013; Vanliefde, 2023), as described by Luna (First Nations):

I told them when they took me in, I said, “I’m transgender, I’m a transgender woman.” And they said, “Oh we don’t believe you, why, why are you saying that?”. ...and so they got a doctor in to examine me, they brought a doctor in and made me undress in front of the doctor and the prison officer, the police as well, a couple of police officers ... with someone with dysphoria having a male searching you ... just for somebody who’s transgender they’ve already had body dysphoria, just it’s a traumatic experience.

That Luna’s examination was conducted in front of a crowd of staff also points to the enactment of humiliation (whether intentional or not) inherent in the second sub-theme, describing discriminatory practices that put the trans woman on display.

The selection process for housing trans people was significantly influenced by the physical characteristics of the individual, without due consideration given to gender, gender expression or other circumstances (Brömdal et al., 2024; Chesnut et al., 2024; Jenness & Fenstermaker, 2014; Ledesma & Ford, 2020; Schweikart, 2018). Luna raised this issue and identified how it could lead to vulnerable groups being put at risk simply due to the status of their transition or access to gender-affirming treatments.

The other thing that really concerns me about our prisons ... is the idea of what’s a transgender person as well. ... [A] lot of the time they do it based on how you look ... I think there’s a lot of Aboriginal trans women they go into prison and they might not fit the picture of what a trans woman’s supposed to look like because they’ve come from a community where they maybe don’t have access to hormones ... and then [they are] very vulnerable because they wouldn’t be given protective options ... because even though they may not look transgender and that, the inmates would soon pick up on that, they were transgender and maybe exploiting them.

Luna thus makes clear that First Nations trans women may face increased risk and discrimination because they do not, cannot, or are

unwilling to fit a policy expectation of trans characteristics. In this way, First Nation bodies are once again subject to colonial reductionistic notions of gender binaries in appearance (O'Sullivan, 2021a, 2021b), informing further carceral oppression that First Nations trans women experience while incarcerated rooted in cisgenderism, heteropatriarchy, White supremacy, settler colonialism and systemic racism (Clark et al., 2023).

For trans women placed in male prisons, supposed “protective actions” were often implemented in an attempt to maintain safety. The most prevalent of these actions includes housing trans individuals in cells on their own, without consideration for the psychological distress that might accompany this action (Chesnut et al., 2024; Ledesma & Ford, 2020; Schweikart, 2018), as described by Jemma (First Nations):

They put me in my own cell because they said—because I'm so young and I actually do look like a proper female that I'll get raped. ... I would get claustrophobic, so it was really scary when they shut the door.

Policies of housing trans women away from the general male population may be intended to keep them safe, but they can also be a direct cause of psychological distress (Brömdal et al., 2024; Chesnut et al., 2024; Maycock, 2020). Multiple participants described the difficulty of being housed in isolation; Luna (First Nations) gave an account of her own experience and that of another trans woman she knew.

I was on my own, it's almost like a form of punishment to be isolated ... almost like in solitary confinement which was ... how you punish people. ... I had another friend of mine ... her prison was very isolating ... they didn't know what to do with her ... they ended up keeping her in the clinic, I think she did something like about 7 years. ... [S]he was quite confined ... it would have been really hard for her, so when she got, when she got sentenced again, she took her own life. She just said, I can't do it again.

The practice of placing incarcerated people in solitary positions has been repeatedly identified as a great source of psychological distress and associated with increased risk of suicide (Kapoor & Trestman, 2016). Luna's friend's experience also

indicates the way in which gaps in or absences of policy create circumstances where temporary measures may be implemented without clinical or social attention to the impacts of the “protection” itself.

However, housing within the general male population was also not always a safe alternative. For example, Elsa (First Nations) explained that she had experienced sexual abuse while incarcerated with the general male population and felt that the prison system failed to place her in an environment which respected her identity and maintained her safety:

Well, I reckon we should've went to the women's jail, us transgender people, and we should have went to a jail who actually accept who we are and what we are, and we shouldn't be getting raped and everything like that. So, I reckon, I reckon they put me in the wrong jail at first.

Nevertheless, housing preference is a complex debate, with some trans women preferring to be housed with men, others with women, some in a separate wing for trans people only, or even in isolation; however, they all share the commonality of wanting to have a voice regarding their housing as it significantly informs their carceral experience and health (Brömdal et al., 2024; Chesnut et al., 2024; Jenness & Fenstermaker, 2014; Maycock, 2020).

However, by determining the placement of trans women based solely on their sex and gender assigned at birth or genital gender-affirmation surgery status, the carceral system reinforces a gender binary culture that fails to recognize gender and gender experience (Sanders et al., 2023). These align with the distal factors of the GMSR, including gender discrimination, victimization, and non-affirmation of gender identity. Housing policies can also lead to participants struggling to access gender-affirming medical care, with all participants describing difficulties accessing appropriate care. This finding is in line with previous research that identifies barriers to appropriate medical care at the structural, interpersonal, and individual level (Clark et al., 2017; White Hughto et al., 2018). Such challenges must be addressed given the crucial role that gender-affirming medical treatments have on the

psychological wellbeing of trans people and how any disruption to these treatments can cause severe psychological distress (Coleman et al., 2022; Dhejne et al., 2016).

It should be noted that a directive issued by the QCS following the completion of these interviews does attempt to address some of the issues identified by our participants in relation to housing in carceral settings. For instance, the directive now indicates that the placement of incarcerated trans women in Queensland differentiates between trans women who have legally gender-affirmed through gender-affirming surgery (e.g. vaginoplasty, orchiectomy), who will automatically be placed according to their gender, and those who have not, and instead will undergo a case-by-case assessment (2024). This case-by-case assessment seeks to take the person's wishes into consideration, but also considers safety and risk to self and others, previous social and medical gender-affirmation, and the views of their treating medical practitioner (QCS, 2024). Regardless of placement, trans women are, according to the directive, to be provided with access to sanitation facilities (e.g. showers, restrooms) that maintain their privacy and dignity, and should not be placed under restrictive measures unless required to manage risk to self or others (QCS, 2024).

***“Officers that never used my right pronouns”:
misgendering, misnaming, and other discriminatory
practices***

Housing assignments can be influenced by an intention to protect a trans woman from harm inflicted by other incarcerated people. However, it was common for participants to experience harassment and mistreatment perpetrated by prison staff. For instance, multiple reported instances of misgendering contributed to the experience of non-affirmation of gender, which adversely impacted the participants' mental health (Brooke et al., 2022; Chesnut et al., 2024; Dolan et al., 2020; Grant et al., 2011; Halliwell et al., 2023; Phillips et al., 2025; Sanders et al., 2023; Wilson et al., 2017). Jemma (First Nations) illustrated the adverse effect misgendering had on her psychological wellbeing.

There were three other officers that never used my right pronouns but the rest of them did. It really, really, really hurt me and just broke me down to like I was nothing. Because I was already in a male jail being a female, so it was—it had already diminished me.

Since misgendering is positively associated with stigma, depression, and stress (McLemore, 2018) it further put participants at risk of psychological ill-health and self-harm.

In addition to misgendering, participants experienced various forms of name-calling, harassment, and humiliation. Mandy (White European) was incarcerated in a watch house for a short period of time and experienced harassment from police officers.

They were just calling me a shim and that sort of thing and just laughing and joking about me really badly so I could hear it. ... [T]hey had absolutely no respect for me at all, like I said, they were constantly putting me down, laughing and stuff, and even female police officers were not nice to me at all. To the extent where I don't think I'd ever even call them if I got into trouble.

These experiences were echoed by Luna (First Nations).

It's horrific joking about who's going to, who's going to search this tranny. ... [A] new shift would come on, it didn't matter what time of the night or morning it was, they would come down and wake me up to have a look at me, it was like a fascination, like a sideshow—they just wanted to show the next police officer that had come on then the tranny.

Both Mandy (White European) and Luna (First Nations) point to the way in which their trans bodies were put on display as a source of entertainment and mockery for the staff. Moreover, the way in which this behavior positions their bodies as extraordinary or abnormal, “like a sideshow”, compounds their distress at the staff failure to respect their gender identities.

The participants at times attributed these discriminatory experiences to a lack of knowledge and awareness on the part of prison staff. Luna reflected on an incident in which a staff member referred to her with a derogatory term that also carried connotations of abnormality or dehumanization:

I think she was the Deputy Superintendent...[she] called me a “thing”. ... I just looked at her and it was almost like an educational thing for her, but I found that prison really backwards and not, not educated.

Theresa (White European), located in a women’s prison, also reported frustration with this apparent lack of awareness, stating “the fact that so many people are ignorant about me, it wasn’t funny. ... I did feel a lot of ignorance in that place where it didn’t need to be.” Regardless of the carceral setting, being in an environment with staff who failed to display respect, and appropriate knowledge regarding trans women and their needs was common among the participants. Participants uniformly agreed that the level of training that correctional staff received regarding trans issues was inadequate and led to a lower standard of care. Previous research has identified the need for greater training and awareness of trans issues among correctional staff (Adorjan et al., 2021; Brömdal et al., 2019; Clark et al., 2017; Daken et al., 2024; Johnston et al., 2022; White Hugtho et al., 2017). In addition to educating correctional staff, participants also believed promoting a greater awareness of trans people among other people in prison would produce a safer and more accepting environment. Such behaviors may indicate a lack of training, but also suggest systemic issues within the cisnormative architecture of the hypermasculine, hierarchical, and punitive carceral environment (Brömdal et al., 2023; Rosenberg & Oswin, 2015; Sanders et al., 2023) and are further evidence of the enactment of the distal factors of the GMSR, particularly rejection and non-affirmation of gender identity.

As with the previous sub-theme, the new QCS directive does attempt to address some of the issues raised by our participants in relation to this sub-theme. They now require their staff to use the trans woman’s chosen name and pronouns consistent with their gender and expression, and to document these details in the electronic management system (2024). Similarly, both the provision of gender-appropriate clothing and grooming items are discussed at a multidisciplinary case conference that needs to occur within seven days of initial reception (QCS, 2024). Gender-affirming health care and treatment are also, according to the directive, to be

discussed at the same multidisciplinary case conference, and records and outcomes of these case conferences are then to be reported to the Deputy Commissioner, to maintain quality assurance across the prisons in the state (QCS, 2024).

“Within a minute the door was closing behind me”: sexual assault

A major source of concern for trans women in male prisons is the very real risk and fear of sexual assault. According to the participants this ever-present risk was also known by prison guards who implemented protective actions such as housing trans people in cells on their own and escorting them around the prison, as Jemma (First Nations) reported.

One of the officers had to walk me to the—from my unit to the medical thing or somewhere I had to go so that no one raped me. ... [T]hey said, “you should be walked everywhere so you don’t get raped.”

However, these protective actions were not enough to prevent sexual assaults, which were sometimes multiple or repeated. Elsa (First Nations) highlighted how these assaults can be perpetuated by people in prison who initially portray themselves as friends and that these experiences of sexual victimization compounded by betrayal and deceit can have a detrimental effect on mental wellbeing; her report displays signs of rumination and negative self-perceptions: “I thought a friend was a friend and then he actually raped me. So, that plays on my mind. I feel dirty inside, I feel like a slut.” Elsa also highlighted how the situation could have been worse if they had been housed in a cell together: “If I really double upped with him, he could do a lot worse. He could do like rape and kill me. When he raped me, he could kill me in that cell you know?” Luna (First Nations) similarly reported an incident upon arrival to a new prison where she was attacked and believed the prison officers were aware of the attack as it occurred.

So pretty much walked over with my blankets and stuff and went into my cell and within a minute the door was closing behind me, there were two fellows there who’d, they just raped me and the prison officer would have seen that going on.

These experiences of sexual victimization were a source of significant psychological distress for participants not only because of the assault itself, but because of the betrayal enacted by purported friends or protectors. Elsa (First Nations) described that she continued to experience symptoms of trauma such as intrusive memories and nightmares even years later.

Previous research has identified rates of sexual abuse among trans people in prison that far exceeded those of the cisgender population (Beck et al., 2013; Chesnut et al., 2024; Grant et al., 2011; Malkin & DeJong, 2019). It is clear from the current study that placing trans women in male prisons puts them at an elevated risk of sexual assault. This reflected the findings of a previous study of incarcerated trans people in Australia that reported cases of sexual abuse (Wilson et al., 2017) and also affirms victimization as a distal factor identified in the GMSR. As with the two previous sub-themes in this theme, the new QCS directive also attempts to address some of the harms experienced by the trans women in relation to this sub-theme. The directive recognizes the heightened sexual assault risk and vulnerability to which trans persons in carceral settings are subjected. QCS outlines the role of correctional staff pertaining “to the prevention and management of sexual assault within the correctional environment” and the importance of recognizing “overt signs of prisoner vulnerability to sexual assault”, including reporting obligations in this respect (2024, p. 7).

Survival strategies

The second major theme operates in counterpoint to the first main theme and shows how the participants in this study actively implemented strategies aimed at helping them survive the discriminatory and harmful circumstances with which they were confronted. Underlying the four sub-themes within this theme is an emphasis on agency and resilience, indicating how these survival strategies align with Matsuno and Israel (2018) TRIM. This focus is not intended to undermine or demean the very real harms experienced by the participants (outlined in the theme above) but to highlight the strengths and resilience they displayed in surviving these experiences.

“You pull the duty of care card”: working the system

During the interviews participants described using sophisticated strategies to have their needs met within the system. For example, most participants described experiencing difficulty in obtaining hormone treatments, and they also described strategies they used to circumvent these difficulties. For example, even though Jemma (First Nations) was only incarcerated for a few days, she took the initiative of ensuring that her medical paperwork was correct, even though the script was unable to be filled during her period of incarceration: “I found paperwork for the nurse to contact my doctor to get my scripts but because I was only there 15 days, it—the paperwork hadn’t gone through yet.” Theresa (White European), who had genital gender-affirming surgery prior to her incarceration, described her persistent efforts to ensure that she had access to dilators, as well as the privacy required to use them, during her incarceration. Her efforts resulted in all the prison officials having “a bit [of a] pow-wow about me and my dilation”, due to her insistence that she be provided with the necessary facilities because without this “everything would close up, and I would sue the hell out of them, because that was why I went overseas for, and spent a fortune over there.” Both Jemma (First Nations) and Theresa (White European) thus describe their awareness of administrative systems, and the paper trail used to keep correctional staff and processes transparent and accountable.

In addition to accessing hormone and medical treatment participants also described using similar knowledge of correctional systems and processes—the architecture of the prison and its systems (Sanders et al., 2023)—to fight back against other forms of injustice and discrimination. Jemma (First Nations) shared an example of how she was able to fight back against misgendering:

... they have a duty of care, and they have to call you by your pronoun, but some of them just don’t give a fuck. And you pull the duty of care card ... if I went and told their boss that they—if a transgender girl in a male jail ... said something and made a big thing about it, they’d lose their job.

Luna (First Nations) also shared how she was able to use these specific processes and policies to ensure that a complaint against a prison officer who was sexually harassing her was taken seriously:

An officer came into my room at night and wanted me to take my clothes off in the male prison. ... [H]e just asked me to take my clothes off and I said, "Why?" and he said, "I just want to see what you look like without your clothes on." And I sat there and ... I felt really vulnerable because I was in such an isolated position. And then he had the power ... and I just said, "Look I, I just don't want to do it and I don't feel comfortable." ... [T]he next day I complained about it and they didn't really do anything, so I asked for specific complaints form. ... I felt that I had to force it because I think they would have been quite happy to sweep it under the carpet or try and ignore it.

This action resulted in Luna eventually being moved to a female prison. Working the system also included finding other appropriate resources and supports, such as identifying supportive staff. In contrast to other participants' experiences of discriminatory or neglectful practices on the part of some correctional staff, Elsa (First Nations) indicated that in her experience, even staff without any trans-specific knowledge or understanding, "always stick up for us transgender people over the straights. Because they reckon that us transgender people have more rights to be who we are, and they said we don't cop shit off straight people picking on you transgender people." In this case, staff could be relied upon as a source of real protection as well as social and emotional support (Murphy et al., 2023).

This sub-theme indicates the way in which the participants were able, at times, to use the system to their own advantage by understanding their rights within it. It thus supports Matsuno and Israel (2018) identification of individual resilience factors (self-worth, hope, positive self-defined identity, and transition) by demonstrating the participants' ability to advocate for themselves.

"And I said ... stop calling me names": speaking out and using silence

Participants commented on instances of both using and withholding their voice as a means of

self-preservation and survival: speaking out to affirm their identity or consciously choosing to remain silent. For example, Theresa (White European) explained how she found herself correcting misperceptions about her gender from both prison officials and other people incarcerated with her: "It's not that hard, really when you get your head around it, when you tell them you've got the wrong body and I've corrected that." Jemma (First Nations) reflected on a similar incident in which she corrected those around her:

... there was this Kiwi officer that always called me a tranny or a transvestite. And I said, "I'm transgender, there's a difference. It's chemical imbalances. It's not my fault, stop calling me names."

These acts of speaking up often also interacted with the first sub-theme of working the system. For instance, in Jemma's case, another person in prison used formal policy to remind the staff member of her "duty of care. You need to call her by her right pronouns." Similarly, Luna (First Nations) described interacting with a prison official who was overtly discriminatory and transphobic:

One officer, police officer in particular, who was just horrendous to me ... really transphobic every time he answered a question I asked him, or every time I had to have an interaction with him, he's just vile. And when I was leaving there to go up to the, to the, the prison on the [name redacted] and I spat in his face, I spat in his face. And he said, "I'm going to charge you." I said, "Well you charge me and let me go before a judge and let me be able to tell that judge how you've treated me for the last week." And I said, "Because I'm, I'd be happy to tell the judge how you've treated me."

In contrast, participants also chose not to speak up at times, instead using silence as a protective strategy. For example, Elsa (First Nations) reflected on her decision not to report the sexual assault that occurred a few weeks prior to her release date:

...plus I was nearly coming out to mum and dad and that's another reason I didn't actually open my mouth and I zipped my lips until I get out because I didn't want anything to go wrong with my parole, because to me all I want to work with my brain is to get out to my loved ones who love me more.

However, this was a selective silence, since Elsa did choose to disclose her rape to a fellow incarcerated trans woman as a source of support, noting: “Lola knows what happened.” Luna (First Nations) also shared her experience of sexual assault with another incarcerated trans woman, but in this case as a warning for a person who may also be at risk. At the time of her interview, she was considering breaking her silence and pressing charges against the man who had assaulted her.

Additional examples of keeping silent were given by Jemma (First Nations), who reflected that sometimes it was easier not to discuss topics that appeared to be fruitless. Her response to a question concerning whether she had asked to be transferred to a female prison was that “I knew it was never going to happen, so I never said anything.” By the same token, Theresa (White European) reported that while she had “stood up for [her]self in there”, she was still “far more careful with [her] choice of words than any of them [the prison officers]”, indicating an awareness of when and where speaking up was worthwhile, and when it would not affect action or change. Likewise, Elsa (First Nations) commented on using silence more broadly as an overall approach to survival in the carceral setting shared with potentially violent offenders: “if you ever go to jail keep out of other people’s stuff and, like if they talk or if they want to fight or anything, just keep away. So, I ... I always kept away from them.” The use of voice or silence indicates the participants’ ability to assess when self-advocacy (as a form of advocacy; Matsuno & Israel, 2018) was required (Halliwell et al., 2022; 2023) as opposed to when it was safer to simply maintain silence in an attempt to avoid further negative experiences.

“I wasn’t really suicidal, I was desperate”: extreme actions

On occasion, participants also described the need to take extreme action to protect themselves. Luna (First Nations) described self-harming in order to remove herself from a section of the prison in which an attempt was made to assault her.

One time I was in XX [name of prison redacted] and I was in the section that was just, there’s been some guys that tried to rape me, it was just horrendous I just wanted to get out of there, and I wanted to go to another section of the prison. So,...I cut my wrists and I swallowed razor blades, not razor blades, coat hangers.¹ ... I wasn’t really suicidal, I was desperate.

Luna also reported that at times she entered into sexual relationships with fellow incarcerated people specifically to provide her with “safety and a bit of security and they might be old, older or not the type of person that [I would] normally be with.” Friendships and relationships also formed a source of emotional support, rather than simply physical protection as explored elsewhere in the literature (Brömdal et al., 2023). For instance, in the face of such adversity Elsa (First Nations) chose to enlist what could be termed an extremely positive attitude about her incarceration. Acknowledging that being incarcerated had led to her meeting a close friend, Elsa stated: “but you know, but don’t get me wrong, like I said to mum and that, if I didn’t do jail, I wouldn’t meet a lovely person like Richard,² he is so lovely. He goes on my mind.”

The sub-theme of extreme actions speaks to the lengths to which the participants went to assert the self-worth and positive identity, also identified as sources of strength and resilience in Matsuno and Israel (2018) TRIM. These extreme actions enabled the participants to survive their incarceration with their identity and self-worth intact.

“I found my true...real friends in there”: connection with others

The importance of a sense of connection was prominent in the participants’ interviews. At times, this connection occurred within the prison itself, sometimes through positive interactions with prison officials, as described by Jemma (First Nations)—“the team leader and the lady that worked for my unit—they were really good. They always called me a girl. They always called me she”—and sometimes through friendships with other incarcerated persons—“at least I found my true, the real friends in there” (Theresa; White European); or through connections with support

organizations such as trans- and gender-specific non-government organizations.

In addition, the support provided by family members stood out as an important factor contributing to resilience and wellbeing. Elsa (First Nations), who had blamed herself for the sexual assault which she had experienced, had help from her mother to overcome self-blame: “But like my mum said it’s not my fault.” Elsa also highlighted the value that having support from family provided to her positive mental health while incarcerated, and how having support from them after leaving prison prevented her from self-harming or reoffending:

But my sister, like mum and stepdad and all that, were the first ones at the first prison the lock down one, they, like it’s a mental health thing. Because in the past I took tablets and was trying to kill myself and all that ... my sister, of everyone here, she was the first one to come and see me. ...me and my sister we are very close. She’s my number one ...she’s my little fighter. ... My stepdad’s like, he’s more just sit down and talk to me when I want to talk. ... He’s great. If it wasn’t for mum and dad to put their hands up and say she can come here, I’d still be in jail.

Cultural and legal support provided by kin and staff was also identified as a key component of connection for incarcerated First Nations trans women (Clark et al., 2023; Phillips et al., 2025) Elsa (First Nations) stated:

Aunty X and Uncle Y, they are the Aboriginal workers in there ... they were really lovely. ... [They] came down and talked to me and actually Uncle Y actually typed up this letter for mum to ... go down and get my stuff from my old unit.

Engagement with trans (including women-specific) support services also played a crucial role in optimally supporting the needs and wellbeing of the participants and mitigating negative mental health. The value of these services was evident upon Luna’s (First Nations) release, in which a trans-support organization provided both specific trans-aware and competent social and practical support in areas such as housing. With the help of these services Luna was able to overcome her addiction to drugs and stay out of prison.

One of the positive experiences was when I was let out of prison once and the XX Centre in XX had

come in and seen if I needed any help with housing when I left there. So, when I left the prison, I went straight into XX Centre Housing which is a supportive environment. So, it was a really positive thing for me and helped me ... because I wasn’t going straight back out sex working and putting myself in danger and reoffending ... I was supported. ... I’m ... clean and sober now don’t drink or drugs ...

Inspired by her own transformation and the positive effect of providing help to trans people who lack such a support system, after her incarceration Luna (First Nations) acted to mentor and advocate for incarcerated trans women and First Nations trans people: “I have since worked as a mentor for young prisoners ... and specifically to transgender prisoners. ...Now I advocate for Indigenous trans-people on all levels ... it’s not just prisoners.” Indicating the value of social support and community connectedness for incarcerated trans women (Brömdal et al., 2019) as well as the important role of kinship (O’Sullivan, 2021a, 2021b) for First Nation trans people, Luna has specifically attempted to establish “a prisoner pen pal thing.” This advocacy and social support role have thus now formed a significant part of Luna’s positive sense of self-identity (Matsuno & Israel, 2018).

Jemma (First Nations) had also received support from an organization that advocates on behalf of and provides support to incarcerated women. She was particularly drawn to engage with trans staff members as she felt they understood and advocated for trans people more effectively than other staff. The power of this social support is indicated by Jemma’s intense dismay when a particular trans staff member left the organization.

I feel like—because my worker that I had, she was—they were transgender. And they did everything for everyone and really, really pushed ... for transgender people and the rights for humans. ... I just feel like it’s because my worker used to go over and beyond to make sure everything was done properly.

The final sub-theme, connection with others, is reflective of the group level factors identified within the TRIM (including social support, community belonging, family support, involvement in trans advocacy, having positive role models, and being a positive role model). However, connection with others can be seen as a protective factor against the harms and stressors earlier

identified, as emotional, social, physical, and legal support enable incarcerated trans women to display resilience even in the face of severe discrimination and victimization.

Limitations

The present study has a number of limitations. First, it is imperative to highlight that the current study only examined gender minority stress, resilience and coping experiences of trans women in Australia, as no trans men or non-binary persons with carceral experience volunteered to take part in this research. As such, their voices in this discourse are missing, and calls for further understanding and research about how they navigate these matters (Jacobsen et al., 2023). Similarly, this study was geographically limited to Queensland, Australia, highlighting that the voiced experiences of gender minority stress, resilience and coping while incarcerated are not generalizable to trans women in other Australian jurisdictions. This limitation also stresses the need for further research about these topics in other parts of Australia, including Western Australia and Northern Territory where very little is known about trans and non-binary people and the carceral system. Last, due to the well-known

challenges to conduct research with trans people currently serving time (Adams et al., 2017; Brömdal et al., 2019; Watson et al., 2024), this study consequently privileges trans women who had past experience with the carceral system as opposed to those currently incarcerated. However, as expressed elsewhere (Brömdal et al., 2024), if these challenges can be overcome, where researchers and correctional institutions can navigate ways to build rapport and trust for the betterment of this priority and vulnerable group (Australian Institute of Health & Welfare, 2024; United Nations Office on Drugs & Crime, 2020), this opens up new avenues to explore how trans and non-binary people navigate diverse concerns, including and beyond gender minority stress, resilience and coping mechanism.

Conclusion

The present study sought to understand the experiences of incarcerated trans women within two existing frameworks of stress and resilience particular to trans people: Testa et al. (2015) GMSR and Matsuno and Israel (2018) TRIM. The analysis revealed two interacting but opposing themes demonstrating the harms and stressors experienced by incarcerated trans women as well as the

	Group level factors						Individual level factors			
	Social support	Community belonging	Family support	Advocacy	Positive role model	Being a positive role model	Self-worth	Hope	Positive self-defined identity	Transition
"You pull the duty of care card": Working the system										
"And I said...stop calling me names": Speaking out and using silence										
"I wasn't really suicidal, I was desperate": Extreme actions										
"I found my true...real friends in here": Connection with others										

Figure 1. Presence of resilience factors in survival strategies sub-themes.

survival strategies adopted by those women in order not only to negotiate the carceral system, but to build resilience within it. In particular, the second main theme of survival strategies offer novel insights to the current trans carceral literature and reflects a focus on viewing incarcerated trans women as agentic, rather than merely victims of an oppressive and subjugating system (see elsewhere Brömdal et al., 2023; Du Plessis et al., 2023; Halliwell et al., 2022; Halliwell et al., 2023). The Figure 1 below summarizes the way in which the various sub-themes relate to the resilience factors identified with the TRIM.

In order to attend to the impacts of intersectionality on both harms and stressors, including survival strategies, and recognizing that three out of five trans women in this study were of First Nations background, further research in this field should attend exclusively to the experiences of First Nations peoples to explore the applicability of the GMSR and TRIM in this context. Here it is worth exploring the extent to which amendments to the models are needed to not only account for First Nations peoples' historical legacy of colonialism and dispossession and ongoing systemic factors of oppression from childhood to adulthood including higher rates of unemployment, experiences of institutional and systemic discrimination, and experiences of family violence and sexual abuse (Boffa & Mackay, 2025; Burra Lotjpa Dunguludja, 2024; Clark et al., 2017; Kendall et al., 2020; Phillips et al., 2025), including experiences of resilience building, its value, and its application. Here it is worth exploring how the work of O'Sullivan (2021a, 2021b) in moving beyond the colonial gender binary, and that of Clark et al. (2023) recognizing the interlocking forces of oppression, where White supremacy, settler colonialism, systemic racism together with cisgenderism and heteropatriarchy inform, maintain and exacerbate pathways to prison, conditions while serving time, and experiences post release.

Despite these findings and the commendation of the trans women in this study, who managed to develop these survival strategies within extreme circumstances, it should nevertheless be noted that such strategies should not be required within the bounds of a state-run institution built on a

framework of justice. As such, future research should consider the ways in which the carceral architecture itself might be adjusted or reimagined to remove the possibility of further harm and vulnerability to those it houses (Brömdal et al., 2024). This research could include investigation of whether the recent QCS Custodial Operations Practice Directive (2024) has impacted the lived and living experiences of trans women incarcerated in the state of Queensland. While the necessity of these survival strategies may therefore be called into question, they nevertheless indicate the ways in which incarcerated trans women develop their self-worth and self-advocacy to maintain hope and agency within a system not designed to recognize or support them.

Notes

1. Luna describes "coat hangers" as a primitive device made of small pieces of wire coat hanger, elastic band, and tape. The device is designed to be swallowed and then to open when in the stomach, causing injury requiring hospitalization.
2. Richard became a close friend to Elsa while incarcerated.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This study was supported by HIV Foundation Queensland.

References

- Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and ethical considerations for undertaking transgender health research and institutional review boards adjudicating this research. *Transgender Health*, 2(1), 165–175. <https://doi.org/10.1089/trgh.2017.0012>
- Adorjan, M., Ricciardelli, R., & Gacek, J. (2021). 'We're both here to do a job and that's all that matters': Cisgender correctional officer recruit reflections within an unsettled correctional prison culture. *The British Journal of Criminology*, 61(5), 1372–1389. <https://doi.org/10.1093/bjc/azab006>
- Aranda, K., Zeeman, L., Scholes, J., & Morales, A. S.-M. (2012). The resilient subject: Exploring subjectivity, iden-

- tity and the body in narratives of resilience. *Health (London, England: 1997)*, 16(5), 548–563. <https://doi.org/10.1177/1363459312438564>
- Association for the Prevention of Torture. (2018). *Towards the Effective Protection of LGBTI Persons Deprived of Liberty: A Monitoring Guide*. Retrieved 1 September 2023 from https://www.ap.t.ch/sites/default/files/publications/apt_20181204_towards-the-effective-protection-of-lgbti-persons-deprived-of-liberty-a-monitoring-guide-final.pdf
- Australian Bureau of Statistics. (2024). *Prisoners in Australia*. Australian Bureau of Statistics. Retrieved 28 February 2025 from <https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release#aboriginal-and-torres-strait-islander-prisoners>
- Australian Institute of Health and Welfare. (2024). *LGBTIQ+ communities*. Australian Institute of Health and Welfare. Retrieved 25 March 2025 from <https://www.aihw.gov.au/reports-data/population-groups/lgbtiq/overview#:~:text=LGBTIQ%2B%20communities%20have%20been%20identified%20as%20priority%20populations%20under%20The,and%20Self%2Dharm%20Monitoring%20System>
- Axfors, C., Iliadis, S. I., Rasmusson, L. L., Beckman, U., Fazekas, A., Frisén, L., Sandström, L., Thelin, N., Wahlberg, J., Skalkidou, A., & Papadopoulos, F. C. (2023). Preferences for gender affirming treatment and associated factors among transgender People in Sweden. *Sexuality Research and Social Policy*, 20(2), 479–490. <https://doi.org/10.1007/s13178-021-00650-2>
- Beck, A. J., Berzofsky, M., Caspar, R., Krebs, C. (2013). *Sexual victimization in prisons and jails reported by inmates, 2011–12* (NCJ241399). US Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>
- Blight, J. (2000). *Transgender inmates: Trends and Issues in Crime and Criminal Justice* (168). http://aic.gov.au/media_library/publications/tandi_pdf/tandi168.pdf
- Boffa, C., & Mackay, A. (2025). Hyperincarceration and human rights abuses of First Nations children in juvenile detention in Queensland and the Northern Territory. *Current Issues in Criminal Justice*, 37(1), 58–74. <https://doi.org/10.1080/10345329.2023.2293317>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. <https://doi.org/10.1080/2159676X.2019.1628806>
- Brömdal, A., Clark, K. A., Hughto, J. M. W., Debattista, J., Phillips, T. M., Mullens, A. B., Gow, J., & Daken, K. (2019). Whole-incarceration-setting approaches to supporting and upholding the rights and health of incarcerated transgender people. *The International Journal of Transgenderism*, 20(4), 341–350. <https://doi.org/10.1080/15532739.2019.1651684>
- Brömdal, A., Halliwell, S., Sanders, T., Clark, K. A., Gildersleeve, J., Mullens, A. B., Phillips, T. M., Debattista, J., Du Plessis, C., Daken, K., & Hughto, J. M. W. (2023). Navigating intimate trans citizenship while incarcerated in Australia and the United States. *Feminism & Psychology*, 33(1), 42–64. <https://doi.org/10.1177/09593535221102224>
- Brömdal, A., Mullens, A. B., Phillips, T. M., & Gow, J. (2019). Experiences of transgender prisoners and their knowledge, attitudes, and practices regarding sexual behaviors and HIV/STIs: A systematic review. *The International Journal of Transgenderism*, 20(1), 4–20. <https://doi.org/10.1080/15532739.2018.1538838>
- Brömdal, A., Sanders, T., Stanners, M., Du Plessis, C., Gildersleeve, J., Mullens, A. B., Phillips, T. M., Debattista, J., Daken, K., Clark, K. A., & Hughto, J. M. W. (2024). Where do incarcerated trans women prefer to be housed and why? Adding nuanced understandings to a complex debate through the voices of formerly incarcerated trans women in Australia and the United States. *International Journal of Transgender Health*, 25(2), 167–186. <https://doi.org/10.1080/26895269.2023.2280167>
- Brömdal, A., Winter, C., Sanders, T., Simpson, P., Maycock, M., & Clark, K. (2024). Transformative trans incarceration research: Now and into the future. *International Journal of Transgender Health*, 25(2), 123–129. <https://doi.org/10.1080/26895269.2024.2334499>
- Brooke, J. M., Biernat, K., Shamaris, N., & Skerrett, V. (2022). The experience of transgender women prisoners serving a sentence in a male prison: A systematic review and meta-synthesis. *The Prison Journal*, 102(5), 542–564. <https://doi.org/10.1177/00328855221121097>
- Brown, G. R. (2010). Autocastration and autopenectomy as surgical self-treatment in incarcerated persons with gender identity disorder. *International Journal of Transgenderism*, 12(1), 31–39. <https://doi.org/10.1080/15532731003688970>
- Burra Lotjpa Dunguludja. (2024). *Underlying causes of aboriginal over-representation*. Victoria State Government. Retrieved 25 March 2025 from <https://www.aboriginaljustice.vic.gov.au/the-agreement/aboriginal-over-representation-in-the-justice-system/underlying-causes-of-aboriginal>
- Chesnut, K., & Perice, J. Vera Institute of Justice. (2024). *Advancing transgender justice: Illuminating trans lives behind and beyond bars*. Vera Institute of Justice. Retrieved 28 February 2025 from <https://vera-institute.files.svdcdn.com/production/downloads/publications/advancing-transgender-justice.pdf>
- Clark, K. A., Brömdal, A., Phillips, T., Sanders, T., Mullens, A. B., & Hughto, J. W. H. (2023). Developing the “oppression-to-incarceration cycle” of Black American and first nations Australian trans women: Applying the intersectionality research for transgender health justice framework. *Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care*, 29(1), 27–38. <https://doi.org/10.1089/jchc.21.09.0084>
- Clark, K. A., White Hughto, J. M., & Pachankis, J. E. (2017). “What’s the right thing to do?” Correctional healthcare providers’ knowledge, attitudes and experiences caring for

- transgender inmates. *Social Science & Medicine* (1982), 193, 80–89. <https://doi.org/10.1016/j.socscimed.2017.09.052>
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(Suppl 1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Daken, K., Excell, T., Clark, K. A., Hughto, J. M. W., Sanders, T., Debattista, J., Du Plessis, C., Mullens, A. B., Phillips, T. M., Gildersleeve, J., & Brömdal, A. (2024). Correctional staff knowledge, attitudes and behaviors toward incarcerated trans people: A scoping review of an emerging literature. *International Journal of Transgender Health*, 25(2), 149–166. <https://doi.org/10.1080/26895269.2023.2265386>
- Dalzell, L. G., Pang, S. C., & Brömdal, A. (2024). Gender affirmation and mental health in prison: A critical review of current corrections policy for trans people in Australia and New Zealand. *The Australian and New Zealand Journal of Psychiatry*, 58(1), 21–36. <https://doi.org/10.1177/00048674231195285>
- Dhejne, C., Van Vlerken, R., Heylens, G., & Arcelus, J. (2016). Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry (Abingdon, England)*, 28(1), 44–57. <https://doi.org/10.3109/09540261.2015.1115753>
- Dolan, I. J., Strauss, P., Winter, S., & Lin, A. (2020). Misgendering and experiences of stigma in health care settings for transgender people. *The Medical Journal of Australia*, 212(4), 150–151. <https://doi.org/10.5694/mja2.50497>
- Du Plessis, C., Halliwell, S. D., Mullens, A. B., Sanders, T., Gildersleeve, J., Phillips, T., & Brömdal, A. (2023). A trans agent of social change in incarceration: A psychobiographical study of Natasha Keating. *Journal of Personality*, 91(1), 50–67. <https://doi.org/10.1111/jopy.12745>
- Edney, R. (2004). To keep me safe from harm-transgender prisoners and the experience of imprisonment. *Deakin Law Review*, 9(2), 328–338. <https://doi.org/10.21153/dlr-2004vol9no2art247>
- Evans, S. M., Jones, B. A., & McDermott, D. T. (2024). Trans and gender diverse offenders' experiences of custody: A systematic review of empirical evidence. *The Howard Journal of Crime and Justice*, 63(3), 321–349. <https://doi.org/10.1111/hojo.12567>
- Franks, N., Mullens, A. B., Aitken, S., & Brömdal, A. (2023). Fostering gender-IQ: Barriers and enablers to gender-affirming behavior amongst an Australian General Practitioner Cohort. *Journal of Homosexuality*, 70(13), 3247–3270. <https://doi.org/10.1080/00918369.2022.2092804>
- Fuller, C., Tong, L., & Paynter, M. (2024). Gender-affirming healthcare for incarcerated transgender and gender diverse people: An international scoping review. *International Journal of Transgender Health*, 1–19. <https://doi.org/10.1080/26895269.2024.2443753>
- Gorden, C., Hughes, C., Roberts, D., Astbury-Ward, E., & D'ubberley, S. (2017). A literature review of transgender people in prison: An 'invisible' population in England and Wales. *Prison Service Journal*, 233, 11–22. <https://www.crimeandjustice.org.uk/publications/psj/prison-service-journal-233>
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality, and National Gay and Lesbian Task Force. Retrieved 14 July 2023 from https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
- Grundy, M. R., Stenersen, M., Malkin, M. L., Umrani, A., Fricke, I., & DeJong, C. (2024). Uncovering the hidden: Investigating influences on sexual victimization among 439 transgender and gender diverse individuals behind bars. *Journal of Homosexuality*, 1–18. <https://doi.org/10.1080/00918369.2024.2392682>
- Halliwell, S. D., Du Plessis, C., Hickey, A., Gildersleeve, J., Mullens, A. B., Sanders, T., Clark, K. A., Hughto, J. M. W., Debattista, J., Phillips, T. M., Daken, K., & Brömdal, A. (2022). A critical discourse analysis of an Australian incarcerated trans woman's letters of complaint and self-advocacy. *Ethos (Berkeley, Calif.)*, 50(2), 208–232. <https://doi.org/10.1111/etho.12343>
- Halliwell, S., Hickey, A., Du Plessis, C., Mullens, A. B., Sanders, T., Gildersleeve, J., Phillips, T. M., Debattista, J., Clark, K. A., Hughto, J. M. W., Daken, K., & Brömdal, A. (2023). Never let anyone say that a good fight for the fight for good wasn't a good fight indeed": The enactment of agency through military metaphor by one Australian incarcerated trans Woman. In H. Panter & A. Dwyer (Eds.), *Transgender people and criminal justice: An examination of issues in victimology, policing, sentencing, and prisons* (pp. 183–212). Springer International Publishing. https://doi.org/10.1007/978-3-031-29893-6_8
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender non-conforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>
- Hillier, A., Kroehle, K., Edwards, H., & Graves, G. (2020). Risk, resilience, resistance and situated agency of trans high school students. *Journal of LGBT Youth*, 17(4), 384–407. <https://doi.org/10.1080/19361653.2019.1668326>
- Hughto, J. M. W., Clark, K. A., Daken, K., Brömdal, A., Mullens, A. B., Sanders, T., Phillips, T., Mimiaga, M. J., Cahill, S., Du Plessis, C., Gildersleeve, J., Halliwell, S. D., & Reisner, S. L. (2022). Victimization within and beyond the prison walls: A latent profile analysis of transgender and gender diverse adults. *Journal of Interpersonal*

- Violence, 37(23–24), NP23075–NP23106. <https://doi.org/10.1177/08862605211073102>
- Iyama, K. (2012). "We have tolled the bell for him": An analysis of the prison rape elimination act and California's compliance as it applies to transgender inmates [Article]. *Law & Sexuality: A Review of Lesbian, Gay, Bisexual & Transgender Legal Issues*, 21, 23–48. <http://ezproxy.usq.edu.au/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=lpb&AN=76111224&site=ehost-live>
- Jacobsen, K., Hu, A. T. Y., Stark, A., Klassen, B. J., Lachowsky, N. J., & Hébert, W. (2023). Prevalence and correlates of incarceration among trans men, nonbinary people, and two-spirit people in Canada. *Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care*, 29(1), 47–59. <https://doi.org/10.1089/jchc.21.10.0117>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. Retrieved 27 July 2024 from <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Jenness, V., & Fenstermaker, S. (2014). Agnes goes to prison: Gender authenticity, transgender inmates in prisons for men, and pursuit of "the real deal" [Article]. *Gender & Society*, 28(1), 5–31. <https://doi.org/10.1177/0891243213499446>
- Johnston, M. S., Coulling, R., & Ricciardelli, R. (2022). Unpacking correctional workers' experiences with transgender prisoners in Nova Scotia, Canada. *Journal of Criminology*, 55(4), 550–567. <https://doi.org/10.1177/26338076221126242>
- Kailas, M., Lu, H. M. S., Rothman, E. F., & Safer, J. D. (2017). Prevalence and types of gender-affirming surgery among a sample of transgender endocrinology patients prior to state expansion of insurance coverage. *Endocrine Practice: Official Journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists*, 23(7), 780–786. <https://doi.org/10.4158/ep161727.or>
- Kallas, C. V., H., Greer, A., Anders, M., Weisgerber, H., J., O'Donnell. 18-cv-261-jdp. (2020). US District Court for the Western District of Wisconsin. Retrieved 28 February 2025 from <https://www.wpr.org/sites/default/files/decision.pdf>
- Kapoor, R., & Trestman, R. (2016). Mental health effects of restrictive housing. NCJ 250321. In *Restrictive Housing in the U.S.: Issues, challenges, and future directions* (pp. 199–232). U.S. Department of Justice, National Institute of Justice.
- Kendall, S., Lighton, S., Sherwood, J., Baldry, E., & Sullivan, E. A. (2020). Incarcerated Aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle. *International Journal for Equity in Health*, 19(1), 48. <https://doi.org/10.1186/s12939-020-1155-3>
- Kilty, J. M. (2021). 'I just wanted them to see me': Intersectional stigma and the health consequences of segregating Black, HIV+ transwomen in prison in the US state of Georgia. *Gender, Place & Culture*, 28(7), 1019–1039. <https://doi.org/10.1080/0966369X.2020.1781795>
- Ledesma, E., & Ford, C. L. (2020). Health implications of housing assignments for incarcerated transgender women. *American Journal of Public Health*, 110(5), 650–654. <https://doi.org/10.2105/ajph.2020.305565>
- Lobel, J. (2008). Prolonged solitary confinement and the Constitution. *Journal of Constitutional Law*, 11(1), 115–138.
- Lydon, J., Carrington, K., Low, H., Miller, R., & Yazdy, M. (2015). *Coming out of concrete closets: A report on black & pink's national LGBTQ prisoner survey*. Black and Pink. Retrieved 28 February 2025 from <https://www.blackandpink.org/wp-content/uploads/2020/03/Coming-Out-of-Concrete-Closets-incorporated-Executive-summary102115.pdf>
- Lynch, S., & Bartels, L. (2017). Transgender prisoners in Australia: An examination of the issues, law and policy. *Flinders Law Journal*, 19(2), 185–231.
- Malkin, M. L., & DeJong, C. (2019). Protections for transgender inmates under PREA: A comparison of state correctional policies in the United States. *Sexuality Research and Social Policy*, 16(4), 393–407. <https://doi.org/10.1007/s13178-018-0354-9>
- Marchi, M., Corbellini, I., Vaccari, E., Pingani, L., Ferrari, S., Amaddeo, F., Converti, M., Fiorillo, A., Mirandola, M., Pinna, F., Ventriglio, A., & Galeazzi, G. M. (2024). Mental health of transgender people in prison: A systematic review and meta-analysis. *International Review of Psychiatry (Abingdon, England)*, 36(7), 714–728. <https://doi.org/10.1080/09540261.2023.2287680>
- Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender Individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist*, 46(5), 632–655. <https://doi.org/10.1177/0011000018787261>
- Maycock, M., O'Shea, S., & Jenness, V. (Eds.). (2025). *Transgender people involved with carceral systems: International perspectives* (Vol. 1). Routledge.
- Maycock, M. (2020). 'I want the male and the female wings. I don't want a special trans wing for people': Transgender people in custody in Scotland's views about transgender specific facilities within prisons. *Prison Service Journal*, 254, 31–37.
- Maycock, M. (2022). The transgender pains of imprisonment. *European Journal of Criminology*, 19(6), 1521–1541. <https://doi.org/10.1177/1477370820984488>
- McLemore, K. A. (2018). A minority stress perspective on transgender individuals' experiences with misgendering. *Stigma and Health*, 3(1), 53–64. <https://doi.org/10.1037/sah0000070>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>

- Murphy, M., Rogers, B. G., Streed, C., Hughto, J. M. W., Radix, A., Galipeau, D., Napoleon, S., Scott, T., Noh, M., Suttan Coats, C., Hubbard, L., Chan, P. A., Nunn, A., & Berk, J. (2023). Implementing gender-affirming care in correctional settings: A review of key barriers and action steps for change. *Journal of Correctional Health Care: The Official Journal of the National Commission on Correctional Health Care*, 29(1), 3–11. <https://doi.org/10.1089/jchc.21.09.0094>
- National Center for Transgender Equality. (2018a). *Ending abuse of transgender prisoners: A guide to winning policy change in jails and prisons*. Retrieved 28 February 2025 from <https://transequality.org/sites/default/files/docs/resources/EndingAbuseofTransgenderPrisoners.pdf>
- National Center for Transgender Equality. (2018b). *LGBTQ People Behind Bars: A Guide to understand the issues facing transgender prisoners and their legal rights*. Retrieved 28 February 2025 from <https://transequality.org/sites/default/files/docs/resources/TransgenderPeopleBehindBars.pdf>
- Nolan, I. T., Kuhner, C. J., & Dy, G. W. (2019). Demographic and temporal trends in transgender identities and gender confirming surgery. *Translational Andrology and Urology*, 8(3), 184–190. <https://tau.amegroups.org/article/view/25593> <https://doi.org/10.21037/tau.2019.04.09>
- O'Sullivan, S. (2021a). The colonial project of gender (and everything else). *Genealogy*, 5(3), 67. <https://www.mdpi.com/2313-5778/5/3/67> <https://doi.org/10.3390/genealogy5030067>
- O'Sullivan, S. (2021b). Saving lives: Mapping the power of LGBTQ+ First nations creative artists. *Social Inclusion*, 9(2), 61–64. <https://doi.org/10.17645/si.v9i2.4347>
- Peek, C. (2004). Breaking out of the prison hierarchy: Transgender prisoners, rape, and the eighth amendment. *Santa Clara Law Review*, 44, 1211–1248.
- Pemberton, S. (2013). Enforcing gender: The constitution of sex and gender in prison regimes. *Signs: Journal of Women in Culture and Society*, 39(1), 151–175. <https://doi.org/10.1086/670828>
- Perkins, R. (1991). Transsexuals in prison. *Journal of Social Justice Studies*, 4, 97–100.
- Phillips, T., Brömdal, A., Mullens, A. B., Gildersleeve, J., & Gow, J. (2020). We don't recognise transsexuals...and we're not going to treat you": Cruel and unusual and the lived experiences of transgender women in US prisons. In M. Harmes, M. Harmes, & B. Harmes (Eds.), *The palgrave handbook of incarceration across popular culture* (pp. 331–360). Palgrave MacMillan. https://doi.org/10.1007/978-3-030-36059-7_20
- Phillips, T. M., Clark, K. A., Brömdal, A., Mullens, A. B., Sanders, T., Halliwell, S., Gildersleeve, J., Daken, K., Debattista, J., Du Plessis, C., Simpson, P., & Hughto, J. M. W. (2025). I know the degradation, the humiliation around being incarcerated and ostracized, and marginalized, and sexualized": Pathways to incarceration and the incarceration experiences of Black American and First Nations Australian trans women. In M. Maycock, S. O'Shea, & V. Jenness (Eds.), *Transgender people involved with carceral systems: International perspectives*. (1st ed., pp. 21–45). Routledge. <https://doi.org/10.4324/9781003169796-3>
- Piñón-O'Connor, K. E., Mullens, A. B., Debattista, J., Sanders, T., & Brömdal, A. (2023). Barriers and facilitators to publicly-funded gender-affirming surgery: The perspectives amongst a cohort of Australian clinicians. *Discover Health Systems*, 2(1), 1–15. <https://doi.org/10.1007/s44250-023-00055-5>
- Puckett, J. A., Cleary, P., Rossman, K., Newcomb, M. E., & Mustanski, B. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research & Social Policy: Journal of NSRC: SR & SP*, 15(1), 48–59. <https://doi.org/10.1007/s13178-017-0295-8>
- Queensland Corrective Services. (2024). *Custodial Operations Practice Directive: Trans and Gender Diverse Prisoners (Version 8)*. Queensland Corrective Services. Retrieved 28 February 2025 from <https://www.publications.qld.gov.au/ckan-publications-attachments-prod/resources/c4782e0a-b06b-4877-96b0-fae43846dff/copd-transgender.pdf?ETag=6a23485fde50c191f8619a675b35be78>
- Queensland Government Statistician's Office. (2025). *Population Counter*. Queensland Government Statistician's Office. Retrieved 28 February 2025 from <https://www.qgso.qld.gov.au>
- Redcay, A., Luquet, W., Phillips, L., & Huggin, M. (2020). Legal Battles: Transgender Inmates' Rights. *The Prison Journal*, 100(5), 662–682. <https://doi.org/10.1177/0032885520956628>
- Richters, J., Butler, T., Yap, L., Kirkwood, K., Grant, L., Smith, A., Schneider, K., Donovan, B. (2008). *Sexual health and behaviour of New South Wales prisoners*. https://sphcm.med.unsw.edu.au/sites/default/files/sphcm/Research/Sexual_Health_NSW_Prisoners.pdf
- Rodgers, J., Asquith, N., & Dwyer, A. (2017). Cisnormative, criminalisation, vulnerability: Transgender people in prison. *Tasmanian Institute of Law Enforcement Studies Briefing Paper*, 12, 1–13. https://www.utas.edu.au/_data/assets/pdf_file/0004/944716/Briefing_Paper_No_12_J_Rodgers_N_Asquith_A_Dwyer.pdf
- Rosenberg, R., & Oswin, N. (2015). Trans embodiment in carceral space: Hypermasculinity and the US prison industrial complex. *Gender, Place & Culture*, 22(9), 1269–1286. <https://doi.org/10.1080/0966369X.2014.969685>
- Ross, M. B., Jahouh, H., Mullender, M. G., Kreukels, B. P. C., & van de Grift, T. C. (2023). Voices from a multidisciplinary healthcare center: Understanding barriers in gender-affirming care-A qualitative exploration. *International Journal of Environmental Research and Public Health*, 20(14), 1–20. <https://doi.org/10.3390/ijerph20146367>
- Sanders, T., Du Plessis, C., Mullens, A. B., & Brömdal, A. (2023). Navigating detransition borders: An exploration of social media narratives. *Archives of Sexual Behavior*, 52(3), 1061–1072. <https://doi.org/10.1007/s10508-023-02556-z>
- Sanders, T., Gildersleeve, J., Halliwell, S., Du Plessis, C., Clark, K. A., Hughto, J. M. W., Mullens, A., Phillips, T., Daken, K., & Brömdal, A. (2023). Trans architecture and the prison as archive: "Don't be a queen and you won't be arrested. *Punishment & Society*, 25(3), 742–765. <https://doi.org/10.1177/14624745221087058>

- Schüttler, H., Winter, E., & Klebe, L. (2024). Trapped in binary gender logic: Legal developments and social realities of transgender individuals in German prisons. *Forensische Psychiatrie, Psychologie, Kriminologie*, 18(3), 265–272. <https://doi.org/10.1007/s11757-024-00839-2>
- Schweikart, S. J. (2018). Appropriate placement and treatment of transgender prisoners: Constitutional concerns and arguments for alternative housing and treatment policies. *SSRN Electronic Journal*, 0(0), 1–14. <https://doi.org/10.2139/ssrn.3403819>
- Sevelius, J., & Jenness, V. (2017). Challenges and opportunities for gender-affirming healthcare for transgender women in prison [Article]. *International Journal of Prisoner Health*, 13(1), 32–40. <https://doi.org/10.1108/ijph-08-2016-0046>
- Simpson, P. L., Stardust, Z., Dodd, L., Cook, T., Sotiri, M., Zinnetti, K., Sanders, T., Brömdal, A., & Hardiman, D. (2025). Prioritising the rights of incarcerated trans and gender diverse people. In M. Maycock, S. O'Shea, & V. Jenness (Eds.), *Transgender people involved with carceral systems: International perspectives* (1st ed., pp. 459–472). Routledge. <https://doi.org/10.4324/9781003169796-20>
- Smith, A. (2014). Stories of 0s: Transgender women, monstrous bodies, and the canadian prison system. *Dalhousie Journal of Legal Studies*, 23, 149–171.
- Suhomlinova, O., O'Reilly, M., Ayres, T. C., Wertans, E., Tonkin, M. J., & O'Shea, S. C. (2023). "Gripping onto the last threads of sanity": Transgender and non-binary prisoners' mental health challenges during the covid-19 pandemic. *International Journal of Mental Health*, 52(3), 218–238. <https://doi.org/10.1080/00207411.2022.2068319>
- Suhomlinova, O., & O'Shea, S. (2021). Doubly imprisoned: Transgender and non-binary prisoners' Experiences in England and Wales. In A. H. Johnson, B. A. Rogers, & T. Taylor (Eds.), *Advances in trans studies: Moving toward gender expansion and trans hope* (Vol. 32, pp. 125–139). Emerald Publishing Limited. <https://doi.org/10.1108/S1529-212620210000032009>
- Swan, J., Phillips, T. M., Sanders, T., Mullens, A. B., Debattista, J., & Brömdal, A. (2023). Mental health and quality of life outcomes of gender-affirming surgery: A systematic literature review. *Journal of Gay & Lesbian Mental Health*, 27(1), 2–45. <https://doi.org/10.1080/19359705.2021.2016537>
- Tadros, E., Ribera, E., Campbell, O., Kish, H., & Ogden, T. (2020). A call for mental health treatment in incarcerated settings with transgender individuals. *The American Journal of Family Therapy*, 48(5), 495–508. <https://doi.org/10.1080/01926187.2020.1761273>
- Tarzwel, S. (2006). The gender lines are marked with razor wire: Addressing state prison policies and practices for the management of transgender prisoners. *Columbia Human Rights Law Review*, 38(167), 167–219.
- Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, 2(1), 65–77. <https://doi.org/10.1037/sgd0000081>
- UNAIDS UNAIDS. (2023). *2030 Ending the AIDS epidemic*. Retrieved 25 March 2025 from https://www.unaids.org/sites/default/files/media_asset/Agenda%20Item%208-%20Thematic%20Segment%20Presentation%20-Priority%20and%20key%20populations%2C%20especially%20transgender%20people%2C%20and%20the%20path%20to%202025%20targets-%20Reducing%20health%20inequities%20through%20tailored%20and%20systemic%20responses%202.pdf
- United Nations Office on Drugs and Crime. (2020). *Mapping of Good Practices for the Management of Transgender Prisoners*. United Nations Office of Drugs and Crime. Retrieved 7 March 2024 from <https://www.undp.org/thailand/publications/mapping-good-practices-management-transgender-prisoners>
- Van Hout, M. C., & Crowley, D. (2021). The "double punishment" of transgender prisoners: A human rights-based commentary on placement and conditions of detention. *International Journal of Prisoner Health*, 17(4), 439–451. <https://doi.org/10.1108/IJPH-10-2020-0083>
- Van Hout, M. C., Kewley, S., & Hillis, A. (2020). Contemporary transgender health experience and health situation in prisons: A scoping review of extant published literature (2000–2019). *International Journal of Transgender Health*, 21(3), 258–306. <https://doi.org/10.1080/26895269.2020.1772937>
- Vanliefde, A. (2023). Body searches and vulnerable groups: Women and LGBTQI+ people in prison. In T. Daems (Ed.), *Body searches and imprisonment* (pp. 101–129). Springer International Publishing. https://doi.org/10.1007/978-3-031-20451-7_6
- Watson, J., Bryce, I., Phillips, T. M., Sanders, T., & Brömdal, A. (2024). Transgender youth, challenges, responses, and the juvenile justice system: A systematic literature review of an emerging literature. *Youth Justice*, 24(1), 88–112. <https://doi.org/10.1177/14732254231167344>
- White Hughto, J. M., Clark, K. A., Altice, F. L., Reisner, S. L., Kershaw, T. S., & Pachankis, J. E. (2017). Improving correctional healthcare providers' ability to care for transgender patients: Development and evaluation of a theory-driven cultural and clinical competence intervention. *Social Science & Medicine* (1982), 195, 159–169. <https://doi.org/10.1016/j.socscimed.2017.10.004>
- White Hughto, J. M., Clark, K. A., Altice, F. L., Reisner, S. L., Kershaw, T. S., & Pachankis, J. E. (2018). Creating, reinforcing, and resisting the gender binary: A qualitative study of transgender women's healthcare experiences in sex-segregated jails and prisons. *International Journal of Prisoner Health*, 14(2), 69–88. <https://doi.org/10.1108/IJPH-02-2017-0011>
- White Hughto, J. M., Reisner, S. L., & Pachankis, J. E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Social Science & Medicine* (1982), 147, 222–231. <https://doi.org/10.1016/j.socscimed.2015.11.010>
- Wilson, M., Simpson, P. L., Butler, T. G., Yap, L., Richters, J., & Donovan, B. (2017). 'You're a woman, a conve-

- nience, a cat, a poof, a thing, an idiot': Transgender women negotiating sexual experiences in men's prisons in Australia [Article]. *Sexualities*, 20(3), 380–402. <https://doi.org/10.1177/1363460716652828>
- Windt, I., Mullens, A., Debattista, J., Stanners, M., & Brömdal, A. (2024). Developing a gender affirming health response for trans and gender diverse Australians: A qualitative study. *International Journal of Transgender Health*, 0(0), 1–18. <https://doi.org/10.1080/26895269.2024.2374007>
- Winter, C. (2024). Correctional policies for the management of trans people in Australian prisons. *International Journal of Transgender Health*, 25(2), 130–148. <https://doi.org/10.1080/26895269.2023.2246953>
- Worthen, M. G. F. (2016). Hetero-cis-normativity and the gendering of transphobia. *International Journal of Transgenderism*, 17(1), 31–57. <https://doi.org/10.1080/15532739.2016.1149538>
- Worthey, A., Thomas, A., Jones, C., Abuzeid, A., & White, C. Q. (2022). Violence in incarcerated populations: A review of the literature. *Current Trauma Reports*, 8(3), 172–178. <https://doi.org/10.1007/s40719-022-00234-4>