CORRELATES OF THE PSYCHOSOCIAL WELLBEING OF HUMAN TRAFFICKING SURVIVORS IN LAGOS STATE, NIGERIA

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ABSTRACT

Background: *The phenomenon of human trafficking has reached alarming proportions in Nigeria, yet there is limited research on the well-being of survivors receiving post-trafficking support services.*
Methods:*One hundred and three (103) survivors of human trafficking in National Agency for the Prohibition of Trafficking in Persons, (NAPTIP) shelter, Lagos Zonal Command, Lagos state responded to the General Health Questionnaire (GHQ 12), Multidimensional Scale of Perceived Social support and Trauma Coping Self –efficacy Scale respectively.*
Results*: 57.7% of perpetrators of respondents had been trafficked by their friends, 32% by unrelated persons and 9.6% by family members. There were strong, negative relationship between perceived social support (r = -.784) and trauma coping self-efficacy with psychosocial well-being (r = -.871). For the domains of trafficking experience, physical abuse (r = .548) and sexual victimisation (r = -.472) had moderate positive relationships with psychosocial well-being. There was a significant difference in mean score of psychosocial well-being between males and females (t$_{-2.721}$= 28.315, p < .005).*
Conclusions*: Trafficked people receiving post-trafficking support services after returning to their country of origin should be provided with access to comprehensive medical services for possible long-term physical and mental health needs. There is need for further studies on comprehensive experience of trauma by the victims as well as their instrumental needs for post-trafficking support.*

Key words: Human trafficking, Victims, Psychosocial well-being, Social support, Coping self-efficacy

INTRODUCTION

"Trafficking in persons" shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (United Nations, 2000).

Human trafficking (trafficking in persons) has become a major source of concern to all societies in recent times (European Commission, 2004; Nawyn, Birdal, Glogower, 2013). Ajagun (2012), presents human trafficking as a major social problem degrading the morality of human societies. Trafficking in persons has taken several forms over history (Troung& Angeles 2005; Rawley & Behrendt, 2005), but with the advent of modern society and the antecedents of globalisation, its forms and dimensions have taken on dynamic and worrying proportions. The process of human trafficking has been likened to modern day slavery, which Oshadare (2004), defines as the social sanction of involuntary servitude imposed by one person or group upon another. Slavery and trafficking in persons both involve the acquisition and transportation of human beings across local, national and international borders for servitude, with or without the consent of the trafficked person(s). The International Labour organisation (ILO) (2017), gave a 2016 estimate of about 40.3 million people in modern slavery, comprising of 24.9 million who are in forced labour and 15.4 million who are in forced marriages. This is an estimate of 5.4 victims for every 1,000 people in the world. According to

the ILO, women and young girls' accounted for 28.7 million, or 71 per cent of the overall total. Also, the Global Slavery Index (GSI, 2017) estimated that 45.8 million people are in some form of modern slavery in167 countries across the world.

ILO (2017), estimates indicates that human trafficking was most prevalent in Africa (7.6 per 1,000 people), followed by Asia and the Pacific (6.1 per 1,000) then Europe and Central Asia (3.9 per 1,000). Nigeria has been identified to be a country of origin, transit and destination for human trafficking as well as being among the leading African countries in human trafficking with cross-border and internal trafficking (Kangaspunta, 2003; United Nations Education, Scientific and Cultural Organization(UNESCO), 2006; US State Department, 2011).The 2016Global slavery Index (GSI) estimates that 875, 500 Nigerians were living in slavery. The National Agency for the Prohibition of Trafficking in Persons and other related matters (NAPTIP) reported in its Fact Sheet that Nigerians make up 60-80 percent of the girls who are trafficked for sex trade in Europe. NAPTIP is an agency established by the Federal Government of Nigeria on the 8th of August, 2003 to address the menace of trafficking in persons and its attendant human rights abuses in its entirety in Nigeria (NAPTIP, 2012). Nigeria is currently listed in tier 2 of the Trafficking in Persons Country List (United States Department of State, 2012). The second tier countries do not currently meet minimum acceptable standards of combating human trafficking but are recognized to be making eff orts to do so.

There are a myriad of inexhaustible driving factors of human trafficking across several countries. They include high poverty, unemployment, large total population, high demand for cheap labour, low life expectancy, bad governance, growing economic disparities between countries of the world, porous borders, conflict and civil unrest, etc. (Agbu, 2003; Adepoju, 2005, 2010; Getu, 2006; Ejalu, 2006; UNODC, 2006; UNESCO, 2006; Bales, 2007; Fry, 2008; Zhang & Pineda, 2008; Black & Sward, 2009; Shelley, 2010; Karakus & McGarrell, 2011; Majekodunmi & Adejuwon, 2012). Poverty and unemployment are push factors for families and individuals to seek for greener pastures outside their countries while corruption causes the thriving of illegal activities by traffickers. Trafficked persons are often economically disadvantaged, with low formal education or skills training; which severely limits their economic opportunities in the labour market. In other instances, persons with a formal education with limited economic opportunities in their home country, also fall prey to the enticement of promises of a prosperous life and legitimate, well-paying jobs by traffickers in persons.

Trafficking in persons is a crime against the victims and the societies they are trafficked from and to. Like most other violent crime, trafficking exposes the victims to dangerous conditions and experiences that can induce trauma in them. Every stage of the process can result into physical, mental, economic and social abuse (Sofo, Akpakikaki, & Pyke, 2003).In studies by Zimmerman et al. (2003), and Banovic & Bjelajac, (2012), the social ecology of human trafficking is linked with factors such as exposure to physical, emotional violence and communicable disease, starvation, exposure to the elements, deprivation and torture, the forced used of substance, a general lack of good quality healthcare, economic exploitation and inhumane working and living conditions. Trafficked persons often endure these brutal conditions and may end up suffering from a myriad of physical, sexual and psychological health issues (Kimerling, Alvarez, Pavao, Kaminski, & Baumrind, 2007; Crawford & Kaufman, 2008; Oram, Ostrovschi, Gorceag, Hotineaanu, Gorceag, Trigub & Abas, 2012; Diehl, Pillon, dos Santos, Rassol, & Laranjeira, 2016; Ijadi-Maghsoodi, Cook, Barnert, Gaboian, & Bath, 2016).

The trauma experienced by the victims includes post-traumatic stress disorder   (Chudakov, Ilan, Belmaker, & Cwikel, 2002), anxiety (Abas, Ostrovschi, Prince, Gorceag, Trigub, & Oram, 2013), depression (Kiss, Pocock, Naisanguansri, Suos, Dickson, & Thuy et al., 2015; Hossain,

Zimmerman, Abas, Light, & Watts, 2010), alienation, disorientation, aggression, and difficulty concentrating. Therefore, the behaviour of trafficked persons can be difficult for third parties to understand, while victims can find it difficult to comprehend what has happened to them, or to discuss it with or explain to others. Victims may appear to those around them, even supporting them to be uncooperative, irritable, hostile, aggressive and ungrateful. The stigma attached to them as 'victims" has been shown to have a significant and on-going impact on their lives, indicating in the trauma experienced by individual victims as well as the possibility of physical rejection by family and community.

This research work examines the factors influencing the psychosocial well-being of survivors of human trafficking in Lagos State, Nigeria. There is a paucity of research on the effects of trafficking experiences on the health of victims/survivors in Nigeria, with most evidence coming from studies of trafficked persons primarily in Europe and South Asia. A factor for this could be because of challenges in gathering or accessing relevant data. This study seeks to contribute to knowledge in this area in Nigeria.We explored the association between risk factors such as exposure to violence, coping self - efficacy after experiencing the trauma and the level of perceived social support with the presence of psychosocial distress.

This study hypothesizes that:
1. (1) there are significant correlations between abuse experienced during trafficking, coping self-efficacy style and perceived social support with psychosocial well-being.
2. (2) perceived social support and coping self-efficacy will contribute significantly to the model of psychosocial well-being above and beyond experience of abuse.

METHODOLOGY

Setting
This study is an exploratory descriptive survey. Study participants were accessed through the Federal Government of Nigeria trafficking assistance programme; the National Agency for the Prohibition of Trafficking in Persons and other related offences (NAPTIP). The agency has 8 shelters located across the six geo-political zones of Nigeria. For this study, the setting was the shelter run by the Lagos Zonal command in South-West Nigeria. These survivors had being rescued by NAPTIP in collaboration with anti-trafficking units of the Nigerian Immigration Service as well other Non-Governmental Organisations (NGOs) such as the International Organization for Migration (IOM). Rescued survivors of trafficking are housed on temporary basis at the shelter. During this time, they have access to shelter, food, legal advice, counselling, medical care, and skill acquisition training. It is a period that enables the victims to recover from possible trauma and to reflect on whether to contribute with the criminal justice to pursue a civil action against the trafficker or to re-unite with his/her family.

Research design and Participants
The researchers adopted a non-randomised purposive sampling method over a period of 3 months to select respondents. Data collection at the shelter was approved by the Lagos Zonal Commander of NAPTIP. The data was collected by one of the authors who was on internship at the shelter at the period. Participants comprised of males and females who were aged at least 18 years and had returned to Nigeria for a minimum of 1 month. The study objectives and methods were explained to them and a total of 104 interested participants gave verbal consent to continue in the study. Between December 2017 and February 2018, a structured questionnaire was administered by a member of the research team who was an intern at the shelter at the time of the study. To ensure and secure the privacy of the participants, questionnaires were administered individually to them out of sight of other staff, participants and residents at the shelter.

Measures
Participants responded to a structured questionnaire that sought information on their socio-demographic background, trafficking experiences, coping self-efficacy, perception of social

support and their psychosocial health. This study made use of instruments previously validated from studies among people who had experienced trauma. The instruments have also been variously used in both clinical samples and the general population.

General Health Questionnaire (GHQ-12).
The 12-item scale by Goldberg & Williams (1988) has been extensively used as a screening instrument for the risk of an individual developing psychological morbidity. The scale measures the inability to carry out normal functions and to assess well-being in a person. The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Response to each question is measured on a 4-point scale with two customary type of scoring model - the bimodal scale (0-0-1-1) and a 4-point Likert-type scale (0-1-2-3). This study used the latter scoring model. The score was used to generate a total score ranging from 0 to 36. Higher scores indicate more psychological distress. Reliability of the scale is .72 for this study.

Multidimensional Scale of Perceived Social Support (MSPSS)
Zimet, Dahlem, Zimet, & Farley (1988) created this 12-item self-report measure of subjectively assessed social support adequacy from three specific sources - significant other, family, and friends (each of these groups consists of four items). A number of researches have shown that social support can be regarded as a coping resource that acts as a buffer between stressful life events and psychophysical symptoms (Cohen & Syme, 1995; Yap & Devilly, 2007; Uchino, 2009).
Each item on the scale is reported on a 7-point Likert scale ranging from very strongly disagree (1) to very strongly agree (7) with scores ranging from 0 to 84. Higher scores indicate a higher level of perceived social support. In this study, the alpha for the scale was .93.

Trauma Coping Self Efficacy Scale (CSE-T)
This measure was designed by Benight, Shoji, James, Waldrep, Delahanty, & Cieslak (2015) to assess the extent to which participants feel they have control over the events of their lives and the perceived ability of participants to cope with challenges and demands from the traumatic event they have encountered. Recent reviews support the predictive capacity of coping self efficacy in understanding the post-traumatic recovery process (Benight & Bandura, 2004; Luszczynska, Benight, & Cieslak, 2009). This scale exists in a 20-item and 9-item format on a 7-point Likert-type scale, where 0 means —Not capable at all and 7 means —totally capable. This study utilised the 9-item scale for a possible total score of 63. In this study, the alpha score was .96.

Data Analysis
The data collected for this study was analysed using the Statistical Package for Social Sciences version 20 (IBM SPSS-20). A significance level of 0.05 was set. Descriptive statistics were used to describe the characteristics of the respondents and experiences of violence during trafficking. Pearson Correlations and Independent t-test were used where appropriate to establish which factors significantly associated/correlated with psychosocial well-being.

Hierarchical multiple regression analyses was also conducted to explore the relationship between predictor and criterion variables of interest. Model 1 of the hierarchical regression analysis is the dependent variable (psychosocial well-being) regressed on the control variables (e.g., trafficking experiences). Model 2 is the dependent variable regressed on the protective variables (coping self-efficacy and social support).

RESULTS
Table 1 presents the overall socio-demographic characteristics of the participants. The proportion of females was higher than males (81.7%), 59.6% were aged 21–40 years, 84.6% were single, 62.5% had secondary level educational qualification, 54.8% lived in households

of 6-8 family members, 55.8% were unemployed while,56.7% were trafficked by friends. 93.3% reported extreme restriction of movement by being locked-up both during trafficking and on arrival, as did 84.6%, 92.3%, 90.4% and 91.3% of people trafficked who reported experiencing torture, inadequate feeding, threats, and sexual abuse respectively. Overall, 42.3% of men and 76.5% of women reported physical violence during trafficking.

Table 1: Socio-demographic characteristics of participants

Socio-demographic data	N (104)	Percent (%)
Gender		
Female	85	81.7
Male	19	18.3
Age		
18-20	42	40.4
21-40	62	59.6
Marital status		
Single	93	89.4
Married	11	10.6
Education		
Primary	16	15.4
Secondary	65	62.5
Tertiary	23	22.1
Employment status before trafficking		
Employed	58	55.8
Unemployed	46	44.2
Family Type		
Monogamous	81	77.9
Polygamous	23	21.3
Family size		
3-5	2	3.1
6-8	57	54.8
9-11	23	22.1
Relationship with trafficker		
Friend	59	56.7
Family	10	32.7
Others	34	9.6
Abuse/poor living conditions during trafficking*		
Sexual abuse	95	91.3
Torture	88	84.6
Lock-up	97	93.3
Starvation	96	92.3
Threats	94	90.4

Frequencies and percentages may not all add up to 104 or 100 due to missing cases
** Participants responded to all categories that applied to them

As can be seen in Table 2, a number of significant bivariate relationships were identified between the independent variables and psychosocial well-being. There were strong, negative correlations for overall perceived social support (r = -.784) and trauma coping self-efficacy with psychosocial well-being (r = -.871). For the domains of trafficking experience, physical abuse (r = .548) and sexual victimisation (r = -.472) had moderate positive relationships with participants' psychosocial well-being. Hypotheses 1 was supported as indicated by significant relationships between psychosocial well-being, as measured by the GHQ-12, and trafficking experiences, measures of perceived social support (MSPSS) and coping self-efficacy (T-CSE scale). There was a significant difference in mean score of psychosocial well-being between males and females ($t_{-2.721}$= 28.315, p< .005). No significant relationships were identified for the variables age, educational level, and employment status before trafficking.

Table 2: Bivariate relationships between background variables, social support & coping efficacy and psychosocial well being

	Mean	Standard deviation	Psychosocial well-being
Trafficking experience			
Physical abuse	.87	.343	.548**
Sexual abuse	.71	.455	.472**
Social support	51.932	15.120	-.784**
Trauma Coping self-efficacy	38.125	12.516	-.871**
Sex			
Female	26.329	3.973	-2.721*
Male	28.315	3.660	
Age			
18-20	27.404	4.048	-.120
21-40	27.500	3.857	
Marital status			
Single	27.311	3.898	-1.106
Married	28.727	4.027	
Employment status			
Employed	27.326	4.077	0.310
Not employed	27.569	3.816	

Note: correlation was used with continuous variables and independent t-test with categorical variables. *p<0.05; **p<0.01 (2-tailed)

A three stage hierarchical multiple regression was conducted to investigate the ability of the protective factors (perceived social support and trauma coping self-efficacy) to predict psychosocial well-being, after controlling for risk factors (exposure to abuse). In the first stage of the regression as shown in Table 3, two predictors were entered: sexual abuse and physical abuse. This model was statistically significant F (2, 101) = 26.30; p < .001 and explained 34 % of variance in psychosocial well-being. The two abuse risk factors made statistically significant contribution to the model; sexual abuse (β = .29; t = 3.24, p < .01), and physical abuse (β = .39; t = 4.45, p < .001). Introducing perceived social support in the second stage explained an additional 44 % of the variance in psychosocial well-being [F (3, 100) = 117.92; p < .001)]. Finally, the addition of coping self-efficacy to the regression model at the third stage explained an additional 11% of the variation in psychosocial well-being and this change in R square was also significant [F (4,99) = 197.27, p < .001].

When all four independent variables were included in stage three of the regression model, sexual abuse was not a significant predictor of psychosocial well-being. The most important predictor was trauma coping self-efficacy. The significant standardized coefficient (β = -.52; t = 9.83, p < .001) indicates that a one standard deviation increase in coping self-efficacy reduces post-trafficking psychosocial distress by .52 standard deviations when holding other control and covariate variables constant. For perceived social support, the significant standardized coefficient (β = -.39; t = -7.8, p < .001) indicates that a one standard deviation increase in social support reduces psychosocial distress by .39 standard deviations when holding other control and covariate variables constant. Together the four independent variables accounted for 94.3 % of the variance in psychosocial well-being. The result shows that there is a statistically significant independent as well as joint influence of risk and protective factors on the psychosocial well-being of survivors of human trafficking which support the hypothesis.

Table 3: Hierarchical Regression Analysis for Variables predicting psychosocial well-being

Variable	B	SE	β	T	R	R^2	ΔR^2
Step 1							
Sexual abuse	2.49	.77	.29	3.24**	.59	.34	
Physical abuse	4.55	1.02	.39	4.45***			
Step 2							
Sexual abuse	.81	.46	.09	1.74			
Physical abuse	2.31	.62	.20	3.75***	.88	.78	.44***
Social support	-.19	.01	.74	-14.08***			
Step 3							
Sexual abuse	.47	.33	.06	1.41			
Physical abuse	1.34	.45	.12	2.97**	.94	.89	.11***
Social support	-.10	.01	-.39	-7.81***			
Coping self-efficacy	-.16	.02	-.52	-.9.83***			

Note. Statistical significance: *p < .05; **p < .01; ***p < .001

DISCUSSION

The aim of the current study was to examine risk and protective factors of the psychosocial well-being of survivors of human trafficking. The first hypothesis tested that there were significant correlations between abuse experienced during trafficking, trauma coping self-efficacy and perceived social support with psychosocial well-being. The findings indicated that sexual and physical abuse was positively correlated to psychosocial well-being. Given that trafficking is based on exploitation, victims are at risk of physical, psychological, emotional, and social impacts. Exposure to and severity of abuse, as experienced by the victims may lead to severe mental, or, emotional health consequences, including, attempted suicide, alcohol and drug abuse, feelings of shame and guilt, posttraumatic stress disorder, depression, anxiety, etc., (Abas, et al. 2013). These negative emotions and feelings are further worsened, when they find themselves, back in the very unfortunate socioeconomic circumstances they were trying to escape from, with perhaps bleak prospects of improvement. As predicted, there were also significant negative correlations between perceived social support, coping self-efficacy and psychosocial well-being, such that as scores on the T-CSE and MSPSS increased, scores on the GHQ-12 decreased.

Also, similar to other research, the results indicated that women had higher mean scores of psychosocial distress than men (Haro, & Pinto, 2006). A possible reason for this difference in gendered response to trauma has been linked to the sex hormones which cause differences in symptom expression, whereby, males were less likely to report symptoms of anxiety or depression, but reported more of behaviour (anger and violence) and drug problems (Weissman, Neria, Das, Feder, & Balnco et al., 2005; Tolin & Foa, 2008). Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks. The gendered socialization process has been hypothesized to lead to less effective coping and greater sensitivity to lack of social support among women (Olff, Langeland, Drayer, & Gersons, 2007; Parker & Brotchie, 2010). Following a trafficking experience, women and girls have to face the stigma and discrimination associated with sexual exploitation, which stems from cultural prejudices, as well as possible rejection by their families, which could lead to a negative self-image. Because of this vulnerability, if their reintegration and rehabilitation is not properly handled, they could fall victim to revictimization and be back at the mercy of traffickers.

The second hypothesis tested that perceived social support and coping self-efficacy will contribute significantly to the model of psychosocial well-being above and beyond experience of abuse. The results showed that perceived social support and trauma coping self-efficacy accounted for 44 per cent and 11 per cent of the variance in psychosocial wellbeing respectively. Perceived social support has been shown to predict positive health outcomes in individuals than actually received social support. Wethington & Kessler (1986), suggested that the perception of the availability of the support is a major necessity for the stress-buffering effect, because personal coping is strengthened by the perception of support and reduces the sense of vulnerability, and the actual support is only needed when coping fails. It has also been suggested that it indirectly relates to the expression of trauma through other resources, like the coping behaviour. This suggests that an individual's perception of their social support adequacy and feelings of higher coping self-efficacy have a significant effect on their experience of post-traumatic distress. This supports results from other research (e.g., perceived social support; Bandura, 1997; Saleeby, 2006; Haden, Scarpa, Jomes, & Ollendick 2007; Seligman, 2011; MacEachron & Gustavssan, 2012, and coping self-efficacy; Banyard & Cantor, 2004; Cieslak, Benight, & Lehman 2008; Din, Bee, Subramaniam, & Oon, 2010; Benight et al., 2015; Spilman, Smith, Schirmer, & Tonui, 2015).

The results of this study have shown that experience of abuse during the trafficking process lowers the psychosocial wellbeing of the victims as measured by the GHQ-12. There is need for continued and concerted efforts to stem the tide of trafficking-in-persons, especially, in countries like Nigeria. Government needs to as a matter of urgency work on improving the living conditions of Nigerians as well as ensure adequate security of lives and property. If the country can be built to become a haven for its citizens, they would be less likely to be forced to leave, even under dangerous and dehumanizing conditions they are exposed to in the process of trafficking.

Strength and Limitation of the study
Strength of this study includes the use of standardised questionnaires and not involving staff that provided counselling and rehabilitation for the victims in data collection. However, results of this study must be interpreted in light of a number of limitations. A limitation of the current study was that a general measure of psychological morbidity based solely on self-reports was used and therefore it may not have fully encapsulated the dimensions of the mental health of participants. Measurement could be improved by the use of instruments that are multi-dimensional measures or predictive measures of mental health disorder with clinical use. The GHQ-12 is the shortest version of the GHQ questionnaires commonly used as a self-screening tool in a public setting to determine those who are likely to be at risk of developing psychological disorder. It is also mostly regarded as a one-dimensional measure of psychological health and not used for predictive purposes.

Future studies could investigate other predictive factors such as the severity and duration of trauma experienced by the victims, as well as specific instrumental needs of participants. Also, psychosocial well-being was only assessed at one time using self-reports, and perhaps a longitudinal design would illuminate the length and type of social support received, the various methods of and changes in coping self-efficacy and how new experiences of trauma on return impacts functioning. Future studies might also examine the dimension of gender role expectations of response to distress, coping behaviour, and received social support. Our study, also, may not be representative of all survivors of human trafficking, since we only recruited participants through the national agency for trafficked persons which provided physical and emotional reintegration support to the victims. We cannot conclude if other returnees who were not part of this programme had higher levels of psychological distress or were able to cope better.

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