

Adjustment Patterns and Obstacles Against Social Rehabilitation of Sex Workers in Nigeria

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Introduction

The literature on the trafficking of young women and girls for the purpose of sexual exploitation is deficient in several important respects. A great deal of research attention has been devoted to the cause and effect of sex trafficking (Guest, 2000; Loconto, 2002; Agbu, 2003; Olateru-Olagbegi, 2006), the effectiveness of the legal instruments aimed at curtailing the scourge as well as the assessment of the success or otherwise of several governments' policies and implementations in meeting the United Nations (UN) and United States (US) standards on compliance with anti-trafficking movement (Porter, 2003). Very few studies however, have been conducted to assess the aftermath of victims' 'rescue' from trafficking. Therefore, this article examines the coping patterns of victims of sex trafficking undergoing social rehabilitation in Nigeria, a country referred to by the United Nations Children Emergency Fund (UNICEF) as a leading country of origin, transit and destination of the trafficked, particularly the under-aged (Skogseth, 2006).

The imperativeness of a qualitative integration and reintegration process for victims of trafficking, emanated from the several studies on the health hazards that characterize the process of trafficking from the pre-trafficking stage through the travel and transit to the destination stage (Burkhalter, 2004; Zimmerman, C. Yun, K. Shvab, L. Watts, C. Trappolin, L. Treppete, M. 2003). HIV/AIDS researchers and epidemiologists have found that women and children in the commercial sex industry are most vulnerable to HIV exposure during their initiation and the first six months of sex work (Burkhalter, 2004). This they opined is the period in which the victims have the least ability to protect themselves and are thought to be safe because of their youthfulness and newness in the trade. Other forms of abuse and risks that women experience during their initiation and practice of sex work include physical, sexual and psychological abuse, the forced or coerced use of drugs and alcohol, social restrictions and manipulation, economic exploitation and debt bondage, legal insecurity, abusive working and living conditions and a range of risks associated with being an illegal migrant (Zimmerman et al., 2003).

Due to the aforementioned physical, mental, psychological and emotional health implications of trafficking, the rehabilitation process is believed to be a time of physical recovery, and psychological and social reorientation. This is premised on the fact that the women who have experienced such extreme violence may have their

perspective about life irreversibly changed by their social experiences. Zimmerman et al., (2003) noted that women reconstruct their lives and relationships, for better and for worse, based on the assumptions, emotions and contexts that presently exist for them. They however remarked that not all women who have been abused will be favourably disposed to the idea of rehabilitation as their reactions towards abuse and exploitation differ. Many women will not see themselves as victims or wish to be treated as such, as the trafficking experience has made them strong and self-reliant. While there are women who feel devastated as a result of their trafficking experience, others who have developed personalities that reflect the strengths and independence that helped them navigate difficult times of trafficking see themselves rather as conquerors.

The radical feminists who hitherto had seen prostitution as the quintessential form of male domination over women also support the idea of social rehabilitation of sex workers, though not because of public health concerns. Feminists saw prostitutes as victims of ignorance, abuse, and poverty whose only chance to take back their life and become fully integrated in society was to go through a training programme followed by employment in a regular job (Barry, 1995; Dworkin, 1997; Turda and Weindling, 2007). They had initially opined that the feminization of poverty is responsible for the emergence and growth of commercial sex work, further described as the epitome of women's subordination, degradation, and victimization (Mackinnon, 1989; Weitzer, 2005).

Nigeria ranks among the major countries of origin of trafficking victims with a high volume of young women and girls, particularly the under-aged, trafficked into several African, Middle-eastern and European countries, mainly for the practice of commercial sex work (Norli, 2006; Olateru-Olagbegi, 2006; Skogseth, 2006). In one of his visits to some European countries in the year 2001, the then President of the Federal Republic of Nigeria, Olusegun Obasanjo, was startled when he was confronted with the high number of Nigerian nationals that have taken to sex work in Europe, especially Italy. He directed that a 'search party' be constituted and trafficked Nigerian girls be brought back home (Ayorinde, 2001). In July 2003, the President signed into law the Trafficking in Persons (Prohibition) Law Enforcement and Administrative Act and established the National Agency for the Prohibition of Traffic in Persons and other related matters (NAPTIP), with the mandate to enforce the law and bring back victims of trafficking with the aim of rehabilitating and reintegrating them. Similarly, 'anti-trafficking units' were established in the Nigerian Police Force (NPF) and Nigerian Immigration Service (NIS) to combat the crime and intercept the traffickers and the victims.

Although the government's stance on trafficking and efforts towards curtailing the crime were applauded by many, scholars have expressed some measure of pessimism about the success and sustainability of rehabilitating sex workers in Nigeria (Agbu, 2003; Loconto, 2002). This expression of doubt is founded on the circumstances surrounding the pathway to rehabilitation centres, the ability of the centres to provide an equitable economic empowerment that the sex workers were used to in the practice of their trade, and most importantly, the sincerity of purpose inherent in the rehabilitation initiatives of the government and non-government agencies. In addition, the issue of subjecting sex workers to compulsory HIV/AIDS screening upon arrival and keeping them in the rehabilitation centres to learn a vocation, whether they want to

or not, has been regarded as a serious human rights issue, which could have a telling effect on the emotions of the sex workers and adversely affect their adjustment to the rehabilitation process (Aghatise 2002; Loconto 2002; Global Alliance Against Traffic in Women, 2003).

Also, cynics have severally expressed strong pessimism about the sincerity of purpose embedded in government's resolution to rehabilitate the sex workers. They believe that the initiative is buoyed more by the desire to score political points and launder the image of the administration before the international community. Presently, Nigeria is categorized in Tier Two of the Trafficking in Persons Country List by the United States government and Transparency International. This tier of the list includes states that do not meet minimum standards of combating human trafficking but are recognized to be making efforts to do so (Agbu, 2003; Skogseth, 2006). Similarly, non-governmental organizations involved in rehabilitation have often been accused of having more interest in the financial benefits that come from supporting local and international agencies, than true social service. All these may affect the success of rehabilitation and the adjustment of clients to the rehabilitation process.

Therefore this study assessed the adjustment pattern of the clients of the rehabilitation centres, the response rate of specific social categories of the clients and identified obstacles militating against effective social reintegration process in Nigeria.

The study is important because an insight into adjustment patterns will assist policy makers and social welfare organizations involved in rehabilitation to be aware of the response rate and physiological needs of their clients which will lead to better social service delivery.

Adjustment and Social Influences

The concept of adjustment refers to the quality of adaptive change basic to human experience over time. It involves the present necessities of the individual, the way these have been shaped by past experience, and their relationship to present and future satisfaction (Hollander 1971; 114). According to Hollander, life adjustment therefore depends upon a process of learning, with social influences. In the process of adjusting, the individual has to contend with physical factors in the environment to sustain life.

There are two major ways scholars have viewed adjustment. The first is the classic socio-cultural emphasis on the individual's adaptation to social demand. The second view is concerned with the individual's satisfaction in relationships with the social environment, and or growth and actualization. With reference to the latter, adjustment has been distinctively conceptualized by Szasz (1961), Homans (1967) and Maslow (1970). In Szasz's view, society is conceived as a force requiring an individual's compliance through socialization. From a different, though related point of view with Szasz's, Homans views adjustment in 'ego-centric' terms as the satisfaction achieved by the individual through a pleasing relationship with the environment. This view, unlike Szasz's, focuses on the individual needs (rather than the conception of society as a force) and satisfactions in certain relationships or transactions with other people, within the social constraints of a culture. From Maslow's point of view, adjustment is sometimes presented in terms of an unfolding of the individual's potentialities through maturation and experience. It is a view that grew out of those theories of personality that emphasize self-actualization.

From the foregoing positions, though differing in emphasis, these views relate to the key theme of individuals functioning within the framework of social demands and requirements for social acceptance, as Hollander (1971) argued. Therefore adjustment as a projected or internal behaviour may be due to a response to social influence or as a response to internalized frustration and conflict. With respect to the former, Hollander meant that the essential quality to adjustment is dynamism, that is, prospect to change. Adjustment occurs whenever the individual encounters new experiences from the external factors that require response. For example, although the victims of sex trafficking might have been deceived or coerced into sex work, they may adjust to the realities of their situation and strive to see the positive angle to it which may be in the form of the financial benefit that accrues from the practice. But there are also internal motivations of the individual, which arising from past learning may operate to move the individual toward the achievement of social goals in the environment. Both the former and latter positions are anchored on the belief that adjustment is socio-culturally construed through social influences. The society and social order therefore present members with strong influences which are highly pervasive (Ash 1959).

Study Areas and Methodology

The study areas, Edo and Lagos States were selected based on their importance to the issues of trafficking in Nigeria particularly, trafficking for the purpose of sex work.

Edo State was initially part of the defunct Midwestern State which was also carved out of the defunct Western Region in 1963. It remained part of a twelve state federal structure created in 1967 until it was renamed Bendel State in 1976. In 1991, Bendel State was further split into two to establish Delta and Edo States. The present Edo State now consists of 18 Local Government Areas (LGAs) after it was increased from its initial 12. The people of Edo State can be divided into five main ethnic groups distinct from each other in certain linguistic, social and some cultural features. These are the Bini, Esan, Etsako, Owan and Akoko Edo (Okogie et al., 2003). The State has a high rate of unemployment, low income profile and poor standard of living (Okogie et al., 2003). The Federal Office of Statistics (1999) estimated the incidence of poverty in Edo State to be 53.3 percent in 1996. Edo State is widely regarded as the leading state of origin of trafficked victims in Nigeria (Ahianté, 2000; Aghatise, 2002; Onyeonuru 2003). In response to the high incidence of sex trafficking in the state, the anti-prostitution law was signed by the state government in 2001, while the federal government also located the zonal office of NAP TIP in the state capital, Benin City.

Lagos State is widely regarded as the economic capital of the country largely due to the enormous economic activities that pervade the city and its link to the outside world via the waterways and air transport. It is also noted to be one of the fastest-growing cities in the world, with people of different ethnic origins residing in the city. Lagos State is selected as a study area due to the predominant role that it plays as destination point for most victims of sex trafficking in the country as well as the transit state for those to be taken out of the country. Also, the results of fieldwork studies carried out in the state reveals a growth in the HIV/AIDS prevalence among the sex workers, from 2 percent in 1988/89 to 12 percent in 1990/91. By 1995/96, up to 70 percent of sex workers tested positive (USAID 2002). Also, Lagos has the highest number of brothels

and resident prostitutes in the country and plays host to a number of rehabilitation centres for sex workers.

This study was conducted between November 2006 and June 2007 in the two states. Both primary and secondary data were collected within a qualitative research design. Primary data were made up of information obtained through 60 in-depth interviews (IDIs), 35 key informant interviews (KIIs), and six case studies. Respondents were selected through a combination of purposive sampling method and the snowball method. The respondents for the IDI were made up of 60 clients of six rehabilitation centres in the two states who were victims of international trafficking for the purpose of sex work. For the KII, 18 caregivers at the selected centres, five parents of victims of sex trafficking, two opinion leaders, two officials of the anti trafficking unit of the Nigerian Immigration Service, Lagos and eight experts or officials of collaborating agencies were selected. Six girls who were judged special cases based on their responses to the interview were selected for further interviews using the life history method. This was to enable a detailed narration of their social experiences during their recruitment and initiation into sex trade. Collection of secondary data included information sourced from agencies that were considered central to the subject of the study. These include the Ministry of Women Affairs, the anti-trafficking units of the Nigerian Immigration Service and Nigerian Police Force, Federal Office of Statistics, International Organization for Migration (IOM) and records of rehabilitation centres. Content analysis and ethnographic summaries were adopted for the analysis of the data.

An Overview of the Selected Rehabilitation Centres

Six rehabilitation centres in the two states studied were purposively chosen to represent government owned, non-governmental and faith-based.¹ This was to assist in a comparative understanding of adjustment pattern in the three types of rehabilitation approaches: the National Agency for the Prohibition of Trafficking in Persons and Other Related Matters (NAPTIP), and the Lagos and Edo States Zonal Office/Shelters. These two centres were established by the federal government as a follow-up to the signing of the anti-trafficking Acts. In addition to rehabilitating the victims, they also intercept, arrest, investigate and prosecute the traffickers. The two centres are run in collaboration with the IOM who donated buildings and facilities as well as assisting in capacity building and other logistics. The rehabilitation approach adopted by these centres is the social welfare approach. The Edo State Skill Acquisition Centre, Benin City and the Idia Renaissance, Benin City, are owned and controlled by non-governmental organizations. They were created aftermath of the passage of the Edo State anti-trafficking law of 2000 which criminalizes prostitution and sex trafficking. Both of them were established by the wife of the former executive governor of the state in response to the staggering increase in the volume of trafficking, which also positions the state as the origin of more than 80 percent of trafficking victims in the country particularly for sex work. The management of the former is under the office of the wife of the governor of the state while the latter is a personal brainchild of Mrs Eki Igbinedion (the ex-governor's wife). The two centres, both financed in collaboration with the UNICEF and other supporting agencies are non-residential, and they adopt the social welfare rehabilitation approach to meet their sex workers' rehabilitation

objectives. The Real Woman Foundation, Magodo GRA, Lagos and the Wholistic Ministry, Ebute Meta, Lagos are owned and managed as voluntary institutions of religious bodies. They were both founded and managed by local Churches with the main aim of providing rehabilitation facilities for women and children with a history of abuse and neglect while facilitating their spiritual rebirth. The two centres make use of the faith-based approach which entails Bible-based counselling, and also skill acquisition.

It is worthy of note that the approaches of these centres are not mutually exclusive as features and methods of most of the centres are related. However, this does not becloud the visibility of the disparity of the approaches employed by the different centres.

Ethical Considerations

The study complied with the ethical standards on research work involving human subjects. The dignity and privacy of every individual who, in the course of the research work, provided valuable information about him/herself or others were protected. The rehabilitation centres were notified of the aims, objectives, methods and anticipated benefits of the research work and obtained a letter of introduction from the office of the head of department requesting their permission to collect data from their organization. In the same vein, written consent was obtained from senior officers of the centres before the study was conducted. In addition, no individual became a subject of the research unless he or she freely agreed to participate, no pressure was applied.

Finally, the identity of the rehabilitation clients, officials of the centres, medical personnel and their medical establishments, parents and opinion leaders were held in confidence, while the consent of the experts of collaborating agencies and NGOs were sought to reveal their identities and that of their organizations.

Findings

Influence of Social Categories and Social Rehabilitation Factors on Clients' Adjustment Pattern

Clients' Age

The study shows that the age of the clients under rehabilitation has some effect on the adjustment pattern. The responses received from the clients, the experts as well as the caregivers suggest that the age of the clients under the programme is an important factor that could determine how they adjust. The younger clients within the age bracket of 10-15 adjust better than the older ones to rehabilitation process. The reasons behind this are captured by one of the caregivers:

...obviously, the younger ones are the ones that are actually forced into sex trade. It was never in their mind initially to partake in sex work, some of them don't even know what it entails. Also the younger ones do not have much drive for the acquisition of wealth to be able to conceive of the benefits of prostitution. Lastly, their youthfulness makes them to possess amenable minds that can be easily modified unlike the older ones that already have a mindset that Europe is where the money is. – Female caregiver/KII/ESSAC Benin.

All the experts acknowledge the importance of clients' age as one of the factors that determines their response to rehabilitation. It was also generally suggested that those

within the adolescent age of 15-25 are the most difficult social category to manage. This is premised on the belief that those within the age category may have made the decision to engage in sex work by themselves. Their decision to engage in sex work will be dependent on certain expectations that will be modelled after the success of the rich Europe-based sex workers that they hoped to emulate. Their inability to make such success will be too devastating for them to focus their minds on the rehabilitation programme. Also it was noted by one of the key informants that:

... those within this age range are young, vibrant and they are usually of the belief that the time to make all the money they needed, to make them rich is within this period. Also, in Benin in particular, there are several people of this age range that have built houses and owned worthy properties. Therefore, the race to become rich is usually fierce among youths within this age range. – Edo State Coordinator WOTCLEF/KII/Benin.

Another age category of clients that adjust lesser than the 10-15, but better than the 15-25 age range, is those above the age of 25. Experts and caregivers pointed out that this category of clients may 'have seen it all' and probably will like to settle down and get married. They adjust better during rehabilitation with the expectation that it will offer them a new lease of life as they may also be losing out in the sex market that craves for younger girls. Most of the sex workers in this range may want to fall back and either be traffickers (barons) or they might want to choose another trade entirely. Hence, an option of rehabilitation that will offer such an opportunity may be a welcome development.

Trafficking Experience

The experience of the clients during the process of trafficking was discovered to have the most emphatic influence on the pattern of adjustment of the clients. The caregivers of all the centres as well as most of the experts all mentioned the experience of the clients in the hands of the traffickers as the strongest contributory factor affecting the adjustment pattern. One of them stated:

Those of them that were intercepted as they arrived at their country of destination in Europe without being allowed to practice sex work adjust the least. In fact they are usually very aggressive. You can't control them. Meanwhile those of them that were intercepted along the course of the laborious journey across African deserts and forest are usually very thankful and they adjust best. At the time of their interception, their heart will be yearning for rescue and they would only be grateful to be helped back home. Meanwhile, the Europe bound girls that were intercepted within the country or at the border are also difficult to control and they adjust poorly as they do not see reasons why they should be here. – Male Caregiver/KII/NAPTIP Lagos.

As offered by the caregiver, the point of intercepting the clients before they are brought to the rehabilitation centres dictates the adjustment pattern. This is due to the fact that those that got to Europe after overcoming the tortuous journey may begin to see their arrival in Europe as a consolation to their trafficking experience only to be turned back before 'reaping the fruits of the long suffering'. A resident medical expert in NAPTIP, Lagos described this scenario as 'psychologically paralyzing'. She went further to describe this category of clients as the 'most challenging' to manage. Aside from the point of interception, the experience of the clients during the journey was also said to be important. A medical expert offered:

...it also depends on what they went through during the process of their journey. Quite a number of them must have been through grave psychological and physical trauma which will inhibit their response rate. Such people first need to be given a 'human treatment' of psychological therapy to make them feel like you and I again as their experience in the hands of the traffickers must have made them feel like animals ... yes it is that bad. – Medical Doctor/KII/Private Hospital Benin.

A general observation of the clients as regards their dispositions towards routine activities reveals that the foreign-based appear more withdrawn and reluctant to join the others for recreation. They only partake in mandatory activities and would want to withdraw back to their rooms immediately after the completion of such activity rather than join others in watching the television, play cards and other games. According to the officials, beside the interception point factor and the stress of the journey, the apprehension of the victims of international trafficking as it borders on the fear of their traffickers, the effect of the oath-taking and the reception that awaits them at home are important factors that negatively affect their adjustment.

Prostitution History

The length of period spent in sex work, the social experience of the clients in the practice of sex trade, the push factors into sex work as well as the perceived material benefits of sex work which all forms part of the prostitution history were all also seen to have an influence on the adjustment of the clients. The study reveals that the longer the sex workers have spent on the trade the more they get adjusted to rehabilitation. This notion is also premised on the condition that their long stay has been characterized by unpleasant social experiences. Those who were getting profitable patronage from the practice will only see the process of rehabilitation as an unnecessary distraction. This is particularly true for the foreign-based sex workers that have just finished settling the debt of their traffickers and are just making their own money. A caregiver sheds more light:

... whatever these girls do, their mind is set on the material achievement of whatever they engage in. If they could not lay claim to the benefits of their sojourn into sex trade, then they are going to pose a big problem for us to rehabilitate as they would continue to wallow in self-guilt which will impede the assimilation of rehabilitation lessons. – Male caregiver/KII/NAPTIP Benin.

However, the new entrants and those that were intercepted immediately after paying their debts are said to be the least adjusting group for the reason supplied by a caregiver: '... they are yet to see the "benefits" of sex work and this makes them feel they are failures'. – Female Caregiver/KII/ESAC Benin City.

Again, those that spent longer periods on sex work and might have seen little or no benefit, view their exit from the trade as good for them. The majority of those within this category are said to be the home-based or the internally trafficked or the young sex workers who were not allowed the freedom to spend their income the way they liked. Those that were yet to really get into the mainstream of sex work or that were intercepted within the country are said to also belong to the category of those that have low response rate. An expert philosophizes:

...it can be equated to the story of a kid that is prevented from going near the fire, if he encounters nasty experience with the fire; he would understand why the prevention was

being done in the first place. Those who have made up their minds to prostitute but have not spend good time in the trade before being brought here still feel they are being deprived. Only those that have seen and got their hands burnt adjust best. – Female Caregiver/KII/Idia Ren Benin City.

In considering the push factor, the respondents recognize those that went to the practice as a result of poverty and greed to have lower adjustment than those who went in as a result of ignorance, peer pressure and other factors. One was quite emphatic:

Greed is even worse than poverty, and I believe those that enter because of greed are more than that of poverty. Everybody just hide under poverty. Poverty can be cured easily with material intervention but how do you cure the problem of greed. – Opinion Leader/KII/ Benin City.

The itemized factors that make up the prostitution history are not mutually exclusive to other factors that affect the response rates of the clients. However, the strength of these factors cannot be overemphasized as caregivers acknowledge that it is the first information they try to find out from the clients upon arrival. As one of them puts it: ‘The prostitution history is like a symptom that makes us to know which drug to prescribe’ (Male caregiver/KII/NAPTIP, Lagos). Another added: ‘It is almost like a factor that determines whether the rehabilitation process will be successful or not as far as that individual is concerned’. (Male caregiver/KII/NAPTIP, Benin).

Mode of Admission

In order to determine the influence of the mode of admission to adjustment pattern, the clients were grouped according to their response on how they became clients of the centre and this was compared with their rate of adjustment. The study discovered that the manner through which they became clients of the centres plays a role in determining their rate of adjustment to rehabilitation exercise. Those that voluntarily opted out of the practice and approached the officials who eventually referred them to the centre were observed to adjust better to rehabilitation than those who got to the centres through other modes. Also those who were encouraged into the centres through different forms of campaign, social work and evangelism (by religious organizations) came second, while those that did not have a say in their admission (those under forced rehabilitation) to the centre appears the least to adjust. The caregivers and experts speak on the relationship between the mode of admission and adjustment pattern.

Those who are voluntary easily accept the rehabilitation process because they came back with the consciousness that they are no longer interested in the experiences and act, either because it is not good for them or it is not right. The involuntary ones will want to go back as it will be difficult to rehabilitate them. Those who were enjoying the business will not want to get out no matter what you do for them because they take pleasure in what they were doing. This is why the rehab centres are like prisons to them, as soon they are opportuned, they may want to jump out. – Edo State Coordinator, WOTCLEF.

Another expert also added:

Though it is desirable to voluntarily leave the practice, it may not be wrong to force them into rehabilitation programmes. The reason being that those that practice sex work do not know the dangers of their practice most times until when it is late. Therefore, decisions cannot be left totally for them to take. Don’t forget that majority of them got

trafficked due to their ignorance about many things. After they are compelled to attend the rehabilitation programme, it is now left for them to decide what to do with themselves. Ignorance will no more be tenable. – KII/UNICEF Lagos.

However there is an opposing view:

If the prostitutes need rehabilitation, then everybody in Nigeria needs to be rehabilitated because prostitution is a matter of choice though not in the case of the underage. The adults have the right to do what they want with their body, so why rehabilitate. It is only the children that are exploited that need to be rehabilitated. Involuntary admission of the adult prostitutes is a waste of time and tax payers' money. Beside, it is a flagrant abuse of the rights. The issue of choice should have been accommodated in the anti-trafficking law... – KII/Founder GPIB

Involuntary admissions as discovered inhibits the adjustment rate of the clients as the only thing that they want was to 'gain their freedom'. Three clients in this category were said to have been so desperate to leave that they beat the security network in the Benin shelter of NAPTIP and escaped.

It was equally observed that majority of those that were compelled to undergo the programme employ other means to get themselves out of the shelter. Another caregiver narrates:

Some will even pretend to be adjusting well once they sense that it would assist their exit from the centre. They would partake in all programmes with unusual enthusiasm. It only takes our expertise and experience to break their deceptions and ignore their acting. – Female Caregiver NAPTIP Lagos.

The low adjustment rates of involuntary clients were also observed as most of them appear withdrawn and would not interact with their colleagues. Also their relationship with the caregivers remains official despite the friendly overtures from the caregivers. This finding supports the strength of the rehabilitation theories that postulated that the process of behavioural change cannot be forced or applied through any form of pressure. (Prochaska, DiClemente and Norcross, 1992).

Rehabilitation Environment

The rehabilitation centre where there is relative freedom of movement (faith-based approach) and the non-residential (nongovernmental social welfare) centres were found not to be related to patterns of adjustment of their clients. However, there is a major difference between the adjustment pattern of the centres where movement are restricted (governmental social welfare) and those where there is relative freedom. According to a caregiver of NAPTIP:

This place is not open to their families and friends to visit and we don't also allow the girls to go out except on Sunday when we take them to Church and bring them back, or when we take them to court to act as prosecution witness. This is so done to protect them from the traffickers who may be desperate to reach them and gag them. Hiding them here conceals their identities and saves them from the problem of stigmatization. – Male Caregiver/KII/NAPTIP Benin City.

For the Lagos shelter of NAPTIP:

The only time they go out is for court proceedings, not even for Church services as the Pastor is invited to come and minister to them here. You know part of the reasons why we

keep them here is for them to help us in the course of bringing the traffickers to book and also to testify as witnesses against the traffickers in the law court when they are caught. – Female Caregiver/KII/NAPTIP Lagos

It was observed in the course of the interview sessions with the clients of NAPTIP Lagos and Benin that the majority of the clients were withdrawn, exhibiting deep sober feeling, and would rather want to leave the shelter. Some of the clients complained of lacking toiletries and some other basic needs. However, the caregivers refuted their claims and even went ahead to show the researchers the toiletries and other available infrastructure provided for the convenience of the girls which are quite adequate. This claim and counter-claim go a long way to exhibit the level of the clients' negative disposition to their stay in the shelter.

Investigating the relative adjustment patterns of the clients on the selected variables may not serve the whole purpose of identifying where more rehabilitation effort should be directed, but could only provide clues to specific group need, which are internal issues to the system. Particularly, the findings of the study indicate that these variables are not mutually exclusive as they are connected with one another to determine clients' adjustment rate. Apart from clients' adjustment, the paper also reports the findings on the obstacles that militate against effective sex workers' rehabilitation in Nigeria. These are contained in the next section.

Impediments to effective sex workers' social rehabilitation process in Nigeria

In practice, some problems exist in the social rehabilitation of the sex workers in Nigeria, which adversely affect the adjustment of the clients to the rehabilitation programme. The general performance of the sex workers in the rehabilitation centres is observed to be below expectation even though there are degrees of differences in the rehabilitation methods. For instance, if the rehabilitation programmes are very effective, they would attract more voluntary clients rather than forced clientele. Also, effective rehabilitation will ensure that the rate of recidivism and growth of trafficking for sex is checked. The causes of the problems concerning social rehabilitation are as a result of both internally or externally generated factors as revealed from the interviews with key informant. They highlighted the problems of finance, political will, corruption, quality and dedicated caregivers among other problems. They speak further:

Finance is one major impediment; if there is enough finance, things will improve and those vulnerable to these acts will not be. In fact with economic improvement, the problem will reduce drastically. There is lack of Political will especially by the ministry of women affairs because of increased fraud and dishonesty. So if the funds are made available, they will be rightly appropriated. Lack of patience and finance to sustain long term rehabilitation is another. – KII/COSUDOW Benin.

Hear a more radical voice:

The major problem is that of Government irresponsibility. Rehabilitation of sex workers especially child prostitutes is not supposed to be a task for NGOs. It is a task of a government that recognizes its people's welfare and knows that each citizen is entitled to a minimum means of livelihood. Our constitution states that socio-economic level is limited to economic entitlement. The government is deliberately impoverishing the people to its own benefits and bragging about rehabilitation so that the outside countries

will think it has policies and provide more grants and aid that will go into their pocket. – KII/GPI Benin City.

In addition to the problem of inadequate funding, the caregivers of all the rehabilitation centres also expressed the enormity of the lack of cooperation from the families of the clients especially their parents. ‘Even when the parents were not involved in the trafficking of their daughters, they find it difficult to absolve them back into the family. We have several cases like that, when we took the girls to their homes after the rehabilitation only to meet brick walls from parents to accept the returnees.’ – Female Caregiver/KII/NAPTIP Benin City. Another one stated that ‘the major problem is that of stigmatization. Even when we try to raise funds for the upkeep of the clients, most of the supposed donors will hold back or become reluctant donor once they learn that we are sourcing for money to take care of ex-prostitutes’ (Female Caregiver/KII/Wholistic Ministry Lagos).

More fundamentally, the social relationship between the clients and the management is discovered to be problematic indeed, especially in the government-owned centres. The clients have very little control over what is being done to them. They see very minimal opportunity in participating in decision making which makes them feel dehumanized. Another problem is the cost of management incurred by the centres. Many of the centres visited complained of inadequate funding and attributed their limitations in effecting maximum rehabilitation programmes to the shortage of funds to procure tools and materials necessary for effective rehabilitation. As a result of this, clients are sometimes discharged even when it is obvious that the clients are not fully armed with what would sustain them. The number of trained personnel in social work, counselling and rehabilitation are inadequate in all the centres visited particularly the two NAPTIP shelters. The staff in the investigation department is twice that as those in rehabilitation and counselling. It thus appears that the government is more interested in the arrest and prosecution of the traffickers than rehabilitation of their victims.

Apart from these internally generated factors and conditions, there are also some exogenous factors that create some problems in the rehabilitation effort. Of all the problems, the clients are mostly concerned with the stigma the society attaches to a prostitute. One of them expresses her mind:

...everybody is only trying to make life better in their own way, why should the society crucify us. When we came at the airport, the NTA was everywhere showing on the network (service) haba we be thieves? Other people wey dey go hussle why dem no dey show dem too when dem deport them?² It’s not fair now! – Sandra/24/IDI/NAPTIP Lagos.

With this kind of notion in mind, the clients experience low self-esteem, which invariably disturbs the speed of their recovery in the system. Another client in one of the faith-based centres succinctly maintained:

...to Nigerians, prostitution is a scar that never heals. Even among so-called Christians in the Churches, once it is being mentioned that you are an ex-prostitute, people’s faces will start turning towards you and they are only looking at you to know who to stay away from. At times, you could be worse than an AIDS carrier.

The stigma is even more defined within the family than in the larger society. Some of the clients are abandoned by their people and stigmatized as wasted daughters. The sex

workers also have a peculiar problem of lack of home support. Usually, the presence of the problem of lack of home support translating in lack of sense of belonging creates frustration and disappointment, which inhibits the rehabilitation exercise. Closely related to the above is the worry about the feelings of their family members when they are finally discharged. The clients feel so strongly that they are wasted, even if they are discharged, their people will not still forgive them for their previous misdeeds. The problem is particularly more pronounced among the repatriated sex workers. In this case, the returnees harbour the fear of lack of home support upon meeting with their family. While some parents would rather not want anything to do with prostituted daughters, others who were instrumental to their daughters' journey will see them as failures and reject them. As the interviews with the parents reveal, none of the parents will claim responsibility to be behind the trafficking of his/her daughter despite the clients overwhelming report of their parents' involvement. Another obstacle is the problem of unemployment. Though these girls are being given vocational training, they are not adequately established to make them financially independent enough for the new vocation to be a rewarding alternative to what they earned in sex.

Caregivers in the rehabilitation centres noted that getting employment for the rehabilitated ex-sex workers could be Herculean, as many employers would rather not have anything to do with them. '...that is why we simply train them to be on their own.'

These among others are some of the major problems reported to be militating against the entire rehabilitation efforts of the care agencies in Nigeria. The whole problems could be subsumed under inadequate finance, poverty, and lack of proper commitment and understanding of the plight and aspirations of the sex workers under rehabilitation.

Conclusion and Recommendations

There is little doubt that the Nigerian government is poised to associate with other Nations that are solidly against human trafficking and sex work. Besides the signing into law the Trafficking in Persons (Prohibition) law, the country entered into agreement with the governments of Italy, United Kingdom, Ireland and Spain to provide international cooperation to prevent, suppress and punish trafficking in persons. The efforts of the anti-trafficking units of the Nigerian Police and Immigrations towards intercepting the process of trafficking within the constraint of the country's porous borders have also been widely acknowledged (Abawuru, 2005; Ojo, 2005; Skogseth, 2006). However, findings from this study reveal that the government is not doing enough to demonstrate its sincerity to ensure the social re-absorption of those rescued from the cold hands of the traffickers and sex work. Apart from the inadequate number of trained personnel in the government-owned rehabilitation centres, the response rate of the clients in the government-owned centres is low when compared to that of the non-governmental and faith-based centres. Attempts to rehabilitate the sex workers proved most successful in the religious/faith based centres.

The home-based clients adjust better than the foreign based clients. This difference in the adjustment pattern is a function of some social background antecedents and prostitution history variables. Evidence from the study reveals that there is need for more attention to be paid to the foreign-based clients and those that were intercepted

and brought for rehabilitation. The study suggests that the inability of the clients repatriated from Europe to equal the successes of the Europe-based 'predecessors' and the feeling of guilt and failure account for the low response rate of this category.

The study also found that the mode of admission into the rehabilitation centres whether voluntarily or involuntarily, and the trafficking experience are very important social categories that determine the response rate of the clients to rehabilitation. These results confirm the fears earlier expressed by the human rights watchers that arose against the involuntary mode of admission into rehabilitation centres (Loconto, 2000; Jeffreys, 2002). Finally, the outcomes of this study provide an understanding of the adjustment pattern of the clients of rehabilitation centres in Nigeria and factors that account for the differential response rate.

Hence, the study makes the following recommendations to enhance the delivery of social service by the government and non-governmental agencies saddled with the responsibility of reintegrating the sexually trafficked. First the design of intervention programme should be sensitized to the different social experience of the clients in the practice of sex work and include specialized programme for specific categories. Specifically, the foreign-based clients and those with severe medical problems as a result of their trafficking experience should be placed under intensive care. Second, social rehabilitation and counselling of trafficked victims is a daunting task that should not be mingled with an equally Herculean task as law enforcement, arrest and prosecution of the traffickers. It is suggested that these two functions are separated and not located in a single agency. Third, media coverage of the arrival of deported trafficked victims should be discouraged as it has grave psychological consequences on the rehabilitation process. The dignity of the deportees needs to be protected, and their human rights respected to encourage the voluntary return of those trapped abroad. Lastly, public enlightenment and education on sex work and trafficking should include reducing the harm of the society on the rehabilitated sex workers, which is perpetrated through suspicions, discrimination and denials of rights.

Notes

1. Faith-based here means centres that uses religious morals as an approach to counsel and reorientate their client, working more on the spirituality of their clients as a way of effecting behaviour change.
2. 'We are no thieves, other people that also left the country for greener pastures are not so treated when they return. Why are we different?'

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