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Rethinking The Concept of Economic Rehabilitation of Niger Delta Youths Through The Amnesty Programme: Towards A Literature Review

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Abstract: Using literature review approach, the study focused on rethinking the concept of rehabilitation of Niger Delta youths through the amnesty programme. Relying extensively on secondary sources, the paper conceptualised the penal and medical dimensions of rehabilitation, discussed types of rehabilitation for offenders or inmates, conceptualised rehabilitation as a goal or an ideology of punishment of offenders, explained criticisms against rehabilitation, and appraised Norway's principle of normalization and rehabilitation. It also assessed the nexus between amnesty programme and human capital development in Nigeria's Niger Delta, and the future of rehabilitation programmes. Implicit in the literature review is the fact that the amnesty programme has failed to adequately promote human capital development and empowerment of Niger Delta youths.

Keywords: Amnesty Programme, Normalization, Rehabilitation, Niger Delta Region, Nigeria

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1. Introduction

Defined in the penal sense, rehabilitation is the process of re-educating and retraining those who commit crime. It generally involves psychological approaches which target the cognitive distortions associated with specific kinds of crime committed by particular offenders, but may also involve more general education such as literacy skills and work training. The goal is to re-integrate offenders back into society. A successful rehabilitation of a prisoner is achieved if convicted persons: are not placed in health-threateningly bad conditions, enjoy access to medical care and are protected from other forms of serious ill-treatment; are able to maintain ties to the outside world; learn new skills to assist them with working life on the outside; and enjoy clear and detailed statutory regulations clarifying the safeguards applicable and governing the use and disposal of any record of data relating to criminal matters [1].

Rehabilitation means using rehabilitative measures rather than punishment to address criminals in the prison system. Rehabilitation criminal justice focuses on helping the offender understand their wrongs and prepares them to re-enter society as reformed. To do this, rehabilitative programmes must target the problems that caused the offenders to turn to crime in the first place. The factors that can affect crime rates are referred to as environmental influences.

Environmental influences such as alcohol and drug use, poverty, and lack of education can both predict and give insight into a community's crime issues, showing the areas where rehabilitative programmes need to help the prisoners of those communities

the most. This usually requires the use of different types of training and treatments to help the offender become ready to be a part of their community. The goal of rehabilitation is to reduce recidivism, or the action or tendency of an offender to commit a crime again upon release.

As defined by the Oxford Advanced Learner's Dictionary (7th Ed.), amnesty refers to an official statement that allows people who have been put in prison for crimes against the state to go free. The conception of amnesty is in line with the Nigerian constitution, whose section 175 stipulates that the President can grant pardon to any person concerned or convicted of any offence. Amnesty is an indication of criminality with a pardon for specific purposes depending on the situation in question [2].

The amnesty programme was initiated in 2009 by the President Musa YarAdua-led federal government as a wise attempt to address the root causes of militancy (and the Niger Delta crisis) and ensure sustainable human development in the region. In simple terms, the amnesty programme was initiated to cushion the effects of oil violence in the region. Oil violence refers to the deliberate deployment of instruments of physical force by the various stakeholders in the oil industry in Nigeria, for the achievement of their respective objectives and goals with regards to the exploration, exploitation and appropriation of crude oil and its accruable benefits in the Niger Delta region [3]. Basically, the abundant natural crude oil deposit in the Niger delta region is the major source of violence in the region, as the multination oil corporations (MNOCs) carry out unbridled oil exploration on behalf of the Federal Government of Nigeria without commensurate human and infrastructural development in the region.

Arising from the attendant oil violence and its concomitant consequences, the rehabilitation of ex-militants, as the core of the programme, has been in operation since 2009. What readily comes to mind is "to what extent has the youths of the Niger Delta region have been rehabilitated and empowered through the amnesty programme"? Thus, this study is an attempt to re-assess the concept of rehabilitation of the Niger Delta youths through the amnesty programme.

Conceptualizing Rehabilitation

The concept of rehabilitation has been defined in variously, especially in medicine and criminal justice system. Defining it in medical sense, Lubkin & Larsen defined rehabilitation as services and programmes designed to assist individuals who have experienced trauma or illness that results in an impairment that creates a loss of function (physical, psychological, social or vocational. Its aims are to restore, compensate, prevent or slow deterioration in functioning (sensory, physical, intellectual, mental, cognitive, or social) in order to help individuals to reach their optimal levels. Similarly, the World Health Organization defined rehabilitation as a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It is highly person-centered, meaning that the interventions and approach selected for each individual depends on their goals and preferences. Rehabilitation can be provided in many different settings, from inpatient or outpatient hospital settings, to private clinics, or community settings such as an individual's home. In medicine, the rehabilitation workforce is made up of different health workers, including physiotherapists, occupational therapists, speech and language therapists and audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses, among others [4]

The definition of rehabilitation in the criminal justice system or penology is of utmost interest to this study. Defined in the penal sense, rehabilitation simply refers to working with individual offenders to stop them from continuing to commit crime. It is the process of re-educating and retraining those who commit crime. It generally involves psychological approaches which target the cognitive distortions associated with specific kinds of crime committed by particular offenders, but may also involve more general

education such as literacy skills and work training. The goal is to re-integrate offenders back into society. A successful rehabilitation of a prisoner is achieved if convicted persons: are not placed in health-threateningly bad conditions, enjoy access to medical care and are protected from other forms of serious ill-treatment; are able to maintain ties to the outside world; learn new skills to assist them with working life on the outside; and enjoy clear and detailed statutory regulations clarifying the safeguards applicable and governing the use and disposal of any record of data relating to criminal matters [5].

Historically, ideas of rehabilitation through punishment were first embodied in the penitentiaries, built during the Jacksonian era of the late 19th century. Reformers hoped that felons would be “kept in solitude, reflecting penitently on their sins in order that they might cleanse and transform themselves”. The Eastern State Penitentiary, opening in 1829 in the United States of America, included outside reflection yards; so that offenders could look up to God for penance. Reformatories were another example of how rehabilitation was viewed in the past. The reform movement tried to rehabilitate the offender through more humane treatment, to include basic education, religious services, work experience, and general reform efforts. This was done in an effort to reform individuals, thus allowing them to come back to society. The Elmira Reformatory was one of the earliest efforts of the reform ideal, and many prisons built in the United States were based on this prison. Other attempts at rehabilitation included more medical approaches. In the past, offenders were viewed as sick, and in need of medical cures. This medical approach, while greatly reduced, is still used in some areas today. For example, the chemical castration of certain offenders does still occur. For example HB 2543, in Oklahoma, in September of 2018, focuses on the mandated use of medroxyprogesterone acetate as a treatment, and is required before appropriate release of convicted sex offenders.

The concept of rehabilitation rests on the assumption that criminal behavior is caused by some factors. This perspective does not deny that people make choices to break the law, but it does assert that these choices are not a matter of pure “free will”. Instead, the decision to commit a crime is held to be determined, or at least heavily influenced, by a person’s social surroundings, psychological development, or biological makeup. People are different and thus free to express their will. These individual differences shape how people behave, including whether they are likely to break the law. When people are characterized by various “criminogenic risk factors”, such as a lack of parental love and supervision, exposure to delinquent peers, the internalization of antisocial values, or an impulsive temperament, they are more likely to become involved in crime than people not having these experiences and traits.

The rehabilitation model “makes sense” only if criminal behavior is caused and not merely a freely willed, rational choice. If crime were a matter of free choices, then there would be nothing within particular individuals to be “fixed” or changed. But if involvement in crime is caused by various factors, then logically re-offending can be reduced if correctional interventions are able to alter these factors and how they have influenced offenders. For example, if associations with delinquent peers cause youths to internalize crime-causing beliefs (e.g., “it is okay to steal”), then diverting youths to other peer groups and changing these beliefs can inhibit their return to criminal behavior (<https://law.jrank.org/pages/1933/Rehabilitation-What-rehabilitation.html>).

The distinctiveness of rehabilitation can also be seen by contrasting it with three other correctional perspectives that, along with rehabilitation, are generally seen as the major goals of corrections. The first goal, retribution or just deserts, is distinctive in its own right because it is nonutilitarian; that is, it is not a means to achieving some end (in this case, the reduction of crime) but rather is seen as an end in and of itself. The purpose of correctional sanctions is thus to inflict a punishment on the offender so that the harm the offender has caused will be “paid back” and the scales of justice balanced. In this case, punishment (or inflicting pain on the offender) is seen as justified because the individual

used his or her free will to choose to break the law. The second goal, deterrence, is utilitarian and asserts that punishing offenders will cause them not to return to crime because they will have been taught that "crime does not pay". Deterrence assumes that offenders are rational, in that increasing the cost of crime (severe penalties) will cause offenders to choose to "go straight" out of fear that future criminality will prove too painful. This is called specific deterrence. When other people in society refrain from crime because they witness offenders' punishment and fear suffering a similar fate, this is called general deterrence. Finally, the third goal, incapacitation, does not assume offenders and why they committed crimes. Instead, it seeks to achieve the utilitarian goal of reducing crime by "caging" or incarcerating offenders. If behind bars and thus "incapacitated," crime will be impossible because the offender is not free in society where innocent citizens can be criminally victimized,

(https://law.jrank.org/pages/1933/Rehabilitation-What_rehabilitation.html).

In comparison, rehabilitation differs from retribution, but is similar to deterrence and incapacitation, in that it is a utilitarian goal, with the utility or benefit for society being the reduction of crime. It fundamentally differs from the other three perspectives, however, because these other goals do not attempt to change or otherwise improve offenders. Instead, they inflict pain or punishment on offenders either for a reason (retribution to "get even" or deterrence to "scare people straight") or as a consequence of the penalty (incapacitation involves placing offenders in an unpleasant living situation, the prison). In contrast, rehabilitation seeks to assist both offenders and society. By treating offenders, they hope to give them the attitudes and skills to avoid crime and live a productive life. At times, this attempt to help offenders exposes rehabilitation to the charge that it "coddles criminals". This view is short sighted, however, because correctional rehabilitation's focus is not simply on lawbreakers but also on protecting society: by making offenders less criminal, fewer people will be victimized and society will, as a result, be safer (<https://law.jrank.org/pages/1933/Rehabilitation-What-rehabilitation.html>).

Sometimes, rehabilitation is said to embrace a "medical model". When people are physically ill, the causes of their illness are diagnosed and then "treated." Each person's medical problems may be different and the treatment will differ accordingly; that is, the medical intervention is individualized. Thus, people with the same illness may, depending on their personal conditions (e.g., age, prior health), receive different medications and stay in the hospital different lengths of time. Correctional rehabilitation shares the same logic: Causes are to be uncovered and treatments are to be individualized. This is why rehabilitation is also referred to as "treatment". Correctional and medical treatment are similar in one other way because they assume that experts, scientifically trained in the relevant knowledge on how to treat their clients, will guide the individualized treatment that would take place. In medicine, this commitment to training physicians in scientific expertise has been institutionalized, with doctors required to attend medical school. In corrections, however, such professionalization generally is absent or only partially accomplished (<https://law.jrank.org/pages/1933/Rehabilitation-What-rehabilitation.html>).

Perhaps referring to medical rehabilitation, the WHO estimated that about 2.4 billion people all over the world are currently living with health conditions that need rehabilitation. With changes taking place in the health and characteristics of the population worldwide, this estimated need for rehabilitation is only going to increase in the coming years. People are living longer, with the number of people over 60 years of age predicted to double by 2050, and more people are living with chronic diseases such as diabetes, stroke and cancer. At the same time, the ongoing incidence of injury (such as a burn) and child developmental conditions (such as cerebral palsy) persist. These health conditions can impact an individual's functioning and are linked to increased levels of disability, for which rehabilitation can be beneficial. It is interesting to note here that the WHO's estimate of 2.4 billion people who need rehabilitation did not take into cognizance the teeming

population of youths and other people who have been displaced or rendered physically, socio-economically, and psychologically incapacitated by the oil violence in the Nigeria's Niger Delta region. This seriously adds to the unmet global need for rehabilitation.

Global rehabilitation needs continue to be unmet due to multiple factors, including lack of prioritization, funding, policies and plans for rehabilitation at a national level; lack of available rehabilitation services outside urban areas, and long waiting times; high out-of-pocket expenses and non-existent or inadequate means of funding; lack of trained rehabilitation professionals, with less than 10 skilled practitioners per 1 million population in many low- and middle-income settings; lack of resources, including assistive technology, equipment and consumables; the need for more research and data on rehabilitation; and ineffective and under-utilized referral pathways to rehabilitation [6].

Natural hazards such as earthquakes or disease outbreaks and human-induced hazards including conflict, terrorism or industrial accidents can generate overwhelming rehabilitation needs as a result of injury or illness. They also simultaneously disrupt existing services and have the greatest impact on the most vulnerable populations and the weakest health systems. While the important role of rehabilitation in emergencies is recognized in clinical and humanitarian guidelines, it is rarely considered as part of health system preparedness and early response. The result is that pre-existing limitations in rehabilitation services are magnified, health service delivery is less efficient, and people directly affected are at risk of increased impairment and disability [7]. The Amnesty Program introduced in the Nigeria's Niger Delta by the government is seen as an attempt to rehabilitate militant youths in the region. It is the overriding interest of this study to investigate the effectiveness of the programme in rehabilitating the youths in the region.

The WHO noted that for rehabilitation to reach its full potential, efforts should be directed towards strengthening the health system as a whole and making rehabilitation part of health care at all levels of the health system, and as part of universal health coverage[6]. In 2017, WHO launched the Rehabilitation 2030 initiative, which emphasizes the need for health system strengthening, and calls for all stakeholders worldwide to come together to work on different priority areas, including: improving leadership and governance; developing a strong multidisciplinary rehabilitation workforce; expanding financing for rehabilitation; and improving data collection and research on rehabilitation. WHO is responding to the identified challenges and promoting health system strengthening for rehabilitation through: providing technical support and building capacity at country level; increasing leadership, prioritization and resource mobilization; developing norms, standards and technical guidance; and shaping the research agenda and monitoring progress.

As French Philosopher Michel Foucault put it, punishment shifted over time from the discipline of the body to the disciple of soul. convicted person and the main objective of modern penal policy, to counter habitual offending, also known as criminal recidivism. In past rehabilitation may have been directed at reforming the character of prisoners, its focus is now on preventing reoffending. Techniques of rehabilitation vary as per nature of offender, type of offence committed and institution. Education, vocational training to help offender learn skills use outside prison, to psychological rehabilitation dealing with various problems. The success that prisons achieve is hampered further by many prisoners lacking basic skills or suffering from social and psychological problems (www.politics.co.uk/reference/prison-rehabilitation).

The major reason for rehabilitation is to re-integrate offenders to society. Reintegration occurs when the victim or offender can become active and productive parts of their communities. To accomplish this, victims and offenders must find communities with the following characteristics: mutual respect for those in the community, mutual commitment to others in the community, and intolerance for--but an understanding of deviant behaviour by members of the community (cdn.penalreform.org). Thus

"reintegration" generally refers to "reentry" or "resettlement", and these terms interchangeably to designate interventions, programs and services designed to assist prisoners in living law-abiding lives in the community following their release (www.publicsafety.gc.ca).

Types of Rehabilitation for Offenders or Inmates

According to Connectnetwork.com, there are five most rewarding types of rehabilitation for inmates. These include education, employment, counselling, wellness and community rehabilitation. Education rehabilitation for inmates involves computer and other educational programs and training for the inmates. Education programmes give recipients or inmates the power of knowledge, with which they tend to overcome the past and enjoy a better quality of life. Employment rehabilitation for inmates engages them with job training to become productive members of society and support themselves and their dependents. Inmates who have the opportunity to engage in prison work programs while incarcerated have an easier time getting work once they are released. The inability to find and maintain work is a main factor in recidivism across the nation. When former inmates re-enter society without marketable skills, a domino effect occurs that oftentimes leads to new offences (web.connectnetwork.com).

In counselling rehabilitation for inmates, prison counsellors, who are also criminal justice and mental health professionals, guide inmates throughout their sentences. The support a Prison Counselor provides varies according to inmates and covers vocational, academic or educational, social and personal issues, among others. The goal is to provide rehabilitation for inmates that will help them consider new skills and new insight into their goals and motivations. Additionally, inmates can seek counselling on issues like depression, stress or substance abuse (web.connectnetwork.com).

Inmates can also access physical and mental wellness rehabilitation programmes like yoga, tai chi, or meditation. Practising these kinds of mental and physical exercises are proven to provide long term benefits including stress/anger management, among others. Community rehabilitation for inmates assumes that rehabilitation for inmates continues throughout an inmate's life, even after they have left the system. Re-entering society and taking steps to join the community is a necessary piece of the rehabilitation process. Adjusting to life after prison successfully has many variables. Having a support system within the community helps an ex-offender stay an ex-offender. Getting involved in the community creates accountability in the form of communal obligations. Feeling a sense of belonging is invaluable, whether it be through: church, volunteering, social groups or another form. The newly built support system relies on the ex-offender as he/she relies on it. This leads to more positive interactions and less opportunity for criminal behaviour. Additionally, the relationships built within these community groups can lead to job opportunities, which is a crucial step for reentry to society and elimination of recidivism (web.connectnetwork.com).

Rehabilitation does not have to begin once an offender is released from prison. Most prisons now offer at least some programs that are designed to help inmates more easily adjust to conditions outside of prison once they are released. In-prison rehabilitation programs are often aimed at helping offenders acquire job skills, overcome substance abuse problems, or learn how to deal with common challenges they may face upon release. Some in-prison programs include: adult education courses, religious services, mental and physical health programs, language courses, and job skills workshops (thelawdictionary.com).

2. Materials and Methods

Medical Model of Rehabilitation

The medical model of intervention as a form of rehabilitation emerged at the turn of the century in response to the perceived ineffectiveness of early means of reform that used

labour and physical punishments to change people's behaviour. New "scientific" disciplines like psychiatry, psychology, and criminology proposed that the causes of crime and deviance could be linked to biological, physiological, or psychological defects of the individual. Criminals were viewed as products of socioeconomic or psychological forces beyond their control. In turn, crime was seen to be a "sickness," and the object of corrections then was to "cure" the offender. The emergent Federal Bureau of Prisons in the 1930s endorsed the medical model in its approach to rehabilitation, thus legitimizing its use in corrections. It was during that time that the classification of prisoners became more refined, and the medical model provided what was then considered a "state of the art" clinical orientation to the diagnosis and treatment of offenders [8].

The medical model led to the introduction of therapeutic personnel, such as psychiatrists, psychologists, and clinical social workers, into prison settings. While this model initially appeared to be more humane than previous penal practices, this was not always the case. Instead, extraordinarily invasive and even illegal procedures took place in many correctional institutions, including psychosurgery, electroconvulsive therapy, and surgical and chemical castration, all in the name of rehabilitation. Other forms of treatment included various "talk" therapies such as psychotherapy and psychoanalysis.

Given that the nature of many of these interventions was open-ended, prisoners could be imprisoned indefinitely if it was determined that they had not been "rehabilitated." The medical model ultimately fell out of favor due to the convergence of a series of events. The inhumane nature of many of these practices, accompanied by an increasing concern for prisoners' rights and a dearth of evidence on the effectiveness of interventions, led many experts to critique the rehabilitative ideal. At the same time, in response to an increase in crime across the country, opponents argued that the medical model was too soft and ineffective. For many, the death knell of the rehabilitative ideal finally came about from the publication of an article by Robert Martinson in 1974. In what turned out to be a politically important essay that had a swift and discernible effect on policy, Martinson concluded that "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism". As the title of his article suggested, he appeared to be arguing that "nothing works."

Even though Martinson himself later retracted his earlier conclusions regarding rehabilitation programs and his original essay was found to have serious methodological flaws, the academic community and both the political left and right embraced his message at that time. His message was attractive to liberals since it could be used to argue against the use of imprisonment and to abolish indeterminate sentencing. For conservatives, rehabilitation programs were thought to "coddle" criminals, since they allowed for early release. For them, Martinson's argument permitted the introduction of harsher regimes of punishment. Finally, an emerging social science also played a large role in vilifying rehabilitation, since researchers found that prisoners who "participated in a wide range of rehabilitation programs were rearrested at the same rate as those who did not" [9].

Penal policy in the United States' post-Martinson era, no longer sought to rehabilitate prisoners. Thus, the U.S. Supreme Court, in *Misretta v. U.S.* in 1989, upheld federal sentencing guidelines that removed the goal of rehabilitation from serious consideration when sentencing offenders. Future sentencing practices would only have to consider the crime, with little concern for factors such as amenability to treatment or social and familial history. However, despite this political climate, some people continue to believe in the importance and possibility of rehabilitation in incarceration policy and practice. For example, the language of the mission statement of the Federal Bureau of Prisons reflects a strong emphasis on societal protection and safe and humane confinement, while still promoting "work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens" [10].

Although not couched in medical or rehabilitative terminology, the federal prison system continues to offer a variety of programs directed toward this end, including work, occupational and vocational training, parenting classes, recreation and wellness activities, and substance abuse treatment. Current efforts in some states also indicate that the tide may be turning once again toward rehabilitation as renewed efforts are being seen through revamped educational and vocational training. This type of programming differs greatly from that seen in earlier periods and is now much more closely linked to training for specific types of employment, as evidenced by existing programs in Oregon, Pennsylvania, Ohio, and Washington State. For example, the Oregon State Correctional Institution in Salem teaches advanced computer training, through which prisoners build customized computers for state agencies. A central notion behind this form of rehabilitation is that prisoners will be equipped with skills upon release that will allow them to earn competitive salaries and avoid criminal activity in the future. Officials declare that these efforts have had a positive impact on recidivism, as the percentage of admissions who were returning parolees in 2000 was 25%, down from 47% in 1995. Nonetheless, the critiques of such programs echo earlier ones, with some expressing concern that such efforts are wasting money and that such training may infringe on the labor market [11].

Rehabilitation as a Goal or an Ideology of Punishment of Offenders

There are basically three goals of correction of offenders in criminal justice system: punish the offender, protect society, and rehabilitate the offender. Four main ideologies of punishment which include retribution, deterrence, incapacitation, and rehabilitation, most accurately attempt to address all these three goals of correction. Certainly, all four ideologies address the first two goals, which are punishment, and societal protection. However, the goal of rehabilitating the offender is either silent, or not addressed in retribution, deterrence, or incapacitation, but is taken care of by rehabilitation.

Seen as a backward-looking and the oldest ideology or philosophy of punishment, retribution primarily ensures that punishments are proportionate to the seriousness of the crimes committed, not minding individual offenders' differences and circumstances surrounding the crime committed, among other things. Focusing on the past offense (rather than the offender) and the dosage of punishment, retribution maintains that offenders who commit the same crime must receive the same punishment. Thus, retribution is phrased as "a balance of justice for past harm" . In clear terms, the philosophy of retribution does not appreciate punishments beyond the original balancing of justice for the past harm. It is rooted in the concept of Lex Talionis (the law of retaliation, revenge, or an eye for an eye) as codified or represented in the ancient Babylonian Code (the Code of Hammurabi) around 1780 BC. The retributive approach to punishment emphasizes proportional punishments for past harms done.

Deterrence, as a forward-looking ideology of punishment, tries to reduce the level of reoffending (recidivism) through some types of changes that occur in our culture, the politics of the times, and even religion. Moving many eras forward from Hammurabi, deterrence is the next major punishment ideology. Rooted in the concepts of classical criminology, deterrence is designed to punish current behaviour (s), but also ward off future behaviours through sanctions or threats of sanctions. Moreover, it can be focused on a group or one individual. Thus, the basic concept of deterrence is "the reduction of offending (and future offending) through the sanction or threat of sanction". There are two distinct categories of deterrence: general and specific. Specific deterrence is geared towards trying to teach the individual offender a lesson. It is meant to better that individual so they will not recidivate. By punishing the offender (or threatening a sanction), it is assumed they will not commit a crime again. It is this point that makes deterrence a forward-looking theory of punishment. General deterrence runs along the same track as specific deterrence. However, general deterrence differs because when one person offends, the punishment received is going to be the same for all. In this way, the group doing the punishing attempts

to relay the message of future events to the masses. If someone commits this act, they will be punished; this is part of the core design for deterrence.

Deterrence theory works on these three key elements: certainty, celerity, and severity, in incremental steps. First, by making certain, or at least making the public think that their offences are not going to go unpunished, then there will be a deterrent factor. As Beccaria relates, this is the most important of these three elements within deterrence theory. The celerity, or swiftness of punishment, is a secondary factor in rationalizing for the offender. If they know how swift the punishment will be, they will not offend. These concepts were cornerstones to the works of Cesare Beccaria, an Italian philosopher in the latter half of the 18th century. Beccaria's works were profound, and many of his concepts helped to shape the U.S. Bill of Rights. He is also considered the Father of the Classical School of Criminology, and a prominent figure in penology. According to Beccaria, "for punishment to attain its end, the evil which it inflicts has only to exceed the advantage derivable from the crime... All beyond this is superfluous and for that reason tyrannical". In saying this, Beccaria refers to the severity or amount of punishment. It is not how much punishment that is the primary motivator of deterrence, rather, the certainty. If deterrence is to work, the ideology of punishment is what should drive this goal of corrections. Today, we have a better understanding of the effectiveness of deterrence. It does appear to work for lower-level offenses, and for individuals that are generally prosocial. However, the overall effect of deterrence is limited.

Rooted in the concept of banishing individuals from society, incapacitation is the removal of an individual (from society), for a set amount of time, so that they cannot commit crimes (in society) for an amount of time in the future. In British history, this often occurred on Hulks. Hulks were large ships that carried convicted individuals off to faraway lands in order not to allow them to be able to commit crimes in their community any longer. In the 1950s, punishment became much more of a political topic in the United States, as attention shifted to fear of crime. Lawmakers, judges, and others began to campaign with their toughness on crime, using the fear of crime and the criminal element to benefit their agendas. One of the examples of being tough on crime was the use of long periods of incarceration in general. This could be considered as collective incapacitation or the incarceration of large groups of individuals to remove their ability to commit crimes for a set amount of time in the future. Since this time, and most greatly exacerbated in the 1980s and 1990s, there has been an increasing use of punishment by prison sentences. Thus, there was rapid growth in the prison population in the United States, due to 'politicization of punishment'. The incapacitative ideology followed this design for several decades. In the early 1990s, policies were implemented that would target individuals more specifically. These came to be known as "three strikes" policies. These policies would incarcerate an individual for greater lengths of time, based on prior offenses. The selective incapacitation philosophy incarcerated individuals for longer periods than others. Thus, it removed their ability to commit crimes for greater periods in the future than others.

Based on the philosophy that punishment reduces crime, the "three strikes" legislation passed in many States in the U.S. in the 1990s imposed mandatory prison sentences after three convictions. As experience has shown, the policy has no effect on crime rates in the U.S., which continually has the highest murder rate among industrialized societies of the world, even in the face of very high proportion of executions and death penalty in the U.S. Thus, criminologists generally believe that severe punishments are not particularly effective in reducing high crime rates. If that is the case, it is believed that rehabilitation can be very effective in crime reduction.

There are mixed feelings about selective and collective incapacitation. Policymakers would promote their utility through anecdotal examples of locking certain offenders away, in order to help assuage the fear of crime. Others have offered that there are minimal savings at best, stating that these goals do not achieve the intended results as previously

suggested [12]. Future styles of selective incapacitation that have evolved include tighter crime control strategies that incorporate varied sentencing strategies to selectively incapacitate the higher rate offender. Others opt for tougher parole procedures to retain the hardened criminals longer. In sum, there is no definite shift from the insignificance of collective incapacitation, to a more selective approach.

Recognizing that most offenders (roughly 95%) come out of prisons and jails without becoming changed persons due largely to our attitudes towards offenders, the policies that are necessarily placed on individuals while in prison, and the institutions themselves (Carter, 2019), rehabilitation stands tall as a forward-looking punishment philosophy. Still carrying punishment and societal protection as its goals, rehabilitation focuses on changing offenders' behaviors so that they do not commit crimes in the future. Effective rehabilitation programme considers the criminogenic needs of offenders, which are items that make offenders at risk for offending or reoffending and can also lower an individual's risk of offending when changed. These items include prior criminal history, antisocial attitudes, antisocial (pro-criminal) friends, a lack of education, family or marital problems, a lack of job stability, substance abuse, and personality characteristics (mental health and antisocial personality). Collectively these are considered as risk factors for offending (re-offending). These items, which constitute core components of Paul Gendreau's (1996) principles of effective intervention, are at the heart of most modern effective rehabilitation programs. These items have been used to assess thousands of offenders and thus have helped to develop evidence-based rehabilitation practices, which show that higher-risk offenders demonstrate positive reductions in their risk to offend when these criminogenic needs are addressed.

Today, evidence-based rehabilitative efforts are now used as benchmarks when establishing programs that are seen as effective, versus ones that show little to no or even negative results. Rehabilitation programs that follow these principles of effective intervention are showing that they can achieve these three goals of corrections (punishment, societal protection, and offender change). In fact, the U.S. Federal Government has a section of the National Institute of Justice devoted to these evidence-based practices, and what programs are seen as effective, promising, and not effective. This site is called "CrimeSolutions," and can be visited at <https://www.crimesolutions.gov/>. This resource provides invaluable information for individuals making decisions on what works for offenders and is based on empirical studies of hundreds of different approaches.

Norway's Principle of Normalization and Rehabilitation

Norway's principle of normalization and rehabilitation is a good example of the effective application of rehabilitation measures to rehabilitate offenders. Norway's prison system is based on the principle of normalization and away from retribution to focus on rehabilitation. Inmates have access to amenities they would have outside of prison, such as an exclusive mini fridge, flat-screen TV, private bathroom, and access to an outdoor environment. This, along with a shared kitchen and living area "to create a sense of family" among inmates and the absence of traditional prison uniforms contributes to Norway's rehabilitative normalcy system.

The prison's structure is composed of Units A, B and C, with Unit A housing those in need of psychiatric or medical attention, thus being the most prohibitive of the three (Benko, 2015). Halden Fengsel, referred to as the "world's most humane maximum-security prison", embodies the country's goal of reintegration by aiding inmates in sorting out housing and employment before leaving the prison. Rehabilitative measures involve education, job training, workshops to acquire a trade, and therapy along with the humane treatment they receive from personnel who have to complete three years of training to become prison guards [13].

The effectiveness of Norway's methods is evident as they hold the lowest recidivism rate worldwide at 20% as of December [14]. In comparison, in 2007, 14 prisons in England

and Wales had reconviction rates of more than 70%, which cost an average of £40,000 a year for each prisoner. This has been accused of being "a huge investment in failure" and a "total lack of consideration for potential future victims of released prisoners". "Better out than in" is Norway's Correctional Service's unofficial motto that is in view with their rehabilitative system as a justice to society by integrating inmates as functioning members of society upon release.

Recent research has also indicated that some rehabilitative efforts do have some effect on recidivism. A series of meta-analyses of the outcomes of correctional rehabilitation programs on recidivism has revealed that those that achieve the greatest reductions use "cognitive behavioural treatments, target is known predictors of crime for change, and intervene mainly with high-risk offenders" [15]. However, it is somewhat misleading to use recidivism as a means of assessing the effectiveness of rehabilitative programs, as the rate of reoffending tells very little about the efficacy of rehabilitation programs and also ignores improvements that may have occurred in other areas during rehabilitation.

Criticisms against Rehabilitation

Rehabilitation, as an ideology, has had critics. This is in large part due to how it is perceived. Many have voiced an objection, as it is seen as being "soft" on offenders. This is also how it has been discounted when coupled with the fear of crime. Several examples are presented as to its ineffectiveness, and weakness to the problem of crime. Probably the most notable example of the ineffectiveness of rehabilitation came in the 1970s. In 1974, Robert Martinson provided support for many who wanted to demonstrate that the ideas of rehabilitation were ineffective. In a review of over 230 programs, Martinson concluded that "With few and isolated exceptions, the rehabilitative efforts that have been undertaken so far have had no appreciative effect on recidivism". This was the spark that many needed to turn toward the more punitive ideologies. However, it did help some to ask more detailed questions about why rehabilitation was not working. Additionally, it helped researchers to ask more critical questions about measurement, how to more properly evaluate rehabilitation and to understand the difference of what does not work versus what does work for offenders. These principles of effective intervention become the cornerstone of modern rehabilitation.

Some criticisms of rehabilitative systems are that they can authorize lengthy restrictions of liberty (to allow time for diagnosis and treatment) and broad assumptions of governmental power over offenders' personalities. Moreover, due process concerns can be implicated by a lack of traditional safeguards of defendants' procedural rights in rehabilitative processes. Some rehabilitative programs, such as drug courts, have also been criticized for widening the net of penal control by sentencing more defendants to prison for violations of treatment regimes than would have gone to prison in the absence of those programs[5]. That criminal recidivism is highly correlated with psychopathy has added impetus to the number of criticisms levelled against rehabilitation as an effective penal strategy. The psychopath is defined by uninhibited gratification in criminal, sexual, or aggressive impulses and the inability to learn from past mistakes. Individuals with this disorder gain satisfaction through their antisocial behaviour and lack remorse for their actions.

3. Results and Discussion

Findings indicate that psychopathic prisoners have a 2.5 times higher probability of being released from jail than undiagnosed ones, even though they are more likely to recidivate. It has been shown that punishment and behaviour modification techniques do not improve the behaviour of a psychopath. Psychopathic individuals have been regularly observed to become more cunning and better able to hide their behaviour. It has been suggested that traditional therapeutic approaches make psychopaths if not worse, then far

more adept at manipulating others and concealing their behaviour. They are generally considered to be not only incurable but also untreatable. Psychopaths also have a markedly distorted sense of the potential consequences of their actions, not only for others but also for themselves. They do not, for example, deeply recognise the risk of being caught, disbelieved or injured as a result of their behaviour.

From a radical point of view, rehabilitation is seen as an attempt by those in power to impose a repressive system of social control over vulnerable individuals. Such a critical perspective rejects the positivistic view of crime that focuses on individuals while ignoring greater social conditions of disadvantage. What is challenged is the notion that the offending behaviour stems from a defect in the personality of the prisoner, who is considered amenable to change or rehabilitation within the prison environment. Correctional institutions strip inmates of all of their familiar social and cultural supports around which their identity had previously been centred. Any program of rehabilitation within prison must first overcome these devastating processes. Some, like David Rothman, reject the possibility of rehabilitation outright, due in part to the relative powerlessness of the prisoner to give or withhold consent to such efforts and because of the incongruous nature of the environment within which it is offered.

In general, rehabilitation means using rehabilitative measures rather than punishment to address criminals in the prison system. Rehabilitation criminal justice focuses on helping the offender understand their wrongs and prepares them to re-enter society as a reformed person. To do this, rehabilitative programs must target the problems that caused the offenders to turn to crime in the first place. The factors that can affect crime rates are referred to as environmental influences. Environmental influences such as alcohol and drug use, poverty, and lack of education can both predict and give insight into the crime issues in a community, showing the areas where rehabilitative programs need to help the prisoners of those communities the most. This usually requires the use of different types of training and treatments to help the offender become ready to be a part of their community. The goal of rehabilitation is to reduce recidivism, or the action or tendency of an offender to commit a crime again upon release. Rehabilitation programmes in the Niger Delta region by way of the Amnesty Programme do not in any way target or address the problems that led to youth militancy in the region. These problems include oil violence and its concomitant issues.

Towards Empirical Assessment

As Howells & Day noted, recent work by Canadian researchers such as Andrews, Gendreau and Bonta has suggested that the most effective rehabilitation programs target factors that are both amenable to change and directly related to the offending itself, including anti-social attitudes and feelings; self-control and problem-solving skills; and substance abuse. These factors are known as “criminogenic needs”. Accordingly, there has been an increase in the number of rehabilitation programs for specific offending problems, such as sexual offending, violent offending and drug and alcohol use. The move away from rehabilitative ideals is commonly thought to have been prompted by Robert Martinson’s review of 231 controlled outcome studies conducted between 1945 and 1967, concluding that “with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism”. Martinson’s work was taken by many as proof that “nothing works” in offender rehabilitation and was influential in correctional policy and service planning across the world

A re-analysis by Thornton of the data used in the original review indicated that it was possible to conclude either that psychological treatments had a positive effect on recidivism, or that no conclusions could be drawn from the data. However, one conclusion that was not acceptable to the reviewer was that it had been shown that “nothing works”. Since 1967 new outcome studies have also provided evidence that some rehabilitation programs do indeed work. As early as 1986, Borowski described several North American

programs for juvenile offenders, concluding that the “foundation of the ‘nothing works’ myth is progressively beginning to crumble” (p. 161). There are now more than 1500 published studies in the area of offender rehabilitation, enabling researchers to use the statistical technique of meta-analysis to aggregate data across several comparable studies. Whilst the method has attracted some criticism, meta-analysis has become a widely accepted way of making generalisations about outcomes and produces an easily understandable overall estimate of program effect sizes. An effect size index can be directly interpreted as the percentage improvement of treatment groups compared to control groups.

In the last five years, major reviews have been conducted in the UK, North America, Canada and Europe which summarise the outcomes of rehabilitation programs involving thousands of offenders. Each of these reviews has reached broadly similar conclusions, leading to what appears to be an emerging international consensus of expert opinion as to the effectiveness of rehabilitation programs. In the United Kingdom, James McGuire reviewed 10 meta-analytic studies conducted between 1985 and 1996, based on a cumulative sample of over 50,000 offenders. McGuire noted that all of these studies (of rehabilitation programs) reported positive effect sizes (+0.10 to +0.36) in recidivism (i.e. those who have attended programs re-offend 10 to 36 per cent less than those who do not attend programs). McGuire argues that these effect sizes, although modest, compare favourably with the effect sizes for various pharmacological treatments (e.g. AZT or aspirin), and would prove a cost-effective option for the criminal justice system.

In North America, the United States Congress commissioned a major report on the effectiveness of crime prevention programs and practices, including a review by Doris Layton MacKenzie of rehabilitation outcome studies. MacKenzie concluded that “the proportion of studies reporting positive evidence of treatment effectiveness varied from near 50% to 86%... and that rehabilitation is effective in reducing the criminal behaviour of at least some offenders” In Europe, Redondo and colleagues completed a meta-analysis of 32 studies involving 5715 offenders in European countries. They reported an overall effect size of +0.15 for programs over a 2-year follow-up period (which translates into a reduction in recidivism of 15 per cent for those attending the programs). A comparable finding in Europe was reported by Losel (1996) who argued that, on average, offenders who attend rehabilitation programs have a 10 per cent lower re-arrest, reconviction and re-incarceration rate. These studies, when taken together, offer consistent evidence that offender rehabilitation programs can have a positive effect in reducing recidivism – enough evidence to safely reject Martinson’s 1974 conclusion that “nothing works”. It must be borne in mind that such analyses include a range of types of rehabilitative programs; conclusions thus relate to the general effectiveness of programs. More recently, attention has been given to differential outcomes for different program types, that is to the question: “What works best?”

Canadian researchers have presented evidence suggesting that appropriately designed services (according to their criteria) produce an average reduction in recidivism of over 50 per cent, compared with “inappropriate services” which lead to increased recidivism. Of the 35 studies of “appropriate services” reviewed by Andrews et al. (1990), all but two found reduced recidivism. Three main factors have been identified as components of appropriate services that produce optimal rehabilitation outcomes: program characteristics; offender characteristics; and setting characteristics.

Programs which are well grounded in psychological theory and/or research are likely to produce better outcomes than those which are not. In particular, programs should be designed to target psychological factors that are amenable to change through treatment and have a functional relationship with offending (criminogenic needs). Programs based on psychological theory and research have been developed in the areas of drug and alcohol use, anger management and violent behaviour, sexual offending and general offending.

All of these programs make sense in that the targets addressed (drug and alcohol use or anger problems) have high plausibility as contributors to offending behaviours. Whilst many of the programs were originally drawn from clinical treatments, they have been adapted to meet the specific needs of offender clients and have a growing empirical base to support their efficacy. The strength of the criminogenic needs approach lies in its ability to be applied across several different areas of offending. In Western Australia, for example, the Ministry of Justice has developed a model of criminogenic needs assessment for violent offenders based on the following areas of assessment: personality factors (such as psychopathy, poor empathy and impulsivity); cognitions about offending (justifications and rationalisations for criminality); appraisals (how situations are perceived and interpreted); arousal (and self-control); interpersonal and problem-solving skills; psychopathology; and inhibitors and disinhibitors for criminal behaviour (such as peer or family pressures, or alcohol/drug use{Citation}. Assessment of an offender's criminogenic needs in each of these areas leads to a clear specification of treatment goals that can be targeted through the rehabilitation program.

A consensus is emerging in the literature that cognitive and behavioural methods are more successful than other types of programs such as those based on confrontation or direct deterrence, evaluations of social casework, physical challenge, restitution group counselling, family intervention or vocational training (McGuire 1995). Cognitive-behavioural programs are structured, and goal-oriented and focus on the links between beliefs, attitudes and behaviour, and they have been developed for different types of offending, such as sexual offending, anger management, and drug and alcohol use.

A recent meta-analysis of treatment studies for sexual offenders reported that sexual recidivism for treated offenders was 19 per cent, compared to 27 per cent for untreated offenders. Research suggests that different types of sexual offenders have different probabilities of reoffending. For example, rapists re-offend more than child sex offenders; sexual offenders against male victims have higher recidivism rates than those who offend against females; incest offenders have the lowest recidivism rates (Hanson & Bussiere 1996).

In Australia, sex offender treatment programs are currently offered by most of the States and Territories, both in prison and community settings. A major emphasis in many sex offender treatment programs is given to two areas: victim empathy and the justifications and rationalisations for offending behaviour. The early stages of treatment are devoted to identifying cognitions and appraisals and offering challenges to beliefs that support offending. Information is also usually offered about the impact of sexual offending upon victims, with the initial goal that offenders view their offences realistically and understand how beliefs and attitudes are both related to their offending and are amenable to change. A second related focus of treatment is the area of arousal, both physical and emotional. Whilst arousal usually occurs in the context of cognitions and appraisals, offenders need to identify the antecedents for situations when they feel aroused, and to learn coping strategies. The concept of offending cycles is often used to describe how offences don't "just happen", but can be traced back to a quite specific period of buildup and triggers. Finally, most programs include a relapse prevention component where offenders are taught to identify situations that may increase the risk of re-offending, and how to manage them more effectively.

A recent meta-analysis of cognitive-behavioural treatments (CBT) for anger, based on 50 studies incorporating 1640 participants, reported that anger programs produce an effect size of +0.70, indicating that the average CBT recipient was better off than 76 per cent of untreated subjects. Indeed the European review of rehabilitation by Redondo and colleagues suggested that programs for violent offenders have the greatest success in reducing recidivism. Large-scale anger management programs are offered in several States (e.g. Western Australia and South Australia) and are currently being evaluated. A prison-

based intervention in Victoria, known as the Alternatives to Violence Program, has been shown to produce positive outcomes. The focus of many anger management programs is the recognition and monitoring of anger and finding ways to express anger appropriately. Programs such as Skills Training for Aggression Control, offered in Western Australia, teach relaxation techniques to deal with high levels of arousal and focus in detail on the build-up to anger, looking at the cognitions and appraisals that increase aggression. Participants will often be asked to complete an anger diary to help them identify patterns and triggers to their anger. Later they are asked to reflect on alternative ways of managing the situation. Self-control strategies are taught, combining cognitive self-control methods with ways of reducing physical tension. Often the final component of the program is relapse prevention.

There is a clear association between substance use and crime, and it seems reasonable that effective treatments for drug and alcohol use will have an impact on subsequent offending. Whilst there have been few evaluations of offender programs in this area, cognitive-behavioural and relapse prevention interventions show promise. In Australia, programs are currently offered in all States and Territories through both external agencies and correctional employees. In 1990, the Alcohol and Drug Federation of Australia convened a series of training workshops on working with offenders with drug and alcohol problems. Several programs have subsequently been offered across Australia, employing behavioural principles to reduce drug use. These tend to focus on five areas of offenders' behaviour: drug/alcohol use, consumption patterns, knowledge, related problems and relationship to offending. Cognitive skills programs first developed in Canada by Ross and Fabiano are now also offered by Correctional Services in the UK and Australia. These programs focus on addressing thinking patterns in offenders that may be related to offending. They emphasise decision-making, problem-solving and taking the perspective of others. This is a relatively intensive program, currently offered in South Australia.

All rehabilitation programs must be sufficiently intense to make an impact upon offending rates. For example, a 6-week course on anger management is unlikely to have a significant impact on offenders with 20-year histories of anger-related offences. Canadian researchers recommend that programs should last at least 100 hours and take place over a minimum of 3–4 months. There is also agreement that treatment integrity plays an important role in determining the effectiveness of rehabilitation, meaning that programs have to be consistently delivered by staff according to the program design. Many researchers have called for the use of standardised treatment manuals as a way of improving treatment integrity.

Finally, researchers have strongly recommended that the staff responsible for program delivery receive adequate training and supervision. Therapists' skills must also be matched with the type of program. Gendreau and others have suggested that therapists should have at least an undergraduate degree or equivalent, and receive 3–6 months formal on-the-job training in the application of interventions.

Relating to offender characteristics, programs that select appropriate candidates for treatment, and that target areas for rehabilitation which are directly related to offending, are likely to be more successful than those that do not. Canadian researchers such as Andrews and Bonta have put forward five principles for selection: risk, need, responsivity, professional discretion and program integrity. The risk principle suggests that higher risk offenders benefit more from rehabilitation programs than low risk offenders; the needs principle suggests that programs should meet individual offender criminogenic needs; and the responsivity principle suggests that programs should be as responsive as possible to the characteristics of individual offenders, including ethnic backgrounds. Professional discretion allows for professionals to make decisions on the basis of characteristics and situations not considered by the other principles. Finally, the principle of program integrity refers to the delivery of a program as intended in theory and design. In brief,

effective programs are those which match the intervention with the needs, circumstances and learning styles of individuals (Howells & Day, 1999).

Individual assessment ensures that offenders are selected for programs on the basis of these five principles. In the past, commentators have noted the tendency for low risk, well motivated and articulate offenders to be selected for programs, independently of any evidence that these offenders are most likely to benefit from the programs offered. At the centre of the selection process is the identification of criminogenic needs and associated treatment targets. Thus, the criminogenic needs form the basis for the treatment programs in Australia.

Relating to setting characteristics, successful rehabilitation depends not only on the type of treatment offered, but also on the conditions under which it is delivered. The available evidence suggests that, on average, programs delivered in community settings produce better outcomes than those delivered in institutions. Issues of organizational resistance and staff motivation may need to be addressed before implementing programs in prisons. At the same time, prisons are more likely to contain those offenders with a medium to high risk of recidivism and therefore have a potential for more effective rehabilitation outcomes.

Uche, Uche, Ezumah, Ebue, Okafor, & Ezegbe examined the effectiveness of rehabilitation programmes in Nigerian prisons, using Enugu Prison as a case study. adopting the cross-sectional survey design with one hundred and forty-five (145) inmates the study found that rehabilitation programs in the prisons have not achieved much, as the duration of service for the inmates does not make the inmates to be actively involved in rehabilitation programs. As majority of the respondents agreed that lack of fund/inadequate funding was the major hindrance to the programs, the study recommended that social workers and philanthropists should contribute in ensuring that adequate facilities are provided to enhance the effectiveness of the rehabilitation programs.

Amnesty and Human Capital Development in Nigeria's Niger Delta

The question of human capital development is critical in addressing the crisis of underdevelopment in the Niger Delta region. Human capital refers to an aggregate of people's skills and knowledge in a society. It depends on the quality of education and constitutes the bedrock of development. Nigeria's human capital situation is, however, inadequate, hence the renewed interest in the issue of an amnesty granted to militants in the region. Human capital development is one of the seven points' agenda for Vision 2020 designed by President Yar'Adua, who died in February 2010. The agenda includes infrastructure, security, food supply, housing, employment and wealth creation. The late President granted amnesty to militants of the Niger to create an atmosphere for lasting peace in the region. It is believed that the development of human capital is also necessary for the maintenance of peace in the region. On 16th June 2009, the President held a consultative meeting with the Governors of the Niger Delta to deliberate on the need for amnesty and disarmament of militants in the Niger Delta. The President also consulted the Council of State on 25th June 2009 to solicit further support for the proposed amnesty. These actions were followed by a nationwide broadcast on that same 25th June, thereby encouraging all to embrace amnesty by denouncing militancy and surrendering their arms and ammunition in preparation to meet the training needs of the registered ex-militants.

Based on unanimous endorsement of the programme, the Presidential Panel on Amnesty and Disarmament of Militants in the Niger Delta was inaugurated with Godwin Osagie Abbe (Rtd Major General) as its chairperson. As a result, the amnesty agenda was divided into three broad phases. The first phase deals with disarmament and demobilization of militants, while the second and third phases accommodate rehabilitation and integration of ex-militants. The first phase has been implemented. As at October 15, 2009, about 15,260 militants have accepted amnesty and surrendered various

types and quantities of arms and ammunition including communication gadgets, bullet-proof jackets, tear gas, rifles and cartridges.

Arrangements made for the implantation of the second and third phases include issuance of identification cards, identification of skills acquisition/training needs, deployment to various rehabilitation centres, and payments of stipends/feeding allowances. Four rehabilitation centres (two each in Aluu, Rivers State, and Agbarho, Delta State) have been opened to meet training needs of the registered ex-militants. Thus, as a result of this, an attempt has been made to rehabilitate ex-militants in batches. Each batch is expected to spend four weeks in the rehabilitation programme, which entails reorientation, counseling and moral or spiritual regeneration of ex-militants. A survey of the career aspiration of the ex-militants shows a wide preference for about ten (10) sectors ranging from Oil/Gas, Maritime Services, Fabrication and Welding technology, Exploration and Production, and Processing Engineering, among others. The projected duration of training ranges from 3-18 months and after their completion of training, the ex-militants could choose between wage employment and self-employment. They could also decide to return to school for further education and be trained up to the university level at public expense as to be handled by the Ministry of Niger Delta Affairs (Akinwale, 2010).

Despite this, Nigeria's human capital is underdeveloped as it ranked 151 out of 177 countries listed in the 2004 United Nations Development Programme's (UNDP) Human Development Index (HDI). The HDI is based on income per person, life expectancy, literacy and school enrolment. In this regard, Nigeria's performance however remains poor, and Nigeria is still ranked among the world's 30 least developed countries in spite of its rich endowment with natural and human resources. Nigeria's position has gone down to 158 out 177 countries examined in HDI for 2005 and 2008 respectively; it is presently among the twenty countries with the lowest development index. An estimated 70.0% of Nigerians live below the poverty line in 2008, compared with 27.2% in 1980, 43.6% in 1985 and 42.8% in [19]. Also, Nigeria occupies 57th position out of 95 countries in the Human Poverty Index; it has a record of relatively high social inequity with a Gini-coefficient value of 50.6, and a high score (122nd of 144) gender-specific discrimination in the Gender Development Index. The background of poor socio-economic development, poverty and illiteracy has been linked to the low status of youths in Nigeria. Expectedly, it is projected that the amnesty programme of the Federal Government of Nigeria would contribute towards rehabilitating the militant youths and improving the human capital development and infrastructural development of the Niger Delta people.

The Future of Rehabilitation Programmes

There is now an established body of scientific evidence supporting the notion that rehabilitation programs have a positive effect in reducing recidivism (an effect magnified when programs meet certain standards). It is now also possible to make recommendations for good practice, against which existing programs can be evaluated. This has prompted a theoretical shift back to psychological models of offending and the notion that recidivism can be addressed through intervention with the individual offender. This is important, as psychological factors are dynamic and amenable to change through appropriate intervention. Nationally, there has been a resurgence of interest in developing new programs and it is now important both to audit existing programs and to highlight areas where rehabilitation is known to be effective and yet no services are currently offered.

Whilst there have been few published attempts to audit rehabilitation programs, one study in North America by Gendreau and Goggin reported that only about 10 per cent of existing rehabilitation programs could be regarded as satisfactory, and the Home Office in the UK reports a lack of appropriate selection for services and evaluation[20]. In Australia, whilst programs are offered, there is currently no way of assessing how appropriate these services are. Some correctional departments in Australia have expressed caution about

using recidivism as a measure of program success. However, the available evidence suggests that appropriately designed and delivered programs have sufficient power to make a significant impact on recidivism. Ultimately, the utility of rehabilitative approaches rests in their ability to effect change in offending patterns.

Assuming that programs are offered that meet basic standards of good practice, the next step is to draw upon the “what works” research to influence sentencing policy. Indermaur has called for a clearer understanding of the links between sentencing and rehabilitation. Indermaur quotes the Australian Law Reform Commission on sentencing that, in 1988, described a “general agreement that rehabilitation programs employed to date have been unsuccessful if the incidence of recidivism is taken as the indicator of success”. McGuire reviewed the evidence on the effectiveness of various sentencing options in preventing recidivism, concluding that sentencing options based on punitive approaches (such as prison sentences or community orders) have a limited capacity to influence the future behaviour of persistent offenders. By contrast, he argues, a variety of methods for working directly with offenders can accomplish this effect, when designed and delivered in appropriate ways.

Pease has suggested that criminological knowledge about offending careers (such as length, frequency and seriousness of offending) should be integrated with rehabilitation programming. Assessment of risk, as well as of offender need and motivation, leads to the matching of offenders with programs in ways that produce optimal outcomes. There is an increasing basis for sentencers to use rehabilitation as a serious sentencing option for high-risk offenders with identified criminogenic needs. A body of international opinion now suggests that criminal sanctions may reduce recidivism only when a treatment component is added. The rehabilitation of offenders thus offers policymakers a constructive opportunity to enhance community safety.

4. Conclusion

Using a literature review approach, the study focused on rethinking the concept of rehabilitation of Niger Delta youths through the amnesty programme. Relying extensively on secondary sources, the paper conceptualised the penal and medical dimensions of rehabilitation, discussed types of rehabilitation for offenders or inmates, conceptualised rehabilitation as a goal or an ideology of punishment of offenders, explained criticisms against rehabilitation, and appraised Norway’s principle of normalization and rehabilitation. It also assessed the nexus between amnesty programme and human capital development in Nigeria’s Niger Delta, and the future of rehabilitation programmes. Finally, it is obvious from the literature reviewed that the amnesty programme has failed to adequately promote human capital development and empowerment of Niger Delta youths.

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