

Exploring personalised travel strategies of autistic adults: A case study of Indonesian urban context

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Abstract

Autistic individuals encounter serious challenges in navigating public spaces, including difficulty with trips, resulting in heavy reliance on caregivers and limited independent mobility. However, research on inclusive transportation tends to overlook the diverse experiences of neurodivergent groups, including individuals on the autism spectrum, particularly in Global South contexts. Little is known about how autistic individuals manage daily travel in developing urban environments like Indonesia, where insufficient transport infrastructure, safety concerns, and social norms uniquely shape their daily travels. This study explores the travel experiences of autistic adults in Bandung, Indonesia. Drawing on in-depth and walk-along interviews and observations in locations such as the campus and hiking area with two autistic adults with high-functioning traits and their caregivers, the research identifies how autistic participants develop personalised travel strategies through self-regulation, masking, the use of digital navigation apps, and personal tools to manage sensory sensitivities, cognitive demands, and social discomfort. They perceived daily trips as challenging, requiring pre-planning and routine travel customs that support emotional regulation and reduce cognitive and sensory overload. The travel strategies they developed reflect ongoing adaptations that have become habitual to cope with transport systems rarely designed to accommodate neurodivergent transport users. The study reframes their adaptive strategies as a form of agency to control over their mobility in the face of systemic ableism in neurotypical society. These findings underscore the urgent need for neurodiversity-affirming transport policies, particularly in Global South cities striving toward mobility justice.

Keywords: Ableism, autism, Global South, independent mobility, masking, transportation

Introduction

Independent mobility may increase quality of life. For autistic individuals, travelling independently can support their health, confidence, and self-determination (Baric et al., 2024). However, even though public transport services have accommodated physical accessibility for disabled people, they often neglect the specific needs of autistic individuals. Travel barriers such as complex routes, sensory overload in crowded environments, and difficulties with social

interaction can lead to disorientation, missed stops, and anxiety during travelling (Deka et al., 2016; Feeley, 2019; Rezae et al., 2020). These barriers discourage their use of public or other transport modes, increasing isolation and absenteeism from work, school, and other social activities (Brusilovskiy et al., 2024; Song et al., 2023). At the same time, autistic individuals face ableism, a form of bias and discrimination rooted in the belief that everyone should function like non-disabled people, reinforced by social norms that prioritise specific abilities over others and marginalise those who do not conform to these norms (Comeau et al., 2025; McMahon et al., 2020; Wolbring, 2008). Ableism also manifests in urban infrastructure, increasing the burden of adaptation on neurodivergent individuals.

Despite growing awareness of transport inclusivity, research on neurodivergent mobility remains limited (Baric et al., 2024; Thériault & Morales, 2022). Most studies focus on broad autism, rarely exploring how autistic individuals develop travel strategies in ableist norms and environments, including noisy, fast-paced, and unpredictable transport systems that ignore their sensory and cognitive needs (Baric et al., 2024). Research also tends to explore autism spectrum in high-income countries, leaving gaps in understanding mobility and travel experiences in Global South contexts such as Indonesia, where infrastructure and norms pose distinct challenges (Chen et al., 2025; Comeau et al., 2025; Sheehy et al., 2020).

Indonesia's major cities, including Jakarta and Bandung, experience severe congestion. In 2020, Jakarta commuters lost an average of 62 hours annually due to traffic, costing up to 5% of the country's GDP (IDR 498 trillion or US\$37 billion). As a result, motorcycles have become popular modes of travel due to their affordability and flexibility, and ride-hailing apps like Go-Jek and Grab are widely favoured for offering door-to-door convenience. In contrast, the quality of some public transport and pedestrian infrastructure is inadequate, unsafe, and poorly maintained. For autistic individuals, these issues are intensified by their sensory sensitivity, making it difficult to navigate their mobility in unpredictable transport settings.

Through Indonesia's Law No. 8/2016, the government aims to ensure equal access to public services, including public transport. Improvements in some modes, including TransJakarta, Commuter Line, and MRT systems, by adding braille, tactile paths, and clear signage, are steps forward in accommodating people with visual impairments. However, transport planning and services tend to target visible disabilities, which are more easily noticed, overlooking those with non-apparent conditions like autism, who may experience sensory, cognitive, or communication barriers that are not immediately visible (Deka et al., 2016; Nicolaidis et al., 2015).

This study employs a qualitative case study to investigate the travel strategies of autistic adults in the urban area of Bandung, focusing on mode choices and commuting experiences. While not statistically generalizable, this approach offers a rich understanding of how neurodivergent individuals navigate urban challenges shaped by personal needs, family support, technology, and structural barriers in a Global South context.

Literature review

Individuals with autism often experience significant mobility challenges affecting their participation in community life and overall quality of life (Wilson et al., 2021). Sensory sensitivities (e.g., noise, light, crowded spaces) and social anxiety can make public environments overwhelmingly stressful (Deka et al., 2016; Thériault & Morales, 2022). These barriers can lead to avoiding public transport, thereby limiting access to city services (Brusilovskiy et al., 2024;

Song et al., 2023). Executive functioning deficits, including difficulty with planning, impulse control, and multitasking, make their travel even harder. These cognitive difficulties can compound issues such as navigation errors and difficulties with complex traffic situations, especially in busy, unpredictable urban environments (Deka et al., 2016; Rezae et al., 2020).

These challenges are often exacerbated by ableism, resulting in urban environments that are designed to be inaccessible or very challenging for neurodivergent individuals (Chen et al., 2025; Comeau et al., 2025; Sheehy et al., 2020). Autistic individuals employ masking strategies where they suppress or camouflage their autistic traits to conform to neurotypical expectations (Benham & Kizer, 2016).

The concept of mobility justice (Sheller, 2018) provides a broader framework for understanding how power dynamics and social inequalities shape movement. Mobility justice argues that the 'right to the city' is not distributed equally; rather, it is mediated by infrastructure, social norms, and bodily differences. In the context of disability, this framework moves the focus from individual impairments to the structural and ableist systems that dictate which bodies are permitted to move freely and safely. By applying this lens, mobility is understood not just as a technical or logistical issue, but as a site of social struggle where neurodivergent individuals must constantly negotiate their presence within systems designed for neurotypical norms.

Many autistic individuals rely on their families for transportation, which restricts their social and community engagement (Brusilovskiy et al., 2024; Wilson et al., 2021). These barriers are particularly salient in Global South countries, including Indonesia, where transport systems are often characterised by overcrowded, unreliable public transport and a lack of infrastructure tailored to diverse travel needs (Brusilovskiy et al., 2024). The stress of navigating mobility in non-inclusive systems affects well-being and incurs economic costs due to the necessity for caregiver support and reduced productivity (Bjerkan & Øvstedal, 2020; Lubin & Feeley, 2016).

Communication and social interaction difficulties contribute to feelings of exclusion and anxiety (Nicolaidis et al., 2015). The social stigma surrounding autism often leads to discrimination, misunderstanding, and negative social encounters, complicating travel experiences and thus contributing to social isolation (Miller et al., 2022). These challenges are particularly severe in regions with low autism awareness, emphasising the need for supportive environments that foster understanding and acceptance (Fazil et al., 2026).

Various supports can facilitate independent mobility for autistic individuals. Social networks are crucial for enhancing mobility and community participation (Wilson et al., 2021; Song et al., 2023). Family members and healthcare providers play important roles by providing guidance, support, and preparation to reduce travel-related anxieties (Myers et al., 2024). Peer support networks, for instance, through travel training programs, have also been shown to build confidence and independence in using public transport (Pfeiffer et al., 2024). Community-based programs to increase social connections can reduce isolation and travel-related anxiety (Song et al., 2023). Technological advancement also significantly improves travel experiences. Mobile applications offering real-time public transport updates, route planning assistance, and navigation tools empower autistic users by providing greater control and predictability over their journeys (Brusilovskiy et al., 2024; Rezae et al., 2020).

Method and study area

This study employs a qualitative case study approach to explore the mobility experiences of autistic adults in urban Indonesia. A multi-method strategy was used, combining in-depth interviews, walking interviews in hiking and campus areas (Figure 1), and participatory observation. These methods documented real-time travel behaviours, enabling a deep exploration of personal experiences in safe, familiar settings (Gill et al., 2008).



Figure 1. A researcher walks alongside participants in a hiking area to gain insights into their mobility experiences and travel behaviours during a walk-along interview and observation

Participants were recruited through purposive and snowball sampling using WhatsApp groups. Inclusion criteria included adults (18 years and older) diagnosed with autism in childhood, regular users of public or private transportation, and a caregiver willing to provide additional context. Gender-specific pronouns are intentionally used to reflect participants' identities and highlight how gender may shape mobility challenges.

The initial phase involved four participants: HC, a 27-year-old autistic woman, and RD, a 24-year-old autistic man, both diagnosed at age two, along with their mothers. HC's mother is a postgraduate lecturer, while RD's mother is a financial auditor and autism advocate. Both were deeply involved in their children's development and motivated to participate by a desire to improve conditions for others.

Although HC and RD are considered highly functional and hold university degrees, their daily mobility is shaped by sensory sensitivities and differences in executive functioning. Following Malterud et al. (2016), we prioritised depth of information over the number of participants. Working closely with two autistic individuals allowed us to conduct a detailed, long-term study of their daily travels. This approach helped us uncover subtle details about how family, gender, and technology affect their daily mobility in Bandung insights that might be missed in a larger, less focused study. As McMahon et al. (2020) suggest, this level of intensive engagement is appropriate for understanding complex personal experiences in specific urban settings.

Interviews were conducted in Indonesian to ensure participants could articulately express their lived experiences in their primary language. To maintain the integrity of the data for an international audience, the transcripts were subsequently translated into English. Throughout this process, particular care was taken to preserve cultural nuances and idiomatic expressions relevant to the local context.

The participants chose the locations for in-depth and walking interviews to maintain their comfort during the walking interviews. The hiking area near the forest was a familiar spot regularly

visited by HC for exercise, while the university campus was a routine destination for RD, as he is still enrolled as a student there. The walking interviews also involved navigating surrounding streets, pedestrian pathways, and transportation-related facilities such as crosswalks, traffic lights, and intersections. Throughout the interviews, the participants were accompanied by their caregivers, who were also interviewed to increase understanding of HC and RD's mobility experiences.

Ethical approval was obtained from the National Research and Innovation Agency of Indonesia (Protocol No. 661/KE.01/SK/07/2024). All participants and caregivers gave informed consent, with confidentiality assured and the option to withdraw at any time. Interview procedures followed Cridland et al. (2014), ensuring appropriate environments and accommodations.

Data analysis was conducted using the six-phase framework of Braun and Clarke (2006). Interviews were transcribed verbatim and analysed thematically. The process began with repeated reading of transcripts and field notes. Initial codes were generated both inductively and deductively, drawing from participant narratives and relevant literature on autistic mobility. Examples include "noise-cancelling helmet" (coping strategy) and "unpredictable behaviour of other users" (anxiety trigger).

Codes were then clustered into potential themes and refined through an iterative process. Each theme was clearly defined, with excerpts integrated to illustrate key patterns and to preserve participants' voices. NVivo was used to organise coding, while interpretation was conducted manually to maintain contextual sensitivity.

To ensure trustworthiness, credibility was supported through triangulation, and participants were asked to check. Confirmability was achieved through reflexive field notes and memos, which minimised bias and grounded interpretations in participants' lived experiences.

Results

This section presents insights from interviews and observations with HC, RD, and their caregivers. HC and RD have developed personalised strategies to navigate their physical, social, and sensory challenges and achieve comfort and independence in mobility. Their transportation experiences reflect familiarity, habits, and comfort in their choice of transport modes. HC prefers ride-hailing services due to their convenience and safety. Meanwhile, RD makes decisions based on cost and control, opting for a motorcycle as it offers affordability and flexibility.

For HC, ride-hailing services provide a managed setting where she feels safe and secure, and has control over her journey. Although she occasionally uses public transport such as *angkot*, a public minivan service, since childhood, she perceived it as uncomfortable due to its unpredictability in time arrival and departure and reckless driving. RD, on the other hand, chooses to ride a motorcycle as it allows him to manage expenses while maintaining flexibility and control over his commute (Figure 2). His travel journey began with public transport, encouraged by his mother during secondary school to help him commute independently. During high school, RD expanded his transportation options by learning to ride a motorcycle and drive a car, enhancing his driving confidence and independence.



Figure 2. RD rides his motorcycle with his mother seated behind him, both wearing helmets, including a noise-cancelling one for RD to stay focused. He always diligently checks his motorcycle before each trip, ensuring that his gear is properly set and that the journey is safe, with enough fuel and no technical issues

Like HC, RD also faces travel barriers in using public transport, noting, "Public transport [is] perhaps my last option." This statement reflects a broader issue: inadequate public transport and infrastructure that restricts their mobility. Despite differences in travel mode preferences, both HC and RD are considered to have reached independent mobility, as they can travel independently. HC's solo use of ride-hailing services and regular visits to her mother's office signal growing autonomy. RD also demonstrates self-reliance by managing various modes of transportation and striking a balance between comfort and practicality.

Their experiences reveal common barriers linked to infrastructure and social dynamics. HC, for example, struggles with anxiety from unpredictable social encounters. "The roads themselves are usually fine; it is the unpredictable behaviour of people that makes me nervous," she explains. Street performers in public transport, especially when vehicles are nearly empty, or pedestrians who cross the road recklessly, make her feel unsafe. Following her mother's advice, she avoids eye contact and refrains from engaging in disturbing social interaction to maintain her sense of control and remains calm even though experiencing sensory overloads.

Societal expectations also shape HC's travel choices. She avoids going out at night because of fears of neighbourhood gossip. Past experiences with catcalling in public spaces further increase her caution, influencing when and how she travels.

RD, in contrast, encounters physical barriers such as illegal parking, broken sidewalks, and public transport stopping abruptly on pedestrian paths. "It's uncomfortable to see sidewalks crowded with parked vehicles," he notes. To avoid getting lost, he often checks directions with drivers even though this can increase his anxiety. RD frequently has friends or his mother

accompany him on his motorcycle, seated behind him. He requests silence to maintain focus on the road, allowing conversation only when the vehicle is stationary or in an emergency, to aid concentration.

Both HC and RD agree that preparation is essential for managing stress during travel. HC finds comfort by keeping her Nazuna doll close, which brings her joy and a sense of security (Figure 3). HC also relies on established routines that give her a sense of control. RD, on the other hand, keeps a concise "what-if" list of riding rules to remain mindful of his responsibilities. These simple measures provide reassurance and make their journeys more manageable.



Figure 3. HC enjoys capturing her surroundings with her camera, always accompanied by Nazuna, her beloved doll

They prefer quieter routes to reduce discomfort. HC copes by avoiding engagement in unpleasant situations: "I try not to pay attention to things that bother me, I just keep walking while focusing on where I need to go." Similarly, RD remains calm and vigilant in crowded areas. When involved in a minor collision caused by a sudden stop, he stayed composed, recalling his mother's advice to avoid conflict.

Both of them also rely on technology to manage their trips effectively. Navigation apps like Google Maps and Waze help them plan routes, track timing, and increase their sense of control. "I like to know where I'm going and how long it will take," HC explains. RD, even though confident in driving, always adjusts to road conditions and prioritises safety.

Their travel behaviour involves careful preparation. RD routinely checks his motorcycle and ensures he carries essentials, such as a raincoat, helmet, and charger. He also uses a noise-cancelling helmet to reduce sensory stress from noise and pollution. HC typically plans her trips a day in advance but values flexibility. Before leaving, she prepares the essentials, including her phone, money, charger, and other personal items. Her routine includes setting alarms, checking the weather, and selecting suitable footwear. Coordinating outfits also boosts her confidence: "When my clothes match, I feel like everything is in order."

Both HC and RD were taught travel skills early, although their families employed different approaches shaped by their values and their children's needs. HC's interest in walking, nurtured through family hikes, has sharpened her spatial awareness and her ability to handle uneven terrain. "I started hiking when I was little," she recalls. Her mother's efforts to build her sensory and mobility skills have played a key role in shaping her travel choices.

However, HC's mother, driven by protective instincts, often limits HC's independent travel, particularly in unfamiliar situations (Figure 4). She manages all family responsibilities alone and has limited technical and financial resources to support HC's driving training. While HC is capable of driving, her mother remains hesitant, citing concerns about the unpredictable behaviour of other drivers rather than HC's abilities. Although confident in HC's physical navigation skills, her mother often opts for ride-hailing services or drives HC herself. Despite this, HC's desire for independence is growing. She expressed, "Sometimes I want to go out alone, without my mother or younger sibling, because I need privacy."



Figure 4. During trips, HC's mother actively monitors HC's condition to ensure her comfort and safety

Like HC, RD's path to independent mobility has been strengthened by strong family support. His parents organised simulations to help him navigate transport modes by practising routes, managing fares, and exploring options. Initially guided by his father and YouTube tutorials, RD eventually earned his motorcycle license. During his early junior high years, his parents discreetly accompanied him on public transport to build his confidence.

With a family background in law enforcement, RD was introduced to traffic rules at an early age. His father explained signs during commutes, and he observed his brother navigating complex routes, especially where road restrictions applied. To help RD manage unexpected challenges, his parents prepared a notebook with clear procedures for various "what-if" scenarios, such as when a minibus changes its route. These structured strategies enabled RD to stay calm and make informed decisions, reinforcing his independence while travelling.

Discussion

Adaptive and personalised travel strategies amid travel challenges faced by autistic individuals

The travel behaviours of HC and RD offer important empirical insights into how autistic adults with high-functioning skills navigate urban environments, particularly within the challenging context of Indonesian cities. While HC prioritises safety, convenience, and control, preferring ride-hailing services, RD prioritises cost-effectiveness and autonomy, relying primarily on his motorcycle. These choices are not random but intentional strategies that align with literature emphasising the importance of environmental control, predictability, and sensory management in travel mode selection among neurodivergent individuals (Brusilovskiy et al., 2024).

Both participants showcase a complex interplay between internal factors, such as sensory preferences and executive functioning, and external factors, including family support and previous transportation experiences. The findings suggest that pre-travel planning is crucial for autistic individuals, as they prefer structured trips and predictability, which help them anticipate potential challenges during travel. While both HC and RD engage in pre-travel planning, HC's strategies are more detailed and proactive. This contrast may reflect gendered differences in risk perception, social scrutiny, and safety concerns during travel, issues well documented for autistic women (Muharikah et al., 2026).

Their mode choices are best understood not as passive responses, but as active adaptations to an ableist transport system. HC and RD assert control by developing individualised mobility strategies to cope with anxiety and sensory overload, and to manage unpredictability in transport systems. These experiences are consistent with research identifying sensory and environmental unpredictability as core barriers for autistic individuals (Deka et al., 2016; Thériault & Morales, 2022). These adaptations represent strategic and continuously learned responses to an environment not designed to meet neurodiverse needs.

To manage mobility challenges, the study suggests that both participants employ self-regulation and masking strategies (Benham & Kizer, 2016). HC deliberately avoids unpleasant social situations by remaining silent, suppressing emotional responses to maintain social acceptability. She also uses a personal item, Nazuna doll, as a calming tool, a practice supported by research showing the importance of self-soothing in autistic populations (Kumazaki et al., 2021). RD, in turn, uses a noise-cancelling helmet, avoids small talk during rides, and prepares a mental "what-if" list to reduce uncertainty. These behaviours are forms of masking and adaptive cognition, requiring ongoing effort to appear "neurotypical" and avoid social stigma.

Their need for "masking" and personalised tools (such as the Nazuna doll) reflects mobility injustice, in which neurodivergent individuals are expected to adapt to environments that are not designed to accommodate their needs.

Technology plays a critical role in supporting both individuals' travel autonomy. Navigation apps like Google Maps and Waze help them reduce uncertainty and increase confidence during travel. While neurotypical society may perceive autistic individuals as less capable of using technology, this study highlights that they are highly adept with digital tools. They demonstrate reliance on mobility apps to navigate daily travel. For HC, ride-hailing apps offer not just convenience but also emotional safety, reducing the need for social negotiation or spontaneous decision-making. RD combines digital navigation with strong spatial awareness and experience, reflecting the diversity in technological reliance among individuals with autism (Rezae et al., 2020).

Their personalised travel strategies are effective but mentally exhausting, highlighting the unseen efforts involved in navigating environments designed for neurotypical norms. The need to mask or overprepare is a consequence of systemic ableism, where public spaces and services fail to accommodate invisible disabilities. The emotional toll of navigating public space and the environment is significant.

Our findings suggest that mobility for autistic adults in Indonesia is a collective family responsibility, where family members actively enable everyday movement (Fazil et al., 2026). However, despite HC's capacity, her mother's reluctance to allow her to drive reflects deep-seated societal and familial doubts regarding the abilities of autistic individuals, particularly women. In the Indonesian context, this is often linked to traditional gender roles where driving is viewed as a man's task. Because HC was raised in a female-led household without a male figure to teach her, she lacked the typical opportunities to learn this skill. This reinforces the double bind faced by autistic women, who must not only overcome neurotypical standards but also navigate gendered expectations around safety and independence (Miller et al., 2022).

Family dynamics and gendered socialisation clearly shape HC's and RD's travel decisions (Zhao et al., 2023). HC's reliance on ride-hailing is not just a personal preference but a result of a widespread 'protective mindset' in Indonesian parenting, which often prioritises a daughter's safety by limiting her independence. In contrast, RD benefited from parental encouragement that enabled him to become a confident motorcycle rider, a role that is more socially accepted for men in Bandung. These differing trajectories underscore how familial structures impact an autistic individual's ability to pursue independent mobility.

Gender intersects with neurodivergence to shape travel behaviour. HC's heightened planning reflects both sensory needs and concerns about personal safety in Indonesian public spaces, where women often face heightened vulnerability due to stigma and prejudice (Muharikah et al., 2026). RD's greater comfort in navigating chaotic urban settings may not indicate fewer challenges, but rather a different approach shaped by early autonomy and gender norms. From an intersectional perspective, this shows how care and constraint become entangled; family-led support may simultaneously enable and restrict autonomy, inadvertently limiting opportunities for independent exploration in the name of safety (Cridland et al., 2014; McMahon et al., 2020).

The travel mode preferences of HC and RD are often interpreted as routine or habitual. Their choices are best understood as adaptive strategies within an inaccessible and ableist system. RD's use of a motorcycle, for example, may seem incongruent with sensory sensitivity. However, his noise-cancelling helmet, strategic silence, and route planning transform an otherwise overwhelming environment into a manageable one. The motorcycle becomes a tool of control, allowing RD to navigate urban chaos on his terms.

Similarly, HC's preference for ride-hailing services is not simply about convenience. It represents a deliberate choice to reduce sensory exposure, avoid unpredictable social interactions, and maintain psychological safety. The ability to monitor routes, interact minimally with strangers, and travel at a fixed rate aligns with her need for control and predictability, features lacking in traditional Indonesian public transport modes like *angkot*.

These findings highlight the agency and adaptive intelligence of autistic individuals. Rather than being passive users of transport systems, HC and RD actively shape their travel environments to suit their needs, often through strategies invisible to outside observers. Their experiences call for shifts in urban planning to ensure their inclusivity in transport systems.

Ableist urban transport design and planning in supporting neurodiverse mobility

The research suggests public transport systems and urban planning in Indonesian cities are rarely designed with neurodiverse populations in mind. The absence of visible indicators for autism means that operators and passengers often overlook neurodivergent travel needs. Sensory issues or anxiety-driven behaviours may be misinterpreted as rudeness or incompetence, discouraging autistic individuals from using public transport and participating in social activities. Masking becomes a survival strategy to camouflage as neurotypical as a response to be accepted by society. Transportation policies often focus on visible disabilities, for instance, like ramps and elevators built for visible disabilities, while cognitive and sensory needs remain unaddressed (Han et al., 2021; Zhao et al., 2023). These gaps reflect neurotypical assumptions in transport design, which ignore the value of quiet zones, consistent signage, and predictable waiting areas for neurodivergent individuals. Initiatives like “quiet hours” or sensory maps, present in some Western cities, are almost absent in the Global South. Most transport staff are untrained in recognising autistic behaviours, often misreading meltdowns or withdrawal as non-compliance (Nicolaidis et al., 2015).

To break this cycle, transport policies must include cognitive and sensory accessibility, informed by the lived experiences of neurodivergent users. Autistic individuals should be involved in participatory urban design to ensure that the full spectrum of disabilities is considered and accommodated (Han et al., 2021; Song et al., 2023).

HC and RD’s journeys show that mobility is not just physical movement. It involves navigating complex emotional, sensory, and social environments. Even autistic individuals with strong verbal and functional skills still face serious challenges in executive functioning, sensory processing, and communication. Their experiences underscore the urgent need for inclusive policies and designs that create equitable and livable cities for neurodivergent individuals.

The travel behaviours of HC and RD transcend individual coping; they represent situated practices of mobility justice (Sheller, 2018). Within ableist urban infrastructures, tools like RD’s noise-cancelling helmet and HC’s Nazuna doll, alongside the practice of ‘masking’, are neurodivergent strategies for negotiating safety. A neurodiversity perspective reframes these actions not as personal choices, but as responses to a system where the right to movement is contingent upon mimicking neurotypicality.

These injustices also follow gendered lines. While RD was encouraged towards independence, HC’s mobility remains restricted by protective logics that view her as both a vulnerable woman and a neurodivergent individual. This intersectional friction reveals that mobility justice is hindered not only by physical barriers but by normative social expectations. Ultimately, the burden of adjustment falls on neurodivergent bodies rather than on urban systems designed for neurotypical norms, highlighting a structural failure to accommodate sensory and cognitive diversity.

Conclusion

This study reveals that, with proper support from family and the environment, autistic individuals can develop the cognitive flexibility necessary to support their mobility. The cases of HC and RD demonstrate that even high-functioning autistic individuals still encounter travel challenges. Mobility is not merely about reaching destinations but navigating a cognitive and sensory journey

that demands constant adaptation. Systemic ableism embedded in public transport and urban infrastructure often neglects the cognitive and sensory needs of those with invisible disabilities. As a result, neurodivergent individuals must cope with these challenges through self-regulation, applying masking, and managing sensory and social demands to conform to society and environments shaped by neurotypical norms. These challenges are burdensome for autistic women, who often face additional restrictions due to gendered safety concerns. Examining the intersections of gender, class, neurodiversity, and other identities will add understanding of mobility challenges faced by minority groups, particularly with overlapping layers of marginalisation. Further studies are needed to explore how masking affects transport-related well-being and how different socio-cultural settings shape autistic mobility. Evaluating neurodiversity-affirming initiatives will help identify the best practices for supporting inclusivity in transport systems.

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