

Living with Verbal Abuse and Stigma: Psychosocial Experiences of Persons with Disabilities in Bangladesh

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Abstract

Background

Verbal abuse does not necessarily result in visible physical harm, but repetitive humiliation, verbal insults, threats, ridicule, stigma, and intimidation can compromise mental health, dignity, self-esteem, and social inclusion. Verbal abuse of Persons with Disabilities (PWDs) in Bangladesh is the most general and least visible type of abuse yet has so far received little research attention. This research aims to explore the experiences of verbal abuse among PWDs in Bangladesh and identify common perpetrators and psychosocial consequences.

Methods

This interpretive phenomenological qualitative study was conducted in Cumilla district of Bangladesh. Participants with physical, visual, speech, hearing, and intellectual disabilities, as well as cerebral palsy, were purposively recruited through government and non-government disability service organizations. This study conducted face-to-face interviews with respondents, and the data were thematically analyzed using NVivo 14.

Results

Three broad themes and ten subtopics were identified. Participants described being subject to systematic verbal insult and ridicule, along with moral or religious blame that merged into general social stigma. Abuse and victimization across family, peer/community, and public settings occurred, with family members acting as both the primary caregiver and a frequent perpetrator. Severe psychosocial harm, including depression, anxiety, avoidance of social participation, and self-isolation, was associated with chronic verbal abuse, and suicidal ideation or attempt was common among the PWDs. Women enumerated other gendered harms associated with marriageability, character attacks, and intimate partner violence.

Conclusions

Verbal abuse towards PWDs in Bangladesh is a largely invisible form of ableism that is normalized and damaging to mental health. This highlights the necessity of raising community awareness and establishing routine screening for emotional abuse and suicidality in disability service settings. Besides, more effective policy enforcement towards disability-inclusive development consistent with the Sustainable Development Goals is important.

Background

Globally, millions of people live with some form of disability, and they are more likely to be discriminated against and abused than people without disabilities (1, 2). People with disabilities are at increased risk of experiencing all types of violence compared to people without disabilities worldwide (3, 4). According to a systematic review by Hughes et al. (2012), persons with disabilities are 1.5 times more likely to be victims of violence than persons without disabilities (5). Both male and female individuals with disabilities are reported to experience abuse significantly more than people without disabilities (1, 2).

Verbal abuse refers to being yelled at or sworn at, being verbally humiliated, insulted, cursed, laughed at, intimidated, rude behavior, stigma, mocked or threatened, and being called names (6). All these actions can cause significant psychological problems, and in some cases, they are seen as harmful or even more harmful than physical abuse (6). Verbal abuse is one of the most common and least understood of the four types of abuse, including physical abuse, sexual abuse, emotional abuse, and neglect, and is strongly related to disability (2, 7). It can have profound effects on individuals with disabilities and their family members, especially caregivers (2). Most experiences of verbal abuse are largely invisible forms of violence within society because it does not leave any visible marks like physical and sexual abuse (6).

However, many of the Persons with Disabilities (PWDs) did not seek support at all because they found it shameful to share their experiences with others or feared that they would face further violence (8). It is important to note that most of the service centers in Bangladesh are not disabled-friendly as they lack accessible infrastructure. There is also a lack of understanding among the service providers on how to communicate with PWDs, resulting in low acceptance and prioritization of PWDs as victims (9). As per the sociocultural norms and practices, many feel discouraged from reporting violence because they fear defamation, stigma, re-victimization, and a lack of state-level protection (10). Moreover, PWDs often face poor mental health due to a lack of social support, limited access to healthcare services, and social adversity (1). Individuals with intellectual disabilities are more likely to experience all types of abuse compared to those with physical disabilities (7, 11, 12).

Existing studies indicate that a significant number of PWDs are victimized, and around 44% of them experienced emotional abuse from their family members, close kin, and neighbors (13). The experience of non-visible verbal abuse has a great impact on their mental and psychological well-being (6, 13, 14), as they are mostly going through anxiety and depression (14). Additionally, experiences of verbal abuse could also leave a long-term effect on individuals' perceptions of self-worth, dignity, and sense of belonging (15). It has been observed that PWDs do not seek professional help, as noted in a study by Kaiser et al. (2025). It has been found that the experience of verbal abuse for women living with disabilities in Bangladesh has a significant effect on their mental health, as 88.3% of the participants experienced fear, and half of the participants experienced suicidal thoughts (8). Disability is often viewed negatively in Bangladeshi society, leading to stigmatization and verbal abuse (16).

The verbal abuse of disabled individuals is an under-examined and unexplored research area in Bangladesh (17). Given this backdrop, it would seem logical to work on this verbal abuse in the context of Bangladesh. Additionally, the lack of support systems and the lack of awareness among the general

public are contributing to the persistence of verbal abuse (17). There is an urgent need for targeted programs to educate communities and support individuals with disabilities to reduce verbal abuse and promote inclusion (17). The legal and regulatory framework governing the rights and protection of PWDs in Bangladesh is not well structured, and PWDs are not properly protected by law (18). Their voices are also unheard in legal systems, as they are mostly dependent on their caregivers (12, 17). In these circumstances, the main aim of this study is to explore the experiences of different types of verbal abuse by PWDs, and to identify the common perpetrators and the consequences of these kinds of abuse among PWDs. However, Bangladesh will never achieve the Sustainable Development Goals by 2030 without full participation, including persons with disabilities ('Leave no one behind') (19). In response to this, this study's findings will help to ensure mental well-being under SDG Goal 3 and the inclusion of all people with disabilities under Goal 10, which strives to reduce inequality.

Methods

Study design and Setting

This study used an interpretive phenomenological design to understand the lived experiences of verbal abuse and its consequences among persons with disabilities in Bangladesh. A phenomenological approach was appropriate because it allows an in-depth exploration of how individuals interpret and make meaning of their lived experiences (20). The study was conducted in the Cumilla district in eastern Bangladesh, which was purposively selected as the study site.

Population and Recruitment Strategy

To conduct face-to-face in-depth interviews (IDIs) with the population, a purposive sampling strategy was used for this study. The selection process was carried out in several phases, during which we sought to ensure that the participants were relevant and information rich. Initial institutional access was established through the *Cumilla Somaj Seba Office* (CoSSO), a government agency that provides services to PWDs through a formal registration system. Through the SSO, the research team was also connected to the *Protibondhi Seba O Sahajjo Kendro* (PS&SK). In this organization, PWDs receive physical and mental health care services. The study was ultimately carried out across selected government and non-government service settings in the district.

In the second phase, social media platforms were utilized to conduct extensive search, including *Facebook and Instagram*. The reason behind searching through social media platforms was to identify non-government organizations (NGOs) that work solely for PSDs in the selected study areas. The search started in October 2025, and a total of 8 NGOs were identified. The Associate researcher (AHMF) sent an email to seven organizations in which the study objectives were mentioned. The remaining three organizations were contacted through telephone calls. Among these ten organizations, we found positive responses from six NGOs, and finally, four NGOs were purposively selected based on their

relevance to the study objectives. The rest of the NGOs were excluded as they did not align with the research focus. After selection, primary visits to these four NGOs were made by the principal researcher (SAU) and the associate researcher (AHMF). Finally, a total of 20 participants were appointed for IDIs, including 14 men and 6 women, aged 18 to 70 years. Participants were selected based on specific inclusion criteria, including age, type of disability, marital status, and experience of verbal abuse. The sample included participants with physical disabilities (n = 7), visual impairments (n = 2), speech impairments (n = 2), cerebral palsy (n = 5), hearing impairments (n = 1), and intellectual disabilities (n = 3). Among the 20 participants, 15 were married, 4 were unmarried, and 1 was divorced.

Data Collection

Data were collected between November 2025 and February 2026. Before the main data collection, the research team conducted two field visits in October 2025 to establish rapport and prepare for the study. Separate interview guides for the IDIs were developed for this study (Additional file 1), and examples of the general and probing questions are presented in Table 1. All IDIs were conducted by the principal investigator (SAU), who had prior experience in qualitative research.

Table 1
General questions and their following probe questions

General questions	Probe/Follow-up questions
Can you describe your daily life as a person with a disability?	Can you tell me more about your everyday experiences? Could you provide an example?
Have you ever experienced any types of verbal abuse because of your disability?	What exactly happened? Who was involved? How often does this happen?
What kinds of words or comments do people usually use toward you because of your disability?	Can you recall a specific incident? How did these words make you feel?
Who are the people most likely to abuse or insult you verbally?	Can you describe their relationship with you? How do they usually behave toward you?
How have these experiences affected your relationships and participation in family or community activities?	Have you ever avoided social gatherings or isolated yourself because of these experiences? Please elaborate.
Have you ever received any support after experiencing verbal abuse?	Who supported you? Was the support sufficient? What kind of support did you expect but did not receive?
In your opinion, what should be done to reduce verbal abuse against PWDs?	What changes are needed within families, communities, institutions, or government policies? Please explain in detail.

Three research assistants supported the process by obtaining informed consent and recording field observations. These assistants, two male and one female, were undergraduate students in Anthropology

who had received training in qualitative methods and had approximately one year of field experience. Before each interview, participants were informed about the study's purpose, privacy, and confidentiality. Written informed consent was obtained from all participants, along with permission to audio-record the interviews. A brief sociodemographic questionnaire was completed before each interview. Each IDI lasted approximately 50 to 70 minutes, and a note-taker was present during both IDIs. For participants with communication or cognitive limitations, caregiver support and caregiver interviews were used when direct interviewing was not feasible. No monetary compensation was provided to avoid undue influence on participation.

Data Analysis

All interviews were transcribed verbatim, and field notes were used to retain relevant non-verbal observations. The interviews were conducted in Bangla and later translated into English for analysis. Before formal coding, AHMF and SI cross-checked 40% of the audio recordings against the transcripts to ensure accurate transcription and translation. The data were analyzed thematically using Braun and Clarke's (2006) six-step approach. Consistent with the phenomenological orientation of the study, the analysis focused on participants lived experiences and the meanings they attached to verbal abuse. SAU and AHMF read and re-read the transcripts to become familiar with the data and then collaboratively coded the material using NVivo version 14. A shared coding framework was developed, and any disagreements were resolved through discussion. The coded data was organized using tables and mind maps to generate initial themes. The themes were then reviewed and refined; some were merged, and others were separated based on conceptual similarity or difference. Finally, the themes were clearly defined and named.

Results

Twenty in-depth interviews were conducted with PWDs and their caregivers representing a range of ages, genders, and disability types (Table 2). Twenty subjects (P1–20) participated in the study, varying in both age (12–65 years) and functional impairments. Among the participants, 13 were men and 7 women (5 of whom acted as proxies for individuals with an intellectual disability or speech impairment). The sample included different types of disability, with physical disability (7) and cerebral palsy (5) being the most common, followed by intellectual disability (4).

Table 2
Demographic Information of Participants

Code	Gender	Age	Kind of disability
P1	Male	22	Cerebral Palsy
P2	Male	32	Physical
P3	Male	39	Cerebral Palsy
P4	Male	52	Physical
P5	Male	28	Cerebral Palsy
P6 (caregiver)	Female	12	Intellectual
P7	Male	65	Physical
P8	Male	34	Visual impairment
P9	Male	40	Visual impairment
P10 (caregiver)	Female	62	Speech impairment
P11	Female	25	Cerebral Palsy
P12	Female	40	Physical
P13	Male	24	Physical
P14	Female	24	Hearing impairment
P15	Female	35	Cerebral Palsy
P16 (Caregiver)	Male	42	Intellectual disability
P17(Caregiver)	Male	60	Intellectual disability
P18 (Caregiver)	Male	28	Intellectual disability
P19	Male	26	Physical Disability
P20	Male	31	Physical Disability

The analysis identified three overarching themes and ten interconnected subthemes that reflected participants' experiences of verbal abuse, the settings in which these experiences occurred, and their psychosocial consequences. Participants described persistent verbal victimization across family, community, and public environments, alongside the emotional and social impacts that shaped their everyday lives. The thematic relationships derived from the analysis are illustrated in Fig. 1.

Theme 1: Lived Experiences of Verbal Abuse

Subtheme 1: Verbal Insult and Ridicule

Of the twenty participants, almost all reported verbal insults as a common issue, and participants faced a constant presence of it in their daily lives. PWDs frequently experience verbal abuse in various ways, including hateful speech, mocking, and the use of derogatory names. In addition, participants reported the common challenges they faced in their social environments where verbal insults turn into continuous harassment. Some of the participants described specific instances where they were subjected to direct insults by others.

"..... while walking on the street, many children or even adults would say to me, laughing at me, that I have a leg problem. Many people directly call me "lengra" (cripple). They would call me to harass me. Even those who didn't know my name called me 'cripple'. These things used to hurt a lot..." (Participant 1, male, cerebral palsy)

Furthermore, another participant with physical disability stated,

".....when people in my area misbehave with me, they do not call me by my name. They call me "Hat Kata" (Amputee/Handless). To me, this feels like a slur. I have a name, don't I? Yet they would say to me "Nongra" (Unclean), "Kana" (Blind), "Khora" (Crippled). In my initial stage of disability, I showed anger to the person who said this name to me. But right now, I will never reply to anyone. This slang becomes an everyday breakfast to me..." (Participant 2, male, physical disability)

In addition to verbal harassment, participants from rural areas with lower socioeconomic status reported facing constant mockery regarding their living conditions. Several informants reported being insulted in public spaces, noting that the attacks appeared unprovoked and intended solely for harassment.

".....I have a daughter with an intellectual disability. I go from one house to another, cleaning and doing whatever work I can, and sometimes I even must beg just to feed her. But when I go out, I have no one to leave her with. So, with a heavy heart, I tie her to the leg and leave her at home. Yet so many people insult me every day just for my child. There is only one reason: I beg for my child. My husband left me many days ago, only for my child. There are so many people in this village, so many neighbors, yet no one comes forward—even to give her a glass of water. She stays tied outside in the sun for hours. Doesn't anyone feel even a little pity for her? Instead of kindness, people look at her with disgust. They hate her because she is different. I feel helpless... but what else can I do?" (participant 6, caregiver of an intellectual disability)

Subtheme 2: Moral and Religious Blaming

Based on the narrative provided by the participants, people often blame individuals with disabilities by claiming they are guilty of a "divine crime." Several respondents categorized this blame into two distinct perspectives: moral and religious. *Religious blaming* often provokes *moral blaming*, where participants were judged by their religious identity and practice. The community people always raised questions about their religion, lifestyle, and practices when they found a disabled person. Participants expressed that moral blaming occurs when a disabled person faces constant harassment and gets angry.

Consequently, personal disabilities were tagged as sinful in society, and people prohibit their children to make friendship with disabled persons, which can lead to “*puura kopaal*” (bad luck).

“... I lost my hand in an accident. After that, people started saying that it happened because my parents must have done something wrong. They used this to taunt me. There is nothing more painful and humiliating than hearing such words. An accident can happen to anyone—why should I be blamed for it? But instead of calling me by my name, people call me ‘Hat Kata’ (Handless: used as slang). I do have a name, yet no one uses it. Every time I hear that word, it hurts me deeply....” (Participant 7, Male, Physical disability)

In addition, individuals with disability often treated as bad people in society, as they are being punished by God for their sins. From the viewpoint of participants, disabled people were always being judged by their behavior and treated as morally corrupt.

“... People in my neighborhood say many things about my marriage. When someone comes to see me for marriage, they spread rumors and say that my character is not good. They talk to many people and make the situation worse. Because I don’t have a brother in my family, people take advantage of that and speak badly about me. They compare me with others and create misunderstandings. All of this leads to arguments and conflicts in my family, even with my father. It becomes very painful for me, as these false accusations affect my life and my future....” (Participant 14, Female, Hearing impairment)

Subtheme 3: Social Stigmatization

Participants frequently identified that moral and religious blaming turns into social stigmatization, where neighbors and kin often blame the individuals for their disability. Particularly, the female participants who are in the age of adolescence and preparing themselves for marriage reported that neighbors often circulate rumors about their disability. At the same time, several female participants experienced intimate partner violence, where they were subjected to beating and torture every time because of their physical condition.

“.....my aunts tell me I cannot marry anyone because my leg is not in good condition. When I realized that one of my marriage proposals got rejected by the groom's side, I got very depressed. Later, I heard my neighbor who I, who is also my uncle, spread rumors among the society that I am a disabled person, and I cannot do any kind of regular activity, so if anyone marries me, he will suffer for the whole life. After hearing the rumors against me, I got very upset and cried and did not eat for a day....” (Participant 12, Female, Physical Disability)

“I have a problem in my hands, and for that, my husband torments me every day. When he comes after office hours and finds me doing something or sleeping, he cannot tolerate it. One day, he slapped my face, and I lost consciousness. So, this is my regular experience...” (Participant 15, female, cerebral palsy)

Theme 2: Contexts of Verbal Abuse

Subtheme 1: Familial Neglect and Abuse

Nearly all identified families are the primary context from which they experience these verbal abuses. Family members, including parents, siblings, and relatives, acted as the main perpetrators according to their narratives. In addition, participants who belong to an extended family reported they were abused by their maternal and paternal cousins. After asking some probing questions, several participants revealed that this negligence manifested in myriad ways, such as opinion denial, restriction of participation in household matters, and physical torture.

"..... People often think that when a girl grows up, she becomes a burden on her family. This is not only in my family. It happens in many families. In my case, my family also sees me as 'less capable' because I have a hearing problem. Because of that, they expect me to obey everyone without question. Sometimes, they even raise their hands at me. They believe that a healthy person can earn and support the family, but someone like me, with special needs, cannot. Instead, they think I will be a lifelong responsibility. That is why they prioritize healthy children and neglect those of us who are different. It makes me feel like I don't have the same value as others in my own family..." (Participant 14, Female, Hearing impairment)

In addition, participants reported that they were frequently subjected to verbal slurs whenever they made a mistake. This was particularly common for women, who were often targeted with derogatory labels such as 'useless,' *opoya* (a person with bad fate), *olokkhi* (a person whose presence brings misfortune), *soytan* (devil), *Kuttar Baccha* (son of a bitch), and *Bejonma* (questioning why they were born). Based on the accounts of the respondents, family support is seen as the most essential factor for their well-being. Consequently, when a person with a disability faces persistent harassment from their own parents and relatives, it deeply damages their morale and their sense of human dignity.

"... I have seen how families neglect children with disabilities. People blame the mother, saying she committed sins, and call the child names using slurs like 'kuttar baccha'(Bitch) and 'soytan. (Devil)' In some cases, the child and mother are forced to live in the cowshed, while others stay in the main house. When I went to the Somajseba office (GO), I heard them from their experience sleeping on torn cloth, even as cow urine flows over their place... Similarly, my family also used slurs. Even till now..." (Participant 5, cerebral palsy, male)

Subtheme 2: Peer and Community-Level Discrimination

Participants described experiences of discrimination, specifically through verbal abuse from their peers and friends. Seven participants reported that they were often judged by community members based on their physical appearance. Participants were also being excluded from social functions by force. For many disabled persons, this level of discrimination has become a part of their daily routine.

".... They never value my words. If I would like to say something in a family matter, my voice is always down, my brother and my younger sister always try to stop me. They ignored me all the time. They denied my presence, and they think that if I get involved in any family matters, that will be a disaster for the family speaks...." (Participant 19, Male, Physical disability)

Subtheme 3: Routine Public Harassment

From the perspective of the participants, public harassment was a common attitude that they encountered throughout their daily activities. Individuals with disabilities who managed businesses or worked outside the home reported high levels of harassment, including mockery, bullying, and verbal stigmatization. In workplace environments, these participants noted that they were verbally abused much more frequently than non-disabled persons. Furthermore, even those who did not work outside reported facing harassment from their neighbors, who often used the participants' names as a form of slang or verbal insult.

"... For me, harassment also means how people treat me in times of need. Once, I was in a crisis at home and needed a small loan of 500 BDT, but even in a village of 15–16 households, no one was willing to lend me even 5 BDT. It made me feel like I have no value at all. People only give importance to those who already have status, and I am not one of them. They also mock me by calling me names like 'Guja'(Hunchback) or 'lengra'(Crippled), saying things like 'That Guja (Hunchback), what is he doing?' These words and behaviors make me feel deeply insulted and humiliated..." (Participant 20, male, physical disability)

Female participants reported a significant hesitation to leave their homes, expressed constant feelings of insecurity, and a fear of facing bullying and public harassment. To manage these risks, several respondents explained that they frequently avoid crowded environments, such as local markets, social gatherings, and community meetings. According to their accounts, many people in public spaces attempted to harass them by mocking their physical appearance or making them the subject of jokes. Furthermore, these women noted that this lack of respect extends into their private lives, where their voices and opinions were consistently overlooked by their own family members.

"... I rarely go outside without a special reason because I always feel disturbed and insecure. I keep thinking, if I were healthy, would they have dared to push my mother and make her faint? (participant describing a situation where a neighbor insulted her mother and tortured her). They wouldn't have had that courage. They know I can't run, and because of that, they feel powerful enough to do such things. If I could move quickly, I would have protested and stood in front of them. At least I would have asked why they pushed my mother. But in this condition, I don't even have the strength to stand up to them, and that makes me feel completely helpless." (Participant 15, female, cerebral palsy)

Theme 3: Psychosocial Consequences of Verbal Abuse

Subtheme 1: A torment of Hell

Participants described their daily interactions with family, friends, and society as a form of "*noroker agun*" or the "fire of hell." They reported that constant mockery, public laughter, and being stared at in invasive ways led to them being unfairly labelled as mentally weak or unstable. When discussing the impact on their well-being, every participant reported experiencing severe depression, as well as significant stress and anxiety regarding their future.

"I feel so much mental pressure inside me. When I think about myself, I feel very lonely. A few days ago, my parents celebrated one of my brothers' birthdays. But they do not even remember my birth date. So sometimes I think, " Why am I in this world? Why did God send me into this world? If I die, there will be no problem in this family. My family will run better, I think. So, every time thoughts come into my mind, I feel too frustrated and demotivated. So, you cannot think or predict my condition. But I feel my condition, and it is getting worse day by day." (Participant 2, male, physical disability)

Subtheme 2: Avoidance of Social Participation

Participants constantly reported that they always try to avoid social functions and large public gatherings due to the fear of being abused. Many reported that their previous experience of interacting with community members has caused them to feel significant stress. A person with disabilities often feels uneasy speaking with others, sharing opinions, or participating in any community competitions because of intentional verbal abuse. Furthermore, several respondents highlighted a deeply harmful stigma where community members viewed their presence as a threat and called them *"Kuufa"* (Luckless person). According to these accounts, some neighbors even suggested that the presence of a person with a disability could have a negative or *"evil"* influence on others.

"Even if I wish to go outside, I cannot go because carrying myself there will need two or three extra members. So, if any competition or any fair is arranged in our area, I never wish to go there because of the condition. Besides, people always stare at me like I am a clown, sometimes make jokes at me, or sometimes call me very disgusting names. So, these actions ultimately create mental stress. So, I was always trying to avoid these functions...." (Participant 9, male, visual impairment)

"I don't like being around large groups of new people; I feel more comfortable with one or two close friends. I don't try to make many new friends, and even in college, I don't have a big circle." (Participant 7, male, physical disability)

Subtheme 3: Social Isolation and Withdrawal

Building on the previous sub-theme, participants reported that they often isolated themselves following an abusive encounter. This self-isolation led to high levels of anxiety and a notable loss of self-confidence. To avoid the functions or any competition, a disabled person would stay in their room for long periods, essentially forcing themselves into seclusion. They explained that this withdrawal was a deliberate choice made to protect themselves and avoid any further risk of verbal mistreatment from others.

"People like me often isolate ourselves because it is hard to tolerate the harsh and mocking words of society, and it affects our mental health. I mostly manage everything on my own, as there is no one beside me for support. People only contact me when they need something; otherwise, no one calls me. That's how my life is." (participant 11, female, cerebral palsy)

"I keep everything inside myself." (participant 14, female, hearing impairment)

Subtheme 4: Suicidal Ideation and Attempts

A total of seven participants declared that they had attempted suicide once in their lives because of unbearable stress and abuse from others. When family members and others subjected them to an excessive level of torture, they felt “useless” in this world. Participants constantly blame themselves for their birth and treat themselves as a “*Jonmer Bhul*” (A mistake of birth). Their narratives showed that when isolation and depression became irresistible, they felt their lives no longer held any value, especially in the absence of support from their families and society. This despair was often fueled by being treated as an “*unnecessary person*” or as a burden to others.

“I attempted. Still, my family said, ‘Why are you dying here? Can’t you go outside and die?’ They say I can never be good for my sisters or the family. Being unable to tolerate all this, I tried to commit suicide.”
(participant 14, female, hearing impairment)

“It happened many years ago. Then again, a few days ago, when I had a fever, they said I was acting. Even when I was sick, they didn’t believe me. After that, I tried again. I feel like I don’t have the will to survive. For whom should I live?” (participant 13, male, physical disability)

“The family who brought me into this world—if that family neglects me, then where will I go? I tried twice. I was admitted to the hospital for four days. Even then, they said, ‘Why die here? Go outside and die.’”
(participant 15, female, cerebral palsy)

Discussion

This exploratory phenomenological study revealed that verbal abuse of people with disabilities is a common and socially accepted form of ableist mistreatment in the context of Cumilla, Bangladesh. Participants indicated that they were derogated in relation to their impairments, ridiculed publicly, and treated as a person's disability rather than as a person with dignity. This abuse was perpetrated by a range of individuals, such as family members, relatives, peers, neighbours and strangers. Repeated verbal abuse was associated with emotional distress, avoidance of social participation, self-isolation, loss of dignity, suicidal ideation or attempt, and the consequences were severe. The findings are consistent with broader findings that PWDs are more vulnerable to violence than people without disabilities (21) and that stigma, discrimination, inaccessible services, and exclusion can adversely impact their health and well-being (22, 23). In Bangladesh, recent research also indicates that there is a high prevalence of violence against PWDs: a high lifetime prevalence of emotional, physical, and sexual abuse (24); victimization experienced by approximately 40% of PWDs (25). This study contributes to that evidence by revealing the nature of the experience, interpretations, and internalization of verbal abuse as they play out in everyday life.

This detailed description of verbal abuse as everyday ableism is a key contribution of this research. The participants described derogatory labels based on their disability, such as “cripple,” “handicapped,” “blind,” “lame,” and other local slurs, as more than just labels for disability; they were labels that were

used to indicate that the individual was inferior, abnormal, burdensome, and socially incomplete. While physical abuse is more visible, verbal abuse can inflict significant psychological damage on the individual by affecting self-esteem, social confidence, and mental health. Previous studies have associated humiliation, ridicule, cursing, and inappropriate blaming with depression, anxiety, hostility, and suicidal ideation (26, 27). Verbal abuse was normalized as part of the daily routines for many of the participants in this study (27).

One of the important findings of this study is the moral and religious blaming of participants. Data from this study show that disabled people are seen as a result of sin, divine punishment, bad luck, and/or misbehaviors of parents or members of their families. Previous studies from Bangladesh also reported similar findings, where disability is linked to concepts of blame and guilt, misfortune, the evil eye, parental curses, supernatural explanations, and negative attitudes towards it (25, 28). The present study builds on this literature by demonstrating how these beliefs manifest in hurtful speech and everyday blaming. This type of abuse contributes to stigma in that it reinforces the idea that disability is deserved, shameful, or spiritually dirty, and both people with disability and their families feel isolated from others. It also renders abuse socially acceptable by making disabled people think of themselves as being morally inferior to others. These practices contradict the Convention on the Rights of Persons with Disabilities and Bangladesh's Rights and Protection of Persons with Disabilities Act 2013, both emphasizes dignity, equality, and non-discrimination, as well as full participation in society (29, 30).

The family was also found to be a source of care, protection, and survival, but also a common place where verbal abuse, neglect, exclusion, and sometimes physical abuse took place. This dual role is in line with disability research in Bangladesh, which found that families are the primary source of support for PWDs and are also a space where they experience discrimination (28). The findings also indicate that family abuse is especially harmful because insult by family members often leads to feelings of humiliation, distress, and abandonment. Prior research suggests that dependence on caregivers, social isolation, communication barriers, and limited resources increase vulnerability, which is relevant to this study's findings (31, 32). The findings from Bangladesh highlight that victimization against PWDs is common among neighbors, relatives, family members, as well as everyday social settings that is also found in international evidence (25, 31, 33, 34).

While all men and women reported verbal abuse, the results showed distinct patterns of harm, which were concerning to women. Women reported stigma related to marriage, character attacks, fear of public harassment, family control, intimate partner violence, and being seen as a burden for life. This is consistent with evidence from both Bangladesh and other countries also indicates that there is a high prevalence of IPV among women with disabilities, with fewer than half seeking support (35–37). These kinds of disability stigma are shaped by patriarchal expectations relating to marriageability, sexuality, family honor, and economic dependency.

The most immediate discovery was the high levels of adverse psychosocial impacts of repeated verbal abuse, which include depression, anxiety, mental pressure, feeling helpless, loss of self-worth, and

isolation from social life. These experiences align with the findings of depression, anxiety, and stress among persons with disabilities in Bangladesh (38, 39) and the negative effects of verbal abuse on self-esteem and self-blame, as well as on social interaction (26). Public shame, humiliation, and withdrawal can also have negative consequences for mental health, as there is a strong association between social isolation and suicidal behavior (40). Several participants expressed past experiences of suicide attempts or suicidal behavior related to abuse, neglect, and feeling unwanted. These narratives demonstrate that verbal abuse is no less meaningful than physical violence.

There are several disadvantages of the study, which need to be considered despite its strengths. This study was undertaken in a district (Cumilla) with purposive recruitment via government and non-government service networks. The number of people with disabilities was small and heterogeneous. While this research captured diverse experiences, it restricted comparison by disability type, sex, age, marital status, socioeconomic position, rural-urban background, and level of support need. Verbal abuse, family violence, and suicidal behavior are sensitive issues, and reporting might be underreported or miscalculated due to shame, fear of retaliation, or social desirability. The study also did not clinically diagnose depression, anxiety, or suicidality. Thus, results on mental health are to be understood as lived experiences and self-reported psychosocial impacts rather than clinical prevalence estimates. Future research should use larger, multi-site, and mixed-method designs comparing experiences across gender, age, disability type, poverty status, rural-urban location, and service access.

Conclusions

The findings of this research suggest that verbal abuse is expressed through daily ableist language, moral and religious scapegoating, family abandonment, community discrimination, and public harassment. This can result in depression, anxiety, isolation, lack of social involvement, feelings of worthlessness, and suicidal behavior. The findings of this study have implications for disability related policies and practices in Bangladesh. Public awareness campaigns need to design counter-stereotypes of disability in collaboration with disability groups, caregivers, religious leaders, teachers, youth groups, and local disability organizations. Besides, disability service centers and social welfare offices should also commence routine screening for emotional abuse, family violence, and suicidal ideation. Future studies should investigate these topics across different geographical areas and disability populations and assess interventions to reduce stigma and strengthen psychosocial support. Bangladesh will not be able to move towards meaningful disability inclusion and 'leave no one behind' without tackling everyday verbal abuse and its impact on mental health.

Abbreviations

CoSSO

Cumilla Somaj Seba Office

IDI

In-depth interview

NGO
Non-governmental Organization
PS&SK
Protibondhi Seba O Sahajjo Kendro
PWD
Persons with Disabilities

Declarations

Ethics approval and consent to participate

Ethical approval for this study was obtained from the Higher Degree Academic Research Approval Committee, Department of Anthropology of Comilla University, Bangladesh (Registration Number: ANP:2025-01), which is the institutional research ethics approval committee for higher-degree academic research with human participants. All methods of this study were performed in accordance with the relevant guidelines and regulations. All essential consent regarding interview procedures in the GO and NGOs was sought and ensured by the responsible authorities of the organization. Written informed consent was obtained from all study participants, or from their caregivers/legal representatives where applicable, before inclusion as study participants. Participants were free to withdraw from the interview at any point during the study, as they wished. The research team ensured the confidentiality of all respondents and kept their information secure. After completion of the study, the data were preserved in a secure, password-protected location.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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Author Contribution

SAU and MSI conceptualized the study. SAU and MSI developed the methodology, provided project administration, and supervised the research. SAU, MSI, and AHMF conducted formal analysis, data curation, and field investigation. SAU, MSI, and AHMF drafted the initial manuscript. SAU, MSI, AHMF, and

SN validated the data, provided critical reviews, and edited the manuscript for technical and intellectual content. All authors reviewed the manuscript critically for important intellectual content, approved the final version for publication, and agreed to be accountable for all aspects of the work.

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Data Availability

Participant data will be made available de-identified, along with a data dictionary that specifies the definition of each field. Individual participant data with identifiers will not be shared to maintain confidentiality. The informed consent form will not be shared to ensure confidentiality. The data will be made available from the first publication and will be available for 5 years. Data will be accessible upon request to the corresponding author. Access will be provided for non-commercial academic research after approval of a methodologically sound proposal.

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Figures

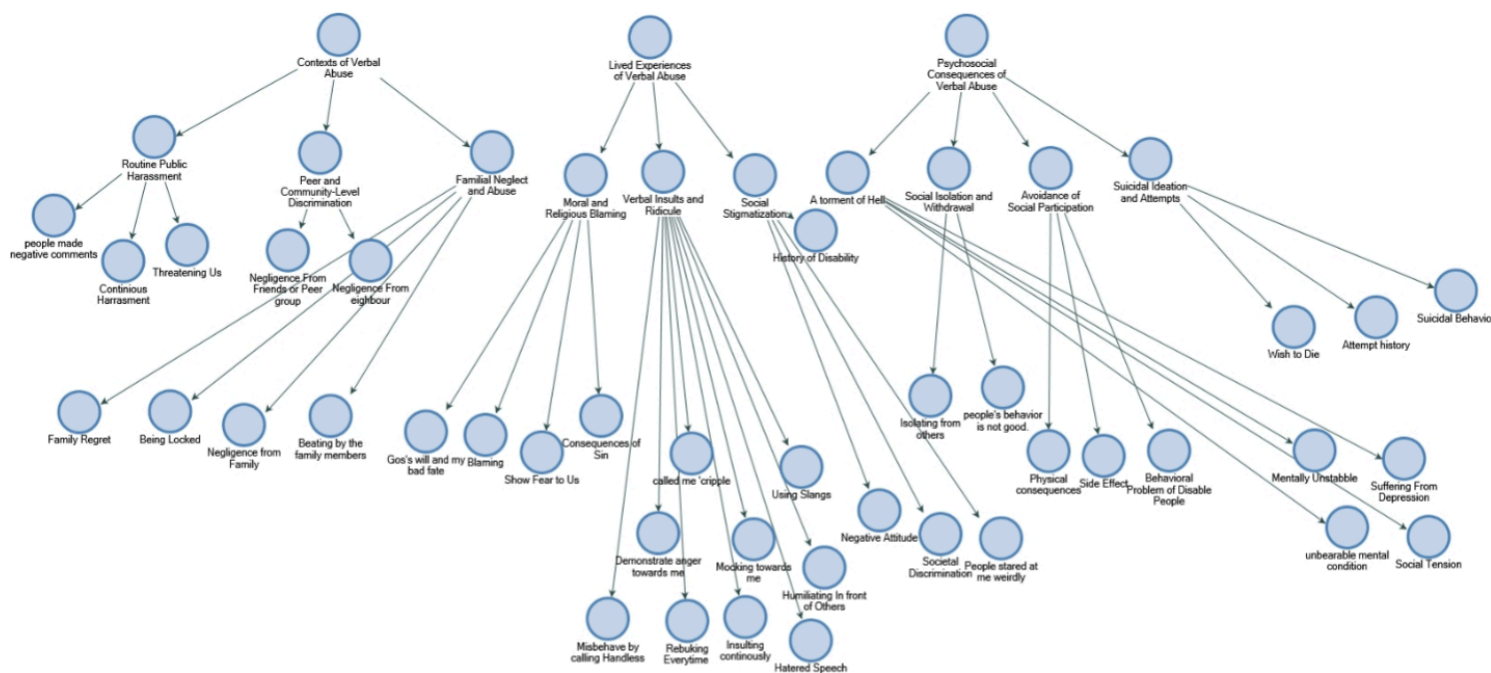


Figure 1

Thematic Map from coding

Supplementary Files

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