

CHILDREN AND STRESS IN BOTSWANA: CAUSES, IMPACT, PROGRAMS AND THE WAY FORWARD

Maundeni, T.

University of Botswana
Department of Social Work
Maunde@mopipi.ub.bw;

Ntshwarang, P. N.

University of Botswana
Department of Social Work
mmonadibepn@mopipi.ub.bw

Abstract

Children in contemporary societies, just like adults experience numerous stressful situations or circumstances. However, little has been documented about children and stress in Botswana. Understanding and documenting the impact of stress on children is important because distress has immediate and long term negative effects on children if relevant and adequate help is not provided to the affected children. The stressful situations that children encounter can emanate from the various environments that children live in. These environments include the micro, mezzo and the macro levels of society. This paper interrogates two causes of stress on children that emanate from the micro level as well as the impact of such causes on children's wellbeing. The causes of stress for children analysed in this paper are: poverty and domestic violence. The authors are more interested in poverty and domestic violence because these are among the major social problems in the country. In addition poverty and domestic violence are gendered because the most affected are females, who also happen to be burdened with the care of children. The paper also examines existing programs and other strategies (both formal and informal) that assist children to cope with stress and charts the way forward in relation to addressing the causes of stress on children as well as identification of practice and research gaps that need to be sealed.

Key words: children, stress, domestic violence, poverty, family stress model (FSM), child abuse, parenting practices, and parental distress.

Introduction and background information

The phenomena of children and stress is not a new one, it has existed from time immemorial. Even in traditional societies, children experienced stress, however, the sources and magnitude of stress that children went through back then varied from what they are going through in contemporary societies. Although children have been experiencing stress from time immemorial, there is scarcity of literature that focuses on the issue. This paper analyses two sources of stress for children in contemporary Botswana. These are poverty and domestic violence. Domestic violence and poverty are part of the adverse childhood experiences that expose children to other adulthood vulnerabilities. Adverse Childhood Experiences (ACEs) are distressing life events and experiences that have lifelong effects (Urbanski, 2019). Adequate supportive systems such as positive parenting and caregiving, interpersonal

relations and networks at school can be protective measures to buffer the negative effects of children's stress and other ACEs such as domestic violence and poverty (Urbanski, 2019).

By and large, children's experiences of poverty and domestic violence take place in the context of the family – a place where children are supposed to receive various types of support (social, educational, emotional, physical, spiritual and moral). On this note, it is important to interrogate the concept of the family.

There is a plurality of family forms in Botswana, whose boundaries have the tendency to shift, contract and expand depending on the purposes for which a particular form was defined at a particular point in time (Women and the Law in Southern Africa, 1997). The family situations that exist in contemporary societies include a variety of traditional and non-traditional forms and structures, what Mikesell, Lusterman, and McDaniel (1995, p. xiii) refer to as the “multiplicity of family arrangements.” These include: the nuclear family (comprising of husband, wife and children); a dual career family (i.e. a family in which both partners are employed); the traditional extended family (comprising of relatives or kin); a single-parent family (i.e. one that is headed by either a man or a woman); a child-headed family (those that are headed by a child or children, in the absence of any parent or other responsible adult. Child headed families are increasing at an alarming rate, especially in sub-Saharan Africa, as well as developing countries in other parts of the world, where the HIV prevalence rates are high, and parents are dying as a result of AIDS); polygamous family (usually comprised of a husband and more than one wife, is not a preferred life-style in many countries and is illegal in some. Finally, in contemporary societies, unrelated individuals live together in loosely fashioned families that are without legal definition, but have meaning—bonds or other family ties—that are significant to the participants. For the purpose of this article, then, the word family refers to any collection of individuals sharing an acknowledged physical and psychological space (see Goldenberg, 2000; Maundeni et al 2009). As noted above family settings and circumstances can be a source of children's stress. Therefore it is important firstly to understand what is meant by stress.

For the purpose of this paper we will focus on negative stressors that cause distress. Negative stress is often interpreted as strains that are irreparable and repairable. In an event where negative stress is experienced, individuals are naturally prompted to engage in defence mechanisms to protect themselves from stress. There are two kinds of stress: eustress and distress. Eustress is positive stress that facilitates positive functioning and distress includes negative experiences that interfere with the Individual's healthy functioning (Selye, 1956).

There are many causes of stress among families and individuals, including children. Causes of stress are called stressors. This can be anything; objects, events, or persons that causes a negative or positive response to the body. The stressors cause the individuals to change their normal behaviours so as to adjust to the impact created by the occurring experience (Thoits, 1995). Social problems that affect patterns such as domestic violence and poverty are rooted in structural and cultural systems (Ntshwarang & Sewpaul, forthcoming; Pearlin, Menaghan, Lieberman, & Mullan, 1981) hence they are also termed social stress. Thoits (1995), categorizes stressors into acute and chronic stressors. According to Thoits, acute stressors demand drastic behavioural alterations within a constrained time whereas chronic stressors are those that are persistent or recurring and often demand long term interventions. Thus, the negative experiences lead to stress because the individual cannot cope with the life changes (Pearlin et al., 1981). For the purpose of the paper distress and stress will be used interchangeably to refer to negative stress.

Family Stress Model (FSM)

There are many causes of stress on children such as parental separation and divorce, change of environment, death of significant people, negative peer pressure, domestic violence and poverty. For the purpose of this paper, we adopt the Family Stress Model (FSM) to describe how domestic violence and poverty cause stress on children. FSM is of the view that economic constraints such as poverty have an impact on parents' emotional stability and consequently on parenting practices (Scaramella, Sohr-Preston, Callahan, & Mirabile, 2008). For example, when parents do not have adequate income or resources to take care of their families they are likely to experience distress which translates into poor parenting practices. Persistent poverty and financial deprivation affect the health functioning of families as conflicts and domestic violence, resulting in poor family relationships as well as diminishing parenting efficacy (Scaramella et al., 2008). Children end up being distressed by the situation because most of the time they are not aware of the causes of violence and tend to blame themselves for family problems. Thus poor parenting in poor families those with domestic violence is a resultant of parental distress caused by economic pressure and violence respectively. Since both poverty and domestic violence expose children to abuse, they both have negative developmental impact on children.

Children are likely to develop psychological and relational challenges as a result of distress emanating from poverty and domestic violence. Prolonged distress among family members increases children's vulnerability to poor health and poor quality wellbeing (Masarik & Conger, 2017). Psychological problems such as depression and anxiety are associated with both poverty and domestic violence. For example economic distress is linked to poor parenting practices such as harsh punishment and limited support of children (Masarik & Conger, 2017).

For example, both domestic violence and poverty, are associated with the patriarchal nature of societies where more women experience abuse and are also susceptible to low economic resources when compared to their male counterparts (Ntshwarang, Forthcoming). This is applicable to Botswana as many of the women often stay in abusive homes and relationships for a long time as a result of poverty and economic dependency on men whom are mostly the ones generating income for the family (Ibid). Domestic violence threatens a sense of safety, escalates distress and consequently leads to children's emotional and mental health problems (Zare et al., 2018). Adverse childhood experiences such as poverty and domestic violence contribute to adolescent and adulthood life challenges such as anxiety, depression and other behavioural problems (Zare et al., 2018). The Family Stress Model appreciates that poverty disrupt children's development because poor economic resources in the family leads to constrained child-caregiver relations (Duran, Cottone, Ruzek, Mashburn, & Grissmer, 2018).

In Botswana, poverty and domestic violence are prevalent in families with children (United Nations, 2015) and that exposes children to distress and poor wellbeing. The situation is perpetuated by lack of a National Family Policy that could be addressing many of the issues experienced by children and families in Botswana. Distress among children is also perpetuated by inadequate family support systems that could promptly identify children and families at risk and offer preventative services. The relationship between domestic violence and poverty cannot be dismissed because economic hardships in families often transpire from violence between parents or caregivers. At other times violence erupts because of misuse of family income. Therefore children become distressed as they experience and witness conflicts in the home. In some circumstances the breadwinner may desert the family home as a result of violence hence exposing the children to poverty and excessive distress.

Domestic Violence

Domestic violence refers to a variety of actions such as sexual, physical, and emotional abuse that occur within the context of the family or home (Kilpatrick & Williams, 1997; Lowell & Renk, 2018). Both adults and children can be victims or perpetrators of domestic violence. Existing literature on domestic violence in Botswana shows that there are various types of violence that children are exposed to in the home. In many societies and communities the family is an institution wherein children are nurtured, and seek love, safety, shelter and security. While this should be the norm, practice evidence indicates that it is within the same institution that children suffer the worst forms of violence (UNICEF, 2000). Domestic violence in the home and family presents itself in many forms such as intimate partner violence, child custody battles, and poor parenting practices, homicides, sexual and physical abuse. Children are often abused or become witnesses of the various forms of abuse that occur in the home. Children who witness domestic violence can do so by listening or hearing and by seeing violence taking place as well by hearing others tell them about incidences of violence.

Violence against children is a profound violation of human rights that has far reaching consequences for children's wellbeing. Experiences of violence can lead to lasting physical, mental, and emotional harm, whether a child is a direct victim or witness. Violence against children cuts across geographic boundaries, culture, race, class, religion, educational and socio-economic background (Jankie and Maundeni, 2017). Yet, it is under researched in the context of developing countries such as Botswana. Most research on interpersonal violence in developing countries has been conducted on women. Relatively little is known about domestic violence and children. Levels of common assault are high and increasing. A report on the indicators of gender based violence compiled by Gender Links and Women's Affairs Department in 2012 notes that 67% of women in Botswana have experienced some form of gender violence in their lifetime including partner and non-partner violence. Most of the violence reported occurs within intimate relationships. The situation could actually be worse as there is under reporting due to dependency of the victims on their violators as well as stigma and family pressure.

Some children experience emotional abuse through exposure to homicide /passion killings. In 2010, for example, there were 105 cases of homicide, in 2012, there were 89. Homicide has far reaching consequences for the emotional and psychological, social, as well as physical wellbeing of survivors (Maundeni and Malinga-Musamba, 2012). Distress emanating from experiencing or witnessing domestic violence include internalizing behaviours such anxiety, depression and externalizing behaviours such as substance abuse (Scott, Thompson-Walsh, & Nsiri, 2018). Thus children who experience both domestic violence and poverty are likely to demonstrate excessive behavioural problems than their counterparts. The distress caused by experience of violence in children is associated with behavioural adjustment and emotional disturbances that indicate Post Traumatic Stress Disorder in children (Kilpatrick & Williams, 1997). Children who witnessed domestic violence present similar distress symptoms as those that of children who have been sexually and physically abused (Kilpatrick & Williams, 1997). Children who experience domestic violence as a result of a family member present more severe psychological problems than when it's committed by a stranger because of the close relationship they have with the perpetrator (Kilpatrick & Williams, 1997; Lowell & Renk, 2018) and those witnessing violence between parents (interparental) seem to present worse psychological problems as well as other social problems, including poor educational performance than their counter parts (Lowell & Renk, 2018).

The impact of domestic violence on children is often undermined as it is often normalized and not easily detected, especially when it is perpetuated by family members. Failure to disclose family abuse is exacerbated by cultural beliefs and practices that are learned, internalized and normalized through childhood development (Ntshwarang & Sewpaul, forthcoming; Sewpaul, 2013). Given that violence against children frequently occurs in the home, it is frequently tolerated and met with a culture of silence, especially where the perpetrators are other family members. In Botswana if such violence is brought to the attention of the state and law enforcement agencies, reports may be met with passivity as violence is tolerated within the patriarchal family structure (Maundeni, 2002). Late and none disclosure of abuse domestic violence increases both children and parents' vulnerability to Post Traumatic Stress Disorder (PTSD), and consequently escalating children's distress. This is a dare situation because traumatized parents are likely to enforce negative parenting practices (Lowell & Renk, 2018) that increases children's stress.

Violence against parents also affects children psychologically, socially, intellectually, and physically. Existing literature reveals gender differences for boys and girls regarding the nature and extent of the presenting problems. Studies show that boys tend to exhibit externalised problems such as hostility and aggression, while girls exhibit internalised problems such as depression and somatic complaints (Martin, 2002).

Emotional abuse on children is manifested through various ways. These include: caregivers' failure to communicate appropriately with children about sensitive issues that affect children's wellbeing, e.g. parental divorce and separation of siblings following parental death. Children usually become distressed after the death of their parents when they do not have any caregivers who can play the role of the parents. Some children are neglected, abandoned and dumped. Infanticide, baby-dumping and abandonment of children have attracted much attention in the press and child welfare agencies throughout the country over the past several years (Modie-Moroka, 2011). Some of the factors that account for these types of violence include: having had children outside marriage and where the mother is no longer involved in a relationship with the father; poverty; substance abuse, as well as psychopathology (Ibid).

A recent study on factors that influence parenting practices among women in different family structures reveal that domestic violence and parenting practices cannot be divorced as their causes and effects are interrelated as well as embedded in the structural systems(Ntshwarang, Forthcoming). Parents who experience domestic are likely to use incompetent, ineffective, and exceedingly over-reactive, punitive, and intimidating parent-child practices that enhance distress and externalizing behavioural problems on children (Wang & Kenny, 2014). For example, the findings of a cross-sectional qualitative, phenomenological research study conducted with 24 women, parenting children aged 19 years and below from Selebi Phikwe town in Botswana to understand the parenting practices of women with children revealed that domestic violence in the form of parenting practices such as corporal punishment is often accompanied by negative verbal communication (Ntshwarang & Vishanthie, In Press) that exacerbate children's distress and children's psychological effects. A parent's (irrespective of gender) verbal abuse of children escalates distress in children that often presents as behavioural misconduct and depression during adolescents stage (Ali, Khaleque, & Rohner, 2015). However children of mothers who apply positive parenting practices such as warmth and supportiveness are less likely to develop poor social skills or suffer from psychological and emotional problems (Ali et al., 2015).

Poverty

Poverty is a product of several factors though it is commonly associated with the structures of the society especially the economic system. It is quite complex and its web not easily distinguishable and disintegrated. Sharp, Register, and Leftwich (1988: 266) argues that it is concerned with the relationship between the minimum needs of people and their ability to satisfy those needs. It can be argued that there are basic needs for every family that needs to be satisfied for the family unit to function effectively and this is dependent upon the ability to provide. In case the ability to provide is non-existent, it presupposes that the family unit will fail to have the basic needs met, hence poverty. Botswana Government (1998) study on poverty and Poverty alleviation in Botswana defined poverty as the inability to meet basic needs which include absolute requirement such as nutrition, shelter and clothing, and relative requirements which include the ability participate in basic recreation and to meet essential social commitments. It is the ability of the family to meet its basic needs that bring stability, peace, happiness, and the deepest satisfaction, above all a loving family. But Beebe and Masterson (1986) are of the view that many families today are not discovering the satisfaction, enthusiasm, stability, and love they expect, instead they experience stress. This they say results from uncertain economic conditions, changing roles for both men and women, and routine family responsibilities.

The current economic mode for families is dependent more on cash economy rather than subsistence farming and agriculture unlike in the past. Subsistence farming is affected seriously by changing weather patterns due to climate change. Climate change is defined as any change in climate over time, whether due to natural variability or as a result of human activity (Cipryk, 2009). This has negatively affected rainfall pattern in the sub Saharan Africa which experience extended drought periods. IFRC (2009: 95) states that a large proportion of the population in sub Saharan Africa is dependent upon small-scale rain-fed agriculture and is therefore highly vulnerable to drought. People homes are generally not built to withstand extreme weather, and they are unable to take out insurance to protect themselves financially. There are extended drought periods, more/less than average rainfall which leads to poor yields and loss of livestock (IFRC, 2009). The losses contribute to unhealthy pressures and conflict in the family because of failure to meet the basic need. The most affected communities are those in rural, urban villages, and towns where poverty is rampant. Botswana Government (2006/7) shows that poverty is widely spread across space and markedly higher in rural areas and the head count poverty prevalence indicates that 65% of the poor were rural in 2002/03. In addition, the poverty prevalence rate in 2006/7 was 30.1% which implied that one-third of the population lived below the poverty datum line.

The economic status of families in Botswana is muddled with poverty, meagre resources, and weak livelihoods systems to maintain stability in the family, most often than not, the tendency is to resort to alcohol or substance abuse. It is apparent that the little income is diverted from supplying essential family needs to satisfying the quest for alcohol and / substance, hence poverty. In Botswana several factors are attributed to immediate poverty and these are failure of economic opportunities, poor targeting, low levels of social safety nets, and inequitable distribution of resources and roles in household. The underlying factors include unequal distribution of, access to, and control over assets, high population growth rate; beliefs and practices, and fatalistic cultural practices such as witchcraft and sorcery. In addition, the current harsh climate conditions which lead to low and variable agricultural production, and lack of skills are pivotal to poverty.

Children living in impoverished circumstances often stay in overpopulated household and families that limit access to adequate resources and basic needs such as food. Children who experience severe poverty experience more complicated social, emotional and cognitive development challenges (Duran et al., 2018). Poverty cripples the family socio-economic base and creates undue pressure on the already struggling parent (or parents) and dependents to provide their needs. It affects the child other domains like school, friendship, religious status, and communal function. It pastes a stigma that at times leads to discrimination and labelling as thieves or uncultured characters as well as unwanted elements in the community. Macionis and Gerber (1999: 275) argue that lack of necessary nutrition makes death a way of life in poor societies and that the loss of life due to poverty is ten times greater than the number of lives lost in all the world's armed conflicts. They further attest that poverty forces some 75 million city children in poor countries to beg, steal, sell sex, or serve as couriers for drug gangs in order to provide income for their families. It is argued that poor societies depend on women who are also barred by tradition to go school to provide income, raise children, and maintain the household. The majority of poor households in Botswana are female headed with many dependents, some of whom are orphans. The paralysis brought about by poverty is complicated further by family conflict, divorce and /or separation, and unemployment.

Children who have experienced violence may exhibit trauma related symptoms. They may be more aggressive, fearful, depressed, and suffer from anxiety, and post-traumatic stress disorder where they display symptoms of bedwetting and nightmares compared to children who have not experienced or witnessed violence in their lives (Graham-Bermann & Seng, 2005). In addition, these children, (more often than their counterparts) may be at risk for allergies, asthma, headaches, and influenza. The impact of violence on children may appear to diminish with time when they are no longer exposed to such violence. However, it may continue in adulthood. Children who experience violence are more likely to batter their partners and abuse their own children in the future (Strauss, Gelles, & Smith, 1990). Children's experiences of domestic violence increases their vulnerability to other medical diseases (Jankey & Maundeni, 2018)

Analyses of existing programs to address poverty and domestic violence

Despite scanty literature on the subject, media reports and concerns of community leaders, faith based organizations, and government and nongovernmental organisations have created a public outcry to protect children from violence. Currently there are several public departments and organizations that provide services for children such as Department of Social Protection that is responsible for the coordination and programming of children's issues and needs within the Ministry of Local Government and Rural Development. The department offers an array of services for vulnerable children such counselling and provision of tangible goods such as food basket to buffer poverty. Examples of community programmes include Mpule Kwelagobe and Hospital Social Work. Other programs that indirectly tackle poverty and domestic violence in the home and family include Ipelegeng, and youth grants. Availability of food and income in the home is able to reduce the risk of conflict among family members and consequently minimize children's vulnerability to stress.

Non-government or private agencies that provide services for children include but are not limited to Child line and Save Our Souls (SOS). These organizations provide counselling services and caregiving for abused and vulnerable children and thus they play a key role in the prevention and treatment of children's stress. However, the above private and public

services are inadequate as the services they provide are characterised by several gaps. These include inadequate trained personnel, limited office space and understaffing. Therefore, efforts should be made to expand training of employees in the health care and social services organization on domestic violence prevention and trauma counselling to enhance the workforce.

Program initiatives to address domestic violence include: enhancing the sensitivity of the Police Service towards addressing GBV through the establishment of Gender Focal Points in Police stations continued sensitization and awareness raising on GBV through campaigns during the sixteen days of activism Against GBV; continued provision of counselling, shelter services and legal aid by NGOs as well as economic empowerment programmes by government and NGOs through skills development (Gender Links, 2012). Moreover, there are two centres that cater for rape victims with a capacity of between 15-20 women at a time (Pitse, 2013). Taking into account the figures on domestic violence, two centres are inadequate to address the multifaceted challenges faced by survivors of domestic violence. However, it should be noted that survivors also utilise counselling services offered by social workers and psychologists in various parts of the country.

Way forward

To address the causes of stress for children that are discussed in this paper, there is need to sensitize families about the effects of abuse and domestic violence and their relationship to poverty. This can be done through public educational forums such as *kgotla* meetings, pre-natal and ante natal clinics to sensitize families and children about adverse childhood experiences such domestic violence and poverty. In that way parents will be able to seek counselling services for themselves and children immediately when they perceive any form of vulnerability to distress. Parents should also be educated about the effects of negative parenting practices to facilitate prevention of child abuse within families. In that way children's vulnerability to stress will be decreased.

Both the private and public sector should maximize domestic violence prevention interventions to ensure that children's exposure to distressful circumstances is minimized. . This will go a long way in preventing parental distress and enhance positive parenting practices and consequently curve children's development of negative psychological and social skill problems caused by distress that have been discussed above.

Health workers should be encouraged to help detect incidences of domestic violence during outpatients and inpatient visit and make referrals to relevant personnel such as social wokers and the police to interrupt repeated domestic violence in the families or homes as well as in the community. This is very important because women often do not directly present domestic violence experiences but rather complain of non-specific ailments and somatic pains (Rajapakse, 2018). As Rajapakse (2018) asserts routine testing for the risks of domestic violence should be a mandatory activity in health settings. This would be critical for women and children because they are likely to be victims of domestic violence. In the context Botswana, women are mostly primary caregivers and parents in families and they happen to the largest population that visit health settings compared to men.

The other ther intervention that have been proven to work in terms of helping children to cope with distress in other settings that should be aggressively used in all services that provide counselling for children and families presenting distress as a result of domestic violence and poverty is Cognitive Behavioural Therapy (CBT). Trauma Focused CBT

include a combination of individual and group educational and parenting skills development treatment activities, relaxation training, and safety planning (Lowell & Renk, 2018).

At policy level Jankey and Maundeni (2018) as well as Ntshwarang and Sewpaul (forthcoming) suggest that corporal punishment should be banished as a way to promote violence free families, households and communities. Policy reform accompanied by community education is capable of promoting positive parenting practices and parent-child relationships. Lastly research questions that arise are (a) In what ways can both public and private organizations maximize relevant poverty eradication programs for families with children as a strategy to decrease children's vulnerability to stress? (b) How can children's safety in families be enhanced to ensure early detection of distress in children?

References

Ali, S., Khaleque, A., & Rohner, R. P. (2015). Pancultural gender differences in the relation between perceived parental acceptance and psychological adjustment of children and adult offspring: A meta-analytic review of worldwide research. *Journal of Cross-Cultural Psychology, 46*(8), 1059-1080.

Botswana Government. (2006/7). *Annual Poverty Monitoring Report*. Gaborone: Government Press.

Cipryk, R. (2009). *Impacts of Climate Change on Livelihoods: what are the Implications for Social Protection*. Brighton: CDG Working Paper.

Duran, C. A., Cottone, E., Ruzek, E. A., Mashburn, A. J., & Grissmer, D. W. (2018). Family Stress Processes and Children's Self- Regulation. *Child development*.

Jankey, O. M., & Maundeni, T. (2018). Violence against children in Botswana: Reality, challenges, and the way forward *Global Ideologies Surrounding Children's Rights and Social Justice* (pp. 41-55): IGI Global.

Kilpatrick, K. L., & Williams, L. M. (1997). Post-traumatic stress disorder in child witnesses to domestic violence. *American journal of orthopsychiatry, 67*(4), 639.

Lowell, A., & Renk, K. (2018). Cognitive-behavioral treatment of PTSD with a young boy and his mother following the experience of chronic domestic violence. *Clinical Case Studies, 17*(3), 166-187.

Macionis, J. J., & Gerber, L. M. (1999). *Sociology 3rd Canadian Edition*. Canada: Prentice hall.

Malinga-Musamba, T., & Maundeni, T. (2012). Traumatic Aftermath of Homicide and Suicide In L. L. Levers (Ed.), *Trauma counseling: Theories and interventions* (pp. 15). New York: Springer Publishing Company.

Masarik, A. S., & Conger, R. D. (2017). Stress and child development: a review of the family stress model. *Current opinion in psychology, 13*, 85-90.

Masterson, J. T. (1986). *Family talk: Interpersonal communication in the family*: New York: Random House.

Modie-Moroka, T. (2011) Infanticide, Baby-dumping and Concealing Birth in Botswana:

Implications for Research, Policy, and Practice. In Maundeni, T and Nnyepi, M. (Eds) Thariya Bana: Reflections on Children in Botswana, pp 54-61. University of Botswana and UNICEF.

Ntshwarang, P. N., & Sewpaul, V. (forthcoming). When national law and culture coalesce: Challenges for children's rights in Botswana with specific reference to corporal punishment. . In V. Sewpaul, L. Kreitzer. & T. Raniga (Eds.), *Culture, Human Rights and Social Work: African Perspectives*. Calgary: Calgary University Press.

Pearlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of health and social behavior*, 337-356.

Pitse, R. (2013). Police reveal shocking rape statistics in Botswana, *Sunday Standard*.

Rajapakse, T. (2018). Domestic violence: Does it concern the psychiatrist? *Sri Lanka journal of psychiatry*, 9(2).

Scaramella, L. V., Sohr-Preston, S. L., Callahan, K. L., & Mirabile, S. P. (2008). A test of the Family Stress Model on toddler-aged children's adjustment among Hurricane Katrina impacted and nonimpacted low-income families. *Journal of Clinical Child & Adolescent Psychology*, 37(3), 530-541.

Scott, K. L., Thompson-Walsh, C., & Nsiri, A. (2018). Parenting in fathers who have exposed their children to domestic violence: Identifying targets for change. *International Journal on Child Maltreatment: Research, Policy and Practice*, 1(1), 51-75.

Selye, H. (1956). *The stress of life*.

Sewpaul, V. (2013). Inscribed in our blood: Challenging the ideology of sexism and racism. *Affilia*, 28(2), 116-125.

Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of health and social behavior*, 53-79.

United Nations. (2015). *Botswana: Millenium development goals status report, sustaining progress to 2015 and beyond*. Gaborone: Ministry of Finance and Development Planning

Urbanski, J. (2019). Bullying is an Adverse Childhood Experience. *J Health Sci Educ*, 3(1), e104.

Wang, M. T., & Kenny, S. (2014). Longitudinal links between fathers' and mothers' harsh verbal discipline and adolescents' conduct problems and depressive symptoms. *Child development*, 85(3), 908-923.

Zare, M., Narayan, M., Lasway, A., Kitsantas, P., Wojtusiak, J., & Oetjen, C. A. (2018). Influence of Adverse Childhood Experiences on Anxiety and Depression In Children Aged 6 to 11 Years. *Pediatric Nursing*, 44(6).