



I had every right to be there: Discriminatory acts towards young people with disabilities on public transport

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Abstract:	<p>This article describes findings from a qualitative study exploring the experiences of young adults with disabilities regarding their perceptions of interpersonal discrimination on public transport in two Australian states. Interpersonal discrimination by members of the public included contests for accessible seating, receiving unwanted physical assistance, bullying and intimidation. Participants reported that transport staff engaged in verbal abuse and hostile interactions including questioning the young person's disability. These experiences appeared to be influenced by narrow perceptions of disability, visibility or otherwise of the young person's impairment, limited understanding of the needs of young people with disabilities, and the age and gender of the person behaving in a discriminatory way. The discriminatory experiences were reported to have had a negative impact on the social and economic participation of these young adults in their communities.</p>

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Points of interest

- The participants of the study disclosed diverse experiences of interpersonal discrimination by the travelling public and transport officials.
- Interpersonal discrimination impacted on some of the young adults' capacity to move about freely, as they sought to avoid exposure to prejudicial attitudes and verbal abuse.
- Heightened concerns about getting to and from activities safely affected the young adults' willingness to use public transport for their daily activities.
- Eliminating day-to-day interpersonal discrimination that young adults with disabilities experience on public transport requires legislative, policy and societal change.

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3 **I had every right to be there: Discriminatory acts towards young people with**
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5 **disabilities on public transport**
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5 **disabilities on public transport**
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10 Abstract
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15 This article examines findings from a qualitative study exploring the experiences of
16 young adults with disabilities regarding their perceptions of interpersonal discrimination
17 on public transport in two Australian states. Interpersonal discrimination by members of
18 the public included contests for accessible seating, receiving unwanted physical
19 assistance, bullying and intimidation. Participants reported that transport staff engaged
20 in verbal abuse and hostile interactions including questioning the young person's
21 disability. These experiences appeared to be influenced by narrow perceptions of
22 disability, visibility or otherwise of the young person's impairment, limited
23 understanding of the needs of young people with disabilities, and the age and gender of
24 the person behaving in a discriminatory way. The discriminatory experiences were
25 reported to have had a negative impact on the social and economic participation of these
26 young adults in their communities.
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45 **Keywords: Accessibility, public transport, public transit, discrimination, barriers**
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49 **Points of interest**
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- 52 • The participants of the study disclosed diverse experiences of interpersonal
53 discrimination by the travelling public and transport officials.
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- Interpersonal discrimination impacted on some of the young adults' capacity to move about freely, as they sought to avoid exposure to prejudicial attitudes and verbal abuse.
- Heightened concerns about getting to and from activities safely affected the young adults' willingness to use public transport for their daily activities.
- Eliminating day-to-day interpersonal discrimination that young adults with disabilities experience on public transport requires legislative, policy and societal change.

Introduction

Exposure to discrimination is an important public health issue. It represents a violation of the rights of people to participate in society on equal terms with others, thereby increasing the risk of exposure to well-established social determinants of poorer health (e.g., poverty, poor housing, unemployment). A growing body of evidence (e.g. Krieger 2014; Lewis, Cogburn, and Williams 2015; Schmitt et al. 2014) also suggests that exposure to overt acts of discrimination may be detrimental to an individual's health and may be an important determinant of health inequities experienced by marginalised groups including people with disabilities in Australia (Krnjacki et al. 2018; Temple, Kelaher, and Williams 2018).

People with disabilities experience multiple and intersecting forms of institutional and structural discrimination that seriously impair their social and economic participation (United Nations General Assembly, Human Rights Council 2016). Recognition of this issue has underpinned the enactment of disability discrimination legislation in many countries, and the ratification by the majority of countries of the United Nations Convention on the Rights of Persons with Disabilities (the Convention) (United Nations 2006). Australia was an early signatory to the Convention, and once ratified the member nation is required to address legislative alignment and policy responses with the articles of the Convention. Of particular relevance to this paper is Article nine of the Convention which specifies the right to ensure that people with disabilities are free to travel safely without fear of harassment, discrimination or exclusion on an 'equal basis with others'.

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5 All Australian governments have also endorsed the National Disability Strategy 2010-
6 2020 (Commonwealth of Australia 2011). Strategy one - 'Inclusive and accessible
7 communities' - of this document requires policy action on public environments and
8 amenities such as public transport. It requires that people with disabilities can travel
9 safely and with confidence on public transport without fearing discriminatory
10 behaviours and verbal abuse. However, the strategy and suggested policy action only
11 address the need to design infrastructure and communities that are accessible to all
12 (universal design) and the need for physical accessibility.
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26 Young adults with disabilities, like other young adults, have many reasons to travel in
27 public. They are likely to be working, on work placement, studying or attending
28 training. They are also likely to be going to social and cultural events, as well as
29 spending time with their friends (Arnett 2000). Early adulthood is typically associated
30 with greater independence, more freedom of movement and seeking further education,
31 employment, and leisure and social activities yet a recent review suggests this is not the
32 same for young people with disabilities (Maxey and Beckert 2017).
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45 **Background**

46 For the purposes of the study reported in this paper we defined disability as described in
47 the Convention. That is, that persons with disabilities are "those who have long-term
48 physical, mental, intellectual or sensory impairments which in interaction with various
49 barriers may hinder their full and effective participation in society on an equal basis
50 with other" (United Nations 2006). We follow the International Classification of
51 Functioning, Disability and Health (WHO 2001) which describes disability on a
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3 continuum exploring impairments in the context of body function and structure.
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5 Impairments may give rise to disability (as described in the Convention) which, in
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7 interaction with various barriers, hinders the full and effective participation of persons
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10 with disabilities.
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14 Existing research on disability discrimination has primarily focused on two
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16 interconnected issues: (1) the ways in which institutional, systemic or structural
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18 discrimination serve to exclude people with disabilities from taking advantage of
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20 opportunities provided by key social institutions (e.g., education systems, labour
21
22 markets, legal systems) thereby increasing their social disadvantage and
23
24 marginalisation; and (2) the existence and impact of stigmatising attitudes towards
25
26 people with disabilities (Corrigan 2014; Thomas,2007). Since the formative work of
27
28 Goffman (1984), considerable attention has been paid to understanding the genesis and
29
30 impact of common prejudicial stereotypical attitudes held about minority or
31
32 marginalised groups (Corrigan 2014). Key assumptions underlying this work are that
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34 such attitudes support the operation of systemic discrimination and lead to
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36 discriminatory interactions including between non-disabled and disabled people.
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42 These interpersonal discriminatory interactions can take many forms including
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44 staring, infantilising, avoidance, distancing, insulting, bullying, harassment and physical
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46 violence (Garland-Thomson 2009; Imrie 2000; Roulstone and Mason-Bish 2012). We
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48 defined interpersonal discrimination following (Krieger, 1999) as discrimination,
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50 harassment, abuse and bullying by individuals, or groups of individuals and which are
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52 directly perceived as unjust.
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3 A scoping review of the literature identified a growing body of literature reporting on
4 interpersonal discrimination experienced in public space by people with disabilities
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6 (Hall, 2004, 2005; Lefebvre & Levert, 2014; Mathers, 2008; Pinfold, 2000; Wiesel,
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8 Bigby, & Carling-Jenkins, 2013). This literature addressed the nature of discrimination,
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10 harassment and bullying related to emotional abuse and harassment, particularly teasing
11
12 and being picked on, having feelings hurt or being called names (Emerson, 2010). We
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14 only identified two papers that mentioned discrimination on public transport; both of
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16 which addressed the situation of people with intellectual disabilities ((Macdonald, 2015;
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18 Richardson et al., 2016; Sin, Mguni, Cook, Comber, & Hedges, 2010).
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26 In addition to experiences of discrimination, Hannam, Sheller and Urry (2006) identify
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28 that the movement of people between private and public spaces needs to be understood
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30 in terms of participation in society, social exclusion and potential threats associated with
31
32 travel. They further note that movement between public spaces can allow people to
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34 move freely and unencumbered but can also exacerbate immobility when movement is
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36 constrained by lack of or inappropriate infrastructure or societal attitudes about
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38 participation. In a similar vein, Skeggs (2004, 9) notes that “mobility is a resource with
39
40 which not everyone has an equal relationship”. This is exacerbated in the case of
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42 certain disabilities. Hall (2004, 302) for example has written about people with learning
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44 disabilities for whom spatial marginalisation may happen on a day-to-day basis, leading
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46 to their physical exclusion within certain places, or eliciting feelings that lead to self-
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48 exclusion and a ‘shrinking social world’. Writing about first person accounts from
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50 people with spinal cord injury Lingsom (2011, 331) identified that for some people with
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52 disabilities, the external physical and social world can be “unknown and unreachable
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54 rather than known and accessible”.
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3 However, what is less understood are the experiences of people with disabilities more
4 broadly as they go about their everyday lives and specifically the nature, frequency and
5 impact of day-to-day interpersonal, individual-level discrimination experienced by
6 young people with disabilities in public places (Llewellyn, Vaughan, & Emerson,
7 2015). This is a significant gap in the disability literature given the emerging evidence
8 about the relationship between discrimination, harassment and concern about one's
9 personal safety, and subjective well-being and level of comfort in public places for
10 adults with disabilities (Krnjacki et al. 2016).

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24 This gap in knowledge is beginning to be addressed. Dammeyer and Chapman (2018)
25 (in a Danish survey on violence and discrimination) noted that individuals with
26 disabilities compared to those without disabilities reported significantly higher levels of
27 violence. The survey also identified that women with disabilities have a higher risk of
28 experiencing discrimination than men with disabilities. Emerson et al (2019) identified
29 that adults with disabilities from the United Kingdom were over three times more likely
30 than their peers to be exposed to discrimination, with younger highly-educated people
31 more likely to report episodes of discrimination. The two most common sources of
32 discrimination were identified as coming from strangers in the street and health staff.
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More broadly, Emerson and colleagues (2020 in press) used data from a British study to
show that disability discrimination was the most common form of discrimination
reported by working age adults and that there was an association between exposure to
this form of discrimination and a subsequent deterioration self-rated health. Although
the strength of the association between discrimination in public places and later health
and wellbeing is unclear, it is likely that the severity and/or frequency of interpersonal

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2
3 discriminatory acts plays a part (Krnjacki et al. 2018; Llewellyn, Vaughan and
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5 Emerson 2015).
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10 People with or without disabilities do not live their lives in isolation. People are
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12 impacted and influenced across multiple dimensions some of which are personal such as
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14 age, others such as educational attainment and employment status are social and yet
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16 others are locational, urban or rural, city or village for example. These multifactorial
17
18 issues impact the ways in which people move about the community and experience their
19
20 lives. A recent secondary analysis of data from three national cross-sectional surveys in
21
22 the UK demonstrated that the well-being of adults with and without disabilities is
23
24 associated with age, gender, ethnicity, partnership status, educational attainment and
25
26 employment status (Emerson et al. 2020). In line with intersectionality theory the
27
28 personal, social and locational dimensions of life are inter-connected. In relation to
29
30 discrimination and disadvantage specifically, intersectionality theory proposes that the
31
32 interconnected nature of social categorizations such as race, class, gender and more
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34 recently disability, create overlapping and interdependent systems of discrimination or
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36 disadvantage (Goethals, De Schauwer and Van Hove 2015).
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For the study reported here public places were conceptualised as spaces and situations
where individuals have little or no control over who they may encounter, be these
known people or strangers, and where there may or may not be social interaction. This
conceptualisation excludes institutional settings such as education, congregate living
facilities, health facilities and usually also workplaces except where workplaces are also
conjointly a public space (e.g., café, shopping centre).

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3 Data presented in this paper are drawn from a study that sought to investigate the nature
4 and outcomes of interpersonal discrimination experienced by young adults with
5 disability in public places. Interpersonal discrimination on public transport emerged
6 from this study as an issue of concern, and so in this paper we focus on young people's
7 lived experience of using public transport to move around in and between public places
8 as they go about their daily lives.
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16 17 18 19 **Research process**

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21 The study adopted a qualitative design through a two-phase process of narrative
22 interviews. The multiple interview qualitative design chosen for this study addressed
23 three fundamental criteria. First, it allowed exploration of the breadth and variety of
24 disability-based interpersonal discriminatory acts by including young women and men
25 (school leavers and those in their early 20s) with diverse and multiple impairments from
26 different social, cultural and geographical locations. Second, through engaging with
27 participants in multiple interviews it provided the opportunity to recall and relay events
28 and meaning over time and thereby to uncover the intersectionality of personal, social
29 and locational dimensions within and across interpersonal discriminatory acts. Third,
30 our multiple interview method had proved highly feasible in our earlier studies with
31 young people with disabilities (Honey et al. 2013; Foley et al. 2012).
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50 The multiple interviews were informed by a life history approach that we have used
51 successfully to understand disability, identity and transition to adulthood (e.g. Llewellyn
52 and McConnell 2010; Wedgwood et al. 2013). Our life history approach brings together
53 individual specificity situated within a particular time of life (emerging adulthood) and
54 grounded in geographical and societal contexts (in public in early 21st century
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3 Australia). Thus, it moved from an understanding of individual stories to that of social
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5 mechanisms, patterns and conditions that facilitate interpersonal disability-based
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7 discriminatory acts and the impact thereof on individuals' participation and wellbeing.
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9 The focus on the contextual particularities of individual biographies has been found to
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11 be especially important when studying groups who are marginalised, both as a tool for
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13 empowerment and as a way of revealing contradictions and exceptions unexpected by
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15 the research agenda (Plummer 2001). Lived experience narratives are widely
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17 documented in disability research and studies, see for example Bogdan and Taylor
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19 (1994) in the United States, a lifetime of work from Thomas (1999) and Oliver (1990)
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21 and in Australia (Clifton, Llewellyn and Shakespeare 2018a; Clifton, Llewellyn and
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23 Shakespeare 2018b). The role of authentic inclusion of lived experience narratives
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25 implore social change as a way to better understand impairments and their consequence.
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27 As well as the role of disability studies in furthering discussion about the way in which
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29 living with disability is understood.
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42 *Sampling and recruitment*

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44 The research team sought to recruit young adults with a diversity of impairments (e.g.,
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46 sensory, physical, intellectual, communication) or health conditions (e.g., degenerative
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48 or chronic physical or mental health condition or illness) which, in the social and
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50 cultural context of the two most populated Australian states, NSW and Victoria, were
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52 likely to be associated with disability. We aimed for diversity in recruitment drawing
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54 from young men and women from a range of socio-economic, geographic, and cultural
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56 and linguistic backgrounds. We were keen to recruit young adults who use public
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3 spaces for different reasons and with varying resources, such as those working or
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5 attending post-school education or training and those at home. The project involved two
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7 life history interviews with young people who identified as living with a disability. The
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9 research team offered preference to the participant by suggesting that interviews could
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11 centre on photographs, textual material, as well as verbal sharing via interviews.
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14 Requests for use of assistive devices were encouraged, where required. The study
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16 received ethical clearance from the University of Sydney Human Research Ethics
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18 Committee (HREC) (approval no. 2015/398).
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24 Participants were recruited from one metropolitan and two regional sites in NSW and
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26 one metropolitan site in Victoria. The study was publicised via a recruitment page on
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28 the University of Sydney website, and by sending flyers for electronic distribution to
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30 Disabled People's Organisations (DPOs) serving young adults. Information flyers were
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32 disseminated by local, issue specific, state based and youth focused DPOs, non-
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34 government organisations serving young adults with disabilities and disability services
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36 departments at local universities. We also launched a project Facebook page,
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38 conducted presentations about the study at organisational and community meetings and
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40 took part in radio interviews. Prospective participants were asked to contact the research
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42 team at which time details of the study were provided, questions answered and
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44 subsequently the participant information sheet and consent form emailed or mailed. A
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46 summary description of participants is detailed below, to ensure reader accessibility. A
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48 table with demographic information has been added as an appendix should the reader
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50 wish to view.
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3 26 young people took part in the interviews conducted by JN and LGA. Twenty-five
4 participants resided in metropolitan regions (Sydney and Melbourne), with one living in
5 regional NSW. 12 identified as female, 12 as male and 2 chose not to identify in terms
6 of gender. After self-identification of primary disability type, 19 of the 26 also shared
7 that they lived with additional impairments. Primary disability type included sensory
8 impairment (n=5), Chronic illness (n=5), Disability acquired at birth (n=5), mental
9 health diagnosis (n=3), Degenerative condition (n=3), cognitive impairment (n=4) and
10 spinal cord injury as a result of trauma (n=1)
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21 *Data collection and analysis*

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23 The study involved two semi-structured face-to-face interviews with each participant,
24 conducted at a mutually convenient time and place, typically at a café, in a park, or at
25 the participant's home. Interviews ranged between twenty-four minutes and one and a
26 half hours duration. Telephone interviews were conducted with one participant to
27 address logistical barriers associated with attending a face-to-face interview. The first
28 interview aimed to understand the participant in their socio-cultural and geographic
29 context, using a narrative approach to explore where the young person lived and with
30 whom, their schooling, education and employment, growing up and adolescence,
31 neighbourhood and community, social relationships and involvement with services,
32 leisure and use of public spaces and how this had changed over time as they entered
33 young adulthood. The interview concluded with a briefing on the study definitions of
34 interpersonal discrimination and public space. A second interview was scheduled as
35 soon as practical. Between the interviews, participants were asked to note down and
36 reflect on contemporary instances of interpersonal discrimination to discuss in the
37 second interview, and (if they wished) to send photos, drawings or stories about their
38 discriminatory experiences to the project team prior to the second interview.
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5 The second interview, also in narrative format, was designed to elicit the following
6 about interpersonal discrimination: (i) the most recent instance; (ii) the most frequently
7 occurring instance of interpersonal discrimination, and (iii) the instance or instances
8 with the most impact. For each, probe questions explored the place and setting where
9 the instance or instances of discrimination occurred, what happened, who was involved,
10 the participant's perception of the motivation behind the discrimination, bystander
11 response if any, the participant's response at the time, and the emotional, physical and
12 social impact of the discrimination. The latter included whether participants had
13 changed their lives in any way in response to the discriminatory events they had
14 experienced. The two interview schedules are available from the corresponding author
15 on request.
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34 All interviews were recorded and transcribed verbatim. Participant demographics
35 relevant to the research question were entered into an Excel spreadsheet. Identifying
36 data was removed from transcripts and pseudonyms allocated. Interview data was
37 organised and coded using NVivo (V10) qualitative data analysis software. Inductive
38 and deductive coding was undertaken following the processes suggested by Braun and
39 Clarke (2006). Initially deductive coding (defined by Braun and Clarke as exploring if
40 the data supports the research hypothesis) was used with the narrative material from the
41 second interview to organise and record participants' accounts of the most recent, the
42 most frequently occurring instance and the instance or instances of interpersonal
43 discrimination with the most impact. The results of this coding were collated using
44 NVivo software and independently coded by another researcher (SW) from the team.
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3 As the frequency and extent of interpersonal discrimination on public transport became
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5 apparent, inductive coding (defined again by Braun and Clarke (2006) as analysing the
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7 patterns in the data and then theorising how this is relevant to the research topic) and
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9 further deductive coding (if needed) was undertaken on this sub-set of data investigating
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11 in detail instances of interpersonal discrimination on public transport, participants'
12
13 perceptions of others' motivation for the discrimination, as well as impact on the
14
15 participants' social and economic participation on their health and wellbeing. In the next
16
17 analysis phase the research team used deductive processes to identify the social
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19 mechanisms, patterns and conditions evident in the data. The final phase of analysis
20
21 involved drawing together four participants' storied experiences (Creswell and Poth
22
23 2016) to offer rich narrative detail as well as to illustrate insights about the complexity
24
25 of social processes underpinning participant experiences of interpersonal discrimination
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27 on public transport (SW and LGA).
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36 **Results**

37 Chrisa

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39 Chrisa is a 27-year-old young woman with a renal tubular disorder who lives in
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41 South Eastern Sydney with her mum, dad and sister. In addition to her
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43 degenerative kidney disease she also lives with arthritis. She identifies her
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45 disability as being invisible at times. Chrisa uses public transport to get to
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47 university, to travel to and from work, and to go out with friends. She explained
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49 that catching public transport was stressful for her because people would not
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51 vacate the accessible seating, did not react positively when she asked to sit in the
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53 priority seating, and nobody intervened to help her. From a mobility perspective
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55 Chrisa fluctuates in terms of her capacity to move about her community "*when it's*
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3 *not as good, I have a disability permit on my car and a disability spot in my street”*

4 she explains. She was also able to recall examples of discrimination on transport

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6 that happened frequently, as well as ones that had significant impact on her

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8 wellbeing in the short and longer term.
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14 Chrisa experienced episodes of discrimination on public transport when travelling

15 to and from university *“I was catching the bus into the city but the buses were*

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17 *quite full and I wasn’t sure if I was going to get a seat”* she explained. *“So there*

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19 *were two buses at the same time. I hopped onto the back one and the bus driver*

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21 *said ‘why are you getting onto my bus’ and I said ‘because I really need a seat for*

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23 *medical reasons’ and he was like ‘we go to the exact same place’ and I was like*

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25 *‘yes, I know’ and he said ‘well now you have caught the slow bus’ and he then*

26
27 *proceeded to stop at every stop on the way into the city”*. In terms of the impact on

28
29 her wellbeing and an exacerbated sense of powerlessness, Chrisa explained *“I just*

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31 *felt so offended by it and it took up so much of my time and there was nothing that*

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33 *I could do about it”*. Chrisa decided not to report the incident to Transport NSW,

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35 she decided to adjust the time of day that she travelled to ensure there were no

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37 further altercations with the driver.
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47 Chrisa’s experiences of discrimination coupled with the degenerative nature of her

48 condition meant the discriminatory behaviours she encounters have the capacity to

49 inhibit social connectedness. *“I will go out to friend’s houses but that’s about it, I*

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51 *don’t typically go across a lot of Sydney, I know it’s because it’s typically public*

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53 *transport and to catch that for a while and long distance is typically a bit scary,*

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55 *particularly if you’ve got lots of connections because when you try to get on a bus*

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3 *or train, it's nervousness of "am I going to get a seat"?* She finds that going out at
4
5 night alone makes her feel unsafe and that she needs to plan ahead to limit any
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7 potential events *"like if someone grabbed me I'm screwed because I don't have*
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9 *any strength to do anything about it, so I prefer to have someone with me a lot of*
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11 *the time"*.
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18 Chrisa has also found that as the outward signs of her condition fluctuate when it
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20 is less visible, incidents of discrimination when using public transport increase: *"I*
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22 *found that people, if you don't have a physical marker, people just won't answer*
23
24 *you"*. Chrisa has changed her behaviour over the longer-term as a result of the
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26 discrimination in public places she has experienced. *"I try not to use my disability*
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28 *pass when "looking good" if that makes sense but then again in a place like*
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30 *Westfield's (shopping centre), something like that, I will often use it because I*
31
32 *know when I have finished shopping I will be tired"*. However, the progression of
33
34 her disease means that she now finds having a central line (central venous
35
36 catheter) is a *"physical marker of my disease...which is silly as it seems it's kind*
37
38 *of useful"* in terms of demonstrating her impairment to others.
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45 Jodie

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47 Jodie is a 24-year-old young woman with Bethlem myopathy, a form of muscular
48
49 dystrophy. She uses a wheelchair to move around to navigate public places. Jodie
50
51 lives close to a train station in a "progressive" inner suburb of Melbourne and
52
53 catches the train morning and evening during peak hour during the working week
54
55 to commute to and from work on the other side of Melbourne. Jodie has to change
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57 train lines as part of her commute. In the evenings, trains are often already
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3 crowded with passengers from the CBD. Jodie knows that legally, train drivers
4 must let her on the train, however they often refuse; even when other passengers
5 are willing to make room for her. Jodie relies on the train driver to set up an access
6 ramp to bridge the gap between the platform and the train, and so her ability to
7 board the train is completely dependent on the attitudes and willingness of the
8 train driver.
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19 Jodie described a period of about 6 months during winter when three or four times
20 a week the train driver refused to let on the train on her evening commute. *“It’s*
21 *the driver that has to let me on, they would just decide that there was no room and*
22 *they would say, ‘You’re not getting on this train.’ I’m like, ‘It’s illegal not to let*
23 *me on,’ but that wouldn’t make any difference and then they would just leave me.*
24 *Sometimes I’d be waiting there as three trains went past if there was a delay and*
25 *they would stop and be like, ‘No. You’re not getting on.’ Then they wouldn’t even*
26 *let me say anything, they’d just close the door again”.*
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40 On these occasions, Jodie would often be left alone on the platform, in the dark,
41 after all the other passengers had boarded the train. This made her feel unsafe and
42 afraid. *“The only thing that made me feel a bit safe was that there were security*
43 *cameras. So, when I made the complaint, I was like, ‘You can look at the security*
44 *footage and you’ll be able to see that all the train drivers didn’t let me on,’ and*
45 *then they were like, ‘Okay. We’ll review the security footage and get back to you.’*
46 *Then a few weeks later, they were like, ‘We can’t take your complaint any further,*
47 *because the security cameras don’t work there.”* Jodie was shocked to learn that
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3 the security cameras on the platform were not working, and this heightened her
4
5 fear of being left behind on the platform in future.
6

7
8 Sometimes Jodie would argue with the train driver that they had to let her on the
9
10 train. Other passengers often joined in by making room for her in the carriage and
11
12 calling out to the train driver. On one occasion, she described how the driver
13
14 *“caved to the pressure from me and the other passengers”* and put down the ramp,
15
16 yet afterwards he made an announcement over the loudspeaker to all the train
17
18 passengers blaming Jodie for the delay. Jodie recalled how after she got on she
19
20 said *“Thanks everyone for letting me on, just to be polite. It had taken a few*
21
22 *minutes of convincing the driver that he should let me on, so then over the*
23
24 *loudspeaker he says to everyone on the train, ‘Sorry about the delay, it’s because*
25
26 *of the wheelchair.”*
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30
31 These experiences made Jodie feel angry and ashamed but because she relies on
32
33 the train to go to work and socialise she feels she cannot modify her use of public
34
35 transport even if she wanted to. She hates that she is *“relying so heavily on the*
36
37 *driver to get on the train”* and that she has to allow extra time to get to and home
38
39 from work because *“there’s no guarantee I’m going to get on the train”*. When
40
41 asked why she thought train drivers were refusing to let her on, she said *“maybe*
42
43 *they couldn’t be bothered moving people down?”* She said that whilst some train
44
45 drivers would let her on, she was pleasantly surprised when this was the case,
46
47 because just as often, the drivers would tell her *“I can’t let you on, because this*
48
49 *train is at triple capacity right now”*. In these instances she would be doubtful
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51 because *“even if this is the truth, which it probably was, why didn’t they just drive*
52
53 *past the station? Why did they stop to let 20 other people on, but not me?”*.
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3 In response to these experiences, Jodie joined an advocacy group that lobbies for
4 improved access to public transport for people with disabilities. She also lodged a
5 formal complaint with the Transport Ombudsman, telling them *“please don’t let*
6 *this happen again”*.
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12 Jen
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14 Jen is a 25-year-old woman who lives in suburban Melbourne. Jen has multiple visible
15 and invisible disabilities, including chronic nerve pain, muscle degeneration and self-
16 describes as living with a mental illness. Jen has experienced significant hardship and
17 discrimination over her lifetime relating to her family situation, her schooling and
18 management of her health conditions and disabilities. As Jen’s disabilities have become
19 more visible over time, she has noticed a direct relationship between the visibility of her
20 disability and the amount and nature of interpersonal discrimination she has experienced
21 when in public places and especially when using public transport. Jen describes frequent
22 and significant experiences including unwanted physical assistance and verbal and
23 sexual assault. *“I experience discrimination pretty much almost every day that I’m on*
24 *public transport and I travel on public transport all the time. I’m always moving*
25 *between different areas on public transport, because I don’t have a car, and that’s a big*
26 *issue for me.”*
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44 Jen described frequent experiences of being grabbed and pulled by other passengers
45 who were worried that she was going to fall. Jen felt that these acts were driven by good
46 intentions and that people were generally trying to be helpful, however she was
47 offended by the assumption that she needed help at time when she did not and that
48 people did not ask her before touching her. *“There’s an assumption that people make*
49 *that you’re broken, and that you need their help. They often won’t ask if you want help*
50 *or assistance, which is respectful to ask. On public transport, whenever you do stand,*
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3 *people think you're going to fall, so they grab you".* Although thinking people's
4
5 intentions were good, Jen described how being touched can exacerbate her pain. *"It*
6
7 *often makes things worse. Even if I'm trying to take off my backpack, and then people*
8
9 *grab it. Because I have a shoulder injury, it makes it worse. It makes my pain worse*
10
11 *with my nerve conditions, too... I don't want to be touched."*

12
13
14 In addition to unwanted physical assistance, Jen reported frequent experiences of being
15
16 sexually assaulted by male passengers when climbing on and off trams. *"I regularly get*
17
18 *assaulted on public transport, getting on and off public transport. People think that*
19
20 *that's their ticket to assaulting me. A lot of people do take advantage of it. When I was*
21
22 *climbing [on the tram], I've had men from behind me put their hands on my arse, to try*
23
24 *and lift me up onto that tram. They'll use that as an excuse to sexually assault me.*
25
26 *These are men that I don't know, on public transport".*

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29
30 Jen's experiences of interpersonal discrimination on public transport also included
31
32 being verbally assaulted by other passengers who did not understand her needs as a
33
34 person experiencing chronic pain or did not believe that she had a disability and thought
35
36 therefore she was 'gaming the system' when asking for an extra seat to elevate her feet.
37
38 *"I have fluid in my legs, if I don't elevate my legs, then the fluid and inflammation get*
39
40 *worse. So, I need to have my legs up... People see it that you're taking up too much*
41
42 *space... that you're being too needy. They see it as you don't really need that, you're*
43
44 *taking advantage of this situation".*

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47 Because of these experiences, Jen has modified her use of public transport, which is
48
49 significant, considering how reliant she is on public transport to travel to work,
50
51 university, hospital appointments and social occasions. Jen tries to avoid travelling
52
53 during peak hour and at nights on the weekend *"especially when people are drinking,*
54
55 *then it's almost impossible to travel safely".*

John

John is a 28-year-old young man who lives with his parents and a younger brother in the north-west suburbs of Sydney. During the research interviews he shared that he has a visible disability - Tourette's – a neurodevelopment disorder characterised by tics, involuntary muscle spasms. He was not diagnosed with the condition until he was in his late teens.

John, at the time of the interview, was working full time in information technology. He primarily used public transport (train) prior to being able to afford his own car.

“When I was travelling by train I would often notice that, specifically when my muscle spasms would flare up and I couldn't control them and the train was packed and you generally start to see that people see that you are a bit strange and obviously because they don't have the education that something is wrong with you then the first thing isn't necessarily to help you, it is to stand back”. He viewed these potential microaggressions or a sense of othering from two perspectives *“on the plus side I got a little bit of extra room but on the negative side sometimes you could just hear people mumbling and just see the eyes checking you out and like ‘what is he up to, what is he doing’, you know, is there a problem, is there going to be an issue?”.*

John reflected on the way that some previous experiences of discrimination when using public transport to travel to and from work had tainted the way he chose to move around public places *“I was on the bus”* he explained *“I pressed the buzzer*

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3 *to get off and I always try to make sure that I am near a buzzer because I can't*
4 *stand up because otherwise; I have bad balance and I fall straight back down*
5 *again. So, I press the buzzer, guy drives straight by my stop. So, I yell out and say*
6 *'oh mate, next one thank you' and he drives straight past that one too. It wasn't*
7 *until another girl actually physically stood up and stood right next to him that he*
8 *is like 'oh, you need to get off?'*. When asked about the ways in which he was
9
10 responded to, or ignored, when seeking help from public transport drivers, John
11 shared *"I've seen a bus driver pretty stupidly, with another guy in a wheelchair,*
12 *and they said I need this stop mate, so he stops the bus on a dirt path, like, near a*
13 *dirt path and he doesn't lower the bus down, so the guy had to ask him to move*
14 *back a little bit and then he had to jump his chair off, which I didn't think was very*
15 *good"*.
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33 Despite negative episodes on buses John explained that the most frequent
34 incidents of discrimination occurred on trains. *"Younger ones are always quick to*
35 *judge, surprise, surprise, and they're the ones that will usually comment you can*
36 *hear them commenting. And then I think that the middle-aged people are the ones*
37 *that generally notice, and they stand back a bit more and, you know, they don't*
38 *tend to talk as much. If they were solo, they wouldn't say anything because you*
39 *know, they have no balls but there is security amongst their peers and the numbers*
40 *that they have with them"*.
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53 John was asked to reflect on the impact of these incidents: *"of course it did [affect*
54 *my mental health]. I think you could say residually, by that I mean sub-*
55 *consciously, I guess you could notice the effect for several hours afterwards and*
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3 *sometimes you wouldn't be completely refreshed till the next day and it would be*
4 *even worse if it happened in the morning because it sort of sets the tone for the*
5 *day. It would pretty much last the entire train trip, until certain people got off the*
6 *train, until I got home, until I felt safe again. Like if I was in the car with my dad*
7 *or I was in the house and then I would sort of start to feel the onion layers peeling*
8 *off again and I would start to feel a bit better again". John also shared that the*
9
10 stress of being in these situations, trying to control others staring or comments or
11 aggression created fatigue, and a cumulative sense of *'just dealing with shit; the*
12 *tics themselves are annoying as fuck because you are fighting them the whole time*
13 *and then the mental energy expended on that is what drains you, and then getting*
14 *judgement from people is the last thing you want, so you sort of build up a wall,*
15 *build up a shield and that, which takes energy in your mind as well. So yes, I*
16 *would say it is draining [physically]'*
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35 John was asked if these behaviours, when using public transport, impacted his
36 decision to not travel alone or to change his route or routines. *"I don't see any*
37 *reason why I would need to get off because of that. So I did have my own self-*
38 *respect and standards and I know that I had every right to be there as well as*
39 *everyone else. I paid for my fare, but maybe there were times that I did out of*
40 *sheer embarrassment, especially when it was girls. There was probably a situation*
41 *or two there where there was a pretty girl and I would start spazing (sic) out and I*
42 *would just think 'oh fuck, I do not want to be here right now'"*.
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55 Discussion
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3 Disablism, is defined by Thomas (2007) as ‘a form of social oppression involving the
4 social imposition of restrictions of activity on people with impairments and the socially
5 engendered undermining of their psycho-emotional well-being’ In this study,
6
7
8 participants described experiences of existing in public spaces, and the ways in which
9
10 interpersonal discrimination shaped the choices they made about how they lived their
11
12 lives in response to disablism by the communities they lived in. What was prominent in
13
14 the analysis of the narratives was ambiguity regarding bystanders’ motivations to offer
15
16 unwanted ‘assistance’ prefaced as misguided kindness (Calder-Dawe et al, 2019). The
17
18 social discourse surrounding understanding of lived experience of disability, supports
19
20 the belief that young adults with disabilities were not independent, perpetuating that
21
22 notion that "discriminatory, oppressive or abusive behaviour arises [sic] from the belief
23
24 that disabled people are inferior to others" (see; United Kingdom SCOPE website).
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33 The review of the literature, in shaping the progression of this study, confirms that
34
35 disablism is reported as frequently occurring in societies such as Australia and the
36
37 United Kingdom where there is a long tradition of charitable support for people with
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39 disabilities and where images of dependence and fragility were frequently used in the
40
41 past to invoke donations and in-kind support (Goggin and Newell 2005; Thomas 2007).
42
43 This study identified the ways in which people are treated or perceived and the way this
44
45 shapes how young people move about and exist, outside of their homes. Temple et al
46
47 (2018) identified that discrimination commonly leads to avoidance broadly by people
48
49 with disability in the choices made about daily tasks, and that ‘bus drivers/rail staff/taxi
50
51 drivers’ were one of the key groups who perpetrated discrimination. Behaviours of
52
53 people with disability, as a result of this discrimination, meant an increase in avoidance
54
55 of place and spaces, including public transport. The interpersonal discrimination
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3 reported by these young adults with disabilities ,as they used public transport came from
4
5 both the travelling public and public officials, with their storied experiences illustrating
6
7 ways in which disability could be quite narrowly perceived by the fellow travellers and
8
9 staff as only related to impairments or health conditions which could be easily seen. The
10
11 following sections identify the key touchpoints noted in the case vignettes, as a way to
12
13 extend discussions regarding interventions and initiatives that seek to reduce
14
15 microaggressions and overt acts of discrimination for young people with disability.
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23 *Accessible seating as a contested space*

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25 People with disabilities may avoid social, familial and economic situations due to
26
27 physical and organisational obstacles that also include access to transportation and a
28
29 lack of communication assistance, as well as discriminatory attitudes (Vic Health,2012).
30
31 The limitations of public transport, from an accessibility perspective, have been
32
33 outcome focussed via reliance on to the provision of accessible seating as the solutions.
34
35 Seeing accessible seating as a ‘critical element’ (Park & Chowdhury’, 2018) or panacea
36
37 for use of transport by people with disability is not the solution identified in this study.
38
39 What was uncovered, by participant narratives ,was frequently occurring instances of
40
41 not being able to access, or being denied, priority seating on buses and trains especially
42
43 for people with less visible impairments. As no male participants needed priority
44
45 seating, it is not possible to comment on an association with gender.
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53 Priority seating emerged as a contested space because of its limited availability and its
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55 designation for three groups of people: people with disabilities, older people and parents
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57 with prams. The young people with disabilities reported what could be considered
58
59 ‘reverse age discrimination’ with little understanding that younger people may have
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3 impairments that limit their capacity, for example to tolerate standing on a stopping and
4 starting moving bus, train or tram. Participants described members of the travelling
5 public as unwilling to vacate accessible seating, refusing to do so when asked and, in
6 some instances, challenging young adults with disabilities about the authenticity of their
7 claim. Participants reported that as a result of this they were less likely to try to access
8 priority seating when it was in use, often changing seats or standing if challenged,
9 neither of which could be considered desirable. They also reported delaying travel and
10 not boarding buses or trains that were full, with accessible seating already occupied
11 (even by those not entitled to do so), and this affected them being on time for work,
12 education and social activities. Park and Chowdhury (2018) noted that in addition to
13 unawareness of the needs of people with disability to access seating, bus driver attitudes
14 also provided concerns for people being able to use spaces designed specifically to
15 enhance their journey. The overall result, in this study, was a group of young adults
16 with disabilities feeling anxious about catching public transport because of the lack of
17 access to and security in using accessible seating. This left them feeling hurt and
18 excluded through no 'fault' of their own.
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Unwanted and uncalled for assistance

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46 For young adults with more visible impairments or who used mobility aids such as a
47 wheelchair or assistance dog, their experiences could be considered 'the reverse' of
48 those discussed in the previous section. For these young adults, members of the
49 travelling public offered uncalled for or unwanted assistance particularly when the
50 young adult was trying to get on or off a bus or train. This happened irrespective of age,
51 gender or where the participant lived.
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3 From the participants' perspective, older travellers may be more likely to insist on
4 giving unwanted assistance (noted both in John's case study and varying in the
5 narratives of other participants). The impact of this varied by participant with one
6 describing it as a minimal and unnecessary hindrance to him but as potentially
7 dangerous for the older person lifting his heavy wheelchair. The impact for another,
8 however, was more serious as being distracted by 'assistance' could have potentially
9 dangerous consequences for her. Calder-Dawe et al (2019) points to a small body of
10 research that focuses on the role of 'everyday ableism in the context of
11 'nondisabled/disabled encounters' where identity-based discrimination can be overt or
12 covert, creating a sense for the person that 'judgements made were often absurd and
13 bore little relation to the embodied realities and capacities of those receiving judgement'
14 (p.16). The ongoing impacts of people having to offer emotional labour to decline
15 unwanted assistance, to warn against the non-disabled person offering help that might
16 endanger them or simple asserting a human right not to be touched or 'managed' builds
17 an awareness of interventions needing to be targeted more at community members and
18 workers in the community, in order to develop new ways of addressing the impacts of
19 discrimination on an already silenced group of people.
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44 *Non-verbal and verbal abuse*

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47 Conover, Israel, and Nylund-Gibson (2017) in exploring the inclusion and identification
48 of discriminatory acts experienced by people with physical disability identified that
49 microaggressions (such as verbal or non-verbal abuse experienced) could be ambiguous
50 and impact psychologically on the person receiving them. Research is scant on the ways
51 in which these forms of discrimination impact on the mental health outcomes of people
52 with disability. What was identified in this study is that young adults with more visible
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3 impairments, particularly behavioural or intellectual impairments, were most concerned
4 about members of the travelling public responding to them in judgemental ways and
5 with verbal abuse, which was felt as particularly exclusionary and othering. Teenagers
6 were the most common perpetrators of this type of interpersonal discrimination which
7 including name calling, abusive comments, staring and pointing. Participants did not
8 confront perpetrators as they did not want to escalate the situation, bring further notice
9 to themselves, or because the perpetrators were travelling in groups. The immediate and
10 more far-reaching impact reported was of apprehension, anxiety, annoyance, sadness
11 and disappointment. In the international literature people with intellectual or
12 behavioural disabilities have also been found to be more vulnerable to being harassed in
13 public, including when using public transport (Macdonald, 2015; Richardson et al.,
14 2016; Sin et al., 2010).

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34 Hostile, rude, unhelpful and abusive interactions with public transport staff happened
35 irrespective of geographical location or gender or type of transport but was more likely
36 for female participants with less visible impairments. Participants with vision
37 impairments commonly reported that bus drivers became angry and verbally abusive
38 because they did not signal buses to stop or for not ringing the bell in time for their stop.
39 Railway station staff and train inspectors also challenged participants on concession
40 ticket entitlement. A further insult was public transport staff being rude, aggressive and
41 confrontational when participants identified their disability. In addition, some of the
42 experiences of participants were impacted by older people commenting on the persons
43 age and ability, suggesting another example of the 'reverse ageism' mentioned earlier.
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3 More broadly, what was identified from the study was that, in spite of discrimination,
4 some participants continued on but emphasised that repetitive discrimination needs to
5 be acknowledged. Ways to reduce impact of stigma (see: England 2015), associated
6 with discrimination, requires strategies that need to be both evidence-based as well as
7 not placing the onus on the person with disability to develop resilience or coping
8 strategies when the person or community perpetrating the discrimination is not held to
9 account. Capacity to use public transport as a way to reach locations where people were
10 working, socialising or travelling for other purposes, means that the role of
11 discrimination within the public transport system needs to extend beyond thinking only
12 about this service as the focus for discrimination reduction. Emphasis on the role of
13 public transport as a gateway to day to day activities that enhance a person's quality of
14 life need to be reinforced. What was uncovered in the analysis, was the limited
15 awareness by the public – and public transport staff - of the needs and rights of young
16 people with disabilities which also influenced the instances of interpersonal
17 discrimination reported. This significantly heightening the young peoples' concerns
18 about getting to and from activities safely and affecting their willingness to use public
19 transport for their daily activities.

43 **Conclusion**

44 This study found that young adults with disabilities were subjected to interpersonal
45 discriminatory experiences on public transport which they considered hurtful, and in
46 some cases abusive, and which negatively impacted critical areas of their daily lives.
47 The impact on health and wellbeing of the young adult participants in this study
48 continued well beyond the unpleasantness of the immediate discriminatory situation. It
49 effected their willingness to move about in public spaces at particular times or in
50 specific locations and was detrimental to their social, working and/or educational life in
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3 terms of travel to and from locations and the immediate and cumulative impacts of
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5 discrimination. This finding has important policy implications for public transport
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7 officials and the travelling public. In our view, there is an urgent need to reduce [and
8
9 preferably eliminate] the day-to-day interpersonal discrimination that young adults with
10
11 disabilities experience on public transport.
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17 The discrimination faced by people with disabilities is an under recognised public
18
19 health problem that is likely to contribute to disability-based health inequities (Emerson
20
21 et al 2020 in press). The findings reported here suggest several ways in which policy
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23 responses need to be formulated to ensure safe and harassment free travel on public
24
25 transport for people with disabilities. First, legislation is required to mitigate
26
27 interpersonal discrimination on public transport. Second, mandatory and ongoing
28
29 disability sensitivity and awareness training needs to be implemented for all transport
30
31 staff, focussing on knowledge, attitudes and strategies for asking people with disabilities
32
33 what assistance they require, in what way, and how to do this to ensure their safety and
34
35 wellbeing as well as the safety of the person providing assistance. Third, a public
36
37 education campaign is needed to confront and overcome the apparently narrow
38
39 perceptions of disability held by the travelling public and transport staff. This could be
40
41 done through mainstream media and social media; education in schools, higher
42
43 education and workplaces; and, prominently displayed posters at train stations and bus
44
45 stops with the graphics decals in buses and trains for priority seating being clear about
46
47 this seating being dedicated to those who cannot stand for whatever reason visible or
48
49 otherwise. Critically, policies need to monitored and evaluated as required by
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51 Australia's obligations under the Convention and the National Disability Strategy.
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3 To our knowledge, this study is the first to have explored the interpersonal
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5 discrimination experienced by young adults with disabilities on public transport and
6
7 identified the nature of this discrimination and its impact on their daily lives. The study
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9 findings need to be interpreted within the limitations of sample size, which restricted
10
11 analysis with respect to the intersections of age, gender, location and impairment, and
12
13 which future research could examine in more detail. Future research may need to
14
15 explore the cumulative impact of discrimination across organisational settings as well as
16
17 in public places on people with disabilities in early adulthood.
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24 Finally, the words of Lingsom (2011) that anticipating and planning to use public
25
26 transport is like 'shooting at a moving target' for people with disabilities are most apt
27
28 for the findings of this study. The study findings are a call to action to reduce and
29
30 eliminate interpersonal discrimination on public transport for all including young adults
31
32 with disabilities. Public health policy, research and practice needs to concentrate efforts
33
34 on developing programs that reduce discrimination experienced by people with
35
36 disabilities in public places.
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45
46 this study.
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Appendix one: Demographics of participants

Age	Sex	Impairment 1	Impairment 2 present	Impairment 3 present	Region
27	F	Kidney disease			Metropolitan
24	F	Vision	-	-	Regional
24	F	Vision			Metropolitan
24	M	Intellectual (cognitive, behavioural)			Metropolitan
27	F	Lupus			Metropolitan
22	M	Schizophrenia			Metropolitan
26	F	Down Syndrome			Metropolitan
20	M	Vision			Metropolitan
20	M	Cerebral Palsy			Metropolitan
22	M	Cerebral Palsy			Metropolitan
28	F	Vision			Metropolitan
18	F	Vision			Metropolitan
28	M	Tourettes			Metropolitan
24	F	ADHD			Metropolitan
25	M	Cerebral Palsy			Metropolitan
30	M	Spinal cord injury			Metropolitan
24	M	Autism			Metropolitan

26	F	Partial Agenesis of the corpus collosum			Metropolitan
27	M	Muscular dystrophy			Metropolitan
25	F	Chronic nerve pain			Metropolitan
24	F	Bethlem myopathy			Metropolitan
22	F	Muscular dystrophy			Metropolitan
26	M	Vision			Metropolitan
26	M	Unimaniapolar			Metropolitan
19	N/B	Chronic pain disorder			Metropolitan
22	N/B	Chronic pain disorder			Metropolitan

Shaded = present

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