

ORIGINAL ARTICLE



Awareness and Stigma Toward Visible and Invisible Disabilities in Banda Aceh, Indonesia: A Sociological and Policy Analysis

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Abstract

Public understanding of disability in Banda Aceh continues to rely heavily on visible physical markers, resulting in limited recognition of invisible disabilities. This study examines public awareness, stigma, and institutional readiness using a qualitative sociological approach supported by descriptive survey data. A total of 50 respondents completed online/offline surveys, complemented by semi-structured interviews with policymakers, educators, and community actors, as well as policy document review and limited observations. Findings show a sharp awareness gap: while most respondents (94%) were familiar with disability in general, only 22% recognized that disabilities can be non-visible. Neurodiverse behaviours were frequently interpreted as issues of discipline, parenting, or spiritual disturbance rather than developmental differences, reflecting culturally rooted stigma. Institutional readiness was also low. Only 20% perceived public services as inclusive, and just 18% believed frontline staff understood invisible disabilities. Interviews revealed that although Qanun Aceh No. 2/2025 provides a legal foundation, it lacks operational guidelines and disability-disaggregated data, limiting effective implementation. Overall, the study identifies substantial gaps in public understanding, persistent stigma, and inadequate institutional preparedness. Improved disability literacy, clearer regulations, and strengthened cross-sector capacity are essential to advancing inclusion for individuals with invisible disabilities in Banda Aceh.

1. Introduction

Public understanding of disability is often shaped by the assumption that disability must be visibly observable. Ysasi *et al.* explain that many individuals automatically associate disability with wheelchairs or physical impairments, whereas invisible disabilities consist of chronic, neurological, cognitive, or psychosocial conditions that affect daily living but lack outward physical markers [1]. This misconception contributes to higher levels of stigma, misinterpretation, and inadequate support for those experiencing invisible disabilities, reflecting society's reliance on visual cues as the primary indicator of disability legitimacy.

The lack of outward visibility and the corresponding ability to "pass" as non-disabled often complicate recognition and understanding of invisible disabilities for both affected individuals and the wider public [2]. Fitzgerald, highlights that, comments such as "you look well" or "you don't seem disabled" can invalidate lived experiences, intensify distress, and reinforce internalized stigma you [3]. These interactions underscore a central tension in disability studies: the disconnect between external appearance and internal reality.

Visibility is commonly used as a social marker of disability, meaning that individuals with invisible disabilities (also referred to as hidden disabilities, non-apparent disabilities, or sometimes invisible illnesses) often go unnoticed or are disbelieved when expressing their difficulties [4]. Because the boundary between being disabled and non-disabled is less clear for those with invisible disabilities, the possibility to pass as not having a disability is more likely than when the individual has a visible disability [5]. This blurred boundary introduces complex identity negotiations, often pushing individuals to conceal their conditions to avoid judgment, exclusion, or stereotyping.

The urgency of understanding and addressing these disparities has been reinforced by global development agendas. The United Nations asserts that full and equal participation of persons with disabilities is essential for achieving the Sustainable Development Goals (SDGs) by 2030, emphasizing the need for deeper understanding and research on disability inclusion [6]. Evidence across countries demonstrates that people with disabilities particularly those with invisible disabilities continue to face exclusion across sectors, including education, healthcare, employment, and community life. Abualghaib *et al* note that individuals with invisible disabilities frequently encounter overlapping and cross-cutting forms of stigma and prejudice, leading to persistent exclusion across the life-course [7]. These findings illustrate the systemic nature of the challenges, where limited visibility intersects with structural barriers. Despite global recognition of invisibility-related stigma, research focusing specifically on the lived experience of invisible disability remains limited. Existing studies tend to prioritize visible disabilities or focus on single-sector issues such as workplace discrimination or mental health stigma [6,8]. As a result, there is still insufficient understanding of how invisible disabilities are perceived, negotiated, and responded to in everyday social settings, particularly in low-middle-income countries (LMICs), where cultural norms and religious frameworks strongly shape interpretations of disability.

Inequalities in access to essential services further exacerbate these challenges. Studies by Ahmed, Basnett, and Bhandari, collectively demonstrate that unequal access to quality education and healthcare reinforces social and economic inequality, hindering progress toward SDG 10 on reducing inequality [9–11]. For individuals with invisible disabilities, these barriers remain largely unaddressed due to a lack of recognition and the persistent belief that visible disabilities are more “real”. Negative beliefs and stereotypes directly undermine community inclusion and increase stigmatization [12,13].

In Indonesia, and particularly in Aceh, these issues manifest in culturally specific ways. Interviews with a community learning centre in Banda Aceh reveal that many children with autism, ADHD, and other invisible disabilities are labelled as “naughty,” “undisciplined,” “poorly raised,” or spiritually disturbed, reflecting local explanatory models that moralize or spiritualize behavioural differences. Public services including healthcare facilities, worship spaces, and private services such as barbers or dental clinics are often unprepared to accommodate neurodiverse individuals, reinforcing exclusion and undermining equal participation.

From a policy standpoint, the Aceh Government has enacted the Qanun Aceh No. 2/2025 on the Fulfilment of the Rights of Persons with Disabilities, which provides a foundational legal framework. However, the regulation does not distinguish between visible and invisible disabilities and lacks technical guidelines for service implementation [14]. This absence of operational clarity constrains the extent to which institutions can meaningfully respond to the needs of neurodiverse individuals.

Despite the global prominence of disability inclusion and the rapid growth of research on invisible disabilities, no existing study has examined public awareness, stigma, and institutional readiness toward invisible disabilities in Banda Aceh. More broadly, the existing literature continues to focus predominantly on visible disabilities, leaving invisible disabilities empirically

underexplored across different contexts. Research in low- and middle-income countries, particularly within Muslim-majority societies, also remains limited despite their distinct sociocultural dynamics that strongly influence understanding of disability. Furthermore, to date, no research offers a comprehensive, multi-level analysis that integrates public perceptions, stigma mechanisms, and institutional preparedness within the unique legal-cultural environment of Aceh, highlighting a significant gap that this study seeks to address.

Taken together, these gaps underscore the need for a deeper and contextually grounded examination of how invisible disabilities are understood and navigated within Banda Aceh. This study addresses these gaps by analysing public awareness, stigma, and institutional readiness towards invisible disabilities in Banda Aceh. By situating the findings within the broader context of global disability inclusion and the regional policy frameworks, this research generates empirical insights that can inform culturally grounded disability policy development, guide institutional capacity-building, and support the design of more inclusive public services. In doing so, this study not only advances theoretical understanding of invisibility stigma but also provides practical evidence to strengthen ongoing disability inclusion efforts in Banda Aceh.

2. Methods

2.1 Research Design

This study uses a qualitative sociological approach supported by descriptive surveys through Google Forms and direct interviews to analyze public perceptions, institutional awareness, and policy readiness related to visible and invisible disabilities in Banda Aceh [15]. This combination of methods was chosen because it was considered capable of analyzing the various layers of sociocultural complexity that are important to understand in sensitive thematic such as disability inclusion [16].

2.2 Respondents

A purposive random sampling strategy was used to reach a diverse group of residents living in Banda Aceh. A total of 50 respondents completed the online and offline survey disseminated through community networks, civil society organizations, and social media. This respondent size is appropriate for an exploratory sociological study designed to capture patterns of awareness, stigma, and policy perceptions within a context where public understanding of invisible disabilities remains limited.

The demographic profile of respondents is summarized as follows: 52% (n= 26) were aged 18–25 years and 48% (n= 24) were aged 26–35 years. In terms of gender, 56% (n= 28) were female and 44% (n= 22) were male. Regarding education level, 68% (n= 34) had an undergraduate degree, 20% (n= 10) had completed Senior High School (SMA/SMK), and 8% (n= 4) held a postgraduate degree. The diversity of the sample strengthened the representativeness of findings in capturing sociocultural narratives and variations in knowledge and stigma.

2.3 Key Informants

To complement survey data, semi-structured interviews were conducted with institutional and community actors involved in disability advocacy, public policy, and service delivery [17]. These included a Community Learning Centre (PKBM) in Banda Aceh, psychology academics from Universitas Muhammadiyah Aceh, a functional social counsellor (*Ahli Muda*) from the Aceh Social Affairs (*Dinas Sosial*), the Chair of Commission V of the Aceh Legislative Council (DPRA), and representatives from a neurodiversity community organization. These informants were selected because of their direct involvement in disability education, public service provision, and policy implementation, thereby providing deeper contextual insights into systemic and institutional challenges.

2.4 Data Collection

Four complementary data collection techniques were used to ensure triangulation:

(1) Descriptive Survey (Google Form and Offline Interview)

The survey included both structured and open-ended questions. Sample items included:

- “Have you ever interacted with people with disabilities?”
- “Are you familiar with the term invisible disabilities?”
- “Have you ever seen someone with an invisible disability being treated negatively?”
- “In your opinion, what is the biggest cause of stigma against invisible disabilities in “Banda Aceh?”
- “In your opinion, are public facilities in Aceh (health canter, schools, mosques, barbershops/dental care services) already friendly to neurodiverse individuals (invisible disabilities)?”
- “Do you think Aceh Qanun No. 2/2025 accommodates the needs of people with invisible disabilities?”

(2) Semi-Structured Interviews

Interviews explored themes such as:

- public misconceptions,
- institutional readiness,
- stigma formation,
- policy gaps,
- challenges in service implementation for neurodiverse individuals.

(3) Policy Document Review

Key documents analysed:

- Qanun Aceh No. 2/2025 on Disability Rights,
- Law (UU) Number 8 of 2016 on Persons with Disabilities

(4) Limited Observations

Observations were conducted in:

- Public spaces,
- Community learning centres,
- Public health services,
- Worship facilities,
- and informal community settings.

These observations helped validate inconsistencies between policy commitments and on-ground experiences.

2.5 Data Analysis

2.5.1 Thematic Analysis

Qualitative data from open-ended survey items, interviews, and observations were analysed using a hybrid thematic approach based on Braun and Clarke’s reflexive thematic analysis framework [18]. Inductive coding captured stigma-related ideas expressed by participants such as interpreting neurodiverse behaviours as signs of poor self-control or emotional instability while deductive coding was guided by disability-studies literature.

Three central themes were generated:

- (1) public misconceptions about disability,
- (2) social and institutional stigma toward invisible disabilities, and
- (3) policy gaps and institutional readiness.

2.5.2 Descriptive Quantitative Analysis

Closed survey items are summarized using frequencies and percentages. These descriptive patterns will be presented in diagrams in the Results section to illustrate the level of awareness, stigma indicators, and policy perceptions among the 50 respondents.

2.5.3 Policy Content Analysis

Qanun Aceh No. 2/2025 and Law No. 8/2016 were analysed using a structured framework that assessed the categorization of disabilities, compliance with CRPD principles, service provision mechanisms, institutional responsibilities, monitoring provisions, and regulatory implementation.

2.6 Ethical Considerations

All participants provided informed consent. Participation was voluntary, anonymous, and in accordance with ethical standards for research on sensitive topics such as disability and stigma.

3. Results and Discussion

3.1 Public Awareness and Understanding of Disabilities

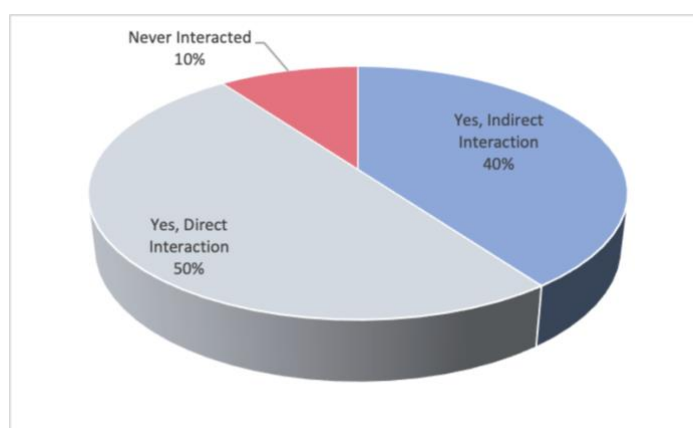


Figure 1. Levels of Public Interaction with Persons with Disabilities (source: authors' own illustration)

Respondents reported relatively high levels of interaction with persons with disabilities. As shown in the **Figure 1**, 50% had direct interaction, while an additional 40% reported indirect interaction through various social or community settings. Only 10% indicated that they had never interacted with a person with a disability. These findings suggest that public exposure to disability is widespread, forming an initial basis upon which awareness and understanding might develop.

Despite this high level of interaction, awareness patterns reveal a substantial gap. As shown in **Figure 2**, while 94% of respondents were familiar with disability in general, only 22% recognized that disabilities can be invisible. This gap indicates that interaction alone does not necessarily translate into deeper conceptual understanding, particularly when impairments lack visible markers. Reinforcing global evidence that invisibility increases the likelihood of misinterpretation and stigma [1].

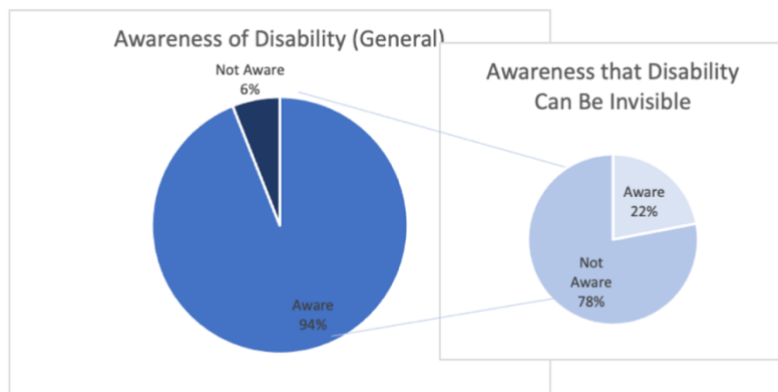


Figure 2. Discrepancy in Public Recognition of Disabilities: High Awareness of General Disability Versus Low Awareness of Invisible Disability. (source: authors' own illustration)

The persistence of this awareness gap aligns with global findings that public understanding of disability relies heavily on physical or observable cues such as mobility aids or visible functional limitations [1]. Respondents' explanations also illustrate how the invisibility of certain conditions leads to misinterpretation. Many described neurodiverse behavioural expressions, such as stimming, inattention, and sensory sensitivities as issues of discipline, morality, or poor parenting rather than neurological differences. This reflects the dynamics identified by Fitzgerald, who notes that individuals with invisible disabilities are often perceived as “looking well,” resulting in their difficulties being minimized or overlooked [3].

These interpretations echo Abualghaib et al argument that individuals with invisible disabilities face overlapping and lifelong forms of stigma driven by limited societal understanding [7]. Structural barriers identified in prior studies by Ahmed, Basnett, and Bhandari, particularly within healthcare and education further reinforce these challenges, as institutions often lack the mechanisms or training needed to address conditions that are not physically apparent [9–11].

Overall, the findings demonstrate that although public exposure to disability is high, understanding remains disproportionately focused on visible impairments. The limited recognition of invisible disabilities underscores the need for strengthened public education and institutional capacity-building to support more accurate and inclusive interpretations of diverse disability experiences.

3.2 Stigma and Social Perception Toward Invisible Disabilities

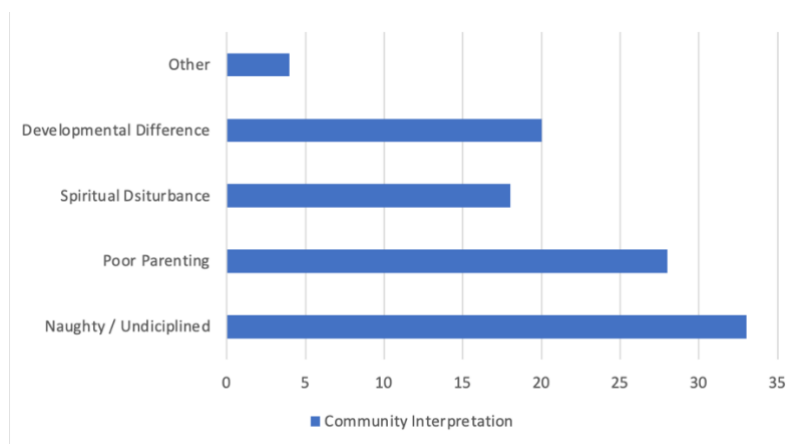


Figure 3. Community Interpretation Toward Invisible Disabilities. (source: authors' own illustration)

Stigma remains a substantial barrier to inclusion. **Figure 3** shows that respondents believe society most frequently interprets behaviours related to invisible disabilities as “undisciplined”

(66%), followed by “poor parenting” (56%) and “spiritual disturbance” (36%). These interpretations reflect a mixture of behavioural, moral, and spiritual attributions that obscure the underlying disability-related needs of individuals.

Notably, only 40% selected “developmental differences” as a likely community interpretation, indicating that medical or neurodevelopmental explanations are not yet widely internalized in public discourse. This resonates with scholarship highlighting how cultural norms shape disability perceptions, particularly in contexts where behavioural differences are quickly moralized or spiritualized.

The presence of moral stigma toward invisible disabilities has practical implications. Misinterpretation contributes to delayed diagnosis, lack of support, family burden, and exclusion from public spaces such as schools, healthcare systems, and places of worship. This aligns with global findings that invisible disabilities often trigger higher levels of misunderstanding and scepticism compared to visible disabilities, due to the absence of clear visual cues.

Overall, the results demonstrate that stigma toward invisible disabilities in Aceh is not only present but deeply intertwined with cultural narratives that attribute disability-related behaviours to discipline, parenting, or spirituality rather than neurodevelopmental or psychosocial factors.

3.2 Institutional Readiness and Institutional Stigma

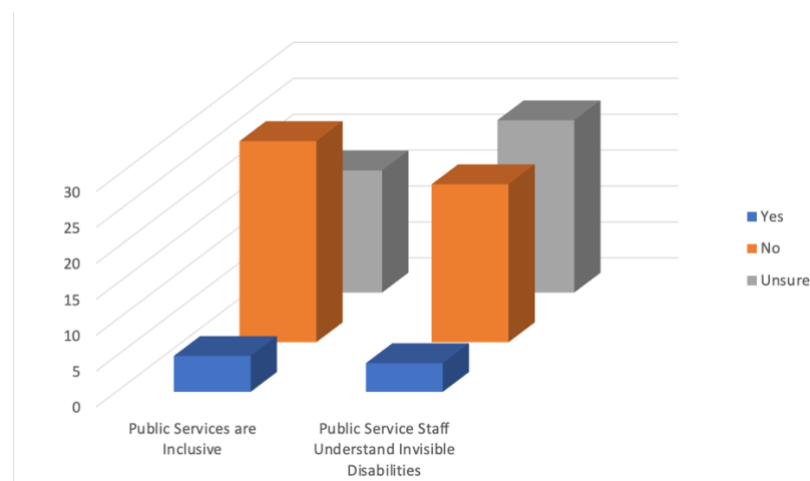


Figure 4. Public Perceptions of Institutional Inclusivity and Staff Understanding of Invisible Disabilities. (source: authors' own illustration)

Findings indicate that institutional readiness to support individuals with invisible disabilities remains limited across key public sectors in Banda Aceh. As illustrated in the [Figure 4](#), only 20% of respondents perceived public services as inclusive, while 44% believed they were only partially inclusive and 36% considered them not inclusive at all. Perceptions of staff competency followed a similar pattern: just 18% believed that service providers understood invisible disabilities, compared to 30% who were unsure and 52% who believed staff lacked adequate understanding. These patterns suggest that institutional environments remain poorly equipped to identify, accommodate, or respond to the needs of individuals with non-apparent disabilities.

This limited readiness is also reflected in Aceh's regulatory landscape. While Qanun Aceh No. 2/2025 represents a significant step toward establishing legal protections for persons with disabilities, its implementation capacity remains weak. Discussions with Commission V of the Aceh Legislative Council reaffirm this gap. According to the Chair of Commission V, the qanun currently provides only broad and general definitions of disability and does not adequately distinguish between different categories, including neurodiverse groups and other forms of

invisible disabilities. Crucially, the qanun lacks implementing regulations, such as gubernatorial decrees, which are required to translate legal mandates into actionable service procedures. As of now, these operational guidelines have not yet been issued, resulting in considerable ambiguity for frontline agencies. Commission V acknowledges that institutional literacy on invisible disabilities remains limited, and stresses that inputs from disability-related communities are essential to ensure that forthcoming regulations address more specific needs.

Similarly, perspectives from the Aceh Social Affairs Office (Dinas Sosial) illustrate the practical challenges underlying this institutional gap. Officials note that neurodiversity manifests in various forms, including anxiety and bipolar disorder, which are increasingly observed among youth. However, societal understanding in Aceh remains extremely low, as evidenced by the persistence of harmful practices such as *pasung*. The Social Affairs Office highlights that issues related to neurodiversity are often intertwined with broader social determinants, including family instability, socioeconomic hardship, community exposure to crime and violence, and child neglect. Without a dedicated regulatory framework or structured service pathway, responses are often remain reactive and fragmented. Officials argued that Aceh urgently requires specific regulations and integrated social protection mechanisms to ensure long-term, comprehensive support for neurodiverse individuals.

Taken together, the survey data, legislative interviews, and institutional perspectives reveal a consistent pattern: public institutions in Aceh are not yet structurally or operationally equipped to address invisible disabilities, despite the existence of a formal legal framework. The absence of disaggregated disability data further limits evidence-based planning, while the lack of implementing regulations for Qanun Aceh No. 2/2025 leaves service providers without clear standards, SOPs, or accountability mechanisms. These gaps sustain low levels of institutional literacy and reinforce inconsistencies in frontline service delivery across key sectors.

Institutional stigma against individuals with invisible disabilities is reflected not only in survey findings but also in the lived experiences reported by community stakeholders. The Chair of the *Pusat Kegiatan Belajar Masyarakat* (PKBM) also point to the presence of institutional stigma, reflected in structural or procedural barriers that disadvantage individuals with invisible disabilities. Examples include healthcare settings that are not designed for invisible disability sensory needs, limited availability of sensory-friendly facilities, inadequate inclusion within public worship spaces, and public service environments where personnel have not received training on invisible disability. These findings align with Earnshaw and Quinn's framework, which argues that stigma embedded within healthcare and public systems reduces service accessibility, undermines trust, and contributes to poorer outcomes for individuals with chronic or invisible disabilities [19].

Additional challenges include limited transportation accessibility, which force many families to rely on private vehicles, and Indonesia's absence from global neurodiversity initiatives such as the Sunflower Program that, in other contexts, enable travellers with invisible disabilities to receive tailored assistance in airports and public transit systems [20]. These constraints, combined with inconsistent institutional practices, such as limited accommodations, insufficient support, and instances of neglect or passive exclusion, highlight how the invisibility of such disabilities contributes to unmet needs and reinforces structural gaps. Collectively, these issues underscore that despite the existence of a legal framework, operational readiness across sectors remains fragmented and uneven, underscoring the necessity for greater institutional recognition, standardized accommodations, and more coordinated implementation efforts.

Taken together, these results highlight the urgent need for comprehensive policy design, cross-sector coordination, and institution-wide capacity building. Enhancing institutional understanding of invisible disabilities is essential to ensure that regulatory commitments

translate into meaningful, equitable, and inclusive practices across healthcare, education, religious settings, and public administration.

4. Conclusions

This study shows that while many people in Banda Aceh have interacted with persons with disabilities, public understanding remains focused mainly on visible impairments. Awareness of invisible disabilities is still very low, leading to common misconceptions and stigma, such as interpreting neurodiverse behaviors as lack of discipline, poor parenting, or spiritual causes. Stigma is further reinforced by cultural narratives and limited institutional preparedness. Public facilities are generally not perceived as inclusive, and service providers often lack the knowledge and training needed to support individuals with invisible disabilities. Although Qanun Aceh No. 2/2025 provides a legal framework, its implementation remains weak due to the absence of clear operational guidelines and insufficient institutional capacity.

Overall, the findings highlight the needs for stronger public education, clearer policy mechanisms, and improved institutional training to ensure that individuals with invisible disabilities receive appropriate recognition, support, and inclusive access to services in Banda Aceh.

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