

**EFFECTS OF COVID-19 CONTAINMENT MEASURES ON GENDER
BASED VIOLENCE IN KAKAMEGA CENTRAL SUB-COUNTY, KENYA**

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**A Thesis Submitted in Partial Fulfillment for the Requirements of the
Conferment of the Degree of Master of Arts in Criminology of Masinde Muliro
University of Science and Technology**

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DECLARATION

Declaration by the Candidate

This thesis is my original work prepared with no other than the indicated sources and support and has not been presented elsewhere for a degree or award.

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DEDICATION

This Thesis is dedicated to my Family for their undying support and encouragements throughout the process.

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ABSTRACT

In the first quarter of 2020, the world went into lockdown in an attempt to control the spread of COVID-19 disease. As a result, cases of gender-based violence (GBV) increased exponentially. In Kenya, there was a reported increase of 36% in GBV cases in 2020, indicating a correlation between the COVID-19 pandemic and the surge in GBV incidents. Despite several accounts of this phenomenon, the perspectives of the victims have not received adequate attention. This study aimed to investigate the effects of COVID-19 containment measures on GBV in Kakamega Central Sub-County, Kakamega County, Kenya. The specific objectives were to: Examine how COVID-19 containment measures contributed to the rise in GBV from the victim's perspective; Assess the intersectionality of victim experiences of GBV during the COVID-19 pandemic; and, determine the victim's perspective on the interventions put in place to address the spike in gender-based violence during the COVID-19 pandemic. The study was guided by Routine Activity theory, which explains how COVID-19 containment measures generated risk factors that favored motivated offenders, made victims suitable targets, and limited the presence of capable guardians. The study also adopted intersectionality theory, which explains the intersectionality of victim experiences and interventions. The study used a mixed-method research design, which gave it the advantage of using both quantitative and qualitative research to answer the research questions comprehensively. Kakamega Central Sub-County in Kakamega County served as the research site due to its diverse population and its high number of registered GBV cases during the pandemic. The sample size for this study was 270 GBV victims selected based on Taro Yamane's sample determination formula. The target sample size of key informants was 27. Quantitative data was analyzed using cross-tabulation and summary statistics, while qualitative data was analyzed thematically using content analysis. The findings revealed that containment measures contributed to the increase in GBV, attributed to factors such as loss of employment (reported by 78.04% of respondents), decreased income (indicated by 87.04% of respondents), and increased stress levels due to quarantine (reported by 83.92% of respondents). Intersectionality was also evident in the experience of GBV among victims based on gender (indicated by 93.70% of GBV victims), age (75.70%), social status (71.0%), level of education (71.80%), and employment status (74.40%). Moreover, despite 79.61% of GBV victims knowing about the intervention measures for addressing GBV during the COVID-19 pandemic, 75.69% felt that the interventions were not specific to individual GBV victims' needs. As a result, the study recommendations emphasize the importance of: Enhancing resilience among vulnerable groups; Allocating additional resources to GBV response teams; Adopting an intersectionality lens to address diverse victim experiences; and, developing tailored intervention measures responsive to individual needs. The study's conclusions will inform policy evaluation and address the knowledge gap identify so as to refocus efforts to counter gender-based violence in Kenya within the context of the COVID-19 pandemic.

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LIST OF ABBREVIATIONS

CDC: Centre for Diseases Control

COVID-19:	Corona Virus Diseases 2019
GBV:	Gender-Based Violence
HAK:	Health Assistance Kenya
ILO:	International Labor Organization
KNBS:	Kenya National Bureau of Statistics
NACOSTI:	National Council of Science, Technology, and Innovation
SGBV:	Sexual and Gender Based Violence

OPERATIONAL DEFINITION OF TERMS

Containment Measures: Covid-19 containment measures are operationally defined as the measures implemented to limit the spread of the virus, including social distancing, quarantine, lockdowns, travel restrictions, and wearing face masks.

Covid-19: Covid-19 is operationally defined as the respiratory illness caused by the SARS CoV-2 virus.

Emotional Violence: Emotional violence is operationally defined in the study as any behavior or act that causes emotional distress or harm to an individual, including verbal abuse, threats, coercion, and isolation.

GBV Victims: GBV victims are defined in the study as individuals who have experienced physical, sexual, or psychological harm or suffering as a result of gender-based violence

Gender Based Violence Intervention Measures: Gender-based violence intervention measures are defined as programs or policies designed to prevent and respond to gender-based violence, including education and awareness campaigns, crisis hotlines, counseling services, and legal interventions

Gender: Gender is defined in this study as the socially constructed roles, behaviors, and expectations associated with being male, female, or other gender identities.

Gender-Based Violence; Gender-based violence is operationally defined as any act or behavior that results in physical, sexual, or psychological harm or suffering to an individual based on their gender.

Intersectionality factors: Intersectionality factors are defined as the ways in which multiple forms of social categorizations, such as gender, social class,

sexuality, and race, intersect to create unique experiences of discrimination, oppression, and privilege

Lockdown: Lockdown this study is defined as a government-mandated restriction on people's movement, usually in response to a public health emergency or threat, such as Covid-19

Physical Violence: Physical violence is operationally defined in the study as any intentional use of force against an individual that causes physical harm or injury, including hitting, punching, slapping, kicking, or use of a weapon

Quarantine: Quarantine is defined in this study is defined as a government-mandated restriction on individuals' movements, usually for a specified period, in response to a public health emergency or threat, such as Covid-19

Sexual Violence: Sexual violence is defined as any unwanted sexual act or behavior that is forced, coerced, or manipulated without the victim's consent, and includes rape, sexual assault, and sexual harassment

Sexuality: Sexuality is defined as an individual's sexual orientation, behaviors, and attitudes towards sex and sexuality

Social Class: Social class is defined in the study as a measure of an individual's socioeconomic status, including their income, education level, and occupation.

Social Distancing Policies: Social distancing policies are operationally defined in the study as the measures put in place to limit physical contact and reduce the spread of COVID-19, such as stay-at-home orders, quarantine, and social distancing guidelines.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Covid-19 is a disease that attacks the respiratory system and other vital body organs. Covid-19 is mainly transmitted through human contact (Miller & Blumstein, 2020). Since Covid-19 is highly contagious, limiting human contact is the best way to control the transmission. Some of the most effective containment measures that have been in use over the years include lockdowns, quarantines, curfews, border closures, and social distancing policies. Specifically, quarantines and lockdowns have been proven effective in curtailing the spread of contagious infections like Covid-19 (Mittal & Singh, 2020). The use of lockdowns and quarantines to control the space of a disease is not new. It has been in use since 1347AD to counter the plague transmitted by sailors, rats, and goods transported by the ship that plied the Mediterranean and Sicily routes, and it proved effective (McDonald, 2020). For instance, in 1918, to curb the Spanish flu spread, the state of Philadelphia in the United States of America started quarantining victims and banned public gatherings (Strochlic & Champine, 2020). Therefore, to curb the spread of Covid-19 governments worldwide imposed lockdowns, quarantines, and other social distancing policies.

Other social distancing policies included limiting public gatherings, closure of public places, and border closures. Specifically, the measures included decongesting the criminal justice system by closing courts from physical access, limiting in-person access to police stations, and limiting access to other services offered by the criminal justice system (Ahmed *et al.*, 2021). Countries worldwide imposed restrictive measures, most

closing their borders and imposing total lockdowns, quarantines, and curfews. As the pandemic gathered momentum, scary trends of GBV emerged. Consequently, countries globally started reporting increased cases of GBV. Gender-based violence inflicts harm and violates an individual's human rights. It is characterized by gender inequality and abuse of power and control (UNHCR, 2021). The prevalence of Gender-based Violence during the Covid-19 pandemic period spiked worldwide.

According to a UNDP (2020), there was a 30% increase in GBV cases in France and Cyprus, respectively, and a 33% and 25% increase in Singapore and Argentina. Additionally, in Kenya, there was a 36% increase in the reported cases of GBV in the first three months of lockdown and quarantines (Ministry of Public Service and Gender, 2021). Gender-based violence (GBV) refers to any act of violence or harm inflicted on individuals based on their gender, disproportionately affecting women, men and girls due to the unequal power dynamics and societal norms (Ali & Rogers, 2023). GBV encompasses various forms, including physical, sexual, emotional, and economic violence, as well as psychological abuse and coercive control. In the context of the Covid-19 pandemic, GBV has been exacerbated due to the implementation of containment measures, such as lockdowns and social distancing.

These measures have created a conducive environment for GBV, as victims are forced to stay at home with their abusers, limited access to support services and helplines, increased stress and tensions, economic hardships, and disrupted social networks. Studies have shown that gender-based violence typically increases during pandemics due to the vulnerabilities victims find themselves in due to various risk factors such as loss of

income, economic dependence, and breakdown of social structures (John *et al.*, 2021). Therefore, Covid-19 as a pandemic is not an exception and may have played a primary role in the witnessed spike in GBV cases during the pandemic. However, amid all the victimization, stakeholders and scholars preoccupy themselves with matters to deal with the offender and probably intervention measures without considering the victim's voice and what they need. Victims are at the periphery and play a minimal role in justice in most instances.

In the US, the city of Seattle recorded an increase of GBV of 21% in March 2020 alone, indicating how bad the situation is and painting an ugly picture of how things are in other main US cities (Wagers, 2020). The prevalence of gender-based violence (GBV) in the USA during the Covid-19 pandemic has been documented to have increased. A study conducted by the National Domestic Violence Hotline found that calls, chats, and texts increased by approximately 20% in March and April 2020 compared to the same period in 2019 (National Domestic Violence Hotline, 2020). A study by Usta *et al.* (2021) reported that lockdowns and stay-at-home orders have made it harder for survivors of GBV to seek help and escape abusive situations. The study also found that social distancing measures have increased stress, financial difficulties, and substance abuse among individuals, which in turn have contributed to an increase in GBV. Therefore, the COVID-19 pandemic exacerbated the problem of GBV in the USA, with survivors facing new challenges in accessing help and support.

Elsewhere in Europe, the COVID-19 pandemic significantly impacted the prevalence of gender-based violence (GBV) in Europe. The lockdowns and social distancing measures

imposed due to the pandemic created an environment that made it easier for perpetrators to abuse and control their partners and harder for survivors to access help and support. A study conducted by the European Institute for Gender Equality (2020) found that the lockdowns and stay-at-home orders led to a significant increase in the number of reported cases of GBV in many countries across Europe. The study also reported that the pandemic created new challenges for GBV survivors, including increased stress, financial difficulties, and limited access to support services.

In addition, the study found that the pandemic created new challenges for law enforcement and support services, as they had to adapt to the new realities of social distancing and remote working. This led to a backlog in processing cases and reduced the availability of support services, making it even harder for survivors to escape abusive situations. For example, the trend remained the same in France, with France recording an increase of 30% in GBV cases reported during the lockdown (UN Women, 2020). In Asia, specifically, China also saw a spike in gender-based violence cases, with a police station in Hubei province receiving three times more GBV in February 2020 when the province was in lockdown and enforcing quarantines (Wanqing, 2020). Also a study conducted by the All-China Women's Federation (2021) found that the lockdowns and stay-at-home orders increased reported cases of GBV. The study also reported that the pandemic created new challenges for GBV survivors, including increased stress and financial difficulties.

In India, the COVID-19 pandemic resulted in a significant increase in GBV cases, a backlog in processing cases, and reduced availability of support services. The pandemic

also created new challenges for GBV survivors, including increased stress, financial difficulties, and limited access to support services (National Commission for Women, 2020). In Japan, a study conducted by the Japanese Ministry of Health, Labour and Welfare (2020) found that the lockdowns and stay-at-home orders have increased the number of reported cases of GBV. The study also reported that the pandemic created new challenges for GBV survivors, including increased stress and financial difficulties. In Indonesia, a study by the Indonesian Ministry of Women's Empowerment and Child Protection (2021) found that the lockdowns and stay-at-home orders have led to increased reported cases of GBV. The study also reported that the pandemic created new challenges for GBV survivors, including increased stress, financial difficulties, and limited access to support services.

Elsewhere, in South Africa, the government's call center that supports GBV victims received more than 120,000 cases in just three weeks of lockdown, exposing the dire situation the country is in, as much as GBV is concerned (Minisini, 2021). A study by the South African Police Service (2020) found a significant increase in reported domestic violence cases during the pandemic. The study also found that the lockdowns and stay-at-home orders have made it more difficult for GBV survivors to access support services, as they are often isolated from their abusers. The pandemic also created new challenges for GBV survivors, including increased stress and financial difficulties.

The stress of the pandemic increased the risk of GBV, making it more difficult for survivors to access help and support (Department of Social Development, 2021). The government of South Africa took several steps to address the issue of GBV during the

pandemic. The Department of Social Development launched a national helpline to support GBV survivors, and the South African Police Service increased its efforts to investigate and prosecute cases of GBV. However, despite these efforts, the issue of GBV remains a significant challenge in South Africa during the COVID-19 pandemic. The government, NGOs, and the public must continue working together to support survivors and prevent GBV from occurring.

In East Africa, Uganda reported increased physical Violence, Sexual Violence, and spousal violence cases of 20%, 13%, and 39%, respectively (Katana *et al.*, 2021). A study by the United Nations Development Programme (2021) found that the pandemic created new challenges for GBV survivors in East Africa, including increased stress and financial difficulties. The stress of the pandemic increased the risk of GBV, making it more difficult for survivors to access help and support. In Uganda, the government took several steps to address the issue of GBV during the pandemic. The Ministry of Gender, Labor, and Social Development launched a national helpline to support GBV survivors, and the Uganda Police Force increased its efforts to investigate and prosecute cases of GBV (Nabukeera, 2021). Therefore, it is evident that there was a drastic spike in GBV cases during the Covid- 19 period.

In Kenya, things were no different. Cases of GBV spiked after the government enforced containment measures and ordered the closure of public institutions, public places like businesses, and other non-essential services. A United Nations Development Programme (2021) study found that the pandemic created new challenges for GBV survivors in Kenya, including increased stress and financial difficulties. The stress of the pandemic increased the risk of GBV, making it more difficult for survivors to access help and

support. The government of Kenya took several steps to address the issue of GBV during the pandemic. The Ministry of Gender, Children, and Social Development launched a national helpline to support GBV survivors, and the Kenya Police Service increased its efforts to investigate and prosecute cases of GBV (John *et al.*, 2021). Despite these efforts, the issue of GBV remained a significant challenge in Kenya during the COVID-19 pandemic.

According to the UN country team (2020), Kenya recorded an increase of 775 % in GBV cases just two months into lockdown and quarantines. Nairobi, Kisumu, Kakamega, Kiambu, Nakuru, and Mombasa are among the instances that spiked exponentially. For example, in Kakamega County, Kakamega Central Sub-County, had the highest reported cases of GBV during the Covid-19 pandemic period (Kakamega County, 2021). As a result the County government of Kakamega launched toll free helpline for the GBV victims who require information or assistance on any health related issue and rescue, considering that containment measures and restricted movements of persons during the pandemic.

It is worth noting that more attention shifted to reactive responses to these forms of GBV, which skyrocketed during the pandemic. All blame was on containment measures as the primary triggers of GBV cases (John *et al.*, 2021). To identify the force behind the rising cases of GBV during the pandemic, governments and stakeholders employed various intervention measures to address the menace. Some of the intervention measures put in place worldwide to deal with the rising cases of GBV included; emergency shelters, hotline centers, and digital reporting systems.

It also included instituting warning systems where victims could report GBV cases and other reactive interventions that sought to address the issue (Ruiz-Perez & Pastor-Moreno, 2020). Most of the interventions were reactionary with short-term impact but did not go deeper to address the underlying factors. In this manner, the interventions sought to address the generally assumed victim's needs without considering the uniqueness of every case. This assertion was well put by a study that concluded that there was no way to comprehensively address the GBV issue without considering every case's uniqueness (Ruiz-Perez & Pastor-Moreno, 2020). For instance, not all victims need shelters; some may need economic empowerment and see shelters as diversionary. Therefore, in the rush and an attempt to appease public opinion, the governments publicized general interventions without factoring in the victim's specific needs.

Thus, GBV was not considered an essential issue; thus, governments redirected their resources to contain the disease (John *et al.*, 2021). Also important to note is that the enforcement of these measures came with its challenges. The governments and law enforcement participated in fear-mongering, instilling fear to limit their movements and contacts. However, this achieved the opposite results regarding GBV since most victims feared approaching law enforcement as they feared being victimized. This prevented many victims, women, men, and children from accessing the much-needed GBV protection services (John *et al.*, 2020). Besides the evident impact of the containment measures on the GBV victims, little is known of the victim's opinions, which this study seeks to establish.

1.2 Statement of the Problem

In the first quarter of 2020, as the world went into lockdown, in an attempt to control the spread of Covid-19. As a result cases of Gender-Based Violence (GBV) rose exponentially. In Kenya, there was a reported increase of 36% in GBV cases in 2020, indicating a correlation between the Covid-19 pandemic and the surge in GBV incidents (Ministry of Public Service and Gender, 2021). However, the drastic rise in reported cases of gender-based violence during Covid-19 pandemic warrants further investigation, especially from a victim's point of view. Whereas from existing data, there is an apparent correlation between Covid-19 containment measures, and increase in GBV cases, there is scarcity of data and narratives from victims themselves considering the intersectionality of victim's experiences. Specifically, there is a need to complement this knowledge with the victims' lived experience of GBV to understand the dynamics behind this escalation. There is a clear gap in the literature exploring the victim's voice on the issue of the pandemic's contribution to the spike in GBV. Therefore, this study seeks to fill the gap and bring out victims' views on the effects of Covid-19 containment measures on their GBV experiences.

1.3. General objective of the Study

The study's general objective was to explore the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya.

1.3.1 Specific Objectives

The specific objectives for this study were:

- i. To examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective in Kakamega Central Sub-County during Covid-19 pandemic.
- ii. To assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic in Kakamega Central Sub-County during Covid-19 pandemic.
- iii. To determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic in Kakamega Central Sub-County.

1.4 Research Questions

- i. How did Covid-19 containment measures contribute to gender-based violence in Kakamega Central Sub County, Kenya?
- ii. What were the intersectional experiences of gender-based violence victims of Kakamega Central Sub-County during Covid-19 pandemic?
- iii. What are the victims' assessments of the interventions to address the spike in gender-based violence during the Covid-19 pandemic in Kakamega Central Sub-County?

1.5 Justification of the Study

There is a clear gap in the literature that explores the victim's perspectives on how the pandemic contributed to the spike in GBV, how the intersectionality aspect influenced their experiences, and how the pandemic elements shaped the interventions. The study sought to bridge the knowledge gap of the limited literature on GBV victims' views during pandemics such as Covid-19, bringing forth the impact Covid-19 has on GBV victims' well-being.

The research sought to establish the GBV victim's perspectives on the Covid-19 pandemic in Kakamega Central Sub County, Kakamega County, Kenya. Notably, the study captured the victim's perspective on the perceived effects of the Covid-19 pandemic. The study's outcome helps policymakers formulate needs-based policies that would specifically and directly address the unique needs of the victims. For instance, the study sought to help policymakers understand the dynamics surrounding GBV victims, which helps them develop policies that would proactively address the risk factors, thus preventing GBV before it happens. It is hoped that the findings and recommendations of this study help the government and other stakeholders formulate need-based interventions and responses to address GBV victims' issues in strained access to justice. The study helps the government and its partners be proactive and holistic in responding to the problems of GBV victims. Additionally, the outcome of this study helps improve the existing programs that address GBV issues.

The study sought to establish from the victim's standpoint whether the experiences of gender-based violence were qualitatively different and originated with the Covid-19 pandemic or were a continuation of existing gender-based violence. The researcher adopted an interpretivist research philosophy to address the study's goals. Interpretivist research philosophy helped the researcher access the issue's reality from the victim's point of view (Meekers, 2020). The interaction of social factors and the aspect of the pandemic and their impact on GBV victims can be best understood from an interpretivist lens. Moreover, the interpretivist research philosophy appreciates the intersectionality of

differences in victims and how it contributes to the different experiences victims were subjected to, especially during the pandemic (Chitrakar, 2021). Therefore, the philosophical justification for this study is that it enabled the researcher to understand the issue of GBV during the pandemic from the victim's perceptions.

1.6 Scope of the Study

The study assessed the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya. The researcher focused on the victims' perspectives on the impact of Covid-19 containment measures, their experiences during the pandemic, and their assessment of the intervention measures to address GBV issues.

1.7 Limitations of the Study

In the course of the research, the researcher encountered various challenges, one of which involved unresponsive respondents. To overcome this hurdle, the researcher took the initiative to clarify to the participants that the research solely served academic purposes. Additionally, concerns arose regarding the perceived use of the gathered information. In response, the researcher assured the respondents that the study was exclusively for academic reasons, emphasizing the confidentiality of the information provided.

Another obstacle surfaced in the form of bureaucratic hurdles imposed by both the participating institution and respondents, particularly in the coordination of interviews with key informants. To navigate this limitation, the researcher adopted a proactive approach by scheduling interviews well in advance. Furthermore, adherence to the

institution's protocols and guidelines was ensured. The researcher also carried documentation, including an introduction letter from the University and a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews relevant literature on Effects of Covid-19 Containment Measures on Gender-Based Violence in Kakamega Central Sub-County, Kenya. The purpose of the literature review in the chapter is to assess the effects of the Covid-19 containment measures on gender-based Violence. The Literature review will be based on the themes of the following specific objectives; examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective; assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic and to determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic. Lastly, the chapter concludes with a theoretical framework and conceptual framework.

2.2 Effects of Covid-19 Containment Measures on Gender-Based Violence

2.2.1 Effects of Lockdowns on gender-based violence

By the first quarter of 2020, three-quarters of the world was in lockdown as governments sought to control the transmission of Covid-19. Non-essential services were ordered to close, schools were not spared, social gatherings were banned, and the staff was asked to work from home. As a result, there was an increase in cases of gender-based violence globally attributed to the financial, social, and emotional strain caused by the limitation on mobility during the lockdown.

The lockdowns also included travel restrictions, closed borders, ordering people to stay at home, and limited human contact. For instance, in Kenya, the government went under the first partial lockdown on April 2020, restricting movements from four main infected

areas: Nairobi, Mombasa, Kwale, and Kilifi counties. The main objective of lockdowns was to counter the spread of the Covid-19 pandemic; however, it led to other unintended consequences. This was because lockdowns altered the citizens' socioeconomic lives and other vital aspects. The lockdown was used for the first time in Europe to control the bubonic plague in the 14th century. The worldwide lockdown had a profound effect on the lives of people throughout the world.

Some of these unintended consequences were the loss of jobs and income, causing a lot of economic strain on families. According to International Labor Organization (ILO), 400 million people had lost their jobs by the final quarter of 2019 and the second quarter of 2020(ILO, 2020). This resulted from lockdowns in the economy, which suffered greatly. In Kenya, for example, in just three months of lockdowns, over 1.75 million people lost their jobs (Munda, 2020). Furthermore, according to the Kenya National Bureau of Statistics survey on the Impact of Covid-19 on the economy, 52.9 % of the respondents reported reduced incomes and earnings due to lockdowns (KNBS, 2020). Furthermore, up to 20% of women lost their incomes compared to 12% of men who lost their incomes due to Covid-19 lockdowns (UN Kenya, 2020).

The COVID-19 pandemic and the subsequent lockdowns brought about many unprecedented challenges, including a surge in gender-based violence (GBV) incidents. GBV refers to any violence directed towards an individual based on their gender, including physical, sexual, or emotional abuse. The effects of the pandemic on GBV have been the subject of much research, with many studies highlighting the link between

lockdowns and an increase in GBV incidents. One study in the United States found that domestic violence calls increased by 25-30% during the lockdowns (Garcia-Moreno *et al.*, 2020). This finding is supported by European research, which reported a 20-30% increase in GBV cases during the pandemic (Yamin *et al.*, 2020). This suggests that lockdowns created a situation of increased stress and tension within households, leading to a rise in GBV incidents.

The proximity between victims and perpetrators during lockdowns significantly contributes to the rise in GBV incidents (Mittal & Singh, 2020). Lockdowns forced individuals to spend extended periods close to one another, increasing tension and conflict. This is particularly relevant for women and children, who are often the primary victims of GBV. Furthermore, lockdowns reduced the opportunities for victims to seek help, as they could not leave their homes or access support services (WHO, 2020).

Another factor that contributed to the rise in GBV incidents was the economic strain caused by the pandemic. The job losses and reduced income associated with the pandemic led to increased stress and financial insecurity, escalating household conflicts. This was particularly relevant for women, who are often more vulnerable to economic hardship and less likely to have access to financial resources (Griffith, 2022).

The rise in GBV incidents during the pandemic highlights the importance of addressing GBV as a public health and social issue. This includes providing support services for victims, such as hotlines, shelters, and counseling services. In addition, it is crucial to

raise awareness of GBV and to break the stigma associated with reporting abuse. Despite the increase in GBV incidents during the pandemic, it is essential to note that most GBV incidents still went unreported. This was due to various barriers, including fear of retaliation, lack of access to support services, and stigma associated with reporting abuse. The pandemic likely exacerbated these barriers, further limiting victims' ability to seek help.

Therefore, it is clear that lockdowns to curb the transmission of Covid-19 led to socioeconomic breakdowns. Even though GBV cases were there before Covid-19, the lockdown impact seems to have exacerbated the already dire situation of GBV within society. As a result of lockdowns, many lost their livelihoods, leading to family stress and strains. Stress is the leading cause of aggression and frustration; therefore, most GBV cases during this period resulted from frustration caused by economic strain and stress due to the loss of livelihood due to lockdowns (Mahlangu *et al.*, 2022). Victims reported being on the receiving end of their perpetrator's anger and lash. Studies show that GBV cases tend to occur when families or loved ones spend more time together (Mittal & Singh, 2020). In this case, lockdowns forced people to stay at home, thus creating unnecessary friction and tension within relationships. Also, lockdowns meant that victims of GBV had to persevere the abuses since there was nowhere to run since lockdown affected gender-based services such as shelters and support groups, which generally come in handy for GBV victims.

In some exceptional cases, some victims were abused sexually, especially school-going children who were no longer going to school due to lockdowns. Lockdowns made it easy for perpetrators to take advantage of the school-going girls and boys since some were involved in indecent jobs to support their families. Therefore, to bring home an income, some children are forced to engage in sexual activities for an income (Benetou, 2021). Additionally, Victims of gender-based violence were less likely to come forward because of curfews, lockdowns, and other social distancing policies. As a result of the lockdown, many of these victims could not seek treatment or other forms of protection in their communities, which would enable them to maintain their anonymity.

Additionally, Lockdowns made women, some men, and children a soft target for GBV. Studies show that children were more susceptible to abuse by people they knew in their private residences during the Covid-19 pandemic than before (Freedom Collaborative, 2021). Six months into the lockdown, there were over 31 million new reported cases of gender-based violence globally (Islam & Hossain, 2021). Lockdowns hampered social services' and other gender-based violence prevention and protection efforts. As a result of the COVID-19 pandemic's economic and social stress, preexisting toxic societal norms and gender inequities, and restrictions on travel and social isolation, GBV increased exponentially (Aborisade, 2022). Many GBV victims were being held captive in their homes by their abusers, who had shut them off from all other forms of help.

Effects of Gender-based violence cuts across society, roping in direct and indirect victims (Mittal & Singh, 2020). Some of the indirect victims of GBV are the family members of

the victims, especially children. Children raised in violent backgrounds where parents fight often suffer psychologically and emotionally. Even though they are not directly abused, they are traumatized by what they see and feel. When children are exposed to violence, they may learn to absorb it as the norm and feel it as normal or even expected, which will have lasting effects on their lives (Mittal & Singh, 2020). Additionally, violence negatively affects children's personal growth and social abilities. GBV affects the victims and their families, friends, and colleagues. According to Donato (2020), a person's bodily and psychological integrity is threatened by gender-based violence. People's capacity to operate in family, community, and society, as well as their self-realization and growth, is likely to be harmed if they do not have a sense of safety and security. GVB stands in the way of realizing everyone's right to happiness, fulfillment, and personal growth. When victims lose their wealth or employment, GBV has a significant economic effect. As a result, employees and students suffer in the classroom and work, and their productivity plummets (Mittal & Singh, 2020). Gender-based violence is often committed by those who share their home with the victims. Consequently, those at risk of homelessness must find a place to call their own. Effects of Gender based violence cuts across the society, roping in direct and indirect victims (Mittal & Singh, 2020).

Some of the indirect victims of GBV are the family members of the victims, especially children. Children who grow up in violent background where a father is abusing the mother, suffer psychologically and emotionally. Even though they are not directly abused, they are traumatized by what they see and they feel for their mother, who is

abused. When children are exposed to violence, they may learn to absorb violence as the norm and feel it as normal or even expected, which will have a lasting effects in their lives (Mittal & Singh, 2020). Additionally, violence negatively affect the children's personal growth and their social abilities. GBV affects not only the victims but also their families, friends, and colleagues.

According to Donato (2020), a person's bodily and psychological integrity are threatened by gender-based violence. People's capacity to operate in family, community, and society, as well as their self-realization and growth, is likely to be harmed if they do not have a sense of safety and security. GVB stands in the way of realizing everyone's right to happiness, fulfillment, and personal growth. When victims lose their wealth or employment, GBV has a major economic effect. As a result, employees and students suffer in the classroom and work, and their productivity plummets (Mittal & Singh, 2020).

Gender-based violence is often committed by those who share their home with the victims. Consequently, those at risk of being homeless must find a place to call their own. Therefore, it is evident that the abnormal spike in GBV cases during the Covid-19 pandemic period can be linked to the lockdowns imposed by governments to contain the diseases. There is extensive literature exploring the nexus between pandemics and gender-based violence, especially the role of containment measures such as quarantines and lockdowns in exacerbating the situation.

Mittal & Singh (2020), in their mini- review on gender-based violence during the Covid-19 pandemic, appreciates the role of quarantines in spreading the coronavirus diseases but observes that it has serious psychological and socially disruptive consequences. They point out the surge in gender-based violence due to the quarantine paradox. They thus link gender based violence as an aspect of .The study conclusively, blaming the pandemic and its containment measures on the sudden surge in cases of GBV. However, the study fails to appreciate other dynamics that may lead to the rise in GBV during the pandemic.

The study did not consider that the pandemic may have only increased the visibility but not the main instigator of GBV in society. There is a clear gap in the literature exploring the extent to which the pandemic contributed to the surge in gender-based violence. The study fails to interrogate the issues from a victim's perspective to establish if GBV is an aspect of the pandemic or a continuation of an existing condition.

2.2.2 Effects of Quarantines on Gender-Based Violence

The effectiveness of quarantine in controlling the spread of contagious diseases such as Covid-19 is unquestionable. According to United States Centers for Diseases Control and Prevention (CDC), quarantine is the separation and restricting movements of people who have been exposed to contagious diseases to establish if they are sick (CDC, 2019). However, quarantine is known to cause unintended adverse psychological effects due to loneliness, isolation, and uncertainty (Singh, 2020). Also, studies showed that quarantine caused post-traumatic stress, anger, boredom, frustration, stigma, and confusion, affecting the victims' mental stability (Brooks *et al.*, 2020). These psychological effects

and stressors are attributed to the spike in GBV cases resulting from quarantine during Covid-19 pandemic.

Furthermore, according to a KFF Health Tracking Poll survey of US adults, 53% reported undergoing stress; as a result, Covid-19 restrictive measures. Consequently, 12 % reported increased abuse of substances and alcohol consumption (Hamel *et al.*, 2020). Therefore, quarantine has a negative impact on a person's psychological status, thus making one vulnerable to GBV as a victim or perpetrator. Markedly, quarantine is responsible for disruptive social effects, which largely contributes to the increase in GBV cases. When social structures are disrupted, it affects the relationships and well-being of individuals. This increases anxiety and fear; thus, most frustrated people tend to vent their stress on others, especially those close to them and the vulnerable group such as women, disable men and children. It is important to note that most women, especially in the informal settlements or those working in the informal sector, lost their income during quarantine. This meant that they had to depend on their male counterparts for support, making them susceptible to GBV and even harder to leave their tormentors. Studies have singled out economic dependence as a factor that makes one vulnerable to GBV (Solorzano *et al.*, 2020).

One study conducted in the United States found that the number of domestic violence calls increased by 25-30% during the quarantine measures (Garcia-Moreno *et al.*, 2020). This finding is supported by research in Europe, which reported a 20-30% increase in GBV cases during the pandemic (Yamin *et al.*, 2020). This suggests that quarantines

created a situation of increased stress and tension within households, leading to a rise in GBV incidents. The close proximity between victims and perpetrators during quarantines is a significant factor contributing to the rise in GBV incidents. Quarantines force individuals to spend extended periods of time in close proximity to one another, which can lead to increased tension and conflict. This is particularly relevant for women and children, who are often the primary victims of GBV. Furthermore, quarantines reduced the opportunities for victims to seek help, as they are unable to leave their homes or access support services.

Another factor that contributed to the rise in GBV incidents is the economic strain caused by the pandemic. The job losses and reduced income associated with the pandemic led to increased stress and financial insecurity, which can escalate conflicts within households (Prime *et al*, 2020). This is particularly relevant for women, who are often more vulnerable to economic hardship and less likely to have access to financial resources. The rise in GBV incidents during the pandemic highlights the importance of addressing GBV as a public health issue. This includes providing support services for victims, such as hotlines, shelters, and counseling services. In addition, it is crucial to raise awareness of GBV and to break the stigma associated with reporting abuse.

Despite the increase in GBV incidents during the pandemic, it is important to note that the majority of GBV incidents still go unreported. This is due to a range of barriers, including fear of retaliation, lack of access to support services, and stigma associated with reporting abuse (Rapanyane, 2021). These barriers are likely to have been

exacerbated by the pandemic and quarantine measures, further limiting victims' ability to seek help. During the quarantines coupled with self-isolation and other restrictive measures in Kenya, gender based violence spiked in one and half months. Conspicuously, 52% of women girls reported being subjected to emotional violence, including verbal abuses and discrimination, and shockingly 57% were perpetrated by family members (Ngunjiri *et al.*, 2020). These statistics indicate a gloomy picture of the impact of quarantines on gender-based violence. Also, the stigma associated with quarantine caused more stress since when a person was quarantined at the beginning of the pandemic, people concluded that that individual was sick (Lohiniva *et al.*, 2021). Stigma pushed some to self-defense and on a mission to redeem themselves, which included using violent means to reassert their power, thus contributing to the increase in cases of GBV (Mittal & Singh, 2020).

When it comes to fighting disease, quarantine has been around since the 14th century. Medieval peoples could relate the onset of symptoms to the length of time. Back in 1377 AD, ships were quarantined for 30 days and land passengers for 40 days at the seaport of Ragusa to protect them from the plague (Paliga, 2020). There is evidence of quarantine going back to 532 AD, though. Since then, quarantine has been widely used to help contain the spread of infectious illnesses like influenza. According to Vahedi *et al.* (2021), with the proclamation of COVID-19 as a worldwide pandemic, there is a growing demand for governments to restrict the spread of the illness in the population. "As a result, most governments chose quarantine as an alternative in the absence of a vaccine or

effective treatment. As a result, people's day-to-day routines were drastically altered (Vahaedi *et al.*, 2021). Most of the work is done at home to maintain social distance.

The application of these measures is necessary for the protection of healthcare systems.

Many incidences of sexual assault at quarantine facilities was reported by those tasked with keeping the inmates safe, including those who were meant to guard them (Staff, 2020). Women, in particular, were said to have been targeted by officers who abused their position of power. Since they were isolated from the rest of society for the duration of their quarantine, these individuals were vulnerable and powerless, and they had no one to turn to for aid (Mewanu & Muthiani, 2021). Although Mbunge (2020) says that much as a coin has two faces, beneficial initiatives to combat COVID-19 have bad effects. The danger of losing one's work, economic vulnerability, and psychological health problems due to loneliness and uncertainty are only a few negative repercussions. The quarantine paradox refers to this situation. Pandemics and epidemics have historically weakened governments' ability to defend themselves. Coronavirus has caused a wide range of issues for the general public to deal with since its introduction. In the absence of a vaccine or effective cure, countries instituted quarantine measures to control the spread of this virus (Mittal & Singh, 2020). The effects of quarantines created a paradoxical social separation that encompasses difficulties like economic instability, mental health challenges, and social isolation.

The influence of COVID-19 has been studied; however, no studies looked at these difficulties from the standpoint of gender, despite this inadequacy of study. The

epidemic also raised the problem of increased violence against GBV victims. Gender-based violence has increased due to COVID-19, but it has also been cut off from its usual assistance networks (Vahaedi *et al.*, 2021). Because of the history of rise in GBV during pandemics, Covid-19 was not an exception. The quarantine enforced to cope with COVID-19 gave abusers more latitude, according to Capaso *et al.* (2021). According to many media outlets, domestic violence seems to be on the rise worldwide. Even while the general crime rate in Australia decreased by 5 percent, the incidence of domestic abuse climbed. Some domestic violence organizations in Australia expressed concern about using COVID-19 disinformation by offenders to control further and abuse domestic violence victims (Pfitzner *et al.*, 2020).

After the quarantine was imposed, China saw a three-fold spike in domestic violence cases. Domestic violence in the US rose by as much as 21% to 35% in certain states (Usher *et al.*, 2021). Even the United Kingdom is disturbed by the increase in domestic violence. The number of domestic homicides also went up significantly (Capaso *et al.*, 2021). According to Huq *et al.*, 2021, most Mumbai inhabitants do not have easy access to clean drinking water. Increased usage of hand washing and increasing summer heat have necessitated the demand for additional water in the home (Huq *et al.*, 2021). Many women are thus resorting to the shadowy underground water industry. In addition, women spend more time waiting for water and going to the market later at night, more likely to be subjected to sexual harassment and abuse (Lokot *et al.*, 2021). A 50% decline in calls to its hotline lines occurred despite a rise in incidences of gender-based violence. It's possible, that they're afraid of being found out at home by their offenders

(Lokot *et al.*, 2021). According to Capasso *et al.*, the quarantine enforced to cope with COVID-19 gave abusers more latitude. The abusers' access to victims' phones, the internet, and other individuals were restricted, making it simpler to implement control measures. In addition, Usher *et al.* (2021) pointed out that quarantines restrict access to known sources of assistance. Abuse victims may be afraid to seek treatment for their injuries at a hospital for fear of contacting COVID-19 (Pfitzer *et al.*, 2020).

Highlighting the dilemma of closure of institutions that handle cases of GBV, Pfitzer *et al.* (2020) argued that "with quarantine measures imposed and stress heightened, women and unemployed men are at increased risk of violence committed by their partners and family members, and essential support services are absent. Isolating individuals is necessary to keep the virus under control, yet, this may put those quarantined in danger from additional threats. One such danger is sexual and gender-based violence (SGBV), and it is known from the past crisis that restricted mobility and confinement increases the risk of GBV.

2.2.3 Limiting Public Access to Police Stations

The containment measures imposed by governments disrupted many aspects of GBV victims' lives, one of them being their access to justice. Notably, due to social distancing policies, there was limited access to police stations as law enforcement officers only dealt with a few specific cases due to the inability to implement social distancing in police stations (Mohler *et al.*, 2020). Police and other law enforcement had less time and personnel to respond to GBV incidents. The police were distracted by the Covid-19

pandemic whereby they had to redirect their efforts in enforcing containment measures, instead of responding to other cases such as those related to gender-based violence.

Furthermore, police officers were scared of contracting the diseases, thus maintained a distance and only attend to few clients, hampering the administration of justice (Justice, 2021). The unpreparedness by nations to counter a pandemic of such a scale meant that, frontline workers such as police officers, suffered the brunt of the pandemic, since at the beginning there was shortage of personal protective equipment. As a result, most police officers, opted to shun away from the public in order to protect themselves and their loved ones, since the government could not provide enough personal protective equipment (Jennings & Perez, 2020). This anxiety brought up by the fear of contracting the diseases substantially affected polices' ability to serve the populace. In studies conducted in the US on the impact of Covid-19 on policing, some police officers, felt that the government and their superiors were only interested in containing the diseases and not on their health and wellbeing.

Studies have shown that the limiting of public access to police stations reduced the number of GBV incidents reported (John *et al*, 2021). This is due to a range of factors, including the fear of exposure to the virus, lack of transportation, and reduced hours of operation. Furthermore, the limiting of public access to police stations reduced the opportunities for victims to seek help, as they are unable to access support services. One study conducted in South Africa found that the limiting of public access to police stations was associated with a reduction in the number of GBV cases reported (Ndaba *et al.*,

2020). This finding was supported by research in the United States, which reported a reduction in the number of domestic violence calls during the pandemic (Garcia-Moreno *et al.*, 2020).

The limiting of public access to police stations also had a significant impact on the response to GBV incidents. The closure of police stations reduced the availability of support services, such as hotlines and counseling services. This made it more difficult for victims to access help and reduced the ability of law enforcement to respond to GBV incidents (Justice, 2021). Despite the reduction in the number of GBV incidents reported, it is important to note that the majority of GBV incidents still go unreported. This is due to a range of barriers, including fear of retaliation, lack of access to support services, and stigma associated with reporting abuse (Mewanu & Muthiani, 2021). These barriers are likely to have been exacerbated by the pandemic and limiting public access to police stations, further limiting victims' ability to seek help. The pandemic significantly increased GBV incidents, making it more difficult for police officers to respond effectively.

One major challenge faced by police officers is the limited access to protective equipment, such as masks and gloves. This made it more difficult for police officers to respond to GBV incidents, as they were at increased risk of exposure to the virus (Sandrin & Simpson, 2022). Furthermore, the limited availability of personal protective equipment made it more difficult for police officers to provide appropriate care and support to victims. Another challenge faced by police officers during the pandemic is the

limited ability to carry out investigations (Jennings & Perez, 2020). The restrictions on movement and social distancing measures reduced the opportunities for police officers to interview witnesses, gather evidence, and conduct searches. This made it more difficult to build a strong case and prosecute offenders, reducing the effectiveness of the police response.

The limited availability of support services also posed a significant challenge for police officers responding to GBV incidents. Many support services, such as shelters, counseling services, and hotlines, were impacted by the pandemic, reducing the ability of victims to access help (Moreira & Da Costa, 2020). This made it more difficult for police officers to provide appropriate support to victims, reducing the effectiveness of their response. The limited availability of transport also posed a challenge for police officers responding to GBV incidents. The restrictions on movement made it more difficult for victims to access police stations and for police officers to attend incidents, reducing the speed and effectiveness of the police response (Speed *et al*, 2020).

Furthermore, studies carried out in the US showed that 83% of police reported to have had limited public access to their facilities (Boman & Gallupe, 2020). Consequently, a similar percentage of the police officers, noted to have reduced their use of community policing during the pandemic which led to reduction of community policing services by over 80% (Ekici, 2020). It is imperative to note that community policing always play a crucial role in addressing the gap that arises from the disparity between reported crimes and crime victim surveys due to unreported crimes. As a result of limiting public access

to police services, most victims failed to report their victimization and also it gave the opportunity for more victimization to be perpetrated notably, effects of police minimal engagement with the public include diminished understanding by police of the communities they serve, thus affecting their monitoring of criminal activities trends in the community.

Also, the minimal footprint of police in the community affected the relations between the police and the public. Pointedly, the hostility between the public and the police increased during the pandemic, thus making it difficult for victims to report their victimization and meant that most victims would not access justice due to the deteriorating relations between police and the public that normally arises (Blair *et al*, 2022). Notably, decongesting the police stations had an adverse effects on policing and administrative of justice process in general. For instance, in US research revealed that there was 78% reduction in police enforcement activities and 76% reduction of in-person responses to service calls (Ekici, 2020). Therefore, it is evident that policing services reduced to the public reduced exponentially, during Covid-19 pandemic, explaining why there was increased cases of victimization across communities. Also, another curious observation is that police officers globally were tasked with enforcing containment measures at expense of their daily policing duties. Thus, enforcement of the pandemic related rules, diverted the police from the main mandate of fighting crime, thus victims of crime such as GBV received little attention from the police (Mutahi & Wanjiru, 2021). For example, in Kenya, the National Council on Administration of Justice (NCAJ) reported an increase in cases of GBV constituting 35% of all crimes reported.

The NCAJ attributed this increase in GBV cases to the scaling down of arrests and policing activities as a containment measure to reduce the transmission of the diseases (Kimari, 2020). Notably, the enforcement of these rules, led to cases of police brutalities, further straining the relationship between the police and public. This meant that most victims, could not have a place to report their victimization due to the fear of being brutalized, curfew rules, movement restrictions and the diminished trust victims had on police due to challenges brought by the pandemic (Mewanu, & Muthiani, 2021). Also, limiting policing services as a containment measure, limited the police ability to respond to victim's needs such as enforcing restraining and protection orders against perpetrators of GBV or arrest the offenders thus exposing the victim to more victimization.

2.2.4 Closure of Face to Face Court Sessions

Another crucial party in the administration of justice that suffered due to Covid-19 containment measures is the courts. Courts all over the world were closed as a containment measure to curb the spread of the diseases. For instance in some countries courts remained closed for over four months with no exception made to GBV cases (Vasquez, 2021). In Kenya courts were closed by the Chief Justice, and ordered to shift the operations online for only few emergency cases, with no exception made for the GBV cases. Alternatively, the courts shifted to online, developing online platforms where cases would be filed, heard and determined (Mewanu & Muthiani, 2021). These virtual systems, proved crucial but not the extend that was before the pandemic. The virtual systems and e-filing system limited the number of cases addressed due to its challenges (John *et al*, 2021). It is worth noting that most victims could not access the online system

due to poor internet coverage across the country, the cost of using the services from internet service providers and even the technological illiteracy. Therefore, closure of courts as a containment measure made it difficult for most victims to access justice.

Notably, the scaling down of court activities as a containment measure had an adverse effects on victims of GBV. Specifically, GBV victims would limit victims from reporting, and filing applications for restraining orders, protection orders and even divorce from their abusive partners (Kimari, 2020). Also, it is worth noting that, limiting court activities, would encourage perpetrators to violate court orders since the courts capacity to sit and reassess the case and compel compliance had been hindered by the measures. Further effects of scaling down of court activities, included, backlog of cases and lengthy judicial process. These adverse effects meant that the likelihood of a victim to undergo secondary victimization is high (Viglione *et al*, 2022). Another that was affected by closure of courts was the lapse of protection and restraining orders. On a normal basis, this orders would be extended by courts after a hearing to determine its effectiveness and if there is still a need to do so. Therefore with closure of courts, there are no hearing sessions thus search orders may lapse and without hearing a victim may not be able to ask for extension of the orders, thus exposing them to victimization and revenge from the offender.

Furthermore, court closures had a negative impact on crime reporting since, it eliminated the opportunity for victims to register complains and report crimes. The shift towards virtual court systems during the COVID-19 pandemic resulted in an increase in gender-

based violence (GBV) cases and made it difficult for victims to access justice. The virtual court system faced several challenges in handling GBV cases, including lack of privacy and security, limited ability to effectively convey nonverbal cues, and reduced accountability for perpetrators (Cortis *et al*, 2021). One challenge faced by virtual court systems is the lack of privacy and security.

Remote technology used in virtual proceedings can be vulnerable to unauthorized access, cyber-crime, and hacking, potentially exposing sensitive information and putting victims at risk (De Angeli *et al*, 2023). Additionally, victims may be intimidated or discouraged from reporting GBV incidents due to concerns about their privacy and security. Another challenge faced by virtual court systems is the limited ability to effectively convey nonverbal cues, such as body language and facial expressions. This can impact the credibility of witness testimony, making it more difficult to build a strong case and prosecute perpetrators (Speed *et al*, 2020). Furthermore, virtual court proceedings may be less effective in creating a sense of accountability for perpetrators, reducing the deterrent effect and making it more difficult for victims to access justice.

Moreover, the impersonal nature of virtual court proceedings may also make it more difficult for victims to feel heard and supported, reducing their ability to access justice (Benson, 2022). With limited access to in-person support services, such as counseling and legal aid, victims may not receive the support they need to navigate the court system and obtain justice (Song & Legg, 2021). Consequently, closure of courts during the pandemic period led to many to resort to alternative dispute resolution mechanisms. For

instance studies revealed that some GBV victims sought some form of customary and informal justice arbitrations systems to resolve their issues (Vasquez, 2021). It is however, imperative to note that most of these alternative dispute resolution systems such as customary justice systems are skewed against some groups of victims such as women and children. Therefore, closures of courts ultimately affected the general administration of justice especially for the GBV victims. It is thus prudent to note that the closure of courts and limiting judicial proceedings as a containment measure increased the vulnerabilities of victims creating a window for more victimization.

Furthermore it is worth noting that courts are crucial in justice delivery for GBV victims and other victims of crime in that matter. Therefore, anything that limits its ability to deliver its mandate, has ripple effects that is felt across the justice system and beyond. Notably, closure of courts due to Covid-19 containment policies, curtailed delivery of justice to GBV victims. Some of the effects include, increase in backlog of cases, which is main cause for lengthy judicial and administrative proceedings (Al-Rantisi & Faraj, 2022). Consequently, lengthy judicial proceedings can be draining on the victim and has been linked to secondary victimization. Markedly, GBV victims are known to suffer more in lengthy court process due to the nature of their victimization, some being too traumatic to remember. Therefore, lengthy court processes due to restrictions occasioned by Covid-19 containment measures served as greatest obstacle to GBV victim's quest to access justice.

The closure of courts during the COVID-19 pandemic had a significant impact on the handling of gender-based violence (GBV) cases. This resulted in a backlog of cases,

causing delays in the processing and resolution of GBV cases (Speed *et al*, 2020). The delays in the legal system also hindered the ability of victims to obtain justice, as well as the ability of the police to effectively prosecute perpetrators. Another major challenge faced by the courts during the pandemic was the limited ability to hold in-person hearings and trials (Spillane, 2020). With social distancing measures in place, the use of remote technology, such as video conferencing, became increasingly prevalent. However, the use of remote technology posed several challenges, such as technical difficulties, security concerns, and the lack of access to technology for some participants (Baldwin *et al*, 2020). These challenges reduced the effectiveness of the court's response to GBV cases.

Another challenge faced by the courts during the pandemic was the limited availability of support services for victims. With many support services, such as counseling and legal aid, impacted by the pandemic, victims had reduced access to the resources they need to navigate the legal system (Turner, 2020). This made it more difficult for the courts to provide appropriate support to victims and reduced the effectiveness of the court's response to GBV cases. Furthermore, the limited availability of staff and resources also posed a significant challenge for the courts during the pandemic. With many staff members working from home or unable to attend work due to health concerns, the courts were stretched thin, making it more difficult to process cases efficiently and effectively (Baldwin *et al*, 2020). Other social distancing policies included closing down social places such as, churches, malls, schools, and banning social gatherings such as weddings, parties, and concerts. The places of worship were eventually reopened under strict regulations (Verani *et al*, 2020). The number of people attending the worship had to be

regulated, under strict measures such as taking temperature, hand washing, and sanitization had to be taken very seriously, all to curb the spread of Covid-19. Odo *et al.* (2018) state that accesses to basic services was restricted. All these measures led to unintended consequences, which include increase in cases of GBV.

During the pandemic's early stages, organizations that provided psychological and essential assistance to survivors ceased operations. Even the national hotline reduced its operating hours to enable its workers to comply with national government rules, such as curfew time, for its employees (Ahmed *et al.*, 2021). Victims of gender-based violence sought assistance from courts, police stations, counseling centers, and hospitals. Still, many could not do so due to curfew restrictions, or certain services were closed. Violence against women increased because the police were overworked and unable to protect them (Ahmed *et al.*, 2021). School closures had a significant social and financial implications for kids in all communities, especially for girls. The subsequent interruptions brought on by COVID-19 only widened the already-existing gaps in educational opportunities for women and girls (John *et al.*, 2021). Due to the pandemic-related school closings, girls are now more susceptible to different types of GBV and spend more time doing household duties. Many girls fell victim to teen pregnancies through rape and deceit by neighbors, friends, and even families. Data collections from worldwide featured a great increase in rape and teenage pregnancies.

In Kenya, 3,964 girls in one county alone that is Machakos County fell victim to teen pregnancies (Maundu, 2020). Other services, such as hotlines, crisis centers, shelters,

access to a lawyer, legal aid, and victim protection, are available in many countries but are often suspended or postponed (Ndulo, 2022). This hinders immediate judicial protection, for example, issuance of emergency or interim measures like protection and restraining orders, and leads to a backlog of cases of GBV, and in the long run, affects the effectiveness and quality of criminal justice responses to GBV.

2.3 Intersectionality of GBV Victim's Experiences

Intersectionality is a crucial concept in understanding the complex and diverse experiences of gender-based violence (GBV) victims. GBV is a pervasive problem that disproportionately affects women and girls. Still, the intersections of their social identities can significantly shape their experiences of violence and abuse and determine their access to support, justice, and protection.

Research has shown that the intersections of gender, race, class, sexuality, age, ability, and other social identities can impact GBV victims' experiences in complex and varied ways. For example, a study by Walby and Myhill (2016) found that women who are poor, racialized, and disabled women are more likely to experience multiple forms of GBV and face more significant barriers in seeking help and support. Similarly, a study by Kelly and Johnson (2013) found that lesbian, bisexual, and transgender women are more likely to experience violence and abuse and face unique challenges in accessing support and justice. The study also found that these women are often invisible in mainstream GBV research and services and are often marginalized and discriminated against within the LGBT community.

Other research has also highlighted the connections between GBV and other forms of oppression and discrimination. For example, a study by Hattery and Smith (2012) found that GBV is often linked to racism, homophobia, and ableism, and that victims who belong to marginalized and oppressed groups may face additional challenges and barriers in seeking help and support.

Gender-based violence (GBV) is a widespread and persistent problem affecting individuals and communities worldwide. The COVID-19 pandemic intensified this issue, as restrictions on movement and lockdowns led to an increase in domestic violence and other forms of GBV. In this essay, we will explore the ways in which gender has contributed to GBV during the COVID-19 pandemic.

First and foremost, the COVID-19 pandemic created a perfect storm for GBV to occur. The economic, social and psychological impacts of the pandemic are significant, leading to increased stress and anxiety in families and households (Alonzo *et al.*, 2022). The isolation and confinement caused by lockdowns also created a conducive environment for GBV to take place, as victims are often trapped in close proximity to their perpetrators with limited means of escape.

This resulted in a surge of GBV cases worldwide, particularly against women and children.

2.3.1 Gender

Gender-based norms and expectations also contributed to GBV during the COVID-19 pandemic (Mantler *et al.*, 2022). For instance, traditional gender roles and expectations around domestic responsibilities meant that women were disproportionately affected by

the pandemic. Women were forced to bear the burden of caring for their families and homes, while also working and dealing with the stress of the pandemic (Jasrotia & Meena, 2021). This resulted in increased stress, anxiety, and burnout, making women more vulnerable to GBV.

Moreover, gender-based inequalities in access to education and employment opportunities left women in a more precarious position. Women are more likely to be in low-wage, insecure, and essential jobs, which are often the first to be impacted by economic downturns (Kantamneni, 2020). The pandemic also disrupted women's access to education, as schools and universities were closed. These inequalities contributed to increased poverty and financial insecurity, making women more vulnerable to GBV.

Furthermore, these harmful gender norms can also be reinforced within their communities, making it more difficult for women and girls to access support and services to address GBV

The concept of intersectionality is evident in how different victims of gender-based violence are treated differently by society and their tormentors. Even though GBV does not discriminate based on gender, socioeconomic status, or religion, the organization discriminates on how they treat the victims. Pointedly, intersectionality results from socially constructed biases and stereotypes that influence how society perceives certain victims and survivors of gender-based Violence (Gill, 2018). The intersectional factors influencing the differential treatment include socioeconomic status, gender, gender identity, sexual orientation, age, disability, education level, religion, race, and (Agustin &

Lombardo, 2019). Scholar Kimberle Crenshaw developed the idea of intersectionality to describe the plight of African American women who were going through discrimination based on their race and gender (Barmaki, 2020). Notably, the intersectionality lens help to understand the role of power and privilege in society. Therefore, from an intersectional approach, an individual's position in the societal hierarchy plays a significant role in how they are treated.

The intersectional theory gained increased success over recent years in women's studies for its capacity to go beyond a simple binary approach to gender inequalities (Birchall, 2021). Intersectionality considers what occurs when multiple axes of inequalities enter in relation, so that gender should always be seen in interactive and complex relations with other factors, such as class, and age (Lokot *et al.*, 2021). Under this perspective, these structures of inequalities are crosscutting and mutually reinforcing systems of domination and subordination, which may construct multiple, uneven, and contradictory social patterns (Birchall, 2021). Gender-based violence costs some nations as much as 3.7 percent of their GDP. Although 35% of women worldwide are victims of sexual or physical abuse at the hands of a partner, our society does not treat victims of gender-based violence equally (Bingol & Yenilmez, 2020). In most cultures, discrimination makes it difficult for those affected by acts of violence because of gender to get the treatment and assistance they need to recover and move ahead.

Another factor that contributed to GBV during the COVID-19 pandemic is the underfunding and under-resourcing of GBV services. The pandemic has had a profound

impact on the funding and resources available to support GBV services, with many organizations struggling to continue their work (Thiara & Roy, 2022). This left victims with limited access to support and protection, making them more vulnerable to GBV.

The digital revolution also had a significant impact on GBV during the COVID-19 pandemic. The internet and social media provided new platforms for perpetrators to commit GBV, including cyberstalking, cyberbullying, and online harassment (Jatmiko *et al*, 2022). This made it easier for perpetrators to target victims, who are often isolated and vulnerable during the pandemic. Also worth noting is the lack of effective legal and policy frameworks to address GBV has contributed to the issue during the COVID-19 pandemic. In many countries, the legal and policy frameworks to address GBV are inadequate and inconsistent, making it difficult for victims to access support and protection (Yakubovich & Maki, 2022). The pandemic also made it more difficult for victims to access legal services and the criminal justice system, which left them with limited options to escape abuse.

2.3.2 Age

Age is a significant factor that contributed to the increase in gender-based violence (GBV) during the COVID-19 pandemic. GBV affects individuals of all ages, but the impact of the pandemic has been particularly severe for certain age groups. First and foremost, the pandemic has had a significant impact on older adults. The COVID-19 pandemic intensified existing age-related challenges, including social isolation, health problems, and financial insecurity. This has made older adults more vulnerable to GBV, particularly in the form of elder abuse (Ikram *et al*, 2020).

The isolation and confinement caused by lockdowns also created an environment that is conducive to GBV, making it more difficult for older adults to access support and protection.

Moreover, the pandemic has had a significant impact on children and youth. The closure of schools and universities disrupted children's education, while the increased economic and social stress resulted in increased stress and anxiety in families. This made children and youth more vulnerable to GBV, particularly in the form of child abuse and domestic violence (Onyango *et al*, 2019).

The lack of access to educational and social support systems has also made it more difficult for children and youth to access support and protection. Another factor that contributed to GBV during the COVID-19 pandemic is the increased economic stress and insecurity that has affected individuals of all ages. The pandemic resulted in widespread job losses and financial insecurity, which increased stress and anxiety in families and households (Clemente-Suarez, 2021). This created a conducive environment for GBV to occur, particularly in the form of domestic violence. Economic stress also made it more difficult for individuals to access support and protection services.

In addition, the COVID-19 pandemic disrupted the healthcare system, making it more difficult for individuals of all ages to access medical care. This resulted in increased stress and anxiety, particularly for those who are already dealing with health problems. The disruption to healthcare also made it more difficult for victims of GBV to access medical care and support, which increased their vulnerability to GBV (Roy *et al.*, 2022).

2.3.3 Marital Status

Marital status played a significant role in exacerbating GBV. In particular, the majority of GBV victims during the pandemic were abused by their spouses or intimate partners (Barbara *et al.*, 2022). Married individuals, particularly women, were particularly vulnerable to GBV during the pandemic. The increased economic stress and insecurity resulting from the pandemic resulted in increased stress and anxiety in families and households. This created a conducive environment for GBV to occur, particularly in the form of domestic violence (Dlamini, 2021). The isolation and confinement caused by lockdowns also made it more difficult for individuals to access support and protection.

In addition, the lack of access to support systems, such as friends and family, made it more difficult for married individuals to escape abuse (Lausi *et al.*, 2021). Individuals in a romantic relationship but not married were also affected by GBV during the pandemic. The increased stress and anxiety resulting from the pandemic made these individuals more vulnerable to violence from their partners. In addition, the isolation and confinement caused by lockdowns created an environment that is conducive to GBV, making it more difficult for these individuals to access support and protection (Nagashima-Hayashi *et al.*, 2022). Further, individuals who are single or divorced were also affected by GBV during the pandemic.

The increased economic stress and insecurity resulting from the pandemic resulted in increased stress and anxiety in households and families. This created a conducive environment for GBV to occur, particularly in the form of domestic violence. In addition, the isolation and confinement caused by lockdowns has made it more difficult for

individuals to access support and protection. The COVID-19 pandemic affected different aspects of society and the economy, including employment status and socio-economic status. These factors contributed to an increase in gender-based violence (GBV) globally.

2.3.4 Employment Status

Employment status has a significant impact on socio-economic status, and the pandemic caused widespread job losses and financial insecurity. The lockdowns and measures to control the spread of the virus led to the closure of many businesses, and many people lost their jobs (Kalogiannidis, 2020). This resulted in financial stress, which has, in turn, contributed to GBV. In households where the primary breadwinner lost their job, the economic stress and uncertainty can lead to an increase in domestic violence. The loss of income and lack of support can result in frustration and anger, which can be taken out on partners or children. The lack of financial resources can also make it difficult for survivors of GBV to escape abusive relationships and find safe shelter. The increased financial stress and uncertainty can also lead to an increase in child abuse, as caregivers struggle to provide for their families. In some cases, children may be forced to work or beg for food and money, making them vulnerable to abuse and exploitation.

The pandemic also created a situation where survivors of GBV are more isolated, making it harder for them to access support and services (Michaelsen *et al.*, 2022). The lockdowns and travel restrictions made it difficult for survivors to leave their homes, seek help, or access services. This exposed many survivors at greater risk of violence, as their abusers increased control over their movements and access to resources. Furthermore, the

increased stress and anxiety associated with the pandemic can also increase the risk of GBV. The stress of living in close quarters with family members and the uncertainty of the future can lead to increased conflict and violence in households (Leigh *et al.*, 2022). This can also exacerbate existing patterns of violence, as the abuser may become more controlling and abusive.

The pandemic also affected the delivery of services for survivors of GBV. The closure of shelters and reduction in staff made it harder for survivors to access support and resources. The reduction in funding for GBV services also impacted the delivery of services, leaving many survivors without access to the support they need (John *et al.*, 2021). Moreover, the pandemic created a situation where the police and other law enforcement agencies are overwhelmed and overworked. The increased demands on their resources made it harder for them to respond to GBV cases and provide support to survivors. This made it difficult for survivors to access justice and hold their abusers accountable for their actions.

Furthermore, the intersections of social identities also had an impact on the ways in which GBV is perceived, understood, and responded to by society. A study by Crenshaw (1991) found that GBV victims who are racialized and transgender are often blamed for the violence they experience, and that they face greater stigma and discrimination in seeking help and support. Studies have shown that those with low levels of education are more vulnerable to GBV during the pandemic (Bukuluki *et al.*, 2023).

2.3.5 Levels of Education

Women and girls with low levels of education often lack access to information and resources, such as healthcare services and legal support that can help them address GBV. Additionally, lower levels of education can lead to limited employment opportunities and financial dependence on partners, making it difficult for women to escape abusive situations (Usta *et al*, 2021). One of the ways in which education level contributes to GBV during the pandemic is through limited access to information (Ndlovu *et al.*, 2022). Education provides people with the knowledge and skills necessary to understand their rights, seek help, and protect themselves from violence. Women and girls with low levels of education may not have access to information about GBV and may not be able to identify abusive behavior as such. Furthermore, they may not have access to the resources and support services they need to escape abusive situations. Another factor is the impact of economic insecurity. Women with low levels of education are often more likely to work in insecure, low-wage jobs that are more vulnerable to layoffs and other forms of economic insecurity (Mohring *et al.*, 2021). This can lead to financial dependence on partners, making it difficult for women to escape abusive situations.

The Covid-19 pandemic only exacerbated this issue, as many people lost their jobs and face financial insecurity. Women and girls with low levels of education are particularly vulnerable to this as they may not have the skills or resources to find alternative employment (Hill & Narayan, 2020). Therefore, low levels of education can also contribute to harmful gender norms and attitudes. Education helps to challenge harmful gender norms and attitudes that perpetuate violence against women and girls. Women and girls with low levels of education may be more likely to internalize harmful gender norms, making it more difficult for them to identify and address GBV (Chan & Lam,

2023). Social isolation led to a lack of social involvement for victims who were already vulnerable to sexual assault due to their heightened vulnerability. Women's empowerment and disability inclusion policies should take an intersectional approach, according to the authors, to effectively address the unique challenges faced by women with disabilities. 30% of females in Western Africa and 25% in eastern Africa faced more significant levels of gender violence, according to a sub-regional study conducted in Sub-Saharan Africa (Muluneh *et al.*, 2020). In South Africa, a violent culture that prioritizes racial and socioeconomic injustice above gender equality has been firmly established by racist and classist historical processes (Heise *et al.*, 2019). He adds that women were subjugated, and South Africa had already created patriarchal cultural practices even before the whites came.

It shows no sign of abating during the Covid-19 period. This situation continues to be exacerbated by the contradictions in the South African government's policies on gender, which make gender-based violence persistent. Instead of concentrating only on gender norms, the author suggests that a more inclusive approach should be used in South Africa to address gender-based violence, including changes in government policies on gender-based violence. Teenage girls are particularly vulnerable to gender-based violence because of their age, gender and lack of income. These risk factors put them at an elevated risk already heightened by other variables such as lack of exposure, being overlooked by child protection and gender-based violence organizations since they aren't included in the planning and assessment process (Dlamini, 2021). Violence against women is estimated to cost the world economy an estimated US\$1.5 trillion, which is

about equal to the whole size of the Canadian economy (Bingol & Yenilmez, 2020). Therefore, the literature on intersectionality and GBV highlights the need to recognize and address the intersections of social identities in research, policy, and practice. By recognizing and addressing the complex and diverse experiences of GBV victims, we can create more inclusive and effective strategies to prevent and respond to GBV, and to promote gender equality.

Rieger *et al.* (2022), in their study on the impact of the Covid-19 pandemic on gender-based violence in the United States, explore the concept of intersectionality in responses to GBV by the government. They focus on how intersectionality influences how the government responds to different identities and groups who are victims of GBV. The study does not dwell much on the intersectionality factors and how these factors increased the risk of the minorities and vulnerable groups at higher risk of experiencing GBV during the pandemic. The victim's voice in their study is passive and only discussed as a member of society, not at an individual level.

2.4 Interventions for GBV

The Covid-19 pandemic has had a profound impact on the lives of people around the world. One area that has been particularly affected is gender-based violence (GBV). The lockdown measures put in place to prevent the spread of the virus led to an increase in domestic violence, as victims are isolated with their abusers. In addition, the economic downturn caused by the pandemic has put additional strain on relationships, leading to increased violence (Smyth *et al.*, 2021). In response to this situation, a number of

interventions were put in place to address GBV during the pandemic. One of the main interventions has been the provision of support services for victims. This can include hotlines and online support services, as well as safe houses and shelters (Voth Schrag *et al.*, 2022). These services were crucial in providing victims with the support they need to escape violent situations and rebuild their lives. From the victims' viewpoint, these services were a lifeline, helping them escape violence and rebuild their lives.

Another key intervention has been the implementation of laws and policies to protect victims of GBV. This can include laws that provide for stricter penalties for perpetrators of GBV, as well as policies that support victims and provide them with the resources they need to rebuild their lives (Bates & Douglas, 2020). While it is great to see support services in action, there is need to check if legal changes are really making a difference in victims' lives which the study by Bates & Douglas (2020) failed to address.

For example, some countries introduced emergency measures to provide temporary housing and financial support to victims of GBV during the pandemic. In addition to these interventions, there has also been a focus on raising awareness about GBV and its prevalence during the pandemic (Kahan *et al.*, 2020). Despite the focus on raising awareness, there is no clarity if these efforts actually helped victims and if they understood it and put it to use. This can include public campaigns and educational initiatives that aim to educate people about the signs of GBV and how to seek help if they are in a violent situation. For example, some organizations launched social media campaigns to raise awareness about GBV and to provide information on where to seek

help. GBV increased as a result of the lockdowns and social distancing measures, leading to greater confinement and isolation in households. In response, governments across the world implemented various interventions aimed at addressing GBV during the pandemic. These interventions can be broadly classified into three categories: legal and policy interventions, support and services interventions, and awareness and prevention interventions.

2.4.1 Victim's Perspectives on Laws and Policies

Legal and policy interventions aim to improve the legal and policy framework for addressing GBV (Rieger *et al.*, 2022). For example, some governments enacted new laws and policies that provide greater protection for victims of GBV, such as hotlines, restraining orders, and fast-tracked court proceedings. These interventions, sounds good on paper, but there is a bigger problem, when it comes to implementation and if it address the specific victim's needs. These legal and policy interventions help to ensure that victims of GBV have access to justice and support, and that perpetrators are held accountable for their actions (Abreham, 2021). Support and services interventions aim to provide victims of GBV with the support and services they need to escape abusive situations and rebuild their lives. The study by Abraham (2021), stops at identifying and discussing these legal and policy interventions, but they did not fill the gap, of getting the victims views if indeed the policies protected victims in real life. Therefore, there is need to make sure the laws are really helping victims and not just on paper.

Governments also implemented measures to ensure that these services are accessible to victims of GBV, including by increasing funding and staffing, and by providing training

and resources to service providers. This can include services such as hotlines, shelters, legal aid, and counseling (Nduna & Tshona, 2020).

2.4.2 Mobile Services

Additionally, some governments implemented measures to ensure that these services are accessible to victims of GBV in remote and rural areas, such as mobile services and telemedicine (Andraszak *et al.*, 2023). Awareness and prevention interventions aim to raise awareness about GBV and to prevent it from occurring in the first place. This can include public education campaigns, community outreach programs, and school-based education programs (Fairbairn, 2022). Governments also implemented measures to ensure that these interventions are culturally sensitive and reach diverse populations, including women and girls from marginalized communities. Making services accessible is good, but there is need to make sure they're easy to use and really help victims, no matter where they are. Additionally, governments implemented measures to ensure that these interventions are evidence-based and have been shown to be effective in reducing GBV.

2.4.3 Taskforces and Committees

In addition to these specific interventions, governments also implemented measures to coordinate their efforts to address GBV during the pandemic. For example, some governments established national task forces or committees to coordinate efforts to address GBV, including by sharing information and resources, and by developing and implementing comprehensive strategies (Vahedi *et al.*, 2022). Additionally, governments also worked with international organizations and NGOs to address GBV during the pandemic, including by providing funding and technical support. Warning systems and

hotlines played a critical role in addressing gender-based violence (GBV) during the Covid-19 pandemic across the world (Vahedi *et al.*, 2022). The lockdowns and social distancing measures imposed as a result of the pandemic led to a significant increase in GBV, making it crucial for victims to have access to support and resources. Warning systems and hotlines provide a critical line of communication between victims and the authorities, enabling victims to report abuse and access help when they need it. Keeping these systems working and helpful is a must. There is need to always check if they are doing what they are supposed to do for victims.

2.4.5 Warning Systems and Hotlines

Warning systems and hotlines can take different forms, but their fundamental purpose is to provide a way for victims to communicate with the authorities. For example, some countries implemented SMS or mobile phone-based warning systems that allow victims to send a message to a designated number to request help (Garcia & Ferraa, 2022). The message is then automatically forwarded to the relevant authorities, who respond quickly to provide support and assistance.

In some cases, the systems are integrated with existing emergency services, such as the police or the ambulance service, resulting in a rapid and coordinated response. Hotlines serve a similar purpose by providing a voice communication between victims and the authorities. In many countries, hotlines are staffed by trained professionals who offer support, advice, and referrals to other services as needed (Nabukeera, 2021). For example, some hotlines offer counseling services, while others refer victims to shelters or

other safe spaces. In some countries, hotlines are also linked to the legal system, allowing victims to report abuse and access legal aid.

In addition to providing a means of communication, warning systems and hotlines play a crucial role in raising awareness about GBV and reducing stigma. By providing a confidential and accessible means of reporting abuse, they encourage victims to come forward and seek help, especially in situations where victims may be reluctant to report abuse due to fear of retaliation or cultural or societal norms that stigmatize victims of GBV (Speed *et al.*, 2020). Moreover, warning systems and hotlines also provide valuable data and information about the incidence of GBV. By collecting data on the number and type of incidents reported, authorities can better understand the nature and extent of GBV and develop more effective strategies for addressing it (Heslop *et al.*, 2019). The data can also be used to track trends over time, allowing authorities to respond proactively to changes in the incidence of GBV.

Since restrictive measures limit access to gender-based services, governments need to create ways of reaching out to GBV victims. In Kenya, the government responded to the rising cases of GBV by partnering with Health Assistance Kenya (HAK) to manage a hotline for GBV victims. The hotline is free and linked with local health facilities, rescue centers, legal aid, and law enforcement officers. This service is operated 24 hours seven days to ensure that GBV victims are attended to on time for their safety (State Department of Gender, 2021). Furthermore, the government and its partners launched a mobile application platform named "Komesha Dhuluma" to bring gendered services close to victims during lockdowns and quarantines. The app also gives the victims emergency tips on what to do if they experience gender-based Violence (State Department for

Gender, 2021). This is necessitated by the fact that in-person support was not viable due to the containment measures. However, the accessibility of these services to GBV victims is a question for research to obtain the victim's perspective if the intervention had any significant impact on addressing their problem.

Governments worldwide implemented various warning systems and hotlines in response to GBV. In some cases, these hotlines are staffed by specialized organizations, such as NGOs or women's organizations, while in others they are staffed by the police or other government agencies (Jassal, 2020). Some countries established national hotlines, while others established regional or local hotlines, based on their needs and available resources. Pandemics always force governments to rethink their priorities; when Covid-19 came, governments went into a frenzy by suspending all non-essential programs and redirecting all the resources to contain the diseases (John *et al.*, 2020). Elsewhere, France even went further by setting up warning systems at public places such as grocery stores and pharmacies to enable victims to alert authorities without the perpetrator's knowing (Mittal & Singh, 2020). Additionally, governments like Australia issued guidelines on how to support those affected by GBV (Mittal & Singh, 2020). In USA, Survivors of domestic abuse were to get assistance by texting the National Domestic Violence Hotline (Raftery *et al.*, 2022). Cloud-based technologies and online court processes were used in Beijing to address allegations of gender-based violence.

Gendered Programs

In Kenya, the suspension of essential gendered programs such as community rescue centers, awareness campaigns, women empowerment forums, schools, and religious

gatherings will increase female genital mutilation by 2 million and spike child marriages by over 13 million in the next ten years (Stevens *et al.*, 2021). Therefore, it is clear that more has to be done to tackle gender-based violence in society because it will be catastrophic if left not attended to.

Nevertheless, the effectiveness of these intervention measures in countering GBV is a grey area that should be explored further. GBV is one of the topics that people discuss in hush tones for fear of stigma and even victimization. However, all stakeholders must accept that it exists and is causing more harm if not attended to. Research has shown that asking people if they are safe can allow the victims to open up; however, this needs resources in terms of personnel and time (Mittal & Singh, 2020).

Some of the government suspended programs included gender-based services that were used to attend to GBV victims. By banning social gatherings and restricting movements through lockdowns, quarantines, and curfews, gender-based services such as shelters and social support groups were shut down (John *et al.*, 2021). Also, movement restrictions meant that victims would not access the needed gender-based services from hospitals, courts, police stations, and other government offices and non-governmental organizations.

Rescue Centers

Rescue centers and shelters, as well as gendered legislations, were key in addressing gender-based violence (GBV) during the Covid-19 pandemic across the world. The lockdowns and social distancing measures imposed as a result of the pandemic led to a significant increase in GBV, making it crucial for victims to have access to safe and

secure places to escape abuse and to receive support and resources. Rescue centers and shelters provide a critical first line of support for victims of GBV. These centers provide a safe and secure space for victims to escape abuse, receive medical attention and counseling, and access legal aid and other resources (Markan *et al.*, 2022). In many countries, these centers are staffed by trained professionals, such as psychologists and social workers, who provide support and assistance to victims, helping them to rebuild their lives and regain their independence.

In addition to providing a safe space, rescue centers and shelters also play an important role in raising awareness about GBV. By providing a place for victims to share their experiences and receive support, they help break down the stigma surrounding GBV and encourage more victims to come forward and seek help (Series, 2022). Moreover, the data collected by rescue centers and shelters provide valuable information about the nature and extent of GBV, allowing authorities to develop more effective strategies for addressing it. Gendered legislations, such as laws against domestic violence and sexual harassment, is critical in addressing GBV during the pandemic. By criminalizing GBV and providing legal remedies for victims, these laws help to hold perpetrators accountable for their actions and provide a deterrent against future abuse (Guidorzi, 2020). In many countries, these laws were strengthened or amended in response to the pandemic, recognizing the unique challenges posed by the lockdowns and social distancing measures.

For example, some countries introduced laws addressing domestic violence during the pandemic, providing increased support and resources for victims. These laws often

include provisions for emergency protection orders, temporary restraining orders, and other measures designed to protect victims and hold perpetrators accountable (Brink *et al.*, 2021). In some cases, these laws also provide enhanced sentences for perpetrators, recognizing the severity of abuse during the pandemic. To address the increasing backlog of cases due to the closure of courtroom sessions, the Kenyan judiciary rolled out a virtual system to ensure that the hearing of cases would proceed despite the lockdowns (Muigua, 2021). The judiciary rolled out the e-filing system where cases would be filed remotely on their e-filing platform, and the courts would receive the cases and schedule a virtual hearing (Vidija, 2021). All these were meant to ease access to justice in the face of a pandemic.

An Indian study found that the government's reaction to the GBV issue during COVID-19 was tragically insufficient, according to Roy *et al.* (2021). Non-profit groups intended to make protection officers more accessible to domestic abuse victims by displaying the phone numbers of these officers outside their buildings. Roy *et al.* (2021) expressed a worry about the lack of urgency regarding domestic abuse situations under lockdown. Helplines lose their usefulness if they are just captured as data and not utilized. The National Commission of Women (NCW), India, and NGOs such as Jagori put up a list of support services for women in India.

Other interventions included publicizing support services and resources, such as making the hotline lines operable and supporting nonprofit organizations helping gender-based violence victims. Additionally, mechanisms were established to assist GBV victims by

establishing a network of attorneys who could provide legal guidance to abused women over the phone. Protection services were essential in addressing gender-based violence (GBV) during the Covid-19 pandemic across the world (Khanlou *et al.*, 2022). With lockdowns and social distancing measures leading to a significant increase in GBV, victims need access to services that can help them escape abuse and receive support and resources.

2.4.6 Protection Services

Protection services include a range of measures designed to keep victims safe, such as hotlines, helplines, emergency shelters, and escort services. These services provide critical support and resources for victims, allowing them to escape abuse, receive medical attention and counseling, and access legal aid and other resources (Sapire *et al.*, 2022). Hotlines and helplines are among the most essential protection services available to victims of GBV. These services provide a confidential and accessible way for victims to report abuse and seek help.

In many countries, these services are staffed by trained professionals, such as psychologists and social workers, who provide support, advice, and referrals to other services. Hotlines and helplines also provide valuable data about the nature and extent of GBV, which can be used to inform policy and program development. Emergency shelters are also essential in addressing GBV during the pandemic. These shelters provide a safe and secure space for victims to escape abuse and receive support and resources (Peterman *et al.*, 2020). In many countries, emergency shelters are staffed by trained professionals who provide medical attention, counseling, and legal aid to victims.

The data collected by emergency shelters can also be used to inform policy and program development, helping to ensure that victims receive the support they need to escape abuse and rebuild their lives (Vahedi *et al.*, 2022). Escort services, such as transportation to shelters or court appearances, are also important in addressing GBV during the pandemic. These services provide victims with a safe and secure way to escape abuse and receive support, without having to navigate dangerous or potentially abusive environments (Sower & Alexander, 2021). In addition to these direct protection services, governments worldwide also put measures designed to prevent GBV during the pandemic. For example, many countries introduced public awareness campaigns and education programs aimed at raising awareness about GBV and encouraging victims to come forward and seek help. Governments also increased funding for GBV-related services, such as hotlines and shelters, to ensure victims can access the support and resources they need.

These measures were meant to breach the gap occasioned by Covid-19 containment measures. Besides, some governments invested in social support systems, especially mitigation measures that cushion their citizens from the economic crisis. Loss of income generates enough stress, leading to an increase in GBV cases (Murbula *et al.*, 2021). Other interventions to help GBV victims include some governments setting aside funds for protection and erecting shelters during the pandemic. Interventions included strengthening legislation to address the menace (Peterson, 2016). Overall, the research on interventions for GBV during the Covid-19 pandemic has shown that a combination of

support services, legal protections, and awareness-raising efforts is needed to address this issue effectively.

While progress has been made, there is still much work to be done to ensure that all victims of GBV receive the support they need during these challenging times. Dlamini (2021), in her study, on gender-based violence as a twin pandemic to Covid-19, reiterates the need for contingent interventions to address gender-based violence. She argues that the intersection of social identities of vulnerabilities makes certain groups of victims more vulnerable than others and thus needs special attention to eradicate inequality. However, her study focuses on general intervention areas such as access to justice for victims and urgent response to victims. The problem with general interventions is that it only offers blanket solutions but does not directly address the unique needs of victims of GBV. There is a gap in the literature exploring interventions that address the unique needs of victims, other than general interventions that have proved ineffective over time.

2.5 Theoretical Framework

The theoretical framework is the structure that can hold or support a theory of a research study (Jaison, 2018). The theoretical framework in this study introduces and describes the theory that will guide this study. This study used two theories; routine activity and the Intersectionality Theory.

2.5.1 Routine Activity Theory

Routine Activity Theory, advocated by Marcus Felson and Lawrence E. Cohen, derived their explanations of criminality from people's daily lifestyles and behaviors. The routine activity theory is a criminological theory that explains crime and deviance due to the

convergence of three elements: a motivated offender, a suitable target, and the absence of a capable guardian. In the case of gender-based violence (GBV), this theory explains the conditions that make it more likely for GBV to occur. According to the routine activity theory, a motivated offender has the intention and desire to commit a crime. In the case of GBV, the motivated offender is typically a person who holds views and beliefs supporting violence against vulnerable victims such as women, children, vulnerable men and the elderly. These views and beliefs may result from socialization, cultural norms, or individual experiences.

According to the routine activity theory, a suitable target is a person or object that is vulnerable to the crime being committed. In the case of GBV, a suitable target is typically a woman, man or child perceived as weak, vulnerable, or submissive and who is exposed to GBV. This can include women, men or a child who is isolated, dependent on their abusers, or have limited access to support or resources. According to the routine activity theory, the absence of a capable guardian is the third element necessary for a crime to occur. In the case of GBV, a capable guardian can be thought of as someone who is able to prevent the crime from happening. This can include family members, friends, or members of the community who are aware of the situation and are able to intervene to protect the victim. Furthermore, the theory blames the routines and lifestyles of some people for making them susceptible to victimization (Sween & Reynolds, 2017). Therefore, any change in routine may expose some people to being victimized or experiencing GBV.

It is worth noting that Covid-19 containment measures disrupted people's daily routine, thus creating opportunities for victimization and engaging in criminal activities. On suitable targets, they postulate that the vulnerability and accessibility of the marks to the perpetrators increase the chances of crime occurring. This explains why GBV cases involving women and children spiked during the Covid-19 period since women and children were at home close to the offenders. During the pandemic, most parents were reported to go out to look for an income to support their families, leaving their children on their own. This meant that school-going children at home, due to school closures, were susceptible to sexual abuse by their neighbors or even relatives.

Also, the limited presence of police in the community, limited accessibility to police stations, and closing courts to curtail the spread of the diseases are equivalent to the absence of a capable guardian in the community, thus exacerbating the plight of GBV victims. Therefore, according to routine activity theory, the spike in GBV cases during the pandemic was due to social and economic disruption caused by the containment measures and the absence of capable guardians in the communities due to the restrictive nature of the containment measures.

In summary, the routine activity theory suggests that GBV is more likely to occur when a motivated offender, a suitable target, and the absence of a capable guardian converge. This theory can help to explain why GBV is so prevalent in certain circumstances like the pandemic and can provide a framework for understanding the conditions that make GBV more likely to occur. This theory spoke to the first of the study where it explains how

various Covid-19 containment measures, generated risk factors, which made victims vulnerable. Additionally, the interruptions Covid-19 containment measures had on the society, interfered with abilities of capable guardians and socioeconomic well beings of victims which led to the spike in GBV. Although the theory was useful in understanding the spike of GBV during the pandemic, it had limitations as it did not fully capture the complexity of the issue, particularly the intersectionality of victim experiences. Thus the study adopted the intersectionality theory to help understand fully intersectionality of experiences of victims during the pandemic.

2.5.2 The Intersectionality Theory

Intersectionality theory is a theory that suggests that different forms of oppression and discrimination (e.g. racism, sexism, homophobia, etc.) intersect with each other to create unique experiences of oppression and discrimination. . The theory and concept of intersectionality were coined and popularized by Scholar Kimberlee Crenshaw, who argued that everyone has unique experiences of discrimination and oppression (Bruey, 2021). The racialized experiences of the minority ethnic women in the US inspired Professor Crenshaw. The term intersectionality explains how power and privilege interlock and intersect, which can empower and oppress. In the case of gender-based violence (GBV) during the COVID-19 pandemic, intersectionality theory can be used to understand how different forms of oppression and discrimination may interact to create unique experiences of GBV.

In the context of gender-based violence (GBV), Intersectionality Theory can help to explain why some individuals may be at a higher risk of experiencing GBV and why some forms of GBV may be more prevalent in certain communities. For example, a woman who is Black, low-income, and lesbian may face unique forms of discrimination and disadvantage that increase her risk of experiencing GBV, such as heightened stigma and isolation, a lack of access to safe housing and resources, and a lack of social and community support. The Intersectionality Theory can also help to explain why some individuals may experience barriers to accessing help and support in the aftermath of GBV. For example, a woman who is an immigrant, low-income, and speaks limited English may face language barriers, cultural stigma, and a lack of access to resources and services that make it difficult for her to access help and support.

According to intersectionality theory, GBV during the pandemic will disproportionately affect marginalized and vulnerable groups. For example, women of color, transgender women, and women living in poverty may be at higher risk of GBV during the pandemic due to their intersecting identities and experiences of oppression. These women may be more likely to be isolated from their abusers, have limited access to support services, and face additional challenges in escaping violent situations.

In addition, intersectionality theory suggests that GBV during the pandemic is likely to be shaped by other forms of oppression and discrimination. For example, women who are immigrants or refugees may face additional barriers in accessing support services due to their immigration status, language barriers, or lack of familiarity with the legal system.

Transgender women may face discrimination and stigma when seeking help, making them less likely to report GBV or seek support.

Intersectionality theory explains how heterogeneous members face different experiences depending on their unique characteristics such as gender, class, weight, physical appearance, race, age, sexual orientation, and disability (Bond, 2021). These unique factors combine to create different modes of discrimination and privilege. They are factors of advantage and disadvantage.

Intersectionality theory explains points out the importance of social location, identity factors and how these two major factors correlate to create and experience of its own (Rieger *et al.*, 2022). It is these factors that increase the risk of an individual experiencing gender based violence. The theory, helps explain, why particular individuals report more experiences of GBV, than others. For instance, black people in USA, report more cases of GBV due to the interlocking forces of sexism and racism combined with system of oppression (Rieger *et al.*, 2022). Further, the intersectionality lens explains the different experiences victims of GBV went through during the pandemic (Bettinger-Lopez, 2022). It also describes how different places contribute to different experiences for victims of gender-based violence. For instance, career women may receive different experiences compared to house wives. Additionally, women of different social classes do not go through the same experiences even when they share the same sexual orientation and locality. That is why women, men, and children from low-income neighborhoods were more vulnerable to GBV. Therefore this theory speaks to the study's second objective, which seeks to view the experiences of gender-based violence from an intersectionality

lens. It also helps to understand the diversity in victims' experiences, forming the foundation of the multi-faceted response to gender-based violence instead of one size fits all interventions. The theory also addresses the third objective of the study, which explores the impact of size fits all interventions put in place to address the spike in GBV during the pandemic and fronts the need to employ intersectionality in combating GBV.

These theories complement each other in explaining the effects of COVID-19 containment measures on gender-based violence (GBV). The Routine Activity Theory explains how disruptions in daily routines caused by the pandemic created opportunities for victimization and increased GBV. It highlights the importance of motivated offenders, suitable targets, and the absence of capable guardians in influencing GBV occurrences. On the other hand, the Intersectionality Theory elucidates how various forms of oppression and discrimination intersected during the pandemic, leading to unique experiences of GBV for marginalized and vulnerable groups. It reveals how individuals with intersecting identities faced different barriers in accessing help and support. Together, these theories provide a comprehensive understanding of the complexities surrounding GBV during COVID-19, guiding more effective and targeted interventions.

2.6 Conceptual Framework

The conceptual framework illustrates the intricate relationships among independent variables, dependent variables, and intervening variables, shedding light on the factors contributing to the surge in Gender-Based Violence (GBV) cases during the Covid-19 period. The independent variables encompass Covid-19 containment measures such as lockdowns, quarantines, and social distancing policies, as well as intersectionality factors

such as gender, age, and class, and employment status, level of education and marital status. These variables collectively influence the dependent variables, which encompass a range of GBV victim experiences, including sexual violence, physical violence, emotional violence, child marriages, intimate partner violence, and psychological violence.

Moreover, the presence of intervening variables like job loss, loss of income, and government policies further exacerbate the impact of the independent variables on the dependent variables. To mitigate the adverse effects, GBV interventions, including gendered legislations, hotlines, shelters, protection services, and warning systems, are crucial in addressing and preventing GBV incidents. Understanding these complex interactions enables a comprehensive understanding of how the independent variables shape the dependent variables, thus providing a foundation for designing targeted strategies and policies to combat GBV effectively during pandemics like the Covid-19 pandemic.

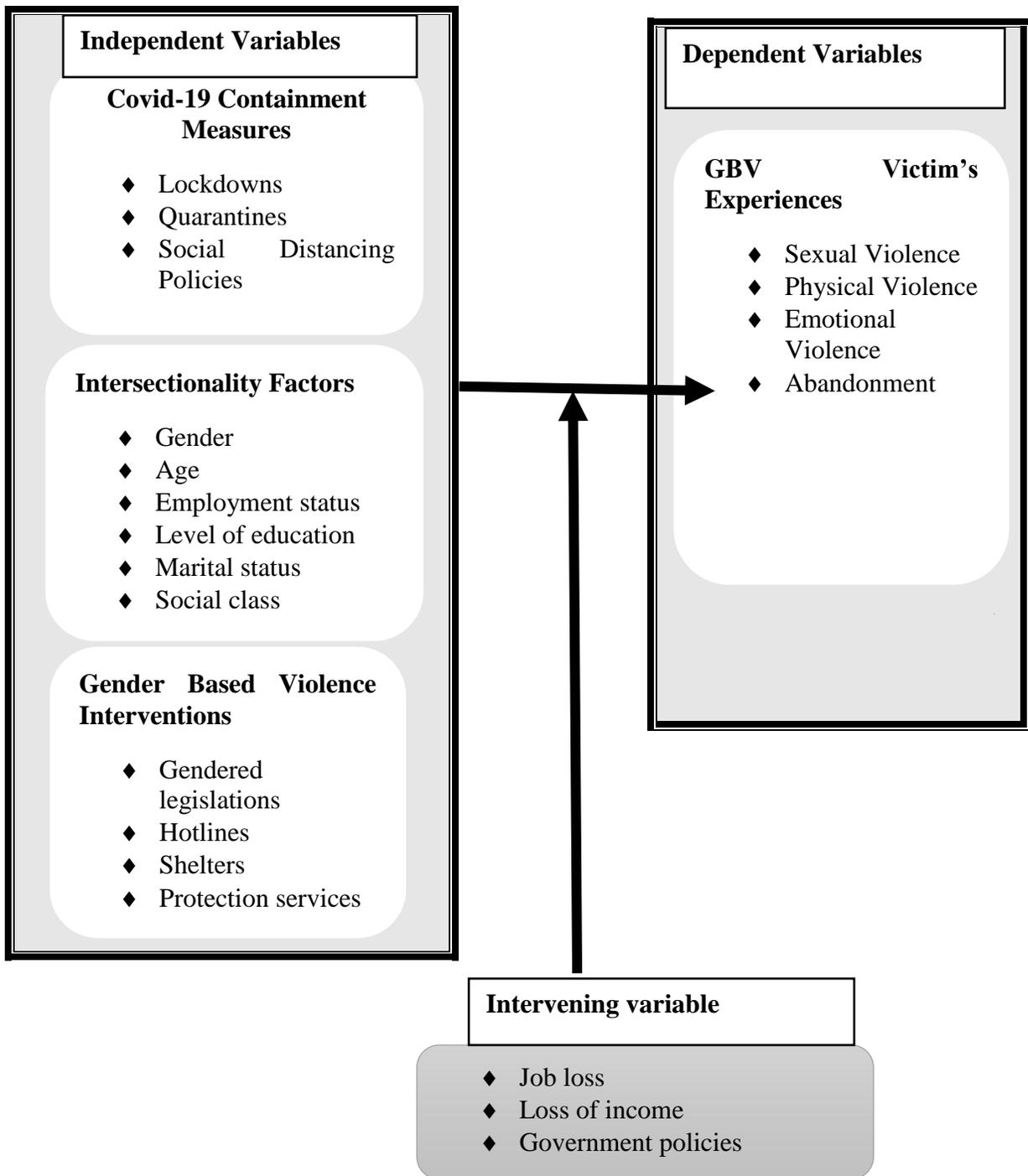


Fig. 2.1: Conceptual framework model showing Interaction of variables

2.7 Chapter Summary

The chapter presented a comprehensive literature review on the effects of lockdowns and quarantines on gender-based violence (GBV) during the Covid-19 pandemic. It examined the impact of lockdowns and quarantines on the occurrence of GBV, including the increase in cases due to limited public access to police stations and the closure of face-to-face court sessions. The chapter also explored the intersectional experiences of GBV victims during the pandemic. Additionally, it reviewed the interventions implemented to address the spike in GBV cases, providing insights into effective strategies. The chapter concluded with a theoretical framework that incorporated the Routine Activity theory and intersectionality theory to understand the dynamics of how Covid-19 containment measures contributed to the increase in GBV cases. Furthermore, a conceptual framework is presented, outlining the relationships between the independent and dependent variables and the intervening variables. The literature review provided a solid foundation for the subsequent chapters and contributed to a deeper understanding of the research topic.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter encompasses research design, study site, target population, sampling and sample size, data collection procedures and data analysis, ethical concerns and limitations/delimitations of the study. The chapter explored each in detail and explains how it guided the study.

3.2 Research Design

Research design is a blueprint of the research process as it ensures that the researcher addresses the research problem comprehensively. Notably, a research design integrates all the other logical data collection and analysis. It provides an insight into the methodology and how it will serve the research objectives. This research adopted a mixed method research design since it was the most appropriate for this study. The design is appropriate for this study as it combines elements of quantitative research and qualitative research in order to address and answer the research questions (Wilkes *et al.*, 2021).

To address the objectives, a mixed methods research design was implemented to examine the impact of Covid-19 containment measures on gender-based violence in Kakamega Central Sub-County. Open ended questions, were employed to capture the nuanced perspectives of victims, and complemented by closed ended quantitative questions to quantify the effects of Covid-19 containment measures. The exploration of intersectionality in victims' experiences during the pandemic necessitated a predominantly qualitative approach, revealing the interplay of various influencing

intersectionality factors. In evaluating interventions for the third objective, a combination of open ended questions and closed ended questions was utilized to assess the effectiveness of existing measures.

This research design allows for a comprehensive understanding of the topic, incorporating both statistical analysis and in-depth exploration of individual experiences. This design is also crucial because, the research questions cannot be sufficiently answered by only qualitative or quantitative data. The design also offered the generalizability and credibility the research required. Therefore, it enabled the researcher to put the findings into context and offer a detailed conclusion on the effects of Covid-19 containment measures on Gender based violence.

3.3 Study Site

The study site for this study was Kakamega Central, a Sub County within Kakamega County, Kenya. Kakamega Central Sub-County is the second most populous Sub County in Kakamega, 188,212 (KNBS, 2019). The sub-county is divided into two administrative units, Lurambi and Municipality. According to the KNBS 2019 census, Lurambi has 81,930 residents, and Municipality has 106,282 residents (KNBS, 2020). Therefore, being the second most populous sub-county in Kakamega and its richness in diversity and demographics, Kakamega Central was an ideal study site for this research to produce more accurate results. Additionally, the county was ranked among the leading counties that registered a drastic spike in GBV cases during the pandemic (Ministry of Public Service and Gender, 2021).

3.4 Target Population

In research, the target population is the group of individuals or objects that the study is intended to represent (Barnes & Forde, 2021). This group is the primary focus of the research and the results of the study are expected to be applicable to the target population. The target population is an important concept in research because it determines the scope and generalizability of the study (Davies & Francis, 2018). The study's target population was 835 who were victims of GBV in Kakamega Central Sub-county, and were sourced from Kakamega County General Hospital rescue center. Also the rescue center staff working with GBV victims, police officers and chiefs were targeted in the study.

3.5 Sample Size and Sampling Technique

Sampling entails a process to determine the number of participants in the study, derived from the larger population (Barnes & Forde, 2021). The size of the sample and sampling procedure are crucial in determining the quality and generalizability of a study. The study utilized purposive sampling technique to determine the participants who were accessed through Kakamega County General Hospital gender based violence rescue center records. The researcher purposively selected only victims of gender-based violence and those directly involved in attending to the GBV victims' participated, and purposive sampling helped confirm that the participants meet the criteria. Additionally simple random sampling technique was used to determine the participants from the sample size.

Table 3. 1 Distribution of GBV Victims Target Population and Sample

	Target Population	Sample Size
GBV Victims	835	270
Totals	835	270

Table 3. 2 Distribution of Key Informants

Key Informant	Sample
Police	12
Chiefs	5
Centre Manager	1
Nurses	7
Clinicians	1
Center Counselor	1
Total	27

The initial sample size for the study was determined using Taro Yamane's sample determination formula due to its high accuracy, desired confidence level, and estimated proportion attributed to the study population. The sample of 270 cases was extracted from a population of 835 cases reported at Kakamega County General Hospital gender based violence rescue center between January and September 2020.

$$n = \frac{N}{1 + N \times (e)^2}$$

N is the study population, e is the error margin (assumed at 0.05), and n is the sample size

So the sample size would be:

$e=0.05$

, $N=835$

$$n = \frac{835}{1 + 835(0.05 \times 0.05)}$$

$n=270$

To ensure generalizability and unbiased selection, a random number generator was employed, and the Excel RAND function (=RAND()) was used to generate 270 unique random numbers, each corresponding to an individual in the sample. Starting from the smallest generated number to largest generated number, participants were sequentially selected to participate in the study. Ultimately, 255 participated in the study, with the final count reflecting those who actively participated due to factors such as non-responses. This systematic approach guaranteed that each individual in the population had an equal chance of being included in the study, contributing to the study's reliability and inclusivity.

The key informants were selected through purposive sampling. The study targeted 27 key informants, where 10 were from the rescue centers staff who comprised of; the Centre manager, Centre Counselor, Clinical officer and seven nurses who are stationed at the center. The study also targeted 12 police officers at the GBV desk at Kakamega Central Police Station, and 5 chiefs from the five locations in Kakamega Central.

3.6 Data Collection Methods

This study collected both primary and secondary data. The data collection procedure relied on a large extent on questionnaires and key informants interview schedules to collect primary data. On the other hand secondary data included, crime reports, victim surveys, GBV surveys and statistics obtained from police stations and other government agencies, peer-reviewed journals, victim surveys, and open media platforms such as the internet and print media using content analysis.

3.7 Data Collection Instruments

The study utilized both primary and secondary data. Specifically, primary data was collected using questionnaires and key informant interview schedules. On the other hand, secondary data was collected through a review of existing literature, victim surveys, crime statistics reports, and other public records and government publications and was analyzed using content analysis.

3.7.1 Questionnaire

The questionnaires were the primary data collection instrument. The questionnaire incorporated a combination of open-ended and closed-ended questions to gather comprehensive and substantive information. The open-ended questions provided victims with the opportunity to freely express their views and emotions on the topic, allowing for a deeper exploration of their experiences. Meanwhile, the closed-ended questions enabled victims to provide specific and quantifiable responses. By utilizing a questionnaire the research aimed to capture both qualitative and quantitative data. The open-ended questions facilitated the collection of qualitative data, capturing the richness and nuances of the victims' narratives. The closed-ended questions, on the other hand, allowed for the

collection of quantitative data, enabling the research to analyze and quantify certain aspects of the victims' experiences.

3.7.2 Key Informant Interviews

Key informant interviews are a type of research method used in social sciences and other fields to gather information and insights from individuals who have special knowledge or expertise about a particular topic or issue (Hartley & Walsh, 2020). Key informants are typically selected based on their knowledge, experience, and ability to provide valuable information about the topic being studied. In a key informant interview, the researcher conducts an in-depth, semi-structured interview with the key informant to gather detailed data about their perspectives, experiences, and insights on the topic (Barnes & Forde, 2021).

The study targeted 10 key informants from the rescue centers staff who comprised of; the Centre manager, Centre Counselor, Clinical officer and three nurses who are stationed at the center. The study also targeted 12 police officers at the GBV desk at Kakamega Central Police Station, and 5 chiefs from Kakamega Central. The researcher conducted in person interviews where the researcher used open-ended questions and probed the key informant to share their thoughts and experiences in a detailed and nuanced way. The researcher also used follow-up questions and probes to explore specific issues or topics that the key informant raised, or to seek clarification. After the interview, the researcher transcribed and analyzed the data, looking for key themes, patterns, and connections.

3.8 Data Collection Procedure

The researcher collected primary data using questionnaires and Key informant interview schedules to collect primary data from consenting respondents. Secondary data was obtained by reviewing existing literature, victim surveys, crime statistics, GBV surveys, and other relevant records. The researcher administered an interview schedule to obtain both qualitative and quantitative data.

3.9 Piloting

A pilot study was conducted prior to the main research on GBV victims at Moi Teaching and Referral hospital rescue centre for victims of GBV in Uasin-Gishu County. The aim was to evaluate the reliability and validity of the research tools. Uasin-Gishu County, like Kakamega County, witnessed an increase in GBV cases during the Covid-19 pandemic. During the pilot study, 10 of the intended participants completed the research instruments to check if they captured the necessary data effectively. Various aspects of the instruments were examined, including language appropriateness, completion time, font size and color suitability, and completion rate. The feedback from the pilot study helped improve the data collection tools for the subsequent research.

3.9.1 Reliability of Research Instruments

The researcher ensured the reliability of the research instrument since it is essential to measure the instruments' ability to stand the test of time. This means that the instruments used were able to produce consistent results when used more than once. Testing the reliability of a research instrument, one can use three ways: Test-retest reliability, Parallel forms reliability, and Inter-rater reliability (Barnes & Forde, 2021). Therefore, to test the reliability of the instruments, the researcher used the test-retest reliability method. The

respondents were asked to complete the questionnaire on the same phenomena two times at an interval of a week. After that, the results were compared to assess the reliability of the instruments to produce the required results. The test-re-test method was used to assess the reliability of the instruments. With the help of the Cronbach's alpha, reliability index was established. The formula for the standardized Cronbach's alpha was used:

$$\alpha = \frac{N \cdot \bar{c}}{\bar{v} + (N - 1) \cdot \bar{c}}$$

Cronbach alpha was used to determine the internal consistency or average correlation of items in the questionnaire used in this study in order to gauge its reliability. The Cronbach's alpha coefficient of 0.7 or more implied that there was a high degree of reliability (Fraenkel & Wallen, 2009).

Below is a table depicting the reliability analysis of the variables in the study questionnaire?

Table 3.3: Reliability Analysis

Variable	Reliability
Covid-19 containment measures	0.761
intersectionality in experiences of GBV	0.759
Victims' assessments of the interventions	0.783

Source: Research Data (2023)

The reliability analysis was done on all the three independent variables to determine whether they met the threshold of more than 0.7. The results of the analysis are as shown

on Table 3.3 and reveal that all the variables had a Cronbach's alpha index of reliability of more than 0.70., thus indicating that the items were sufficiently reliable in assessing the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya.

3.9.2 Validity of Research Instruments

The validity of the research instrument is vital as it ensured that the instrument used is appropriate and delivered desired results. Furthermore, validity assesses the ability of the instrument to deliver what it is made for to deliver (Davies & Francis, 2018). This ensured that the research instrument has desirable outcomes according to the research objectives. Therefore, the researcher reviewed the questionnaires and interview schedules to ensure that it reflects this study's objectives and provides the link between the research variables.

3.10 Data Analysis and Data Presentation

The data collected from respondents were inspected, edited, cleaned and coded. Since data was qualitative and quantitative, numeric and textual data was analyzed. To analyze quantitative data, cross-tabulation and summary statistics was used to draw inferences between different sets of data. Qualitative data was analyzed using content analysis, where large amounts of unstructured textual content collected were compressed to manageable data related to the research questions.

3.11 Ethical Considerations

Ethical considerations are vital for any research since they guide the researcher and ensure the study's integrity. Therefore, in line with ethical concerns, the researcher first sought authorization from the relevant authorities, including Masinde Muliro University

of Science and Technology and the National Council of Science, Technology, and Innovation (NACOSTI). On top of that, the researcher informed and sought consent from the head of institutions the researcher visited, in this case Kakamega County General Hospital, Chief Offices and Police Station. Furthermore, the researcher sought consent and respected the respondent's right to decline to participate in the study. Also, the researcher ensured the confidentiality of respondents by coding the questionnaires and Key informant interview schedules to hide their identities. Additionally, the researcher respected respondents' views without bias or judging them. Lastly, but not least, the researcher guaranteed the respondent's confidence that the information given will only serve the intended purpose and will be protected and stored in a secure place.

Chapter Summary

The chapter focuses on the research methodology employed in the study. It begins by explaining the adopted research design, which involved a mixed methods approach. The chapter highlights the study site, Kakamega Central, within Kakamega County, Kenya, providing a justification for its selection. The target population comprises GBV victims from Kakamega County General Hospital rescue center, as well as the staff working with GBV victims, police officers, and chiefs. The chapter describes the sampling technique used and specifies the sample size. It further details the data collection procedures, including the instruments utilized for data collection. The reliability and validity of the research instruments are discussed. The chapter then delves into the data analysis and data presentation methods employed. Lastly, ethical considerations related to the study are addressed, ensuring the protection of participants' rights and confidentiality. This

chapter outlines the robust methodology employed to gather and analyze data, enhancing the credibility and validity of the research findings.

CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1 Introduction

The chapter contains findings, their interpretation and discussions of findings in relation to the objectives of the study. The purpose of the study was to assess the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya. The study had three objectives which were to; examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective; assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic and to determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic. The response rate on the study data collection instruments is also presented in this chapter.

4.2 Response Rate

The study targeted 270 primary respondents being GBV victims at Kakamega County Referral Hospital rescue Centre, 10 staff members working at the said rescue center, 12 Police officers at Kakamega Central Police Station GBV desk, and 5 Chiefs from Kakamega Central. Out of the targeted sample of 270 GBV victims 255 participated. On the Key informants, out of the targeted 10 staff members from the Rescue center, six responded once the saturation point had been reached. Similarly, out of the 12 police officers who were targeted, six of them provided their responses after reaching the saturation point. It is also worth noting that out of the five chiefs who were targeted, three of them responded once the saturation point had been reached. This gave the study a

response rate of 91%. As alluded to by Sundell and Olsson (2017), accessing a sample that is equivalent to 70% or more of the projected study sample is adequate in obtaining data sufficient to aid the generalization of findings from samples to populations. In this regard, the study managed to access 91% of the targeted sample and this was significantly adequate for the study to meet its objectives.

4.3 Demographic Characteristics of Respondents

In this section, respondents were asked to state their ages, gender, marital status, level of education and social class, whether they experienced GBV before the pandemic, forms of GBV experienced, whether they experienced GBV during the pandemic, whether they knew the perpetrators of GBV, where GBV happened and if there were differences in experiences of GBV before and during the pandemic.

4.3.1 Age of Respondents

Respondents were asked to state their ages and findings presented in table 4.1

Table 4.1 Ages of GBV Victims

Age Bracket	Frequency	Percentage (%)
Less than 18 years	0	0
19 – 28 years	120	47.06
29 – 38 years	80	31.37
39 – 48 years	40	15.69
Over 49 years	15	5.88
Total	255	100.0

Source: Research data, 2023

Findings in Table 4.1 revealed that 47.06% (120) of the respondents were aged between 19 and 28 years and they were the majority. It was also established based on the study findings that 31.37% (80) of the respondents were aged between 29 and 38, 15.69% (40) were aged between 39 and 48 years while 5.88% (15) were over 49 years old. This shows that younger persons experience more gender based violence as compared to older persons. A study by Jennings and Perez (2020) revealed that gender based violence was more prevalent among younger couples than older couples since most are newly married and have not understood the needs, preferences and dispositions of their partners. Similarly, a study by Bingol & Yenilmez (2020) revealed that suspicions of cheating due to strong emotional attachment among young couples who did not spend a lot of time together previously due to employment and now spent almost all the time together due to confinement measures led to conflicts that in some instances became dangerous and life threatening and this could explain the high prevalence of GBV among younger persons.

Another, key factors contributing to the high prevalence of GBV among younger persons is the lack of access to resources and support. Young persons may be particularly vulnerable to GBV due to a lack of independence, limited financial resources, and a lack of access to education and employment opportunities (Jones *et al*, 2022). In many cases, young persons are also reliant on their partners or families for support, making it difficult for them to leave abusive relationships.

A study by Tagwireyi & Fluks (2023) revealed that lack of access to resources and support, social and cultural attitudes and norms can also contribute to the high prevalence of GBV among younger persons. For example, some cultures may perpetuate gender stereotypes and attitudes that condone violence against women, while others may view

GBV as a private matter, not subject to intervention or intervention. These attitudes and norms can make it difficult for young persons to report incidents of GBV, seek help, or receive support.

A study by Gibbs *et al.* (2021) in South Africa found that nearly half of women aged 18 to 24 reported experiencing physical violence, while another study in Kenya by Decker *et al.* (2022) found that nearly one-third of women aged 15 to 24 reported experiencing physical or sexual violence. The above studies corroborate the findings of this study, which emphasizes the need to adopt a multi-faceted approach that addresses the root causes of GBV and provides support and resources to victims.

4.3.2 Gender of Respondents

Respondents were asked to state their gender and findings presented in figure 4.1.

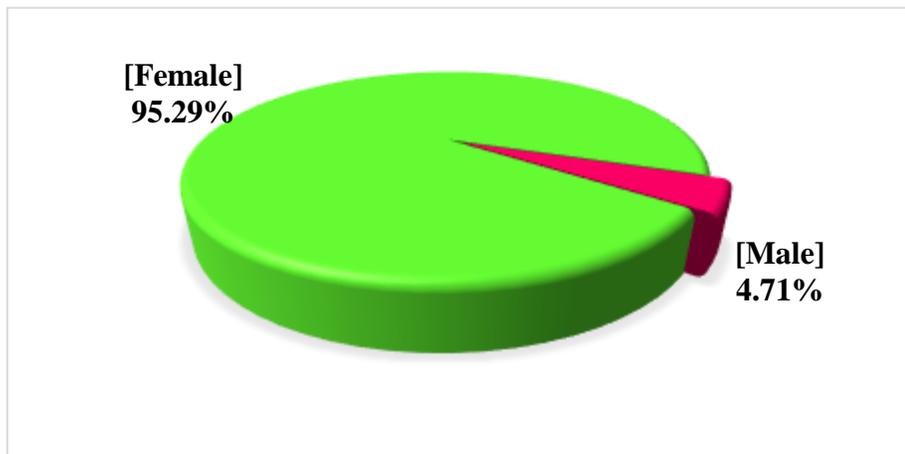


Figure 4.1: Gender of Respondents

Source: Research data, 2023

Results in figure 4.1 show that 95.29% (243) of the respondents were female while 4.71% (12) were male. This shows that most victims of gender-based violence in Kakamega Central Sub-County were female. This finding is in line with findings in a study by Bond (2021) who noted that women, are vulnerable to abuse due to societal stereotypes, prejudices and other systemic forms of discrimination. He cited perceived physical weakness inherent in women, the societal roles bestowed on women by the society over generations place them in a position of disadvantage and they in most cases get abused. According to a study by WHO (2021), GBV is rooted in gender inequalities, as well as in societal norms, attitudes, and practices that condone or tolerate violence against women. A study by Braam (2022) showed that gender norms and expectations can contribute to GBV, as these norms often perpetuate male dominance and control. For example, attitudes that condone violence against women, or that view women as inferior or submissive, can contribute to the perpetration of GBV. These attitudes and norms can also make it difficult for women to report incidents of GBV or to seek help, as they may be perceived as being at fault or responsible for the abuse.

In addition to gender norms, Yaker& Erskine (2020) argued that women's limited access to resources and support can make them more vulnerable to GBV. For example, women who are economically dependent on their partners or families may find it difficult to leave abusive relationships, while those who lack access to education and employment opportunities may be more vulnerable to exploitation and abuse. Moreover, women who live in poverty or who experience homelessness are at an increased risk of GBV, as they may lack access to safe and secure housing and may have limited options for accessing help and support (Peterman *et al*, 2020).

Another factor that contributes to the higher rates of GBV experienced by women as shown by Bencomo *et al.* (2022) study is the stigma and discrimination that often accompany the issue. Research has shown that the stigma and shame associated with GBV can prevent victims from seeking help or reporting incidents of abuse. Furthermore, Buqa (2022) argues that women who experience GBV may face discrimination and discrimination-based violence, both from within their communities and from law enforcement officials. This can make it difficult for women to access resources and support, and can further increase their vulnerability to GBV.

The few numbers of male victims of GBV may be explained from the standpoint of the study by Heise, Greene, Opper, Stavropoulou, Harper, Nascimento and Gupta (2019) who suggested that there were many men who suffered gender-based violence at the hands of women but they do not report for fear of being perceived to be weak or not manly enough. Kigaya (2021) found that men rarely report incidents of GBV due to stigma and shame. They argue that stigma and shame associated with being a male victim of GBV can prevent men from seeking help or reporting incidents of abuse. Men who experience GBV may feel that they are not fulfilling traditional gender norms and expectations, such as being strong and in control, and therefore feel that they are not living up to societal standards (Chynoweth *et al.*, 2022). This can result in feelings of shame and embarrassment, and can prevent men from seeking help or reporting incidents of abuse.

Ringwald *et al.* (2022), further asserted that men may not report GBV due to a lack of support and resources specifically designed for male victims. Their claim is that majority of resources and support services available for victims of GBV are geared towards women, and may not be equipped to address the unique needs of male victims. For example, many shelters and support services may not be equipped to accommodate the needs of men, or may not be staffed by individuals who are trained to understand and respond to the needs of male victims. This can make it difficult for men to access the help and support that they need.

In addition, men who experience GBV may also face discrimination and discrimination-based violence, both from within their communities and from law enforcement officials (Malik & Nadda, 2019). This can make it difficult for men to access resources and support, and can further increase their vulnerability to GBV. Furthermore, men who experience GBV may not feel that law enforcement officials are equipped to handle incidents of GBV, or may not trust law enforcement officials to respond appropriately. This can result in men not reporting incidents of abuse to the police or seeking help from other support services.

4.3.3 Respondents' Marital Status

Respondents were asked to state their marital status and findings presented in figure 4.2.

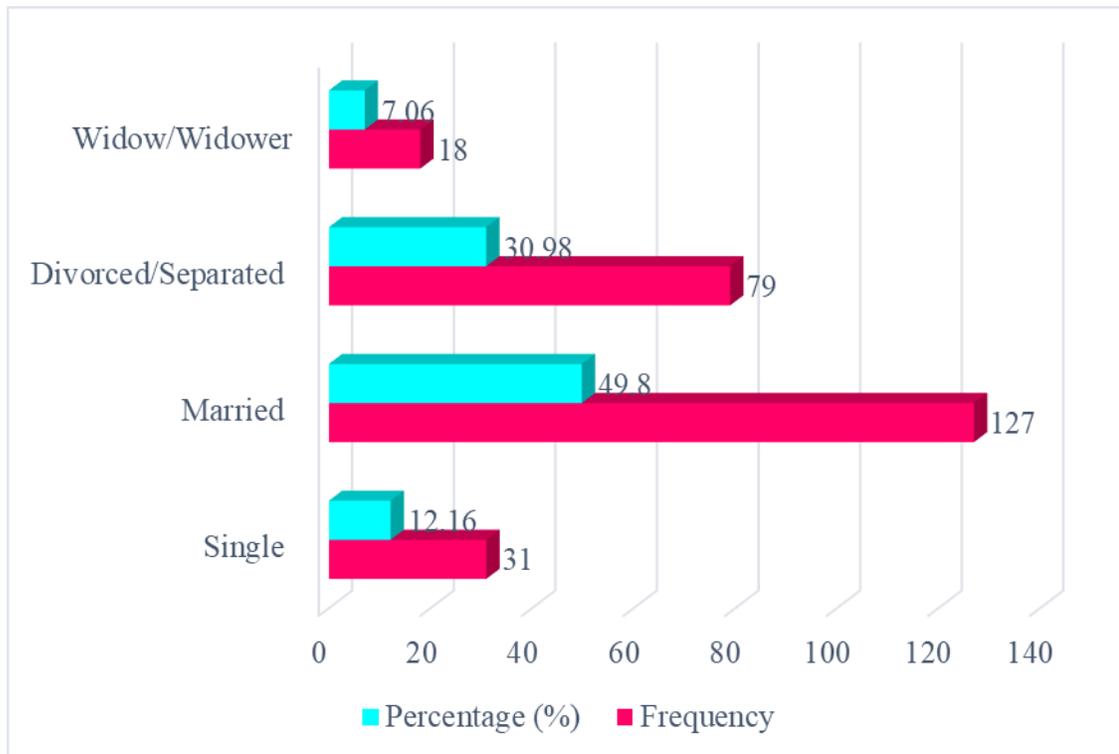


Figure 4.2: Marital Status

Source: Research data, 2023

From the results in figure 4.2, 49.8% (127) of the respondents were married, 30.98% (79) were divorced, and 12.16% (31) were single, while 7.06% (18) were widowed. This shows that majority of the people who experienced gender-based violence were married people. The results offer important insights into the connection between marital status and Gender-Based Violence (GBV) during the challenging circumstances of the Covid-19 pandemic. The distribution of respondents across different marital statuses not only reveals patterns related to GBV but also sheds light on the impact of pandemic-induced strains on relationships and individuals. Among the respondents, a significant proportion,

49.8% (127 individuals), reported being married. This finding highlights that married individuals experienced a higher incidence of GBV during the pandemic.

The pandemic brought forth various stressors such as economic uncertainties, job losses, and increased financial strain, which can exacerbate tensions within relationships. Social distancing measures and lockdown restrictions may have intensified existing conflicts, leading to higher levels of GBV among married individuals. Furthermore, the data reveals that 30.98% (79 individuals) of the respondents were divorced. The pandemic likely intensified the already challenging process of divorce, potentially leading to heightened instances of GBV during this time. The disruption of routines, limited access to support systems, and increased emotional and financial strain may have contributed to the higher prevalence of GBV among divorced individuals. The impact of the pandemic is also evident among single individuals, constituting 12.16% (31 individuals) of the respondents. Social isolation, limited social interactions, and increased stress from job losses or economic insecurity may have resulted in heightened vulnerability to GBV among single individuals during the pandemic.

Additionally, the data indicates that 7.06% (18 individuals) of the respondents were widowed. Even in the context of loss, the pandemic and its associated challenges may have contributed to GBV among widowed individuals. Social isolation, economic hardships, and grief-related strains could have amplified the risk of GBV during this time. This confirms the findings from a study by Murhula, Singh and Myende (2021) that gender-based violence is in many instances perpetrated by intimate partners. Further,

Bruey (2021) found in his study that domestic violence was the leading contributor to gender-based violence. The study went ahead to describe the reasons behind intimate-partner violence and extra-marital relationships, resource use and allocation in the house and alcoholism were some of the leading causes of gender-based violence.

Further, Studies by Wado *et al.* (2021) showed that rates of GBV are highest among women who are married or in intimate relationships. For example, a meta-analysis of data from over 50 countries found that between 10-69% of women who had ever been married reported experiencing physical violence from their partner (Kabwama *et al.*, 2019). Other studies have found similarly high rates of intimate partner violence (IPV) among both women and men (Dlamini, 2021, Guidorzi, 2020, Thulin *et al.*, 2022). Braam (2022) attributes the prevalence of GBV in intimate relationships to a number of factors, including gender inequality, patriarchal attitudes and norms, and a lack of resources and support victims. In many cultures, women are expected to be submissive and obedient in relationships, and men may use violence as a means of exerting control and power (Obagboye & James, 2022). Additionally, societal norms and expectations surrounding gender roles can make it difficult for men to report abuse, leading to underreporting and a lack of attention to male victims.

There is also evidence that GBV can escalate over time, with incidents becoming more frequent and severe as time goes on (Pokhriyal, 2022). This is particularly concerning given that intimate relationships are often considered to be the safest and most trusted spaces, making it even more difficult for victims to seek help and support. These studies

tend to explain why majority of married people in this study reported to have experienced GBV.

4.3.4 Level of Education Attained

The researcher asked respondents to indicate their level of education and findings are presented in table 4.2.

Table 4.2: Respondents' Level of Education

Education Level	Frequency	Percentage (%)
Primary	66	25.88
Secondary	91	35.69
College	48	18.82
University	21	8.24
Others	29	11.37
Total	255	100.0

Source: Research Data (2023)

Results in table 4.2 show that 35.69% (91) of the respondents had completed secondary school, 25.88% (66) had completed primary school, 18.82% (48) had completed college education, 11.37% (29) had completed other forms of schooling that included apprenticeship and informal training while 8.24% (21) were university graduates. The findings provide valuable insights into the relationship between level of education and Gender-Based Violence (GBV) during the COVID-19 pandemic.

The results reveals that individuals with varying levels of education were susceptible to GBV, highlighting the complex interplay between education and violence. This shows secondary school leavers were the most affected by GBV closely followed by primary

school leavers while university graduates were the least affected by GBV. Given the opportunities and job prospects that come the way of university graduates, and the financial independence that is attached to those opportunities, highly educated persons less likely get affected by gender based violence (Vahedi *et. al.*, 2021). They content that such persons have the ability to walk away and seek alternative residences and that acts as buffer against intentional abuse. This is however not the case for the less educated and the uneducated who in most cases depend on others for support and may easily get abused (Muluneh *et al.*, 2020).

Another key reasons for this is that individuals with lower levels of education are often more likely to be living in poverty and have limited access to resources and support (De Paz *et al*, 2020).This can make it more difficult for them to escape abusive situations, and they may also lack the knowledge and skills necessary to identify and seek help for GBV. Further Rodriguez *et al.* (2021) argues that those with lower levels of education are often more likely to be living in communities with traditional and conservative attitudes towards gender roles and relationships, where GBV is normalized or even condoned. This can make it difficult for individuals to challenge or escape abusive situations, as well as increasing the risk of re-victimization if they do seek help.

In contrast, higher levels of education can increase an individual's knowledge about their rights and the availability of resources and support, and also provide them with the skills and confidence necessary to negotiate safer relationships and seek help when necessary (Mtaita *et al*, 2021). It has also been shown that higher levels of education can help to

challenge harmful gender norms and attitudes that contribute to GBV, and can empower individuals to take action to prevent abuse. That explains why, in this study people with university and college education reported few cases of GBV compared to people with secondary and below level of education.

4.4 Forms of GBV

Respondents who experienced GBV during Covid-19 pandemic were asked to state the nature of violence experienced and findings presented in figure 4.4.

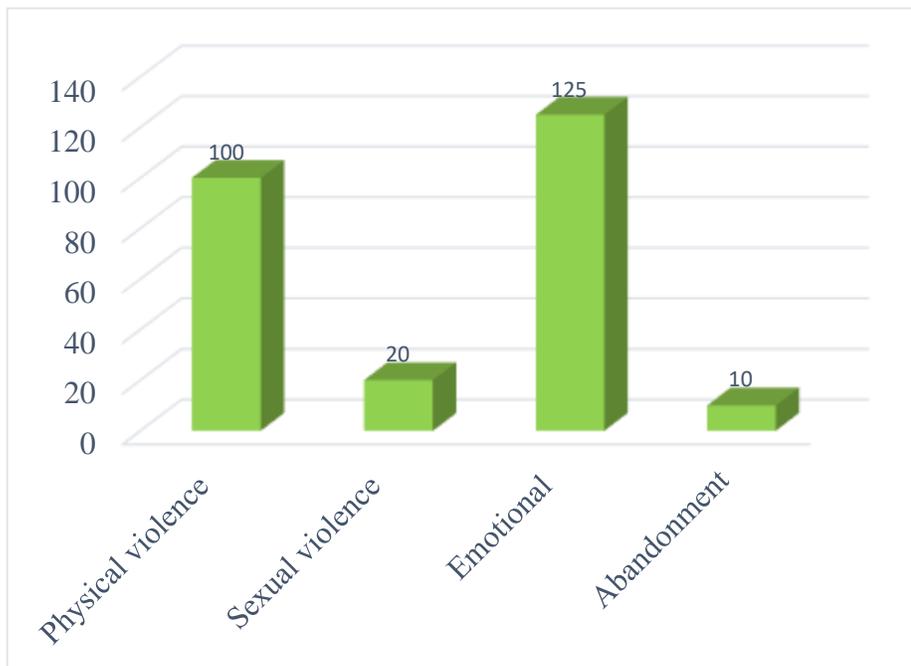


Figure 4.4: Forms of GBV during Covid-19 Pandemic

Source: Research data, 2023

From the findings in figure 4.4, emotional violence were the most reported forms of GBV with 125 respondents. It is also evident that physical violence was reported by 100 respondents, sexual violence by 20 respondents while abandonment was reported by 10 respondents. The high number of emotional and psychological violence could be explained by the fact that all other forms of GBV result into emotional and psychological effects to the victims. Notably, the pandemic resulted in a shift from physical to psychological forms of abuse. The lockdowns and quarantine measures resulted in increased financial stress and limited access to support networks, leading to higher levels of controlling behavior and emotional abuse within relationships. To this question respondents could give more than one answer since it was possible for a single victim to suffer multiple forms of GBV. Studies have shown that during the COVID-19 pandemic, survivors of gender-based violence (GBV) were at a heightened risk of experiencing multiple forms of violence. This is due to the intersecting impacts of the pandemic, including increased stress levels, economic insecurity, and limited access to support networks (Mantler *et al*, 2022).

For example, a study by Kourti *et al*. (2021) conducted in several countries found that the lockdowns associated with the pandemic have resulted in a significant increase in the frequency and severity of domestic violence incidents. The study also found that survivors were at a higher risk of experiencing multiple forms of violence, including physical, sexual, and psychological abuse. Another study by Dekel & Abrahams (2021) conducted in South Africa found that, the pandemic led to an increase in the number of women reporting multiple forms of GBV, including economic abuse and digital violence. The study also highlights the challenges in accessing support and justice for survivors,

particularly in the context of the pandemic. Additionally, Lockdowns made women, some men and children a soft target for GBV. Studies show that children were more susceptible to sexual violence by people they knew in their private residences during the Covid-19 pandemic than before (Freedom Collaborative, 2021). Six months into the lockdown, there were over 31 million new reported cases of gender-based violence globally (Islam & Hossain, 2021). Badesa *et al.*, (2021) opined that lockdowns hampered social services' and other gender based violence preventive and protection efforts.

4.5 Knowledge of the GBV Perpetrators

The study sought to establish whether the victims of GBV knew the perpetrators and findings presented in figure 4.5

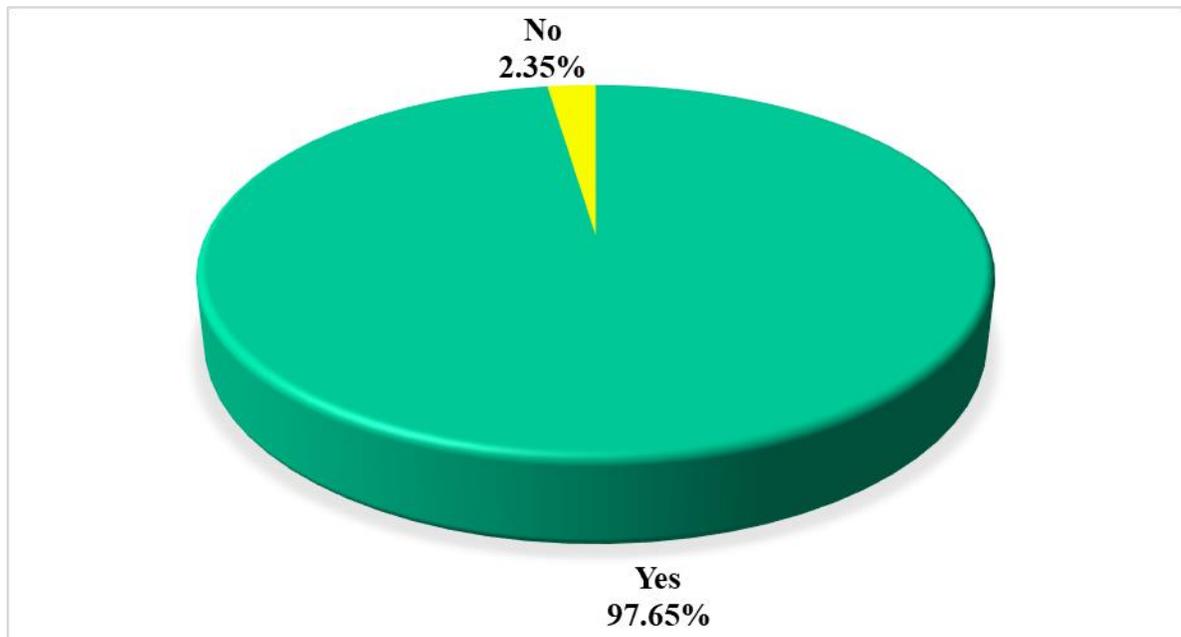


Figure 4.5: Knowledge of the GBV Perpetrator

Source: Research data, 2023

Results in figure 4.5 show that 97.65% (249) of the respondents knew the perpetrators of GBV while 2.35% (6) reported not knowing the perpetrators of GBV. This shows that majority of the victims of GBV experienced violence from people known to them. The findings highlights the prevalence of violence within familiar relationships, such as intimate partners or family members. However, a small percentage, 2.35% (6 individuals), reported not knowing the perpetrators, suggesting that GBV can also occur from strangers or individuals with limited prior connection. Understanding this victim-perpetrator relationship is crucial for effective interventions. It emphasizes the need for accessible resources, safe spaces, and education to empower individuals to address GBV within their personal networks.

Research has shown that the majority of victims of GBV during the pandemic experienced violence from people known to them, such as partners, spouses, family members, or acquaintances (Rashid Soron *et al.*, 2021). This highlights the importance of addressing GBV within the context of interpersonal relationships and the need for support services to be easily accessible to survivors. Furthermore, studies have also revealed that the pandemic exacerbated existing inequalities and disproportionately affected marginalized groups, including women, children, and members of the LGBTQ+ community (Flowe *et al.*, 2020). The lockdown measures limited the ability of survivors to seek help and access support services, making it even more challenging for them to escape abusive situations.

In Kenya for instance, during quarantines coupled with self-isolation and other restrictive measures, gender-based violence spiked in one and half months. Conspicuously, 52% of women reported being subjected to emotional violence, including verbal abuses and discrimination, and shockingly 57% were perpetrated by family members (Ngunjiri *et al.* 2020). These statistics indicate a gloomy picture of the impact of the Covid-19 pandemic on gender-based violence. Also, the stigma associated with the pandemic caused more stress since when a person was isolated at the beginning of the pandemic, people concluded that that individual was sick (Lohiniva *et al.*, 2021). Stigma pushed some to self-defense and on a mission to redeem themselves, which included using violent means to reassert their power, thus contributing to the increase in cases of GBV perpetrated by people well known to the victims (Mittal & Singh, 2020).

4.6 Where Gender Based Violence Happened

Respondents were asked to state where the GBV happened and findings presented in table 4.3

Table 4.3: The Place Where GBV Happened

Where GBV Happened	Frequency	Percentage (%)
At Home	200	78.43
At the Place of Work	5	1.96
Family Member Home	35	13.73
By the village road	5	1.96
At a neighbor's home	10	3.92
Total	255	100.0

Source: Research data, 2023

Results in table 4.3 reveal that majority of the gender-based violence incidents took place at the home of the victim. This was reported by 78.43% (200) of the respondents. It was also established that 13.73% (35) of the GBV cases happened at a family member's home. Further still, 3.92% (10) of the GBV cases happened at the home of a neighbor, 1.96% (5) happened at victim's place of work and 1.96% (5) of the cases happened by the road, when the victims were attacked by their abusers, as the victims go by their routine activities. This confirms the position that most cases of GBV happen in places familiar to the victim and are perpetrated by people well known to the victims at well-known locations.

.The finding that majority of respondents (78%) experienced GBV at their homes during the pandemic aligns with previous studies indicating that the home is the most common setting for GBV. During the Covid-19 pandemic, containment measures, such as lockdowns and quarantines, confined people within their homes, leading to an increase in GBV cases in familiar places. Victims were forced to remain at home or only access neighboring places, making them more vulnerable to GBV experiences.

Moreover, 13.73% of the GBV cases that took place at a family member's home, indicated that risks extended to close relationships and family settings. The presence of familiar people within the home did not necessarily protect victims from abuse, as perpetrators may exploit the familiarity and trust to perpetrate violence.

Additionally, 3.92% of the victims reported experiencing abuse in their trusted neighbors' homes. This finding highlights the unfortunate reality that even trusted individuals can

become assailants, making familiar places outside of the victim's own home unsafe especially during Covid-19 pandemic period. Furthermore, 1.96% of the GBV cases happened on the road, suggesting that public spaces also pose risks for individuals during the Covid-19 pandemic. Containment measures, such as curfews, restricted people's movement, exposing victims who found themselves outside during restricted hours to attacks by perpetrators or lack of capable guardians.

Similarly, the workplace was identified as the location for 1.96% of GBV cases. The limited number of people allowed to physically go to work, especially in shifts, created an environment where perpetrators could accost and stalk victims when they were alone at work. This highlights the vulnerability individuals may experience in their professional environments during the pandemics like Covid-19. From previous studies (Murhula *et al.*, 2021; Roy *et al.*, 2021), the most abused persons are women and particularly those living only with the husband. As suggested by Wanqing (2020), women living with their husbands only normally have nowhere to run to when they are violently attacked, particularly during the pandemic where the containment measures were in force. The presence of other people in the home is a significant deterrence to GBV as the perpetrator may restrain himself for fear of being perceived to be violent by other people present. Notably, studies have shown that the home is the most common setting for GBV. Research has found that intimate partner violence (IPV) is the most prevalent form of GBV, with a significant proportion of cases occurring within the home (Nagashima-Hayashi, 2022). For example, a study conducted in the United States found that intimate partners were responsible for nearly half of all reported cases of physical violence against

women (Dasgupta *et al.*, 1999). A similar pattern has been observed in other countries, including Canada, where research has found that a significant proportion of GBV incidents occur within the context of intimate relationships (Perreault, 2020).

The workplace is another setting where GBV can occur. Studies have found that women are particularly vulnerable to harassment and abuse in the workplace, with some forms of violence, such as sexual harassment, being prevalent in certain industries (Jonsdottir *et al.*, 2022). Research has also shown that GBV can occur in public spaces, including by the roadside, in streets, and in social places such as malls, schools, and parties (Infante-Vargas & Boyer, 2022). For example, a study conducted in South Africa found that a significant proportion of women who reported GBV incidents had experienced abuse in public spaces (Rasool, 2022). When it comes to GBV in public spaces, it is important to note that there can be a significant underreporting of incidents, as survivors may be reluctant to report abuse due to fears of stigma, retaliation, or a lack of trust in the criminal justice system (Jewkes *et al.*, 2002). Additionally, GBV incidents in public spaces can be more difficult to prosecute due to a lack of witnesses and evidence.

4.7 Differences in Nature of Experience of GBV before and during Covid-19 Pandemic

Respondents were asked if there was difference in their experiences of GBV before and during Covid-19 pandemic and findings presented in figure 4.6.

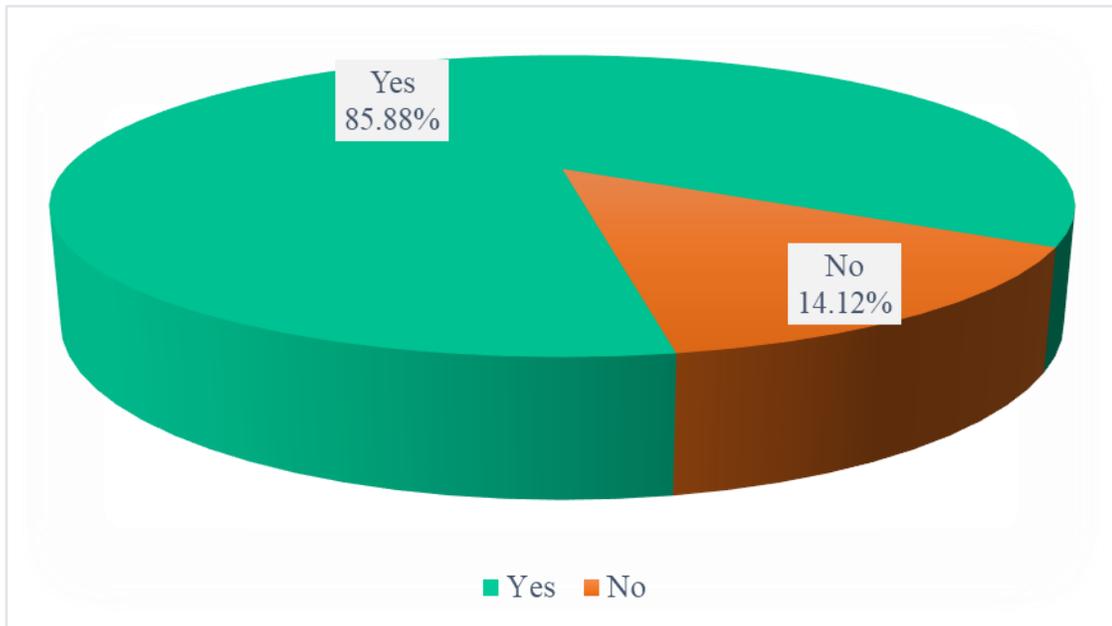


Figure 4.6: Nature of Experience of GBV before and during Covid-19 Pandemic

Source: Research data, 2023

Majority of the respondents reported that there was differences in their experiences of GBV before and during the pandemic with 85.88% (219) reporting such differences in experiences. It was also noted that 14.12% (36) of the respondents did not report any differences in the nature of their experiences of GBV before and during Covid-19 pandemic. When about the differences, 77.63% (170) of the 219 respondents who reported differences in experience were of the opinion that there was increased frequency of occurrence of GBV during the pandemic and there was also increased severity of attacks. The study further revealed that 22.37% (49) of the respondents who reported increased GBV during the pandemic also indicated that perpetrators subjected them to emotional anguish and went for days without talking to them and that the feeling was unbearable. As established in the study by UN Women (2020), Covid-19 pandemic created conditions for increased GBV and many people, particularly women, girls and

children suffered at the hands of men. The study however noted that some men also suffered GBV at the hands of women and these were mostly drunkards and those who had lost employment. Studies have shown that the lockdowns and social distancing measures implemented to control the spread of COVID-19 have led to a significant increase in GBV incidents, including domestic violence (Nduna & Tshona, 2021). This increase has been attributed to factors such as stress and anxiety, financial difficulties, and increased isolation and confinement.

The severity of GBV increased during the pandemic, with reports of more severe physical and emotional abuse. The fear of exposure to COVID-19 has also made it more difficult for victims to leave abusive relationships and seek help (Kaukinen, 2020). There have also been challenges in reporting and obtaining justice for GBV during the pandemic. Access to legal and social services has been disrupted, and many survivors have been unable to seek help due to mobility restrictions and a lack of safe spaces. In addition, some countries experienced a decrease in police responsiveness and a backlog in the court system, making it more difficult for survivors to get justice (Clarke *et al*, 2021).

4.8 Effects of Containment Measures on the Spike in Gender-Based Violence

The first objective of the study sought to examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective. To this end, the following research question was formulated; how did Covid-19 containment measures contribute to gender-based violence? Research data on containment measures and data on gender-based violence prevalence were subjected to descriptive statistics and thematic analysis and findings presented in this section.

4.8.1 Employment Status

Respondents were asked to state their employment status and findings presented in figure 4.7



Figure 4.7: Respondents' Employment Status

Source: Research data, 2023

From the results in figure 4.7, it is evident that 89.02% (227) of the victims of GBV were unemployed, 9.02% (23) were in self-employment and 1.96% (5) were formally employed. This shows that majority of the victims of GBV were not in employment and depended on other people for sustenance. Such dependence on other people to meet basic needs placed individuals in a position of disadvantage and one may get abused and taken advantage of as found in the study by Bingöl and Yenilmez (2020). This is perhaps why many of the victims GBV are unemployed people. For example financial dependence is considered a significant risk factor for GBV, as it can lead to power imbalances and financial dependence within relationships (World Health Organization, 2018). A study by

the United Nations Population Fund (UNFPA) (2018) found that women who experience GBV are more likely to experience poverty and financial dependence, which can make it harder for them to escape abusive relationships (UNFPA, 2018).The COVID-19 pandemic made this issue even more pronounced, with job losses and financial insecurity resulting in increased levels of dependence for many women. A study by the World Bank (2021) found that women are 1.5 times more likely to lose their jobs during economic downturns compared to men. In addition, many women who lost their jobs were unable to find new employment, leading to long-term financial insecurity. This financial stress can increase the risk of GBV, as it can lead to power imbalances and financial dependence within relationships (World Bank, 2021).

In addition to job loss, self-employment has also been linked to increase in GBV during the pandemic. Small business owners, particularly women, were hard hit by the pandemic, with many losing their livelihoods. This financial stress can increase the risk of GBV, as it can lead to power imbalances and financial dependence within relationships (International Labour Organization, 2021).

Working from home was linked to an increase in GBV during the pandemic. With many people now working from home due to the pandemic, some have found themselves in closer proximity to their abusive partners. This has made it harder for them to escape violent situations, leading to increased levels of GBV (World Health Organization, 2020). In addition, the lack of social support networks and access to services, as well as

increased stress and financial insecurity, can also contribute to GBV (World Health Organization, 2020).

Studies have found that job loss and economic insecurity are significant risk factors for GBV. A study by the International Labor Organization (ILO) (2021) found that women are 1.5 times more likely to lose their jobs during economic downturns compared to men. In addition, women are more likely to be employed in industries that have been heavily affected by the pandemic, such as retail and hospitality. This has resulted in significant job losses for women, leading to increased financial stress and a higher risk of GBV.

In addition to job loss, self-employment has also been linked to increase in GBV. Small business owners, particularly women, were hard hit by the pandemic, with many losing their livelihoods (Mashapure *et al*, 2021). This financial stress during the pandemic increased the risk of GBV, as it led to power imbalances and financial dependence within relationships. Working from home was also linked to an increase in GBV. With many people working from home due to the pandemic, some found themselves in closer proximity to their abusive partners (Speed *et al*, 2020). This made it harder for them to escape violent situations, leading to increased levels of GBV. In addition, the lack of social support networks and access to services, as well as increased stress and financial insecurity, also contributed to GBV. The World Health Organization (WHO) (2021) estimated that the pandemic led to a global increase in GBV of between 15% and 25%. However, it is important to note that the true extent of the problem is likely to be much higher, as many cases of GBV went unreported.

4.8.2 Job Loss due to Lockdowns

Respondents were asked to state whether they lost their jobs due to lockdowns and findings presented in figure 4.8.

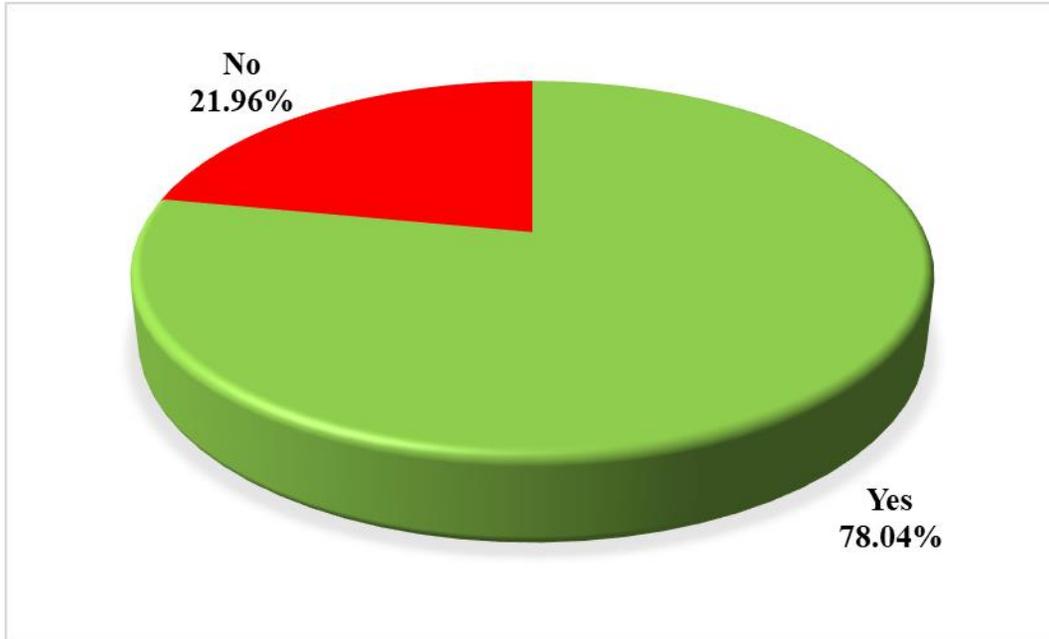


Figure 4.8: Job Loss due to Lockdowns

Source: Research data, 2023

From the results in figure 4.8, it is evident that 78.04% (199) of the respondents had lost their jobs due to lockdowns while 21.96% (56) of the respondents indicated that they did not lose their jobs due to lockdowns. From the results, lockdowns resulted in job losses for majority of the victims of GBV. Job losses make people highly dependent on others for survival and sustenance. The most abused and violated people are those that are heavily dependent on others due to lack of employment (Usher *et al*, 2021). A study by the Kenya National Bureau of Statistics found that the COVID-19 pandemic had a significant impact on employment in Kenya, with many people losing their jobs or experiencing reduced income (KNBS, 2020).

Similarly, a report by the Kenya Women and Children's Wellness Network (KWCWN) found that the pandemic resulted in an increase in GBV cases, with many women reporting increased financial stress and dependence as a result of job loss (KWCWN, 2021). Globally, study by the International Labour Organization (ILO) estimated that the COVID-19 pandemic could result in the loss of up to 47 million jobs globally (ILO, 2020). These studies highlight the devastating impact that the COVID-19 pandemic had on employment and the economy. The increased financial stress and dependence resulting from job loss has been linked to an increase in GBV, making it crucial that governments and organizations take steps to address these issues and provide support to those at risk. The studies corroborates the findings of this research on increased job loss due to lockdowns.

One of the GBV victims who lost her job as a waitress in one of the hotels had this to say:

The pandemic turned my life upside down, and I never imagined I would end up in such a terrifying situation. You see, I used to work as a waitress in a bustling restaurant, serving people with a smile on my face. But when the Covid-19 containment measures hit, my job vanished overnight. The restaurant closed, and I was left without an income or any means to support myself. (27/12/2022)

One of the Key informants working in the rescue centre also had this to say on job losses due to lockdowns:

A large number of GBV victims who presented themselves at the rescue centre reported having lost their jobs during the Covid-19 pandemic and having been forced by circumstances to fully depend on perpetrators of violence. Self-employment ventures were significantly affected by lockdowns as the government tried to contain the spread of Covid-19. Most customers to small businesses owned by victims of GBV lost their purchasing power since they also lost employment. (06/01/2023)

The above citations shows the devastating effects of Covid-19 containment measures and how it made people lose their jobs thus subjecting them to financial constraints and stress, which can make one like the victim above susceptible to GBV.

4.8.3 Income Reduction due to Lockdowns

To the question whether respondents experienced income reduction due to lockdowns, findings are presented in figure 4.9.

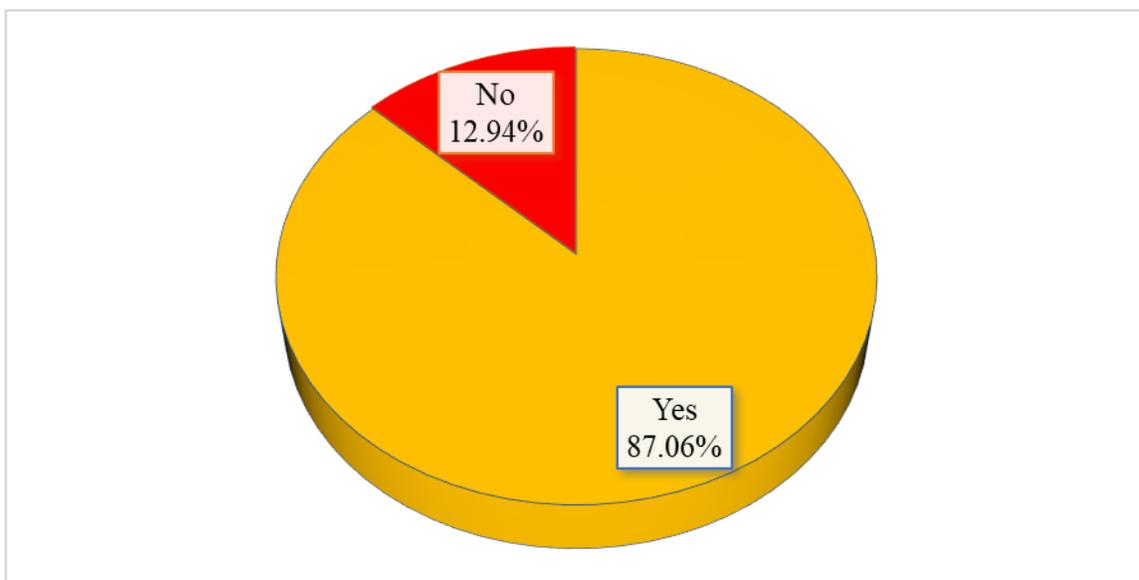


Figure 4.9: Reduced income due to Lockdowns

Source: Research data, 2023

Results in figure 4.9 show that 87.06% (222) of the respondents experienced reduced income due to lock downs. The study also found that 12.95% (33) of the respondents did not experience income reduction due to lock downs. With so many victims of GBV experiencing reduced earnings due to lockdown can only imply that their dependency on other people (mostly spouses for the married) went up. From previous studies such as the study by Solórzano, Gamez, and Corcho (2020), increased dependency on other people

for support, upkeep and survival increases the likelihood of occurrence of GBV. Additionally, Murhula, Singh and Myende, (2021) found that people without a regular income are viewed as a burden by the perpetrators of GBV and subject them to violence as a way to get rid of them.

Similarly A survey conducted by the International Labor Organization (ILO) (2020) found that women who experienced job loss or reduced income due to the pandemic were more likely to experience GBV, particularly domestic violence. Another, study by the United Nations Development Programme (UNDP, 2020) found that the pandemic resulted in a significant increase in GBV globally, with women and children being the most vulnerable. The study highlighted the link between economic stress and GBV, with financial insecurity and reduced incomes being key drivers of increased violence.

When asked how Covid-19 containment measures reduced her income, a second hand cloth hawker also a GBV victim said:

So, when the pandemic hit, my business took a nosedive. With all the restrictions and people staying home, hardly anyone came to the markets. It was tough to make any sales, and I was barely scraping by. I had to rely on my husband for financial support, and that's when things took a turn for the worse. He started throwing jibes at me, disrespecting me, and making me feel worthless because I was dependent on him. It was like he used my reduced income as an excuse to unleash his anger. The pandemic didn't just hit my wallet; it trapped me in an abusive relationship, where I felt powerless and trapped. (04/01/2023)

The above revelations, explains the various effects Covid-19 containment measures had on businesses and income of people. It led to financial dependence for some people just like the victim above, thus exposing them to GBV. The financial dependence, had GBV

victims trapped in abusive relationships, since after losing their income they had nowhere to depend financially.

4.8.4 Victimization caused by Quarantine

The study sought to establish from respondents whether victimization was caused by the quarantine and findings from this question are presented in figure 4.10.

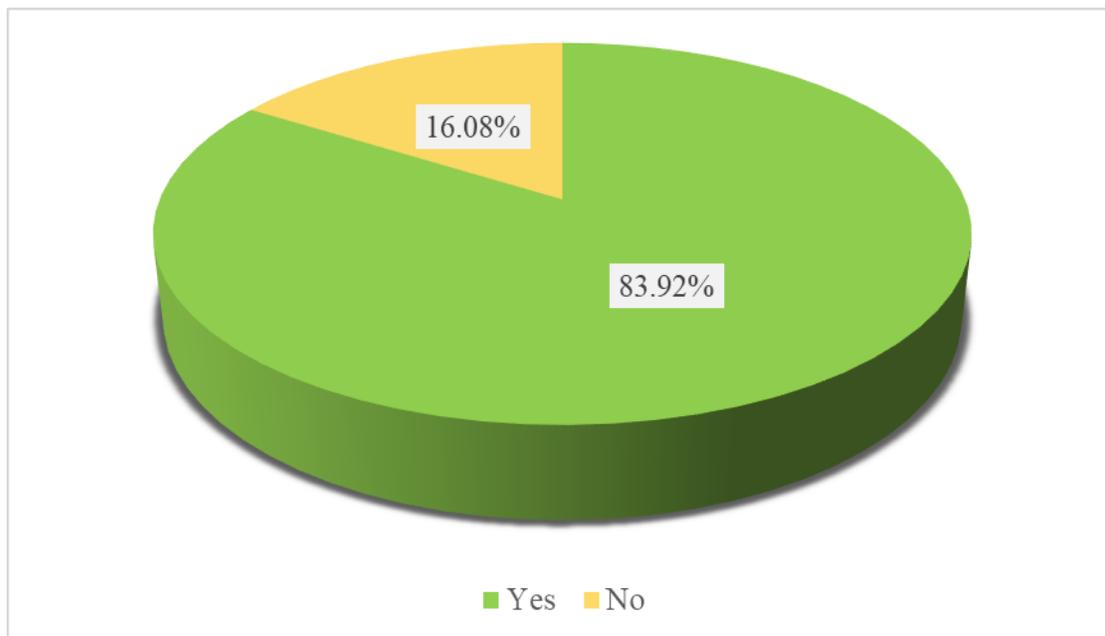


Figure 4.10: Quarantine Occasioned Victimization

Source: Research data, 2023

Findings of the study reveal that 83.92% (214) of the respondents were of the view that quarantine contributed to their victimization. To this question, the study found that 16.08% (41) of the respondents indicated that their victimization was not tied to quarantine. The 214 respondents who indicated that their victimization was due to quarantine were asked to explain why they felt as such and findings revealed that 64.02% (137) connected their loss of jobs to increased dependency on spouses for a livelihood and that the increased dependency was the reason why they were subjected to GBV.

It was also revealed 22.9% (49) of the respondents that quarantine kept them close to their abusers and forced them to spend unusually longer spells of time together while 13.08% (28) opined that quarantine led to reduced income for the heads of their families and that the resultant financial pressure caused tension in their families that resulted in their victimization. When people are quarantined, they tend to have reduced earnings, particularly those who engage in manual jobs to earn a living. The resultant inability to effectively provide for their families, coupled with the need to assert their position as the heads of the families may push them into becoming violent as a defense mechanism (Donato, 2020). Another study by the United Nations Development Programme (UNDP, 2020) found that the COVID-19 pandemic has resulted in a significant increase in gender-based violence (GBV) globally, with women and children being the most vulnerable. The study highlighted the link between economic stress and GBV, with financial insecurity and reduced incomes being key drivers of increased violence.

The study also noted that the pandemic has disrupted access to essential services, such as health and support services, for survivors of GBV, making it more difficult for them to escape abusive situations. Similarly a study by World Health Organization (WHO, 2021) found that stay-at-home measures during the pandemic led to increased isolation and heightened tensions within households, making women and children more vulnerable to abuse. The study also found that the disruption of support services and increased stigma associated with GBV made it more difficult for survivors to escape abusive situations and access support.

In addition to the economic stressors associated with reduced incomes and job loss, quarantines and lockdowns also created new stressors and risks for individuals, particularly for those who are already experiencing abuse (Lausi *et al.*, 2021). The confinement and isolation associated with quarantines can make it more difficult for survivors of GBV to escape abusive situations and access support services. Moreover, the disruption of social networks and support systems can exacerbate the challenges faced by survivors, making it more difficult for them to access help and support (Lausi *et al.*, 2021).

4.9 Intersectionality in Experiences of Gender-Based Violence Victims during the Covid-19 Pandemic.

The second objective of the study sought to assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic. To effectively assess this objective, the following research question was formulated; what were the intersectional experiences of gender-based violence victims during Covid-19 pandemic? Data on intersectional experiences of gender based violent victims was subjected to descriptive statistics and thematic analysis and findings presented in this section. Respondents were asked if they thought their gender led to their victimization and findings presented.

4.9.1 How Gender Contributed to GBV

Table 4.4 Cross-tabulation of Gender and GBV Victimization

Gender * Experienced-GBV Cross-tabulation					
			Experienced_ GBV		Total
			Yes	No	
Gender	Male	Count	4	8	12
		% within Gender	33.30%	66.70%	100.00%
	Female	Count	225	18	243
		% within Gender	92.60%	7.40%	100.00%
Total		Count	239	26	255
		% within Gender	93.70%	6.30%	100.00%

Source: Research data, 2023

Table 4.5 Relationship between Gender and GBV Victimization

Chi-Square Tests					
	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.956 ^a	1	0.002		
Continuity Correction ^b	0.161	1	0.689		
Likelihood Ratio	1.801	1	0.18		
Fisher's Exact Test				1	0.407
Linear-by-Linear Association	0.953	1	0.329		
N of Valid Cases	255				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is .85.
b. Computed only for a 2x2 table

Source: Research data, 2023

Results in table 4.4 show that 93.70% (239) were of the view that their gender contributed to their victimization while 6.30% (26) were of the view that their gender did not contribute to their victimization. Additionally within gender, 92.60% (225) females and 33.30% (4) males felt that their gender played a role in their victimization. The data table shows a clear relationship between gender and the experience of gender-based violence (GBV) during the Covid-19 pandemic. Among the participants, a significantly higher percentage of females (92.60%) reported experiencing GBV compared to males (33.30%). The data indicates that females were much more likely to be victims of GBV during the pandemic period.

The statistical analysis using the Chi-Square test in table 4.5, further supports the significant relationship between gender and GBV. The Pearson Chi-Square test yielded a p-value of 0.002, indicating a statistically significant association. This statistical

significance confirms that gender is an important intersectionality factor in understanding GBV during the pandemic.

The small p-value (0.002) suggests that there is a significant association between gender and the experience of GBV during the pandemic period. This indicates that gender is a contributing factor to GBV, and the relationship is not due to random chance. In other words, the data provide evidence that there is a meaningful connection between gender and GBV experiences.

This finding aligns with existing research and knowledge about the prevalence of GBV, where women and girls are disproportionately affected. Various factors contribute to this gender disparity in GBV. One possible explanation is the existing power imbalances and gender inequalities in society. Historically, women have been subject to discrimination, oppression, and violence due to patriarchal structures that perpetuate harmful norms and attitudes. During times of crisis, such as a pandemic, these inequalities can be exacerbated, leading to an increase in GBV incidents against women.

While the number of men who participated and reported to have experienced GBV, is relatively small compared to the female participants, it highlights an important aspect that is often overlooked: men can also be victims of GBV. This finding challenges the traditional narrative that portrays males solely as perpetrators and females solely as victims. The fact that the male participants felt that their gender played a role in contributing to GBV during the pandemic suggests that societal expectations, stereotypes, and norms about masculinity might have influenced their experiences.

Although this study's findings regarding male victims of GBV may not be entirely new, they underscore the importance of considering men's experiences in discussions surrounding GBV. It highlights the need for further research and attention to the experiences of male victims, as well as the barriers they face in reporting such incidents. It is possible that the limited number of male participants reporting GBV in this study may indicate an underrepresentation of male victims in general. This implies that the actual number of men that suffered from GBV during the pandemic could have been higher than reported. Therefore, conducting more research and raising awareness about male victims of GBV could help to better understand the scope of the issue and provide appropriate support for all survivors.

Several studies investigated the relationship between gender and GBV during the pandemic. One study by Boxall *et al.* (2020) found that the pandemic resulted in a significant increase in domestic violence incidents, with women being disproportionately affected. The study analyzed data from hotlines and helplines in several countries and found that calls for assistance related to domestic violence had increased by up to 20% during the pandemic. The study also found that women were more likely to be subjected to multiple forms of violence, including physical, psychological, and sexual abuse.

Another study by Opanasenko *et al.* (2021) explored the relationship between gender and GBV in the context of the pandemic. The study found that the risk of GBV increased in the context of confinement, with women and girls being at higher risk due to the isolation, stress, and economic insecurity brought on by the pandemic. The study also

found that the pandemic had disrupted access to support services, making it more difficult for victims to escape abusive relationships and seek help. Research has also shown that the pandemic has had a significant impact on employment, with women being disproportionately affected. A study published in the International Journal of Environmental Research and Public Health (2020) found that women were more likely to experience job loss, wage cuts, and economic insecurity during the pandemic. The study also found that women were more likely to be in vulnerable employment, including low-wage and insecure jobs, making them more vulnerable to exploitation and GBV.

One male GBV victim respondent had this to say:

It has been a challenging journey for me, primarily because society often overlooks the fact that men can be victims too. As the pandemic hit, my wife's behavior took a distressing turn. She would hurl insults at me constantly, especially after I lost my job and struggled to provide for our family. The emotional toll was immense. The breaking point came when she physically attacked me with a cooking pan, leaving me with a bruised head and even causing a convulsion that landed me in the hospital. It's difficult to speak up as a male victim, as the societal belief is that men shouldn't complain or show vulnerability. (28/12/2022)

The findings above shows how Covid-19 containment measures led to loss of jobs, thus causing financial strains, which is a leading cause of family stress. When a breadwinner fails to provide due to job loss or loss of income, tension and stress in the family arises, increasing the likelihood of GBV. The findings also, reveals the cultural stereotypes and prejudices on male victims who are not expected to speak up and are required to persevere and suffer in silence. With regard to age and victimization, respondents were asked to state whether they thought that their ages contributed to their victimization and findings presented in table 4.6 below (p. 114)

4.9.2 How Age Contributed to Victimization

Table 4.6 Cross-tabulation of Age and Victimization

Age * Experienced_ GBV Cross-tabulation						
		Experienced_ GBV		Total		
		Yes	No			
Age	19-28 years	Count	112	8	120	
		% within Age	93.30%	6.70%	100.00%	
	29-38 years	Count	74	6	80	
		% within Age	92.50%	7.50%	100.00%	
	39-48 years	Count	4	36	40	
		% within Age	10.00%	90.00%	100.00%	
	Over 49 years	Count	3	12	15	
		% within Age	20.00%	80.00%	100.00%	
Total		Count	193	62	255	
		% within Age	75.70%	24.30%	100.00%	

Source: Research data, 2023

Table 4.7 Relationship between Age and GBV Victimization

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.719 ^a	3	0.003
Likelihood Ratio	2.719	3	0.437
Linear-by-Linear Association	0.016	1	0.899
N of Valid Cases	255		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 1.06.

Source: Research data, 2023

Results in table 4.6 above shows that 75.70% (193) of the respondents believed that their age contributed to their victimization, whereas 24.30% (62) felt that, their victimization had nothing to do with their age. However, there are variations in the percentages within each age category. Among individuals aged 19-28 years, 93.30% reported experiencing GBV, while in the 29-38 years age group, 92.50% reported GBV. In the 39-48 years age

group, 10.00% reported GBV, and among individuals over 49 years old, 20% reported GBV.

. When analyzing the significance of the relationship between age and GBV, the data shows that the Pearson Chi-Square test yielded a test statistic value of 1.719, with 3 degrees of freedom. The associated p-value is 0.003, indicating a statistically significant relationship between age and the experience of GBV during the pandemic. These figures suggest that younger individuals experienced a slightly higher percentage of GBV compared to older individuals.

The statistically significant relationship between age and GBV may be influenced by several factors. First, different age groups may have varying levels of exposure to GBV due to their living conditions, socioeconomic factors, and social contexts. For instance, younger individuals may be more susceptible to GBV due to factors such as living in shared accommodations or having limited resources to escape abusive situations.

Additionally, the impact of lockdowns, quarantines, and curfews during the pandemic could have influenced the prevalence of GBV across different age groups. Increased stress, financial strain, and limited access to support services during these restrictive measures may have heightened tensions within households, leading to a higher occurrence of GBV incidents.

It is crucial to note that the study found that individuals across all age groups experienced GBV, including those over 48 years old. This challenges the common misconception that

GBV predominantly affects younger individuals. The data suggests that GBV is not limited to a particular age group and emphasizes the importance of addressing GBV comprehensively across all age ranges.

Studies during the pandemic showed that children, teenage girls, middle aged women and older women who live alone suffered the most, and bore the brunt of GBV. Children and teenagers faced increased vulnerability due to dependency and limited understanding of their rights. Middle-aged women grappled with various burdens, including caretaking responsibilities and strained relationships. Older women, often living alone or marginalized, faced isolation and ageism.

These findings highlight the urgent need for targeted interventions and support systems that address the unique challenges faced by individuals across different age groups, with a focus on empowering and protecting the most vulnerable to GBV during times of crisis. For example, a study conducted by the World Health Organization (WHO) (2021) found that older women who live alone and have limited financial resources are particularly vulnerable to GBV. Similarly another report by WHO (2022) shows that women aged 15-44 years reports more cases of GBV than any other ages.

A victim who was sexually violated by her uncle had this to say:

Well, I was just innocently helping him with the dishes when suddenly, out of nowhere, he forcefully grabbed me from behind and pulled me into his bedroom where he violated me. It was a horrifying experience, but I mustered up the courage to report it, and thankfully, he was arrested. I can't help but think that my young age played a part in making me an easy target for him. Perhaps if I were older, he wouldn't have dared because I would have fought back. (04/01/2023)

The citation above, shows how age is factor in GBV whereby, young people are more vulnerable and soft targets of GBV. Notably, young victims, may not be strong enough to fend off attacks from much older and stronger perpetrators and thus end up being abused. One of the key informant who is a Chief added this on the increases cases of young girls defiled during the pandemic period:

I can confirm that cases of young girls being defiled, especially by close relatives, have indeed increased. One appalling case was, a stepfather had been defiling his 7-year-old stepdaughter for some time without her mother's knowledge. When the matter was brought to our attention, it deeply traumatized all of us. Therefore, I believe the perpetrator, whom I consider a pedophile, targeted the child because she was a vulnerable victim. The lockdowns and curfews in place at that time likely facilitated his actions. This was an extremely sorrowful case. (04/01/2023)

4.9.3 How Marital Status Contributed to GBV

Table 4.8 Cross tabulation of Marital Status and Experiencing GBV

Marital_status * Experienced_GBV Crosstabulation					
			Experienced_ GBV		Total
			Yes	No	
Marital_status	Single	Count	2	29	31
		% within Marital_status	6.50%	93.50%	100.00%
	Married	Count	117	10	127
		% within Marital_status	92.10%	7.90%	100.00%
	Divorced	Count	4	75	79
		% within Marital_status	5.10%	94.90%	100.00%
	Widow	Count	2	16	18
		% within Marital_status	11.10%	88.90%	100.00%
Total		Count	125	130	255
		% within Marital_status	49.20%	50.80%	100.00%

Source: Research data, 2023

Table 4.9 Relationship between Marital Status and Experiencing GBV

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.076 ^a	3	0.002
Likelihood Ratio	1.059	3	0.787
Linear-by-Linear Association	0	1	0.982
N of Valid Cases	255		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 1.27.

Source: Research data, 2023

Results in table 4.8 above shows that 49.20% (125) of the respondents felt that their marital status played a role in contributing to GBV during the pandemic. On the other hand 50.80% (130) of the respondents did not attribute their victimization during the pandemic to their marital status. The results reveals distinct patterns in GBV experiences among individuals of different marital statuses. Among the participants, 6.50% of individuals who were single reported experiencing GBV, while 92.10% of married individuals, 5.10% of divorced individuals, and 11.10% of widows reported GBV victimization. The differences in GBV prevalence across these marital status categories suggest that marital status can be an intersectionality factor influencing the experience of GBV during the pandemic.

The statistical analysis using the Chi-Square tests indicates a significant relationship between marital status and GBV during the pandemic. The Pearson Chi-Square test yielded a p-value of 0.002, suggesting that the observed differences in GBV experiences among the various marital status categories are not likely due to chance but are statistically significant.

Possible explanations for these patterns may be linked to the varying dynamics within different marital statuses. For single individuals, the lower percentage of GBV may be attributed to the absence of a live-in partner during lockdowns and quarantines, which could have potentially reduced exposure to GBV incidents within households. On the other hand, higher percentages of GBV among married individuals may have been influenced by prolonged periods of close cohabitation, economic stress, and potential relationship strains during the pandemic.

The lower percentage of GBV among divorced individuals might indicate that the separation from abusive partners has led to a reduction in GBV incidents. However, it is important to consider that divorced individuals may still face GBV risks if they share custody or maintain contact with abusive ex-partners. For widowed individuals, the comparatively higher percentage of GBV experiences could be linked to various factors, such as coping with grief and loneliness during the pandemic, financial stress, or potential vulnerability to GBV from other family members or caregivers.

It is therefore evident that the Covid-19 pandemic and its associated containment measures had a significant impact on Gender-Based Violence (GBV). Several studies support the findings of this study that suggest that married individuals experienced a higher prevalence of GBV during this period due to the lockdowns, curfews, and quarantines that forced couples to stay together in confined spaces, leading to increased tensions and stress (Win & Diversities, 2020; Lokot & Avakyan, 2020; Dlamini, 2021; Mittal & Singh, 2020). Andrade *et al.* (2022) investigated the role of economic stress

during the pandemic and found that financial strain resulting from job losses and reduced income contributed to a rise in GBV among married couples.

Conversely, single individuals seemed to be less affected by GBV during the Covid-19 pandemic. Muluneh *et al.* (2021) conducted a qualitative study focusing on single women living alone and found that they experienced fewer incidents of GBV, likely due to not cohabiting with a partner. Without the added stressors of living together, single individuals may have had more control over their environment and a reduced likelihood of exposure to abusive situations.

The experiences of divorced individuals during the pandemic were complex. While leaving an abusive partner may have initially provided a sense of escape, research suggests that they might still face abuse from stalker partners. This phenomenon was documented by Zagloul *et al.* (2022), who explored lockdown-related intimate partner violence among divorced women. The study revealed that divorced individuals were susceptible to harassment and abuse from their former partners, even if they physically separated.

Widowed individuals experienced a unique form of GBV related to emotional tribulations stemming from loneliness during the Covid-19 pandemic. However, compared to the other categories, they encountered fewer cases of GBV. This finding was corroborated by a study by Wang *et al.* (2022), which examined the psychological impact of the pandemic on widowed individuals. The study indicated that while emotional distress was prevalent, physical violence was less common among widowed participants.

Therefore, there was a correlation between marital status and GBV during the Covid-19 pandemic.

4.9.4 How Level of Education Contributed to GBV

Table 4.10 Cross Tabulation of Level of Education and Experiencing GBV

Level of education * Experienced_ GBV Cross tabulation						
Level of education		Count	Level of	Experienced GBV		Total
				Yes	No	
Primary education		60		90.90%	6	66
	% within education				9.10%	100.00%
Secondary education		83		91.20%	8	91
	% within education				8.80%	100.00%
College education		17		35.4%	31	48
	% within education				64.6%	100.00%
University education		3		14.30%	18	21
	% within education				85.70%	100.00%
Others		20		69.00%	9	29
	% within education				31.00%	100.00%
Total		183		71.80%	72	255
	% within education				28.20%	100.00%

Source: Research data, 2023

Table 4.11 Level of Education and Experiencing GBV

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	6.517 ^a	4	0.002
Likelihood Ratio	8.794	4	0.066
Linear-by-Linear Association	1.727	1	0.189
N of Valid Cases	255		

a. 4 cells (40.0%) have expected count less than 5. The minimum expected count is 1.48.

Source: Research data, 2023

Results in table 4.10 above shows that 71.80% (183) of the respondents reported that their education level played a role in contributing to their GBV experiences. On the other hand 28.20% (72) of the respondents, said their education level did not contribute to their GBV experiences.

The statistical analysis using the Chi-Square tests indicates a significant relationship between the level of education and GBV during the pandemic. The Pearson Chi-Square test yielded a p-value of 0.002, indicating that the observed differences in GBV experiences across educational levels are statistically significant. The results reveals varying patterns in GBV experiences among individuals with different levels of education. Among the participants, individuals with a primary education accounted for 90.90% of GBV victims within the primary education category, while those with a secondary education accounted for 91.20% within the secondary education category. For individuals with a college education, 35.4% reported experiencing GBV, and for those with a university education, 14.30% reported GBV victimization. Within the "Others" category, 69.00% reported GBV experiences.

The disparities in GBV prevalence across educational levels suggest that the level of education can be an important intersectionality factor influencing the occurrence of GBV during the pandemic. Possible explanations for these patterns include various social and economic factors linked to education levels. For individuals with a primary or secondary education, the higher percentage of GBV experiences could be connected to factors such as limited access to information and resources, financial constraints, and job opportunities leading to dependency which is a risk factor of GBV.

The lower percentage of GBV experiences among those with a university education might indicate that higher education levels are associated with increased awareness and empowerment, potentially leading to a lower tolerance for GBV and better recognition of abusive behaviors.

The relatively lower percentage of GBV experiences among individuals with a college education could suggest that this group may face unique challenges in terms of social and economic factors, potentially leading to a moderate risk of GBV.

Numerous studies have explored the relationship between the level of education and experiences of Gender-Based Violence (GBV). A prevailing finding across these studies is that individuals with higher levels of education tend to experience less GBV. Vanner (2022) conducted a cross-cultural study, revealing that higher education is associated with increased awareness of one's rights, empowerment, and a greater intolerance towards abusers. This heightened awareness and empowerment act as protective factors against GBV, contributing to lower prevalence rates among educated individuals.

Conversely, research suggests that lower levels of education are linked to higher risks of GBV. In marginalized communities, Peterman *et al.* (2020) found that educational disparities create an environment where dependency, economic stress, and strains are more prevalent, increasing the likelihood of GBV. Uhuru (2020) explored the impact of illiteracy in underserved communities and identified a lack of access to information and reduced awareness of rights as factors contributing to heightened vulnerability to GBV among illiterate individuals. The positive correlation between higher education and

decreased GBV prevalence is also evident in studies focusing on women's empowerment. Leta *et. al.* (2021) conducted a case study in rural communities, highlighting that women with higher education levels are more likely to challenge traditional gender norms, achieve economic independence, and access support networks. These factors contribute to reducing their vulnerability to GBV. It is therefore, that a higher level of education is associated with decreased experiences of GBV due to increased awareness, empowerment, and intolerance towards abusers.

4.9.5 How Employment status contributed GBV

Table 4.12 Cross tabulation Employment status and Experiencing GBV

		Employment status * Experienced GBV Cross tabulation				
				Experienced GBV		Total
				Yes	No	
Employment status	Employed	Count		2	3	5
		% within Employment status		40.00%	60.00%	100.00%
	Unemployed	Count		180	47	227
		% within Employment status		79.3%	20.70%	100.00%
	Self-employed	Count		9	14	23
		% within Employment status		39.1%	60.9%	100.00%
Total		Count		191	64	255
		% within Employment status		74.40%	25.60%	100.00%

Source: Research data, 2023

Table 4.13 Employment status and Experiencing GBV

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.701 ^a	2	0.001
Likelihood Ratio	1.091	2	0.580
Linear-by-Linear Association	0.042	1	0.838
N of Valid Cases	255		

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .35.

Source: Research data, 2023

Respondents were asked to state whether their employment status contributed to their experiences of GBV and results showed that 74.40% (191) of the respondents reported that their employment status contributed to their GBV experiences while 25.60% (64) were of the view that their employment status did not contribute to their GBV experiences.

The statistical analysis using the Chi-Square tests indicates a significant relationship between employment status and GBV during the pandemic. The Pearson Chi-Square test yielded a p-value of 0.001, indicating that the observed differences in GBV experiences among the different employment status categories are statistically significant. The data reveals distinct patterns in GBV experiences among individuals with different employment statuses. Among the participants, 79.3% of unemployed individuals reported experiencing GBV, 39.1% of self-employed individuals reported GBV victimization, and 40.00% of employed individuals reported GBV incidents. The differences in GBV prevalence across these employment status categories suggest that employment status is a significant intersectionality factor influencing the occurrence of GBV during the pandemic. Possible explanations for these patterns could be linked to the unique

circumstances and stressors experienced by individuals in different employment statuses during the pandemic. For unemployed individuals, the relatively higher percentage of GBV experiences may be attributed to heightened financial stress and the lack of economic resources. The loss of employment and financial instability may exacerbate existing tensions within households, leading to an increased risk of GBV.

For self-employed individuals, the lower percentage of GBV experiences could be associated with having more control over their work schedules and potential financial stability. However, it is essential to consider that self-employed individuals still face stress related to reduction of income due to lockdowns and curfews which increased financial pressures, which could impact their vulnerability to GBV.

The percentage of employed individuals experiencing GBV is higher than that of self-employed individuals, indicating that being employed does not provide immunity from GBV during the pandemic. For employed individuals, the pandemic's unique work arrangements, such as working from home and increased family cohabitation, might contribute to elevated tensions and potential conflicts, leading to a higher risk of GBV.

Having so many victims affected by loss of earnings implies that their dependency on other people (mostly spouses for the married) went up. This loss of income resulted in increased dependency, particularly among women and girls, who are often the primary caretakers in their households. A study conducted by Brysk (2022) found that women were disproportionately affected by job loss and income reduction during the pandemic,

and that this led to increased dependency and vulnerability to GBV. Reasonably, the increased dependency that resulted from a loss of income led to increased power imbalances within households, which increased the risk of GBV (Ghosh & Ghosh, 2022). For example, a study by Ghosh and Ghosh (2022) found that women who are dependent on their partners for financial support are more likely to experience intimate partner violence (IPV) than those who are financially independent.

Similarly, other studies such as the study by Solórzano *et al* (2020), showed that increased dependency on other people for support, upkeep and survival increases the likelihood of occurrence of GBV. Additionally, Murhula, *et al.* (2021) found that people without a regular income are viewed as a burden by the perpetrators of GBV and subject them to violence as a way to get rid of them.

4.9.6 How Social class contributes to GBV

Table 4.14 Cross tabulation of Social class and Experiencing GBV

Social class * Experienced GBV Cross-tabulation					
Social class			Experienced GBV		Total
			Yes	No	
Social class	Low income	Count	155	14	169
		% within Social class	91.70%	8.30%	100.00%
	Middle income	Count	24	53	77
		% within Social class	31.10%	68.90%	100.00%
	High income	Count	2	7	9
		% within Social class	22.20%	77.80%	100.00%
Total		Count	181	74	255
		% within Social class	71.0%	29.0%	100.00%

Source: Research data, 2023

Table 4.15 Relationship of Social Class and Experiencing GBV

	Chi-Square Tests		
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.478 ^a	2	0.004
Likelihood Ratio	2.132	2	0.344
Linear-by-Linear Association	1.432	1	0.231
N of Valid Cases	255		

a. 1 cells (16.7%) have expected count less than 5. The minimum expected count is .64.

Source: Research data, 2023

When respondents were asked whether their social class played a role in their victimization, 71.0% (181) were of the opinion that their social class had a role to play in their victimization. To this question, 29.0% (74) of the respondents were of the opinion that their social class had nothing to do with their victimization. The statistical analysis using the Chi-Square tests indicated a significant relationship between social class and GBV during the pandemic, with a p-value of 0.004, signifying that the observed differences in GBV experiences among the different social class categories are statistically significant.

The data reveals distinct patterns in GBV experiences among individuals belonging to different social classes. Among the participants, 91.70% of individuals in the low-income social class reported experiencing GBV, 31.10% of individuals in the middle-income social class reported GBV victimization, and 22.20% of individuals in the high-income social class reported GBV incidents. These findings suggest that social class is a significant intersectionality factor that influenced the occurrence of GBV during the pandemic.

The disparities in GBV experiences across social classes can be attributed to various factors associated with economic and social privilege or disadvantage. Individuals in the low-income social class are more likely to face financial hardships and resource constraints, which can contribute to increased vulnerability to GBV. Economic stress and limited access to support services may leave individuals in this social class with fewer options to escape abusive situations or seek help. On the other hand, individuals in the middle-income social class may have more resources and access to support systems, leading to a lower percentage of GBV experiences compared to the low-income group. However, it is essential to acknowledge that GBV can still occur in any social class, and middle-income individuals may face their unique challenges when seeking help or disclosing GBV experiences. The low percentage of GBV experiences among the high-income social class could be related to their socioeconomic advantages and access to resources. The financial stability and access to support networks may serve as protective factors against GBV for individuals in this social class.

Studies have shown that individuals from lower social classes are more likely to experience GBV, and that poverty and economic disadvantage are significant risk factors for GBV. For example, by Singh *et. al.* (2021) found that low-income women are at increased risk of intimate partner violence (IPV), and that poverty is a significant risk factor for IPV. The study found that women who experience poverty are more likely to experience IPV than those who are not living in poverty, and that poverty can increase the severity and frequency of IPV.

Another study by Spangaro *et. al.* (2021) found that low-income women are at increased risk of sexual violence, and that poverty can increase the risk of sexual violence by reducing access to resources and support. The study found that women who experience poverty are more likely to experience sexual violence than those who are not living in poverty, and that poverty can increase the severity and frequency of sexual violence. Additionally, a study by Kagesten *et. al.* (2021) found that women from low-income communities are at increased risk of GBV, and that poverty and economic disadvantage are significant risk factors for GBV. The study found that women who experience poverty are more likely to experience GBV than those who are not living in poverty, and that poverty can increase the severity and frequency of GBV.

Key informants were asked whether they felt that the Victim's gender, age, and employment status contributed to their experiences of gender-based violence. Results revealed that gender, age and socio-economic status of victims contributed to their victimization.

This is what a Clinician working at the rescue center had to say:

We received a large number of women at our rescue center who had been physically, emotionally and psychologically attacked, mostly by their husbands over a range of differences. Given that there were more women than men, it is evident that gender was a pointer to the likelihood of victimization. The clients we received were mostly young women in their mid-20s to early 30s and they attributed the causes of their GBV to domestic misunderstandings due to suspicions of cheating between themselves and their husbands. It was also evidence that majority of the victims of gender-based victims reported not being in employment and were fully dependent on their perpetrators for upkeep. (05/01/2023)

Findings from the above verbal citation reveal that gender, age and employment status were factors that precipitated gender-based violence among victims in Kakamega Central

Sub-County as most victims of GBV were women, they were young and were not in employment at the time of the gender-based violence.

This finding shows that Covid-19 negatively affected income earning activities of the victims of GBV and that this could have predisposed them to extreme dependency to other people, mostly perpetrators of GBV. Intersectionality has been studied previously in relation to gender-based violence. For instance, the study by Gill (2018) revealed that intersectional factors influencing the differential treatment include socioeconomic status, gender, gender identity, sexual orientation, age, disability, education level, and religion (Agustin & Lombardo, 2019).

Table 4.16 Combination of Gender, Age and Employment Status to Cause GBV Experiences

		Correlations			
		Gender	Age	Employment status	GBV
Gender	Pearson Correlation	1	-.007	-.009	.116
	Sig. (2-tailed)		.909	.889	.064
	N	255	255	255	255
Age	Pearson Correlation	-.007	1	-.033	.437**
	Sig. (2-tailed)	.909		.600	.000
	N	255	255	255	255
Employment status	Pearson Correlation	-.009	-.033	1	.216**
	Sig. (2-tailed)	.889	.600		.001
	N	255	255	255	255
GBV	Pearson Correlation	.116	.437**	.216**	1
	Sig. (2-tailed)	.002	.000	.001	
	N	255	255	255	255

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Research data, 2023

Statistical analysis conducted aimed to discern how the combination of Gender, Age, and Employment Status contributes to Gender-Based Violence (GBV) experiences. The two-tailed significance levels for these correlations are as follows: Gender and GBV (Sig. 2-tailed: 0.002); Age and GBV (Sig. 2-tailed: 0.000); Employment Status and GBV (Sig. 2-tailed: 0.001). These significance levels, all below the 0.01 threshold, demonstrate that these factors, when combined, played a role in GBV experiences. The analysis uncovered notable correlations between these factors and GBV, indicating the combined impact they hold in the context of victimization. Furthermore, the narratives shared by victims underscore the intricate relationship between Gender, Age, and Employment Status in contributing to GBV. These findings emphasize that the compounded effects of Gender, Age, and Employment Status can amplify the risk of GBV, especially in the unique circumstances posed by the pandemic. The significance levels validate the meaningfulness of these associations and underscore the importance of addressing the multifaceted nature of GBV's underlying causes.

Table 4.17 Combination of Marital Status, Level of Education, Social Class to Cause GBV

		Correlations			
		Marital status	Level of education	Social class	GBV
Marital status	Pearson Correlation	1	.486**	.061	.686**
	Sig. (2-tailed)		.000	.330	.000
	N	255	255	255	255
Level of education	Pearson Correlation	.486**	1	-.013	.770**
	Sig. (2-tailed)	.000		.834	.000
	N	255	255	255	255
Social class	Pearson Correlation	.061	-.013	1	.296**
	Sig. (2-tailed)	.330	.834		.000
	N	255	255	255	255
GBV	Pearson Correlation	.686**	.770**	.296**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	255	255	255	255

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Research data, 2023

Statistical analysis was conducted to establish how marital status in combination with level of education and social class, combined to contribute to GBV experiences. The two-tailed significance levels for these correlations are as follows: Marital Status and GBV (Sig. 2-tailed: 0.000); Level of Education and GBV (Sig. 2-tailed: 0.000); Social Class and GBV (Sig. 2-tailed: 0.000). These significance levels, all below 0.01, showed that indeed these factors when combined together contributed or worsened GBV experiences.

The analysis revealed significant correlations between these factors and GBV, indicating that their combined effects play a crucial role in victimization. Furthermore, the concept of intersectionality offers a lens to understand how the interplay of these factors during the COVID-19 pandemic, exacerbated by containment measures, lead to or worsened GBV experiences.

One of the GBV victims said this when asked on how the combined effects of marital status, level of education and social class contributed to her GBV experiences:

You know, I am a married woman who used to work as a waiter. When those lockdowns hit and hotels shut down, my husband lost his construction job too. With both of us stuck at home and no income coming in, things really took a turn. I only finished primary school, so my job choices before the pandemic were limited, and we lived on a low income without savings. Our marriage, my limited education, and our financial situation put us in a certain place socially. With no income, my husband's frustration grew, leading to abuse. But due to the lockdowns and being married, I felt trapped and couldn't leave. (20/01/2023)

The compounding effects of marital status, education level, and social class could amplified the risk of GBV within the household, highlighting how multiple factors intersected during the Covid-19 pandemic to create circumstances conducive to victimization .

Table 4.18 Correlation of Age, Level of Education, Employment Status with GBV

		Correlations			
		Age	Level of education	Employment status	GBV
Age	Pearson Correlation	1	-.008	-.033	.437**
	Sig. (2-tailed)		.904	.600	.000
	N	255	255	255	255
Level of education	Pearson Correlation	-.008	1	.107	.770**
	Sig. (2-tailed)	.904		.089	.000
	N	255	255	255	255
Employment status	Pearson Correlation	-.033	.107	1	.216**
	Sig. (2-tailed)	.600	.089		.001
	N	255	255	255	255
GBV	Pearson Correlation	.437**	.770**	.216**	1
	Sig. (2-tailed)	.000	.000	.001	
	N	255	255	255	255

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Research data, 2023

Statistical analysis was conducted to investigate how the interplay of Age, Level of Education, and Employment Status contributes to Gender-Based Violence (GBV) experiences. The two-tailed significance levels for these correlations are as follows: Age and GBV (Sig. 2-tailed: 0.000); Level of Education and GBV (Sig. 2-tailed: 0.000); Employment Status and GBV (Sig. 2-tailed: 0.001). These significance levels, all below the 0.01 threshold, affirm the meaningfulness of these factors collectively shaping GBV experiences.

The concept of intersectionality deepens our understanding of these findings. It reveals that the experiences of GBV are not determined by single factors, but by the intricate

interplay of Age, Level of Education, and Employment Status. In this context, individuals who are positioned at the intersection of multiple marginalized identities, such as being young, having limited education, and occupying low-level jobs, are exposed to heightened vulnerabilities. This is reflected in the significant correlations observed: as Age, Level of Education, and Employment Status intersect, their combined influence contributes to the occurrence of GBV. The significance levels validate the relevance of these connections and underscore the importance of addressing intersecting inequalities as we seek to prevent and mitigate GBV.

Table 4.19 Correlation of Age, Level of Education, Social Status with GBV

		Correlations			
		Age	Social class	Level of education	GBV
Age	Pearson Correlation	1	.060	-.008	.437**
	Sig. (2-tailed)	.000	.342	.904	.000
	N	255	255	255	255
Social class	Pearson Correlation	.060	1	-.013	.296**
	Sig. (2-tailed)	.342		.834	.000
	N	255	255	255	255
Level of education	Pearson Correlation	-.008	-.013	1	.770**
	Sig. (2-tailed)	.904	.834		.000
	N	255	255	255	255
GBV	Pearson Correlation	.437**	.296**	.770**	1
	Sig. (2-tailed)	.000	.000	.000	
	N	255	255	255	255

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Research data, 2023

Statistical analysis was conducted to determine the combined impact of Age, Social Class, and Level of Education on Gender-Based Violence (GBV) experiences. The two-tailed significance levels for these correlations are as follows: Age and GBV (Sig. 2-tailed: 0.000); Social Class and GBV (Sig. 2-tailed: 0.000); Level of Education and GBV (Sig. 2-tailed: 0.000). These significance levels, all well below the 0.01 mark, affirm the statistical significance of these interconnected factors in influencing GBV occurrences.

To further unravel these findings, the concept of intersectionality offers a lens through which we can comprehend how these factors converged during the Covid-19 pandemic to exacerbate GBV. Consider a scenario where the pandemic amplified existing inequalities. Individuals with diverse ages, lower social status, and limited educational opportunities faced a compounding effect. Lockdowns confined families, intensifying stress, financial instability, and limited external support. This environment, heightened by intersecting vulnerabilities, became a breeding ground for GBV. The data reflects this, as significant correlations between Age, Social Class, Level of Education, and GBV highlight the intricate ways these factors combined during the pandemic to contribute to victimization.

4.10 Victim's Perspective of the Interventions to Address the Spike in Gender-Based Violence during the Covid-19 Pandemic

The study's third objective sought to determine the victim's perspective of the interventions that were put in place to address the spike in gender-based violence during the Covid-19 pandemic. This was meant to gauge respondents' understanding of available interventions for GBV victims. To effectively address this objective, the following research question was formulated;

What are the victims' assessments of the interventions to address the spike in gender-based violence during the Covid-19 pandemic?

Research data on victim's assessment of interventions for addressing GBV during the Covid-19 pandemic was subjected to descriptive statistics and thematic analysis and findings presented in this section. The researcher sought to know whether respondents knew of any interventions meant to address GBV during the Covid-19 pandemic. Findings are presented in table 4.20 below,

Table 4.20: Knowledge of GBV Interventions during the Covid-19 Pandemic

Knowledge of Interventions	Frequency	Percentage (%)
Yes	203	79.61
No	52	20.39
Total	255	100.0

Source: Research data, 2023

From the results in table 4.20, 79.61% (203) of the respondents knew of intervention measures for addressing gender-based violence during the Covid-19 pandemic. It was also realized from the findings that 20.39% (52) of the respondents did not know of the interventions that were available for victims of GBV during the pandemic. The study went further to ascertain the types of GBV interventions during the pandemic and asked respondents to exemplify some of such interventions. Findings from the 203 respondents who indicated to have known the available GBV interventions are presented in table 4.21 below.

Table 4.21: Types of Interventions for GBV Victims during the Pandemic

Interventions	Frequency	Percentage (%)
GBV Hotlines	70	27.45
Online Services	40	15.69
Rescue centres	120	47.06
Government financial relief	25	9.80
Total	203	100.0

Source: Research data, 202

Results in table 4.21 above show that 47.06% (120) of the respondents knew about rescue centres as available interventions for GBV victims, 27.45% (70) of the respondents were aware of GBV hotlines as interventions through which help could be sought and 15.69% (40) of the respondents were aware of online services for reporting GBV acts during the pandemic. Further still, 9.80% (25) of the respondents were aware of government financial relief as an intervention measure for GBV victims during the pandemic. The study by Ekici (2020) revealed that in response to this situation, a number of interventions have been put in place to address GBV during the pandemic. One of the main interventions has been the provision of support services for victims. This can include hotlines and online support services, as well as safe houses and shelters. These services were crucial in providing victims with the support they need to escape violent situations and rebuild their lives.

Another key intervention has been the implementation of laws and policies to protect victims of GBV. This can include laws that provide for stricter penalties for perpetrators of GBV, as well as policies that support victims and provide them with the resources they

need to rebuild their lives. For example, some countries introduced emergency measures to provide temporary housing and financial support to victims of GBV during the pandemic. In addition to these interventions, there has also been a focus on raising awareness about GBV and its prevalence during the pandemic (Ekici, 2020). This can include public campaigns and educational initiatives that aim to educate people about the signs of GBV and how to seek help if they are in a violent situation. For example, some organizations launched social media campaigns to raise awareness about GBV and to provide information on where to seek help (Usher *et. al.*, 2021).

Respondents were asked to state whether the interventions meant to assist GBV victims during the pandemic actually helped them to overcome the negative effects of GBV and results revealed that 62.35% (159) of the respondents were of the view that the interventions did not help GBV victims in overcoming the negative effects of GBV during the pandemic. It was also revealed based on the findings of the study that 37.65% (96) of the respondents were of the position that the intervention measures were helpful to GBV victims. Respondents who indicated that the intervention measures were not helpful echoed the position that there was lack of interagency collaboration in assisting GBV victims and that some interventions such as accessing online services were costly since there was need for one to have a smartphone and to have internet bundles to be able to access online services and yet there were serious economic hardships that that time to even afford data. Previous studies have investigated the role of intervention measures in alleviating the effects of GBV during the pandemic.

Studies shows that most interventions during the pandemic failed to address the specific needs of victims. For example a study by World Health Organization (WHO) (2021) found that while laws and policies aimed at addressing GBV exist in many countries, they were often inadequately implemented, resulting in a lack of access to services and support for victims. In many cases, service providers are ill-equipped to respond to the unique needs of GBV survivors, including those with disabilities, or those who come from marginalized communities.

Another study by the United Nations Population Fund (UNFPA) (2020) found that existing interventions for GBV often lack a victim-centered approach, focusing instead on punishment and criminalization of perpetrators. This approach can result in a lack of support for victims, including access to essential services such as medical care, counseling, and legal support. Furthermore, the study found that existing GBV interventions often overlook the fact that violence against women and girls is not solely a criminal justice issue, but a public health and human rights issue that requires a multi-disciplinary response.

Similarly a study by International Rescue Committee (IRC) (2020) found that GBV interventions often fail to address the root causes of violence, such as poverty, inequality, and gender-based discrimination. Instead, they focus on individual and isolated incidents of violence, rather than addressing the underlying systemic issues that contribute to GBV. to explain the failure of interventions the Victim's specific needs a study by the Women's Refuge in New Zealand found that existing GBV interventions often lack adequate funding and resources, making it difficult for service providers to effectively address the

needs of victims. The study also found that existing GBV interventions are often poorly coordinated, leading to a lack of coordination and overlap between services.

One GBV victim who did not know about the existence of rescue centers and counseling:

I never knew about the existence of Rescue Centers for SGBV until I was admitted to the hospital after a severe physical abuse by my husband that led to convulsions, and it was the nurses who informed me about these centers where I could receive counseling and treatment to heal from the trauma. (03/01/2023)

The findings above indicate that a significant number of GBV victims during the pandemic were not aware of existence of GBV interventions such as rescue centers which explains why most victims could not seek help and the interventions could not serve its purpose. Therefore, the revelations calls for sensitization and educating the public and especially the victims on existing GBV intervention and how they can benefit from these interventions. Respondents were asked whether the interventions were specific to their needs and results presented in table 4.22 below.

Table 4.22: Interventions Specific to Individual Needs

Whether interventions were specific to individual needs	Yes	No
Yes	62	24.31
No	193	75.69
Total	255	100.0

Source: Research data, 2023

From the results in table 4.22, 75.69% (193) of the respondents indicated that the interventions were not specific to individual needs while 24.31% (62) stated that interventions were specific to individual needs. The 62 respondents who indicated that

the interventions were specific to individual needs were asked to say ways in which the intervention were specific and 69.55% (43) were of the view that service providers asked them what challenges they were facing before administering interventions and those who needed medical assistance due to the effects of physical violence were treated before admission to rescue centers. To this question 30.45% (19) of the respondents stated that they were involved in a step by step process the urgent needs required to return them to normalcy were identified and dealt with such as the need to get the out of the violent environment and the need to help them resettle safely after the occurrence of GBV.

Respondents who indicated that interventions meant to assist GBV victims during the pandemic were not specific to individual needs opined that they were just rescued and lamped together in rescue centres regardless of their needs and those who needed medical assistance were not assisted in meeting medical bills. They further alluded to the fact that due to economic hardships during the pandemic, it was not easy to raise money for treatment as the perpetrators of GBV were the in most cases the sole bread winners and could not meet the bills at the time due to disagreements that resulted into GBV. In line with previous studies on GBV during pandemics, it emerges that pandemics always force governments to rethink their priorities; therefore, when Covid-19 came, governments went into a frenzy by suspending all non-essential programs and redirecting all the resources to contain the diseases (John *et. al.*, 2020). Some of the government suspended programs included gender-based services that were used to attend to GBV victims.

By banning social gatherings and restricting movements through lockdowns, quarantines, and curfews, gender-based services such as shelters and social support

groups were shut down (John *et. al.*, 2021). Also, movement restrictions meant that victims would not access the needed gender-based services from hospitals, courts, police stations, and other government offices and non-governmental organizations. In Kenya, the suspension of essential gendered programs such as community rescue centers, awareness campaigns, women empowerment forums, schools, and religious gatherings will increase female genital mutilation by 2 million and spike child marriages by over 13 million in the next ten years (Stevens *et. al.*, 2021). Therefore, it is clear that more has to be done to tackle gender-based violence in society because it will be catastrophic if left unattended and unchecked.

One key informant attached to Gender office at Kakamega Central Police station had this to say regarding their inability to address the specific needs of the GBV victims during the pandemic:

During the pandemic, my role as a police officer in cases of gender-based violence was limited to arresting the perpetrator and ensuring their appearance in court, and unfortunately, we did not have the capacity or training to address the specific needs of the victims or delve into the underlying problems they might have been facing, such as economic strains or other factors contributing to the violence. (07/01/2023)

The above citation corroborate victim's claims that most of the GBV interventions were not tailor made to address the specific needs of the victims, instead most of the interventions were general and limited to general mandates of the responding officers. Most interventions for example the police were limited to judicial interventions, which include arrest, arraignment in court and sentencing only, but not addressing the underlying causes of GBV.

Respondents were asked to state what they thought should be done to improve the interventions and findings presented in figure 4.11 below.

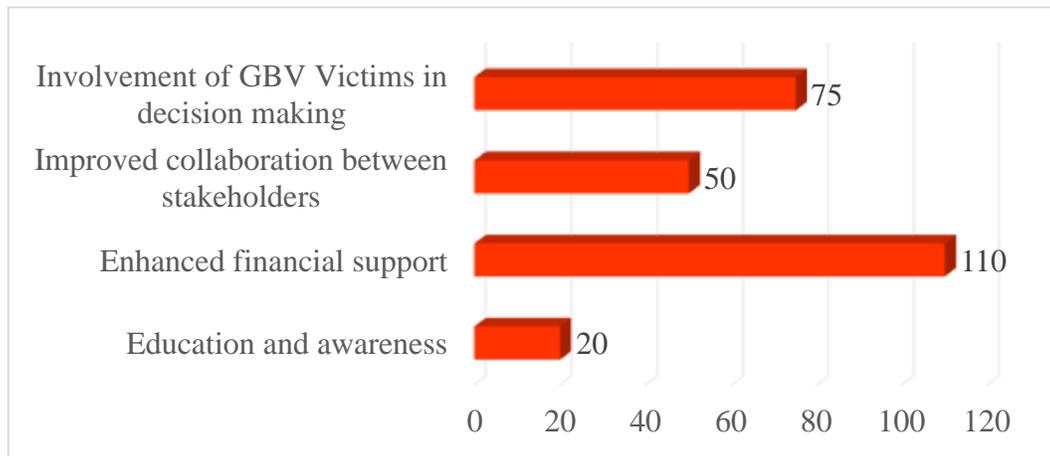


Figure 4.11: How to improve GBV Interventions

Source: Research data, 2023

Results in figure 4.11 above on ways of improving interventions meant to assist GBV victims show that 110 respondents indicated that there was need to enhance financial support from government and other non-state actors with a view to enable GBV victims to gain financial independence from their perpetrators. The study also found that 75 respondents called for the need to involve GBV victims in decision making, particularly with regard to decisions that directly affected their lives such as the place to live, the kind of support and the legal actions to take.

It was further established based on the study findings that 50 respondents urged for stakeholder collaboration and networking so as to achieve a coordinated approach towards assisting GBV victims during the pandemic while 20 respondents advocated for

education and awareness creation as a way to intervene in GBV cases. A previous study on GBV in India found that the government's reaction to the GBV issue during COVID-19 was tragically insufficient (Roy *et al.*, 2021). Non-profit groups intended to make protection officers more accessible to domestic abuse victims by displaying phone numbers of these officers outside their buildings. Roy *et al.* (2021) expressed a worry about the lack of urgency when it comes to domestic abuse situations under lockdown.

Helplines lose their usefulness if they are just captured as data and not utilized. A list of support services for women in India was put up by the National Commission of Women (NCW), India, and NGOs such as Jagori. Some of other interventions included, publicizing support services and resources such as making the hotline lines operable and supporting nonprofit organizations helping gender-based violence victims. Additionally, mechanisms were established to assist GBV victims by establishing a network of attorneys who could provide legal guidance to abused women over the phone. These measures were meant to breach the gap occasioned by Covid-19 containment measures.

Besides that, some governments invested in social support systems, especially mitigation measures that cushion their citizens from the economic crisis. Loss of income generates enough stress, leading to an increase in GBV cases (Murbula *et al.*, 2021). Other interventions to help GBV victims, include some governments to setting aside funds for protection purposes and erecting of shelters during the pandemic. Interventions included, strengthening legislations to address the menace (Peterson, 2016). Overall, the research on interventions for GBV during the COVID-19 pandemic has shown that a combination of support services, legal protections, and awareness-raising efforts is needed to

effectively address this issue. While progress has been made, there is still much work to be done to ensure that all victims of GBV receive the support they need during these challenging times.

One GBV victim had this to say in relation to what she thought should be done to improve the GBV interventions during pandemics:

During the pandemic, as a survivor of GBV, I personally experienced limitations in the support provided by police officers and health personnel due to inadequate funding. It was disheartening that their assistance was restricted to their professional roles. I vividly remember the day I was battered by my husband, police officers responded late to my distress calls because they didn't have enough fuel for their patrol car. I felt helpless and unsafe, as if my well-being wasn't a priority.

She continued narrating that:

I strongly believe that the government needs to allocate more funds to enhance financial support for GBV victims like myself, enabling us to gain the financial independence we need to break free from our perpetrators. Additionally, increasing funding to agencies fighting GBV is essential, as they play a crucial role in providing comprehensive support, including counseling, safe shelters, and legal aid. It's time to prioritize the needs of survivors and ensure that we have the resources and assistance necessary to heal and rebuild our lives. (27/12/2022)

The citations above underscores the need for government and other stakeholders to do more in terms enhancing financial support to agencies that fight and respond to GBV. Adequate funding will go a long way to enhance their response to GBV and assisting GBV victims.

Key informants in the study were asked if they knew of interventions that were available to GBV victims during the pandemic and findings revealed that majority of the

respondents confirmed knowing interventions that were in place to assist victims of gender-based violence.

One officer at the rescue center had this to say:

At the start of the pandemic, there was a drastic increase in gender-based violence cases and the government responded by putting in place intervention measures for assisting gender-based violence victims. Some of the interventions that were put in place included reduced taxation by government where most working people enjoyed reduced Pay as You Earn (PAYE) as a measure to have more money in people pockets given the many job losses. There were also hotlines, financial assistance and food relief for the vulnerable members of the community. (05/01/2023)

This finding confirms that respondents were aware of the intervention measures that were put in place to try and reduce the negative effects of gender-based violence during the Covid-19 pandemic. As to whether the interventions that were put in place to mitigate against gender-based violence were specific to individual needs of the victims, results revealed that the interventions were not specific to individual needs since most interventions were late in achieving their intended objectives.

A nurse at the rescue center had this to say:

Interventions put in place to mitigate against the negative effects of Covid-19 were not adequate and were not sensitive to needs of the victims. For instance, many victims of gender-based violence delayed to receive assistance even though assistance was there. Reporting cases of gender-based violence was not easy during lockdowns as the pandemic came with movement restrictions and loss of income. (04/04/2023)

The above finding clearly demonstrates that interventions that were put in place to assist victims of gender-based violence were not specific to the needs of the victims and were

not adequate in fully addressing the negatives effects of gender-based violence during the pandemic.

Respondents were asked to state what could be done to improve interventions for victims of gender-based violence.

One officer working at the rescue center had this to say:

There was need to agencies offering the same kind of services to Corroborate and network so as to create synergy in service delivery and not appear to be competing in provision of services to victims of gender-based violence. There was also need to conduct sensitization campaigns aimed at educating citizens on the negative effects of gender-based violence and what one needs to do in the event of the occurrence of gender-based violence either to themselves or to anybody else. The needs for support for victims of gender-based violence in terms of medical assistance and financial support was critical in the process of overcoming the negative effects of gender-based violence. (29/12/2022)

From the above finding, it was critical that collaboration is enhanced to have a common approach to provision of services to victims of gender-based violence. There was also need to increase the allocation of resources towards support for victims of gender-based violence. Those victims in need of medical treatment should be supported and their medical bills paid since majority always lack resources to secure proper medical treatment. Sensitization of the general public on the criminal nature of gender-based violence and the need to report cases of gender-based violence needs to be stepped up. The study by Mittal and Singh (2020) revealed that restrictive measures limit access to gender-based services and that governments need to create ways of reaching out to GBV victims. In Kenya, the government responded to the rising cases of GBV by partnering with Health Assistance Kenya (HAK) to manage a hotline for GBV victims. The hotline is free and linked with local health facilities, rescue centers, legal aid, and law

enforcement officers. This service is operated 24 hours seven days to ensure that GBV victims are attended to on time for their safety (State Department of Gender, 2021).

Furthermore, the government and its partners launched a mobile application platform named "Komesha Dhuluma" to bring gendered services close to victims during lockdowns and quarantines. The app also gives the victims emergency tips on what to do if they experience gender-based Violence (State Department for Gender, 2021). This is necessitated by the fact that in-person support was not viable due to the containment measures. However, the accessibility of these services to GBV victims is a question for research to obtain the victim's perspective if the intervention had any significant impact on addressing their problem. In an attempt to address the increasing backlog of cases due to the closure of courtroom sessions, the Kenyan judiciary rolled out a virtual system that would ensure that the hearing of cases would proceed despite the lockdowns (Muigua, 2021). In France, the government set up warning systems at public places such as grocery stores and pharmacies to enable victims to alert authorities without the perpetrator's knowing (Mittal & Singh, 2020). Additionally, governments like Australia issued guidelines on how to support those affected by GBV (Mittal & Singh, 2020).

4.11 Chapter Summary

The chapter presented the presentation, interpretation, and discussion of the findings in relation to the study objectives, which aimed to assess the effects of Covid-19 containment measures on gender-based violence (GBV). The chapter begun by discussing the response rate of the study, which was 91%, and provides an overview of

the targeted respondents, including GBV victims, staff members, police officers, and chiefs. Demographic characteristics of the respondents, such as age, gender, ethnicity, marital status, and education level, were presented. The chapter delved into the level of GBV before and during the pandemic, forms and frequency of GBV experienced, and the knowledge of GBV perpetrators by the victims. It further examined the impact of Covid-19 containment measures on GBV, including employment status, job loss, income reduction, and victimization caused by quarantines. The findings related to the intersectionality of GBV experiences based on gender, age, social class, employment status, marital status, and education level are also discussed. The chapter concluded by presenting the victims' perspective on GBV interventions during the pandemic, types of interventions, individual needs, and suggestions for improvement. Through a comprehensive analysis of the findings, this chapter has provided valuable insights into the impact of Covid-19 containment measures on GBV and the effectiveness of interventions in addressing this issue.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of major findings of the study, conclusions and recommendations on the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya. From the overall objective, this study examined the following specific objectives; to examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective, to assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic and to determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic.

5.2 Summary of the Findings

This study was conducted on the premise that Covid-19 containment measures had an effect on gender-based Violence in Kakamega Central Sub-County, Kakamega County. The study reviewed both theoretical and empirical literature on Covid-19 containment measures and gender-based Violence. From the review of related literature, a conceptual framework was constructed to conceptualize the relationship between Covid-19 containment measures and gender-based Violence in Kakamega Central Sub-County, Kakamega County. Guided by the conceptual framework together with objectives of the study, the research used a questionnaire for primary respondents that were the victims of gender-based violence and an interview schedule for key informants (rescue centre staff,

nurses, clinical officers, police officers, chiefs and counselling psychologist) to collect data. In summary, the following were the results of the study;

5.2.1 Covid-19 containment measures and the spike in gender-based violence

The first objective of the study sought to examine how Covid-19 containment measures contributed to the spike in gender-based violence. Research data on containment measures and data on gender-based violence prevalence was subjected to descriptive statistics and thematic analysis. From the results, it is evident that 89.02% (227) of the victims of GBV were unemployed, 9.02% (23) were in self-employment and 1.96% (5) were formally employed. From the results, it was evident that 78.04% (199) of the respondents had lost their jobs due to lockdowns while 21.96% (56) of the respondents indicated that they did not lose their jobs due to lockdowns. From the results, lockdowns resulted in job losses for majority of the victims of GBV. Results revealed that 87.06% (222) of the respondents experienced reduced income due to lock downs. The study also found that 12.95% (33) of the respondents did not experience income reduction due to lock downs. Findings of the study reveal further that 83.92% (214) of the respondents were of the view that quarantine contributed to their victimization. To this question, the study found that 16.08% (41) of the respondents indicated that their victimization was not tied to quarantine. The 214 respondents who indicated that their victimization was due to quarantine were asked to explain why they felt as such and findings revealed that 64.02% (137) connected their loss of jobs to increased dependency on spouses for a livelihood and that the increased dependency was the reason why they were subjected to GBV. It was also revealed 22.9% of the respondents that quarantine kept them close to their abusers and forced them to spend unusually longer spells of time together while 13.08%

opined that quarantine led to reduced income for the heads of their families and that the resultant financial pressure caused tension in their families that resulted in their victimization.

5.2.2 Intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic

The second objective of the study sought to assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic. Data on intersectional experiences of gender based violent victims was subjected to descriptive statistics and thematic analysis.

Regarding gender, 93.70% of respondents believed that their gender played a role in their victimization, with females (92.60%) experiencing significantly higher rates of GBV compared to males (33.30%). The Chi-Square test confirmed a statistically significant association between gender and GBV during the pandemic ($p = 0.002$), indicating that gender is an important factor in understanding GBV experiences.

In terms of age, 75.70% of participants thought their age contributed to their victimization. Younger individuals, particularly those aged 19-28 years (93.30%) and 29-38 years (92.50%), reported higher percentages of GBV. The Chi-Square test demonstrated a statistically significant relationship between age and GBV ($p = 0.003$), suggesting that age is a contributing factor in GBV experiences.

Regarding marital status, 49.20% of respondents believed it played a role in GBV victimization. Notably, 92.10% of married individuals reported experiencing GBV, while

the figures for single, divorced, and widowed individuals were lower (6.50%, 5.10%, and 11.10% respectively). The Chi-Square test supported a statistically significant relationship between marital status and GBV ($p = 0.002$).

Concerning education level, 71.80% of respondents believed it contributed to their GBV experiences. Participants with primary education (90.90%) and secondary education (91.20%) reported higher GBV rates compared to those with college education (35.4%) and university education (14.30%). The Chi-Square test indicated a significant relationship between education level and GBV ($p = 0.002$).

Regarding employment status, 74.40% of respondents believed it played a role in their GBV experiences. Unemployed individuals reported the highest percentage of GBV (79.3%), followed by self-employed (39.1%) and employed individuals (40.00%). The Chi-Square test demonstrated a statistically significant relationship between employment status and GBV ($p = 0.001$).

Lastly, social class was found to be a significant factor in GBV experiences. Among the participants, individuals in the low-income social class reported the highest GBV rate (91.70%), followed by middle-income (31.10%) and high-income social class (22.20%). The Chi-Square test confirmed a statistically significant relationship between social class and GBV ($p = 0.004$).

5.2.3 Victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic

The study's third objective sought to determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic. This was meant to gauge respondents' understanding of available interventions for GBV victims. Research data on victim's assessment of interventions for addressing GBV during the Covid-19 pandemic was subjected to descriptive statistics and thematic analysis. From the results, 79.61% (203) of the respondents knew of intervention measures for addressing gender-based violence during the Covid-19 pandemic. It was also realized from the findings that 20.39% (52) of the respondents did not know of the interventions that were available for victims of GBV during the pandemic. Results also showed that 47.06% (120) of the respondents knew about rescue centres as available interventions for GBV victims, 27.45% (70) of the respondents were aware of GBV hotlines as interventions through which help could be sought and 15.69% (40) of the respondents were aware of online services for reporting GBV acts during the pandemic.

Further still, 9.80% (25) of the respondents were aware of government financial relief as an intervention measure for GBV victims during the pandemic. Respondents were asked to state whether the interventions meant to assist GBV victims during the pandemic actually helped them to overcome the negative effects of GBV and results revealed that 62.35% (159) of the respondents were of the view that the interventions did not help GBV victims in overcoming the negative effects of GBV during the pandemic. It was also revealed based on the findings of the study that 37.65% (96) of the respondents were

of the position that the intervention measures were helpful to GBV victims. From the results still, 75.69% (193) of the respondents indicated that the interventions were not specific to individual needs while 24.31% (62) stated that interventions were specific to individual needs. The 62 respondents who indicated that the interventions were specific to individual needs were asked to say ways in which the intervention were specific and 69.55%(43) were of the view that service providers asked them what challenges they were facing before administering interventions and those who needed medical assistance due to the effects of physical violence were treated before admission to rescue centres. To this question 30.45% (19) of the respondents stated that they were involved in a step by step process the urgent needs required to return them to normalcy were identified and dealt with such as the need to get the out of the violent environment and the need to help them resettle safely after the occurrence pf GBV.

Results on ways of improving interventions meant to assist GBV victims show that 110 respondents indicated that there was need to enhance financial support from government and other non-state actors with a view to enable GBV victims to gain financial independence from their perpetrators. The study also found that 75 respondents called for the need to involve GBV victims in decision making, particularly with regard to decisions that directly affected their lives such as the place to live, the kind of support and the legal actions to take. It was further established based on the study findings that 50 respondents urged for stakeholder collaboration and networking so as to achieve a coordinated approach towards assisting GBV victims during the pandemic while 20 respondents advocated for education and awareness creation as a way to intervene in GBV cases.

5.3 Conclusions of the study

The conclusions of the study based on the specific objectives and the overall conclusion is presented in this section:

5.3.1 Overall Conclusion

The general conclusion of the study was that Covid-19 containment measures contributed to the spike in gender-based violence cases in Kakamega Central Sub-County by increasing social isolation, loss of jobs, loss of income, and increasing stress levels.

5.3.2 Conclusions Specific to Objectives

The first objective of the study sought to examine how Covid-19 containment measures contributed to the spike in gender-based violence from the victim's perspective. Research findings revealed that containment measures disrupted people's lives in terms of loss of employment, loss of income, difficulty in reporting gender-based violence cases and increase in gender-based violence cases. Based on the findings with regard to the first objective, a conclusion is made that Covid-19 containment measures contributed to the spike in gender-based violence in Kakamega Central Sub-County.

The second objective of the study sought to assess the intersectionality in experiences of gender-based violence victims during the Covid-19 pandemic. Results revealed intersectionality in experience of gender-based violence among victims. Based on the results of the study it is concluded that there was intersectionality in the experience of gender-based violence among victims in Kakamega Central Sub-County.

The study's third objective sought to determine the victim's perspective of the interventions to address the spike in gender-based violence during the Covid-19 pandemic. Findings of the study revealed that the victims did not find interventions adequate and not tailored to individual needs of the victims. In light of this finding, a conclusion is made that the victims did not find the interventions put in place to address the spike in gender-based violence during Covid-19 pandemic adequate.

5.4 Recommendations

With respect to the findings and conclusions of the study, the following recommendations are made:

- i. There is need to improve resilience and ability of vulnerable groups to overcome effects of gender-based violence during pandemics. This includes allocating more resources to GBV agencies and other GBV response teams.
- ii. There is need to view GBV experiences through an intersectionality lens and promote a multi-faceted response to diverse victim experiences by employing intersectionality in combating GBV.
- iii. The study also recommends that deliberate efforts be made to craft gender-based violence intervention measures in a manner that is responsive to the unique individual needs of the victims.

5.5 Suggestions for Further Research

The present study sought to assess the effects of the Covid-19 containment measures on gender-based Violence in Kakamega Central Sub-County, Kakamega County, Kenya.

A similar study may be conducted to investigate the effects of the Covid-19 containment measures on gender-based Violence in another County within Kenya and findings compared to those of this study. This will create awareness on the general effect of pandemics on gender-based violence. Another study may be undertaken to investigate the effect of Covid-19 containment measures on specific population like married men, or socio-economic status on gender-based violence. This is because socio-economic conditions such as loss of employment and income have been linked to increased prevalence in gender-based violence.

5.6 Chapter Summary

The Chapter provided a comprehensive summary of the major findings, conclusions, and recommendations based on the study's objectives. The chapter begun by summarizing the findings related to how Covid-19 containment measures contributed to the spike in gender-based violence, the intersectionality in experiences of GBV victims during the pandemic, and the victims' perspective on interventions to address the issue. The study concluded that Covid-19 containment measures had a significant impact on the increase in GBV cases in Kakamega Central Sub-County. The chapter presentd specific conclusions for each objective and offered recommendations based on the findings and conclusions. Additionally, it suggested areas for further research to deepen the understanding of the topic. This chapter synthesized the key findings, provided valuable insights into the implications of the study, and offered practical recommendations to address gender-based violence in the context of Covid-19.

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APPENDICES

Appendix I: Letter of Introduction

Dear respondent,

I am Jacob Meli, a graduate student pursuing a Master of Arts in Criminology at Masinde Muliro University of Science and Technology. As a requirement for my degree, I am currently conducting research on the topic "**Effects of Covid-19 Containment Measures on Gender-Based Violence in Kakamega Central Sub-County, Kakamega County, Kenya.**" The outcomes of this study will be valuable for policymakers and other stakeholders in formulating socioeconomic and policy strategies aimed at preventing gender-based violence, particularly during pandemics like Covid-19. You have been selected to participate in the sample, and your perspectives and experiences will be highly appreciated

Thank you

Consent

I have read the above guidelines and voluntarily agree to participate in this study.

Signature (respondent) Date

Appendix II: Questionnaire

(Tick or circle the appropriate answers to the below questions and do not indicate your name anywhere)

Section A: Demographic- Background Information

1. What is your age bracket?

Less than 18

19-28

39-48

29-38

Over 49

2. Sex/Gender

Male Female

3. What is your marital status?

Single

Divorced/Separated

Married

Widow/Widower

4. What is your level of Education?

Primary

College

Other

Secondary

University

5. What is your Employment status? Employed (), Unemployed (), Self Employed ()

6. Have you experienced gender-based Violence during Covid-19 pandemic? If yes, specify the nature of gender-based violence experienced during the pandemic.....

7. Do you know the perpetrator? Yes No

If yes, who are they? (Specify).....

8. Where did it happen? Home (), Family Member home () Neighbors Home () Work Place (), Village Road side ()

SECTION B: Victim perspectives on how the pandemic contributed to the spike in

GBV

1 Did you lose your job as a result of lockdowns? Yes No

2 Did your income reduce as a result of Lockdowns? Yes () No

3 Do you believe quarantines during the pandemic contributed to your victimization? Yes () No () If yes, in what ways, explain.....

Section C: Intersectionality of GBV Victim's experiences

1 Do you think your gender contributed to your victimization? Yes () No ()

If Yes, explain how your gender contributed to your victimization.....

2 Do you think your age contributed to your victimization? Yes () No ()

If Yes, explain how your age contributed to your victimization

3 Do you think your employment status contributed to your victimization? Yes () No ()

If yes, explain why you think it contributed to your victimization...

4 Did your level of education contributed to your GBV experiences?

Yes () No ()

If yes, explain how it contributed to your GBV experiences.....

5 Did your marital status contributed to your experiences of GBV?

Yes () No ()

If Yes explain how it contributed to your experiences of GBV.....

6 In what social class category do you consider yourself to be in? Low income () Middle Income () High Income ()

7 Did your social class played a role in your victimization? Yes () No ()

If Yes, explain in which way your social class played a role in your victimization

Section D: The victims' perspectives on the Intervention Measures put in place to address GBV

1 Do you know of any intervention meant to address GBV during the pandemic? Yes () No ()

If yes, what were these interventions? GBV Hotlines (), Online Services (), Rescue centers () Government financial relief ()

2 Did these interventions help? Yes () No ()

If No, explain why you feel they did not help.....

3 Were the interventions specific to your needs? Yes () No ()

If yes, in what ways were they specific to your needs

If No, how were they not specific to your needs?

4 What do you think should be done to improve the interventions, list down your recommendations

Appendix III: Interview Schedule for Key informants

Dear respondent,

I am Jacob Meli, a graduate student pursuing a Master of Arts in Criminology at Masinde Muliro University of Science and Technology. As part of the university's requirements for the degree, I am conducting research on the "**Effects of Covid-19 Containment measures on gender-based violence in Kakamega Central Sub-County, Kakamega County, Kenya.**" The study aims to collect victims' views, and the findings will be instrumental in helping policymakers and other stakeholders implement socioeconomic and policy strategies to prevent gender-based violence, particularly during pandemics such as Covid-19. You have been selected to participate in the sample, and your views and experiences will be highly appreciated.

Thank you

Consent

I have read the above guidelines and voluntarily agree to participate in this study.

Signature (respondent) Date

1 Name of institution -----

2 Does your current role involve contact with victims of gender-based violence

Yes { } No { } If yes, please explain in which ways are you involved with GBV victims.....

3 Do you think that the victims' gender, age, marital and economic status contributed to their experiences of gender-based violence? If yes explain how.....

4 Do you think victims experienced difficulties when seeking for assistance with GBV during Covid-19 pandemic? Yes (), No () If yes, explain how.....

5 Were there specific interventions put in place by your organization to address gender-based violence during the pandemic? Yes { } No { }

If yes, what were these interventions?

6 Were the interventions specific to the victim's needs? Yes () No ()

If yes, how were the interventions specific?

7 Did Covid-19 containment measures affect the above interventions? Yes { } No { }

If yes, in which ways did containment measures affect the interventions.....

8 Do you think these interventions addressed the victim's needs Yes () No ()

If yes, in what ways.....

9 Were the victims consulted when setting up the intervention measures to address GBV cases Yes (), No ()

10 Do you think more needs to be done to tackle gender-based violence in pandemic situations? Yes { } No { } If yes, what is it that needs to be done.....

Appendix IV: Map of Study Area

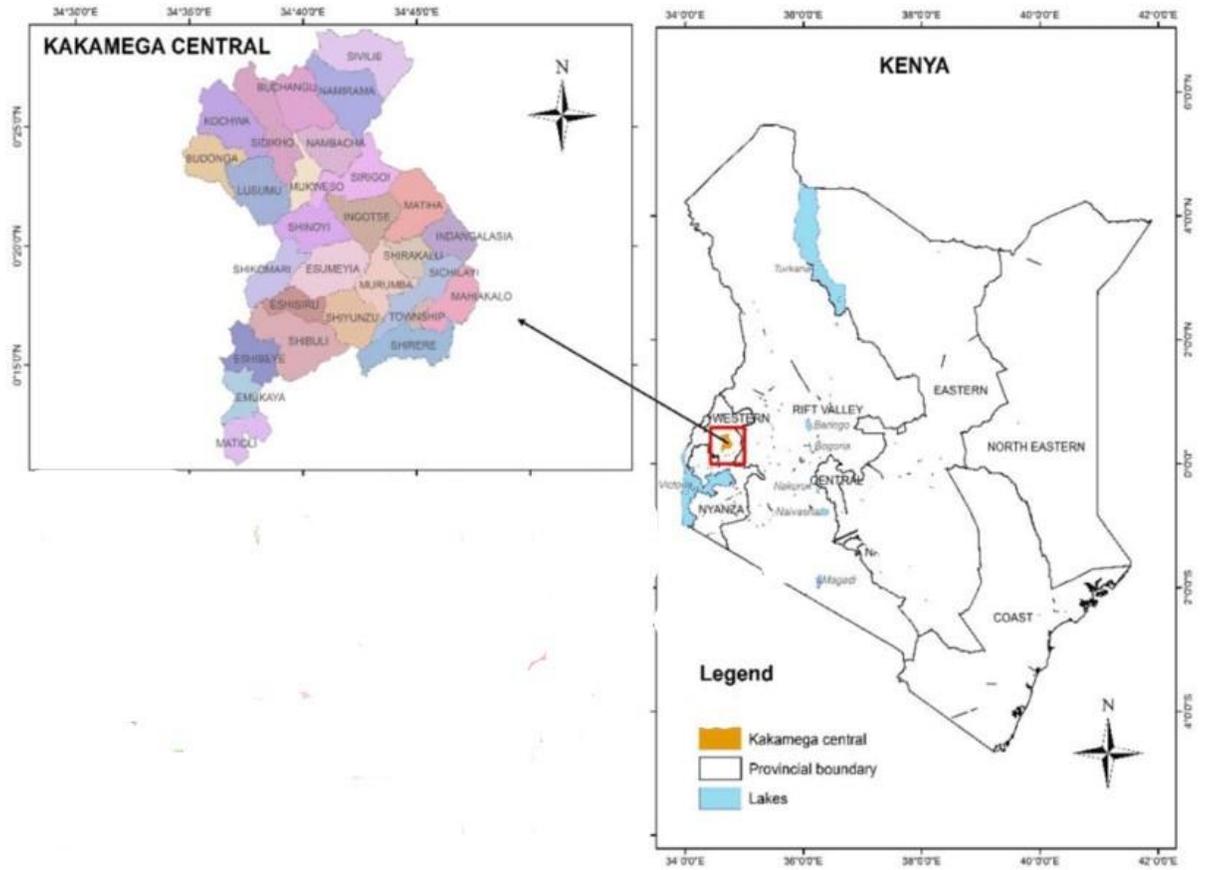


Fig. 1 Map of study area

Appendix V:Approval Letter



**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
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8th December 2022

Jacob Meli
CCJ/G/01-53034/2018
P.O. Box 190-50100
KAKAMEGA

Dear Mr. Meli,

RE: APPROVAL OF PROPOSAL

I am pleased to inform you that the Directorate of Postgraduate Studies has considered and approved your masters proposal entitled: *"Effects of Covid 19 Containment Measures on Gender Based Violence in Kakamega Central Sub-County, Kenya"* and appointed the following as you supervisors:

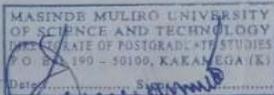
1. Dr. Mark Leting - MMUST
2. Dr. Thomas G. Onsarigo - MMUST

You are required to submit through your supervisor(s) progress reports every three months to the Director of Postgraduate Studies. Such reports should be copied to the following: Chairman, School of Arts and Social Sciences Graduate Studies Committee and Chairman, Department of Criminology and Social Work. Kindly adhere to research ethics consideration in conducting research.

It is the policy and regulations of the University that you observe a deadline of two years from the date of registration to complete your master's thesis. Do not hesitate to consult this office in case of any problem encountered in the course of your work.

We wish you the best in your research and hope the study will make original contribution to knowledge.

Yours sincerely,



Prof. Stephen O. Odebero, PhD, FIEEP
DIRECTOR, DIRECTORATE OF POSTGRADUATE STUDIES

