WELL-BEING, VIOLENCE, AND NEEDS AMONG GIRLS AND YOUNG WOMEN WITH DISABILITIES

In rural Manikganj, Bangladesh

November 2025

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ABSTRACT

This small-scale study explores the well-being, experienced violence and needs among girls and young women with disabilities in Manikganj, Bangladesh. It was conducted in October 2025 and involved oral interviews with 40 participants aged 12–25 (average age 18) with intellectual and physical disabilities, cerebral palsy and visual impairments.

Well-being is mixed across all domains except economic well-being. Mentally, socially, physically, and in terms of autonomy, responses were almost evenly split between positive and negative experiences. On average, the girls rated their well-being at 2.9 out of 5 (1 = very bad, 5 = very good), reflecting a mixed and generally average overall well-being. Mental well-being was strongly linked to having a caring family, autonomy, friendships, and absence of violence. In contrast, violence, the disability of the girls, health problems, and financial stress were major sources of sadness, tension, and anger.

Violence was widespread: 83% of participants reported experiencing some form of violence. Emotional/verbal violence was most common (63%) and largely perpetrated by neighbours and community members, sexual violence (38%) was mostly committed by male (non immediate) family members, and physical violence (23%), mostly hitting, was predominantly committed by mothers.

Participants expressed a strong need for employment opportunities and education to gain independence, respect, and a sense of purpose. Additionally, several girls urgently expressed the need for a safe place to live.

Seven **recommendations** are made:
1) Explore additional employment opportunities; 2) Offer or refer to safe housing; 3) Offer conditional support to families struggling to pay for education; 4) Use the community groups to raise awareness on verbal abuse; 5) Explore collaboration with legal aid services; 6) Develop clear procedures for responding to violence; 7) Conduct similar research into well-being, violence and needs among boys and young men with disabilities.

CONTENTS

1. INTRODUCTION

Globally, disabilities are more prevalent in low- and middle-income countries, and in Bangladesh the prevalence of disability is estimated at 7% of the population (Bangladesh Bureau of Statistics, 2022). Due to various misconceptions, stigma, and lack of policies, they are more vulnerable to violence and abuse from perpetrators (Kaiser, Sultana, Rashid, & Hasan, 2025).

Children with disabilities are up to four times more at risk of experiencing violence than their peers without disabilities, and in Asia-Pacific, around half of all children with disabilities do not transition from primary to secondary education. As a result, persons with disabilities are up to six times less likely to be employed (UN ESCAP, 2018).

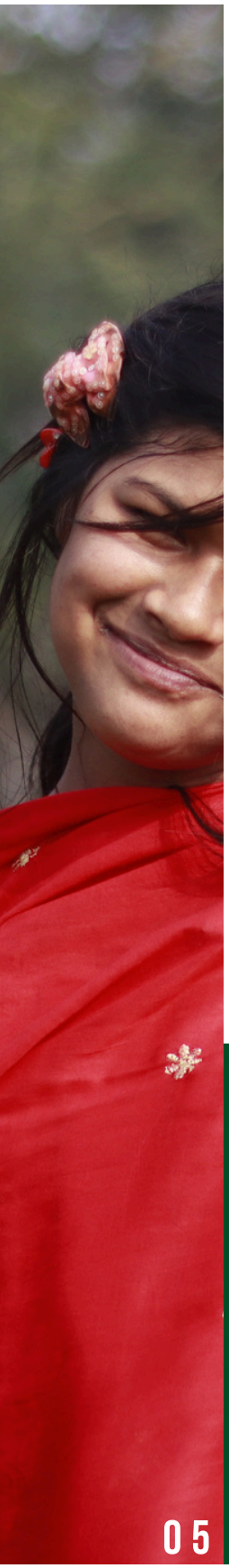
Since 1998, the Niketan Foundation (Dutch organisation), in collaboration with DRRA (Bangladshi organisation), has supported children and young people with disabilities through education, care, and training. Despite these efforts, trainers frequently hear stories (mostly from girls) of violence and hardship, for example during the Sexual and Reproductive Health and Rights (SRHR) trainings. Gaining insight into their well-being, experiences with violence, and support needs can help Niketan and DRRA provide more targeted and effective assistance.

Research aim:
To explore the well-being and experiences of violence among girls and young women (12–25 years) with disabilities in Manikganj.

Research questions:

1. How do participants perceive their well-being (physical, emotional, social, economic, and autonomy)?
2. What are their experiences of violence (type, frequency, perpetrator)?
3. What support could improve their situation?

2. METHODOLOGY



This study applied a mixed-methods approach, combining qualitative and quantitative data collected through 40 oral interviews with girls and young women with disabilities. All expect one participant are or were enrolled in the Sexual and Reproductive Health and Rights (SRHR) training provided by Niketan/DRRA. One participant completed the Leadership training. In addition, two SRHR trainers were interviewed to provide contextual insights into the results.

Interviews took place in three school locations — Baniajuri, Ghior, and Daulatpur (Manikganj District, Dhaka Division). Interviews were conducted in Bangla, with the SRHR trainers providing translation when requested by the researcher. The trainers asked verbal consent from each participant beforehand and were always present to ensure a trusted environment. After two group sessions and three individual interviews, it became evident that participants were more comfortable sharing personal experiences in one-on-one settings. Therefore, the remaining interviews were conducted individually.

The quantitative data (well-being scores and violence experiences) were entered and analyzed in Excel to identify descriptive patterns and correlations. The qualitative data were reviewed and thematically grouped to highlight recurring experiences related to well-being, violence, and support needs.

This combination of quantitative and qualitative insights provides a nuanced understanding of the girls' lived realities. The well-being and needs part are more supported by quantitive data, while the violence part is more supported by qualitative data.

Types of disabilities and communicative support

In this study, a physical disability refers to a limitation in motor functions, such as mobility or fine motor skills; a medical or chronic physical condition refers to a health condition—either congenital or acquired—that affects daily functioning; a visual impairment refers to reduced vision or blindness; and cerebral palsy refers to a neurological condition that affects movement and posture. The extent to which participants (also) had an intellectual disability or learning difficulty is unknown. All participants were able to answer the questions; however, some required additional support, for example through the use of illustrative examples.

3. MAIN FINDINGS

Table 1. Sociodemographic characteristics of the 40 study participants

Background characteristics	Number of participants	Percentage
Age		
12-17	17	43
18-25	23	57
Type of disability		
Cerebral palsy	15	37
Physical	8	20
Intellectual	14	35
Visual impairment	3	8
Marital status*		
Single	35	88
Married	3	7
Boyfriend	1	2.5
Divorced	1	2.5
Currently in school		
Yes	23	58
No	17	42
Family's economic status**		
Extreme poor	27	68%
Poor	4	10%
Marginal poor	9	22%

*Almost all participants are married because they tend to wait until after completing the SRHR training before getting married.
**Economic status follows Niketan's annual report classifications

3.1 WELL-BEING

MENTAL WELL-BEING

Some participants, particularly those with intellectual disabilities, may have limited awareness or understanding of their feelings and have trouble interpreting concepts like “well-being” or “loneliness” (Schalock et al., 2002). As a result, their responses may reflect having access to necessaties (like a home, clothes and food) or the absence of distress rather than a broader reflection on well-being.

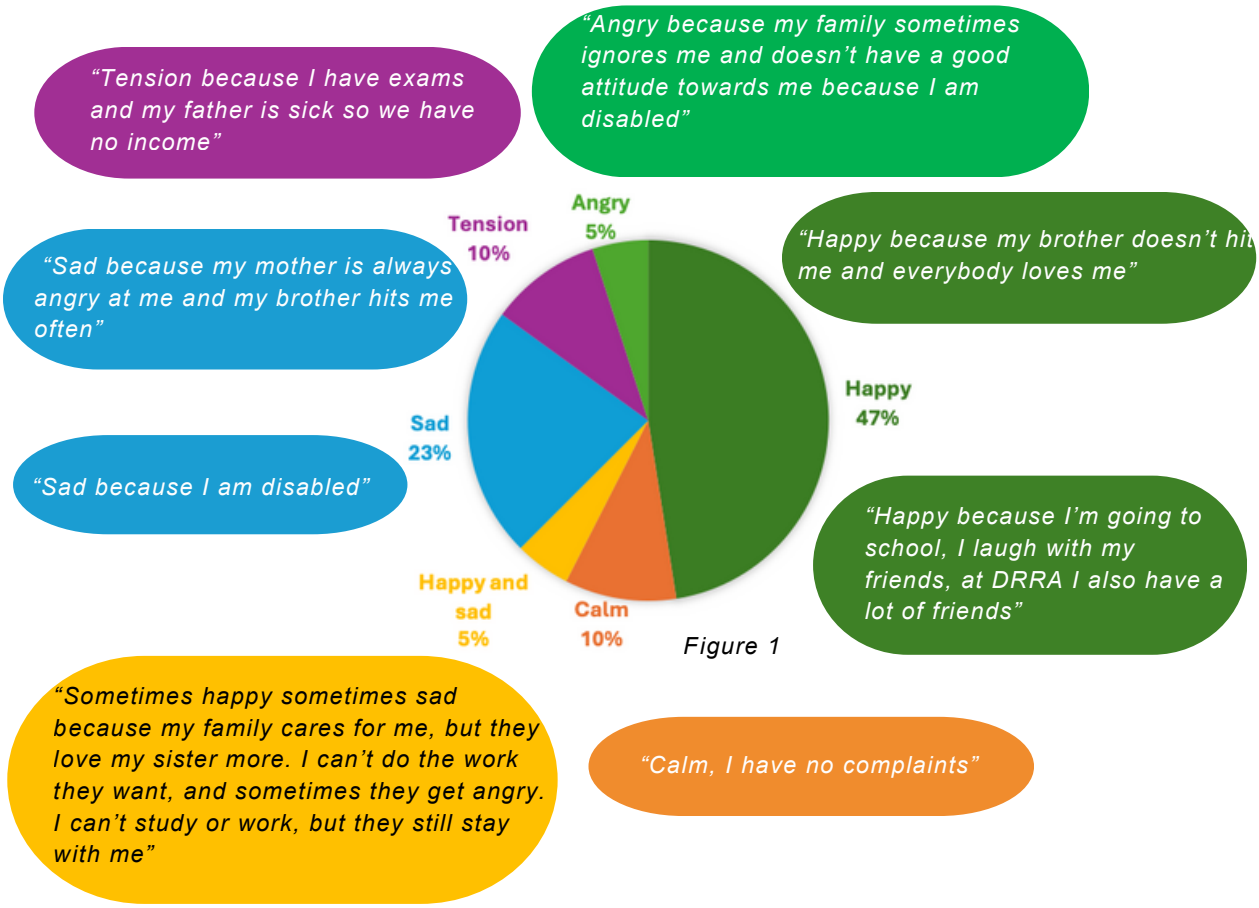


Figure 1

Observations

- Relative to their group, most participants with physical disabilities reported being happy, while most participants with visual impairments and cerebral palsy (CP) reported being sad.
- Reasons for having bad mental well-being were violence, health or financial issues.
- The most common reason for happiness was growing up in a family that takes care of them. Others common reasons were having friends, not being hit/experiencing violence, going to school.

PHYSICAL WELL-BEING

Observations

- About half of the participants reported feeling physically good most days and the other half feels physical discomfort.
- Most common reasons for feeling weak/tired and pain included ongoing health issues, heavy household work and limited nutritious food.
- This aligns with research showing that individuals with disabilities often experience more fatigue, pain, and other physical health challenges than the general population (Mitra et al., 2020).

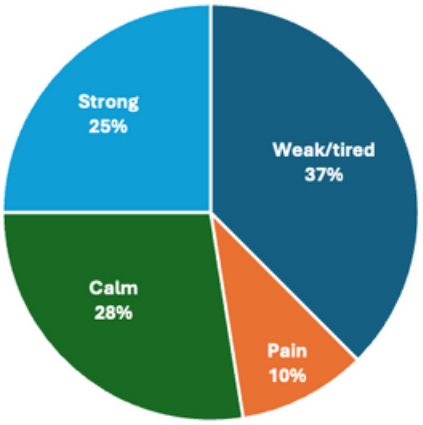


Figure 2

SOCIAL WELL-BEING

Observations

- Common factors for loneliness included a lack of friends, family members being away for work during the day, limited involvement in daily activities such as school, work, or household tasks, and experiencing anger or shouting from parents. Some participants also felt ignored or excluded by their families.
- No correlation between age / school and loneliness.
- All who feel lonely experienced violence.
- All three participants with visual impairments reported being lonely. After that, participants with CP is relatively most lonely.
- Social well-being and happiness are closely linked.

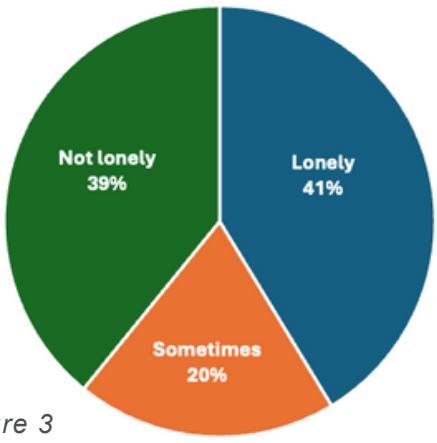


Figure 3

AUTONOMY

In Bangladesh, women's autonomy in daily life is limited, particularly in rural areas. Social norms and traditional gender roles often prioritize male authority in households, restricting women's freedom and decision-making power. Research shows that only 37% of women in rural Bangladesh are allowed to move freely, 54% report having no say in household decisions, and 45% have no say in financial matters (Biswas, Shovo, Aich, & Mondal, 2017).
In the context of this study, autonomy refers to everyday freedoms — such as being able to go outside independently and choose one's own clothing.

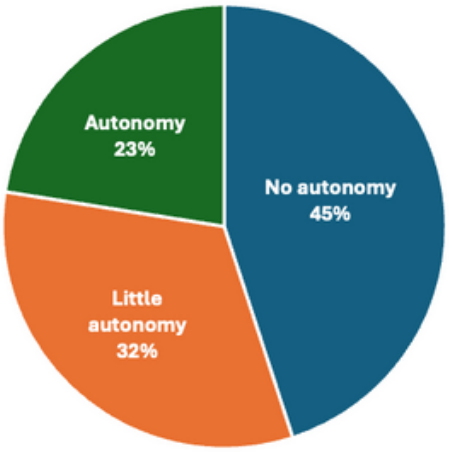


Figure 4

Observations

- Relatively, visual impaired participants and those with cerebral palsy have least autonomy.
- Strong correlation between having autonomy and happiness: 7 out of 8 with autonomy indicated feeling happy. 1 out of 10 with no autonomy indicated feeling happy.
- Strong correlation between no autonomy and loneliness - only 2 out of 18 with no autonomy indicated **not** feeling lonely.
- Those who have not experienced violence were more likely of having autonomy.

ECONOMIC WELL-BEING

When asked directly whether they have enough food, clothing, and other basic necessities, all but 6 participants said they have enough. Even though this does not match with the organisational data on the families' incomes. Many girls interpret "enough" as simply having something — even if the food is not nutritious or the clothing is broken. Social norms of gratitude, comparison to neighbours who are equally poor, and hesitation to speak negatively about their family also influence these answers. This became clear in a later question, where many participants expressed needing clothing, money, or sometimes even food, revealing that their basic needs are in reality not fully met.

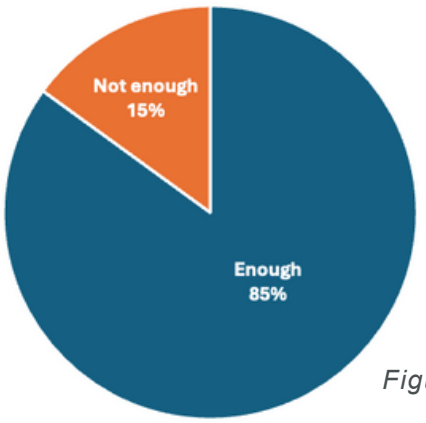


Figure 5

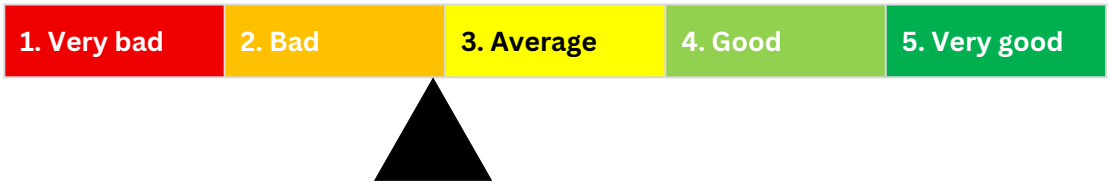
OVERALL WELL-BEING SCORE

Participants were asked to rate their overall well-being or life satisfaction on a scale from 1 to 5. Some found it difficult to assign a number, and their explanations often reflected the same factors mentioned in their earlier well-being responses. Higher scores were closely associated with having a caring family, a sense of autonomy, supportive friendships, and the absence of violence. In contrast, experiences of violence, health problems, and financial stress were major sources of sadness, tension, and anger.

"This is a sad life. I am not able to see. My mom takes good care of me. But she is sick. Who will take care of me when my mom dies? I am totally dependent"

"I study but money is an issue. It's a struggle. But I have a safe life and I have a boyfriend"

"My family, my neighbours, my friends, they all love me"



Average wellbeing score: 2.9 / 5

"My father is a drug addict and drug dealer. My father and mother are always fighting and my father hits us. I can't go to school"

"I have a good life, good family, but sometimes I am feeling down because of my disability"

3.2 EXPERIENCES WITH VIOLENCE

Although all interviews were conducted with a trusted SRHR trainer present, many participants were hesitant to talk about experiences of violence or abuse. According to the trainers that the girls had often experienced more than they shared during the interviews. Building trust takes time and consistency — according to one of the trainers it usually takes around six months before participants feel comfortable enough to discuss sensitive topics.

Even then, girls are often afraid to disclose experiences of abuse, especially when the perpetrator is a family member, as this can bring shame or harm the family's honour. For example, one trainer shared that a girl told her about the 'bad touch' she was experiencing by an uncle. The trainer discussed this with her mother. Then her mother became angry with the girl for sharing it with the trainer/the organisation. This reflects a broader social and cultural environment in which discussing abuse remains a taboo.

Emotional or verbal violence involves threats, insults, humiliation, or isolation aimed at controlling or hurting someone (Women'sLaw.org, n.d.). According to UNICEF (2018), physical violence refers to acts such as slapping, punching, kicking, or the use of objects to cause harm. Sexual violence includes any sexual act, attempt to obtain a sexual act, or unwanted sexual contact achieved through coercion (World Health Organization [WHO], n.d.).

83% of the participants (33) have experienced verbal, sexual or physical violence

NO VIOLENCE

Observations on the participants who did not experience violence (7, 17%)

- Participants who did not experience any form of abuse or violence generally reported higher overall well-being, with an average life score of 4.1.
- They are younger than the average age of participants (16.6 years old)
- Most described themselves as physically strong or calm and emotionally happy. They were also less likely to feel lonely compared to others.

ALL TYPES OF VIOLENCE

Out of all reported violence, verbal violence (63% of all participants) was most prevalent, followed by sexual violence (38%) and physical violence (25%).

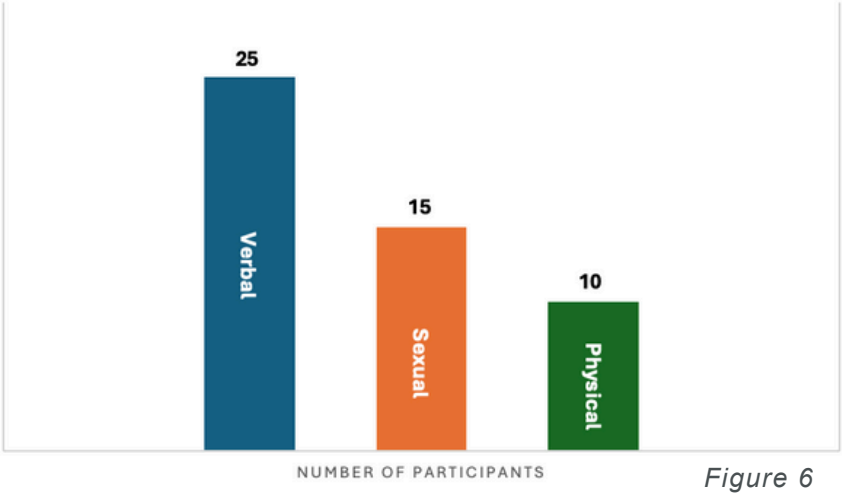


Figure 6

Six participants experienced all three forms of violence. Observations:

- Their average well-being score was 1.8, the lowest among all groups.
- Physically, they reported feeling a mix of calm, pain and tiredness/weakness.
- Emotionally, five expressed feelings of anger, sadness, or tension, while one participant (with a intellectual disability) described feeling happy.
- In terms of needs, three participants mentioned requiring a safe place to live, two needed clothes, and one expressed a wish to get married, which in her context represented the desire for safety and stability.

Two notable cases that illustrate the vulnerability, dependency and need for a safe place to live:

"Since I got married 10 months ago, my husband has been torturing me. He beats and rapes me daily. He is a drug- and gambling addict and does not have a good income. 7 months ago I even went to the hospital after a beating. My mother-in-law also hits me sometimes. They both get angry at me. I want a divorce, but my parents don't agree. They don't support me and tell me to keep quiet. I feel suicidal, and I feel constant tension. I got legal help from an organisation, but it didn't help. Where will I stay after I divorce him? I don't have any close family members or friends and I am partially blind, so living by myself is not an option. I don't know what to do. Maybe a job would help me to become independent." – 20 year old participant, visually impaired

"My brother and mom hit me weekly. Yesterday my brother hit me again. They get angry at me. My mother says things like 'if you die, I am free'. Sometimes the boys from the neighbourhood chase me and catch me, then they touch my breasts. I told my mother, she ordered me to stay inside from now on. I'm not allowed to go to school since I was 12. I always feel lonely and cry everyday."
-16 year old participant, cerebral palsy

VERBAL VIOLENCE

Verbal violence emerged as the most common form of abuse in this study. Of the 25 participants (63%) who reported verbal violence, 14 experienced it from neighbours or community members, making the wider community the primary perpetrator.

One participant, a 19-year-old college student with a physical disability, described being verbally abused by neighbours almost every time she sees them — often on a weekly basis.

“They say protibundhi (disabled person), why are you studying, you will never get married, you will never get a job. It feels painful. I don’t tell anybody about this except my friend here, who also has a disability. I don’t want to worry my family.”

Several other participants shared similar experiences. Neighbours frequently used a wide range of derogatory terms, *protibundhi* being the most common, alongside insults such as *pagol (mad person), boba (stupid), lengra (cripple), magi (loose woman/prostitute), and okorma (useless/lazy)*. These terms reflect a broader social narrative in which girls and young women with disabilities are devalued, seen as lesser, or seen as a burden.

Although discrimination was not an explicit category in the study design, several participants spontaneously described experiences that clearly fall under discriminatory treatment/social exclusion. Since these experiences often occurred alongside verbal abuse, they were grouped under verbal/emotional violence. Examples include being excluded from family events (such as a participant with dwarfism who was locked in house during a wedding, by family, to “avoid shame”), being forbidden to play with neighbourhood children, and being denied entry into relatives' homes.

Beyond neighbours, other common perpetrators of verbal violence were strangers and mothers, followed by siblings, classmates, and fathers. Half of the participants described the verbal violence as something that happens “sometimes”, other half are mixed monthly, weekly and daily.

In terms of sharing their experiences, mothers were the most frequently confided in, then both parents, followed by not telling anybody. In some cases mothers or parents would stand up for their children, by talking to the perpetrators.

SEXUAL VIOLENCE

Fifteen participants (36%) reported having experienced sexual violence, though it is likely that the actual number is higher. As mentioned earlier, many participants were hesitant to disclose such experiences, and building trust with them takes time. The trainers estimated that the actual number is 21 girls (53%). This is based on what the girls themselves have told them in confidence and their behaviour during the SRHR training.

Among the 15 girls who shared their experiences, eight were raped, one experienced an attempted rape, and six were sexually abused.

Observations

- The average age of this group (19.7 years) was slightly higher than that of the overall group (18 years).
- Male relatives were the most common perpetrators (almost half), followed by strangers and neighbourhood boys. Two female relatives were also identified as perpetrators/facilitators.
- Notably, nine out of 14 participants with an intellectual disability and 12 out of 17 girls not attending school experienced sexual violence.
- In terms of well-being, these participants reported just a slight lower overall life satisfaction (2.7) and often felt physically weak or tired, while emotionally their feelings varied.

Perpetrators—both relatives and strangers—appear to deliberately choose participants because of their intellectual disability. Many of these girls have female siblings who according to participants did not experience the same, indicating that the disability itself is seen as an opportunity for exploitation. Perpetrators frequently manipulate them with promises of money, gifts or marriage. Or they frame the abuse as a “joke” or something done “for fun,” relying on the girls’ limited understanding of social norms.

These two cases illustrate this (multiple answers added together):

“I don’t know how many times, but a few times, strangers on the street offered money if I went with them to their house. They raped me there and they didn't give the money. I told my mom, and she hit me because I don’t listen to her. My father also knows. One time, my sister's husband raped me. I told my mother and she hit him. It’s now a police case. My sister and her husband are fighting. Now I have to stay more inside the house. – 25 year old, intellectually disabled

“One of my aunts whom I live with, looks at me and touches me when I change my clothes. She puts her finger in my vagina or touches my breasts. She says it’s for fun (moja koro). I feel angry and I don’t like it. I told my mother and she told other aunties, but they didn’t believe her.” - 23 year old, intellectually disabled

In some cases, family members are not the direct perpretators but they facilitated the violence — for example, relatives receiving money to allow sexual access and restraining the participant while someone else assaulted her.

“My kaka (uncle’s wife) took me to their house, I was just watching my phone. Suddenly, she switched of the light, and sat on my belly with her face towards me. She was holding me. Then a man came in and raped me. It hurt a lot. After that, I felt depressed. I feel better now, but I still have nightmares. I told my mom about it, and there was a police case. But my aunt and the stranger were not punished.” – 22 year old, intellectually disabled

“My father is a drug addict and drug dealer. My parents are fighting a lot and my father hits my mom and me. My mom also hits me because I can’t to the housework properly. I can’t go to school. Once, my father let one of his customers touch my breasts for money. I told my mom afterwards and she said that she saw it. That’s it. The neighbours scold me, they say 'pagol, prothibundi'. Sometimes I scold back. I don’t tell anybody about that. I feel angry.” – 15 year old, intellectually disabled

As can be read from these statements, responses to disclosure vary widely but often. In most cases (9 out of 15), direct family members stand up for the girls by confronting the perpetrator, warning they will initiate a police case if it happens again, or occasionally filing a police report.

Even when cases are reported, perpetrators are rarely punished; sometimes families receive a small monetary settlement instead. In some cases, mostly when perpetrators were strangers or neighbourhood boys, mothers respond with anger or physical punishment, reflecting victim-blaming attitudes. “Why didn’t you protect yourself?”

Another common response, which is also done in combination with standing up for the victim, is to restrict the girl’s movement by keeping her inside the house. While intended to prevent further harm, this reaction increases isolation/loneliness and limits autonomy.

PHYSICAL VIOLENCE

Even though physical violence emerged as the least common form of abuse in this study, the frequency of it happening among these participants is higher. Of the 10 participants (25%) who reported physical violence, 9 experienced it from mothers or mothers-in-law.

“My mom gets angry and hits me everyday, because I can't do housework. Even when I went to the neighbours' house one day to watch tv, she hit me. I’m not allowed to go alone to places” - 16 year old, cerebral palsy

In most cases where mothers and mothers-in-law hit participants, it was because they can’t do the household tasks as good or as much as they would like them to do. Other reasons for physical abuse were them being disabled or because they don’t listen when their mother told them to do something. In 3 of the cases there is no clear reason, could be because of drug abuse or frustration among the perpretators.

The participants with cerebral palsy seem to relatively experience most physical violence. Physical disabled have not reported physical violence.

The average age of the participants who experienced physical violence is a little bit lower than the overall average age; 17,3 years old in comparison to 18 years.

3.3 NEEDS AND DREAMS

Although Bangladeshi rural norms often steer girls toward marriage and household roles, a surprisingly large proportion of participants expressed a clear need/desire for paid work. For many this is not only about income but about independence, respect, and a sense of purpose. Some framed work as a dream rather than a need because they recognise the barriers their disabilities create.

While fewer girls named a safe place as their primary need, that need is the most urgent: these are highly vulnerable young women who face daily violence and have little protection. Rather than receiving support from state or formal services, they remain heavily dependent on family—often the same setting where risk occurs.

Table 2

Type of needs	Number	Quotes/explanation
Job (teacher, nurse, computer and government)	14	'I want to be independent and respected' / 'I need a job to help my family'
Money for education	7	'I need money for books' / 'At home they fight about money. I hope I can still to go school'
Clothes	7	'My clothes are old and broken'
Safe place	5	'I have suicidal thoughts' / 'Who will take care of me after my mother dies?'
Marriage	5	Either to become happy, to be safe, to fulfil intimacy needs or to have children
Other 'money for family' / 'phone' / 'food'	3	'We are very poor'
Nothing	3	

Table 3

Type of dreams	Number
Job (teacher, nurse, computer and government)	21
Marriage	7
Beautiful house	4
Other 'I want to travel to India' / 'beautiful clothes' / 'I want to learn to write' / 'I want to go to Mekka' / 'I want money for my mother's operation but it's very	5
No dream	4

4. COMPARISON WITH EXISTING RESEARCH

No other studies were found on Google Scholar that specifically examine the well-being, experiences of violence, and needs of girls and young women with disabilities in Bangladesh. Some studies on violence partially overlap.

Kaiser et al. (2025) studied 5,000 women and men with disabilities and found high vulnerability: lifetime prevalence of emotional violence 68.9%, physical violence 26.6%, and sexual violence 11.5%, with men reporting sexual violence slightly more often than women (12.7% vs. 10.3%). These findings largely correspond with this study regarding emotional/verbal (63%) and physical violence (25%), but sexual violence was much more reported here (38%), possibly due to the trust participants had in the trainers. It would be useful for Niketan/DRRA to conduct a similar study among boys and young men with disabilities and compare the results with this study on girls and young woman.

Kaiser et al. also reported that emotional and physical violence was mainly committed by neighbors and family members, while sexual violence was committed by direct family members. In this study, verbal violence also came from neighbors, but sexual violence came mostly from (non-direct) family members, and physical violence mainly from direct family members.

Hasan et al. (2014) reported that 84% of women of all with disabilities experienced partner violence, similar to the 83% in this study, despite the participants in this research being younger and only four having a partner.

It is also relevant to compare these results with women without disabilities, although most studies in Bangladesh focus on partner violence. Research on violence against young or unmarried women is scarce.

The 2024 Violence Against Women Survey by the Bangladesh Bureau of Statistics and the United Nations Population Fund surveyed 27,476 participants. The reported figures are much lower. Among 15–24-year-olds, 16% experienced non-partner physical violence and 2% non-partner sexual violence. Emotional or verbal violence was only reported for married women of all ages, at 37%. The target group, methodology, and context of this survey differ considerably from this study. Women with disabilities are at higher risk, and national surveys are often conducted by unfamiliar interviewers, which can lead to underreporting.

5. CONCLUSION

The well-being of girls and young women with disabilities in Manikganj is mixed across all domains except economic well-being. Mentally, physically, socially, and in terms of autonomy, responses were almost evenly split between positive and negative experiences. Economically, most participants reported having enough food, clothing, and basic necessities, although this contrasts with their stated needs and organisational data showing that many families have very limited incomes.

Overall, the girls rated their well-being at 2.9 out of 5 (1 = very bad, 5 = very good), reflecting a mixed overall well-being. Happiness and mental well-being were strongly linked to having a caring family, autonomy, friendships, and not experiencing violence. In contrast, violence, the disability, health problems, and financial stress were major sources of sadness, tension, and anger.

The prevalence of violence in this group is extremely high, with 83% reporting at least one form of abuse. Verbal violence from neighbours was most common, followed by sexual violence—primarily by male relatives—and physical violence by mothers, often related to household tasks not being done (properly) enough. Participants with intellectual disabilities reported disproportionately high rates of sexual violence, whereas those with physical disabilities experienced less violence across all forms.

Participants expressed a strong need for education and employment opportunities to gain independence, respect, and a sense of purpose. Additionally, several girls urgently expressed the need for a safe place to live.

6. RECOMMENDATIONS

1. **Explore additional employment opportunities**
   - Although Niketan/DRRA already provide business/job opportunities for girls and women, it is valuable to explore additional and creative forms of employment. Perhaps in collaboration with other NGO's. Research shows that economic independence and improved socioeconomic status reduce the risk of violence from partners and family members (Hasan et al., 2014)

2. Offer (or refer to) safe housing

Five girls in this study expressed an urgent need for a safe place to stay, but according to the trainers there are more girls in extreme vulnerable positions, enduring violence and neglect daily, some at risk of ending up on the street. It is crucial to provide either:

- Direct referral to a trusted women's shelters that can safely (and long term) accommodate girls with disabilities and offer appropriate support, or;
- Establish a residences for girls, similar to the existing residence for boys with disabilities (Afroza's Place).

3. Offer conditional support to families

- Where possible, provide financial in-kind support (such as goats or cows), or (paid) traineeshop/volunteer work to girls or their families who struggle to afford their education, on the condition that the girls continue their education.

4. Use the community groups to raise awareness on verbal abuse

- Use existing community focus groups to raise awareness about disabilities and verbal abuse. The results of this report can be cause to talk about this type of violence and how to prevent and reduce it. Use smaller groups if that encourages more in depth discussions.

5. Explore collaboration with legal aid services

- In several rape cases, police reports were filed or used as a threat. However, in many instances no consequences followed for the perpetrator. Strengthening access to legal aid would increase the chances of achieving justice and send a clear message that violence against girls with disabilities will not go unpunished.

6. Develop clear procedures for responding to violence

- Trainers and teachers currently appear to respond to cases of violence on a case-by-case basis. It is important for the organisation to make protocols explicit. These should outline steps for talking to families, referring to shelters, providing legal aid, and arranging counselling.

7. Do a similar research into well-being, violence and needs among boys and young men with disabilities

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