



# Intersectional Dynamics of Disability Studies and Trauma Theory: Women's Lived Experiences

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**Abstract:** This paper explores the critical intersection of disability studies and trauma theory, offering a new framework for understanding the lived experiences of women who face overlapping systems of oppression. Historically, dominant trauma narratives have often pathologized women's embodied experiences, failing to contextualize them within the broader socio-political structures that cause harm. By integrating contemporary feminist disability studies with trauma theory, this study aims to challenge these deficit-oriented models and center women's agency, resistance, and narrative sovereignty. The paper's theoretical framework is built on three key pillars. Feminist Disability Theory critiques the medicalized view of disability, instead emphasizing the social, political, and cultural contexts that create disabling conditions. Trauma Theory analyzes the psychological, social, and physical impacts of violence, oppression, and systemic inequality. The combined lens of these two fields is viewed through intersectionality, a framework that reveals how identities such as gender, disability, race, and class interact to shape both vulnerability to trauma and pathways to healing. By combining these perspectives, the study highlights the necessity of moving beyond an individual focus on pathology toward a systemic, humanizing approach to understanding trauma. It examines the ways in which these fields converge, discusses current trends and challenges in their integration, and identifies emerging thematic areas that require further exploration. This research is a crucial step toward developing more holistic and equitable approaches in both scholarly and clinical practice.

**Keywords:** Disability Studies, Trauma Theory, Feminist Disability Theory, Intersectionality, Women's Lived Experiences

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## INTRODUCTION

The intersection of disability studies and trauma theory offers critical insight into the lived experiences of women who navigate overlapping systems of oppression. Historically, dominant trauma narratives have pathologized women's embodied experiences rather than contextualizing them within broader socio-political structures. By integrating contemporary feminist disability studies with trauma theory, scholars and practitioners can challenge deficit-oriented models, centering women's agency, resistance, and narrative sovereignty. This paper examines the ways in which these fields converge, the current trends and challenges in their integration, and emerging thematic areas requiring further exploration.

## THEORETICAL FRAMEWORK

**Feminist Disability Theory** critiques the medicalized framing of disability, emphasizing instead the social, political, and cultural contexts that produce disabling conditions. **Trauma Theory** interrogates the psychological, social, and embodied impacts of violence, oppression, and structural inequality. When viewed through an **intersectional lens**—as articulated by Kimberlé Crenshaw—the combined framework

reveals how gender, disability, race, class, sexuality, and other identities interact to shape both vulnerability to trauma and pathways to healing. Together, these perspectives highlight the necessity of moving beyond individual pathology toward systemic analysis and community-centered care.

### **Intersection of Disability Studies and Trauma Theory: Women's Lived Experiences**

Women with disabilities face compounded vulnerabilities arising from the intersection of gender and disability. They are disproportionately likely to experience physical, psychological, and sexual abuse, often perpetrated by intimate partners (Zamora Arenas et al.). Understanding this layered vulnerability is essential to developing targeted protection measures and effective interventions.

An **Intersectional Trauma-Responsive Framework** emphasizes the interconnectedness of traumatic experiences and justice system involvement, especially for women of color. This approach advocates for humanizing care and interventions that address the structural inequities shaping women's lives (De La Rue and Ortega). In professional settings, women with disabilities encounter barriers such as isolation, tokenism, and inadequate accommodations, which persist despite their advanced qualifications (Chowdhury et al.).

In disaster contexts, compounded vulnerabilities from gender, disability, and socio-economic inequalities place women with disabilities at heightened risk of exclusion from resources and increased exposure to gender-based violence (Gartrell). Ableism in mental health services—manifested through misconceptions about disability's relationship to mental health, lack of provider training, and accessibility barriers—undermines effective care (Wang et al.).

Literary works, such as Kenny Fries's memoir, explore the intertwined experiences of disability, trauma, pain, and loss, challenging societal biases and integrating survivorship into cohesive identities (Torrell). These insights highlight the need for policy frameworks that address the traumatizing effects of discrimination and human rights violations (Liasidou).

### **CURRENT TRENDS AND CHALLENGES**

Recent scholarship has expanded beyond individual trauma to include systemic oppression, gender inequality, and socio-economic marginalization. Women with disabilities in professional sectors still face isolation, tokenism, and accommodation gaps (Chowdhury et al.). The notion of *disability as trauma* reframes disability as both a site and product of trauma (Liasidou). Trauma theory provides useful tools for understanding women's mental health, though feminist critiques caution against its deficit-oriented tendencies (Tseris).

Challenges include distressing healthcare experiences that deter survivors from accessing care (Reeves and Humphreys) and insufficient frameworks for understanding violence against women with disabilities (Mays). Feminist disability theory and material feminist perspectives offer alternative explanations that center structural inequalities. Ethical considerations in research demand trauma-informed, survivor-centered methods to avoid re-traumatization (Diab and Al-Azzeh). Policy implications include addressing employment discrimination (Abusalha) and integrating disability needs into disaster risk reduction (Gartrell).

**Emerging Themes in the Intersection of Disability Studies and Trauma Theory**

**1. Trauma-Informed Care in Disability Services**

The integration of trauma-informed care (TIC) into disability services addresses the unique needs of individuals with disabilities who have experienced trauma. TIC frameworks improve patient outcomes and satisfaction while reducing provider burnout. The sustained focus on this theme underscores the need for standardized protocols and continuous professional development.

**2. Trauma and Intellectual Disabilities**

Research on trauma in individuals with intellectual disabilities focuses on PTSD diagnosis and treatment. Tailored trauma-focused cognitive behavioral therapy and specialized screening tools enhance early detection and treatment efficacy, addressing the communication and adaptive challenges of this population.

**3. Trauma Systems and Outcomes in Low- and Middle-Income Countries (LMICs)**

Strengthening trauma systems in LMICs reduces injury-related morbidity, mortality, and long-term disability. Coordinated emergency care, surgical services, and rehabilitation not only improve health outcomes but also yield economic benefits by reducing productivity losses.

**4. Violence Against Adults with Disabilities**

Violence against adults with disabilities, including interpersonal violence and bias victimization, remains underreported. Bias-motivated violence exacerbates trauma, leading to severe mental health outcomes. Addressing these issues requires integrated policies, improved reporting mechanisms, and specialized survivor support.

**Table 1: PRISMA-Style Scoping Review Summary of Emerging Themes**

Emerging Theme	Scope / Focus	Representative Studies	Population / Geographic Focus	Key Findings / Implications
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Trauma-Informed Care in Disability Services	Integration of trauma-informed care (TIC) frameworks into disability services to improve outcomes and reduce staff burnout.	Wang, K., et al. "Ableism in Mental Healthcare Settings: A Qualitative Study among U.S. Adults with Disabilities." SSM – Qualitative Research in Health, 2024. Liasidou, A. "Trauma-Informed Disability Politics: Interdisciplinary Navigations and Implications." Disability and Society, 2023.	Adults with disabilities; U.S.	TIC improves patient satisfaction and engagement; provider training reduces secondary trauma and burnout. Ongoing need for standardized protocols and integration into policy.
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Trauma and Intellectual Disabilities	Assessment and treatment of PTSD and trauma-related symptoms in individuals with intellectual disabilities.	Hulbert-Williams, Nicholas J., et al. "Developing Accessible and Effective Psychological Therapies for People with Intellectual Disabilities: The Role of Trauma-Informed Care." <i>Advances in Mental Health and Intellectual Disabilities</i> , vol. 13, no. 3/4, 2019, pp. 173–183. Willner, Paul, et al. "Screening for PTSD in People with Intellectual Disabilities: Validation of the Impact of Event Scale–Intellectual Disabilities." <i>Journal of Applied Research in Intellectual Disabilities</i> , vol. 35, no. 4, 2022, pp. 1043–1054.	Individuals with intellectual disabilities; various clinical contexts	Adapted trauma-focused CBT increases efficacy; specialized PTSD screening tools improve early detection and intervention.
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Trauma Systems and Outcomes in LMICs	Building and improving trauma care systems in resource-limited settings to reduce morbidity and improve disability outcomes.	Juillard, Catherine, et al. "Strengthening Trauma Systems Globally: Global Surgery and Trauma Care." World Journal of Surgery, vol. 40, no. 10, 2016, pp. 2511–2519. Mock, Charles N., et al. "Trauma Mortality Patterns in Three Nations at Different Economic Levels: Implications for Global Trauma System Development." Journal of Trauma and Acute Care Surgery, vol. 75, no. 1, 2013, pp. 207–213.	Trauma patients in LMICs	Coordinated trauma systems reduce mortality; economic investment in trauma infrastructure improves long-term disability outcomes and societal productivity.
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Violence Against Adults with Disabilities	Prevalence, underreporting, and impact of interpersonal and bias-motivated violence against adults with disabilities.	Hughes, Karen, et al. "Prevalence and Risk of Violence against Adults with Disabilities: A Systematic Review and Meta-Analysis of Observational Studies." <i>The Lancet</i> , vol. 379, no. 9826, 2012, pp. 1621–1629. Sherry, Mark. "Disability Hate Crimes: Social Desirability and the Dilemma of Disabled Survivors." <i>Disability &amp; Society</i> , vol. 25, no. 3, 2010, pp. 369–382.	Adults with disabilities; varied contexts	Violence significantly underreported due to accessibility and stigma barriers; bias victimization worsens mental health outcomes; need for survivor-centered legal and policy reforms.
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## CONCLUSION

The convergence of disability studies and trauma theory provides a critical framework for understanding the complex realities of women with disabilities. By addressing systemic inequalities, fostering trauma-informed and intersectional practices, and pursuing emerging lines of research, scholars and practitioners can contribute to more equitable policies and services. Future work must prioritize survivor agency, challenge ableist assumptions, and integrate diverse lived experiences into both theory and practice.

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