# Trauma-informed disability politics: Interdisciplinary navigations and implications

The article explores the concept of 'disability as trauma' and discusses the ways in which this metaphor has implications for developing a more nuanced understanding of the complexity and idiosyncrasies of disability experience. Disability is not trauma, but disability and trauma share tangled histories as they can be constitutive elements of disability experiences. The hitherto disciplinary ghettoization of disability studies and critical trauma studies has treated disability and trauma as two distinct experiential entities, thereby preventing theorizations of the ways in which disability intersects with, emanates from and results in trauma, and impacts the ways in which disability is experienced. The sheer complexity of disability experience necessitates the development of a more comprehensive interpretative framework to elicit the ways in which disability relates to trauma. These theoretical interstices have implications for problematizing policy responses that silence the traumatizing ramifications of human rights violations and structural inequities in disability politics.

**Key words**: trauma, disability, interdisciplinarity, intersections, policy, professional practice

## Introduction

The complex and contested nature of disability experience has become embedded in theoretical debates (MacKay 2002; Thomas 2001) and informed the development of rights-based, multi-systemic and integrative approaches to meet the needs of people with disabilities. The sheer complexity of disability experience calls for the cross-fertilization of diverse theories and analytical frameworks in delineating the ways in which disability is 'lived' across different socio-political conditions and how it is mediated through idiosyncratic biographical experiences (Goodley 2017; Liasidou 2014).

Captured through the lens of the 'social relational' approach embodied in the biopsychosocial model of disability, the latter has been (re)conceptualized as being the outcome of a complex and reciprocally related web of biological, social and psychological dynamics (Thomas

1999, 2004). At the epicenter of this interactive web lies the diverse 'voices' and heterogeneous 'lived' experiences of people with disabilities; Feminist perspectives on disability incorporated insights from the 'lived' experience of women with disabilities, whose autobiographical narratives foregrounded the centrality of 'impairment' in elucidating the complexity and idiosyncrasies of disability experience. The notions of 'pain', 'inability' and 'fatigue' underpinned the embodied dimensions of disability experience and highlighted the importance of incorporating the notion of 'impairment effects' in discussing the corporeal, cognitive and emotional dimensions of disability experience (Crow 1996; Thomas 1999, 2013; Morris 1996; Shakespeare 1997; Shakespeare and Watson 2001 Corker and French 1999,).

For some disability scholars, feminists' narratives of 'experiences of impairment' seemed 'at odds with a research engagement with the sociocultural conditions of disablism' (Goodley 2017, 35). The conceptual polarization of disability/impairment was challenged by Paul Abberley (1987) who posited that most impairments are 'socially produced' and called for the development of 'a theory of disability as oppression [that] recognizes and, in the present context, emphasizes the social origins of impairment' (cited in Goodley 2017, 15). As Thomas (2012, 211) suggests, 'impairment and impairment effects are always bio-social, and culturally constructed in character, and may occur at any stage of life course'. By no means does the notion of 'impairment'– that represents the corporeal dimension of disability experience – constitute an ontological 'a priory', 'a pre-social, 'biological abnormality'; rather it represents the 'social dimensions of the biological' (Thomas 2014, 13–14).

What is missing from these theorizations is the traumatic dimensions of disability experience so as to develop a more nuanced understanding of the complexity of disability experience, and the ways in which disability emerges from and/or results in trauma (Szeli 2019; Thomas-Skaf and Jenney 2020; Williamson and Qureshi 2015). Disability does not constitute a homogenized 'lived' experience and as such, it needs to be captured though different theoretical perspectives and analytical frameworks with a view to problematizing and diversifying, according to Borg (2018, 171), 'discourses about disability as well as discourses employed by persons with disability and, more generally, in disability studies'. The 'voices' of disabled people cannot be heard unless the multiplicity of these voices is accounted for, in order to foreground disability narratives that – contrary to the social and affirmative models of disability – position trauma at the epicenter of the 'lived' experiences of disability (Borg 2018).

Even though disability is not trauma, disability and trauma can nevertheless 'co-exist, even intertwine' as constitutive and symbiotic elements of disability narratives and identities (Torrell 2016, 86). The intricate interweaving of disability with the lived experience of 'impairment effects' (Thomas 2013) can be encapsulated through the traumatic dimension of impairment, where the emphasis is not only to identify 'what's wrong with the society'– as opposed to 'what's wrong with the person – but also to find out 'what happened to this person'; the aim being to understand and mitigate the social adversities or 'social damages' that have traumatized the person concerned, and created, triggered and/or exacerbated their 'impairments' (Williamson and Qureshi 2015, 2).

The complex interplay of individual and social factors highlights the possibility of 'disability studies and critical trauma studies meeting, with the latter bringing into focus the experience of going through traumatic events which leave not only physical but also psychological marks…' (Ionescu and Callus 2018, 13). Disability experience is created, emanates from, is shaped against, and compounded by an intricately intertwined and mutually reinforcing web of social barriers and traumatic antecedents (Thomas-Skaf and Jenney 2020) that render the experience of living with a disability fluctuating, idiosyncratic, unpredictable, and contextually contingent. This interactive perspective resonates with a 'pluralistic approach' to understanding trauma that is the antithesis of what Balaev termed 'classical trauma studies'. A pluralistic approach brings to the fore the culturally mediated nature of trauma, thereby creating a common theoretical denominator to bridge the chasm between disability and trauma studies (Balaev 2014 cited in Torrell 2016, 92).

Notwithstanding the potential theoretical intersections between disability and trauma, their disciplinary affinities have not been adequately explored and theorized (Berger 2004; Borg 2018; Williamson and Qureshi 2015; Morrison and Casper 2012; Torrell 2016). The notion of trauma has been glaringly absent from disability scholarship that prioritized the disembodied and political dimensions of disability experience as a response to the enduring legacy of the medical and individual models of disability. Morrison and Casper (2012, 1) argued that aligning disability with trauma could have been a regressive and perilous theoretical venture, lest it re-inscribed disability within the sphere of individual pathology:

> Peering at disability through a trauma studies lens would, on the surface, seem to precisely amplify those embodied disruptions that disability scholars often seek to minimize or contextualize. To refocus attention on the physical acts of disabling— the signal moments of bodily breach and psychic tear — feels dangerous.

However, echoing Borg (2018, 181), this perspective has 'circumscribed the narratable realm of disability' and foreclosed possibilities to highlight the sheer complexity, multiplicity, and fluidity of the 'lived' experience of disability, while inadvertently 'reinforced that a layer of disabled people's lived experience is illegitimate and to be obscured' (Watermeyer and Swartz 2008, 601). Moving beyond their hitherto theoretical dichotomization, exploring the theoretical convergence between trauma and disability studies should be viewed, according to Barton (2003, 3) as 'illustrations of a healthy and exciting dialogue' that permits the cross-fertilization of diverse perspectives and insights in theorizing the origins, manifestations, and consequences of disability experience.

The article focuses on exploring conceptual synergies between these disciplinary fields of study. The aims are to exemplify the ways in which the notion of trauma can inform the development of a more nuanced understanding of the complexity of disability experience, while discussing some implications for problematizing policy responses and practices that silence the traumagenic effects of human rights violations and structural inequities in disability politics. The first section explores the ways in which the notions of disability and impairment are reciprocally related with trauma. This is followed by an analysis of the traumatic antecedents and consequences of disability categories. The next section focuses on exploring the role of self-narrated experiences of disabled people and trauma survivors in advancing understandings of trauma-informed disability politics and the ways in which trauma shapes and is shaped by 'lived' experiences of disability, impairment and their interactions. The final section provides some insights into the ways in which trauma-informed policies and services can contribute to fostering more inclusive policies and professional practices.

## Traumatic dimensions of 'disability' and 'impairment'

By no means does theoretical convergence between Disability Studies and Trauma Studies equate with theoretical conflation (Berger 2004); 'Not everyone who experiences disability experiences trauma; not everyone who is traumatized experiences disability' (Berberi and Antolin 2016, 4). Nevertheless, even though experiential associations between trauma and disability are by no means canonical or universal, they are important in developing an understanding of the role of trauma in the complex interplay between 'impairment effects', 'disablism' and 'social conditions' (Thomas 2013, 14). These associations are located along a continuum of unique 'lived' experiences of disability that are invariably affected by biological, biographical and other characteristics.

Even though trauma can be experienced in intensely personalized ways, trauma is, nevertheless, inherently social, in the sense that it is the result of a traumagenic social milieu that is subtly, yet insidiously, underpinned by ableist discourses that create, interweave and compound experiences of trauma and disability. For example, Butler and Critelli (2019), Carello, Butler, and Critelli (2019) and Wolf, Prabhu, and Carello (2019) analyse the ways in which human rights violations intersect with traumatic experiences. These theorizations are particularly relevant for disabled people whose rights have been abysmally infringed and subject positions eroded (Goodley 2017). For persons with physical disabilities, for instance, the body is not their trauma; their trauma is the stigmatizing, subjugating, abusive and 'othering' social responses to their body (Torrell 2016). The traumatization of persons with disabilities results from and/or exacerbated by normative assumptions of 'normality' and the associated paraphernalia of discriminating and stigmatizing processes; the 'abled bodied order' (Campbell 2008) acts as the archetype of ontological normalcy against which people with disabilities are imputed an 'abnormal' and 'subjugated' status (Thomas-Skaf and Jenney 2020; Torrell 2016).

In this respect the analytical focus shifts from 'traumatized individuals' to 'traumatized cultures' (Berger 2004, 14–15), with a view to to understanding how the nexus of power/knowledge operates through conceptualizations of impairment and disability whereby both concepts 'are thoroughly intermeshed with the social conditions that bring them both into being and give them meaning' (Thomas 2007, 153). The social origins of trauma and their pervasive, yet sometimes unrecognized, effects both on the onset and duration of disability experience, should, therefore, inform theoretical debates around the political, human rights and social justice dimensions of disability experience (e.g. Butler and Critelli 2019). A theoretical focus on the 'social determinants of trauma and violations of human rights' (Bowen et al. 2019, 58) can, for example, elicit the ways in which human rights violations, wider social inequalities and power imbalances 'are instantiated through the categories of disability and trauma and the classifications of people into these categories' (Morrison and Casper 2012, 20).

The 'politics of recognition' that epitomizes the struggles of people with disability to be recognized as rights-bearing subjects, should incorporate a concomitant recognition of the traumatizing effects of human rights violations that precede, coexist with, and are an integral aspect of disability experience (Bowen et al. 2019; Butler and Critelli 2019). Understanding the interrelatedness of categories of disability and trauma can redirect 'attention to bodies and minds and their un/seen wounds and the intersection with un/seen wounds and trauma inflicted by society and culture' (Ionescu and Callus 2018, 24). Trauma is, therefore, conceived of as being socially produced and inscribed in 'disabled' bodies that are disproportionately affected by social inequalities and human rights violations. In this respect, the notion of trauma not only denotes the 'socially produced' nature of 'impairment' captured through the lens of the 'social model of impairments' (Thomas 2013, 13), but also reinforces the value of the social model of disability in advancing the human-rights dimensions of disability experience (Degener 2016).

## Trauma and disability-related categorical ascriptions

Problematisation of the concepts of 'diagnosis' is central to any attempt to unpick the power dynamics and vested interests implicated in the emergence and construction of disability categories. Categorical ascriptions obscure the whole range of power inequities and social injustices that are implicated not only in the 'construction' of disability categories (Graham 2010; Kozleski 2020; Tomlinson 2012), but also in the emergence of traumatic experiences that can create or exacerbate disabling conditions, and cause (re)traumatization through the process of stigmatization and labelling (Williamson and Qureshi 2015; Thomas-Skaf and Jenney 2020; Szeli 2019).

Diagnostic categories silence theorizations of experiences of trauma 'as a cultural object whose function produces particular types of subjects' (Stevens 2016, 20) including 'disabled subjects'. These theorizations are necessary for problematizing the contentious and socially mediated nature of diagnostic categories that can be the result of one traumatic event or a sequalae of such events or social injuries that accumulated throughout an individual's life span (Liasidou 2016; Sweeney et al. 2018; Sezli 2019).

A diagnosis of ‘mental disability’, for example, ‘reduces complex social damages….to a list of biological symptoms’ (Ki 2021, 10), while simultaneously causing trauma through the process of stigmatization and labelling (Sezli 2019). These categorical ascriptions embody ‘individual focused discourse of trauma’(Ki 2021, 5), and ignore the ways in which trauma is disproportionately inflicted upon those who are more likely to experience social and economic inequities, subjugated social positioning and inadequate material resources (Bowen et al. 2019).

Disability-related labels abundantly used in educational and social domains obscure the role of traumas in shaping children’s lives, experiences, behaviors, cognitive processes, problem-solving abilities, and interpersonal and communication skills among others, and as a result, policies and professional practices fail to address the crucial question of ‘what happened to the person’ and ‘how the rights of that person have been violated’ (Bowen et al. 2019; Sezli 2019; Sweeney et al. 2018). The cross-fertilization of insights from trauma and disability studies can therefore provide new theoretical lenses through which to problematize:

> …the larger social forces that produce ‘trauma’, that damage bodies, and that continue to shape what the traumatized body read as ‘disabled’ can be and do. That is, we are interested in the politics, cultures, histories, economies, policies, and conflicts that ‘traumatize’ and ‘disable’ human beings at the level of the body, through lived experiences, and in social settings. (Morrison and Casper 2012, 2)

An emerging body of empirical evidence is documenting the ways in which traumatic experiences in childhood can have an adverse impact on limbic and brain development (Levenson 2017; Williamson and Qureshi 2015). Traumatic experiences linked to malnutrition, substandard childcare and healthcare can undermine neurological development (Bass and Gerstl-Pepin 2011, 924; Turnbull 2009) and cause disabilities (Elwan 1999; Mittler 1999). These cultural traumas can, inter alia, impair ‘emotional reactions, memory, processing social cues, development of language, proficiency in math, thinking, judgment, executive function, vision, mental health and movement’ (Williamson and Qureshi 2015, 1).

Children with these trauma-related disabilities are subsequently more likely to experience ‘re-victimization’ due to their perceived vulnerability, associated stigmatization and the ‘deviant’ ontological status imputed to them (Williamson and Qureshi 2015). Diagnostic labels linked to developmental and intellectual disabilities can have traumatizing effects, not only due to the vulnerability status imputed to this group of individuals – that makes them more susceptible to abuse and other traumatic experiences – but also due to the traumatic repercussions of labeling, discrimination, and stigmatization (Levenson 2017; Szeli 2019; Thomas-Skaf and Jenney 2020).

## Insider perspectives on trauma-informed disability politics

Autobiographical narratives from people with disabilities and trauma survivors can shed further light on the role of trauma in disability politics and the ways in which it shapes and is shaped by 'lived' experiences of disability, impairment and their interactions (Couser 2016; Medved and Brockmeier 2004). These self-narratives rarely focus on medicalized dimensions of pain and trauma; their focus is on providing, according to Siebers (2017, 115) 'another experience of pain, one that can be called with justice not organic but political and epistemological pain, that is, a feeling of suffering derived from the collision between two different worldviews, the worldviews of the nondisabled and the disabled'. Couser (2016, 7) uses the term 'autosomatography' and explains the ways in which a self-narrative is 'not the mere expression of experiences of illness and disability but the active reclaiming of them from medicalisation'.

For example, Torrell's (2016) astute analysis of the autobiographical account of Fries, a young man with physical disabilities, highlights the discursive dimensions of 'trauma', reified through linguistic constructs of 'normality' that had been deeply inscribed in his psyche, memories, self-perceptions and identity. In this respect, trauma constitutes the embodiment of what Scambler (2020, 78) calls 'the weaponizing stigma' that has traumatizing effects, due to the ways in which certain individuals are positioned as being ontologically deficient and rendered 'responsible for their "problems," whatever form these might take'. As Mason (1992, 28) writes about the 'weaponizing' effects of (dis)ableism:

> We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives.

Mason's autobiographical narrative signifies the ways in which (dis)ablism is embroiled in individual experiences of disability and trauma, thereby alluding to Cvetkovich's (2003) definition of trauma as the 'hinge between systemic structures of exploitation and oppression and the felt experiences of them' (cited in Harris and Fortney 2017, 25). These emotions result from the abysmal forms of oppression, including 'internal oppression' (Campbell 2008) experienced by a sizeable proportion of persons with disabilities due to the disproportionate rates of symbolic as well as physical forms of violence experienced by them (e.g. Liasidou and Gregoriou 2019).

Traumatization has also perennial dimensions; Torrell's (2016) analysis of Fries's self-narrative of the entanglement of disability and trauma highlights the enduring effects of somatic and psychological trauma that was inexorably linked with Freir's physical disability. His body acted as a 'text', a narrative against which recollections of psychological and physical pain were reified and resulted in a perennial process of (re) traumatization. His physical disability rendered his body an object of excruciating medical and rehabilitative procedures to approximate corporeal norms, as well as an object of sexual abuse; a lived experience of painful recollections that were compounded by the reciprocal and mutually reinforcing effects at the intersection of disability and trauma.

Acknowledging the centrality of trauma in disability experience not only provides more nuanced insights into the heterogeneous, complex, evolving, contingent and idiosyncratic nature of disability experience, but also elicits the ways in which all human beings are dependent on other people's actions that can either be supportive/empowering or traumatizing/disempowering. Disability experience is thus reconceptualized as a facet of human interdependence across 'a continuum of human interdependencies' (Borg 2018, 182).

Such an acknowledgement not only enriches and diversifies our understandings of the heterogeneity and complexity of the 'lived' experience of (dis) ability, but also highlights what Crosby's autobiographical narrative refers to as the 'fragility of our beautiful bodies and the dependencies of all human beings' (Crosby 2006 cited in Borg 2018, 182). The metaphor of *TAP*– 'temporarily able bodied' people (Goodley 2017) – captures the grim yet inevitable reality that disability is a potential ontological status for humanity; hence the need to challenge constructions of disability as a 'negative ontology' (Campbell 2005) and to promote trauma-informed policies and practices to prevent and address socially produced physical and symbolic/cultural traumas that precede, intersect with, and result in disabilities.

## Trauma-informed disability studies and implications for policies, professional practices and disability politics

Trauma is a fundamental element of the disability/impairment couplet and as such, it needs to inform policy debates on the socially mediated, as well as rights-based and social justice dimensions of disability experience. Bowen et al. (2019) exemplified the human rights, trauma and social policymaking nexus and highlighted the imperative to adopt a proactive approach to identifying the social determinants and antecedents of trauma, so as to act in preventive rather than reactive ways.

The nexus of human rights violations and trauma in disability politics cannot be addressed unless social policies and intervention strategies place a more pronounced emphasis on the ways in which cumulative forms of trauma create and are inflicted upon 'disabled bodies'. This also involves mitigating less pronounced forms of trauma linked to 'repeated microaggressions that people face in daily life on the basis of characteristics such as real or perceived race, ethnicity…'(Bowen et al. 2019, 57).

Hence, the necessity of introducing policy that is 'trauma informed and promotes human rights' (Bowen et al. 2019, 58) with a view to addressing 'human suffering' (Butler et al. 2019) that results from and is exacerbated by traumatic experiences becomes clear. As we have already discussed, even though all people can experience and be variously affected by trauma (Sweeney et al. 2018) persons with disabilities are more susceptible to being subjected to various forms of traumatization (Bowen et al. 2019; Thomas-Skaf and Jenney 2020), due to their perceived individual pathology, vulnerability, and deviation from arbitrarily fabricated notions of 'normality'. By implication, it is imperative that disability-related policies and practices should place a more pronounced emphasis on reclaiming the eroded and traumatized rights-bearing subjectivities of persons with disabilities (e.g. Bowen et al. 2019; Carello, Butler, and Critelli 2019).

Notwithstanding the propagation of discourses around disability rights and inclusion that have been legally endorsed and affected policy developments across the globe (e.g. UNCRPD 2008), the industry of special education – and the segregating and incarcerating practices associated with it – have paradoxically proliferated (Kozleski 2020; Tomlinson 2012) and created, according to Szeli (2019, 215), 'a fertile environment for a broad range of potential human rights abuses and further traumatization'. Professionals working with people with disabilities can sometimes inadvertently contribute to the process of their traumatization through a host of patronizing, assimilationist and segregating practices that reinforce power imbalances and oppressive regimes (Fulcher 2015; Tomlinson 2012, 2017).

Bowen et al. (2019) highlight the ways in which social care and other related professional practices have been shaped against a medicalized and needs-based rather than a rights-based approach to meeting the needs of service users, thereby reinforcing discourses of individual pathology and 'treatment' associated with the individual and medical model of disability. In much the same way as 'trauma is forced on people' (Fallot 2019, ix), segregation is inflicted upon children and adults with disabilities on the basis of 'expert and scientific calibrations and arbitrations' that are devoid of 'trauma informed and rights-based' considerations.

Bunting et al. (2019) and Thomas-Skaf and Jenney (2020) articulate the ways in which professional practices have been limited to using 'reductionist' trauma-specific services such as cognitive-behavioral strategies that are designed to address individual symptoms even in cases when 'wider social problems require redress' (Bunting et al. 2019, 17). Trauma-specific services that target individual symptomatology differ from trauma-informed care approaches. The latter adopt more systemic approaches as well as 'the person-in-environment-perspective' (Levenson 2017, 105) to understand and address the ideological and institutional root causes of trauma and its disabling effects on the body and brain. The same applies to other programs and services that tend to 'treat the symptoms of traumatic events or human rights violations after they occur' rather than addressing the root causes and social determinants of traumatization (Bowen et al. 2019, 58).

Without denouncing the value of trauma-specific services, a trauma-informed approach takes an eco-systemic perspective 'in order to understand how complex traumas affect past and current states' (Sweeney et al. 2018, 321). In this respect, the caveat of 'early intervention' to meet disability-related needs promulgated in policies promoting inclusive forms of provision, needs to be supplemented by 'early intervention' approaches to ‘minimizing potential long-term effects of trauma’ (Szeli 2019, 216). To that end, according to Thomas-Skaf and Jenney (2020), trauma-informed care should be made ‘a standard for education and practice’ so as to adopt a ‘more integrative model system’ to address the social antecedents of accumulative forms of trauma that ‘increase the likelihood of disability’.

The role of professionals working with persons with disabilities should therefore be reconfigured through targeted disability rights and trauma-informed education opportunities (e.g. Liasidou and Mavrou 2017; Sweeney et al. 2018) so as to enable professionals to give more ‘attention to activism and advocacy’ (Bowen et al. 2019, 59) thereby achieving ‘the goal of “empathography” rather than “pathography”’ (Couser 2016, 7). Professionals should therefore become ‘more empathetic and attentive to’ people’s emotional, spiritual and physical experiences of their conditions’, the aim being to develop ‘an understandings of individual and their symptoms in the context of their life experiences and history, cultures an societies….’ (Keesler 2014, 39). This represents a means of addressing the traumatizing ramifications of systemic disablism and human rights violations in social policies and professional practices.

Trauma-informed theorizations of disability can trigger ‘a process of organizational change’ (Sweeney et al. 2018, 321) that is grounded in ‘discussions of reflexivity by situating them in discourses of being, communicating, and doing care’ (Harris and Fortney 2017, 20). In this respect, ‘in becoming “trauma-informed” practitioners can reflect on any paternalistic models of relating they may hold that can disable a person’s autonomy and sense of self’ as well as, ‘erode their ‘basic sense of humanity’ (Sweeney et al. 2018, 328). This ideological shift could bring about positive changes in social relationships amongst professionals, service users and disability advocates by creating cultures that are underpinned by the ‘the core values of safety, trustworthiness, choice, collaboration, and empowerment’ (Fallot 2019, viii), with a view to preventing and addressing the vicious circle of poly-victimization experienced by disabled people. These axiological considerations echo and epitomize the struggles of disabled people to create ‘a social world in which all people experience the realities of inclusive values and relationships’ (Barton 2003, 11).

Bearing in mind that the experience of trauma can manifest in intersectional dimensions, it is important that health, social care, education, community and voluntary systems are also informed by an intersectional perspective; the aim being to recognize the ways in which trauma and disability intersect with other minority statuses and social inequities in order to develop social policies and services to address the antecedents and consequences of disabled people's poly-traumatization (e.g. Bassard et al. 2015, Levenson 2017). The term 'invisible trauma' denotes the intersections of trauma with sources of social disadvantage linked to gender, race, sexuality, poverty and systemic inequalities (Sweeney et al. 2018, 323). For instance, children with disabilities from an impoverished socio-economic background cannot access resources that can act as a compensatory and mediating means of alleviating their traumatic experiences. The intersectional dimensions of traumatic effects on disability experience highlight the imperative to develop housing and social welfare policies, high quality accessible healthcare and supportive services in order to provide synergistic and systemic support mechanisms to mediate the impact of cumulative and overlapping forms of trauma (Bowen et al. 2019; Thomas-Skaf and Jenney 2020). Hence there is an urgent need to incorporate trauma-informed and intersectionality-based care services (Bowen et al. 2019; Liasidou 2013; Williamson and Qureshi 2015) to address the traumatizing effects of the multiple forms of systemic inequalities, discrimination, marginalization and oppression experienced by individuals with disabilities and to act in proactive ways to mitigate their adverse effects on creating and exacerbating disabilities.

Central to these processes are the 'voices' of people with disabilities and their agency to be actively involved in any decision-making processes regarding care planning and 'trauma-informed' provision (Sweeney et al. 2018), as well as the role of grassroots disability activism in exercising 'policy leadership' to precipitate trauma-informed and intersectionality-based social and education policy reforms. Goodley (2000, 212–213) highlighted the important role of self-advocacy groups in promoting participatory forms of decision-making processes. In this respect, '[p]rofessional models of empowerment should be continuously appraised by a user-led perspective … self-advocates have a clear idea about how services should be developed …' The 'voices' of disabled people should inform policymakers, service providers and professionals' understandings of the experiential aspects of disability and trauma within the context of a human rights framework (Butler and Critelli 2019).

This perspective also relates to the development of participatory and emancipatory research agendas (Barton 2005) informed by the insider perspectives of disabled people and trauma survivors, with a view to addressing, for instance, the traumatization of people with disabilities- in the form of hate crimes, victimization and discrimination (Butler and Critelli 2019; Scambler 2020). As Mercer (2002, 233) suggests, 'The emancipatory mode is geared to praxis-oriented research that exposes social oppression and facilitates political action to transform society'. This process will not only address human rights violations 'to social policy domains' but will also proactively address the social 'determinants of trauma', and their links to 'oppression and discrimination' (Bowen et al. 2019, 38).

## Conclusions

The article has provided some insights into the ways in which theoretical pluralism and interdisciplinary dialogue can advance more sophisticated and multi-perspectival interpretative frameworks to explain the socio-culturally mediated, contingent, fluctuating, idiosyncratic and highly political character of disability experience. Locating disability experience in its wider social and political context necessitates willingness to enrich and diversify Disability Studies, a pursuit that is epitomized in the interdisciplinary character of Critical Disability Studies (Goodley 2017).

Trauma-informed analytical frameworks can provide complementary theoretical tools to problematize reductionist, mono-dimensional and individual pathology understandings of disability experience and to facilitate the process of a social justice and human rights reform agenda in disability politics. Even though all people can experience, and be variously affected by trauma, persons with disabilities are more susceptible to being subjected to various forms of traumatization such as human rights violations, social inequities, asymmetrical power relations, oppression and discrimination. The traumatic ramifications mediated by these forms of trauma have historically been an endemic aspect of disability experience. Persons with disabilities should have access to the whole range of human rights (Degener 2016), if they are to experience dignified and self-fulfilling living on a par with their non-disabled counterparts.

Despite their symbiotic relationship, trauma and disability have been historically treated as two distinct experiential entities. Their disciplinary ghettoization can be attributed to the disembodied and over-politicized theorizations of disability experience that were *de facto* antithetical to reductionist understandings of trauma linked to individual symptomatology. More enlightened theorizations of the socially produced and mediated dimensions of trauma have provided alternative conceptual lenses through which to exemplify the disabling effects of trauma and their embroilment in the 'lived' experience of disability.

The theoretical framing of disability against the disabling effects of trauma can develop a more nuanced understanding of the genealogy, political nature and ‘lived’ experience of disability. This can be achieved by delineating, for example, the ways in which disability, human rights and trauma intermesh, are contingent on, and are influenced by diverse experiential embodiments of disability, as well as differing socio-cultural responses and mediating factors linked to the multiple (gendered, raced, classed, cultural and so on) dimensions of hybridized ‘disabled identities’. A human rights approach to disability presupposes the development of intersectional policies and professional practices (Liasidou 2013) that can address the social antecedents of cumulative forms of trauma that increase the likelihood and compound the experience of disability, while highlighting the imperative to adopt professional practices that are characterized by inclusive values and social relations.

Trauma-informed understandings of disability can also foreground our corporeal fragility; able-bodiedness is a precarious and contingent ontology that can potentially be subject to the debilitating somatic, psychic and mental effects of trauma that can engender disabilities or exacerbate existing ones. The embodied experience of disability should, therefore, not only be conceptualized against the notion of ‘impairment effects’ but also against the acute and/or cumulative forms of traumas which pre-exist and are enmeshed in the ‘lived’ experience of disability.

The theoretical intersections of trauma and disability studies have implications for the ways in which social policies and professional practices need be reconceptualized and reframed, so as to move beyond policy responses and professional practices that are reactive and informed by individual pathology calibrations of people’s ‘needs’ and ‘deficits’, while silencing trauma’s social origins including the traumatizing ramifications of human rights violations and structural inequities in disability politics (Butler and Critelli 2019).

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