

# The recovered female ex-offenders

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## Introduction

Recovery for ex-offenders is currently one of the major issues in the criminal justice, health care and social services providers, especially for the drug use offenders, promoting a successful recovery is an ongoing concern in efforts to reduce recidivism [1]. Especially for the female, they are the fastest-growing population in the criminal justice system, and jails reach more people than any other component of the correctional system. In addition to stopping drug use, the goal of recovery is to return people to productive functioning in the family, workplace, and community as well as to maintain a normal lifestyle and social contacts. Many of ex-offenders struggled with the dynamic process of the ultimate goal of community recovery that is a long-term journey [2] and would have experienced several challenges.

Typically, ex-offenders experienced wide-ranging challenges to reintegrate into the society that were conceptualized in three domains: intrapersonal conditions (e.g. physical and psychological health state, substance use, education and social skills); subsistence conditions (e.g. finance, employment, and housing); and support conditions (e.g. social/health care/criminal justice services, new social networks, informal support) [1,3]. These challenges make most ex-offenders re-enter the communities within a few weeks of arrest, and few receive help for the substance abuse, health, psychological or social problems that lead to incarceration [4].

Hence, the process of recovery depends on both the woman's developing a sense of self-efficacy and her strategic use of family, correctional, and community resources [5] to help successful recovery. To identify the predictors of recovered ex-offenders would contribute to develop the strategies to help them change the behavior and the conditions of their lives by reducing the drug use, improving the health, avoiding dangerous relationships, increasing social capacities for life. The domains of aggressive social participation and individual recovery reflect from the satisfactory with quality of life.

Researchers identified numerous influential variables related to success in recovery processes such as social support [6,7], employment [8,9], the absence of family conflicts [10,11], medium-high educational level [9,10], lack of addiction by the parents [10], no consuming alcohol or types of drugs [11,12], the absence of previous treatments and mental health problems [10] and less correctional records, regarding length of the sentence, number of previous prison admissions, age at the first entry and other indicators [9]. Especial for women, motivation to reclaim custody of their children is an enabling factor of success [7].

## The bio-psycho-social differences

The manifestations of recovery involved women are different from that of men, particularly related to mental and physical health, health risks, occupational engagement and economic security, social

relationships, family issues and natal care [13,14]. Female drug addicts are even worse to be doubly stigmatized in society, given that they are not only breaking the law, but also their gender obligations. Prevalence of sexual exploitation and abuse during childhood is higher in women too. Moreover, stigmatization of women drug addicts and / or imprisoned make them less supported than men in the same situation. Women suffered greater difficulties in community reentry and recovery, but they may have more motivation to achieve it of being a role of family caregiver [15]. The key differences between male and female drug users were categorized into physical, environmental, and psychological aspects [16-18]. Physically, due to the influence of gonadal hormone estrogen and a higher percentage of fat in the female body makeup compared with males, females were found to be more vulnerable to being affected by substance usage [19]. Environmentally, more female substance users have suffered from traumatic experiences [20,21], a dysfunctional family [22], sexual abuse and assault [23,24], domestic violence [25], and physical and emotional abuse in their early childhood [24] than male substance users. Psychologically, female substance users were found to present more likely to feel depression [22] and to have low self-esteem [26-28], low impulsive control, and weak emotional management skills [29,30] than male substance users.

The feelings of environmental and psychological distress would associate with disempowerment and worthlessness among women, the tone is to set up for pursuing something that increase one's sense of being in control and values. Facing the life challenges, the gender reacts differently between coping styles and substance abuse [31]. Effective coping is consistently cited as a key ingredient in relapse prevention, and as such, it has often been targeted as a component of treatment interventions and preventions. Female were more likely to use substitution (engaging in tension-reducing activities) and reversal (acting the opposite of one's feelings) than mapping (collecting information about the problem or problem solving).

## Coping, social support and empowerment

Coping is a basic human competency and recognized as one of the most essential personal skills that impacts upon the quality of an individual's social functioning [32]. Coping mechanisms have been defined as action-oriented and intrapsychic efforts to manage (i.e., master, tolerate, reduce or minimize) environmental and interpersonal demands and conflicts [33] or as cognitive, behavioral and emotional

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strategies used to manage external distress, threats, and/or internal tension or eliminate stressors [34]. Individuals' coping strategies are of critical importance in understanding substance use. Substance use itself is sometimes considered a maladaptive, negative or avoidant coping strategy and may be used to develop as a disorder. The vulnerable female tends to seek for a source of external to the self, in this case, alcohol or drugs and to have a lifetime risk of substance use dependence [35,36] and greater risk of relapse [37]. A higher use of adaptive coping strategies (e.g., active coping, positive reappraisal, emotional expression, and the ability to elicit social support), higher levels of optimism, mastery, and purpose in life, and lower use of avoidant coping strategies (e.g., denial, behavioral disengagement, substance use) to be associated with better recovery [38].

The individual would incline to seek out and interact with others as one strategy to moderate stress. Studies have documented the importance of social support for women [39,40] and increased use of social support from significant others to be linked to better substance use outcomes [41]. Generally, the benefits of social support span practical, material help and emotional support that can contribute in powerful, important ways to assist individuals to deal with, and recover from, stress and distress. Social support system could be categorized as informal and formal social support system. The informal social support consists of family, carers in the family, friends, neighbors and colleagues, which provide information and other resources in a time of stress or crisis; the later including the support from health care, social services and justice system to provide the minimum care for the living (e.g. housing, crisis assistance allowance, health care, occupational training/employment coordination). The women tend to place greater value on relationships that may be the result of their socialized dependency and trust (Abbott, 1994). However, the process of re-building relationship with family and restoring the trust are difficult and limited [42]. As a result, informal social support become an important resource in their recovery process, especially the support from significant others though might also be abstinent.

Many female ex-offenders felt disenfranchised and powerless to develop healthy, growth-producing lives. Due to fail to develop the basic social competencies in childhood through continuous interaction with the growing environment, women ex-offenders enter adulthood powerless [43], have a sense of distrust and hopelessness in the sociopolitical environment, feel alienated from resources for social influence, and are economically vulnerable [44]. Empowerment is central to the work of enhancing well-being and improving human lives [45,46]. Gaining control over the factors which are critical in accounting for one's state of oppression or disempowerment. It is widely agreed upon that empowerment processes encompass material resources and inequities in the environment, strengths of the individual and a sense of personal control, and the enhancement of well-being [47]. Empowering female ex-offenders is important to provide opportunities pursuing the equality of social attendance that contributes to the sense of recovery.

## Conclusion

The female ex-offenders represent one group whose problem should be adequately understood or whose needs were encouraged to address. Greater attention must be given to the needs of women across the life cycle. The health care and social services system providers should have a dedicate evaluation after the female post-incarceration, especially on their life needs, mental health conditions, coping skills, criminal/drug use history, informal support system building with the significant others and family, the accessibility and the availability of social services

to empower them survival from the society. The interdisciplinary collaboration of the diverse services would be ascribed as an essential component. The continuing care and assistance in enhancing the education and occupational capacities would contribute to the female ex-offenders' recovery.

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