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Research Paper

Violence against Women with Disabilities and Mental Health in Gurage Zone, Central Ethiopia: Cross-sectional Study

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Abstract

Violence against women and girls (VAWG) with disabilities is a public health concern worldwide. This study is aimed at examining the prevalence of VAWG among women and girls with disabilities (WGWD), identifying associated factors, and investigating its association with mental health issues in the Gurage Zone. A structured questionnaire was used to conduct a community-based cross-sectional study with 219 WGWD. Descriptive statistics were used to determine prevalence, and logistic regression analyses were utilized to examine the relationships between sociodemographic variables, VAWG, and mental health outcomes. The overall prevalence of VAWG was 65.3%, with psychological violence (52.1%), followed by physical (49.3%) and sexual violence (33.8%). VAWG was found to be significantly linked with income, education, and marital status. Exposure to VAWG was also linked to an increased risk of anxiety (OR=4.52), depression (OR=3.10), and PTSD (OR=4.86). These findings suggest that WGWD face a high risk of both violence and negative mental health consequences. As a result, targeted and integrated interventions are required to reduce violence and enhance access to mental health care for WGWD.

1. Introduction

VAWG is one of the major public health issues and widespread violations of human rights in the world today (Zepro et al., 2025; UN Women, 2024). It may affect any woman or girl, regardless of nationality, age, or socioeconomic background. According to the United Nations (UN), VAWG is defined as:

> Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. (UN General Assembly, 1993, art. 1)

As a result, it involves a broad spectrum of violent acts, including child sexual abuse, harmful customs, female genital mutilation, rape, sexual assault, intimate relationship violence, and various types of sexual violence committed by outsiders (UN Women, 2024). The pervasiveness of VAWG emphasizes its profound connection to systemic inequities and entrenched gender roles that maintain discrimination against women and girls. Beyond the acute physical and psychological suffering caused to survivors, VAWG has far-reaching effects for families, communities, and national development, including higher healthcare expenses, lower productivity, and intergenerational cycles of violence.

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Between 1% and 70% of women and girls worldwide between the ages of 15 and 49 have been physically or sexually assaulted by an intimate partner (WHO, 2021). The lifetime prevalence of physical and/or sexual intimate partner violence varied from 14% to 17% in Brazil, Panama, and Uruguay (Bott et al., 2019), 58.5% in Bolivia, and the past-year prevalence from 1.1% in Canada to 27.1% in Bolivia, according to a thorough analysis of population-based surveys carried out in 24 countries between 1998 and 2017. According to WHO global data from 2000 to 2018, ever-married or partnered women aged 15–49 experienced the lowest lifetime levels of physical and/or sexual intimate partner violence in Europe (16-23%), Central Asia (18%), Eastern Asia (20%), South-Eastern Asia (21%), and Australia/New Zealand (23%)(WHO, 2021), while Southern Asia and Sub-Saharan Africa reported higher prevalence rates of 35% and 33%, respectively (WHO, 2021). These numbers demonstrate both the prevalence rate of violence against women and significant regional inequalities caused by cultural norms, legislative protections, and reporting processes. Higher frequency in Sub-Saharan Africa and Southern Asia may be due to entrenched gender disparities, insufficient implementation of protective laws, and a larger social acceptability of violence in intimate relationships.

Currently, in Ethiopia, several women and girls are still at a high risk of violence. The Ethiopian Demographic and Health Surveys reveal that 35% of ever-married women claimed that at some point in their lives, they have been victims of physical, emotional, or sexual abuse by their spouse. The Central Statistical Authority (2016) reported that 11% of ever-married women claimed to have been sexually abused, 25% claimed physical abuse, and nearly 24% claimed emotional abuse by their spouse. It has been estimated that between 30% and 50% of ever-married women and girls at some point in their lives have been victims of physical or sexual abuse by their spouse, as revealed by systematic reviews and meta-analyses (Cherinet & Cherie, 2020; Kassa & Abajobir, 2020; Semahegn & Mengistie, 2015). Despite the high rates of violence, little is known regarding the level of violence against WGWD and its effects on their mental health. It is therefore critical to understand the level of violence against women and girls in the world to develop interventions and move forward in attaining global health objectives.

WGWD experience significantly greater rates of violence than people without disabilities. Emerson and Llewellyn (2023) and Dunkle et al. (2018) have found that women with disabilities are 1.5-2 times more likely than women without disabilities to be subjected to violence. Poverty, social marginalization, and limited protective services continue to contribute to a high incidence in Sub-Saharan Africa (Hameed et al., 2025). In Ethiopia, studies show alarming rates: 73% of WGWD in Jimma Town encountered gender-based violence (Getachew et al., 2022), 61% in Sidama faced sexual abuse (Tenaw et al., 2023), and Addis Abeba likewise had a high incidence (Teshome et al., 2022). These data show WGWD is significantly greater and frequently underreported in global and national incidence of violence, emphasizing the critical need for inclusive responses. However, there remains a crucial dearth of context-specific research on the prevalence and mental health consequences of VAWG among WGWD in Central Ethiopia, particularly in the Gurage Zone.

VAWG is a widespread human rights violation that has serious consequences for victims, their families, and communities. Beyond violating women's rights, VAWG leads to immediate and long-term health consequences affecting women's social, physical, and psychological well-being (Jina, R., & Thomas, 2013; WHO, 2024). Evidence from various studies also indicates that women exposed to violence have

shown serious consequences on physical and mental health problems (Woldie et al., 2025; Koroglu & Durat, 2024; Zoie & Digal, 2025). Thus, women exposed to violence experience a wide range of mental health outcomes such as depression, PTSD, anxiety, self-harm, and sleep disorders (Devries, 2013; Oram, Khalifeh, & Howard, 2017).

WGWDs face increased vulnerability to violence due to intersecting gender and disability inequalities, social marginalization, and barriers to reporting abuse (UN, 2021; World Bank, 2022). VAWG has been linked to major physical and mental health problems (Dillon et al., 2013; Blevins et al., 2015; Spitzer et al., 2006). Existing research suggests that women with disabilities in low- and middle-income countries are more likely to experience violence and mental health problems than women without disabilities (Emerson & Llewellyn, 2023; Alemu et al., 2023; Hameed et al., 2025; Zepro et al., 2025; Cherinet & Cherie, 2020). Although the prevalence and health consequences of VAWG are well recognized worldwide, there is little evidence about its prevalence among WGWD in Ethiopia, particularly in the Gurage Zone.

Given the serious social and health effects of VAWG, the WHO has created a framework for preventing violence and promoting gender equality (UN Women, 2024). However, statistics on the prevalence of VAWG among WGWD and its influence on mental health are limited in this context. Evidence on VAWG affecting women with disabilities and its relationship with mental health outcomes is scarce in Ethiopia, particularly in the Gurage Zone. This study examined the prevalence of VAWG with disabilities in the Gurage Zone and its association with mental health outcomes.

2. Method

2.1. Research Design and Area

A cross-sectional study design was used to conduct a community-based study from January to September 2022. The cross-sectional design was used because it is appropriate for determining the prevalence of VAWG among women with disabilities, and its relationship with mental health outcomes, in a specific population at a particular point in time. A cross-sectional survey design is important in public health studies, especially where the purpose of the research is to identify the pattern of exposure to health outcomes without manipulating the variables, thus creating a foundation for the research to be used as a precursor to other interventions.

The study area, the Gurage Zone, lies in the Central Ethiopia Region. The zone's administrative center, Wolkite, lies 158 kilometers southwest of Addis Ababa. According to Ethiopia's population projection report for all regions of Ethiopia (FDRE, 2017), the projected total population of the Gurage Zone is 1,523,129, with approximately 48.51% of the population being male, while 51.49% of the population is female.

2.2. Participants

According to information gathered by the Gurage Zone Labor and Social Affairs Department in 2021, there were roughly 3664 WGWD in the Gurage Zone. The associations for individuals with disabilities established in the sample locations provided the sampling frame from which the study participants were drawn at random. Using a Cochran formula (Cochran, 1977), the study's sample size was calculated. A previous study reported 84% rate of VAWG in Addis Ababa, Ethiopia (Teshome et al., 2022), a 10% non-response rate, and a single population percentage approach with a 95% confidence interval was used to determine the overall sample size. As a result, 206 people were regarded as a sample for the target group; nevertheless, the sample size was 227 due to the study's 10% non-response rate. Two city administrations and four woredas made up the sample. The participants were chosen from each sample location using systematic sampling techniques. As a result, 219

WGWD with hearing, physical, and visual impairments took part in the study.

2.3. Inclusion and Exclusion Criteria

WGWD (i.e, women with physical, visual and hearing impairments) who were living in the Gurage Zone during data collection, and those who have shown willingness to fill in the questionnaire participated in the study. WGWD, other than physical disabilities, visual and hearing impairments, were excluded from the study.

2.4. Data Gathering Instruments and Procedures

A questionnaire with sociodemographic, VAWG, anxiety, depression, and PTSD was used to obtain data for this study. The questionnaire, which was based on a study from the WHO multi-country study, which examines some of the behaviors that women experience in relation to domestic abuse, was used to quantify VAWG (García-Moreno, 2013). The questionnaire has thirteen questions: six questions relate to physical violence, three questions relate to sexual violence, and four questions relate to psychological abuse (Schraiber et al, 2010). The questionnaire has been regarded as a legitimate and trustworthy method of measuring VAWG (Puri, Misra, & Hawkes, 2015). The questionnaire has also been validated to be used in Ethiopia and other parts of the world (Dunkle et al., 2018).

Anxiety was assessed using a scale developed by Spitzer et al. (2006), the Generalized Anxiety Disorder-7, a 7-item scale scored from 0 to 21, with values above 10 indicating clinical anxiety and graded from normal to severe. The instrument demonstrated strong reliability (α = 0.83). Depression was assessed using the Patient Health Questionnaire-9 (PHQ-9; range 0-27), which was classified as normal to severe (Spitzer, Kroenke, & Williams, 1999), with a Cronbach's alpha of 0.82. The PTSD Checklist (PCL) was used to assess PTSD, with scores ≥50 indicating likely PTSD (Blevins, 2015) and excellent internal consistency (α=0.92).

Prior to the questionnaire's final distribution, a pilot test was conducted. Abashgie Woreda was the site of the pilot test. The final study did not take into account the forty women with impairments who were chosen from Abeshigie. Independent translators from the Department of English Language and Literature translated the study materials from English into Amharic and back to English to guarantee uniformity. The translated version was evaluated by experts for clarity and cultural appropriateness. The instruments' internal consistency ranged from .79 to .91 in the pilot test and from .79 to .92 in the main study.

Data was collected under the close supervision of the researchers. Four data collectors who have experience in data collection were trained and participated in data collection. They were properly oriented and trained in how to collect from the participants in the study areas.

Prior to data collection, the study's principal goals and expectations of participants were well outlined. Women who exhibited a willingness to participate were selected and approached to participate in the data collection, with assistance from the research assistants. Most data were collected within the offices of associations of people with disabilities in various Woredas. Participants completed questionnaires on their own and received advice from data collectors or readers as needed. 96.5% of the WGWD who were invited participated in the study.

2.5. Methods of Data Analysis

Data was analysed by using SPSS version 23. Descriptive statistics such as frequency and percentage were used to determine the prevalence rates of VAWG and mental health outcomes of WGWD. Frequencies and percentages reflected women's demographic characteristics, experiences of VAWG such as physical, sexual, and psychological violence, and

mental health outcomes. Both bivariate and multivariate logistic regressions were used to examine the association between the socio-demographic information of participants and VAWG. Lastly, logistic regression was used to investigate the association between VAWG with disabilities and anxiety, depression, and PTSD (Hosmer et al., 2013).

2.6. Ethical Considerations

The Ethics and Review Committee at Wolkite University's College of Education and Behavioral Science provided ethical clearance. Participants were first informed about the aim of the research, and those who were willing gave their informed consent. The participants were pre-informed of their right to terminate whenever they like to stop. Participants' privacy and anonymity were granted. The researchers conducted the study in an ethically responsible way with respect and empathy, considering the sensitivity of the topic of interest. The collection of data on VAWG with disabilities followed ethical and safeguard guidelines to safeguard the safety and privacy of the participants.

3. Results

3.1. Sociodemographic characteristics

Sociodemographic information about the participants is presented in Table 1, including age, income, place of residence, nature of disability, educational status, marital status, and occupational status. The study population was generally young, as evidenced by the respondents' mean age of 25.89 years (SD = 5.86). The age categories with the highest percentages of participants were 20–24 years old (32.4%) and 25–29 years old (32.0%), followed by 15–19 years old (12.3%), 30–34 years old (11.9%), and 35 years and older (11.4%).

Most respondents (63.9%) had physical disabilities, followed by visual impairments (19.2%) and hearing impairments (16.9%). Of the participants, 43.4% lived in rural areas and 56.6% came from urban areas.

In terms of personal income, more than half of the participants (54.8%) reported earning less than $1000, 16.4% between $1001 and $3000, 15.5% between $3001 and $5000, and 13.2% over $5000.

36.1% of the participants had completed elementary school, 24.2% had completed high school, and 16.9% had a diploma. Nonetheless, a significant percentage (22.8%) lacked formal education. Regarding marital status, 56.6% of respondents were married, 32.0% were single, and 11.4% were either widowed or separated.

In terms of the participants' occupational position, 24.7% were housewives and 24.2% were everyday workers. Furthermore, 15.5% worked for the government, 14.6% were students, 10.0% were merchants, and 11.0% were farmers.

Table 1. *Sociodemographic Characteristics of Women and Girls with Disabilities*

Variable	Freq	%	Variable	Freq	%
Age	M=25.89	SD=5.86	Educational Status		
15-19	27	12.3	No Education	50	22.8
20-24	71	32.4	Elementary	79	36.1
25-29	70	32.0	Secondary	53	24.2
30-34	26	11.9	Diploma	37	16.9
≥35	25	11.4	Marital Status		
Disability			Married	124	56.6
Physical	140	63.9	Separated/Widowed	25	11.4
Visual	42	19.2	Single	70	32.0
Hearing	37	16.9	Occupational Status		
Residence			Housewife	54	24.7
Urban	124	56.6	Merchant	22	10.0
Rural	95	43.4	Government	34	15.5
Personal Income			Farmer	24	11.0
≤1000	120	54.8	Daily Laborer	53	24.2
1001-3000	36	16.4	Student	32	14.6
3001-5000	34	15.5			
>5000	29	13.2			

3.2. Prevalence of VAWG with disabilities

The overall prevalence of VAWG among women with disabilities was 63.5%. As presented in Table 2, psychological violence affected more than half of the respondents (52.1%) and was the most often reported type of violence. The second most common type of violence was physical violence, which was reported by 49.3% of participants, indicating that almost half had been the victim of acts like slapping, beating, or other bodily harm. Despite being less common than the other categories, sexual violence still affected a sizable percentage of respondents (33.8%), underscoring a serious worry about forced or non-consensual sexual actions. The findings indicate that there are various sorts of violence, with psychological violence being the most prevalent.

Table 2. *Prevalence of VAWG among Women and Girls with Disabilities*

VAWG with disabilities	Yes		No	
	Freq	%	Freq	%
Physical	108	49.3	111	50.7
Sexual	74	33.8	145	66.2
Psychological	114	52.1	105	47.9
Total	139	63.5	80	36.5

3.3. Demographic characteristics associated with VAWG with disabilities

Bivariate and multivariate logistic regression analyses were employed to examine the association between each demographic characteristic and VAWG with disabilities. Residence, income, marital status, educational status, and occupational status were significant predictors of VAWG with disabilities and were eligible for multivariate analysis. Multivariate logistic regression analysis has shown that income, marital status, and educational status had statistically significant associations with VAWG with disabilities.

Table 3. *The association between socio-demographic characteristics and VAWG with disabilities*

Variable	VAWG				
	Yes		No		
	Freq	%	Freq	%	AOR (95%CI)
Income					
<1000	91	75.0	29	24.2	3.38(1.25-9.13)*
1001-3000	23	63.9	13	36.1	3.56(1.07-11.86)*
3001-5000	12	35.3	22	64.7	.717(.22-2.32)
>5000	13	44.8	16	55.2	1
Educational Status					
No education	38	76.0	12	24.0	4.11(1.41-12.06)*
Primary education	56	70.9	23	29.1	3.22(1.18-8.83)*
Secondary Education	31	58.5	22	51.5	1.93(.69-5.48)
Diploma and above	14	37.8	23	62.2	1
Marital Status					
Single	88	71.0	36	29.0	2.45(1.19-5.04)*
Widowed/separated	18	72	7	28.0	2.96(.91-9.74)
Married	33	47.1	37	52.9	1

* Statistically significant at p<.05

As can be seen from Table 3, women with a monthly income of less than 1000 were 3.38 times more likely to have VAWG than those earning more than 5000 birr (AOR = 3.38, 95% CI: 1.25–9.13). Similarly, women earning 1001-3000 birr were 3.56 times more likely to experience VAWG than those earning more than 5,000 (AOR = 3.56, 95% CI: 1.07-11.86). There was no statistically significant link between women earning 3001-5000 birr and VAWG. There was no significant relationship between earning 3,001–5,000 birr and VAWG among women (AOR = 0.717, 95% CI: 0.22-2.32).

Based on the participants' educational status, Women without an education were 4.11 times more likely to face VAWG than those with a diploma or above (AOR = 4.11, 95% CI: 1.41–12.06). Similarly, women with primary education were 3.22 times more likely to experience VAWG than those with a diploma or higher (AOR = 3.22, 95% CI: 1.18-8.83). Secondary education had no significant association with VAWG (AOR = 1.93, 95% CI: 0.69-5.48).

In terms of marital status, single women were 2.45 times more likely to experience VAWG than married women (AOR = 2.45, 95% CI: 1.19-5.04), whereas widowed or separated women had greater chances of VAWG, but the association was not statistically significant (AOR = 2.96, 95% CI: 0.91-9.74). The findings of this study show that lower income, lower educational attainment, and single status are strongly related to an increased risk of experiencing violence against women and girls

3.4. Level of Anxiety, Depression, and PTSD among WGWD

As shown in Table 4, 34% of WGWD who experienced VAWG have shown no symptoms of anxiety, whereas 20.1%, 6.8%, and 2.3% of them have shown mild, moderate, and severe symptoms of anxiety, respectively. On the other hand, 31.5% of WGWD who did not experience VAWG have shown no depression symptoms, 2.7% and 2.3% of them have shown mild and moderate symptoms of anxiety, respectively. 34% of WGWD who experienced VAWG have not shown depressive symptoms, whereas 14.2%, 8.6%, and 5.4% have shown mild, moderate, and moderately severe depression, respectively. On the other hand, 28.3% of WGWD who did not experience VAWG have shown no symptoms of depression, and 6.4% had mild depression. 15.9% of WGWD who experienced VAWG experienced PTSD. On the

other hand, only 1.4% of WGWD who did not experience VAWG have experienced PTSD.

Table 4. *Level of Anxiety, Depression, and PTSD among WGWD*

	Mental health outcomes	Who experienced VAWG		Who did not experience VAWG	
Anxiety	Level	Freq	%	Freq	%
	Normal (0-4)	75	34.0	69	31.5
	Mild (5-9)	44	20.1	6	2.7
	Moderate (10-14)	15	6.8	5	2.3
	Sever (15-21)	5	2.3	0	0.0
	Total	139	63.5	80	36.5
Depression	Normal (0-4)	75	34.0	62	28.3
	Mild (5-9)	31	14.2	14	6.4
	Moderate (10-14)	19	8.6	2	0.9
	Moderately sever (15-22)	12	5.4	2	0.9
	Sever (22-27)	2	0.9	0	0
	Total	139	63.5		36.5
PTSD	Yes	35	15.9	3	1.4
	No	104	47.5	77	35.1
	Total	139	63.5	80	36.5

* Statistically significant at p<.001

Logistic regression analysis demonstrated that VAWG is significantly associated with mental health outcomes. Women exposed to VAWG had significantly higher odds of experiencing anxiety than those not exposed (OR = 4.52, 95% CI [2.50, 8.19], p <.001). Similarly, VAWG was strongly linked with depression, with exposed women being about three times more likely to report depressive symptoms than non-exposed women (OR = 3.10, 95% CI [1.70, 5.66], p <.001). Women subjected to VAWG were nearly five times more likely to develop PTSD than those who were not exposed (OR = 4.86, 95% CI [2.69, 8.78], p <.001). These findings suggest a robust and statistically significant link between VAWG exposure and poor mental health outcomes. This study demonstrated that VAWG significantly increased the likelihood of anxiety, depression, and PTSD among women with disabilities. These results show a robust and continuous link between VAWG and poor mental health outcomes.

Table 5. *Logistic Regression Predicting Mental Health Outcomes (N = 219)*

Outcome	Predictor	OR	SE	z	p	95% CI
Anxiety	VAWG	4.52	1.37	4.98	<.001	2.50-8.19
	Constant	0.47	0.17	-1.34	.181	0.47-1.15
Depression	VAWG	3.10	Q0.95	3.69	<.001	1.70-5.66
	Constant	1.22	0.27	0.89	.372	0.79-1.90
PTSD	VAWG	4.86	1.47	5.24	<.001	2.69-8.78
	Constant	0.51	0.12	-2.85	.004	0.32-0.81

Note. OR = odds ratio; SE = standard error; CI = confidence interval; VAWG = violence against women and girls. Constant represents baseline odds of the outcome

4. Discussion

The study aimed to investigate the prevalence of VAWG among women with disabilities in Gurage Zone and explore links to mental health outcomes. Findings showed that nearly two-thirds (63.5%) of WGWD reported experiencing at least one type of violence. The most frequent type of violence was psychological violence

(52.1 %), followed by physical violence (49.3 %) and sexual violence (33.8%). The prevalence rate of women with disabilities who experienced violence in their lifetime (63.5%) is greater than a study conducted in Sidama (59.8%) (Tenaw, Gari & Gebretsadik, 2023) and less than a community-based study in Jimma Town (73.1%) (Getachew et al., 2022) and Addis Ababa (84.2%) (Teshome et al., 2022). This difference may be due to differences in research populations, types of disability considered, geographical and cultural contexts, sampling procedures, and assessment tools utilized. Furthermore, the prevalence rate of WGWD is higher than that of others due to their dependence on others and their inability to defend themselves from abuse (Dessie et al., 2019). This implies that disability may increase vulnerability to violence, possibly due to intersecting social, economic, and accessibility barriers that limit women's ability to avoid or report violence (Cherinet & Cherie, 2020; Veena et al., 2015; Zepro et al., 2025).

This study also found a statistically significant relationship between some socio-demographic characteristics and VAWG for WGWD. The income level of the participants had a significant relationship with VAWG. Participants having more than 5000 birrs were less likely to experience VAWG than the participants having an income level of less than 3000 birrs. This finding is congruent with previous studies (Barrett, 2009; Chernet & Cherie, 2020; Gebrekirstos, 2025). This shows that women with disabilities experiencing VAWG had lower incomes. This might be due to economic dependency and limited income options and limiting their capacity to exit abusive relationships.

The results of the study further indicated that participants' educational status had a significant relationship with the experiences of violence. This shows that participants with higher levels (i.e., diploma and above) were significantly less likely to experience VAWG than participants with no education or primary education. This finding is consistent with other findings conducted among female construction workers in Addis Ababa (Asegu et al., 2023) and Del Río Ferres (2013). As a result, increasing women's educational attainment could play an essential role in lowering the likelihood of violence against women and girls.

Lastly, unmarried women and girls were less vulnerable to VAWG than married women. This finding is supported by previous research, which suggests that violence against women occurs frequently in intimate relationships. Lindsey et al. (2017) note that women in marital relationships are more vulnerable to intimate partner violence owing to prolonged exposure to controlling behavior and frequent abuse. Furthermore, a research study conducted by Guracho and Bifftu (2018) and Yadesa et.al. (2024) identified marriage as a major risk factor for intimate partner violence among women in Ethiopia, primarily attributed to economic dependency and cultural factors. Similarly, Mannell et al. (2022) established that violence against women frequently occurs in intimate relationships. This may be attributed to constant interaction, power imbalance, and economic dependency, which are characteristics of marital relationships.

Women who were exposed to VAWG were found to be significantly more likely to experience anxiety, depression, and PTSD than women who were not exposed to it. The study found a significant association between VAWG and anxiety, depression, and PTSD. The results have also indicated that WGWD who experienced VAWG have shown more symptoms of anxiety than WGWD who did not experience VAWG. The results have also indicated that WGWD who experienced VAWG have shown more symptoms of depression than WGWD who did not experience VAWG. The results of the current study have indicated that

WGWD who experienced VAWG have shown symptoms of PTSD more than WGWD who did not experience VAWG. These findings are consistent with evidence from Ethiopia and similar settings, indicating that gender-based violence is frequent and substantially connected to psychological distress. These results indicated that exposure to VAWG has worsened psychological distress among women, particularly among vulnerable women (Alemie et al., 2023; Hadush et al., 2023).

Systematic reviews and meta-analyses carried out in Ethiopia have shown high rates of intimate partner violence, highlighting the overall burden on mental health. These include the study by Yirdaw and Yimer (2025), Belay et al. (2025), and Hasen et al. (2024). Intimate partner violence has a strong correlation with depression, anxiety, and trauma in women, as shown in the studies carried out in Mozambique and South Africa. This could be because women with disabilities have additional barriers, such as stigma, dependency, and access to services, which might not be favourable. This again highlights the need for effective public health strategies to combat VAWG and the overall impact it has on the mental health of vulnerable women.

5. Limitations of the Study

There were, however, some limitations to the study. The first is that it is a cross-sectional study. This implies that it is not possible to establish causation. Therefore, it is important for future researchers to carry out longitudinal studies to establish causation. The second limitation is that it did not include women with intellectual and psychosocial problems. This implies that it is important for future researchers to include them in their study to ensure that it is applicable to all WGWD. Additionally, the absence of qualitative data made it more difficult to comprehend the context of violence and the lived experiences of the participants, which may have resulted in an inadequate interpretation of the findings.

6. Conclusions and Implications

This study investigates the prevalence rate and demographic factors associated with VAWG with disabilities in Gurage Zone, and the influence of VAWG on mental health. The study reveals that 63.5% of WGWDs experience one form of violence in their lifetime. Income level, educational status, and marital status have a significant relationship with the occurrence of VAWG with disabilities. Furthermore, exposure to VAWG was significantly linked with mental health problems. This study emphasizes VAWG as a serious public health issue that has a substantial influence on the mental health of WGWD. Therefore, integrated interventions that prioritize violence prevention, early diagnosis, and accessible mental health care are critical for improving the well-being of women with disabilities.

It is recommended that the government, along with policymakers, enact disability-inclusive VAWG laws, in addition to providing accessible reporting mechanisms for WGWD. Healthcare providers must incorporate routine screening for violence in their patients, along with trauma-informed mental health services that are disability-sensitive. To empower, along with protecting, women disabilities, the education sector must provide disability-inclusive education, in addition to providing economic opportunities. Leaders, along with families, must address harmful attitudes in society, in addition to removing stigma, to provide support to survivors of abuse. Further studies must be conducted to provide specific evidence to guide treatment to improve outcomes in WGWD

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Availability of Data

The datasets are available from the corresponding author upon reasonable request.

Competing Interests

The authors have no conflicts of interest.

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