

Assessment of Gender-Based Violence against Women with Physical Disabilities in Benin City, Edo State, Nigeria

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Abstract

Gender-based violence (GBV) remains a critical human rights violation; however, its impact on women with physical disabilities is often marginalized in empirical discourse. This study examines the prevalence of gender-based violence against women with physical disabilities in Benin City, identifies key socioeconomic vulnerability factors, and assesses the effectiveness of existing support systems/social work interventions. Utilizing a concurrent triangulation mixed methods design, quantitative data were collected from 422 women with physical disabilities through a descriptive cross-sectional survey, supplemented by qualitative insights from in-depth interviews with 12 informants, including social workers, NGO representatives, and law enforcement officials. The study adopted the social disability theory, which shifts the focus of disabilities from individual pathology to societal and structural barriers. The findings revealed a significant prevalence of physical violence and psychological abuse. Notably, withholding mobility aids emerged as a unique coercive tactic used by caregivers and partners to restrict autonomy. Socioeconomic analysis identified a highly significant correlation between unemployment and abuse frequency, with financial instability and physical dependency acting as the primary drivers of vulnerability. Institutional assessments indicated systemic failure; participants rated public building accessibility, availability of disability-inclusive shelters, and law enforcement responsiveness as ineffective. Conversely, non-governmental organizations (NGOs) were perceived as the most effective support systems. The study recommends institutionalized data collection, implementation economic empowerment and accessibility policies for women with physical disabilities and disabilities training for frontline responders.

Keywords: Gender-Based Violence, Physical Disabilities, Assessment, Social Disability Theory, Edo State, Nigeria

Introduction

Gender-based violence (GBV) is a pervasive human rights violation with profound public health, social, and economic consequences, disproportionately affects women with physical disabilities due to intersecting gender, disability, and socioeconomic marginalization (World Health Organization [WHO], 2011). Globally, women with physical disabilities are estimated to be four times more likely to experience intimate partner violence and sexual assault than women without disabilities (European Institute for Gender Equality [EIGE], 2017). Furthermore, United Nations Population Fund [UNFPA] (2018) estimates suggest that up to 80% of women with disabilities in institutional settings will experience some form of sexual violence during their lifetime.

In the United States, 40% of women with disabilities have experienced sexual violence, compared to roughly 20% of their non-disabled peers (Breiding & Armour, 2015). According to the Office for National Statistics [ONS](2021), disabled women in United Kingdom are twice as likely to experience domestic abuse, with 15% of them reporting the abuse in a single year compared to 7% of non-disabled women. In Africa, the intersection of limited legal protections and high poverty levels significantly increases the risk for women with physical disabilities.

Fitaw and Boeckel's (2020) study in Ethiopia revealed that 61% of women with physical disabilities experienced physical or sexual violence, with a high concentration of abuse occurring within the domestic sphere. Jewkes, Levin, Penn-Kekana, and Christian (2020) assert that 42.4% of women with disabilities have experienced physical violence, while 15.1% reported experiencing sexual violence in the preceding 12 months. In Nigeria, cultural beliefs and systemic neglect exacerbate the marginalization of women with physical disabilities, limiting their access to education, healthcare, justice, and political participation (Lang & Upah, 2008; United Nations Office on Drugs and Crime [UNODC], 2019). Research indicates that 53% of Nigerian women with disabilities report experiencing some form of abuse, with 64% deemed more vulnerable than non-disabled women (Africa Polling Institute [API], 2021).

However, forms of gender-based violence against women with physical disabilities extend beyond overt physical aggression to exploit the victim's physical reliance on others. This includes direct bodily harm and the withholding of necessary care, frequently perpetrated by intimate partners or primary caregivers who leverage the victim's disability to ensure compliance (Ogunwale, Ogundoyin & Adejare, 2021; Urom, Agada & Okpara, 2022). The foregoing serves as a primary tool for maintaining victims in cycles of dependency and isolation. Meanwhile, vulnerability of women with physical disabilities to GBV is also a direct result of intersecting socio-economic marginalization rather than any inherent limitation of the disability itself (Odimegwu *et al.*, 2025). Central to this issue is profound economic exclusion such as high rates of unemployment and the lack of accessible vocational opportunities which force many women with physical disabilities to live in extreme poverty and restrict their mobility and ability to escape abusive environments (Ishola, 2024). Structural barriers, such as inaccessible transport and the absence of disability-sensitive infrastructure in healthcare, educational and legal facilities, systematically prevent survivors from accessing formal support pathways (Ogunwale *et al.*, 2021).

The Joint National Association of Persons with Disabilities [JONAPWD], (2025) reveals that the current support systems for GBV survivors in Nigeria are inadequate for women with physical disabilities because they are primarily designed for able-bodied victims. Social work interventions in this space may require a shift towards authenticated practice models that prioritize the survivor's agency and foster stronger collaboration between government agencies and disability-focused NGOs to create genuinely inclusive referral pathways (Odimegwu *et al.*, 2025).

Statement of Research Problem

The experiences of women with physical disabilities in Nigeria, particularly in Benin City, remain under-researched and insufficiently documented. While violence against this group is acknowledged, there is limited empirical data on specialized forms of gender-based violence (GBV) they face, such as physical abuse, caregiver neglect, withholding of mobility aids, and reproductive coercion that uniquely restrict their mobility and autonomy (Ishola, 2024). Additionally, the socio-economic factors exacerbating their vulnerability at the local level in Edo State are inadequately explored. Existing studies broadly identify poverty as a risk factor, but fail to capture how social constructs, stigmatization and the absence of inclusive employment opportunities perpetuate the dependency and entrapment of these women in abusive environments. Despite the existing legislations in Edo State, formal support systems, institutional frameworks and structures among others remain largely ineffective or inaccessible for women with physical disabilities. Against this backdrop, this the study addresses these critical deficits by examining the prevalent forms of GBV against women with disabilities, socio-economic drivers

of vulnerability and the effectiveness of support systems, with the purpose of advancing a transition from a medicalized understanding of disability to a rights-based social work approach.

Theoretical Framework

This study adopts the social disability theory propounded by Oliver (1983), which fundamentally shifts the conceptualization of disability from an individual medical pathology to a socially constructed phenomenon. The core tenet of this theory posits that disability is not a byproduct of biological impairment but is instead created by a restrictive society that fails to accommodate the diversity of human bodies through inclusive structural, attitudinal, and institutional arrangements. According to Oyediran *et al* (2022), if disability is a social construct, then the solution is not to fix the physical defects but to fix the environment or society that places the physically impaired individual in a disadvantageous situation, such as inaccessible public spaces, police stations, the lack of inclusive social work protocols, and the absence of economic safety nets. When applied within the context of the study, women with physical disabilities in Benin City are not inherently vulnerable to gender-based violence (GBV) due to their physiological conditions rather they are disabled and rendered vulnerable by the environment in which they find themselves that systematically denies them economic independence and accessible protective services. Using the theory to explain the prevalence forms of gender-based violence experienced by women with physical disabilities in Benin City such as physical abuse, weaponization of mobility aids or caregiver-induced neglect are interpreted as systemic failures of autonomy rather than isolated domestic incidents. This suggests that perpetrators are empowered to employ these specialized coercive tactics precisely because locations in Benin City lack inclusive infrastructure, such as accessible buildings and public transportation or independent living support that would mitigate a survivor's total physical reliance on potential abusers. The theory also provided the explanation that socio-economic factors that exacerbate vulnerability of women with physical disabilities in Benin City are not as a result of their impairments, but might be as a result of the exclusionary educational systems, discriminatory labor markets, social burden and societal attitudes among others. The theory further explains that existing support systems and social work interventions for women with physical disabilities in Benin City are effective only to extent that they are able to dismantle disabling barriers, obstacles that perpetuate their marginalization and vulnerability and ensure accessibility, inclusivity, and empowerment.

Objectives of the Study

The main aim of this study was to provide a critical assessment of gender-based violence against women with physical disabilities in Benin City, Edo State. The specific objectives are as follows:

- i. To ascertain the prevalence forms of gender-based violence against women with physical disabilities in Benin City, Edo State.
- ii. To investigate the socio-economic factors that exacerbates the vulnerability of women with physical disabilities to gender-based violence in Benin City, Edo State.
- iii. To assess the effectiveness of existing support systems and social work interventions in addressing gender-based violence against women with physical disabilities in Benin City, Edo State.

Research Questions

- i. What are the prevalence forms of gender-based violence against women with physical disabilities in Benin City, Edo State?

- ii. What are the socio-economic factors that exacerbate the vulnerability of women with physical disabilities to gender-based violence in Benin City, Edo State?
- iii. What is the effectiveness of existing support systems and social work intervention in addressing gender-based violence against women with physical disabilities in Benin City, Edo State?

Methodology

Research Design

This study adopted a mixed-methods design. The quantitative component utilized a descriptive cross-sectional survey, while the qualitative component employed phenomenological in-depth interviews (IDIs). Triangulation ensured a holistic understanding of the multifaceted nature of gender-based violence within the disabled women community in Benin City, Edo State.

Population of the Study

The study population consisted of women with physical disabilities aged 18 years and above, possessing a visible or medically certified physical disability that included orthopedic impairments, limb deformities, or mobility challenges, residing within Benin City. The exact population of women with physical disabilities in Benin City is unknown and not definitively documented in the national population census data of Edo State. However, preliminary findings show that there are estimated 700, 000 persons with disabilities in Edo State (JONAPWD, 2025). Social workers, NGO representatives, and law enforcement officers in Benin City were the target population for the qualitative study.

Sample Size

The Cochran Formula (1977) for sample size determination was employed to calculate sample size. This formula is standard for descriptive research to achieve a representative proportion. Hence to determine the sample size for an infinite population;

$n = \frac{Z^2 p q}{e^2}$ Where:

n: The required sample size.

Z: The standard normal deviate at a 95% confidence level (typically 1.96).

p: The estimated proportion of the attribute present in the population. Since the exact prevalence of GBV among women with disabilities in Benin City is unknown, a conservative $p = 0.5$ (50%) is used to yield the maximum variance.

q: $1 - p$ (0.5).

e: The desired level of precision (margin of error), set at 0.05.

Calculation:

$$n = \frac{(1.96)^2 (0.5) (0.5)}{(0.05)^2} = 384.16$$

To account for potential non-response bias, incomplete questionnaires, or attrition, an additional 10% buffer was added, to arrive at a sample size of 422 participants for the quantitative study.

The sample size for the qualitative component of the study was guided by the principle of theoretical saturation; hence, the study purposively selected 12 key informants.

Instrumentation

The study adopted two instruments for data collection: structured questionnaire (GBV-WPD Scale) and semi-structured in-depth interview guide. The questionnaire utilized a four-point Likert scale to elicit information from the participants. A multi-stage sampling technique was employed. Cluster sampling was used to select key wards, while purposive sampling was used to identify participants for the quantitative and qualitative study.

Method of Data Analysis

Quantitative data were coded and analyzed using the Statistical Package for the Social Sciences version 27. The results are presented using descriptive statistics, frequency tables, and percentages. The chi-square test was adopted to determine the relationship between socioeconomic factors and vulnerability. Interview transcripts were subjected to thematic analysis and findings validated through member checking

Data Presentation

Research Question One: What is the prevalence of gender-based violence against women with physical disabilities in Benin City?

Table 1: Frequency and forms of Violence (Likert Scale Analysis)

S/N	Type of Experiences	Frequently	Sometimes	Rarely	Never	Total	Mean ($\bar{x}$)
1.	Have you been slapped, pushed, or physically hit by your partner or caregiver?	85(20.1%)	145(34.4%)	112(26.5%)	80(19.0%)	422 (100%)	2.55
2.	Have you been forced to engage in sexual acts against your will?	42(10.0%)	68(16.1%)	132(31.3%)	180(42.6%)	422 (100%)	1.93
3.	Have you been insulted or made to feel worthless because of your disability?	210(49.8%)	130(30.8%)	52(12.3%)	30(7.1%)	422 (100%)	3.23
4.	Has someone withheld your mobility aids (wheelchair, crutches) to control you?	185(43.8%)	125(29.6%)	72(17.1%)	40(9.5%)	422 (100%)	3.08
5.	Has anyone taken your money or controlled your spending without your consent?	198(46.9%)	115(27.3%)	64(15.2%)	45(10.6%)	422 (100%)	3.10

Weighted Mean Cut-off: 2.50

Source: Author's Field Survey, 2026.

The data analyzed in question 1 in Table 1, on whether the respondents had been slapped, pushed, or physically hit by a partner or caregiver. The findings revealed that 20.1% of respondents reported experiencing such violence frequently, while 34.4% indicated they had experienced it sometimes, yielding a mean score of 2.55, which exceeded the established cut-off of 2.50. This signifies a significant prevalence, which was corroborated by the qualitative responses of an informant interviewed.

"When violence happens, it is different because you cannot run. If my husband starts shouting or picks up a belt, I am just there, waiting... I am literally grounded in one room for weeks" (Female IDI/52 years/ survivor, 2026).

This significant prevalence of physical violence underscores the urgent need for targeted intervention strategies to address such abuse.

This study addresses sexual violence by examining whether women have been forced into sexual acts against their will. The findings showed that 10.0% of respondents reported such experiences frequently, and 16.1% reported them sometimes, resulting in a mean score of 1.93, which fell below the cut-off threshold.

Regarding psychological abuse, participants were asked if they had been insulted or made to feel worthless because of their disability; an overwhelming 49.8% of the total respondents reported experiencing this form of abuse frequently, and 30.8% affirmed that they experienced it sometimes, leading to a high mean score of 3.23. This finding indicates that psychological abuse is widespread among women with physical disabilities in Benin City, raising serious concerns regarding their mental health and well-being. This statistical epidemic of psychological abuse was corroborated by the Invisible Struggle, as described by this interviewee:

"The violence is not always about the blows or hitting; sometimes it is the way they talk down on you and unfair treatment. My partner tells me daily that if I leave him, I will end up begging at Ring Road because no other man can look at a 'broken' woman like me. The vulnerability is as much in the mind as it is in the leg" (Female IDI/46 years/ survivor, 2026).

Furthermore, the study explored the issue of control through mobility aids by asking whether respondents had experienced the withholding of mobility aids, such as wheelchairs or crutches, to exert control over them. The results indicated that 43.8% of the respondents reported experiencing this frequently while 29.6% stated that they experienced it sometimes, yielding a mean score of 3.08. This prevalence demonstrates a common coercive tactic that significantly impacts the autonomy and independence of women with physical disabilities in Benin City, suggesting the necessity of legal protections and policies that ensure unconditional accessibility to necessary aids. The analysis of the prevalence of gender-based violence against women with physical disabilities in Benin City revealed alarming rates of abuse across various forms, particularly in the psychological and financial domains.

Research Question Two: What is the most socioeconomic factor exacerbating the vulnerability of women with physical disabilities to gender-based violence in Benin City, Edo State

Table 2: Socio-economic Factors Exacerbating Vulnerability

S/N	Socio-economic Drivers	Strongly Agree	Agree	Disagree	Strongly Agree	Total	Mean($\bar{x}$)
6.	My lack of a steady income makes it difficult for me to leave an abusive situation.	258(61.1%)	114(27.0%)	35(8.3%)	15(3.6%)	422 (100%)	3.45
7.	My physical dependency on others for daily tasks makes me more prone to abuse.	230(54.5%)	132(31.3%)	40(9.5%)	20(4.7%)	422 (100%)	3.35
8	I am unaware of the specific legal rights protecting women with disabilities in	188(44.5%)	160(37.9%)	54(12.8%)	20(4.7%)	422 (100%)	3.22

Edo State.

9	Social stigma in Benin City makes people believe that disabled women should tolerate abuse.	202(47.9%)	148(35.1%)	42(9.9%)	30(7.1%)	422 (100%)	3.23
10	Limited education has prevented me from knowing where to report violence.	156(37.0%)	184(43.6%)	60(14.2%)	22(5.2%)	422 (100%)	3.12

Source: Author's Field Survey, 2026.

In Table 2 the respondents were asked whether lack of steady income makes it difficult for them to leave an abusive situation; the findings reveals substantial 61.1% and 27.0% of the respondents affirming strongly agree and agree respectively, with a mean score of 3.45, which indicates that financial instability is a significant barrier that limits their ability to escape abusive relationships. To establish a statistical link between unemployment and high abuse frequency, a Chi-square test was employed, where $\chi^2(1, N=422) = 43.12, p < .001$. The analysis reveals a highly significant relationship between unemployment and high abuse frequency. This was corroborated by the qualitative comments of interviewees;

"I wish I could leave, but I have no money to support myself or my children. I feel trapped" (Female IDI/46 years/ survivor /2026).

This was corroborated by NGO staff's comments;

"many women I work with feel financially trapped, and we need programs that not only provide emergency funds but also help them gain sustainable employment" (Male IDI/39 years/ NGO/2026).

These confirm that financial autonomy is a protective factor; without it, disabled women in Benin City cannot afford the cost of escape. The second factor assessed was on whether physical dependency on others for daily tasks makes them more prone to abuse, majority of the women with physical disability 54.5% stated strongly agree while 31.3% reported agree, yielding a mean score of 3.35, thus underscoring that reliance on caregivers for essential activities increases their vulnerability to abuse. The quantitative findings were complemented by the in-depth interview conducted;

"dependency is a significant issue, and we must develop community programs that promote independence and reduce reliance on caregivers, because dependency can lead to manipulation, as caregivers sometimes do not act in the best interest of the women they assist" (Male IDI/39 years'/ ministry staff /2026).

This suggests that support systems should be reinforced to promote autonomy and provide accessible resources that empower women with disabilities.

Probing further the respondents were asked whether they are unaware of the specific legal rights protecting women with disabilities in Edo State, majority of the respondents 44.5% stated strongly agree and 37.9% agree, resulting in a mean of 3.22, which signify a significant lack of awareness regarding legal rights and protections of women with disabilities in Nigeria.

The issue of social stigma on these women in Benin City, the analysis indicates that majority of respondents 47.9% strongly agree and 35.1% agree, yielding a mean score of 3.23, suggest that pervasive social stigma contributes to the normalization of abuse against women with physical disabilities. The qualitative data from the in-depth interview buttress the quantitative analysis were the informant stated that:

"Some elders believe my disability is from a 'spiritual world.' They say the disability is a cross I must carry, and a husband's anger is just part of that cross... making people think we deserve less protection" (Female IDI/46 years/ survivor /2026).

The foregoing highlights the importance of societal change and awareness campaigns aimed at dismantling harmful stereotypes while promoting the rights and dignity of disabled women. However, the analysis of these socioeconomic factors indicates that women with physical disabilities in Benin City experience a heightened vulnerability to gender-based violence that is exacerbated by financial instability, dependency on caregivers, lack of legal awareness, and societal stigma

Research Question Three: What is the effectiveness of existing support systems and social work intervention in addressing gender-based violence against women with physical disabilities in Benin City Edo State.

Table 3: Effectiveness of Support Systems and Interventions

S/N	Institutional Response	Very Effective	Effective	Ineffective	Very Ineffective	Total	Mean (x ⁻)
11.	The physical accessibility to public buildings/social welfare offices in Benin City	22(5.2%)	48(11.4%)	152(36.0%)	200(47.4%)	422 (100%)	1.74
12.	The responsiveness of social workers in government's Ministries	45(10.7%)	102(24.2%)	185(43.8%)	90(21.3%)	422 (100%)	2.24
13.	The availability of shelters in Benin City that accommodate women with physical disabilities.	18(4.3%)	32(7.6%)	142(33.6%)	230(54.5%)	422 (100%)	1.62
14.	The attitude of law enforcement officers toward women with disabilities reporting GBV.	38(9.0%)	84(19.9%)	200(47.4%)	100(23.7%)	422 (100%)	2.14
15.	The effectiveness of NGOs in Benin City in providing legal and medical aid.	142(33.6%)	198(46.9%)	54(12.8%)	28(6.6%)	422 (100%)	3.07

Source: Author's Field Survey, 2026.

Table 3 analysis reveals that, physical accessibility of public buildings and social welfare offices services show a mean score of 1.74, with an overwhelming 83.4% of the respondents sampled perceive these facilities as either ineffective or very ineffective. This was substantiated by the comments of the informant in the in-depth interview conducted;

"The lack of physical accessibility in public buildings is a critical barrier for women with disabilities. I have seen many clients unable to access services due to stairs or inadequate transport options. Structural changes are necessary to ensure these women can seek help without facing additional obstacles" (Female IDI/41 years/ social worker /2026).

The foregoing accentuates significant structural barriers that hinder women with disabilities from accessing essential services, thus necessitating immediate action to enhance physical accessibility through retrofitting and building codes that prioritize inclusivity. Furthermore, the responsiveness of social workers within government ministries received a mean score of 2.24,

with 65.1% of respondents categorizing their efforts as ineffective or very ineffective, suggesting that social workers may lack adequate training, resources, or support, which severely diminish their capacity to effectively assist women with physical disability experiencing GBV. Meanwhile, the availability of shelters specifically designed for women with physical disabilities scored a mean of 1.62, indicating that overwhelming 88.1% of respondents view the current shelter options as inadequate. This foregoing was corroborated by the qualitative insight of an informant;

"The current lack of functional shelters specifically designed for women with disabilities is worrisome, the available once are not equipped to accommodate their unique needs, which deters them from seeking refuge" (Male IDI/39 years/ ministry staff /2026).

The findings pose a significant concern as the absence of accessible shelters could deter women from seeking help in a safe space.

With respect to the attitudes of law enforcement officers towards women with disabilities reporting GBV, shows a mean score of 2.14, with 71.1% of respondents rating their attitudes as ineffective or very ineffective. The quantitative findings were complemented by the comments of an informant in the in-depth interview conducted;

"We recognize that our training on disability awareness is lacking. Many officers inadvertently carry biases that can discourage women from coming forward" (Male IDI/42years/officer/2026).

This suggests that there is a pervasive culture of stigma and insensitivity within law enforcement, potentially creating an environment that discourages women from reporting incidents of violence. Lastly, the effectiveness of NGOs in providing legal and medical aid received a comparatively positive mean score of 3.07, with 80.5% of respondents rating their services as effective or very effective, which highlights the vital role these organizations play in addressing the needs of women with disabilities facing GBV in Benin City.

Discussion of Findings

The study revealed a high prevalence of physical violence experienced by women with physical disabilities in Benin City, mostly inflicted by intimate partners or caregivers. The findings substantiate the study of Odimegwu, Bolarinwa, and Adebisi (2025), which emphasized that physical dependency markedly heightens the susceptibility of disabled women to abuse. Sexual violence was reported by 10.0% of respondents, while this indicates a lower reported frequency. it may reflect underreporting due to stigma or fear. Psychological abuse was identified as a prevalent and insidious form of violence against women with physical disabilities, characterized by persistent verbal denigration and coercive control, such as the withholding of essential needs and mobility aids. This aligns with Odimegwu *et al* (2025) study that psychological trauma experienced by women with physical disabilities is profoundly debilitating as physical harm.

Regarding socioeconomic factors that exacerbating vulnerability, financial dependency was identified as a critical impediment constraining the ability of women with physical disabilities to extricate themselves from abusive environments. These findings align with the study of Meyer (2022), who emphasized economic dependence as a fundamental factor intensifying the vulnerability of women with physical disabilities to abuse in Benin City. The findings also reveal that excessive reliance on caregivers for daily tasks creates a power imbalance that increases susceptibility of women with physical disabilities to exploitation. This supported the study of

Awoniyi (2024) who found that women with physical disabilities who rely heavily on others for daily care face heightened risks of vulnerabilities. The study also discovered a significant lack of awareness among respondents regarding their legal rights, supporting the findings of Odimegwu et al. (2025) that limited legal literacy among disabled women perpetuates systemic vulnerability. Additionally, societal attitudes that normalize abuse against women with physical disabilities in Benin City were widely acknowledged, reinforcing Meyer (2022) analysis of stigma and discrimination as factors that perpetuate violence against disabled women.

Most respondents reported that public buildings and social welfare offices in Benin City are largely inaccessible, lacking ramps, elevators, and accessible transportation. This aligns with the findings of Oyediran et al. (2022), which highlighted how inadequate physical environments marginalize individuals with disabilities, limiting their access to support. Social workers' responsiveness to women with disabilities in Benin City was confirmed to be largely ineffective. The availability of shelters specifically designed for women with physical disabilities in Benin City was deemed inadequate, supporting the study of Breiding, and Armour (2015), which noted that many shelters for women with physical disabilities fail to meet their needs, discouraging them from seeking refuge. Law enforcement officers' attitudes toward women with disabilities reporting GBV were rated as ineffective, suggesting stigma and insensitivity that deter reporting of such incidents. Conversely, NGOs received relatively positive ratings for their support. The findings are consistent with Urom *et al's* (2022) study, which emphasizes NGOs' critical role in filling the gaps left by government responses.

Conclusion

This study investigates the effects of gender-based violence (GBV) faced by women with physical disabilities in Benin City, Nigeria, highlighting the prevalence of physical, psychological, and financial abuse, combined with systemic vulnerabilities, and the need for interventions. Factors such as financial instability, dependency on caregivers, lack of legal awareness, societal stigma, and educational limitations exacerbate their risk of violence and hinder their ability to seek help. Inadequate support systems, particularly in public service accessibility and the responsiveness of social workers and law enforcement, leave many women with physical disabilities without the necessary resources. By fostering a more inclusive and supportive environment, society can break the cycle of violence against women with disabilities, promote their autonomy, and uphold their rights, contributing to broader efforts to combat GBV and advocate for equality.

Recommendations

Based on the findings of this study, the following recommendations are made:

- i. Develop and institutionalize comprehensive mechanisms within health, social welfare, and law enforcement agencies to systematically capture detailed, disaggregated data on all forms of gender-based violence like physical, sexual and psychological abuse experienced by women with physical disabilities in Edo State.
- ii. Design economic empowerment programs and policies for women with Physical Disabilities in Benin City, such as vocational training, microcredit schemes, and emergency financial support programs, to reduce economic dependency on caregivers or abusive partners. Including full implementation of policies that ensure accessibility of public buildings and services like installing ramps, elevators and accessible restrooms, as well as transportation options

- iii. Mandatory capacity-building programs for social workers, NGO staff and law enforcement agencies. These programs should focus on trauma-informed and disability-sensitive approaches, specifically teaching all frontline responders how to identify unique forms of abuse and appropriate intervention strategies.

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