

Non-Kinetic Interventions with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

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Abstract

The complexities and demographic issues affecting the society are crucial and has a way of shaping the development of man and society. Children are exposed and responds to violence, conflicts and humanitarian crisis in different ways and suffer life-long effects. Globally both kinetic and non-kinetic interventions approaches are adopted to address these challenges and the crustal injustice of the global system. This study therefore, adopted a cross-sectional survey design and questionnaire was the instrument for data collection. The population of the study comprised Akamkpa, Obubra and Ogoja local government areas purposely selected from the three Senatorial Districts of the state because they are host communities to refugee in Cross River State. A total of 1140 respondents were selected from three Senatorial Districts by census sampling technique due to the relatively small population size. Simple Linear Regression was adopted to test the formulated hypotheses which were measured by using inferential statistics to test the hypothesis at 0.05 level of significance and the findings reveals that there is a significant relationship between non-kinetic interventions like mediation and negotiation, and social program, trauma support counselling of children exposed to violence and humanitarian crisis, also family dynamics, lack of support systems, and factorial dynamics significantly influence the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria. the study recommends that Governments must also adequate training of relevant professions and HAWs on child-sensitive violence prevention and response mechanisms. There should be active involvement of all stakeholders, implementation, monitoring and evaluation of interventions. Government and stakeholders should strengthen existing social services, including counseling, support groups, and community-based programs, to provide comprehensive support to children affected by violence.

Keywords: Non-kinetic, intervention, humanitarian crisis, conflict, violence, children

1. Introduction

The global insecurity, particularly terrorism and banditry in Nigeria, has exposed children to humanitarian crisis, and violence affecting them in a mirage of ways, and has defied simplistic solutions, pushing a number of the population to displacement and inhuman conditions. The application of kinetic interventions - military and law enforcement operations, has achieved some notable successes, however, these has not produced the outcome of sustainable peace and harmony. Instead, it has often fueled a cycle of violence between state and non-state actors, while local communities, women and children continue to suffer. To break this cycle, there is a compelling need to complement kinetic measures with non-kinetic strategies such as dialogue, community engagement, education, intelligence-driven peacebuilding, and socioeconomic empowerment programmes (Mohammed, 2025). The use of kinetic interventions to address the escalation conflicts and violence is necessary but insufficient. It weakens the operational strength of criminal groups but usually fails to address the root causes of insecurity and violence such as

poverty, unemployment, social injustice, and weak community trust in government. In some cases, heavy-handed operations or errors in operations create resentment among local populations, inadvertently creating recruits for criminal networks (Abel 2025).

The non-kinetic measures are designed to fill the gaps left by kinetic intervention - military and security forces' action, as well as reducing unnecessary pressures on security forces. These include: building trust through dialogue with traditional rulers, religious leaders, and local influencers, including the actors themselves; creating opportunities for youth through education, vocational training, and employment; rehabilitation and reintegration, including providing pathways for repentant bandits or militants to rejoin society; intelligence gathering and strengthening human intelligence networks within communities to prevent attacks before they occur (Abel 2025; Peace News, Network; UNHCR, 2023; Enagu, Okon, & Udoh, 2023; Howarth, 2016).

The complexities and demographic issues affecting the society are crucial and has a way of determining and shaping the development of man and society, and often times children are mostly affected by these complexities. Children are exposed to violence, conflicts and humanitarian crisis and they response to it in different ways. There are both kinetic and non-kinetic responses in addressing these everyday complexities that are challenging the crustal injustice of the global system (Obeten, Eyang & Ngim, 2024; Krug, Dahlberg, Zwi, & Lozano, 2002). These complexities are often the traumatic socioeconomic and cultural circumstances engendered by the deepening crisis of underdevelopment, conflict and violence, political relations and diplomacy, and instability, poverty and the unrelenting systemic pressure associated with poor resource distribution, pernicious and uncoordinated policies of the government and implementing agencies (Obeten *et al.*, 2024). Violence and conflict occur across a spectrum of settings, including the home, schools, online, institutional settings and in the community. Different forms of violence inter-connect along this spectrum and can also involve the same victims (Onu, Eze, & Udegbumam, 2017). Likewise, children placed in alternative care institutions, where rates of violence are high, are often there because of neglect or violence within their homes and families (Ewa, & Eja, 2021; Lindsay & Landis, 2016).

The application of kinetic intervention which involves the application of military weaponry to address violence where children are involved most essentially negate international protocols of child protection regulations (CRS - CRL 2023 UNHCR, 2025; 2024; 2017). However, the non-kinetic interventions (use of non-military objects), are measures used to influence behavior, resolve conflict, or deliver assistance without causing physical harm. These can be carried out by humanitarian organizations, governments, UN agencies, or peacekeeping missions (Onu, Eze, & Udegbumam, 2017). The aim to promote positive and social change, enhances individuals' well-being in society, thus creating a more equitable and shared socioeconomic prosperity (Onu, Eze, & Udegbumam, 2017). It emphasizes the need to improve the work environment, employee well-being and organizational performance. These non-kinetic interventions focus on case work with individuals, group counseling to community-wide policy implementations. Non-kinetic interventions in humanitarian crises are systematic actions taken without the use of military force or weapons to resolve conflicts and crisis. Instead of physical or military engagement, they rely on diplomacy, information, economic tools, and social support to protect civilians, reduce suffering, and stabilize communities (UNHCR, 2023; ALIMA, 2025, UNICEF 2017).

The philosophy and primary goal of non-kinetic interventions is to help children exposed to violence and children in conflict and high-risk crises zones to overcome obstacles and achieve their full functioning potential by providing support, resources, linkages and guidance that builds and develop self, group and community resilience (Mohammed, 2025; Onu, Eze, & Udegbunam, 2017). These non-kinetic interventions are driven on contemporary social work paradigms and cutting-edge models that facilitate the provision of support for children experiencing humanitarian crises and disasters like flood, terrorism, herder pastoralists conflicts, fire disaster, cyclones, tornados and earth quakes etc., even children experiencing domestic violence, abuse and neglect (Obeten, 2021). Non-kinetic interventions are a set of patterned and laid down procedures in helping and meeting the needs of the members of the society with a statutory mandate to support the welfare of vulnerable individuals and families, including the safeguarding, protection and regulation of children and victims (Onu, Eze, & Udegbunam, 2017; Lindsay & Landis, 2016). Understanding the operation, accessibility, and efficacy of specialized humanitarian crises and violence services focuses particularly to prevent conditions that destroys the mental and emotional wellbeing of children. The world is a functional theater, exposed to natural and human-induced crises and the crustal injustices of the global world and children, women, elderly and people with differential abilities suffer most.

In the past decade, 2.6 billion people around the world have been affected by both natural and human -induced disasters- earthquakes, floods, hurricanes, and other natural disasters, as well as public health emergencies-most recently, the Ebola, COVID-19 pandemic (Rowan et. al, 2021; Lone et. al; 2020; Latanda et.al, 2020; He et.al, 2017). Climate-related disasters threaten and disrupt millions of lives each year and children and women are mostly affected. In 2018 alone about, 17 million people suffered displacements from storms, floods, earthquakes, droughts, wildfires hurricane etc. These Humanitarian interventions are planned actions and initiatives targeted in meeting the needs of vulnerable populations in the society according to scale of population, locations and magnitude of the crisis (Uben, 2019; Obeten, Obue & Ogar 2022). According to the UNHCR 122.1 million people were forcibly displaced in 2024 globally, with 73.5 million internally displaced and 48.8 million children displaced due to conflicts and violence. The report from the Internal Displacement Monitoring Centre (IDMC) indicated that about 83.4 million people were internally displaced in 2024 with 73.5 million due to conflicts and violence while UNICEF reported that 48.8 million people were displaced due to conflict and violence in 2024, out of this number 19.1 million refugee children and 29.4 million internally displaced children (hias.org, Unicef.org reliefweb.int). and UNHCR in 2025, 117.3 million people were forcibly displaced, while 67.8 million were internally displaced and 42.5 million were refugee and 49 million (40%) children forcibly displaced population, 8.4 million asylum seekers and 33.8 million where children in IDP and 19.1 million were refugee children. Most of this displacement is due to crisis and conflicts in Sudan, Ukraine, Myanmar, Syria, Afghanistan, Palestine etc. In Nigeria about 126,000 refugee and asylum-seekers from 41 countries, with most living in Cross River, Taraba, Akwa Ibom, Adamawa and Benue states and Abuja. While the country is host to about 3.5 million internally displaced people (IDPs), largely due to conflict, terrorism, insecurity and climate disasters. Evidence from UNHCR suggest that there are about 60% of children refugee with about 12, 807 unregistered refugees (UNHCR, 2025; 2024; 2023; ALIMA 2025).

The prevalence of conflicts and violence necessitating humanitarian actions has made it compelling and critical for the use of non-kinetic approach at the frontlines in identifying, preventing, and responding to such crises (Sabeeha 'Sabs' Quereshi 2024). Humanitarian Aid Workers (HAWs), like social workers are uniquely positioned to intervene in conflict and

violence situations due to their expertise in crisis intervention, risk assessment, and advocacy. Their role is not limited to providing immediate support to victims but also extends to long-term prevention, support and follow-up care through community education, and awareness creation, empowerment programs and socioeconomic livelihood options (Enagu, Okon, & Udoh, 2023; Ewa, & Eja, 2021; MacMillan & Harriet, 2011). The prevalence of humanitarian crises and conflicts has significant implications for the well-being and development of children who are witnesses or victims of such crises. These experiences form a long-lasting impression and scares on the minds of these children, who may internalize such behaviours a normative way of live on the long run, while other children may develop maladjusted behaviour, emotional and psychological imbalance as a result of these conflicts, violence and associated abuses.

Every child has the right to freedom from all forms of violence. This is not just common sense and basic morality, it is also an international legal obligation as enshrined in international human rights treaties, including the Convention on the Rights of the Child (CRC), and the Child's Right Act 2003, Cross River State Child Right law 2023, which specifically outline the implications. Without the threat of violence, girls and boys are free to develop their talents and skills to their full potential and shape their future (UNICEF, 2023; 2017). The potentials for positive change are enormous, but for now, violence remains a pervasive phenomenon that blights the life of millions of children, haunts entire communities and stifles the prospects for sustainable development and social progress. Violence against children takes place in every setting, including schools, care institutions and at home, churches etc. Like a contagion, violence spreads through communities and is transmitted to future generations. Across regions and countries, it threatens children's survival and development, erodes family structures, jeopardizes education, generates social insecurity and consumes precious national resources.

All children are at risk of violence, especially children with differential abilities, those who migrate, those who are confined to institutions, and those whose poverty and social exclusion expose them to deprivation, neglect and at times to the inherent dangers of life on the streets (UNICEF, 2024; 2023 ;2017). Many of the greatest dangers are associated with the earliest years, when incidents of violence can have an irreversible impact on children's development and well-being, and may even put their life at risk. There are also specific dangers for adolescents, who face risks in their transition to adulthood and may be drawn into, or targeted by, particular forms of violence, including community and street violence, sexual abuse and exploitation and bullying and abuse through information and communication technologies. Furthermore, many types of violence have a gender dimension, with girls particularly at risk of sexual violence and boys of more severe physical punishment and gang-related violence (Sabeeha 'Sabs' Quereshi, 2024; Okon & Abu, 2019). A child who is expose to violence in one particular context or setting is more likely to experience violence in other settings, and vulnerable children risk becoming 'poly-victims'. Nowhere is totally safe, even a child's home can be a place of danger because of the abuses and violence taken place at home and with close associate or known persons (Ekuri, & Emanuel, 2020; Krug, Dahlberg, Mercy, *et al.*, 2002; Hughes, 1988). Some harmful practices, such as female genital mutilation/ cutting, child marriage and so-called 'honour' killings, acid attacks or accusations of witchcraft, are often deeply-rooted in traditional sociocultural norms, which are condoned by the families and communities. Violence against girls' and boys' cuts across boundaries of age, race, culture, wealth and geography. It takes place in the home, on the streets, in schools, in the workplace, in detention centres and in institutions for the care of children.

According to DOHS Cares Foundation's femicide report, 2025, violence manifests itself in many forms: neglect, physical and emotional violence, sexual abuse, rape, trafficking, torture, inhuman and degrading treatment or punishment, forced and child marriage, acid attacks, killings in the name of honour, forced begging, bonded labour, debt or money marriage etc. Such violence also has serious and long-lasting consequences on children. It compromises the child development and increases the risk of poor health, psychomotor and cognitive development, poor school performance and long-term welfare dependency. It is often associated with poverty and deprivation, and acts as a brake on the potential of individuals and nations. Violence of any form including domestic violence is the misuse of power and the exercise of control by one individual over another, generally by men over women with whom they have been in an intimate relationship (DOHS, 2025; Obeten, 202; Okon & Abu, 2019).

Children who witness or experience and or exposed violence and conflicts, domestic violence in their homes are particularly vulnerable to sexual exploitation and harassment and can suffer long-term physical, developmental delays, mental health issues, emotional, and psychological consequences like those who experience large scale humanitarian conflicts and violence (Murphy & Casey, 2019; Herman, 1992).

Statement of the problem

Violence remains a pervasive phenomenon that blights the life of millions of people with children being the most vulnerable, and haunts the entire life of the child, the communities and stifles the prospects for sustainable development and social progress. Violence against children takes place in every setting, including those where children should be safest; in schools, care institutions and at home and humanitarian camps. Nowhere is totally safe, even a child's home can be a place of danger. Some harmful practices, such as female genital mutilation and facial, child marriage and so-called 'honour' killings, acid attacks or accusations of witchcraft, ritual killing etc. are often deeply-rooted in traditional social norms and condoned by the families and communities. Violence against girls' and boys' cuts across boundaries of age, race, culture, wealth and geography and forms a dangerous posture for community development and social progress. Across regions and countries, it threatens children's survival and development, erodes family structures, jeopardizes education, generates social insecurity and consumes precious national resources. One sure resource system in midwifing social change and addressing the issues affecting children and society is through non-kinetic intervention. According to UNICEF, one in five children worldwide has experienced physical, emotional, or sexual violence (UNICEF, 2020). According to the World Health Organization (WHO, 2020), approximately one billion children aged 2-17 years have experienced physical, emotional, or sexual violence in the past year, representing about 50% of all children worldwide. The highest prevalence of violence against children is found in the African Region followed by Eastern Mediterranean Region (WHO, 2020). Both boys and girls are affected, but girls are more likely to experience sexual, physical and emotional violence and perpetrators in most cases, are parents, caregivers, or other family members and familiar persons (WHO, 2020). Most often girls are often forced into early marriage and are at risk of punishment if they attempt to escape from their husbands. In Nigeria, the National Population Commission (NPC) reports that 14% of children aged 0-17 have experienced physical violence, with 5% experiencing sexual violence (NPC, 2019). The problem of violence among children is complex, deeply rooted, and often systemic, and poses a significant threat to the safety and healthy development of children with long lasting impacts on their lives. Furthermore, the social, economic, and cultural factors that contribute to domestic violence

further complicate the issue. Therefore, it is essential to address this problem through effective social work intervention strategies that prioritize the safety and well-being of the children involved.

Violence and conflict are often influenced by poor rule of law, weak enforcement, high levels of organized crime and homicide rates, and a culture of impunity. For children, violence goes hand-in-hand with deprivation and high risks of poor health, poor school performance and long-term welfare dependency. Beyond its impact on child victims and their families, violence is associated with far-reaching costs for society, diverting billions of the naira from Governments and non-governmental organizations like UNHCR, UNICEF, World Bank etc. The spate of terrorism and banditry couple with climate failure, disasters and population displacements calls for an effective high-level coordinating mechanism with the authority to promote and oversee implementation of non-kinetic agenda.

Walking along the major streets in Nigerian states especially in the North, Lagos, Benue and Cross States one can easily feel the problem and can find children in all the streets who suffer from conflicts and humanitarian crisis such as abused, neglected abandoned, or violated by parents, caregivers and humanitarian workers and religious leaders. Such children find expression in criminal activity, larceny and other social vices and may grow up to be criminals.

It is against this backdrop, that this study examines the application of Non-kinetic interventions to promote safety of children and populations and contributes to social justice through policy advocacy, community awareness and sensitization programs and resource linkages that expand their social economic psychological and health outcomes of children exposed to violence and humanitarian crises in Cross River State, Nigeria.

Objectives

The overall objective of this study examines application of Non-Kinetic Interventions with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

- i. to assess the effectiveness of Non-Kinetic Interventions with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria
- ii. how do family dynamics expose children to Violence and Humanitarian Crises in Cross River State, Nigeria
- iii. what are barriers that prevent application of Non-Kinetic Interventions with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

Significance of the study

Non-kinetic interventions in violence and humanitarian crises are strikingly interwoven and provides a comprehensive guide to the care of vulnerable populations, children, women, people with differential abilities etc., and safeguarding the development of children in society. The significance of this essay is examining the causes, effect of domestic violence on children and to offer substantial solutions that will benefits to various stakeholders, including caregivers, social workers, children, family policymakers, and provide platform for building literature. the It will help children, their parents, especially those who believe that violence is a normative culture.

Theoretically, the study provides HAWs and health workers, social workers, security agencies, etc., with valuable insights into the effectiveness of using non-kinetic interventions in managing violence and conflict that result to humanitarian crisis. This knowledge can enhance their understanding of the unique challenges faced by these children, enabling them to develop more effective and targeted intervention strategies. The study helps to identify gaps in existing kinetic interventions, and aims to advocate for improvements that can directly enhance their educational and social needs as well as providing children expanded opportunities for maximizing their potentials. The study will provide frame work for policy direction with evidence-based insights into interventions for children exposed to violence in Cross River State, Nigeria and the general society at large.

2.0 Literature Review and theoretical framework

2.1. Conceptual clarification of violence and humanitarian crises

The term violence is a complex and multidimensional phenomenon with severe consequences on the individual and society in general. Violence takes many forms like domestic violence or intimate partner violence is an abusive behaviour, physical abuse, emotional violence, psychological violence and financial violence, structural violence and sexual violence. Conflicts, terrorism and banditry result in population displacement and negative social current and these affects the individuals and community in different ways especially, children and women, calling for a more robust community and client entered intervention for the protection and well-being (Ekuri and Emmanuel, 2020). Krug, Dahlberg, Mercy *et al.*, (2002), defines violence as a destructive behavior, and domestic violence as in an intimate relationship where one person tries to dominate and control the other in a dating or marital relationship or in cohabitation, which causes physical, psychological or sexual harm to those in that relationship. Violence includes acts of power and cultural relations, physical aggression like slapping, hitting, kicking or beating and evening burning, psychological abuse such as intimidation, constant belittling or humiliation, forced sexual intercourse or any other controlling behavior like isolating a person from family and friends, monitoring their movements and restricting access to information or assistance. domestic violence is a deliberate act and is rarely an isolated event. Over time, the violence tends to increase in frequency and severity.

According to Krause (2025), Mullender *et al.*, (1994), Hughes (1988), the connections between domestic violence and child abuse, and violence in humanitarian crises, have been well established through research. In all scholars agree that violence of any kind has effect on children adversely especially, their self- esteem, their relationships and their behavior (Jaffe et al. 1990; Hossain, Zimmerman, Kiss, et al. 2014. UNICEF (2020), equally noted, that children may also be caught up in the violence and even during humanitarian crisis and be directly physically abused by care givers, parents and Humanitarian Aid workers (HAWs). If the abuse is at home, it may follow the same abusive pattern which men use towards their mothers may also be used towards them and ultimately may led to death of children. HAWs like nurses, paramedics, social workers, security official etc., play crucial role in addressing and preventing violence especially during emergencies by providing support, advocacy, and resources to affected individuals and families, ensuring the safety and well-being of these individuals (UNICEF, 2023). One of the key aspects of these non-kinetic interventions in cases violence and humanitarian crisis is the assessment of the child's safety and needs using triage mechanism. This assessment helps HAWs develop personalized intervention plans that address the specific needs of the child and ensure their safety and protection. In addition to assessment, other range of services to child survivors of domestic

violence, including counseling, advocacy, and support services. Counseling helps children process their trauma and develop coping mechanisms to deal with the emotional and psychological effects of abuse. Advocacy involves speaking up for the rights and needs of the child within the legal and social systems, ensuring that their voice is heard and their rights are protected (Mosley, 2013). Furthermore, HAWs and crisis management team and social workers work collaboratively with other professionals and agencies, such as law enforcement, child protective services, and mental health professionals, to provide comprehensive support to child survivors of conflict and violence. This multi-disciplinary approach ensures that the child receives the necessary support and resources to break the cycle of abuse and promote their safety and well-being.

Concern about domestic violence and humanitarian crises are global issue that affects many people especially children and women worldwide, with profound effects on their physical, emotional, and psychological well-being (WHO, 2020). Children who witness domestic violence are more likely to experience anxiety, depression, and post-traumatic stress disorder (PTSD) (Holt, Buckley and Whelan, 2012). Violence against children is concerned with different kinds of violence against persons under eighteen years old of age. Such violence could be perpetrated by peers, parents, caregivers, strangers or romantic partners. Violence against children takes both physical and non-physical forms encompassing sexual abuse, maltreatment, neglect, emotional abuse and exploitation.

Children desire affection and unconditional love from parents, care givers, guidance, close relatives and friends. They also deserve the provision of basic facilities to aid proper social, physical, career and psychological development. Unfortunately, in most cases such affection and care are virtually absent especially in humanitarian crisis. Some children experience harmful traditional practices at home, such child marriage, child labour, and discrimination against girl child exert negative influence on children as well as increase their vulnerability to neglect and abuse. Child abuse occurs when a caregiver's actions and/or inactions result in a child being seriously harmed or placed at substantial risk for imminent harm or death (Child Welfare Information Gateway, 2020). The four common types of child abuse are physical abuse, sexual abuse, neglect, and emotional abuse.

- i. Physical abuse - The intentional use of physical force that can result in physical injury. Slapping, pushing, punching, kicking shaking or burning a child or not allowing a child to eat, drink or use the bathroom.
- ii. Sexual abuse - Pressuring or forcing a child to engage in sexual acts. Rape, incest, fondling, indecent exposure, using a child in pornography or exposing a child to pornographic material.
- iii. Emotional abuse - Behaviors that harm a child's self-worth or emotional well-being. Frequently verbal, involving insults, constant criticism, harsh demands, threats and yelling.
- iv. Neglect - Failing to meet a child's basic physical and emotional needs. Failing to provide a child with food, shelter, education, medical care and emotional support.

At least one in seven children have experienced abuse in the past year, 84.5% of victims experienced one type of abuse, and 15.5% are victims of two or more types of abuse (The Child Welfare Information Gateway, 2020). Incidences of violence against children and violations in humanitarian crises and camps are being reported across the globe. Violence Against Children in Nigeria according to the National Population Commission with the support of UNICEF demonstrated high prevalence. It was also revealed that 6 in 10 children experienced other forms

of violence while 50 percent experienced physical violence. In addition, 1 in 10 boys and 1 in 4 girls experienced sexual violence, while 1 in 5 boys and 1 in 6 girls experienced emotional violence by guidance, relative, caregiver or parent (UNICEF, 2017). A study in Lagos found that 62% of children experienced physical violence, and 44% witnessed domestic violence (Oluwatayo, Olayinka, Babatunde and Atilola, 2018). A study in Calabar found that 52% of children experienced physical violence, and 38% witnessed domestic violence. Another conducted in Calabar Municipality, Cross River State, reveals that 37.5% of children have witnessed intimate partner violence (IPV), with 23.1% experiencing physical violence themselves (Ekuri *et al*, 2020). According to UNFPA publication on gender-based violence, 5.7% of children are currently married in cross River State, 11.9% has experienced female genital mutilation. (UNICEF, 2022).

Early exposure to childhood abuse and exploitation has short, medium and long-term consequences on the child. The adverse effects include impaired lifelong physical and mental health, poor academic performance, depression, high risk behaviour such as smoking, alcohol and drugs abuse and unsafe sex. (WHO, 2020). Domestic violence and violence against women and children in humanitarian crises incorporate physical, sexual, emotional, financial or verbal abuse. Domestic violence has adverse effect on children, both as victims and witnesses. Intimate partner violence is common among girls within child marriages or early forced marriages. Children and women who are victims to domestic and intimate partner violence experience psychological and emotional trauma (UNICEF 2025; Howarth, E. (2016). These impact negatively on their ability to learn social, cognitive and emotional functioning. Apart from the behavioural and academic problems, the long-term effects occur and can persist to adulthood. Such can be expressed emotionally through feelings of guilt, fear, anxiety, depression, shame and anger. Physically, the victims may experience persistent headaches, inability to concentrate and bedwetting (Shanti, Ayesha, Rajeev, et al, 2018). These adverse consequences on the child which persist into adulthood inhibit the child's socioeconomic development and that of the society at large.

Conflicts, domestic violence and humanitarian crises have been associated with numerous social problems, including teenage pregnancy, runaway and homeless youth, alcoholism, drug and substance abuse, crime and delinquency, with extensive range of health, mental health, and behavioral dysfunctions (Falb, Hopkins, Kpebo, Gupta, 2024). Ether and Birzer (2007), define domestic violence and violence taking place during humanitarian crises as human rights violations involving physical, psychological, emotional or sexual violence within the family and the. are space. This violence occurs without regard to race, age, sexual orientation, religion, or gender. Most often if a child grows up in a violent environment violence, is seen, taught that violence is a normal way of life. A behavior inculcated by the very people who are supposed to provide him with love and comfort. This sets in motion a vicious cycle where children of abusers become abusers themselves (Ewa, & Eja, 2021; Okon, & Abu, 2019a Okon, & Abu, 2019b).

A final general risk factor is that the presence of violence in one family relationship increases the risk that there will be violence in others. For example, children in homes in which there is violence between their parents are more likely to experience violence than are children who grow up in homes where there is no such violence. Moreover, children who witness and experience violence are more likely to use violence toward their parents and siblings than are children who do not experience or see violence in their homes ((Ekuri *et al*, 2020). Violence against children includes all forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.

Non-kinetic interventions in humanitarian crises - these are broad actions taken without the use of force or weapons. Instead of physical or military engagement, they rely on diplomacy, information, economic tools, and social support and linkages to protect children, women, elderly and those who are differently challenged, civilians, reduce suffering, and stabilize communities (Mohammed, 2025; Tersoo, Oryina, & Tough, 2025). These interventions are essential tools in resolving violence and humanitarian crises without the application of force because they address the human social, economic, cultural and political dimensions without resorting to force. Humanitarian interventions- are planned actions and initiatives targeted in meeting the needs of vulnerable populations in the society according to scale of population and locations and magnitude of the crisis (Uben, 2019; Obeten, Obue & Ogar 2022). They help create conditions for promoting peace, deliver aid safely, reduce trauma, and support long-term recovery. The non-kinetic approach are measures used to influence behavior, resolve conflict, or deliver assistance without causing physical and mental or psychological harm. These can be carried out by humanitarian organizations, governments, UN agencies, or peacekeeping missions through HAWs and caregivers (Onu, Eze, & Udegbonam, 2017). These interventions include but not limited to Negotiation and mediation, Psychological and social support, Information operations (e.g., public health messaging), Economic assistance, Cyber or communication-based efforts, Community engagement and education, community dialogue, Secure safe corridors for aid, Prevent retaliation or human rights abuses. Largely, they can be affected through Gaining access to affected populations and building trust with local communities and coordination with governments and non-state actors to prevent or resolve conflicts. However, critical to these non-kinetic interventions are the psychosocial support programs to help people cope with trauma, rebuild identity, and maintain resilience, maintain and manage accurate information and communication effectively during crises (e.g. epidemics or conflicts), false information spreads quickly as well as improves public health compliance. Information campaigns should revolve around early-warning systems for conflicts and disasters like floods or droughts and radio broadcasts promoting peace or de-escalation (Uben, 2019; Ugala, 2020), UNICEF, 2024; 2017; WHO 2020). UNHCR, 2025; 2024; UNICEF, 2024; 2017; WHO, 2020, outlined following are critical task that involves non-kinetic interventions:

- i. Shared responsibility and economic tools: Shared responsibility is part of the resilience to strengthen local systems and resource networks, through capacity-building for local governments, health systems, and community groups to help stabilize crisis and conflicts without external force. Livelihood support options are critical economic tools to scale down violence and build trust and reduce dependency, through cash assistance and livelihood support options to displaced families, cash transfers schemes, paid vouchers and micro small and medium scale enterprise and hand on the deck skills programs that promote positive work environment and business growth. (Obeten, 2021; 2018), or financial sanctions to pressure actors toward peace (carefully used to avoid harming civilians).
- ii. Preventing and managing conflict and violence necessitate the use community-based engagement and partnering with local leaders and training of volunteers and building inclusive governance to prevent unrest and truth within the systems. Humanitarian Aid Workers and Social workers working with vulnerable populations assist them to develop self-esteem, financial independence, and emotional resilience, which are essential in preventing domestic violence. These programs are particularly targeted at individuals who are at higher risk of becoming victims, such as women in low-income communities and their children, people with disabilities, or those with a history of trauma.

- iii. Community Education and Awareness outreach programs: to raise awareness about conflict and violence, and its warning signals. Educational campaigns help communities understand the dynamics of abuse, de-stigmatize victims, and provide resources for those seeking help. Research has demonstrated the effectiveness in mitigating the effects of domestic violence. Programs that integrate trauma-informed care, counselling, and family support have shown promising results in improving outcomes for affected children (Patterson et al, 2021).
- iv. Technological / Digital Interventions and collaborations- information and communication technology has revolutionized and reduced the world to a global village, information and communication spread in a speed of light with the use of mass media and digital tools to promote conflict and violence management and using satellites or drones for damage assessment and to supply aids and relief assistance during crisis. These tools can provide real time management and de-escalation of conflict and violence during crisis and cybersecurity protections for aid systems
- v. Systematized counseling sessions and processes using triage and prioritization techniques that guarantees individual, group and community engagement and commitment to the process in resolving conflict and crisis
- vi. Building strong legal system - conflict and violence are often time generative because of political, ethnic and religious lines. There are broad base interventions with professionals, agencies and international organizations essentially, necessary to resolve crisis. Collaboration with law enforcement, healthcare providers, and legal professionals to enable victims receive the holistic support. Building strong legal systems that provide baseline legal framework for humanitarian interventions and judicial process to address issues around conflicts and violence especially as they relate to children. Tappis, Freeman, Glass, Doocy, 2016),

2.1.2 Types of Violence in Humanitarian Crises

According to UNICEF (2017); UNHCR (2024); Onu, Eze, & Udegbonam (2017), are different types of and violence against children in humanitarian crises includes:

- i. maltreatment (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools, camps and orphanages.
- ii. Bullying (including cyber-bullying) is unwanted aggressive behaviour by another child or group of children, and care givers who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
- iii. Intimate partner violence (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”
- iv. Sexual violence includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.

- v. Emotional or psychological violence includes restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.

Note, that when the violence is directed against girls or boys because of their biological sex or gender identity, also constitute gender-based violence.

2.1.3. Causes and effect of violence in humanitarian crisis

There are numerous cause of violence against children and women which includes but not limited to the following: experiencing trauma and victimization can increase the risk of violence, mental health conditions such as anger, aggression, dominance, depression, cultural and social norms that promote aggression dominance, political and diplomatic and socioeconomic factors such as poverty, unemployment, inequality, social exclusion and distribution of resources etc. contribute to violence against children, women and those who are differently challenged and has lifelong impacts on health and well-being of children, families, communities, and nations. Domestic violence and those experienced during humanitarian crises can have severe and long-lasting effects on children who witness or experience it. The potential effects of these violence include both short- and long-term effects: (UNHCR, 2025; 2024; 2023; 2017; UNICEF, 2024; 2017; WHO, 2020; Krause, 2025; Onu, Eze, & Udegbonam, 2017; Tappis, Freeman, Glass, Doocy, 2016).

- i. Physical effects: Children and women may be physically injured during domestic violence incidents and humanitarian crisis while some will suffer insomnia and sleep disturbances or nightmares and digestive problems and malnutrition.

- ii. Emotional and psychological effects: Anxiety and fear: Children, women and those differently impaired may develop anxiety and fear due to the violent environment they live in as well as

Depression and can contribute to low self-esteem, worthlessness, guilty, ashamed and aggressive behaviour.

- iii. Behavioural effect: children may act out in school or at home due to the stress and anxiety caused by domestic violence and difficulty with emotional regulation and may struggle to manage their emotions, leading to mood swings and irritability. They also experience difficulty in forming and maintaining social and healthy relationship. While others result to substance abuse children who witness domestic violence may be more likely to engage in substance abuse later in life.

Long-term Effect

- iv. Intergenerational transmission of violence especially with children and women who witness violence, making them more likely to perpetrate violence in their own relationships. Some people especially children and women experience mental health problems such as Post Traumatic Stress Disorder (PDST) or depression. Some experience difficulty with intimacy and trust in their own relationships as well as increased risk of re-victimization. Early exposure to violence activities can lead to brain impairment and nervous system development like endocrine, circulatory, musculoskeletal, reproductive, respiratory and immune systems, with lifelong consequences. As such, violence against children can negatively affect cognitive development and results in educational and vocational under-achievement

- v. Violence increases the rate of suicide and homicide, which often involves weapons such as knives and firearms, is among the top four causes of death in adolescents, with boys comprising over 80% of victims and perpetrators.

vi. It results in negative coping and adjustment patterns, and risky health behaviours such as drugs and substance abuse, smoking and alcohol misuse as well as risky sexual behaviour which may lead to sexually transmitted infections (STIs) and opportunistic diseases. Also it can lead to unintended pregnancies and infections, induced abortions, gynecological problems.

vii. Violence can compromise the future opportunities of children as many are more likely to drop out of school, have difficulty finding and keeping a job, and are at heightened risk for later victimization and/or perpetration of interpersonal and self-directed violence, by which violence against children can affect the next generation.

Violence against children and women are multifaceted problem occurring at different levels:

i. Individual level: biological and personal aspects such as sex and age, lower levels of education, low income, having a disability or mental health problems, identifying as or being identified as lesbian, gay, bisexual or transgender, harmful use of alcohol and drugs and a history of exposure to violence.

ii. Close-relationship level: lack of emotional bonding between children and parents or caregivers, poor parenting practices, family dysfunction and separation, being associated with delinquent peers, witnessing violence between parents or caregivers and early or forced marriage.

iii. Community level: poverty, high population density, low social cohesion and transient populations, easy access to alcohol and firearms and high concentrations of gangs and illicit drug dealing.

iv. Society level: social and gender norms that create a climate in which violence is normalized, health, economic, educational and social policies that maintain economic, gender and social inequalities, absent or inadequate social protection, post-conflict situations or natural disaster and settings with weak governance and poor law enforcement (Ojo, 2018; Vrishali & Harsha, 2024). These roles include the following:

2.2. Theoretical framework

This study adopted the Ecological System Theory (Bronfenbrenner, 1979), and Trauma-Informed Care (Harris and Fallot, 2001).

1. Ecological System Theory propounded by Urie Bronbrenner in 1979, emphasizes the complex interplay between individuals, and their environment (Crowford 2020). The theory posit that an individual's environment is influenced by various systems ranging from immediate settings, such as family and school (microsystem) to broader societal factors (macro system). The theory five dimensional layers focuses on child environment and relationship based on the (i) Microsystem – which includes direct interactions with immediate environment such as family, peers, schools, and neighborhoods. For children exposed to domestic violence, supportive relationships within this system can mitigate negative effects; (ii) Mesosystem- which describes the connections between different microsystems. Within the framework of the milieu and build and interconnecting the child's experience at home and how it interacts with their performance or behavior at school (family-school relationship); (iii) the exosystemic layer encompasses larger societal factors that indirectly affect and influence the individual in a particular way, and tapping from community resources or public policy to address complexities and tradeoffs. (iv) Macro system which comprises a multinational of cultural values, customs, and ideologies (societal attitudes and values) that shape the environment in which a child lives. Societal attitudes towards domestic violence, for example, play a crucial role in shaping responses to it. (v) Chronosystem which takes into account the dimension of time

and how life transitions and historical events impact the individual's development. It emphasizes the interconnectedness of these systems and their effect on child's development.

The ecological system theory underscores the importance and the need to understand the complex environment and relationship between children, their families, and the broader environment in the context of violence and conflict and humanitarian crisis. It identifies potential risk and protective factors across different systems (e.g., family, school, community) and provide ground platform for non-kinetic interventions that addresses the child's environment and relationships, such as family therapy or community-based programs.

2. Trauma-informed care(TIC), by Lisa, Butler, Filomena, Critelli, and Elaine (2011) averred that Trauma-Informed Care is an approach that emphasizes understanding the effect of trauma on individuals, particularly children. It advocates for creating safe environment and providing supportive interventions that recognize and respond to the effects of trauma from humanitarian crisis and domestic violence. Trauma-Informed Care (TIC) is an approach that recognizes the presence of trauma symptoms and acknowledges the role trauma plays in an individual's life. It seeks to create an environment that is sensitive to the needs of those who have experienced trauma, particularly vital in cases involving humanitarian crisis and domestic violence. It is rooted in the understanding that traumatic experience can have a long lasting effects on individuals and that effects need to be taken into account when providing services and interventions. The Key principles of TIC according to Lisa et al (2011), are (i) Safety - ensuring physical and emotional safety for individuals is paramount. This involves creating a safe environment free of judgments and potential triggers of trauma. (ii) Trustworthiness and Transparency - building trust through clear communication, honesty, and transparency in processes helps foster a supportive atmosphere. (iii) Peer Support - to encouraging and fosters connections among those who have experienced similar situations, leading to shared understanding and healing. (iii) Collaboration and Empowerment - engaging individuals in their care promotes empowerment and acknowledges their strengths and resilience. (iv) Cultural, historical, and gender issues - recognizing and addressing the diverse backgrounds and experiences of individuals ensures that care is relevant and respectful.

The theory to attempts to explain the various dimension of TIC plays in violence mitigation, recognizes the traumatic effect of domestic violence on children and the need for sensitive and supportive interventions, creating a safe and empowering environment for children to disclose and process their experiences and informs interventions that prioritize trust, choice, and collaboration, such as counseling or support groups and economic tools application.

Implementing TIC in cases of domestic violence among children is crucial as it allows practitioners to approach victims with genuine empathy and understanding, facilitating recovery and healing while minimizing the risk of re-traumatization. This theory recognizes the need to organize due diligence of findings and incident reporting with reliable local sources for interventions to prevent domestic violence and humanitarian crisis.

Methodology

The study adopted cross sectional survey design, because it has the capacity to accurately gather necessary information within a limited time frame. The design is economical and focuses on studying large and small populations with emphasis on relative incidence, distribution, and interrelations of sociological and psychological variables. The population of the study comprised

all Akamkpa, Obubra and Ogoja local government areas purposely selected because they are host communities to refugee in Cross River State. A total of 1140 respondents were selected from three Senatorial Districts by census sampling technique due to the relatively small population size, making it feasible for the researcher to examine the entire population rather than drawing a sample size. This approach was adopted because of the derivable benefits, including complete data coverage, no sampling error, representativeness, increased precision and reliability, simplified data analysis, and ethical considerations.

The questionnaire mainly consisted of close-ended questions. It consisted of three sections – Section A, B and C. Section A contained items that were designed to obtain personal data from the respondents such as: sex, age, marital status, occupation among others; Sections B contained well-structured questions derived from the study research questions, objectives, and hypotheses. Section C measured the dependent variable of the study. The questionnaire was structured in a concise and simple English language to enable easy understanding and response to the given questions. Simple Linear Regression was adopted to test the formulated hypotheses.

Test of hypotheses

Hypothesis one.

1. to assess the effectiveness of Non-Kinetic Interventions like mediation and negotiation, and social program, trauma support with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

Table 1

Summary simple linear regression analysis of effectiveness of Non-Kinetic Interventions with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

Variables	Mean	Std. Deviation
Non- kinetic intervention	36.8952	15.18858
Exposed children	74.1384	25.52396

Mode	Sum of Squares	Df	F	R	R Square	Adjusted R Square	Sig
Regression	18627.135	1	126.876	0.632 ^a	1.198	1.92.	.000 ^a
Residual	167,368.332	1140					
Total	185.995.468	1141					

p < 0.05

Fieldwork: 2025

Non-kinetic interventions have no significant to children exposed to violence and humanitarian crises in Cross River State. Non-kinetic interventions (independent variable) and children exposed to violence (dependent variable) which were measured by using inferential statistics using simple linear regression statistics used to test the hypothesis at 0.05 level of significance and the result is presented in table 1 above, which showed that the R-value of 0.632^a is significant at 0.05 alpha level ($p = .000^a < 0.05$), thus, the null hypothesis was rejected which implies that there is a significant relationship between non-kinetic interventions like mediation and negotiation, and social program, trauma support counselling and children exposed to violence and humanitarian in crisis in Cross River State, Nigeria. The result also shows that, the R²-value of 1.198 shows that 99% of total variance is accounted for by predictor variable Non-kinetic interventions. Also, the ANOVA regression analysis revealed that, there was a high joint linear association of the independent variable - non-kinetic intervention to children exposed to violence and humanitarian crisis in Cross River State Nigeria given by the $F(3144) = 63.438$; $p < 0.05$. The adjusted R² (0.192) shows a level of decrease of the unadjusted R-value (.198). which also suggest that it can be used to generalized the population. The result, therefore indicates that Non-Kinetic Interventions like mediation and negotiation, and social program, trauma support counselling with Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria.

Hypothesis two

2. Do factors like family dynamics, lack of support systems, economic stress and poverty, social norms, access to weapon, and mental health and trauma expose children to Violence and Humanitarian Crises in Cross River State, Nigeria?

Table 2 Summary simple linear regression analysis of family dynamics of children exposed to Humanitarian violence among exposed children in Cross River State, Nigeria

Variables	Mean	Std. Deviation
Family dynamics	295.314	7.4761
Exposed children	74.1258	25.52397

Model	Sum of Squares	Df	F	R	R Square	Adjusted R Square	Sig
Regression	11500.602	1	75.136	0.498 ^a	0.248	.0120	.000 ^a
Residual	174494.866	1140					
Total	185995.466	1141					

p < 0.05

Source: Fieldwork, 2025

Hypothesis 2 revealed that there are several factors like Family dynamics, lack of support systems, economic stress and poverty, social norms, access to weapon, and mental health and trauma as well as displacement and migration, media influence has no significantly influenced the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria The independent variable - factorial dynamics and the dependent variable - children exposed to violence and humanitarian crisis were both measured continuously and inferential statistics using Simple linear regression statistics at 0.05 level of significance showed in table 2 above. The result of the analysis showed that the R-value of 0.4898^a is significant at 0.05 alpha level ($p = .000^a < 0.05$), therefore the stated null hypothesis was rejected. This implies that several factors like family dynamics, lack of support systems, economic stress and poverty, social norms, access to weapon, and mental health and trauma has significantly exposes children to violence in Cross River State Nigeria. Also, the R²-value of .0124 suggest that 62% of total variance is accounted for by predictor variable (factorial dynamics). Also, the regression ANOVA revealed that, there was a high joint linear association (contribution) of the predictor variables (factorial dynamics) to the exposure of children to violence inmate in Cross River State, Nigeria given by the F (3,142) = 37.568; $p < 0.05$. The adjusted R² (.0124) shows a level of decrease of the unadjusted value (1.24) which could be used to generalize the population. Therefore, the result indications concluded that several factors like family dynamics, lack of support systems, economic stress and poverty, social norms, access to weapon, and mental health and trauma as well as displacement and migration, media influence has significant influence on the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria.

Hypothesis three

3. Barriers that prevent Application of Non-Kinetic Interventions (cultural norms, power dynamics, and stigma and shame and lack of resources for Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

Table 3 Summary of simple linear regression analysis of barriers that prevent Application of Non-Kinetic Interventions (cultural norms, power dynamics, and stigma and shame and lack of resources for Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria

Variables	Mean	Std. Deviation
Barriers	295.314	7.4761
Exposed children	74.1258	25.52397

Model		Sum of Squares	Df	F	R	R Square	Adjusted R Square	Sig
Regression		11500.602	1	75.140	0.499 ^a	0.250	.0121	.000 ^a
Residual		174494.870	1140					
Total		185995.469	1141					

p < 0.05

Source: Fieldwork, 2025

Hypothesis 3 indicated that there are several of barriers that prevent the application of Non-Kinetic Interventions (cultural norms, power dynamics, and stigma and shame, and lack of resources has not significantly influenced the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria. The independent variable - barriers and the dependent variable - children exposed to violence and humanitarian crisis were both measured persistently and inferential statistics using simple linear regression statistics at 0.05 level of significance and the result is presented in table 2 above. The result of the analysis showed that the R-value of 0.499^a is significant at 0.05 alpha level ($p = .000^a < 0.05$), therefore the stated null hypothesis was rejected. This implies that barriers like, cultural norms, power dynamics, and stigma and shame, and lack of resources significantly influence the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria. Also, the R²-value of 0.250 suggest that 63% of total variance is accounted for by predictor variable (barriers). Also, the regression ANOVA revealed that, there was a high joint linear association (contribution) of the predictor variables (barriers) to the exposure of children to violence in Cross River State, Nigeria given by the F (7.5140) = 36.568; $p < 0.05$. The adjusted R² (0.250) shows a level of decrease of the unadjusted value (1.21) which could be used to generalize the population. Therefore, the result revealed and concluded that barriers like, cultural norms, power dynamics, and stigma and shame, and lack of resources significantly influence the exposure of children to violence and humanitarian crisis in Cross River State, Nigeria.

Discussion of findings

Non-Kinetic Interventions - mediation and negotiation, and social program, trauma support
 The result of hypothesis one revealed that Non-Kinetic Interventions - mediation and negotiation, and social program and trauma support are essential in the mitigating violence and humanitarian crises involving children and provides safe haven for the mediation and negotiation of crisis management paving way for effective coordination and resolution of violence, the results affirms that UNICEF, (UNHCR, 2025; 2024). Thus, promoting the rights of the child as contained in Convention on the Rights of the Child (CRC), and the Child's Right Act 2003, Cross River State Child Right law 2023, guaranteeing the children free options to develop their talents and skills to their full potential and shape their future (UNICEF, 2017). This therefore, implies that non-kinetic interventions like counselling, social programs like education, economic empowerment and resource linkages are effective vehicles for providing and reducing violence among children and society, invariably helping the children to their full potentials and social functioning.

The Focused Group Discussion (FGD) comprising of parents regarding the causes violence whether domestic violence and or in humanitarian crisis involving children reveals that family dynamics, power dynamics, poverty, social, cultural and environmental currents and stigma and shame, and lack of resources for Children Exposed to Violence and Humanitarian Crises in Cross River State, Nigeria are responsible for violence and contributes largely to the failure of non-kinetic intervention application in resolving violence. They respondents agree that if appropriate social education and economic networks and dismantling of barriers that promote violence can help to reduce violence among children and humanitarian crisis. that involves children as well as

The groups also maintained that strengthening legislations and laws, protection and regulations on children rights is germane in curbing violence and reducing children exposure to predictor factors can as well help to reduce violence. Also, the provision of alternative dispute resolution platforms and funding humanitarian aid workers' social workers to intervene during crisis situations that involves children and violence.

These emphasizes the complex interplay between individuals, and their environment (Muel, 2019), from immediate settings, such as family dynamics to broader societal spectrum. It helps one to understand the complex relationship between children, their families, and the broader environment in the context of violence as well the potential risk and protective factors across different systems like schools, hospitals, homes etc. The findings support Trauma-Informed Care (TIC) approach that recognizes the presence of trauma symptoms and acknowledges the role trauma plays in an individual's life and the import of support systems in assisting children with domestic violence. Ensuring physical and emotional safety for individuals particularly for children who experienced domestic violence. The understanding of TIC will further scale up and allows practitioners to approach victims with genuine empathy and understanding, facilitating recovery and healing while minimizing the risk of re-traumatization. Also, the findings are supports social learning theory by Albert Bandura (Razieh and Mohammad 2011). That children will learn and inculcate positive behaviours, if they are in a warm, friendly and peaceful environment devoid of violence. It will interventions that teach positive behaviors and coping skills, such as skills training or modeling as well as help to reinforcing positive behaviors and providing opportunities for social learning

Conclusion

Non-Kinetic Interventions with children exposed to violence and humanitarian crises are measures used to influence behavior, resolve conflict, or deliver assistance without causing physical harm. Children are the future heritage of the society and any act that is likely to affect their development must be viewed as an existential threat. Children who are exposed to violence are affected in a mirage of ways and the predictor factors robs of them of their future. Violence of any kind; conflict or domestic violence is a pervasive issue affecting millions of children and women worldwide, and Cross River State, Nigeria is not an exception. The effects of violence on children can have a long-lasting, influencing their cognitive, social, and emotional development of children. This study highlights the need for effective social interventions to support children affected by domestic and humanitarian violence in Cross River State Nigeria. through the application strategic modalities to prevent its occurrence. Raising awareness, advocating for victims, conducting risk assessments, and providing cognitive, emotional and legal support. For children, violence goes hand-in-hand with deprivation and high risks of poor health, poor school performance and long-term welfare dependency. Beyond its impact on child victims and their families, violence is associated with far-reaching costs for society, diverting billions of dollars

from Governments must take steps to main- stream the protection of children from violence throughout. This calls for an effective high-level coordinating mechanism with the authority to promote and oversee implementation of this agenda.

Recommendations

Governments and stakeholders must also ensure that relevant professionals and HAWs, social workers, health workers, care givers etc., have adequate training on child-sensitive violence prevention and response mechanisms. The active involvement of all stakeholders, including academia, civil society and child-led organizations are essential for successful implementation, monitoring and evaluation. Strengthen existing social services, including counseling, support groups, and community-based programs, to provide comprehensive support to children affected by violence.

Increase community-based awareness and education on violence and crisis interventions and management, its effects on children, and the importance of seeking help, and improve collaboration and coordination among stakeholders, including healthcare providers, educators, and law enforcement, to ensure a comprehensive response to violence and humanitarian crisis. Government should develop policies and programs that prioritize the needs and well-being of children affected by violence and humanitarian emergencies as well as ensure full implementation of the policies. Finally, these initiatives will only succeed if backed by adequate funding for social services, including at the local level and legal frameworks.

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