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Integrating Theoretical Perspectives to Understand Sex and Gender-Based Violence Against Women and Children During COVID-19: Implications for Botswana

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Abstract:

The COVID-19 pandemic brought about a period of marked adversity. In addition to widespread morbidity and mortality, the pandemic resulted in a rise in intimate partner violence (IPV), domestic violence (DV), and child maltreatment (CM), collectively referred to as sex and gender-based violence [SGBV] in this paper. Global and in-house government measures were implemented to tackle these problems associated with COVID-19. The pandemic created new challenges for providing health and social welfare services during times of crisis. The paper will use mechanisms, processes, and psychological pathways to explain the relationship between the COVID-19 pandemic and SGBV. Government-induced COVID-19 control measures have exacerbated socioeconomic hardship and marginalisation, increasing SGBV rates due to insufficient response efforts. We use stress theory and the life course model to guide the development of a hypothetical conceptual foundation. The paper finally synthesises and anchors these perspectives to create a framework for future interventions.

Keywords: COVID-19, intimate partner violence, domestic violence, child maltreatment, stress theory, life course model.

Introduction

Since the advent of the COVID-19 pandemic, there has been a corresponding increase in studies documenting the incidence, prevalence, severity, and frequency of violence and the availability of health and social welfare services during COVID-19 responses around the globe (Tadesse, Gebrewahd, Gerensea, 2022). The implementation of COVID-19-induced structural mechanisms, although essential for containing the infections, exacerbated pre-existing long-standing gender, class, age, and lived experience-related vulnerabilities, one of which was increased rates of violence against women and girls. There is now an emerging interest in exploring the co-occurrence of the COVID-19 pandemic with other accompanying visceral epidemics, such as domestic violence (DV), intimate partner violence (IPV) and child maltreatment (CM) (UN Women, 2021). While notable progress has been made in identifying variables that contribute to SGBV, the occurrence of types of violence by population introduced new dimensions that require further conceptualisation. Understanding the covariates of SGBV is essential for developing targeted interventions, especially during pandemic times and across populations.

The objective of this paper is to explore COVID-19 and the perpetration of DV, IPV and child maltreatment. This paper uses stress theory and other neighbouring perspectives to elucidate the psychosocial pathways and mechanisms through which the pandemic could influence SGBV perpetration. Gaining insight into the potential covariates of violence during a pandemic is crucial for designing programmes that prioritise the affected populations. Subsequently, we extract recurring themes that might enhance our comprehension of the covariates linked to violence perpetration during crises. To gain both traction and mileage on our understanding, we identify mediators and moderators to inform a hypothetical conceptual framework. The paper finally synthesises and anchors these perspectives to create a framework for the future.

Literature Review: COVID-19 Prevalence, Impacts and Co-occurrence

In December 2019, the first respiratory conditions manifesting as pneumonia with unknown covariates were detected in Wuhan, China. The World Health Organisation [WHO] designated COVID-19 as an official pandemic on March 11, citing its swift global transmission and the high incidence. Coronavirus, called COVID-19, is an infectious disease induced by a viral agent. The proliferation of COVID-19 led to a significant global impact, affecting many individuals. On April 26, 2022, Johns Hopkins University and the WHO jointly reported that COVID-19 had spread across the globe, with over six million deaths and over 510 million confirmed cases reported in two hundred countries (WHO, 2022). According to the Africa Centre for Disease Control and Prevention (AU CDC), as of January 27, 2021, all nations within the SADC region were included in the minimum of 40 countries undergoing a second COVID-19 pandemic wave. As of February 2, 2021, a total of 3,582,328 confirmed cases of COVID-19 had been recorded in all the African states. According to the WHO (2023), Botswana recorded a cumulative total of 329,862 confirmed cases of COVID-19 between January 3, 2020, and May 24, 2023, leading to at least 2,797 fatalities.

WHO (2020) urged health systems globally to prepare for a potential COVID-19 pandemic response. Governments enacted rigorous measures to impede the spread of the disease. Suggested measures to reduce the risk of COVID-19 infection included lockdowns and stay-at-home orders, wearing facial masks, sanitising, the establishment of protocols for social isolation and confinement, closure of educational and business institutions, and postponement of communal and recreational activities, including religious assemblies, athletic competitions, school events, to name but a few. In response, on March 18, 2020, the Botswana government formulated strategies to reduce COVID-19 transmission. The President of Botswana, Dr Mokgweetsi Masisi, announced a national lockdown. On April 1, 2020, a news conference was held wherein the Minister of Economic Development and Planning, alongside many other neighbouring ministries, announced various policy and program initiatives to reduce the spread of COVID-19. The policy package was deemed comprehensive due to the multiple mitigation elements, such as food packages, tax cuts, loan repayment vacations, and financial aid for selected populations. The pandemic also brought in stringent limitations on movement and calls for global and domestic action (Madigele & Baloyi, 2022). The COVID-19 pandemic brought in high morbidity and mortality, fear, lockdown restrictions, systemic pressure and uncertainty, and other unprecedented effects, including escalating rates of SGBV.

COVID-19 and Differential Impacts

Crisis, epidemics and pandemics affect people differently. During every type of emergency - be it war, conflict and displacement, natural disasters, or pandemic, violence against women tends to escalate in correspondence (WHO, 2020). Pandemic-induced economic declines have been found to increase levels of poverty and unemployment and lead to tensions that have resulted in SGBV. Pandemics, however, tend to feed along fault lines of disadvantage, with women and ethnic minorities encountering additional impediments to security, healthcare, social welfare services, and the legal system. Writing David (2020), Samra, Schneberk, Hsieh, Bourgois (2020) stated that,

… Disasters and contagions exacerbate social forces driving neighbourhood-level structural vulnerabilities—often referred to by epidemiologists as individual-level "social determinants." These associate with poor health outcomes at the population level. Examples of structural vulnerability include housing insecurity, poverty, incarceration, racism in health care and criminal justice settings, and location within precarious legal labor markets… Understanding the intersection of racism, poverty, and violence is core to understanding and remediating the cascade of toxic socioeconomic breakdown unleashed by COVID-19 (p. 1659).

The pandemic significantly impacted IPV rates globally, including in Africa. IPV was already an issue of public health concern **i**n Africa even before the pandemic (UNFPA, 2021a; 2021b; 2021c). A third (33%) of the cases of IPV globally occurred in Africa (Tadesse, Gebrewahd & Gerensea, 2020;). Weeks et al. (2023) synthesized evidence on how interventions for intimate partner violence could be adapted considering the COVID-19 pandemic, while an ongoing review by Tsusaki, Eapen, Mullassery, et al. (2022) has a more general focus on the effects of the Covid-19 pandemic on intimate partner violence. Several ongoing reviews also explored intimate partner violence or domestic violence but with a focus on specific contexts, including Africa (Tadesse et al., 2022; Negi, Sahoo, Samantaray et al., 2022); Australia (Addo, Asare, B., Mensah, E., Peprah et al., 2020) and Latin America (Gonzales Alvarez et al., 2021). Studies in China, Australia, France, Germany, South Africa, the United Kingdom, the United States, and other countries reported an increase in domestic violence cases during COVID-19 (WHO, 2020). Studies from the USA and eight additional countries reported an increase in domestic violence since stay-at-home or lockdown orders related to COVID-19 were implemented (Piquero, Jennings, Jemison, et al., 2021).

The incidence of rape in the USA was sixteen times more than the annual rate. COVID-19 accentuated and heightened pre-existing inequalities and forms of marginalization while also increasing gender and age-specific risks and vulnerabilities. Uzobo and Ayinmoro (2021) studied several African nations, including Egypt, South Africa, Kenya, Nigeria, Ghana, and Zimbabwe. They found that implementing lockdown measures in these countries exacerbated the pre-existing cases of interpersonal violence. Armed conflicts and terrorism, natural or human-made calamities, tended to worsen gender inequalities and vulnerabilities. The government response did not mainstream domestic violence, including how it could be handled under lockdown conditions. After Hurricane Katrina in New Orleans, USA, in 2005, the incidence of rape among women who were displaced increased by a factor of 53.6 compared to the highest recorded prevalence in Mississippi in 2004 (Willinger, 2008). Another study documented several types of violence, including sexual harassment, child marriage, forced marriage, domestic abuse, and sexual assault during a natural disaster (Horton, 2012). A study in Haiti also found that women residing in internally displaced people (IDP) camps after the 2010 earthquake faced challenges from committees headed by males who controlled the distribution of relief assistance by asking for sexual favours in exchange for services.

Consequently, some women were compelled to engage in sexual acts to get disaster-related relief supplies. Following Cyclone Nargis in Myanmar, a rise in alcohol consumption was accompanied by a 30% increase in violence perpetration (Women's Protection Technical Working Group, 2010). COVID-19 possibly worsened pre-existing vulnerabilities and introduced new and more pronounced ones that people did not know existed. During COVID-19, SGBV was extensively documented in public and scientific research across different regions of the globe. Violence strains existing health, social welfare and security systems, creating uncertainty and dread (Usher, Bhullar, Durkin, et al., 2020; Uzobo etal, 2021). According to Tadesse et al. (2022), "Lockdowns, it is said, provided the perfect conditions for exposure to violence to increase. "(p.1).

Botswana is among the countries counted in the rise of SGBV during the lockdown period (Madigele & Baloyi, 2022). An earlier GBV survey conducted in 2012 found that 67% of women reported experiencing GBV; almost 25% of women had experienced sexual harassment in various work settings, including educational institutions, workplaces, public transportation, and healthcare facilities. According to the 2018 Botswana National Relationship Study, 37% of women compared to 21% of men in Botswana reported experiencing GBV, with 28% experiencing it within the past year (Republic of Botswana, 2018). The World Population Review (2023) recorded Botswana as having one of the highest prevalence rates of rape in the world, with 92.93 incidents per 100,000 individuals.

Botswana has been identified as the country with the highest prevalence of children and survivors of VAC. There is a recorded 4-41% prevalence rate of violence against girls, while the corresponding range for boys is less than 10%. Findings of the 2016 Botswana National Violence Against Children Survey (VACS) found an incidence of sexual violence at 9.3% for females and 5.5% for individuals within the age range of 18-24 years in the nation. According to the 2003 Botswana Police Annual Report, there is a steady increase in sexual offences, in particular, rape and defilement of girls under 16 years. Botswana recorded an increase in rape cases of children from 474 to 734. The youngest rape survivor was a two-year-old (UNICEF Botswana, 2022).

An Afrobarometer study in 2020-2021 reported that Botswana experienced a rise in cases of SGBV generally and child sexual violence (Mlilo, 2020; Samboma, 2020). The police registered 21 incidences of threat to kill, while BONELA recorded 16. The police documented 23 cases of homicide and 192 cases of physical violence, whilst BONELA documented five occurrences. The Botswana Sunday Standard also reported:

… for thousands of Batswana women, the cure was worse than the disease… during lockdowns, gender-based violence in Botswana spread almost as fast as the feared virus, if not faster. Botswana Police recorded 2,789 cases of rape between January and November 2020 when the country was in the grip of lockdowns, compared with 2,265 during all of 2019, said police spokesman Dipheko Motube… the figures do not include other forms of gender-based violence….

The COVID-19 pandemic which necessitated isolation and social distancing, enabled a second shadow pandemic of violence against women and girls, where they often found themselves in lockdown with their abusers. Throughout the pandemic, reduced social interaction and the removal of support mechanisms have taken a toll on mental health and escalated economic insecurity and social isolation for men and women, boys and girls. These are all risk factors for intimate partner/domestic violence. (Sunday Standard, 7th February 2022. Adapted from https://www.sundaystandard.info/how-gender-based-violence-became-botswanas-parallel-pandemic/)

A counsellor at Olorato Counselling Centre, Albert Gaopelo, was recorded by Sunday Standard stating that:

…The COVID-19 pandemic has prompted an escalation in gender-based violence against women and girls in the country. It has also magnified existing structural problems such as poverty, inequality, crime, high unemployment. Across the country, women who suffered gender-based violence struggled to report abuse (Sunday Standard, 7th February 2022. Adapted from https://www.sundaystandard.info/how-gender-based-violence-became-botswanas-parallel-pandemic/).

During lockdown, the Botswana Gender-Based Violence Prevention and Support Centre [BGBVC] reports that the average shelter admission rose to 40 from 58 to 94. With financial support from the United Nations Development Programme (UNDP), the European Union, the Botswana government, and local development players, BGBVC operated nine additional shelters in Gantsi, Molepolole, Francistown and Gaborone for women between 2020 and 2021. From April 1 to June 30, 2020, when lockdown and strict social distancing measures were in place, the Botswana Police Service documented a total of 531 cases of SGBV, including murder, threats to kill, rape, and sexual violation of children under 18. Community and senior secondary boarding schools have historically offered safety and security to students, particularly females. Schools in Botswana were closed in April and May due to the nationwide closure. School meals were terminated, and students returned home, resulting in several girls being confined to their homes and exposed to SGBV.

Theoretical Framing: COVID-19, Forced Crowdedness and Victimization

The conceptual framework we propose integrates stress, appraisal, social support, and coping to understand and address the complex relationships between SGBV and COVID-19 (Lazarus & Folkman, 1984; Folkman& Lazarus, 1980). Stress has been conceptualized in multiple ways: as an external stimulus influencing an outcome, as a response to a stimulus, and as an individual/environmental transaction. The stress process has been influential as a guiding framework for studying the effects of social stressors on psychological wellbeing (Pearlin, Lierbeman, Menaghan, Mullan, 1981; Pearlin, 1981, 1985, 1989; 1991; Pearlin, Schieman, Faizo, & Meersman, 2005). Wheaton (1999) defines a *stressor* as "a condition of threat, demand, or structural constraint that, by its very occurrence or existence, calls into question the operating integrity of the organism" (p. 279). Stress is an adaptational response to environmental, social, or internal demands (known as stressors) that produce physiological or emotional arousal (through the stress hormone cortisol) in the individual. Based on stress theory, people and their environment constantly interact, which may result in a response typically referred to as stress (Lazarus & Folkman, 1984). Wheaton (1994) introduced the Stress Domain Hypothesis, which asserts that a single source of stress cannot capture stress's complete effects and that evaluating stress's consequences on health outcomes requires considering numerous significant sources of stress throughout a substantial lifespan and life course.

Stress combines significant domains such as stress sources, manifestation, proliferation, mediators, moderators, and stress outcomes (Lazarus & Folkman, 1984; Wheaton, 1994). Stressors come in many forms: daily hassles, stressful life events, chronic life stressors, trauma life events and community-level stressors. The effects of stress also exhibit variability, contingent upon the stressor's location, magnitude, and duration (Bodenmann & Randall, 2020). The stress process also recognises the role of psychosocial resources and the variabilities within these resources. Stressors may be scheduled (marriage, job, etc) or unscheduled (accident, death, divorce, etc), with the former exerting adverse effects.

Cannon (1932) coined the Fight or Flight stress response for this reaction since it prepares one to defend oneself from attack or escape danger by running away. The hypothalamus activates two systems to prepare us for fight or flight. A sympathetic nervous system activates the body to deal with a stressful situation. The thalamus relays visual, auditory, and tactile information to other brain parts. When one receives a threatening message, the thalamus sends this information to the amygdala and the relevant sensory courses. While the sensory cortex analyses the data with help from the hippocampus, the amygdala acts immediately, ensuring one can respond quickly. The amygdala signal goes to the hypothalamus, which links the nervous and endocrine systems. Different emotions can produce different activation patterns in the autonomic nervous system. Selye (1956, 1976) came up with General Adaptation Syndrome and suggested three distinct phases to the stress response: Alarm, Resistance and Exhaustion. Alarm refers to the body's initial reaction to something stressful. First, the sympathetic nervous system releases catecholamines; second, the HPA axis's adrenal glands release cortisol. When faced with a sudden threat, whether real or perceived, the brain rapidly prepares one for action. This reaction may be in the form of higher adrenaline and cortisol, which allow the body to become energized and fight or flee a stressful stimulus. In this case, the announcement of COVID-19 as a dreaded infectious disease needing much adjustment drives the body into alarm mode.

When this mode of intense stress continues beyond some point and becomes chronic (especially if it brings in worries of infection, job loss and other neighbouring effects), the body may try to fight off or toughen up in the form of resistance. Over time, psychological, economic, and physical resources may become depleted. If this continues over a particular period, the body becomes exhausted, and one's resistance to stress may decline dramatically, setting the stage for various stress-related physical and psychological problems, traditionally referred to as psychophysiological disorders. These stress-related disorders may result in organ dysfunction or a rise in physical symptoms (primarily gastrointestinal, cardiovascular, immune, or respiratory systems), partly due to stress. Recently, the American Psychological Association [APA] referred to these conditions as psychological factors affecting other medical conditions such as ulcers, irritable bowel syndrome, headache, asthma, sleep disorders, hypertension, and coronary heart disease*),* which are defined as a felt medical condition that is influenced by a psychological factor, such as anxiety, stress, or depression (American Psychiatric Association, 2013). If not treated or eliminated, the psychological factor (stress) may proliferate and negatively affect the medical condition's course or treatment and prognosis.

The second stage is resistance, when one's body tries to adapt to the stress. Long-term exposure to cortisol compromises the immune function. When the body cannot handle being in the alarm stage too long, the body either dies or fights to cope, which leads to resistance. Cortisol is still released throughout the body, and this cortisol helps activate, arouse, and maintain a response. Long-term arousal affects the body negatively. The exhaustion stage comes from long-term exposure to stress when the body's resources have been depleted to deal with the threat or stressful situation. When the stressor overwhelms the body's resistance, it results in the depletion of its resources and a lowered immune response, activating the sympathetic nervous system and the HPA axis. Sustained release of cortisol occurs when the body attempts to maintain its level of arousal to combat the threat or the stressful situation. As a result of this depletion, the immune system is weakened, making it more likely that we experience illness, infection or other responses, such as externalizing or internalizing behaviours.

Lazarus and Folkman (1984) proposed the Transactional Theory of Stress, Appraisal and Coping hypothesis, which focuses on individuals' appraisal of stress and subsequent efforts to manage and adapt to these circumstances. "Appraisal" relates to an individual's capacity to analyse and evaluate the influence of a specific stressor on their overall wellbeing (Folkman, 1984). Lazarus (1999) differentiated between social, physiological, and psychological stress and focused on the effects of a cognitive-mediational approach to stress and emotions. One's perception of an event influences whether one will view an event as "stressful." The relationship is transactional in that the person and the environment are viewed as dynamic, mutually reciprocal, and bi-directional. Individual and environmental factors influence stress appraisal, and the transaction between these factors impacts one's ability to assess, classify, and respond to stress. When an individual appraises a situation as distressing, they may engage in secondary appraisal and seek resolution through coping actions: problem-focused, ruminative, or emotional-focused coping (Biggs, Brough, & Drummond, 2017). Negative, uncontrollable, ambiguous, and unpredictable stressors have been appraised as stressful (DiMatteo & Martin, 2002). To be viewed as stressful, an event has to be viewed as posing a threat to one's immediate or long-term wellbeing, and the person has to evaluate whether they have adequate personal, psychological, financial, and spiritual resources to manage the impending threat (Lazarus & Folkman, 1984).

Stress, therefore, may occur when an individual's ability to cope is overstretched, resulting in the depletion of one's physical and psychological resources (Cohen, Deverts & Miller, 2007). Stress theory holds that as stressful life events and chronic life stressors accumulate, in the process, an individual's ability to adjust can be overwhelmed, resulting in greater vulnerability to physical or psychological disorders. Chronic life stressors have a gradual onset, remain burdensome for a lengthy time, and have an indefinite

ending. Thus, chronic life stressors can be outcomes/results of unrelenting stressful life events. Pearlin et al. (1981) stated that stressful life events influence mental health by producing chronic life stressors. Individuals experiencing stress may have symptoms such as irritability/anger, nervousness/anxiety, feeling overwhelmed, over/under eating, lack of energy, chronic fatigue, and headaches that interfere with their daily living.

Based on Pearlin's Stress Process Model, psychosocial resources might intervene in the relationship between stressors such as COVID-19 and SGBV victimisation through mediation and moderation. Being caged and resource-poor may lead people to become more prone to externalising behaviours, including the use of violence. Several studies have shown that violent experiences could influence poor mental health by undermining an individual's necessary psychosocial resources (Turner & Butler, 2003). Psychosocial resources link stressful circumstances to outcomes; hence, losing or having overwhelmed psychosocial resources may negatively influence one's physical and psychological well-being. Stress proliferation, a situation where stressful circumstances contribute to the experience of future stressors, could explain exposure to COVID-related stress and could have long-term deleterious effects (Hill, Kaplan, French, & Johnson, 2010). Stress proliferation occurs when stressful events contribute to future stressors and the production of clusters of stressors and cumulative adversities.

COVID-19 and the Cascade of Stressors and Disruptions

While some theoretical frameworks suggest that IPV originates from the abusers' need for dominance and authority over their partners, alternative models have emphasised the significance of contextual elements such as life stress and conflict in forecasting violent encounters (Finkel & Eckhardt, 2013; McLean, Link, 1994; Riggs & O'Leary, 1996). IPV victimisation may be a stressful life event, but its intensification and manifestation may lead to a chronic stressor. We adopt the stress process model to load a conceptual framework for understanding why COVID-19 and violence may be a stressful life event or a chronic stressor. We identify empirically validated mediators and moderators that help consolidate our understanding. We build a context-specific, adaptable framework for future interventions. This paper used a theoretically grounded stress-coping and health outcomes model to explore and describe the relationships between SGBV and COVID-19.

The operationalisation of stressors is dominated by proximal life events (such as COVID-19 and the subsequent introduction of lockdown and a host of proliferations) that lead to an onset of chronic life stressors (in this case, COVID-19, lockdown, loss of jobs and resources, violence, and caregiving (McLean & Link, 1994; Pearlin, 1989, 1999). The pandemic was associated with heightened stress, fear of contracting COVID-19, deteriorating health and the eventuality of death, financial difficulties, and compromised physical and mental well-being. A sense of dread plagued Batswana due to COVID-19 and its associated consequences, such as illness, isolation, quarantine, having a COVID-19 patient in the household, fear of infections within the family, and even death. These elements are believed to be stressful life events and chronic stressors that require changes and adaptations, problem-focused coping strategies, and appropriate and matched social support. The fear of spreading the virus and the disruptions may amplify the number of ongoing stressors encountered within households, especially among families susceptible to the pandemic's repercussions (Karmakar, Lantz, Tipirneni et al., 2021). Factors such as economic strain, physical ailments resulting from a COVID-19 infection, and psychological manifestations stemming from social isolation and quarantine may contribute to elevated levels of familial stress. Individuals had to adjust to the numerous alterations due to distance to employment settings, parental responsibilities, and personal disagreements. The fear of infection and the restriction to one's residence may be perceived as a menace to individual liberty and a peril to one's well-being. Daily hassles, called "minor stressors," cover transient relationship tensions, economic setbacks and worries, and academic pressures. These types of stress may contribute to stress (Hansell, 1989; Kanner, Coyne, Schaefer, & Lazarus etal., 1981). Significant events, such as infections by COVID-19, may lead to a cascade of daily hassles such as illness, caregiving roles, changes in household roles and living spaces, isolation and quarantine, and wearing of masks, to name a few. Chronic stressors are rooted in social structures, roles, and relationships that extend over time. As such, they may lead to a cascade of physical reactions in the autonomous nervous system.

COVID-19 resulted in alterations in work and financial and environmental circumstances, altered schedules, disrupted interpersonal networks and relationships, and unavailability of essential public and social services. Individuals were prohibited from leaving their homes. Educational institutions were shut down. Permits were required for one to leave home. Local, regional, district, and international travel was prohibited. Substantial disruptions included school, religious gatherings, funerals and wedding closures, stay-at-home orders, and social isolation. During the COVID-19 pandemic, there were restrictions, a lack of access to healthcare, social welfare, and police services, and a lack of a proactive law enforcement sector with emergency hotlines. Nationwide lockdowns reduced interactions between people and public institutions such as police, teachers, and healthcare staff, who, under normal circumstances, identify and respond to cases of SGBV were not readily able to do their jobs proficiently. Additionally, educational institutions that provided boarding facilities, safe and affordable accommodation, and psychological support were closed without face-to-face contact.

Studies from elsewhere found that women and girls were more at risk of sexual abuse and exploitation during the pandemic (Lo & Li, 2023). Spencer, Stith, and Cafferky (2022) found that for both males and females, the most significant risk factors for violence were within the microsystem, such as having relational problems, having perpetrated violence to one's partner, having engaged in emotional abuse perpetration, having experienced physical victimisation, and having made threats to harm one's partner, perpetrating

stalking behaviours, experiencing emotional IPV victimisation, suffering from sexual IPV victimisation, engaging in verbal arguments, having a history of prior physical IPV perpetration, and engaging in sexual IPV perpetration.

Pre-existing inequitable socioeconomic circumstances

Botswana is experiencing shifts and changes in gender roles and expectations. The interplay of economic instability, HIV and AIDS, high rates of unemployment among young people, and limited resources give rise to displacement as a defence mechanism, the tendency to project one's problems onto others, a lack of trust, a sense of nihilism, emptiness, negativity, and contempt towards oneself and others. Violence occurs in all communities regardless of race/ethnicity, education, socioeconomic or employment status, neighbourhood, religious affiliation, or sexual orientation. Simple correlations and multiple regressions from the Wyatt, Axelrod, Chin, Carmona, & Loeb (2000) study found that women with histories of child abuse were more likely to experience partner violence as adults. Income and HIV status were related to specific patterns of partner violence. Under-resourced communities have fewer economic resources and privacy protections than more affluent communities (Usher, Bhullar, Durkin, Gyamfi, Jackson, 2020; Schleimer, Buggs, McCort, et al. 2022). Coercive control originated from government institutions and proliferated to other levels of the social structure, including communities, families, and individuals. Public health measures, such as lockdowns and social distancing, led to social isolation among individuals, creating challenges for survivors in seeking assistance or escaping from their abusers, resulting in prolonged exposure to perpetrators and increasing the likelihood of experiencing violence. The family (both nuclear and extended) had a significant role in exerting coercive control, ranking second in influence, to impose and enforce regulations imposed by distal systems. Botswana cultures are characterized by a patriarchal system that is prejudiced against women and children, hence encouraging hegemonic masculinities and supporting patriarchal beliefs of superiority. The pandemic had a disproportionate impact on women and girls, exacerbating existing vulnerabilities due to constraints in accessing public services, law enforcement, and health and social welfare services. Within the traditional cultural context of Botswana, children have traditionally not been acknowledged as autonomous beings with inherent entitlements but instead have been subordinated to their parents and other adults. When stress increases in a family because of a lack or loss of resources, nonphysical violence such as emotional abuse, aggression, and neglect may likely occur, leading to an overall increase in both domestic violence and child abuse (Smith-Clapham, Childs, Cooley-Strickland, et al. 2023; Wyatt, 1994).

Pandemics often coincide with pre-existing inequitable socioeconomic and health circumstances, as well as gender-related exposures and vulnerabilities, all of which make women and girls more prone to the impacts. Violence often occurs when there are power imbalances - one person stands out as more potent than other relationships. One partner seeks to control, manipulate, or over-power. Pre-existing stress proliferation and compounded vulnerabilities invoked geographical and neighbourhood marginalisation, gender power dynamics, lower socioeconomic status, low income, and lengthy commutes to workplaces. Socio-economic status, which includes economic resources, education level, employment status, and generally, one's social standing, is placed at the intersection of COVID-19 and violence. A low socioeconomic status may mean a lack of access to social capital (linking, bonding, and bridging), which could enable the person to get a travel permit quickly, knowing which language to use to qualify for one. As a result, low socioeconomic status could lead to less access to a host of opportunities and a debilitating loss of control over factors external to the household.

Marginalized communities are often in remote areas, may be under-resourced, socially isolated, discriminated against, generalised, underprivileged and serving populations whose populations are often stigmatized and their violent, tolerated and ignored. Samra, Schneberk, Hsieh, Bourgois (2020) state that,

Social inequality, racism, and militarism are patently bad for public health. When vulnerable individuals are denied access to meaningful employment and deprived of socioeconomic support, as is occurring during the COVID-19 pandemic, the result is disastrous. When state interventions generate suffering and personal stress, they manifest as individual-level violence to self, kin, friends, and acquaintances. These rising levels of ostensibly interpersonal (but structurally driven) violence undermine social support systems frayed by scarce economic resources (p. 1660).

Preceding the onset of COVID-19, Botswana was already confronted with predicaments, including geographical, gender, age and ethnic disparities and inequities, housing for low-income populations resulting in overcrowding, forced association and presence, which could have influenced high levels of violence, child abuse and mistreatment.

Pre-existing gender and age inequalities

Gender-related vulnerabilities, changes in gender role inequalities and inequities are potent factors that may contribute to violence during COVID-19. Males are assigned to uphold discipline, preserve familial structure, and exercise decision-making authority in the household. Although women may be perpetrators of IPV, domestic violence more often occurs when male privilege pervades the household, as perpetrators with this mindset believe that men control the decisions and that the survivor's purpose is to serve them. Failure to obey or comply is often met with some form of punishment, such as nonphysical abuse (e.g., psychological, verbal, economic, or tech-psychological abuse or threatening to report them to be deported) as a way to maintain control (Wyatt, Axelrod, Chin, et al. 2000). The subjugation of women and children, along with the exploitation of the female physique, is sustained through the gradual acceptance of systemic and gender-related disparities, sexism, and the utilization of sociocultural prescriptions and convictions, norms, and customs. Males may employ violence against women and children as an accepted method to establish

authority and exercise control. Women are subjected to stereotypes that portray them as feeble and childish, reliant on men for protection and guidance, and responsible for safeguarding the man's honour and reputation across ethnic, clan, kin, and kith levels - a setup that promotes and rationalizes violence against women and children. The tactics employed to exert power and control manifest in sexual coercion, belittling their roles as mothers and wives and giving permission to use physical, verbal, and emotional abuse against them. Male relatives, including cousins, siblings, fathers, uncles, and husbands, are more likely to engage in domestic violence against women and those younger than the perpetrator.

Women and children are intrinsically susceptible to violence in households where adult males are present, but children may still be vulnerable in single-parent households led by females. While women might also be perpetrators of violence against children, it is also common for husbands to delegate and outsource the task of "disciplining" children to women, which often translates to physical and verbal abuse. Traditionally, mothers are primarily responsible for their children's care and safety. Violence may be directed at the mother for failing to discipline her children as instructed. The direct threat posed by COVID-19 influenced adverse consequences for both women and children. The COVID-19 measures intensified the stress levels and generated considerable fear, apprehension, and anguish. Studies conducted on parents during COVID-19 in other countries found that those who initially harboured feelings of apprehension about the outbreak tended to adopt controlling, coercive or overprotective approaches in their parenting practices. The Wissemann et al. (2021) study found that COVID-related loneliness also prospectively predicted increases in controlling parenting behaviours. Families adhering to stay-at-home measures increasingly engaged in prolonged proximity to each other under confined living spaces. Social distancing prolonged exposure to violent parents and spouses and isolated them from buffering social networks and support systems. Lockdowns may have worsened violence through intra-household tensions associated with financial pressures from lower economic activity and income shocks.

The contagious nature of COVID-19 could be regarded as a chronic life stressor with the potential to lead to overload, uncontrollability, unpredictability, and distress. One could imagine the fear of infection as a Sword of Damocles that swung and hovered over each family, with members fearing the possibility of infection from each other, resulting in prolonged scare and emotional distress, which could easily be transformed into censorship of each other's behaviour, uncertainty, hostility, and even aggression. Under normal circumstances, withdrawal behaviours may function as a buffer or a moderator of violence perpetration, but with few spaces to withdraw due to lockdown rules and overcrowded living environments, levels of violence and aggression could rise, unmoderated. Anecdotal evidence suggests that people also feared being infected by family members constantly seeking permits for various spread-out tasks instead of planning single-do-all trips.

Movement and transport restrictions

Movement and transport restrictions resulted from existing public and social policies influenced by long-standing geographic and socioeconomic disadvantages and the lack of investment in some areas and population groups. The absence of governmental services and resources, limited availability of health and social services, substandard housing conditions, excessive population density, and overcrowding influence family structures, interactions and the quality of relationships at the household level. The COVID-19 pandemic and disempowering stay-at-home laws, especially to people who have lived their adult lives without frontal restrictions to their movement, send a message of confinement, loss of freedom, powerlessness, and helplessness, which have the potential to taint one's self-perception and worth, and leading to micro-aggressions and tensions in the family. When people feel their self-esteem is at stake, they may use more confrontive coping, self-control, and escape-avoidance.

Traditionally, Batswana women are not domesticated and confined to the home only and are still vulnerable to the imposition of stringent sociocultural beliefs and norms. Liloia (2019) contends that women are viewed as both "symbols of tradition and markers of modernity, the purpose of which is to "construct a national identity" (p. 344). Women must travel to the fields and wells, harvest water and firewood, go to the cattle posts, do grocery shopping, in-home gardening, child and family care and domestic chores and perform a lot of other errands. The lockdown regulations brought back the question of who can get a permit to venture into the public sphere to do these errands. Societal norms dictate roles and responsibilities by age and gender. Women's responsibilities are aligned with gender-based sociocultural standards. During the lockdown, the authorities advised "those" who often go to cattle posts, boreholes, farms, and ranches (primarily male-associated roles) to choose their preferred location for that entire time. Back-and-forth movements to the various settlements were not allowed. This provision stated that where they elect to stay, they should be prepared to be there the entire duration of the lockdown. Anecdotal evidence suggests that some men were more likely to choose cattle posts, farms, and ranches over the household, leaving women to take care of the household single-handedly. One could quickly regain the freedom to move around in rural and remote area settlements where police surveillance and other modes of censorship were minimal. Women found more opportunities to engage in grocery shopping and other family-related roles and responsibilities often designated to them. Due to decreased reasons to get permits for males to leave their homes, conflicts emerged over gender roles, duties and obligations. Further, the lockdown regulations required that some people work at home, creating tensions around whether the work environment has more power over women's time at home doing household and childcare roles.

The Role of Psycho-Cognitive Behavioural Resources as Intervening Variables

Stress theory posits that psycho-cognitive behavioural factors could be crucial mediators in stressful person-environment connections, influencing immediate and long-term results. Exploring relationships necessitates an analysis of psycho-cognitive behavioural factors that may function as moderators or mediators of exposures and outcomes. The stress process may be helpful when elaborating on how the pandemic has increased the probability of SGBV. The proposed model proposes mediating variables as crucial in the relationship between COVID-19 and SGBV. COVID-19 can be perceived as a chronic life stressor that negatively impacts social interactions and ultimately increases the prospect of violence and abuse. We move to theoretically examine psycho-cognitive behavioural factors as potential mediators and moderators of COVID-19 and SGBV. Pearlin et al. (1981) state that people typically confront stress-provoking conditions with various behaviours, perceptions, and cognitions that often alter the difficult conditions or mediate their impact. Psycho-cognitive behavioural variables and psychosocial resources might have intervening effects. The effect of stress on brain functioning, social networks, relationships, and support helps specify conditions under which the loss of psychosocial resources may influence outcomes.

Key Mediators

As stated earlier, stressors are entwined with subjective appraisals. Mediators could be cognitive appraisals, schemas, social information processing, family dynamics, personal space, emotional regulation, mastery, self-systems, coping, anger and irritability, hardiness, and social skills deficit, name but a few, as the primary factors influencing or facilitating a particular outcome or process (Pearlin & Schooler, 1978). Individuals may form a variety of negative evaluations in response to stressors, including heightened perceptions of threat and vulnerability, perceived unfairness, and perceived low self-worth. Individuals who find themselves in situations beyond their control may suffer a sense of demoralization, despair, and helplessness in their attempts to cope with these circumstances. IPV may occur when individuals view violence as a method to manage such impending stress.

The role of ACES within the Life Course

Pearlin (2010) and Wheaton (1994) advocated using the life-course framework to study stress. Perpetrators of violence and abuse are individuals who come from violent households and thus possess intrinsic vulnerabilities and Adverse Childhood Experiences (ACES) (Felitti, Anda, and Nordenberg et al.1998). ACES cover instances such as childhood sexual, physical, and verbal abuse, having a family member who has a mental illness, engages in drug abuse, or is incarcerated, witnessing domestic violence within the family, and undergoing parental separation or divorce. Family risk factors such as early childhood experiences and temperaments are influential aspects individuals encounter throughout their lifespan. Experiencing parental abuse during childhood and being raised in a socio-economically disadvantaged family can contribute to the development of early maladaptive schemas and coping modes, fostering pessimistic attitudes and attachment difficulties during the process of maturation. Children who have been mistreated are more prone to developing distorted and inadequate patterns of social information processing, which can subsequently lead to proneness to violence. Childhood maltreatment has been linked to a lack of ability to interpret social signals, elevated levels of hyperarousal and a tendency to view aggressive reactions in a positive light (Felitti et al. (1998).

Based on a study conducted by Fishbein (2000), risk factors associated with violent behaviour may exert an influence on an unborn child. A prevalent characteristic among individuals who exhibit violent behaviour towards others is a background of traumatic experiences. Elevated levels of maternal stress experienced during pregnancy may also negatively affect the neurological development of the foetus and, consequently, their cognitive functioning, specifically the ability to regulate emotions. ACES may increase the vulnerability of her children to disruptive conduct problems. Unger (2015) states that increased ACES is linked to behavioural, mental health, and societal problems across generations. Individuals who have a high number of ACES are more prone to developing feelings of sadness and anxiety, engaging in drug abuse, and exhibiting other detrimental health behaviours later in life (Bellis et al., 2014). The impact of ACES may trigger emotional emotions under lockdown conditions because individuals with a pre-existing high number of ACES may present with poorer emotion regulation, affective attachment, and coping mechanisms (Repetti, Taylor, and Seeman, 2002). ACES have an accumulative impact, where the long-term consequences intensify with repeated exposure and emotional strain. ACES may induce toxic stress, which can alter the development of the brain and affect the body's ability to manage stress. ACES are also linked to the development of personality disorders, depression, anxiety, drug misuse and addiction, post-traumatic stress disorder, suicidal ideation or attempts, and psychotic episodes (Bruner, 2017; Bruskas and Tessin, 2013; Ungar, 2015).

The pandemic led to the escalation of violence and the ability of both survivors and perpetrators to seek or provide help. ACES disrupt family relations, preventing children from receiving essential safety and emotional support (Repetti, Taylor, and Seeman, 2002). Klever (2015) found that parents who have unresolved emotional difficulties from their childhood tend to have chaotic relationships with their children, and those who have experienced child abuse are more likely to perpetuate general maltreatment towards their offspring. People were locked down with preexisting ACES burdens, deficiencies in impulse control, social and emotional ineptitude, and inadequate coping mechanisms for dealing with monotony and regularity. Where there was no COVID-19, these individuals would have used alcohol, smoking, and other compulsive behaviours to compensate for deficiencies in social and emotional competence, behavioural self-regulation and adaptation (Repetti et al., 2002). Anecdotal evidence suggests that though alcohol and smoking were not permitted or even sold during the lockdown, some individuals had already stocked large

quantities in their households, even diverting resources from other household needs. Substance addiction would worsen pre-existing tensions and conflicts within homes, ultimately resulting in a rise in violent events.

The lockdown forced people to survive on their emotional reserves and resources, which were depleted with time. When opportunities for expressing one's behaviour are restricted, individuals may encounter feelings of anxiety, irritability, anger, melancholy, aggressive hostility, challenges in managing socially unacceptable actions, diminished social control, and confrontational behaviours (Chorpita & Barlow, 1998; Kaslow, Deering, & Racusia, 1994). Individuals who struggle with self-regulation and control may display externalising behaviours, such as hyperactivity and hostility directed at others. Individuals who display strong control tendencies may also demonstrate internalising behaviours, such as worry, melancholy, anger, social withdrawal, and a propensity to isolate themselves (Barber, 1996; Rothbaum & Weisz, 1994; Steinberg, Lamborn, Darling, etal, 1994). Pre-existing attachment insecurity in relationships, attachment quality, and loss of stability during and after the pandemic) may have deepened stressors by disrupting partner interactions and adaptive relationship processes, leading to more conflictual maladaptive ones, such as increased breeding of negativity and other-directed hostility (Pietromonaco and Overall, 2020).

Work by Deci and Ryan (2012) could help explain why reducing physical space in the family could lead to conflict and disharmony. Briere (2002) found that childhood maltreatment has a significant impact on numerous aspects of an individual's lifelong social and emotional development. Potential consequences include the development of negative or unhealthy self-perceptions and perceptions of others, the establishment of associations between abusive experiences and emotional distress, the recollection or contemplation of one's abuse in the context of an unsettling environment, and inadequate emotional regulation, to name but a few. The neural mechanisms responsible for social information processing (SIP) are intricately linked to stress-inducing processes. According to Briere (1992, 1996, 2002), the self-trauma model proposes that children require a consistent sense of safety from their environment to develop appropriate coping strategies for unpleasant emotions and difficult situations. Children who have been maltreated may experience long-term emotional distress, limiting their capacity to establish a sense of security and may develop compromised self-systems characterised by hyper-vigilance, poor self-soothing, a lack of self-confidence and self-protective behaviours. Individuals may adopt maladaptive coping strategies, such as emotion-focused, ruminative, vengeful thinking, alcohol consumption, and develop social schemas that hinder effective impulse control in adulthood (Cullerton-Sen, Cassidy, Murray-Close, etal 2008). Dysfunctional parenting modes (particularly the punitive) may emerge, resulting in maltreating their children. Anger and sadness, which are negative emotions, are positively linked to violent behaviour and negatively related to the cognitive ability to resolve issues (Bodenhausen et al., 1994; Pakaslahti, 2000). (Dodge & Coie, 1987; Dodge et al., 1997; Karatzias et al., 2002).

Adults who have endured childhood maltreatment exhibit a predisposition to react to stressful or difficult social signals excessively and to respond with violence to unpleasant thoughts or inadequate emotional arousal provoked by these signals (Repetti, etal 2002). Childhood abuse has detrimental effects on the formation of brain structures, namely such as the hippocampus, amygdala, and prefrontal cortex, which are responsible for self-control. These regions play a crucial role in cognitive and emotional functions (Bremner, 2003; Teicher, 2000;). Dysfunction in these cerebral regions is associated with compromised regulation of emotions and diminished control over impulses (Lee & Hoaken, 2007). In ambiguous social situations, individuals may find it more convenient to ascribe animosity to others due to unpleasant emotions. In turn, the behaviour may divert their attention from relationship-enhancing objectives and hampers their ability to concentrate on producing solutions for a period (Lemerise & Arsenio, 2000). A model of aggression called cognitive-neo-associationistic suggests that when one is feeling bad, mental processes that lead to violent behaviour get stronger (Berkowitz, 1990).

Relationship Distress. Stress can lead to relationship problems. Relational distress can be experienced in many ways, including communicating and problem-solving with a partner, working together, and difficulty accepting partner differences (Jacobson & Christensen, 1996). Distressed couples are more likely to view their partner as the source of their problems and perceive these as affecting all areas of their relationship (Fincham, 1985).

Proneness to boredom could lead to violence in situations where one needs internal and external stimulation, which were lessened during lockdown. One could not decide to venture out of a monotonous environment at will. Hence, one may project violence on others considered lesser, such as women and children (Dahlen et al. 2004; Pfattheicher et al. 2020; Wilson et al. 2014). Lester (1991) found that suicide rates in prisons increased as overcrowding increased. Lo & Li (2023) explored perceived susceptibility to the potential severity of COVID-19, personal distance, boredom proneness and its impact on violence perpetration and found that perceived crowdedness and boredom proneness were associated with verbal and physical aggression and hostility. Perceived susceptibility was only found to be significant in predicting physical aggression and anger.

Crowding and Personal Space

Personal space often refers to the geographical boundaries an individual needs to establish a comfortable distance between themselves and others (Hayduk, 1983). Culture and environment can affect how we interpret personal space. The stress process could help explain how and under which conditions could influence SGBV by influencing persons in forced presence, closeness, and crowdedness (Lo & Li, 2023). Earlier studies found that crowding is associated with lower psychological and physiological well-being (Lepore, Evans, Schneider, et al., 1991). Neurological research has found that several processing networks in the brain that suggest personal space have evolutionary significance. First observed among animals, studies have found that aggression occurs

when animals are kept in overcrowded areas for extended periods (Beaver, 2004; Miczek et al., 2001). Lack of personal space increases interpersonal pressures and withdrawal behaviours (Regoeczi 2008), eventually leading to conflict. Perceived invasion of this invisible border might result in elevated cortisol levels, self-protective behaviours, or hostility (Evans and Wener, 2007; Welsch, von Castell, and Hecht, 2019). Studies have found that males who use compulsive coping methods like drinking, smoking, and gambling during catastrophes may be more likely also to use violence against women and girls (Morchain, Prati, Kelsey, et al., 2015; WHO, 2013).

Discomfort associated with the invasion of personal space has been observed in farms and in animal laboratories (Bailoo, Murphy, Boada-Saña et al. 2018; Jørgensen et al. 2009; Turner, Horgan, and Edwards 2001; Van Loo et al. 2001); among passengers in aeroplanes or on trains (Evans and Wener, 2007; Lewis, Patel, D' Cruz, & Cobb, 2017; Szpak et al.2015); prisons and psychiatric wards (Lawrence & Andrews, 2004; Lester, 1990; Ng, Ranclaud, & Robinson. et al. 2001; pedestrians (Kim, Choi, and Tay, 2014) and in families (Evans & Lepore, 1993). Lepore et al. (1991) found that lacking a buffering social support network moderated the relationship between crowdedness and violence perpetration. When individuals interpret others' behaviour as hostile, intentional, malevolent, or antagonistic, they are more likely to feel angry and strike back violently (Malkovsky, Goldberg & Danckert et al., 2012; Tedeschi & Felson, 1993).

Lawrence and Andrews (2004) studied whether the subjective experience of crowding increased the likelihood that events are perceived as aggressive in a male prison. The study found that inmates who experienced crowding were also more likely to interpret other's behaviour as aggressive and violent and act defensively in response. People who prefer ample personal space would likely interpret an environment as crowded. Earlier studies found that the experience of crowding and, arousal and stress mediate the relationship between crowding and the perception of aggressive events, such that the higher the levels of arousal, the higher the aggression (Anderson & Bushman, 2002). Evans and Wener (2007) state that passengers on aeroplanes or trains may experience negative emotions, including rage when put in a packed sitting area with strangers surrounding or enclosing them.

Coping

A possible viable means of mediating stress is coping resources, which have been found to mediate stress (Aneshensel, 1992; Folkman, 1997; Pearlin, 1989; Thoits, 1983; 2010). Coping is the cognitive and behavioural efforts that help an individual tolerate, escape, or minimise the effects of stress (Lazarus & Folkman, 1984; Folkman, Lazarus, Gruen, & DeLonges, 1986). Coping has been described as the cognitive and behavioural efforts that allow an individual to tolerate, escape, or minimize the effects of stress (Lazarus and Folkman, 1984). Folkman (1997) suggests that when people experience stress, they develop meaning-based coping, which could include positive reappraisal, revising previous goals and identifying both --consciously or unconsciously – some positive psychological states that minimize the stress process. Based on this, coping is a possible mediator. One's ability to appraise and cope well is critical to identifying and reacting to stress in healthy and productive ways. COVID-19 is a substantial stress-inducing factor that hinders individuals' capacity to manage the consequences of occurrences effectively. IPV can occur when individuals view violence to cope with their stressful emotions or view violence as managing a stressor. According to Kessler & Magee (1994), family violence may be linked to poor coping styles, poor conflict resolution strategies and the impairing use of substances. Emotional dysregulation is one's inability to manage and regulate emotions effectively (Gratz & Roemer, 2004). People who exhibit difficulties in emotional regulation may demonstrate increased levels of violence, sadness and anxiety and may worsen over time. Individuals struggling to manage their emotions may present poor emotional regulation in stressful environments. Exposure to abuse during childhood can serve as a precursor to the adoption of an angry and hyper-alert interpersonal interaction style.

The Moderating Influence of Psychosocial Resources

Stress moderators are factors that modify the impact of stress on outcomes. Though some moderators may reduce the effect of the stressor, some, such as COVID-19, may intensify the harmful effects of a stressor. Cognitive variables, such as self-esteem, social support, and mental health, could buffer the impact of COVID-19 on violence perpetration. Buffering factors could reduce the co-occurrence and the likelihood of repeated violent behaviours.

Social* Networks and *Support as a Moderator

Social network structure and density contextualize the nature of social relationships accrued from them. The structures of social networks, social relationships and the support received from others may influence the type and source of social support individuals receive and provide to others (Modie-Moroka, 2014). The stress-coping-support suggests that support often buffers stress's effects on one's life. The relationship is seen in earlier studies (Cohen & Syme, 1985b; Cohen & Wills, 1985; House, 1981). Two major pathways by which social support is believed to influence health have been advanced: the direct effect hypothesis and the buffering effect hypothesis. Resources provide motivation, problem-solving, self-control, and relationship skills to handle stressful events. Social support can reduce the impact of stress, change the event's meaning, or neutralize it. Social support can buffer by promoting positive psychological dispositions, such as knowing that one has helped and is not alone. Both lockdown and victimization may lead to lower levels of perceived social support from family, members, and friends due to their isolative and controlling nature (Hill

etal, 2010). The disruption of social support systems during COVID-19 may interrupt survivors' access to shelters, counselling, and informal assistance. Access to these services may limit survivors' capacity to leave abusive settings or seek treatment. This disruption in service delivery may create opportunities for perpetrators and make survivors more vulnerable.

Violence may reduce one's ability to care for one's children by mothers in violent relationships. Survivors of SGBV, particularly mothers, may have a reduced ability to provide care for their children due to the prolonged victimization they have endured in their lives (Chiesa, Kallechey, Harlaar etal., 2018). They may also maltreat their because of the projection and redirection of their resentment from their victimization onto their children (Douglas, 2008; Douglas & Walsh, 2009; 2010; Pow, Murray, Flasch, etal 2015). Mothers may resort to physical punishment of their children to shield them from what they believe would be more severe violence from the other perpetrator. Domestic violence in heterosexual relationships is often targeted not only at the woman but also at the mother-child relationship. In these situations, domestic violence can impact women's confidence in being a “good enough” mother and their ability to relate to their children. Indirectly, their parents' preoccupations make them less available to their children and can compromise the parent-child relationship.

Furthermore, witnessing the abuse of their mother (or father) can leave children confused and unable to deal with their feelings about what is happening (Anderson & Cramer-Benjamin, 1999). Violence in the family can contribute to a lack of parental attunement to a child's physical and emotional needs (Cleaver, Unell & Aldgate, 2011) and can have consequences for a child's relationship with both parents (Holt, Buckley & Whelan. 2008). Furthermore, violence in adult relationships poses an increased risk of a parent abusing their child. Mothers have been blamed for failing to protect their children from witnessing DV and IPV or for staying with violent partners, whether they may be survivors of violence themselves or not, despite not being active DV perpetrators (Edleson, 1999; Richards, 2011). Institutional responses often concentrate on intervening with either women or women as survivors, while child welfare focuses on children. The healthcare system may focus on the physical injuries of both women and children without asking how they were inflicted.

Social workers devote a comparatively small amount of time to dealing with men who exhibit violent behaviour, particularly when children are deemed to be in danger. Scourfield (2001) finds many motifs about masculinity in the professional culture of child protection social work. Because women are taken to be responsible for children, child welfare often targets women for exposing children to DV and IPV. Throughout history, the primary focus of initiatives to combat IPV has been on protecting and aiding adult women who have been subjected to abuse at the hands of male perpetrators. Interventions are geared toward dealing with female survivors/survivors and supporting survivors/survivors to overcome those impacts. The system that deals with perpetrators of violence is separate from the one that deals with survivors. Nevertheless, insufficient attention has been paid to comprehending the ramifications of domestic violence on children and other family members. When mothers are labelled as perpetrators for failing to protect their children, they are less likely to receive adequate support, and the main instigator of violence is less likely to be addressed, which may allow for the continuation of the violence within the family (Douglas etal., 2010).

Socioeconomic Class and Gender

Thibaut and Van Wijngaarden-Cremers (2020) state that women and children were the most heavily affected during the lockdown period. Women were also more likely to be in precarious and low-paid work, providing critical services with no secure income or social protections, such as street vendors or domestic workers. With no savings, bank cards to make online purchases, and resources to support themselves, women could not survive sustained lockdown measures. Most informal vendors are women who rely on supply chains to purchase and sell small quantities of produce and cannot afford discount supermarket prices. Lockdown measures threatened their livelihoods and survival. COVID-19 placed individuals on the resource edge in many spheres, and a resource decline may be tragic when there are limited coping reserves. Violence may place individuals on the resource edge in many spheres. A resource decline may be sad when limited resource reserves lead to hostility and violence projected at others.

Many people lost their jobs and became economically disadvantaged, igniting stress, anxiety, depression, frustration, and hopelessness (Mazza, Ricci, Biondi, Colasanti, Ferracuti, Napoli & Romal., 2020; Roesch, Amin, Gupta & García-Moreno, 2020). COVID-19 disproportionately impacted those in the informal economy because of substantial deficiencies in public and private social safety provisions. The loss of livelihoods and the inability to generate income diminishes the accessibility to fundamental necessities and services, engendering strain. State-sanctioned violence was also widely reported, targeting those who ventured out of their homes without proper documentation during lockdown. Police and military-perpetrated beatings and arbitrary detentions were widely reported to enforce lockdown measures. Those arrested were put in police cells, forcibly tested for COVID-19, quarantined where positive or released in the event of a negative test. Women endured most of the economic fallout of the current COVID-19 crisis. As schools and childcare facilities close and health systems are overloaded, care for children and sick relatives falls to women.

A study by Shitu et al. (2021) found that women survivors of IPV encountered financial challenges. IPV was more prevalent among women who had unemployed, alcoholic, or controlling partners and those with limited formal education (Moreira & Da Costa, 2020; Roesch et al., 2020). The male-dominated society perpetuates gender and age-graded systems. As such, males would be more susceptible to anguish, exasperation, dread of COVID-19, and powerlessness due to their socialization within gender roles. Males within patriarchal societies live under unbounded autonomy, where they control who goes where and when. Lockdown levelled the

plane field and subjective everyone to the same movement restrictions despite gender, resulting in distress and dissatisfaction under caged conditions. COVID-19 decreased male social authority, hence the need to redefine sheltering in space and pay attention to the intersectional pre-existing inequalities that gave rise to risks and vulnerabilities.

According to the WHO (2020), several countries have reported a decline in the reported numbers of child abuse and women seeking help to leave abusive situations since pandemic lockdown measures were implemented. It would be naïve to assume that incidents of abuse have declined during confinement. The decline in reporting would be due to a child's or woman's inability to gain access to help while confined with their perpetrator, in addition to social service reductions or closures. Additionally, COVID-19 burdened the health systems and health workers in caring for the sick. Due to the immense number of COVID cases, patients suffering from other ailments are overlooked (World Health Organization, 2020). The overcrowding of hospitals is causing hospitals to turn away other patients or otherwise limit their stay/care. Due to the multiple settlement systems (cattle post, village/urban areas and fields/masimo) in Botswana, some children were left unattended at either place for lengthy periods, making them vulnerable to all forms of abuse in the absence of another parent, predominantly female (UNICEF, 2022). Young girls became vulnerable to incidences of abuse from close male relatives such as stepfathers, stepbrothers, cousins and mothers' boyfriends. Sometimes, family members are forced to share a room, especially those without proper housing. The lockdown also resulted in increased risks of sexual abuse of children when lockdown happened when they were in cattle posts with male relatives and away from the protection of their mothers or guardians.

Research in several nations indicates that the COVID-19 lockdown posed difficulties to conventional gender roles and societal perceptions of masculinity within the family structure (Casale, Shepherd, 2020; Nyashanu, Simbanegavi, Gibson, 2020). Men make up most of those in precarious work, and the increase in inactivity due to COVID-19 has become visible. People from the lowest-income households endured most of the economic crisis accompanying the pandemic. Lockdown limitations resulted in a decreased likelihood of men engaging in the usual "traditional" male activities, such as working outside the home, going to the cattle posts, boreholes, and farms, hanging out with friends at bars, and sports activities (Casale, Shepherd, 2020; Tahi, Störmer, Zafar, 2021). Males also suffered a loss of income. The primary provider's traditional role changed in the household chores distribution, and they had much time on their hands and a limited range of domestic responsibilities (Casale et al., 2020; Nyashanu et al., 2020). Lockdowns and school closures disrupted the children's routine and social support during settlement patterns in Botswana some children.

Separate Government and NGO entities and Types of Violence

The Botswana government has intensified its dedication to combating SGBV by bolstering its policy and legal framework through issuing policy statements, conducting legal reviews, and implementing stringent penalties for sexual offences (Republic of Botswana, 2018). The Botswana Constitution ( ) provides for equal rights and non-discrimination. The Penal Code (CAP 08:01) is the predominant legal instrument in Botswana in addressing all cases of assaults, abuse, and violence, irrespective of who the perpetrator or survivor is. As a possible crime, the perpetrator may be arrested, prosecuted for a criminal or public order infraction, or be subject to a restraining or protection order or even incarceration.

The legal and policy framework for violence prevention, treatment, care and support sits in various uncoordinated government departments, NGOs and development partners. Children's protection is provided by the laws on safeguarding and protecting children, which, in Botswana, are the Children Act (2019), the Adoption Act (0), and the 2008 Domestic Violence ActEvery child is entitled to protection against violence, abuse, exploitation, and neglect; each nation is obligated to ensure the enforcement of these rights. Botswana has formally endorsed and executed numerous agreements to ensure children's protection and . welfare. The Domestic Violence Act of 2008 mandates the provision of safety shelters to aid survivors of GBV. However, there are now only five safety shelters available for battered women, all of which are operated by two NGOs. Botswana has ratified and followed through on several international deals that aim to protect women's rights and well-being and get rid of gender-based violence (GBV). The Domestic Abuse Act (2008) was subsequently passed into law. There is no apparent connection and cohesion between domestic violence and child protection.

Botswana ratified the African Charter on the Rights and Welfare of Children and the United Nations Convention on the Rights of the Child (CRC), incorporated into the Children's Act of 2009 and formally endorsed the protocol on the Prohibition of Child Prostitution, Child Sales, and Child Pornography in 2003. Subsequently, the Children's Act of 2009 and the Anti-Human Trafficking Act of 2014 incorporated this protocol. Sexual assault of children is also expressly prohibited by the Criminal Procedure and Evidence Act, the Penal Code, and Botswana's legislation. Botswana formally endorsed the Convention on the Rights of the Child (CRC) in 1995 and signed the African Charter on the Rights and Welfare of Children (ACRWC) in 2001. Neither the CRC nor the ACRWC have been incorporated into Botswana's legal framework. Botswana has also ratified the United Nations Sustainable Development Goals (SDGs), namely SDG5, which advocates for gender equality, empowerment, and the eradication of all types of discrimination and violence against women and girls.

Despite the plethora of legal documents, policy frameworks and programmatic efforts, various impediments obstructed timely intervention in cases of SGBV during the pandemic. Historically, the responsibility for addressing SGBV has been chiefly assigned to the police, the legal system, healthcare institutions, and social welfare institutions. Right in the middle of the link between

COVID-19, violence and a desire to seek help lay the fear of police and military arrests, isolations, detentions and quarantines, absence of public transportation to service locations and the requirement of obtaining permits to leave one's residence. Accessibility of police, social welfare and healthcare personnel, and the NGO sector was only possible if one had a permit to venture out of the home, and this led to inadequate clinical handling of violence cases and other therapeutic disruptions. Homes became places of forced presence, hostility, negativity, and violence for survivors who had no way to censure the violence or leave their homes to find shelter. Studies from elsewhere have found that some survivors of violence would have avoided reporting if they do not trust the institutions based on previous experiences of being treated with suspicion, overlooked, not being acknowledged, and treated with indifference, disrespect, and even hostility before being assisted (Loeb, Ebor, Smith, et al. 2021).

There are inefficiencies in institutional functioning and a lack of collaboration between the government and NGOs in responding to SGBV. The Department of Public Health in the Ministry of Health is a crucial resource for investigating the frequency and extent of outbreaks, pandemics, and syndemics. During the pandemic, the responsibility of ensuring that healthcare professionals could intervene fell upon the District Health Management Teams (DHMT), overseen by the Department of Public Health (DPH). The primary responsibility of the DHMT office is to mitigate the prevalence of diseases and fatalities that impact entire communities and populations. Upon further examination, it became evident that DHMTs were responsible for the COVID-19 outbreak, whereas the violence epidemic lacked a distinct nomenclature. There was no consideration nor conceptualisation that the two could co-occur, but when they did, no step was taken to incorporate the emerging issue. Further, there were no oversight institutions to connect the two problems and set up a response system.

The Department of Social Protection in the Ministry of Local Government and Rural Development is a crucial entry point for addressing violence against women and children. The Ministry of Youth, Gender and Culture carries the gender mandate at the national policy level. Each institution operates independently, possessing its distinct history, culture, regulations, and team of disciplines and professionals. As stated earlier, IPV is a significant public health concern with adverse mental, physical, and reproductive health effects and severe pragmatic implications. In the context of the child welfare system, parents who have experienced abuse or neglect themselves are more prone to becoming parents who perpetuate such mistreatment.

Postcolonial state projects of nation-building and gender-based exclusion helped to reinforce an Indigenous binary that builds on the legacy of colonial state formation and the institutionalisation of gender hierarchies. While the government stated that they were making violence against women and girls a priority, it failed to provide adequate funding resources to ensure that services were in place to protect women and children. The works of Carniol (1992) and Freire (1970) are functional in critically appraising issues concerning marginalised and dispossessed populations. This approach contends that oppression is structural and manifests in education, producing goods and services, public administration, and health and social services. This view is supported by empirical studies that link the unequal distribution of resources in society and the development of poor outcomes among under-resourced, marginalised populations. Structural forces influence the choices individuals make. Interaction between economic and political factors deprived women of safety during lockdown conditions.

Implications for Common Ground Informed Practice in Botswana

Conclusion

As the visceral pandemics (COVID-19 and SGBV) intersect, a quagmire, bottomless pits, contradictions, tangles, and quick conceptual sands emerged, requiring the confrontation of many constrictions and discomforts. Government-induced COVID-19 control measures have exacerbated socioeconomic hardship and marginalisation, increasing SGBV rates due to insufficient response efforts. It is crucial that the response to SGBV maintains and promotes interaction of a gender, class, and age perspective in all policies and programmes and formulates policies and programs that would respond to the question of violence urgently and humanely. The COVID-19 pandemic further intensified pre-existing susceptibilities and might have impeded survivors' ability to obtain services. A comprehensive strategy that safeguards and assists vulnerable groups, particularly children, amidst the persistent and enduring consequences of the pandemic, must consider the convergence of public health, social services, and legal structures. This comprehensive strategy is of utmost importance. As a result, suggesting a paradigm for a comprehensive multidisciplinary approach to active intervention in situations where violence abounds during pandemics and crises would be among the most suitable responses.

The co-occurrence of COVID-19 and SGBV requires identifying commonalities between the two issues to enhance understanding and foster a response system. Academics have argued for a more nuanced understanding of pandemic-driven SGBV, the commonalities, and intersections, and they have synthesised the currently segmented bodies of scholarship. Examining the complexities of COVID-19 and SGBV underlines the urgency intrinsic to all actors and reveals a lucid difference between survivors and perpetrators and between crises, pandemics, and everyday experiences. The ability of the helping professions to detect and address pandemic-driven SGBV is critical, given its prevalence and the multiple service needs in the violence field.

SGBV results from the intricate interaction among a comprehensive array of risk and buffering factors operating at the individual, familial, and communal levels. Gaining traction on the associated with SGBV is crucial to formulating efficacious prevention treatments targeted towards populations that are particularly susceptible to this violence during pandemics. An ecological

perspective is needed to help interventionists focus on risk and buffering factors at various levels of influence (individual, relationship, community, and societal) and how those levels interact to produce SGBV. Using this perspective brings a lived-experience, theory-based, age, gender and developmentally appropriate and culturally responsive to SGBV by helping unearth the trajectories of SGBV, understanding several types of perpetrators and perpetration behaviours, and understanding the role of sex and gender in the development of SGBV.

DV, IPV, and CM should be given priority when developing responses, and covariates linked to SGBV during the COVID-19 pandemic should be understood. Significant challenges exist in closing the gender gap and enhancing women's participation in development to achieve social justice, alleviate poverty, and contribute to economic growth. Botswana must decide on a concerted, multi-pronged effort to promote a more decisive role for Batswana women and achieve long-term change in their conditions. The question of how public policy initiatives can be used to ensure equal access of women and men to productive and essential services to increase economic growth and people's well-being remains to be answered. Based on the above, initiatives to address access, empowerment, and governance should be planned, implemented, and evaluated from a gender and development perspective. Most of the resources available to prevent violence and to deal with the aftermath focus on female victims and usually emphasise the gendered nature of abuse. Common ground thinking between services for women and other related services (e.g., children's services) varies considerably, with violence and abuse against women and children often falling between child and adult social work services and no one agency taking holistic responsibility for a family's safety.

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