University Library



A gateway to Melbourne's research publications

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:
Temple, JB;Wong, H;Ferdinand, A;Avery, S;Paradies, Y;Kelaher, M

Title:
Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability

Date:
2020-08-28

Citation:
Temple, J. B., Wong, H., Ferdinand, A., Avery, S., Paradies, Y. & Kelaher, M. (2020). Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait Islander people with a disability. Australian Journal of Social Issues, 55 (4), pp.376-395. https://doi.org/10.1002/ajs4.126.

Persistent Link:
https://hdl.handle.net/11343/253848

Author Accepted Version. Final version published as: Temple, J. B., Wong, H., Ferdinand, A., Avery, S., Paradies, Y., & Kelaher, M. (2020). Exposure to interpersonal racism and avoidance behaviours reported by Aboriginal and Torres Strait islander people with a disability. *Australian Journal of Social Issues*.

Exposure to Interpersonal Racism and Avoidance Behaviours Reported by Aboriginal and Torres Strait Islander People with a Disability

Using the National Aboriginal and Torres Strait Islander Social Survey, this paper examines exposure to interpersonal racism and avoidance reported by Aboriginal and Torres Strait Islander people with disabilities. We find that in 2014-15, 32% of people aged 15-64 without a disability experienced racism compared with 42% of those with a disability. Half of those living with an intellectual or psychological disability reported racism and about 20% of those with any disability avoided settings such as healthcare, education, or general public due to past instances of racism, relative to 11% of those without a disability. After adjusting for a confounding factors and complex survey design, presence of a disability was associated with a 1.6 to 1.8 odds increase in exposure to racism, more frequent racist exposure and avoidance. Disability was further associated with an approximately doubling of odds of reporting multi-context avoidance and the likelihood of reporting both racism and avoidance in tandem. Severity of disability, higher numbers of disabling conditions as well as specific disability types were associated with an increased odds of racism and avoidance. Independent of these effects, removal from one's natural family and identifying with homelands was strongly associated with racism and avoidance.

Keywords: Racism, Avoidance, Disability, Aboriginal and Torres Strait Islander

Introduction

For Indigenous peoples across the globe, racism is linked to colonisation, a process which often displaced them from traditional land and culture. Anti-Indigenous racial discrimination is unique as forced familial disconnection and removal of heritage decreased the ability to cope with racism, thereby amplifying its impacts (Teevale et al., 2016). Racism, or the disparity in power, resources, capacities or opportunities between ethnicities, races, or cultural groups, often manifests in interpersonal interactions in which poor or unequal treatment between people is based on a conception of 'race'(reference omitted to preserve the peer review process').The prevalence of interpersonal racism experienced by Australian Aboriginal and Torres Strait Islander people is high, with estimates of exposure to racism ranging from 28.2% to 93% (Biddle et al., 2013, Ziersch et al., 2011).

The effects of racism on Indigenous people has been well-documented, and includes worsening health and barriers to attaining housing, education and other necessities (Anderson and Collins, 2014, reference omitted to preserve the peer review process', Moodie et al., 2019, reference omitted to preserve the peer review process'). Indigenous people with disability are at considerable risk of exposure to discrimination, given their multiple marginalised identities and necessity of placing themselves in contexts which may expose them to racism (eg., health care) (Shepherd et al., 2017, reference omitted to preserve the peer review process'). In studies of disability intersecting with other forms of identity, people with multiple marginalised identities experience the siloing of competencies in which spaces that catered to one particular identity did not have the competency for the other (Kattari et al., 2017, Henry et al., 2010). Within Australia, "Culture is inclusion: A narrative of Aboriginal and Torres Strait Islander people with disability" conceptualises these experiences as 'intersectional discrimination,' an interaction of

discrimination based both on Aboriginality and disability (reference omitted to preserve the peer review process'). Here, assumptions and prejudices about Aboriginal and Torres Strait Islander people interact with experiences of disability to expose higher levels of vulnerability; such as in the case where an Aboriginal man with cognitive impairment is assumed to be drunk and is therefore targeted by authorities (reference omitted to preserve the peer review process').

One response to discrimination is avoidance. Avoidance is the process of voluntarily avoiding certain settings to mitigate the risk of experiencing discrimination. Among Indigenous people, avoidance has been qualitatively reported of seeking housing, healthcare, education, and general public spaces (Anderson and Collins, 2014, Artuso et al., 2013, Canel-Çınarbaş and Yohani, 2019, Denison et al., 2014, Jacklin et al., 2017, Motz and Currie, 2019, Ziersch et al., 2011). The intersection of disability with other marginalised identities can lead to individuals avoiding situations to disprove stereotypes surrounding those identities. For example, studies examining the experience of Aboriginal Australians with Hepatitis C found that many avoided seeking treatment or disclosing their health status out of fear of confirming racist stereotypes of Indigenous people carrying disease (Treloar et al., 2016, Brener et al., 2016).

Australian research confirms avoidance strategies as a theme in the lives of Aboriginal and Torres Strait Islander people with disability more generally. Following repeated experiences of discrimination, 'Apprehended discrimination' may result; the fear of becoming exposed to discrimination, leading to avoidance behaviours as a form of self-protection (reference omitted to preserve the peer review process'). Interviews with Aboriginal and Torres Strait Islander people with disability, particularly highlight the relevance of avoidance behaviours in relation to employment settings. This is likely a contributing factor to poor levels of labour market attachment

of Aboriginal and Torres Strait Islander people generally, and for those with disability in particular (reference omitted to preserve the peer review process').

Notably, there is little quantitative evidence of the prevalence of discrimination or avoidance between Indigenous people with and without disability. Indigenous people living with disability are a grossly understudied population, which given the quality of life outcome disparities between Indigenous and non-Indigenous people, and people with and without disability, is of concern (Anderson and Collins, 2014, Wisdom et al., 2010). One of the few studies of disability and racism, found that Aboriginal people with cognitive impairments had over double the odds of exposure to racism relative to Aboriginal people without this disability (Shepherd et al., 2017). While multiple studies describe discrimination in specific settings (health, education, employment, etc.) or the experience of discrimination among certain subsets of disability, there is a notable lack of studies that evaluate discrimination and disability more broadly.

In this paper, using nationally representative data, we examine several questions about exposure to interpersonal racism and avoidance reported by Aboriginal and Torres Strait Islander people living with disability. Firstly, are Aboriginal and Torres Strait Islander people living with disability more likely to cite incidents of racism or avoidance attributable to racism relative to those without disability? Second, does the risk of experiencing racism or avoidance behaviours differ by type, severity or numbers of disability conditions? Finally, are there differences in the situations or contexts in which racism or avoidance is reported by disability status?

Methods

Data

Data for this study are from the 2014/15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) conducted by the Australian Bureau of Statistics (ABS). The NATSISS is a multi-stage survey, sampling Aboriginal and Torres Strait Islanders in remote and non-remote areas, including discrete communities, across all Australian States and Territories. Discrete communities include "regions inhabited or intended to be inhabited predominately by Aboriginal and Torres Strait Islander people, with housing or infrastructure that is either owned or managed on a community basis" (Australian Bureau of Statistics, 2016a). Persons living in publicly owned settings such as hospitals, nursing homes or carceral institutions and those without stable housing were not included in this survey.

In the development phase of the survey, the ABS sought input from numerous stakeholders, including Aboriginal and Torres Strait Islander peak bodies, government departments with Aboriginal and Torres Strait Islander responsibilities and from the ABS Advisory Group for Aboriginal and Torres Strait Islander Statistics. ABS interviewers had received extensive training in cultural awareness prior to conducting interviews. Some items on the questionnaire were reworded or concepts changed to take account of language and cultural differences across geographies. In community areas, Aboriginal and Torres Strait Islander facilitators accompanied ABS interviewers to assist with the data collection.

Following screening for the presence of an Aboriginal or Torres Strait Islander person living in the household, a response rate of 83.8% was achieved in remote Australia and 78.1% in non-remote Australia. The confidentialised survey data file contains records on 11,178 persons who self-identify as being an Aboriginal and/or Torres Strait Islander. Herein, we restrict the

sample to n=6,083 persons aged between 15 and 64, who responded to the unfair treatment (discrimination) questions. Data were collected via personal interview using a Computer-Assisted Interviewing (CA) questionnaire.

Measures

Disability

The ABS operationalizes disability as "any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for at least six months" (Australian Bureau of Statistics, 2019). Three key ABS datasets provide measures of disability in the Aboriginal and Torres Strait Islander population over recent years (Australian Bureau of Statistics, 2019). The most comprehensive measurement of disability in Australian datasets is available in the Survey of Disability and Carers (SDAC 2015) which uses a module in excess of 100 questions to measure disability prevalence, type and severity. The conceptual framework for disability in the SDAC is consistent with the World Health Organization's International Classification of Functioning, Disability and Health (World Health Organization, 2001). Despite the strengths of the SDAC instrument, the information on disability from the SDAC is limited due to the lack of inclusion of culturally-relevant conceptions of disability for Aboriginal and Torres Strait Islander communities, the geographic sample (it was not administered in very remote areas or discrete Aboriginal and Torres Strait Islander and Torres Strait Islander Communities) and the smaller sample size for Aboriginal and Torres Strait Islander people, limiting disaggregation of disability measures (Australian Bureau of Statistics, 2019). Since the SDAC omits measurement of racism and racially attributable avoidance, it cannot be used for our research purposes.

Both the 2014-15 NATSISS and 2012-12 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) utilise the short disability module (SDM) to measure disability. The ABS notes that "the full SDM was used in both non-remote and remote areas, with some wording amendments to aid comprehension" (Australian Bureau of Statistics, 2019). The General Social Survey (GSS, the NATSISS equivalent for the non-Indigenous population) (Bridel et al.) and other ABS Confidentialised Unit Record Files (CURFs), including the National Health Survey, provide a higher estimate of disability relative to the SDAC. The SDAC estimates 20.6% of the Australian population (Indigenous and non-Indigenous) aged 18 years and over living in private households, to have a disability. The comparable figure for the GSS is 31.9% (11.3% difference). The ABS note that an

> "implication for data users is that surveys using the Short Disability Module will probably show disability population characteristics that are somewhat more like the general population than the disability population as described in SDAC ….Thus, if disability is related to a characteristic, the broader disability group identified by the Short Disability Module will display a weaker relationship to that characteristic." (Australian Bureau of Statistics, 2018).

Despite the limitations of ustilising the SDM in disability prevalence studies, the inclusion of this measurement in NATSISS provides a unique opportunity to examine the relationship between disability, disability severity and racism.

In our analyses, we consider four measures of disability:

1.) Presence of some disability (dichotomous): Defined as a presence of a disability using the SDM instrument.

2.) Severity of a disability (Categorical): Defined as profound or severe, moderate or mild, other restrictions as defined by the level of assistance needed with self care, mobility, and/or communication tasks.

3.) Type of disability (dichotomous): Defined as a.) sight, hearing or speech, b.) physical, c.) intellectual, d.) psychological, e.) head injury, brain damage or stroke, f.) other restrictions.

4.) Number of disability types (ordinal): defined as the count of the number of disability types.

Interpersonal Racism and Avoidance

The discrimination module available in the NATSISS consists of 6 questions to gauge experiences of interpersonal discrimination and avoidance. Firstly, respondents were asked "In the last 12 months, have you had any of the following experiences because you are Aboriginal and/or Torres Strait Islander?" A prompt card was displayed to the respondent with the following selections (multiple selections were possible):

- Called names, teased or sworn at
- Heard racial comments or jokes
- Ignored or served last while accessing services or buying something
- Not trusted
- Told you are less intelligent
- Left out, refused entry or told you don't belong
- Spat at or had something thrown at you
- Any other experience that was unfair

For those who indicated at least one of the above, the respondent was further prompted with questions related to the frequency (over the previous 12 months) and context of the most recent incident as:

- Applying for work, or at work
- At home, by neighbors or at somebody else's house
- At school, university, training course or other educational setting
- While doing any sporting, recreational or leisure activities
- By the police, security people, lawyers or in a court of law
- By doctors, nurses or other staff at hospitals or doctor's surgeries
- When accessing government services
- When seeking any other services
- On the internet or telephone
- By members of the public
- Any other situation

Finally, respondents were asked whether they avoided "situations because you feel you have been treated unfairly in the past because you are Aboriginal and/or Torres Strait Islander?". A prompt card was shown similar to that outlined above.

Statistical Tests

For the bivariate analyses, weighted proportions of racism and avoidance stratified by measures of disability are presented. To examine the association between disability measures and exposure to racism and avoidance, multivariable binary, ordinal and multinomial logistic

regression models were fitted. Due to complex survey design, adjustments are necessary to generate correct variance estimates for the estimated parameter coefficients. A person weight in addition to 250 replicate weights are available on the data file to adjust for sample design and non-response. The delete-one jackknife method was used to make the replicate adjustments (Wolter, 1985). All analyses were conducted using the expanded NATSISS CURF (confidentialised unit record file) through the ABS Remote Access Data Laboratory (Australian Bureau of Statistics, 2016b).

To examine the association between disability and racism, it is important to control for known determinants of racism and avoidance to ensure our results are robust to confounding effects. Australian empirical studies show that constellations of socio-economic, demographic and cultural factors are associated with exposure to racism among Aboriginal people (reference omitted to preserve the peer review process', reference omitted to preserve the peer review process'). Previous studies utilising NATSISS to examine racism have found significant effects for age, education, geography and cultural characteristics such as whether the individual has ever been removed from their natural family or identifies with homelands (reference omitted to preserve the peer review process', reference omitted to preserve the peer review process').

Informed by these empirical studies, we present partially adjusted and fully adjusted odds ratios as follows:

- Partially adjusted (OR): Adjusted by age and sex only.
- Fully adjusted (ORA): Adjusted by age, sex, post school education, household financial stress, living in remote Australia, identifying with homelands and removal from natural

family. We also included interaction terms for sex by disability status but they were insignificant ($p>0.1$).

Following the multivariable results, we present weighted descriptive statistics stratified by measures of disability on the settings avoided and situations in which racism was experienced in the last 12 months.

Results

Racism and Avoidance by Disability and Selected Characteristics

Table 1 displays the weighted prevalence (W%) of exposure to racism, frequency of racism, avoidance, multi context avoidance and avoidance and racism in tandem. Across all measures, people with a disability exhibit higher exposure relative to those without a disability. Approximately 42% of Aboriginal and Torres Strait Islander people with a disability (aged 15 – 64) reported experiencing racism, relative to 32% of those without a disability. Moreover, the experiences of racism are more frequent among those with a disability relative to their peers. Approximately 20% of those with disability reported avoidance relative to 11% of those without a disability, with multi-context avoidance also more common. Just under 20% of all people with a disability reported both racism and avoidance, relative to 8% of those without a disability.

Although these descriptive statistics point to an association between presence of a disability and exposure to racism and avoidance, it is important to control for factors, independent of disability, that are associated with unequal treatment. Informed by prior studies, we included controls for a range of socio-economic, demographic and cultural factors (reference omitted to preserve the peer review process', reference omitted to preserve the peer review process'). In these data, racism tends to reduce with increasing age and with residence in remote parts of Australia.

In contrast, reports of racism are higher for those with higher levels of education, for persons in households with financial stress, for persons who have been removed from their natural family and for persons who identify with homelands.

With controls for all these factors and adjusting for complex survey design, disability remains strongly associated with all measures of racism and avoidance (Table 1). In the fully adjusted models, presence of disability increased the odds of racism (ORA 1.56 $p<0.001$), more frequent experiences of racism (ORA 1.48 $p<0.001$), avoidance (ORA 1.79 $p<0.001$) and multi-context avoidance (ORA 1.81 $p<0.001$) by 1.5 to 1.8 times. People with a disability were over twice as likely to co-currently report avoidance and racism (RRRA 2.09 $p<0.001$), relative to those without a disability. Although not the key purpose of this study, of the control variables, the Indigenous-specific measures (removal from family and identifying with homelands) were strongly associated with exposure to racism and engagement in avoidance behaviors.

Racism and Avoidance by Detailed Disability Characteristics

Using the detailed measures of disability available in the NATSISS, it is also possible to investigate the association between severity of disability and the presence of particular types of disabilities with racism and avoidance. For measures of racism, the odds of exposure were high across all severity types, but slightly more pronounced for people with a moderate or mild disability, relative to those with no disability (Table 2). For avoidance behaviors, persons with a profound or severe disability were at a minimum 2-fold increase in risk at reporting avoidance (ORA 2.37 $p<0.001$), multi context avoidance (ORA 2.44 $p<0.001$) or reporting both avoidance and racism (RRRA 2.51 $p<0.001$), relative to those with no disability. As a proxy for the severity of disability, each additional disability type was associated with a 1.2 to 1.6 increased odds of

racism and frequent racism, and a 1.3 to 1.6 increased odds of multi-context avoidance and avoidance.

In addition to these measures of the severity of disability, presence of specific disability types were associated with racism and avoidance (Table 2). Although racism and avoidance are heightened for all Aboriginal and Torres Strait Islander people living with disability, the underlying prevalence rates and modelled odds ratios are particularly high for Aboriginal and Torres Strait Islander people living with intellectual and psychological disability. Approximately half of these groups report racism and 25 – 30% report avoidance behaviors. With controls included, people with a psychological disability were approximately twice as likely to report racism (ORA 1.9 $p<0.001$) or frequent racism (ORA 2.05 $p<0.001$) and over three times as likely to report avoidance (ORA 3.5 $p<0.001$), multi-context avoidance (ORA 3.7 $p<0.001$) and four times as likely to report both avoidance and racism in tandem (ORA 4.22 $p<0.001$), relative to those with no disability. The odds ratios for people with intellectual disabilities are similarly heightened although at a lower level.

Settings of Avoidance and Situations of Racism

The measures in NATSISS also enable a disaggregation of the contexts or situations in which avoidance or racism was experienced, and whether these differed by disability status. For respondents who reported racism, they were asked to nominate the setting within which they were treated unfairly in the most recent event. One limitation of this measure is that it may under represent the full range of situations in which exposure to racism is manifest, as particularly for people with a disability, it is a frequent event and may occur across multiple contexts. Nonetheless, on the basis of the most recent incident, regardless of presence of a disability, in approximately 20% or more of respondents noted work and members of the public as the source of racism (Table

3). For those with profound of severe disabilities noting racism, in excess of 10% reported experiencing racism from members of the public (24%) or in an education, work or legal setting (12%). About 6% of this group also cited medical settings, compared with only 1% of those without a disability.

For avoidance behaviours, respondents were asked to nominate all settings avoided in the last 12 months. On the basis of this measure, the workplace, police, security and legal and public spheres are all cited by over 20% of all respondents regardless of disability status (Table 4). However, there are three key settings where people with disability were more likely to report avoidance. These included health services (15% versus 9%), accessing government services (19% versus 11%) and seeking any other services (11% versus 6.5%). Assessing these services was also pronounced for those living with a severe/profound or moderate/mild disability, as was avoidance of legal contexts. For example, 37% of those with a severe/profound disability reporting avoidance noted legal settings compared with 25% of those without a disability.

Discussion

This study finds that Aboriginal and Torres Strait Islander people (aged 15-64) living with a disability were about 1.6 times more likely to report racism and frequent racism and about 1.8 times more likely to report avoidance and multi-context avoidance compared to Aboriginal and Torres Strait Islander people without a disability. Aboriginal and Torres Strait Islander people with disability were also over twice as likely to to co-currently report avoidance and racism when compared to those without disability. These findings underscore that exposure to racism in Australia is significantly heightened for those with multiple marginalized identities. This finding also complements the notion of “stereotypical disabilities”, in which disabilities are

underdiagnosed or perceived to be the result of race (Australian Bureau of Statistics and First Peoples Disability Network Australia, 2017). Those interactions increase the likelihood of experiencing racism, as a person with disability assumed to be a stereotypical part of their race usually experience racially-motivated comments about their disability (Banks and Hughes, 2013).

In response to experiencing racism, many Indigenous people with disability intentionally avoid a variety of contexts such as healthcare or social services. The negative mental health effects of experiencing racism and concerns about potential racist application of policies such as child apprehension are specific examples of harms that lead to avoidance (reference omitted to preserve the peer review process', Denison et al., 2014). In addition, the benefit of accessing service provision contexts are often mitigated by a lack of culturally appropriate services or by racism itself. For example, racism in the form of lower educational expectations and discouragement of pursuing further education is commonly experienced by Indigenous people in educational settings (Canel-Çınarbaş and Yohani, 2019).

Aboriginal and Torres Strait people with disability of any severity were at a heightened risk of experiencing racism, but those with a profound or severe disability were at a considerably heightened risk (in excess of two times) of reporting avoidance, multi context avoidance and avoidance in tandem with racism. As a further proxy measure of the severity of disability, multiple disability types increased the odds of exposure to racism and avoidance by approximately 1.3 to 1.6 times with each successive disability type. International studies have indicated an association between disability severity and discrimination more generally. For example, a national-level Danish study found that people with disabilities that were categorised as "major" were significantly more likely to report discrimination than those with disabilities characterised as "minor" (Dammeyer and Chapman, 2018). Increased severity of disability has also been

associated with negative job satisfaction and a greater likelihood of job avoidance (Azzopardi et al., 2018). More generally, greater severity of disability limits the accessibility of various contexts and likelihood of discrimination, increasing avoidance (Lund, 2011).

Risk of experiencing racism and engaging in avoidance behaviours was also more pronounced for those living with intellectual disability or psychological disability, demonstrating a need for specific intersectional analysis. Half of the Aboriginal and Torres Strait Islander people living with these disabilities reported exposure to racism and 25 – 30% reported avoidance behaviours. This finding supports a recent study found that Aboriginal and Torres Strait Islander people with a history of incarceration and cognitive impairments have a 2.47 odds ratio of experiencing racist treatment, compared to Aboriginal and Torres Strait Islander people who have experienced incarceration but do not have cognitive impairments (Shepherd et al., 2017). The aforementioned Danish study also showed that compared to people with a physical disability, people with mental disabilities had higher likelihood of reporting discrimination (Dammeyer and Chapman, 2018). One way in which this can manifest is in a greater wage gap for people with mental disabilities compared to physical (Longhi et al., 2012) amd greater exposure to violence, harassment, or abuse (Cook et al., 2010, Dammeyer and Chapman, 2018). These inequalities between different kinds of disabilities are complex and have been theorised to be the result of differential application of human and civil rights, appropriate boundaries between caregiver and recipient, a decreased ability to recognise danger, and a fear of losing social contact (Cook et al., 2010).

Racism and avoidance were reported in a variety of settings by Aboriginal and Torres Strait Islander people with and without disability. Previous studies have documented avoidance of older Aboriginal and Torres Strait Islander people, in which 34% of respondents avoided workplaces or

job-seeking, 25% avoided law enforcement, 16% avoided government services or education, and 14% avoided healthcare (reference omitted to preserve the peer review process'). This is in accordance with the high levels of avoidance of employment, justice system, and public settings found in this study. Avoidance of health, government, and other services was significantly higher among Aboriginal and Torres Strait Islander people with disability compared to Aboriginal and Torres Strait Islander people without disability. Accessing government and health services was also pronounced for those living with a severe/profound or moderate/mild disability, as was avoidance of legal contexts.

Beyond avoidance, the effects of discrimination are wide-reaching, spanning multiple areas of life and intersecting with each other. The health disparities between Indigenous people with and without disability are significant, as only 14% of Aboriginal and Torres Strait Islander people with a profound or severe disability reported excellent or very good self-assessed health as compared to 53% of those without a disability (Australian Bureau of Statistics and First Peoples Disability Network Australia, 2017). A partial explanation is the discrimination and historical trauma experienced by Indigenous people in healthcare settings. Healthcare has often been used by governments as a place of oppression for Indigenous people, in the form of forced medical procedures and the catalyst for family removal (Artuso et al., 2013, Denison et al., 2014). As a result, fear and mistrust of healthcare are major deterrents to use. Current forms of discrimination such as racist assumptions of alcohol and drug use, lack of culturally safe care, and general negative treatment heighten that fear and mistrust (Jacklin et al., 2017, Canuto et al., 2018, Artuso et al., 2013). Healthcare discrimination is an oft-reported experience, with prevalence ranging from 10.7% to 33% of survey participants (reference omitted to preserve the peer review process', reference omitted to preserve the peer review process').

One of the major impacts of discrimination is reducing the target's ability to attain education. Indigenous people often report discrimination occurring in educational settings, which notably does not come just from fellow students (Bailey, 2016, Canel-Çınarbaş and Yohani, 2019). Racism is often reported from educational faculty and staff in the form of explicitly racist comments or jokes, lower expectations of academic ability, and denial or exclusion of Indigenous histories in the teaching materials they use (Canel-Çınarbaş and Yohani, 2019). This in conjunction with disability status, which is generally reported to lead to increased stigmatisation among racialised groups, likely leads to greater discrimination experienced by Indigenous people with disability (Banks and Hughes, 2013). These compounding forms of discrimination have a negative impact on grades, educational engagement, and cause many to avoid educational settings, which impedes the attainment of education and all of its benefits (Moodie et al., 2019).

Estimates of employment-setting racial discrimination prevalence range from 8.4% to 18% of Aboriginal people (reference omitted to preserve the peer review process', Biddle et al., 2013). This compounds with disability discrimination in the workplace, which often intersects with other forms of marginalised identity to mean people with disability earn less, are exposed to more workplace stress, are exposed to more workplace harassment, and are terminated or not hired on the basis of their disability (Randolph and Andresen, 2004, Dick-Mosher, 2015, Brown and Moloney, 2018). In narrative research with Aboriginal and Torres Strait Islander people with disability, avoidance behaviours in the employment setting was highlighted as being particularly relevant (reference omitted to preserve the peer review process'). This may be in relation to hiring criteria that are not specifically related to the job tasks but present as barriers to people with disability, such as the requirement to hold a drivers' licence, or other forms of employment discrimination. Following repeated rejections or refusals for jobs that they are suitably qualified

for, individuals reported a debilitating effect on their confidence, leading to reluctance to continue to engage with employment settings (reference omitted to preserve the peer review process'). These intersecting negative experiences may therefore cause avoidance of job-seeking, which was reported by 34% of respondents in an Australian study of older Indigenous people reference omitted to preserve the peer review process').

Apart from these key findings regarding disabilities, we also found that family removal and identifying with homelands are strong risk factors for exposure to racism and engaging in avoidance behaviors. Family removal, in the Indigenous context, refers to the taking of children from their natural family and into government or foster care (Child Family Community Australia, 2019). It has historically existed with the explicit mission of breaking ties to Indigenous heritage in Canada and the USA through policies such as "Residential Schools", "the Sixties Scoop", and "residential boarding schools" (Truth and Reconciliation Commission of Canada, 2015, Evans-Campbell et al., 2012). Australia's "Stolen Generations" experienced broken family ties and connection to community through the constant degradation of Aboriginal and Torres Strait Islander identity and prevention of cultural practices, in addition to being removed from natural family and being placed in non-Aboriginal and Torres Strait Islander contexts (Human Rights and Equal Opportunity Commission, 1997). Currently, Aboriginal and Torres Strait Islander children are over-represented in government or foster care, by which the process of removal is inherently traumatic for the children and their families (Child Family Community Australia, 2019). Family removal is thought to be linked to later experiences of avoidance by decreasing trust in government institutions and creating historical traumas associated with government services or agencies (Treloar et al., 2016). It is less clear why identifying with homelands might be associated with greater exposure to racism. It may be associated with place-based stigma or the fact that those

more likely to identify with homelands are more likely to have grown up in Aboriginal or Torres Strait Islander communities which in turn have been subject to racist policy throughout the history of Australia.

Understanding the nature of discrimination towards Aboriginal and Torres Strait Islander people with disability across all settings improves the capacity of support services to respond to racism, which is especially important given Australia's National Disability Insurance Scheme (NDIS) and the challenges faced by Aboriginal and Torres Strait Islander people in accessing this program (reference omitted to preserve the peer review process'). It is important to recognise that the NDIS is being rolled out to Aboriginal and Torres Strait Islander communities amidst a context characterised by Aboriginal and Torres Strait Islander people's fear and mistrust of governmental agencies due to experiencing intergenerational and historical racist treatment, exclusion and discrimination (Biddle et al., 2014, First Peoples Disability Network, 2017). Engaging with Aboriginal and Torres Strait Islander communities therefore requires the incorporation of trauma-informed approaches, as well as a high level of cultural competency in order to foster relationships based in trust (reference omitted to preserve the peer review process'). Unlike many other sectors (e.g. health, education) there is currently no overarching framework for self-determination, working with Aboriginal and Torres Strait Islander people or cultural safety in the disability sector. This study provides further support to research calling for Aboriginal and Torres Strait Islander people with disability to lead the development of frameworks and approaches for the disability sector (reference omitted to preserve the peer review process').

Limitations

In interpreting results from this study, it is important to consider the limitations of our analyses and data. Firstly, data from the NATSISS are cross-sectional. We cannot and do not draw causal relationships between the presence of a disability and racism or avoidance. Nonetheless, our results indicate a strong association and is comparable to findings on discrimination and disability in the literature more generally (reference omitted to preserve the peer review process', reference omitted to preserve the peer review process'). Second, our measures of racism and avoidance are self-reported over a period of 12 months. Thus, recall bias may be an issue for some respondents. Third, the NATSISS sampling frame was limited to persons living in private dwellings – such as private family homes. Those living in high care nursing homes, hospitals or other non-private dwellings were not enumerated in the survey. Further data collections would be necessary to generalise the findings here to these populations. However, given the heightened vulnerability of these populations to discrimination, the risks for exposure to discrimination among Aboriginal and Torres Strait Islander people with disability reported in this research may be an under-representation. Finally, questions relating to racism may be sensitive for some respondents and may result in under-reporting.

Conclusions

Noting these limitations, this study finds that among Aboriginal and Torres Strait Islander people, presence of a disability was associated with (1.) increased exposure to interpersonal racism, more frequent racist exposure and avoidance, (2.) an approximately doubling of odds of reporting multi-context avoidance and the likelihood of reporting both racism and avoidance in tandem, and (3.) that severity of disability, higher numbers of disabling conditions as well as

specific disability types were associated with an increased odds of racism and avoidance. Taken together, these findings highlight the exclusion of Aboriginal and Torres Strait Islander people living with disabilities and underscore the importance of adopting an intersectional lens in research on racism and other forms of discrimination.

No level of exposure to racism is acceptable and it is important that this issue is addressed for all Aboriginal and Torres Strait Islander people. This paper suggests that interpersonal racism affects Aboriginal and Torres Strait Islander people with disability in multi-faceted ways across multiple contexts and situations. It is imperative that policy in Aboriginal and Torres Strait Islander and disability address discrimination and provide greater support to Aboriginal and Torres Strait Islander people with disability. This process needs to privilege the voices of Aboriginal and Torres Strait Islander people with disability who have been notably absent from policy development to date (reference omitted to preserve the peer review process'). With the continued roll out of the NDIS, addressing these issues is becoming more urgent.

References

ANDERSON, J. T. & COLLINS, D. 2014. Prevalence and causes of urban homelessness among Indigenous peoples: A three-country scoping review. *Housing Studies,* 29**,** 959-976.

ARTUSO, S., CARGO, M., BROWN, A. & DANIEL, M. 2013. Factors influencing health care utilisation among Aboriginal cardiac patients in central Australia: a qualitative study. *BMC Health Services Research,* 13**,** 83.

AUSTRALIAN BUREAU OF STATISTICS. 2016a. *4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15* [Online]. ABS. Available: https://www.abs.gov.au/ausstats/abs@.nsf/mf/4714.0 [Accessed 9 December 2019].

AUSTRALIAN BUREAU OF STATISTICS. 2016b. *4720.0.55.002 - Microdata: National Aboriginal and Torres Strait Islander Social Survey, 2014-15* [Online]. ABS. Available: https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4720.0.55.002Main+Features12014-15 [Accessed 9 December 2019].

AUSTRALIAN BUREAU OF STATISTICS. 2018. *4431.0.55.002 - ABS Sources of disability information, 2012 - 2016* [Online]. ABS. Available: https://www.abs.gov.au/Ausstats/ABS@.nsf/0/2068E1189BBD3165CA25778900119E90?Opendocument [Accessed 9 December 2019].

AUSTRALIAN BUREAU OF STATISTICS. 2019. *4431.0.55.004 - Sources of data for Aboriginal and Torres Strait Islander peoples with disability, 2012-2016* [Online]. ABS. Available: https://www.abs.gov.au/Ausstats/ABS@.nsf/0/8B8B98AA427445C4CA2583970011A8C5?Opendocument [Accessed 9 December 2019].

AUSTRALIAN BUREAU OF STATISTICS & FIRST PEOPLES DISABILITY NETWORK AUSTRALIA 2017. Social and economic wellbeing of Aboriginal and Torres Strait Islander people with disability. Canberra.

AZZOPARDI, P. S., SAWYER, S. M., CARLIN, J. B., DEGENHARDT, L., BROWN, N., BROWN, A. D. & PATTON, G. C. 2018. Health and wellbeing of Indigenous adolescents in Australia: A systematic synthesis of population data. *The Lancet,* 391**,** 766-782.

BAILEY, K. A. 2016. Racism within the Canadian university: Indigenous students' experiences. *Ethnic and Racial Studies,* 39**,** 1261-1279.

BANKS, J. & HUGHES, M. S. 2013. Double consciousness: Postsecondary experiences of African American males with disabilities. *The Journal of Negro Education,* 82**,** 368-381.

BIDDLE, N., AL-YAMAN, F., GOURLEY, M., GRAY, M., BRAY, J. R., BRADY, B., PHAM, L. A., WILLIAMS, E. & MONTAIGNE, M. 2014. Indigenous Australians and the National Disability

Insurance Scheme. Canberra: The Australian National University.

BIDDLE, N., HOWLETT, M., HUNTER, B. & PARADIES, Y. 2013. Labour market and other discrimination facing Indigenous Australians. *Australian Journal of Labour Economics,* 16**,** 91-113.

BRENER, L., WILSON, H., JACKSON, L. C., JOHNSON, P., SAUNDERS, V. & TRELOAR, C. 2016. Experiences of diagnosis, care and treatment among Aboriginal people living with Hepatitis C. *Australian and New Zealand Journal of Public Health,* 40**,** S59-S64.

BRIDEL, C., VAN WIERINGEN, W. N., ZETTERBERG, H., TIJMS, B. M., TEUNISSEN, C. E., AND THE, N. F. L. G., ALVAREZ-CERMENO, J. C., ANDREASSON, U.,

AXELSSON, M., BACKSTROM, D. C., BARTOS, A., BJERKE, M., BLENNOW, K., BOXER, A., BRUNDIN, L., BURMAN, J., CHRISTENSEN, T., FIALOVA, L., FORSGREN, L., FREDERIKSEN, J. L., GISSLEN, M., GRAY, E., GUNNARSSON, M., HALL, S., HANSSON, O., HERBERT, M. K., JAKOBSSON, J., JESSEN-KRUT, J., JANELIDZE, S., JOHANNSSON, G., JONSSON, M., KAPPOS, L., KHADEMI, M., KHALIL, M., KUHLE, J., LANDEN, M., LEINONEN, V., LOGROSCINO, G., LU, C. H., LYCKE, J., MAGDALINOU, N. K., MALASPINA, A., MATTSSON, N., MEETER, L. H., MEHTA, S. R., MODVIG, S., OLSSON, T., PATERSON, R. W., PEREZ-SANTIAGO, J., PIEHL, F., PIJNENBURG, Y. A. L., PYYKKO, O. T., RAGNARSSON, O., ROJAS, J. C., ROMME CHRISTENSEN, J., SANDBERG, L., SCHERLING, C. S., SCHOTT, J. M., SELLEBJERG, F. T., SIMONE, I. L., SKILLBACK, T., STILUND, M., SUNDSTROM, P., SVENNINGSSON, A., TORTELLI, R., TORTORELLA, C., TRENTINI, A., TROIANO, M., TURNER, M. R., VAN SWIETEN, J. C., VAGBERG, M., VERBEEK, M. M., VILLAR, L. M., VISSER, P. J., WALLIN, A., WEISS, A., WIKKELSO, C. & WILD, E. J. 2019. Diagnostic value of cerebrospinal fluid neurofilament light protein in neurology: A systematic review and meta-analysis. *JAMA Neurology,* 17**,** 17.

BROWN, R. L. & MOLONEY, M. E. 2018. Intersectionality, work, and well-being: The effects of gender and disability. *Gender & Society,* 33**,** 94-122.

CANEL-ÇıNARBAŞ, D. & YOHANI, S. 2019. Indigenous Canadian University Students' Experiences of Microaggressions. *International Journal for the Advancement of Counselling,* 41**,** 41-60.

CANUTO, K., BROWN, A., WITTERT, G. & HARFIELD, S. 2018. Understanding the utilization of primary health care services by Indigenous men: a systematic review. *BMC Public Health,* 18**,** 1198.

CHILD FAMILY COMMUNITY AUSTRALIA 2019. Child protection and Aboriginal and Torres Strait Islander children. Canberra: Australian Institute of Family Studies.

COOK, C., COMBER, N., MGUNI, N., SIN, C. & HEDGES, A. 2010. Targeted violence, harassment and abuse against people with learning disabilities in Great Britain. *Tizard Learning Disability Review,* 15**,** 17-27.

DAMMEYER, J. & CHAPMAN, M. 2018. A national survey on violence and discrimination among people with disabilities. *BMC Public Health,* 18**,** 355.

DENISON, J., VARCOE, C. & BROWNE, A. J. 2014. Aboriginal women's experiences of accessing health care when state apprehension of children is being threatened. *Journal of Advanced Nursing,* 70**,** 1105-1116.

DICK-MOSHER, J. 2015. Bodies in contempt: Gender, class and disability intersections in workplace discrimination claims. *Disability Studies Quarterly,* 35.

EVANS-CAMPBELL, T., WALTERS, K. L., PEARSON, C. R. & CAMPBELL, C. D. 2012. Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska Natives. *The American Journal of Drug and Alcohol Abuse,* 38**,** 421-427.

FIRST PEOPLES DISABILITY NETWORK 2017. Response to the Productivity Commission position paper on National Disability Insurance Scheme (NDIS) costs.

HENRY, W. J., FUERTH, K. & FIGLIOZZI, J. 2010. Gay with a disability: A college student's multiple cultural journey *College Student Journal*.

HUMAN RIGHTS AND EQUAL OPPORTUNITY COMMISSION 1997. Bringing them home: Report of the national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families Sydney: Commonwealth of Australia.

JACKLIN, K. M., HENDERSON, R. I., GREEN, M. E., WALKER, L. M., CALAM, B. & CROWSHOE, L. J. 2017. Health care experiences of Indigenous people living with type 2 diabetes in Canada. *CMAJ : Canadian Medical Association journal = journal de l'Association medicale canadienne,* 189**,** E106-E112.

KATTARI, S. K., WALLS, N. E., WHITFIELD, D. L. & MAGRUDER, L. L. 2017. Racial and ethnic differences in experiences of discrimination in accessing social services among transgender/gender-nonconforming people. *Journal of Ethnic & Cultural Diversity in Social Work,* 26**,** 217-235.

LONGHI, S., NICOLETTI, C. & PLATT, L. 2012. Interpreting wage gaps of disabled men: The roles of productivity and of discrimination. *Southern Economic Journal,* 78**,** 931-953.

LUND, E. M. 2011. Community-based services and interventions for adults with disabilities who have experienced interpersonal violence: A review of the literature. *Trauma, Violence, & Abuse,* 12**,** 171-182.

MOODIE, N., MAXWELL, J. & RUDOLPH, S. 2019. The impact of racism on the schooling experiences of Aboriginal and Torres Strait Islander students: A systematic review. *The Australian Educational Researcher,* 46**,** 273-295.

MOTZ, T. A. & CURRIE, C. L. 2019. Racially-motivated housing discrimination experienced by Indigenous postsecondary students in Canada: Impacts on PTSD symptomology and perceptions of university stress. *Public Health*.

RANDOLPH, D. S. & ANDRESEN, E. M. 2004. Disability, gender, and unemployment relationships in the United States from the behavioral risk factor surveillance system. *Disability & Society,* 19**,** 403-414.

SHEPHERD, S. M., OGLOFF, J. R. P., SHEA, D., PFEIFER, J. E. & PARADIES, Y. 2017. Aboriginal prisoners and cognitive impairment: The impact of dual disadvantage on Social and Emotional Wellbeing. *Journal of Intellectual Disability Research,* 61**,** 385-397.

TEEVALE, T., LEE, A. C. L., TIATIA-SEATH, J., CLARK, T. C., DENNY, S., BULLEN, P., FLEMING, T. & PEIRIS-JOHN, R. J. 2016. Risk and protective factors for suicidal behaviors among Pacific youth in New Zealand. *Crisis-the Journal of Crisis Intervention and Suicide Prevention,* 37**,** 335-346.

TRELOAR, C., JACKSON, L. C., GRAY, R., NEWLAND, J., WILSON, H., SAUNDERS, V., JOHNSON, P. & BRENER, L. 2016. Multiple stigmas, shame and historical trauma compound the experience of Aboriginal Australians living with Hepatitis C. *Health Sociology Review,* 25**,** 18-32.

TRUTH AND RECONCILIATION COMMISSION OF CANADA 2015. Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada. *TRC Findings.* Ottawa: Truth and Reconciliation Commission.

WISDOM, J. P., MCGEE, M. G., HORNER-JOHNSON, W., MICHAEL, Y. L., ADAMS, E. & BERLIN, M. 2010. Health disparities between women with and without disabilities: A review of the research. *Social work in public health,* 25**,** 368-386.

WOLTER, K. 1985. *Introduction to variance estimation,* New York, Springer- Verlag.

WORLD HEALTH ORGANIZATION 2001. International classification of functioning, disability and health. Geneva, Switzerland: WHO.

ZIERSCH, A. M., GALLAHER, G., BAUM, F. & BENTLEY, M. 2011. Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people. *Social Science & Medicine,* 73**,** 1045-1053.

reference omitted to preserve the peer review process' - A number of publications by the authors have been deleted from this list for peer review.

Table 1. Models of Racism, Avoidance and Disability, Binary Disability Measure, 2014-15.

	Racism			Frequency of Racism				Avoidance			Multi-Context Avoidance				Avoidance & Racism		
	W(%)	OR	OR(A)	W(%) 1 - 2	W(%) 3 or more	OR	OR(A)	W(%)	OR	OR(A)	W(%) 1 – 2	W(%) 3 or more	OR	OR(A)	W(%)	RRR	RRR(A)
Disability																	
No	32.5	-	-	14.7	17.8	-	-	11	-	-	10	1	-	-	8.3	-	-
Yes	42.1	1.54***	1.56**	16	26.1	1.58***	1.48***	19.8	1.97***	1.79***	16.6	3.3	1.99***	1.81***	16.5	2.34***	2.09***
Control Variables																	
Age																	
15-29	35.5	-	-	15.4	20.1	-	-	13	-	-	11.5	1.5	-	-	10.4	-	-
30-44	39.7	1.13	1	16.3	23.5	1.13	0.99	16.6	1.22	1.09	14.3	2.3	1.23	1.1	12.9	1.21	1.04
45-54	37.8	0.99	0.81+	14.5	23.2	1.02	0.84	16.8	1.14	0.97	14.2	2.6	1.15	0.98	14.4	1.16	0.91
55-64	31.4	0.73*	0.66**	12.8	18.6	0.74*	0.68**	14.5	0.94	0.88	12.1	2.5	0.94	0.89	11.1	0.79	0.71
Sex																	
Male	34.6	-	-	15.6	19	-	-	13.7	-	-	11.5	2.2	-	-	10.7	-	-
Female	38.5	1.16	1.11	14.9	23.6	1.18+	1.14	15.8	1.14	1.1	14	1.8	1.13	1.09	12.8	1.23	1.16
Post School Education																	
No	33.1	-	-	12.3	20.8	-	-	14.2	-	-	12.4	1.8	-	-	11	-	-
Yes	40.4		1.33**	18.4	22.1		1.26*	15.5		1.09	13.3	2.2		1.09	12.7		1.28+
Financial Stress																	
No	32.9	-	-	14.9	18	-	-	11.9	-	-	10.8	1.1	-	-	9.2	-	-
Yes	46.1		1.63***	16.1	30		1.67***	21.8		1.86***	17.7	4.1		1.91***	18.3		2.29***
Remote Australia																	
No	37.9	-	-	16.8	21.1	-	-	14.8	-	-	12.8	2.1	-	-	11.8	-	-
Yes	32		0.68***	9.5	22.6		0.75**	14.6		0.88	13	1.6		0.87	11.8		0.77+
Identifies with Homelands																	
No	23.7	-	-	12.6	11.1	-	-	8	-	-	7.3	0.7	-	-	5.7	-	-
Yes	41.2		2.36***	16.2	24.9		2.38***	17.2		2.34***	14.7	2.5		2.36***	14		3.23***
Family Removal																	
No	35.3	-	-	15.1	20.3	-	-	13.7	-	-	11.9	1.8	-	-	10.8	-	-
Yes	48.3		1.56***	17.6	30.7		1.65***	23.7		1.58**	19.4	4.3		1.61**	20		1.95***

Notes: W(%) - weighted percentage; OR - odds ratio adjusted by age and sex; OR(A) odds ratio adjusted by all covariates in table; ***p<0.001 **p<0.01 *p<0.05 +p<0.10; Multi-Context – number of contexts avoided; - comparison category.

Table 2. Models of Racism, Avoidance and Disability, Detailed Disability Measures, 2014-15

	Racism			Frequency of Racism				Avoidance			Multi-Context Avoidance				Avoidance & Racism		
	W(%)	OR	OR(A)	W(%)	W(%)	OR	OR(A)	W(%)	OR	OR(A)	W(%)	W(%)	OR	OR(A)	W(%)	OR	OR(A)
No Disability	32.5	-	-	14.7	17.8	-	-	11	-	-	10	1	-	-	8.3	-	-
Severity of Disability																	
Profound/Severe	41.2	1.49*	1.33+	14	27.2	1.55*	1.36+	25.4	2.72***	2.37***	20.8	4.6	2.77***	2.44***	20.9	3.00***	2.51***
Moderate/Mild	44.2	1.72***	1.52**	18.4	25.8	1.68***	1.48***	20.3	2.04***	1.67**	16.2	4.1	2.08***	1.72**	16.7	2.51***	2.00***
Other Restrictions	41.2	1.16***	1.44***	15.2	26	1.53***	1.51***	17.9	1.75***	1.70***	15.5	2.4	1.76***	1.71***	15	2.08***	2.02***
Type of Disability+																	
Sight/hearing/speech																	
b.) yes	42.2	1.58***	1.51***	14.5	27.8	1.69***	1.59***	18.5	1.81***	1.63***	15.8	2.7	1.82***	1.64***	15.6	2.23***	1.98***
c.) no, but with disability	42.1	1.51***	1.40**	17.3	24.8	1.51***	1.39***	21	2.10***	1.91***	17.2	3.8	2.14***	1.96***	17.2	2.43***	2.18***
Physical																	
b.) yes	44.3	1.70***	1.55***	18.1	26.2	1.68***	1.51***	20.2	2.01***	1.72***	16.6	3.7	2.04***	1.76***	17.3	2.55***	2.14***
c.) no, but with disability	38.4	1.31*	1.30*	12.4	26	1.43**	1.43**	19.02	1.91***	1.89***	16.5	2.6	1.92***	1.91***	15.1	2.05***	2.02***
Intellectual																	
b.) yes	47.9	1.92***	1.76**	14.3	33.6	2.11***	1.97***	24.3	2.58***	2.28***	20.2	4	2.62***	2.33***	21.6	3.40***	2.96***
c.) no, but with disability	40.8	1.45***	1.38***	16.4	24.4	1.47***	1.38***	18.8	1.83***	1.68***	15.7	3.1	1.85***	1.70***	15.3	2.11***	1.90***
Psychological																	
b.) yes	50.2	2.09***	1.90***	13.9	36.3	2.25***	2.05***	32.7	3.82***	3.49***	25.1	7.6	3.97***	3.66***	27.6	4.69***	4.22***
c.) no, but with disability	40.1	1.42***	1.35***	16.5	23.6	1.44***	1.35***	16.6	1.59***	1.44**	14.4	2.2	1.59***	1.44**	13.7	1.86***	1.65***
Head injury/stroke/brain damage																	
b.) yes	39.2	1.4	1.17	8.2	30.9	1.61	1.34	28.9	3.36**	3.06*	23.7	6.1	3.45***	3.17*	23.7	3.37**	2.82+
c.) no, but with disability	42.2	1.55***	1.45***	16.2	26	1.58***	1.48***	19.6	1.94***	1.76***	16.4	3.2	1.96***	1.79***	16.3	2.32***	2.07***
Other restrictions																	
b.) yes	40.9	1.47**	1.30+	13.1	27.8	1.56***	1.40**	21.9	2.21***	1.95***	17.4	4.4	2.26***	2.01***	19.5	2.67***	2.30***
c.) no, but with disability	42.6	1.56***	1.50***	17.2	25.5	1.59***	1.50***	19	1.89***	1.73***	16.2	2.8	1.90***	1.75***	15.3	2.22***	2.01***
Count of Disabilities																	
Count		1.24***	1.57***			1.26***	1.21***		1.35***	1.59***			1.37***	1.31***		1.48***	1.40***

Notes: W(%) - weighted percentage; OR - odds ratio adjusted by age and sex; OR(A) odds ratio adjusted by all covariates in table 1; ***p<0.001 **p<0.01 *p<0.05 +p<0.10; - comparison category; + no disability is the comparison category in the type of disability models.

Table 3: Situation in which Racism was Experienced in the Previous 12 Months, by Disability Status, Weighted %, 2014-15

	Disability				
	No	Yes			
			Disability Severity		
		Any	Profound Severe	Moderate Mild	Other Rest.
Settings Avoided in last 12 months?					
Applying for work, or going to a job	34.0	35.5	35.3	32.4	37.7
School, university, training course or other educational setting	15.2	16.5	13.6	18.0	16.8
Doing any sporting, recreational or leisure activities	7.8	10.7	5.6	13.9	10.6
The police, security people, lawyers or in a court of law	24.1	27.1	36.5	32.2	19.5
Doctors, nurses or other staff at hospitals or doctor's surgeries	8.7	15.4	14.6	19.8	12.8
When accessing government services	11.3	18.7	23.4	21.1	15.0
Seeking any other services	6.5	10.9	12.2	16.9	6.1
Members of the public	22.8	24.2	23.0	26.3	23.4
Other situations	15.2	9.5	9.7	6.8	11.3

Notes: weighted using complex design survey weights; Any – any disability; Other Rest. – restrictions other than profound to mild.

Table 4: Settings Avoided in the Previous 12 Months, by Disability Status, Weighed %, 2014-15

	Disability				
	No	Yes			
			Disability Severity		
		Any	Profound Severe	Moderate Mild	Other Rest.
Most recent situation treated unfairly?					
Applying for work, or at work	18.9	16.8	11.5	15.0	19.5
At home, by neighbours or at somebody else's house	8.9	12.7	14.8	14.9	10.6
At school, university, training course or other educational setting	14.5	9.6	11.8	5.8	11.5
While doing any sporting, recreational or leisure activities	5.4	6.1	6.1	4.3	7.2
By the police, security people, lawyers or in a court of law	5.5	8.6	11.7	7.5	8.4
By doctors, nurses or other staff at hospitals or doctor's surgeries	1.2	2.5	5.9	2.5	1.4
When accessing government services	2.1	2.4	2.1	2.6	2.3
When seeking any other services	4.0	5.7	7.5	5.0	5.7
On the internet or telephone	2.4	2.0	1.9	2.6	1.7
By members of the public	26.8	25.5	23.9	30.3	22.9
Any other situation	10.4	8.1	2.9	9.5	8.7

Notes: weighted using complex design survey weights; Any – any disability; Other Rest. – restrictions other than profound to mild.