

# Reoffending from the Lens of Women Drug Offenders

Aira Marie G. Tan, RCrim<sup>1</sup>, Dr. Nestor C. Nabe<sup>2</sup>

<sup>1</sup>Master of Science in Criminal Justice Student, Criminal Justice Studies, University of Mindanao, Davao City, Philippines

<sup>2</sup>Professor, Criminal Justice Studies, University of Mindanao, Davao City, Philippines

## ABSTRACT

This study explored the lived experiences of women drug offenders in Davao City who reoffended after incarceration or participation in rehabilitation programs. Specifically, it sought to explore the factors contributing to reoffending, examine the participants' attempts to avoid relapsing, and describe their experiences with rehabilitation and support services. The study used a phenomenological design to understand the participants' personal experiences. Sixteen women drug offenders from the Bureau of Jail Management and Penology Regional Office XI were selected through purposive sampling. Eight (8) participants joined in-depth interviews, while eight participated in a focus group discussion. Data were gathered through semi-structured interviews and were analyzed using thematic analysis. The findings showed that reoffending was influenced by peer influence, close relationship factors, and economic hardships. Although participants tried to avoid harmful people and places, focus on work, and provide for their families, these efforts were not enough to stop relapsing. For rehabilitation and support services, counseling helped participants express their feelings and lessen stress, while schooling and livelihood programs helped them gain knowledge and practical skills. The study is important because it provides a better understanding of women's experiences of reoffending. Additionally, the findings may help correctional institutions, rehabilitation centers, and support agencies improve existing programs by giving greater attention to emotional support, skills development, family support, and post-release assistance.

**Keywords:** Criminal justice, reoffending, women drug offenders, relapse, ineffective strategies, rehabilitation services, reintegration

## INTRODUCTION

Reoffending remains one of the most persistent challenges confronting contemporary criminal justice systems. According to the National Institute of Justice, reoffending refers to the recurrence of criminal behavior following an individual's completion of legal sanctions, incarceration, rehabilitation, or other correctional interventions [15]. Despite continuing efforts to strengthen rehabilitation and reintegration programs, many formerly incarcerated individuals continue to return to criminal activity after their release. This pattern suggests that punishment and rehabilitation alone are often insufficient to prevent relapse when the broader social conditions influencing criminal behavior remain unresolved.

Increasing evidence indicates that reoffending is shaped by a complex interaction of structural, social, and individual factors rather than by personal choice alone. Former offenders frequently encounter barriers such as persistent poverty, unemployment, social stigma, unstable housing, limited educational

opportunities, weakened family relationships, and restricted access to rehabilitation and community support services. Collectively, these conditions undermine successful reintegration and increase vulnerability to relapse and repeated offending, as consistently reported by the National Institute on Drug Abuse [16], the United Nations Office on Drugs and Crime [18], and the World Health Organization [20]. These recurring patterns may be understood through complementary criminological perspectives. According to Bandura, Social Learning Theory explains that criminal behavior develops and is reinforced through continuous interaction with environments where deviant behaviors are modeled and normalized [2, 3]. In contrast, Merton's Strain Theory suggests that individuals experiencing persistent social and economic disadvantage may resort to unlawful means when legitimate opportunities for achieving socially valued goals remain inaccessible [14]. This perspective was further expanded by Agnew, who argued that strain also arises from negative social experiences and emotional stressors that may contribute to deviant behavior [1]. Together, these perspectives demonstrate that reoffending is not solely an individual behavioral concern but also a consequence of broader social relationships and structural inequalities. When these underlying conditions remain unaddressed, the cycle of relapse, repeated offending, and reincarceration is likely to continue, placing additional pressure on correctional institutions, public resources, and community safety, as recognized by the National Institute of Justice [15], the United Nations Office on Drugs and Crime [18], and the World Health Organization [20]. Reoffending continues to be a major concern across criminal justice systems worldwide, reflecting persistent challenges in rehabilitation and community reintegration. A systematic review conducted by Yuhnenko et al., which synthesized evidence from 33 countries, reported two-year reoffending rates ranging from 18% to 55%, indicating substantial variation across jurisdictions while consistently demonstrating that a considerable proportion of released offenders return to criminal behavior [21]. Individuals who received non-custodial sanctions, including probation and community service, generally exhibited lower reoffending rates than those who experienced incarceration, highlighting the influence of correctional strategies on post-release outcomes.

Similar trends have been observed in the United States. According to the United States Sentencing Commission, nearly one-half of federal offenders released in 2005 were rearrested within eight years [19]. Individuals with previous incarceration histories demonstrated considerably higher rates of reoffending than those sentenced directly to probation, suggesting that imprisonment alone does not necessarily promote long-term behavioral change. These findings reinforce growing recognition that sustainable reintegration requires interventions extending beyond institutional confinement.

Contemporary scholarship likewise emphasize that reoffending is influenced by interconnected economic, social, and psychological conditions. Financial instability, unemployment, peer influence, weakened family relationships, substance dependence, untreated mental health concerns, and inadequate psychosocial support consistently emerge as factors that complicate reintegration following release [9, 16, 18, 20]. Collectively, these findings suggest that reducing reoffending requires comprehensive interventions addressing both individual rehabilitation and the structural conditions shaping post-release experiences.

Similar reintegration challenges are evident within the Philippine correctional system. Reports from the Bureau of Jail Management and Penology indicate that many formerly incarcerated individuals continue to experience significant barriers following release, including unemployment, unstable housing, psychological distress, and persistent social stigma [5]. These conditions frequently hinder successful reintegration and may contribute to continued involvement in criminal behavior.

Existing Philippine studies similarly indicate that reoffending is associated with multiple interacting factors rather than a single determinant. Delfin et al. observed that characteristics such as age, offense type, and length of incarceration may influence the likelihood of reoffending, although no universal predictor consistently explains relapse across offender populations [7]. This reinforces the complexity of reoffending and highlights the need to understand the individual and contextual circumstances surrounding criminal relapse.

Evidence from Northern Mindanao further underscores the influence of peer relationships and adverse community environments on criminal relapse among formerly incarcerated individuals. In response to these continuing challenges, the Bureau of Jail Management and Penology, in collaboration with UNODC, has strengthened rehabilitation initiatives through the Therapeutic Community Modality Program and coordinated case management that integrates educational, health, and social welfare services. These interventions demonstrate increasing recognition that successful reintegration requires coordinated, multidisciplinary support rather than correctional supervision alone.

Despite these institutional efforts, important gaps remain in understanding the experiences of women involved in drug-related reoffending, particularly within Davao City. Existing Philippine research has predominantly examined reoffending from generalized or predominantly male perspectives, providing limited attention to the gender-specific experiences, social relationships, and structural challenges influencing women after release from incarceration or rehabilitation.

Women who become involved in drug-related offending frequently encounter circumstances that differ from those experienced by men, including caregiving responsibilities, economic dependency, exposure to trauma, intimate partner violence, and heightened social stigma. These intersecting conditions may shape both their pathways into substance use and their vulnerability to relapse following rehabilitation. However, these gendered experiences remain insufficiently represented in existing local literature.

In response to this gap, the present study explores the lived experiences of women drug offenders in Davao City who returned to drug-related offending after incarceration or rehabilitation. By examining their narratives through a phenomenological lens, the study seeks to generate a deeper understanding of the social, psychological, and structural factors influencing reoffending. The findings are expected to contribute to the development of more gender-responsive, context-sensitive, and evidence-informed rehabilitation and reintegration programs for women in conflict with the law.

Existing scholarship consistently demonstrates that reoffending among individuals involved in drug-related offenses cannot be understood solely as a consequence of criminal behavior or substance dependence. Rather, it reflects the interaction of biological, psychological, social, and structural factors that influence both addiction and the capacity to sustain recovery following release from correctional institutions or rehabilitation programs. Contemporary perspectives increasingly recognize substance dependence as a chronic and multifaceted condition characterized by the persistent use of psychoactive substances despite harmful consequences. The World Health Organization, United Nations Office on Drugs and Crime, and National Institute on Drug Abuse emphasize that effective interventions should extend beyond punitive responses and address the broader conditions influencing relapse [16, 18, 20]. Recent literature likewise emphasizes that successful rehabilitation depends not only on individual motivation but also on the availability of supportive social environments. Family relationships, peer networks, community acceptance, employment opportunities, stable housing, and access to mental health services collectively shape an individual's ability to reintegrate into society after release. Conversely, continued exposure to adverse environments, persistent stigma, economic instability, and unresolved

psychological distress substantially increase the likelihood of relapse and repeated offending. These findings underscore the importance of adopting holistic and community-based rehabilitation strategies that address both personal recovery and structural barriers to reintegration.

Empirical evidence further supports this multidimensional understanding of reoffending. In a prospective study involving 701 incarcerated individuals in Norway, Lokdam et al. found that high-risk drug use before imprisonment significantly increased the likelihood of re-imprisonment, whereas older age and higher educational attainment were associated with lower risks of reoffending [13]. Similar patterns have been reported in the Philippine context, where Delfin et al. observed that younger individuals and those with lower educational attainment were more vulnerable to repeated criminal involvement [7]. Together, these findings suggest that demographic characteristics interact with broader social and behavioral factors in shaping post-release outcomes.

Evidence from intervention studies also highlights the value of rehabilitation approaches that extend beyond punishment. In the Philippines, Hechanova et al. reported that culturally responsive psychosocial interventions integrating family participation, life-skills development, and emotional support produced more favorable recovery outcomes among incarcerated methamphetamine users than punitive approaches alone [9]. Likewise, Ku et al. demonstrated that individualized treatment combined with continuing post-treatment support reduced the likelihood of relapse among persons who use drugs, particularly when interventions considered patterns of polysubstance use and co-occurring mental health conditions [11]. Collectively, these studies reinforce the importance of sustained, person-centered rehabilitation that continues beyond institutional confinement.

Existing research also demonstrates that substance use and criminal relapse are shaped by multiple interconnected vulnerabilities. Family histories of substance use, association with deviant peer groups, untreated mental health conditions, poverty, unemployment, unstable housing, and limited educational opportunities consistently emerge as factors that increase susceptibility to both addiction and reoffending. Rather than operating independently, these conditions often reinforce one another, creating cumulative disadvantages that complicate long-term recovery and successful community reintegration.

Despite the growing body of international and Philippine literature, women remain underrepresented in studies examining reoffending following drug-related offenses. Much of the existing evidence is derived from predominantly male or mixed offender populations, providing only limited understanding of the gender-specific experiences influencing women's pathways into substance use, relapse, and repeated offending. Experiences such as caregiving responsibilities, exposure to trauma and intimate partner violence, economic dependency, and intensified social stigma may uniquely shape women's reintegration experiences, yet these factors remain insufficiently explored within existing scholarship.

Collectively, the literature suggests that reducing reoffending requires interventions that are gender-responsive, trauma-informed, community-based, and attentive to the structural conditions influencing recovery after release. However, limited qualitative evidence exists regarding how women themselves interpret these experiences, particularly within the local context of Davao City. Addressing this gap is essential for developing rehabilitation and reintegration programs that respond not only to substance dependence but also to the broader social realities that influence women's decisions, opportunities, and recovery trajectories. Through an exploration of women lived experiences, the present study seeks to contribute contextually grounded evidence that may strengthen gender-responsive policies, rehabilitation practices, and future research on reoffending among women involved in drug-related offenses.

The present study is primarily anchored in Albert Bandura's Social Learning Theory while drawing complementary insights from Feminist Criminology and Robert K. Merton's Strain Theory. Together, these perspectives provide a comprehensive framework for understanding how social environments, gendered experiences, and structural inequalities shape reoffending among women involved in drug-related offenses [2, 3, 14].

Social Learning Theory posits that behavior is acquired and reinforced through observation, imitation, and repeated interaction within one's social environment. Applied to the present study, the theory suggests that women may become involved in drug-related activities through sustained exposure to family members, intimate partners, peer groups, or community environments where substance use and criminal behavior are normalized. Following release from incarceration or rehabilitation, returning to these same social environments may reinforce previously learned behaviors, thereby increasing the likelihood of relapse and reoffending.

Complementing this perspective, Feminist Criminology argues that women's involvement in crime cannot be understood independently of the gendered social conditions shaping their lives. Experiences such as trauma, intimate partner violence, economic dependency, caregiving responsibilities, and gender-based discrimination frequently influence women's pathways into substance use and criminal behavior. These same conditions may continue to affect their reintegration following release, limiting access to employment, stable housing, social support, and other resources necessary for sustained recovery.

Strain Theory further explains that criminal behavior may emerge when individuals experience persistent barriers to achieving socially accepted goals through legitimate means. Among women drug offenders, such strain may arise from poverty, unemployment, unstable family relationships, unresolved trauma, and restricted access to education, healthcare, and economic opportunities. When these structural disadvantages remain unresolved after release from incarceration or rehabilitation, substance use and criminal behavior may become perceived coping mechanisms, thereby increasing vulnerability to relapse and repeated offending.

Viewed collectively, these theoretical perspectives suggest that reoffending should not be interpreted solely as an individual failure or a consequence of poor decision-making. Rather, it reflects the complex interaction between learned behaviors, gender-specific experiences, and structural conditions that shape women's opportunities for recovery and successful community reintegration. Guided by this framework, the present study explores how women themselves understand the factors contributing to their reoffending, the challenges they encountered in attempting to avoid relapse, and their experiences with rehabilitation and support services following release.

Despite the growing body of international and local literature on reoffending and drug-related offenses, important knowledge gaps remain regarding the experiences of women who return to drug-related offending after incarceration or rehabilitation. Existing studies have predominantly focused on male offenders, mixed correctional populations, or quantitative analyses of recidivism, providing only limited understanding of the social, psychological, and structural realities that shape women's pathways to relapse. Consequently, gender-specific experiences including caregiving responsibilities, trauma, intimate partner violence, social stigma, and economic marginalization remain insufficiently explored despite their potential influence on women's reintegration and long-term recovery.

Within the Philippine context, research has similarly emphasized demographic characteristics and socioeconomic indicators associated with reoffending while giving comparatively less attention to women lived experiences. Moreover, qualitative investigations conducted in Mindanao, particularly in Davao City,

remain scarce. This limited body of localized evidence constrains the development of rehabilitation and reintegration programs that are responsive to the unique circumstances, challenges, and support needs of women involved in drug-related offending.

Responding to these gaps, the present study adopts a qualitative phenomenological approach to explore the lived experiences of women drug offenders in Davao City who returned to drug-related offending following incarceration or participation in rehabilitation programs. Through in-depth interviews and focus group discussions, the study seeks to understand how participants describe the factors contributing to reoffending, the coping and reintegration efforts they attempted prior to relapse, and their experiences with rehabilitation and support services. By privileging women's own narratives, the study aims to generate contextually grounded insights into the complex realities surrounding relapse and repeated offending.

The study contributes to existing scholarship by extending current discussions beyond statistical patterns of recidivism toward a deeper understanding of women lived experiences. Rather than viewing reoffending solely as an individual's behavioral problem, it examines how social relationships, gendered vulnerabilities, and structural inequalities interact to influence women's reintegration following release. In doing so, the study contributes to the growing body of qualitative and gender-responsive criminological research while providing localized evidence from Davao City, an area where similar investigations remain limited.

The findings are expected to provide practical implications for correctional institutions, rehabilitation centers, mental health professionals, social workers, policymakers, and community-based organizations involved in offender rehabilitation and reintegration. By identifying the factors that contribute to reoffending and examining women's experiences with existing support systems, the study may inform the development of more responsive rehabilitation strategies that integrate psychological support, family engagement, livelihood opportunities, community reintegration, and sustained post-release assistance.

Beyond its practical contributions, the study also offers academic value by expanding the limited qualitative literature on women drug offenders in the Philippine setting. The findings may serve as a useful reference for future researchers seeking to examine gender-responsive rehabilitation, drug-related offending, community reintegration, and relapse from phenomenological or other qualitative perspectives. Ultimately, by generating evidence that supports more equitable and effective rehabilitation practices, the study contributes to broader efforts toward strengthening criminal justice responses, promoting successful social reintegration, and advancing Sustainable Development Goal 16 on Peace, Justice, and Strong Institutions.

## **METHOD**

This section describes the methodological framework adopted to explore the lived experiences of women drug offenders who reoffended after incarceration or rehabilitation. It presents the study participants, including the sampling strategy, eligibility criteria, and study locale; the materials and research instruments used for data collection; and the research design and procedures, encompassing data collection, thematic analysis, strategies for ensuring trustworthiness, and ethical considerations that guided the conduct of the study.

### **Study Participants**

The participants in this study were women drug offenders with documented histories of reoffending who were detained at the Bureau of Jail Management and Penology (BJMP) Regional Office XI in Ma-a, Davao City. They were selected because they possessed firsthand experiences of repeated drug-related offending,

incarceration, rehabilitation, and community reintegration, enabling them to provide rich and meaningful accounts of the phenomenon under investigation.

A total of sixteen (16) participants were selected through purposive sampling. Eight (8) participated in in-depth interviews (IDIs), while the remaining eight (8) participated in a focus group discussion (FGD). This sampling approach was appropriate because phenomenological research seeks participants who have directly experienced the phenomenon being studied and can provide rich, information-dense narratives, as emphasized by Patton [17]. The sample size was likewise consistent with Creswell, who recommended approximately 5–15 participants for phenomenological inquiry, and with Krueger and Casey, who recommended 5–8 participants for effective focus group discussions [6, 10].

Inclusion criteria required participants to be female detainees at BJMP XI, to have committed a drug-related offense more than once, to have undergone at least one prior incarceration, release, or rehabilitation episode, to be 18 years of age or older, to be mentally and emotionally capable of participation, and to have provided informed consent voluntarily.

Exclusion criteria included male detainees, women facing non-drug-related offenses, first-time offenders with no history of reoffending, individuals under 18 years old, those unable to participate due to severe mental or emotional conditions, and those unwilling to provide consent.

Withdrawal criteria allowed participants to discontinue participation at any time without penalty, and any data collected from them was removed upon request. Participation or non-participation did not affect legal status, facility privileges, case outcomes, or access to services.

Because the participants belonged to a vulnerable and incarcerated population, recruitment procedures were designed to minimize coercion and protect voluntary participation. A general invitation describing the study was posted by BJMP personnel, allowing interested detainees to express their willingness to participate without direct recruitment by the researcher. Individuals who expressed interest were subsequently screened in private to determine eligibility based on the established inclusion criteria. Throughout the recruitment process, participation remained entirely voluntary. A designated BJMP officer stayed outside hearing range solely to ensure institutional safety and did not participate in recruitment, consent, interviews, or data collection.

The study was conducted at the Bureau of Jail Management and Penology Regional Office XI in Ma-a, Davao City. The site was selected because it housed women detainees with documented histories of drug-related reoffending who met the study's eligibility criteria. Conducting the research in this setting also addressed the limited availability of qualitative, gender-focused studies on reoffending among women within the local context, thereby strengthening the contextual relevance of the investigation.

### **Materials and Instrument**

The primary data collection instruments consisted of a semi-structured interview guide for the in-depth interviews (IDIs) and a semi-structured focus group discussion (FGD) guide. Both instruments were developed based on the study's research objectives, the reviewed literature, and the theoretical framework to ensure that the questions elicited comprehensive accounts of the participants' lived experiences of reoffending. Prior to implementation, the instruments underwent content validation to establish their clarity, relevance, and appropriateness for the target population.

Content validation was conducted by four (4) internal validators from the University of Mindanao, comprising the assigned thesis panel members, and one (1) external validator with expertise in qualitative research and criminology. Their recommendations enhanced the organization, clarity, relevance, and appropriateness of the interview and focus group guides while ensuring alignment between the research

objectives and the questions used during data collection. Revisions were incorporated before the instruments were finalized for implementation.

Data were gathered through face-to-face in-depth interviews and a focus group discussion conducted in private rooms within the Bureau of Jail Management and Penology Regional Office XI. The use of both methods enabled methodological triangulation by allowing participants to describe their individual experiences while also generating collective insights through group interaction. To preserve confidentiality, BJMP personnel remained outside hearing range throughout the sessions, while a designated officer stayed nearby solely to ensure institutional safety without participating in the discussions or accessing participant responses. Before the focus group discussion, participants were reminded to respect the privacy of fellow participants by refraining from sharing any information discussed during the session. They were likewise informed that, despite these precautions, complete confidentiality could not be guaranteed because of the nature of group discussions.

Prior to data collection, ethical clearance was obtained from the University of Mindanao Ethics Review Committee (UMERC), ensuring that all procedures complied with established ethical standards for research involving incarcerated and other vulnerable populations. Ethical approval confirmed that the study adequately addressed participant welfare, informed consent, confidentiality, voluntary participation, and risk management throughout the research process.

All interview recordings, transcripts, field notes, and related research documents were stored in password-protected digital files accessible only to the researcher. Hard-copy materials, when applicable, were kept in a secure storage location. In accordance with the approved research protocol, all research records will be retained for five (5) years following completion of the study and will thereafter be permanently destroyed through secure digital deletion and proper disposal of printed materials to safeguard participant confidentiality.

Recognizing the sensitive nature of participants' experiences, a structured psychosocial referral pathway was established before data collection commenced. Should participants exhibit signs of emotional distress during the interviews or focus group discussion, the researcher implemented a distress management protocol that included pausing the interview, applying appropriate grounding techniques, assessing the participant's willingness to continue, and facilitating referral with the participant's consent to the BJMP Psychologist, Social Welfare Officer, facility nurse, or designated counselor for appropriate psychosocial support. This protocol ensured that participant well-being remained the primary consideration throughout the research process.

### **Design and Procedure**

This study employed a qualitative phenomenological research design to explore and understand the lived experiences of women drug offenders who reoffended following incarceration or participation in rehabilitation programs. Phenomenology was considered the most appropriate design because it seeks to understand how individuals perceive, interpret, and assign meaning to a shared lived experience. Rather than measuring the prevalence or causes of reoffending, the study focused on capturing participants' personal narratives, allowing a deeper understanding of the social, psychological, and contextual factors that shaped their experiences of relapse and repeated offending. Sixteen (16) participants were purposively selected from the Bureau of Jail Management and Penology Regional Office XI in Ma-a, Davao City, with eight (8) participating in in-depth interviews (IDIs) and eight (8) participating in a focus group discussion (FGD).

Data collection was conducted through semi-structured in-depth interviews, a focus group discussion, field notes, reflexive journaling, and audio recordings. Combining individual interviews with a focus group discussion enabled methodological triangulation by capturing both personal narratives and shared experiences related to reoffending. Field notes documented participants' non-verbal behaviors, interview contexts, and researcher observations, while reflexive journaling allowed the researcher to continuously examine personal assumptions and potential biases throughout the study. All interviews and discussions were conducted in private areas within the facility to promote confidentiality and encourage participants to speak openly about their experiences.

Throughout data collection, measures were implemented to safeguard participants' privacy and voluntary participation. BJMP personnel remained outside hearing range during all interviews and discussions, while a designated officer stayed nearby solely for institutional safety without participating in the sessions or accessing participant responses. Before each interview and focus group discussion, participants were informed of their rights, including their right to decline any question, discontinue participation at any time without penalty, and withdraw from the study without affecting their legal status, institutional privileges, or access to available services. Participants involved in the focus group discussion were likewise reminded to respect the confidentiality of information shared by fellow participants, although complete confidentiality could not be guaranteed because of the nature of group discussions.

Given the potentially sensitive nature of participants' experiences, a structured psychosocial referral pathway was established before the commencement of data collection. Participants who exhibited emotional distress were provided immediate support through grounding techniques and temporary suspension of the interview whenever necessary. With participants' consent, referrals were made to the BJMP Psychologist, Social Welfare Officer, facility nurse, or designated counselor for appropriate psychosocial intervention. These measures prioritized participant welfare while minimizing potential psychological risks associated with discussing past experiences of substance use, incarceration, and reoffending.

Audio recordings from the in-depth interviews and focus group discussion were transcribed verbatim immediately after data collection to preserve the accuracy of participants' accounts. The transcripts were reviewed repeatedly alongside field notes and reflexive journal entries before analysis. Data were analyzed using Braun and Clarke's six-phase thematic analysis, which involved familiarization with the data, generation of initial codes, searching for potential themes, reviewing themes, defining and naming themes, and producing the final report [4]. Throughout the analysis, identifying information was removed or replaced with codes to maintain participant anonymity and confidentiality.

To enhance the rigor of the study, the principles of trustworthiness proposed by Lincoln and Guba guided the research process [12]. Credibility was strengthened through member checking, prolonged engagement during interviews, and methodological triangulation using interviews, focus group discussions, field notes, and reflexive journaling. Dependability was supported through the maintenance of an audit trail documenting methodological decisions and analytical procedures. Confirmability was promoted through reflexive journaling and careful documentation of coding decisions to minimize researcher bias, while transferability was facilitated by providing rich descriptions of the research context, participants, and findings, allowing readers to determine the applicability of the results to similar settings.

Ethical approval for the study was granted by the University of Mindanao Ethics Review Committee (UMERC) under Protocol No. U MERC-2026-023, confirming that all research procedures complied with established ethical standards for studies involving incarcerated and other vulnerable populations.

Throughout the research process, informed consent, voluntary participation, confidentiality, privacy, beneficence, and respect for participants' autonomy were consistently upheld. All electronic research files were password-protected, securely stored for five (5) years following completion of the study, and scheduled for permanent destruction thereafter in accordance with the approved research protocol and institutional ethical guidelines.

**RESULTS AND DISCUSSION**

This chapter presents the findings and discussion of the lived experiences of women drug offenders who returned to drug-related offending after previous incarceration or rehabilitation. Using Braun and Clarke's [4] thematic analysis, the participants' narratives generated three major themes: (1) factors contributing to reoffending, (2) ineffective coping strategies and reintegration mechanisms, and (3) perceptions of rehabilitation and support services. These themes emerged from the analysis of data obtained through in-depth interviews (IDIs) and focus group discussions (FGDs) and are presented alongside supporting participant narratives and relevant literature to provide a comprehensive understanding of the phenomenon under investigation.

**Participants' Information**

Table 1 presents the demographic and case-related characteristics of the sixteen participants included in the study. All participants were women with documented histories of drug-related offenses under Republic Act No. 9165 who had subsequently reoffended following a previous conviction. For their first drug-related offense, some participants were granted probation, while information regarding the disposition of the remaining participants' first offenses was not available. Despite this, all participants later committed another drug-related offense, resulting in a second conviction and subsequent incarceration.

The participants' first and second offenses primarily involved either Section 15 (Use of Dangerous Drugs) or Section 5 (Sale of Dangerous Drugs) of Republic Act No. 9165. Most participants repeated the same type of offense during their second conviction, indicating a recurring pattern of drug-related offending. Following their second conviction, the participants served prison sentences ranging from one to four years, with those convicted of Section 5 (Sale of Dangerous Drugs) generally serving longer periods of incarceration than those convicted of Section 15 (Use of Dangerous Drugs). These participant characteristics provide important contextual information for understanding their lived experiences and the individual, social, and environmental factors that contributed to their reoffending.

**Table 1. Participants' Information**

Pseudonym	FDO (First Drug Offense Category)	FOS (First Offense Sentence Length)	SDO (Second Drug Offense Category)	SOS (Second Offense Sentence Length)
FGD P1	Section 15 – Use of Dangerous Drugs	Probation	Section 15 – Use of Dangerous Drugs	2 years
FGD P2	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	3 years
FGD P3	Section 15 – Use of Dangerous Drugs	Probation	Section 15 – Use of Dangerous Drugs	1 year
FGD P4	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	4 years

FGD P5	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	3 years
FGD P6	Section 15 – Use of Dangerous Drugs	Data not available	Section 15 – Use of Dangerous Drugs	2 years
FGD P7	Section 5 – Sale of Dangerous Drugs	Probation	Section 5 – Sale of Dangerous Drugs	3 years
FGD P8	Section 15 – Use of Dangerous Drugs	Probation	Section 15 – Use of Dangerous Drugs	1 year
IDI P1	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	2 years
IDI P2	Section 15 – Use of Dangerous Drugs	Probation	Section 15 – Use of Dangerous Drugs	1 year
IDI P3	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	3 years
IDI P4	Section 15 – Use of Dangerous Drugs	Data not available	Section 15 – Use of Dangerous Drugs	2 years
IDI P5	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	4 years
IDI P6	Section 15 – Use of Dangerous Drugs	Probation	Section 15 – Use of Dangerous Drugs	2 years
IDI P7	Section 5 – Sale of Dangerous Drugs	Data not available	Section 5 – Sale of Dangerous Drugs	3 years
IDI P8	Section 15 – Use of Dangerous Drugs	Data not available	Section 15 – Use of Dangerous Drugs	1 year

**Themes on the Factors Contributing to Reoffending**

**Table 2** summarizes the themes and key concepts that emerged from the participants' narratives regarding the factors that contributed to their reoffending. Analysis of the in-depth interviews and focus group discussions revealed that the participants' return to drug-related offending was rarely attributable to a single cause. Instead, their experiences reflected the interaction of personal relationships, social influences, and economic circumstances that collectively shaped their decisions and behaviors following release. Three interrelated themes emerged from the analysis: peer influence, close relationship factors, and economic hardship and survival needs. These themes illustrate the complex realities surrounding women's experiences of relapse and repeated offending.

**Table 2. Themes and Representative Statements on the Factors Contributing to Reoffending**

THEMES	SIGNIFICANT STATEMENT
<b>Peer Influence</b>	Peer influence within the group was really part of my personal experience...” (FGD P3)
	My close friend also had a time when I had nothing, and she also had nothing—I felt sorry for her...” (FGD P4)

	At first, it was really because of friends, and I really didn't want to go back to that, ma'am—to using drugs—but because of her, ma'am, I ended up using drugs again..." (IDI P7)
<b>Close Relationships Factors</b>	in relationships—most of my relationships, ma'am, are what cause me to relapse..." (IDI P3)
	Partner. He was the one who influenced me and led me back into it, especially now that I have returned here. (IDI 6)
	For me, ma'am, it's about relationships. (IDI P8)
	My father is also one of the reasons why I relapsed, because I don't like it when he engages in vices, ma'am. (FGD P4)
	My mother already has someone else, and they are not completely separated from my father—I don't like that my mother has another partner. (FGD P7)
<b>Economic Hardship and Survival</b>	I do not rely on my parents anymore. I live separately and I don't ask anything from them, which is why I strive on my own. I returned to selling again. (FGD P8)
	Because of poverty, ma'am—we are not well-off and cannot fully provide for our daily needs. (FGD P2)
	Hardship is really the main reason for us. (FGD P3)
	I went back because of poverty. (IDI P1)
	Of course, ma'am, because of hardship—especially when I was released, I had no partner, ma'am, and I have eleven children, so life was really very difficult. (IDI P2)
	Hardship, ma'am—there was no one to take care of things, no one to provide for my children. I entered that again because even though I had many jobs before, it was still not enough. (IDI P5)
	Because I have children, ma'am—two of them—and my partner is also over there. When I was released, there was no one else who could help me financially. (IDI P7)

**Peer Influence**

Peer influence emerged as one of the most influential factors contributing to participants' return to drug-related offending. Across both the in-depth interviews and focus group discussions, participants consistently described how continued association with friends who used drugs created an environment where substance use became normalized, encouraged, and difficult to resist. Rather than acting independently, these peer relationships often reinforced previous patterns of behavior established before incarceration or rehabilitation, increasing participants' vulnerability to relapse upon returning to their communities.

Several participants emphasized that their decisions to use drugs again were closely associated with their social circles.

"...ang galgal sa barkada mao gyud na sa akong personal nga experience..."

(Peer pressure from friends was really part of my personal experience.)

**(FGD P3)**

"My close friend... there was a time when I had nothing, and she also had nothing—nalouy ko sa iya."

(I felt pity for her.)

**(FGD P4)**

"At first, it was really because of friends... mao naka gamit ko ug drugs tungod ato sa iya."

(That's why I ended up using drugs again because of her.)

**(IDI P7)**

Collectively, these narratives demonstrate that peer influence extended beyond direct encouragement to use drugs. Participants described relationships characterized by emotional dependence, shared hardships, and a sense of belonging, all of which reduced their resistance to returning to drug-related behaviors. Their experiences suggest that relapse was often embedded within existing social environments where drug use was perceived as ordinary rather than deviant. This finding highlights the difficulty of maintaining recovery when individuals return to communities that continue to reinforce substance use and criminal behavior.

The findings are consistent with Bandura's Social Learning Theory which proposes that behaviors are acquired and reinforced through observation, imitation, and repeated interaction with significant others [2, 3]. The participants' accounts illustrate how drug-related behaviors were sustained within peer networks where substance use was repeatedly modeled and socially accepted. Even after incarceration or rehabilitation, returning to the same environments limited opportunities to establish healthier social relationships and increased the likelihood of relapse.

These findings also align with previous studies indicating that continued exposure to drug-using peers remains one of the strongest predictors of relapse and reoffending following rehabilitation. The National Institute on Drug Abuse emphasizes that recovery is strongly influenced by an individual's social environment, while Hechanova et al. similarly reported that inadequate community support and continued association with substance-using peers significantly hinder successful reintegration among persons recovering from drug dependence [6, 9]. However, the present study extends these findings by demonstrating that peer influence among women was not solely driven by direct pressure to use drugs. Instead, participants described relationships rooted in companionship, emotional attachment, and shared socioeconomic struggles, suggesting that social connectedness itself may unintentionally contribute to reoffending when healthier support systems are absent.

### **Close Relationship Factors**

Close relationships emerged as another major factor influencing participants' return to drug-related offending. Across both the in-depth interviews and focus group discussions, participants consistently described how their interactions with intimate partners and family members shaped their decisions to resume drug use or drug-related activities. Rather than serving as protective relationships, these interpersonal connections often became sources of emotional distress, exposure to substance use, and behavioral reinforcement that increased participants' vulnerability to relapse.

Several participants identified their romantic partners as the primary individuals who reintroduced or encouraged them to return to drug use.

"...ka relasyon... makapa-relapse sa akua balik."

(Relationships can cause me to relapse again.)

**(IDI P3)**

"Partner po. Siya ang nakadala ug ana sa akoo."

(My partner was the one who influenced me and led me back into it.)

**(IDI P6)**

"For me, ma'am, relationship gyud."

(For me, it is really about relationships.)

**(IDI P8)**

Beyond romantic relationships, participants also described how family circumstances contributed to their emotional struggles and subsequent relapse. Exposure to substance use within the household, parental conflict, and unresolved family issues created emotional burdens that participants found difficult to manage after release.

"My father... nagabisyo man pod gud siya."

(My father also engages in vices.)

**(FGD P4)**

"My mother... naa nay lain."

(My mother already has another partner.)

**(FGD P7)**

Taken together, these narratives suggest that participants' reoffending cannot be understood solely as an individual decision. Instead, their experiences illustrate how interpersonal relationships may simultaneously provide emotional attachment and create conditions that increase vulnerability to relapse. When intimate partners or family members engage in substance use, normalize drug-related behavior, or become sources of emotional conflict, maintaining recovery becomes substantially more difficult. For many participants, returning to drug use represented not only continued exposure to high-risk relationships but also a means of coping with unresolved emotional distress.

These findings are consistent with Bandura's Social Learning Theory which proposes that behaviors are learned, reinforced, and maintained through repeated interaction with significant others [2, 3]. The participants' accounts demonstrate how intimate partners and family members functioned as influential models whose behaviors and attitudes toward substance use shaped participants' own decisions. Because these relationships remained central after incarceration or rehabilitation, participants often returned to the same interpersonal environments in which their previous drug-related behaviors had developed.

The findings also support previous research identifying intimate relationships and family dynamics as important predictors of relapse and criminal reoffending. The United Nations Office on Drugs and Crime and the World Health Organization emphasize that unstable family environments, unhealthy intimate relationships, and limited family support increase the likelihood of substance use relapse among justice-involved individuals [18, 20]. Likewise, Hechanova et al. reported that family dysfunction and continued association with substance-using relatives significantly hinder successful reintegration after rehabilitation [9]. However, the present study expands this understanding by showing that, for women drug offenders, relationships influenced reoffending not only through direct encouragement to use drugs but also through emotional dependence, unresolved family conflict, and the absence of stable interpersonal support. These findings underscore the importance of strengthening family-based and relationship-focused interventions alongside individual rehabilitation to reduce the risk of reoffending.

### **Economic Hardship and Survival**

Economic hardship emerged as one of the most prominent factors contributing to participants' return to drug-related offending. Across both the in-depth interviews and focus group discussions, participants

consistently described financial insecurity, unemployment, and the responsibility of providing for their families as circumstances that increased their vulnerability to reoffending. Many explained that although they attempted to earn an income through lawful means after their release, the limited availability of stable employment and inadequate earnings made it difficult to meet their daily needs. As a result, some perceived returning to drug-related activities as one of the few available means of supporting themselves and their dependents.

Several participants openly described how financial hardship influenced their decisions following release.

"...wala ko naga salig sa akong parents... ni balik pod ko aning pamaligya."

(I no longer relied on my parents... I returned to selling again.)

**(FGD P8)**

"...tungod sa kawad-on... dili gyud me maka-provide sa adlaw-adlaw."

(Because of poverty... we could not provide for our daily needs.)

**(FGD P2)**

"...ang kapait gyud ang main reason para sa amoa."

(Hardship was truly the main reason for us.)

**(FGD P3)**

"I went back kay tungod sa kawad-on."

(I returned because of poverty.)

**(IDI P1)**

Beyond financial deprivation alone, several participants associated economic hardship with their caregiving responsibilities. As mothers and primary providers, they described experiencing considerable pressure to provide food, financial support, and daily necessities for their children despite having limited employment opportunities after release. Their accounts illustrate that economic insecurity was closely intertwined with family responsibilities, making successful reintegration particularly difficult.

Collectively, these narratives demonstrate that reoffending was shaped not only by individual decision-making but also by structural conditions that limited participants' opportunities following incarceration or rehabilitation. Poverty, unstable employment, financial insecurity, and limited access to sustainable livelihoods created circumstances in which participants perceived illegal activities as a means of coping with immediate economic demands. These findings highlight that successful reintegration requires more than individual motivation; it also depends on the availability of realistic economic opportunities that enable formerly incarcerated individuals to rebuild their lives.

The findings are consistent with Merton's Strain Theory which proposes that individuals may resort to illegitimate means when legitimate opportunities for achieving socially valued goals are restricted [14]. The participants' experiences illustrate how economic deprivation, unemployment, and caregiving obligations generated significant strain following release, increasing their vulnerability to returning to drug-related activities. Rather than reflecting simple personal choice, their narratives reveal how structural barriers constrained their ability to pursue lawful means of economic survival.

These findings also support previous research identifying poverty, unemployment, and social exclusion as major contributors to substance use relapse and criminal reoffending. The World Health Organization and the United Nations Office on Drugs and Crime emphasize that limited access to employment, income-generating opportunities, and community support significantly weakens reintegration efforts among justice-involved populations [18, 20]. Likewise, the National Institute on Drug Abuse recognizes financial instability as a persistent risk factor for relapse following treatment and rehabilitation [16]. However, the

present study extends this body of knowledge by demonstrating that, for women drug offenders, economic hardship was inseparable from caregiving responsibilities and family obligations. Participants did not merely describe poverty as a lack of financial resources; they portrayed it as a condition that intensified their responsibility to provide for their children and families despite limited legitimate opportunities. These findings underscore the importance of strengthening livelihood assistance, employment opportunities, and gender-responsive reintegration programs that address the economic realities faced by women after release.

Taken together, the three themes demonstrate that reoffending among women drug offenders is shaped by the interaction of interpersonal relationships and structural challenges rather than by a single isolated factor. Peer influence, close relationship factors, and economic hardship collectively illustrate the complex social realities that participants navigated following their release.

**Themes on the Ineffective Coping Strategies and Reintegration Mechanisms**

Table 3 presents the emergent themes and representative statements regarding the strategies participants employed to prevent relapse and avoid reoffending following their release. Although the participants demonstrated a genuine desire to change by distancing themselves from harmful influences, avoiding drug-related environments, and engaging in lawful work or family responsibilities, these efforts were often insufficient to sustain long-term recovery. Their narratives suggest that the effectiveness of these strategies was constrained by persistent social influences, psychological vulnerabilities, and structural barriers that remained unresolved after incarceration or rehabilitation. Three interrelated themes emerged from the analysis: avoidance of risky social ties, avoidance of drug-related environments, and work and family survival efforts.

**Table 3. Themes and Representative Statements on Ineffective Coping Strategies and Reintegration Mechanisms**

THEMES	SIGNIFICANT STATEMENT
<b>Avoidance of Risky Social Ties</b>	Avoiding my peer group (friends). (FGD P3)
	I avoided others, focused on my family, and tried to stay busy with activities and livelihood skills I learned in rehab. However, it did not fully help because I am easily triggered by stress and the influence of friends.(IDI P8)
	I tried, ma'am, to change—to avoid people who lead me into temptation and to strive for my children. But no matter what I do, because of hardship and lack of basic needs, I am still drawn to return. (IDI P6)
<b>Avoidance of Drug-Related Environments</b>	I try to avoid places, but it's still hard because it's still in my mind. (IDI P1)
	I'm far away here in Davao, Ma'am, because I'm from Cebu, it didn't help because I came back here anyway. (IDI P3)
	I distanced myself, but it's still the same, I still dream about coming back, I still returned here to Davao. (IDI P7)"
	I worked at a bar, you know, serving drinks and all that. But it still wasn't enough, Ma'am, because I have so many kids. (IDI P2)

<b>Work and Family Survival Efforts</b>	I worked at hotels like that. I worked, but it was really just not enough. With my seven kids. (IDI P5)
	I tried, Ma'am, to focus on school and work, and avoid people who could influence me. But no matter what I do, there are still situations I can't avoid, especially when there are family and relationship problems too. (IDI P3)
	I do, there are still times when I'm tempted to go back because they were still my companions back then. (IDI P4)

### Avoidance of Risky Social Ties

Avoiding friends and social groups associated with drug use emerged as one of the primary coping strategies adopted by participants following their release. Across both the in-depth interviews and focus group discussions, participants described making deliberate efforts to distance themselves from individuals who had previously influenced their involvement in drug use and drug-related activities. Many attempted to redirect their attention toward their families, personal responsibilities, and rehabilitation activities in the hope of maintaining recovery. Despite these efforts, participants consistently reported that avoiding high-risk peers alone was insufficient to prevent relapse.

The participants shared:

"Paglikay sa barkada."

(Avoiding my peer group or friends.)

**(FGD P3)**

"Naglikay ko sa uban... dali ra ko ma-trigger sa stress ug sa influence sa friends."

(I avoided others... but I am easily triggered by stress and the influence of friends.)

**(IDI P8)**

"Nag-try ko, ma'am, na magbag-o... madani gihapon ko mubalik."

(I tried to change... but I was still drawn back.)

**(IDI P6)**

Collectively, these narratives indicate that behavioral avoidance, although intentional, did not adequately address the emotional, psychological, and socioeconomic factors that continued to influence participants after release. Many remained emotionally connected to former peers, experienced persistent stress, or returned to communities where previous social networks were still present. Consequently, simply avoiding certain individuals did not eliminate the conditions that contributed to relapse.

These findings further support Bandura's Social Learning Theory which explains that learned behaviors are maintained through continued interaction with one's social environment [2, 3]. Although participants attempted to reduce exposure to high-risk peers, the absence of supportive social networks and structured community reintegration limited their ability to sustain behavioral change. Likewise, the World Health Organization and the United Nations Office on Drugs and Crime recognize that successful recovery requires more than avoiding negative influences; it also depends on the availability of positive social support, stable community relationships, and continued rehabilitation services [18, 20]. The present study extends these findings by demonstrating that, for women drug offenders, avoiding risky social ties was often unsuccessful because the underlying emotional needs, social connections, and economic challenges that sustained these relationships remained unresolved.

### **Avoidance of Drug-Related Environments**

Another strategy commonly employed by participants was avoiding places associated with previous drug use, with some even relocating to different communities in an effort to distance themselves from high-risk environments. Participants believed that physical separation from familiar locations would reduce opportunities for relapse. However, their narratives revealed that these environmental changes alone were insufficient because cravings, memories, and emotional triggers continued to persist despite relocation.

The participants shared:

"Maglikay ko ug lugar pero lisod man gihapon kay naa ra gihapon sa huna-huna."

(I tried to avoid places, but it remained difficult because the thoughts were still there.)

**(IDI P1)**

"Ang mulayo ko diri sa Davao... wala siya nakatabang kay nibalik man gihapon ko."

(I stayed away from Davao, but it did not help because I eventually returned.)

**(IDI P3)**

"Nagpalayo ko... madani gihapon ko ug balik."

(I distanced myself, yet I was still drawn back.)

**(IDI P7)**

These accounts demonstrate that relapse was influenced not only by physical surroundings but also by internal psychological processes. Participants continued to experience cravings, intrusive memories, and emotional distress that persisted even after removing themselves from environments associated with drug use. Their experiences suggest that recovery involves more than changing one's physical location; it also requires interventions that address the cognitive and emotional dimensions of addiction.

These findings are consistent with addiction recovery literature, which recognizes relapse as a multidimensional process influenced by the interaction of environmental cues and internal psychological states. The World Health Organization and the National Institute on Drug Abuse emphasize that stress, conditioned responses, emotional distress, and substance-related memories often remain long after environmental exposure has been reduced [16, 20] The present study contributes additional insight by illustrating that physical relocation alone was insufficient for women drug offenders because unresolved emotional experiences and persistent psychological triggers continued to influence their decisions following release.

### **Work and Family Survival Efforts**

Participants also described engaging in lawful employment and focusing on their family responsibilities as strategies to avoid returning to drug-related offending. Many expressed a sincere desire to rebuild their lives by obtaining employment, supporting their children, and fulfilling their responsibilities as mothers and providers. Nevertheless, these efforts were frequently undermined by low wages, unstable employment, and continuing financial pressures, making it difficult to sustain recovery through legitimate means alone.

The participants shared:

"Nagtrabaho kog bar... kulang gihapon tungod sa kadaghan sakong anak."

(I worked in a bar, but it was still not enough because I have many children.)

**(IDI P2)**

"Nagtrabaho ko pero kulang gyud sa seven nako ka anak."

(I worked, but it was still not enough to support my seven children.)

**(IDI P5)**

"Nag-try ko, ma'am, na mag-focus sa skwela ug trabaho... naa gihapon mga situation nga dili malikayan." (I tried to focus on school and work, but there were still situations I could not avoid.)

**(IDI P3)**

"Naningskamot ko, ma'am... naa gihapon times nga ma-tempt ko mubalik." (I did my best, but there were still times when I was tempted to return.)

**(IDI P4)**

Taken together, these narratives demonstrate that participants' efforts to pursue lawful employment reflected a genuine commitment to rehabilitation. However, employment alone was insufficient when economic insecurity, caregiving responsibilities, and ongoing social pressures remained unresolved. Rather than indicating a lack of motivation to change, participants' experiences reveal the limitations of relying solely on individual effort without adequate structural support.

These findings align with Merton's Strain Theory which proposes that individuals experiencing persistent barriers to achieving socially accepted goals through legitimate means may resort to alternative coping strategies [14]. Similarly, the World Health Organization and the United Nations Office on Drugs and Crime identify unemployment, poverty, and limited livelihood opportunities as significant obstacles to successful reintegration following incarceration [16, 20]. However, the present study further demonstrates that women drug offenders encountered additional challenges arising from their caregiving roles and family responsibilities, making financial stability an essential component of sustained recovery. These findings underscore the importance of strengthening post-release livelihood programs, employment assistance, and gender-responsive reintegration initiatives that extend beyond behavioral rehabilitation alone.

**Themes on the Rehabilitation & Support Services**

**Table 4** presents the emergent themes and representative statements regarding the rehabilitation programs and support services experienced by the participants during their incarceration and rehabilitation. Unlike the themes presented in the previous sections, which focused on the factors contributing to reoffending and the limitations of participants' coping strategies, these findings highlight the interventions that participants perceived as beneficial in supporting their recovery and reintegration. Their narratives suggest that meaningful rehabilitation extends beyond preventing relapse by addressing participants' emotional well-being, enhancing their personal capacities, and preparing them for life after release. Two interrelated themes emerged from the analysis: counseling and emotional support and skills and educational development.

**Table 4. Themes and Representative Statements on Rehabilitation and Support Services**

THEMES	SIGNIFICANT STATEMENT
<b>Counseling and Emotional Support</b>	We can share our pains, release our resentments (FGD P3)
	There's a lot of help.counseling because we can also release what we've been feeling" (IDI P1)
	She can release her stress, because at least we can let it out (IDI P5)
	It's okay ma'am, they're okay with counseling here (IDI P3)
	ALS, Livelihood (FGD P7; FGD P3; FGD P4);
	What helped me was going back to school (IDI 6)
	I graduated in welding... TESDA (IDI P2)

<b>Skills and Educational Development</b>	Livelihood, ALS (IDI P7);
	Livelihood workshops (IDI P8)

### Counseling and Emotional Support

Counseling emerged as one of the most meaningful rehabilitation services experienced by the participants. Across both the in-depth interviews and focus group discussions, participants consistently described counseling as providing a safe and supportive environment where they could openly express their emotions, discuss personal struggles, and process experiences that had previously remained unaddressed. Rather than simply serving as a formal rehabilitation activity, counseling was perceived as an opportunity to be heard, understood, and emotionally supported during a difficult period of their lives.

The participants shared:

"Maka-share namo among mga kasakit, mapagawas ang among mga hinanakit."

(We are able to share our pains and release our emotional burdens.)

**(FGD P3)**

"Dako kaayo'g tabang ang counseling kay mapagawas gyud namo among mga gibati."

(Counseling is a great help because we are able to express what we truly feel.)

**(IDI P1)**

"Makawala siyag stress kay at least mapagawas namo."

(It relieves stress because we are able to express ourselves.)

**(IDI P5)**

"Okay man, Ma'am, ang counseling diri."

(Counseling here is good.)

**(IDI P3)**

Collectively, these narratives demonstrate that counseling functioned as more than a therapeutic intervention. Participants viewed it as a source of emotional validation that enabled them to process stress, reduce emotional burdens, and strengthen their capacity to cope with personal challenges. Their experiences suggest that emotional healing formed an essential foundation for recovery and that opportunities to express difficult emotions contributed to a greater sense of psychological stability during rehabilitation.

These findings are consistent with the World Health Organization which recognizes psychosocial interventions as fundamental components of substance use recovery because they strengthen emotional regulation, coping abilities, and resilience against relapse [20]. Similarly, the United Nations Office on Drugs and Crime emphasizes that effective rehabilitation programs should integrate counseling and mental health services to address the psychological factors associated with substance dependence and criminal reoffending [18]. However, the present study further demonstrates that women drug offenders particularly valued counseling because it provided a rare opportunity to express emotions that had often remained suppressed before incarceration. This finding highlights the importance of trauma-informed and gender-responsive counseling services that acknowledge the emotional experiences underlying women's pathways into substance use and reoffending.

### Skills and Educational Development

Participants also identified educational and livelihood programs as valuable components of their rehabilitation experience. Programs such as the Alternative Learning System (ALS), Technical Education and Skills Development Authority (TESDA) training, and livelihood workshops provided participants

with opportunities to develop practical skills, continue their education, and prepare for employment after release. Beyond acquiring technical competencies, many participants perceived these programs as helping them rebuild their confidence, restore their sense of purpose, and envision a more stable future outside the correctional setting.

The participants shared:

"ALS, Livelihood."

**(FGD P7; FGD P3; FGD P4)**

"Nakagraduate ko sa welding pinaagi sa TESDA."

(I graduated in welding through TESDA.)

**(IDI P2)**

"Ang nakatabang sa ako kay ang pag-eskwela."

(What really helped me was going back to school.)

**(IDI P6)**

"Livelihood, ALS."

**(IDI P7)**

"Livelihood workshops."

**(IDI P8)**

Taken together, these accounts indicate that rehabilitation was viewed not only as a process of preventing relapse but also as an opportunity for personal growth and self-improvement. Participants associated education and livelihood training with increased confidence, enhanced employability, and renewed hope for supporting themselves and their families through lawful means. Their experiences suggest that strengthening practical competencies may encourage long-term reintegration by expanding legitimate opportunities after release.

These findings are consistent with the United Nations Office on Drugs and Crime, which identifies education, vocational training, and livelihood assistance as essential components of effective correctional rehabilitation because they improve employability and reduce the likelihood of reoffending [18]. Likewise, the World Health Organization emphasizes that skills development enhances self-efficacy, independence, and social functioning, all of which contribute to successful community reintegration [20]. The present study extends this understanding by demonstrating that, for women drug offenders, educational and livelihood programs represented more than employment preparation. Participants viewed these opportunities as symbols of a second chance to rebuild their identities, regain self-worth, and pursue a future that was no longer centered on substance use or criminal involvement. These findings underscore the importance of sustaining educational and livelihood initiatives as integral components of gender-responsive rehabilitation programs.

The findings of this study collectively demonstrate that reoffending among women drug offenders is shaped by the complex interaction of personal, interpersonal, and structural factors. Participants described how peer influence, close relationships, and economic hardship contributed to their return to drug-related offending, while their own efforts to avoid relapse through distancing themselves from harmful influences, avoiding drug-related environments, and engaging in lawful work were often insufficient because of persistent social, psychological, and economic challenges. At the same time, participants recognized counseling, educational opportunities, and livelihood programs as meaningful sources of support that promoted emotional healing, personal development, and hope for successful reintegration. Taken together, these findings suggest that reducing reoffending requires more than individual determination. Sustainable

recovery depends on comprehensive, gender-responsive interventions that address emotional well-being, strengthen supportive relationships, expand economic opportunities, and provide continuous reintegration support. These findings serve as the basis for the implications presented in the succeeding section.

## **IMPLICATION AND CONCLUDING REMARK**

This chapter discusses the implications of the study's findings for professional practice and future research, followed by the concluding remarks. The findings demonstrated that women drug offenders' experiences of reoffending were shaped by the interaction of interpersonal relationships, economic hardship, and structural barriers that limited successful reintegration. Although participants made deliberate efforts to avoid relapse, these strategies were often insufficient because of persistent social, psychological, and economic challenges. Conversely, counseling, educational opportunities, and livelihood programs were perceived as meaningful forms of support that promoted recovery and reintegration. These findings provide important insights for strengthening rehabilitation policies, correctional practice, and future research on women involved in drug-related offending.

### **Implication for practice**

The findings indicate that reoffending among women drug offenders cannot be adequately understood as solely the result of individual decision-making. Rather, participants' experiences demonstrate how economic hardship, unstable interpersonal relationships, limited employment opportunities, and inadequate reintegration support interact to increase vulnerability to relapse. These findings suggest that rehabilitation efforts should adopt a more comprehensive and gender-responsive approach that addresses the broader social and structural conditions influencing reoffending.

The influence of peers, intimate partners, and family relationships highlights the importance of strengthening interventions that extend beyond the individual offender. Rehabilitation programs should incorporate family-centered counseling, relationship-focused interventions, and community support networks that encourage positive social relationships while reducing continued exposure to environments associated with substance use. Strengthening these protective relationships may improve participants' ability to sustain recovery following release.

The findings further indicate that participants' personal efforts to avoid relapse, such as distancing themselves from high-risk peers and environments or seeking lawful employment, were often insufficient when emotional distress, financial instability, and social pressures remained unresolved. These results underscore the importance of integrating psychological services, relapse prevention strategies, trauma-informed counseling, and life-skills development into rehabilitation programs. Such interventions may strengthen participants' resilience and improve their capacity to cope with challenges encountered during community reintegration.

The findings likewise have implications for correctional institutions, rehabilitation centers, local government units, and community-based organizations involved in offender reintegration. Strengthening post-release support through employment assistance, livelihood development, housing support, and continuous case management may reduce the structural barriers that contribute to reoffending. Developing coordinated and gender-responsive reintegration programs may therefore enhance rehabilitation outcomes, promote successful community reintegration, and contribute to reducing recidivism among women drug offenders.

### **Implication for future research**

Although this study provides meaningful insights into the lived experiences of women drug offenders

involved in reoffending, several opportunities remain for future investigation. Because the study involved a relatively small number of participants from a single correctional facility, future research may include larger and more diverse samples drawn from multiple correctional institutions and community-based rehabilitation settings to enhance the transferability of the findings.

Additionally, future research may adopt a mixed-methods approach to provide a more comprehensive understanding of reoffending. While qualitative data offers deep insights into lived experiences, quantitative data can help measure the prevalence, patterns, and correlations of factors influencing relapse. Further studies may also explore longitudinal research designs to examine the long-term outcomes of rehabilitation programs and the sustainability of reintegration efforts. Tracking participants over time can provide valuable insights into the effectiveness of interventions and identify critical periods where relapse is most likely to occur.

Moreover, future research may focus on gender-specific factors, such as motherhood, caregiving responsibilities, and gender-based vulnerabilities, which uniquely affect women offenders. Comparative studies between male and female offenders may also provide a deeper understanding of differences in reoffending patterns and rehabilitation needs.

Lastly, research on the effectiveness of community-based programs, government policies, and support systems is recommended to assess how institutional efforts can better address the structural issues contributing to reoffending.

### **Concluding remarks**

This study provides a deeper understanding of the complex realities surrounding reoffending among women drug offenders. The findings demonstrate that reoffending is influenced not only by individual behavior but also by the interaction of interpersonal relationships, economic hardship, emotional challenges, and structural barriers that constrain successful reintegration. Participants' experiences highlight the importance of examining reoffending within the broader social context in which recovery and reintegration occur.

The findings further emphasize that effective rehabilitation requires collaborative efforts among correctional institutions, rehabilitation centers, government agencies, educational institutions, and community organizations. Strengthening counseling services, educational opportunities, livelihood assistance, and post-release reintegration support may enhance recovery while reducing the likelihood of relapse and subsequent reoffending. These findings provide an evidence-based foundation for developing gender-responsive policies, rehabilitation initiatives, and community extension programs that respond to the specific needs of women involved in drug-related offending.

Overall, this study contributes to the growing body of qualitative research on women drug offenders by providing an in-depth understanding of the factors associated with reoffending, the limitations of existing coping strategies, and the rehabilitation services perceived as beneficial by the participants. It underscores the importance of adopting holistic, gender-responsive, and evidence-informed approaches that address both individual and structural dimensions of recovery. By translating these findings into policy and practice, stakeholders may strengthen reintegration efforts, reduce reoffending, and support safer and more inclusive communities.

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