



Original Article

The effect of psychoeducation on the social skills and problem-solving skills of female prisoners

Mehtap Kızılkaya,¹ Gül Ünsal,² Semra Karaca²

¹Department of Mental Health and Disease Nursing, Aydın Adnan Menderes University Faculty of Nursing, Aydın, Turkey

²Department of Psychiatric Nursing, Marmara University Faculty of Health Sciences, İstanbul, Turkey

Abstract

Objectives: This research was designed to evaluate the effect of education developed to address the psychosocial needs of women in penal institutions related to social skills and problem-solving skills.

Methods: The research was conducted between April 2013 and March 2014 with women serving a sentence in 2 Type E, closed prisons in Aydın, Turkey. The data were collected using a personal information form, a brief questionnaire, the Social Skills Inventory (SSI), the Problem-Solving Inventory (PSI) and an evaluation form. Content analysis was used to assess qualitative data, including frequency and percentage distribution, and quantitative data were evaluated using a t-test for dependent groups.

Results: The average age of the participants was 37.79±8.94 years, and 48.1% were illiterate. In all, 25.9% of the women were convicted of theft and 72.2% had another 1-4 years remaining to serve. The mean PSI score before the psychoeducation course was 115.72±15.77, and 110.85±14.01 after the program. The mean SSI score was 243.94±31.15 before the psychoeducation course and 248.92±42.59 afterwards. There was a statistically significant difference between the mean scores of both scales before and after the psychoeducation program.

Conclusion: The psychoeducation program prepared to meet the needs of the female prisoners studied had a positive effect on their social skills and problem-solving skills. The addition of psychoeducation programs to the educational programs offered in penal institutions could be very beneficial. Additional studies with control group monitoring are recommended.

Keywords: Female prisoners; problem-solving; psychiatric nursing; psychoeducation; social skills.

Prisons serve several purposes in society. Incarceration is a mechanism used to uphold the rule of law. In addition to providing punishment for the commission of a crime, prisons have a role in the deterrence and prevention crime.^[1] Incarceration requires living in an environment isolated from society and under the control of others. Freedom of movement, contact with the outside world, and the ability to meet individual needs are all significantly limited. The deprivation of this environment can have significant negative impacts, including the risk of physical and mental health problems. Prisoners are alienated from society, and this weakening of ties to society can contribute to recidivism and other serious difficulties.

Without appropriate rehabilitation and re-entry assistance, imprisonment can significantly damage the ability of an individual to productively participate in society.^[2]

According to the United Nations Standard Minimum Rules for the Treatment of Prisoners, all detainees and convicts have the right to the same standards of health care that are available in the community, and that the provision of these services is a state responsibility.^[3,4]

National health policy planning includes the identification of risk groups and planning preventive and treatment services for these groups. Prisoners should be considered a risk group

Address for correspondence: Mehtap Kızılkaya, Marmara Üniversitesi Sağlık Bilimleri Fakültesi, Psikiyatri Hemşireliği ABD, İstanbul, Turkey

Phone: +90 216 330 20 70 / 1149 **E-mail:** mehtap.kizilkaya@adu.edu.tr **ORCID:** 0000-0003-3735-5350

Submitted Date: August 07, 2020 **Accepted Date:** September 23, 2021 **Available Online Date:** March 21, 2022

©Copyright 2022 by Journal of Psychiatric Nursing - Available online at www.phdergi.org



What is presently known on this subject?

- Community mental health services must include assistance for all members of the community, including disadvantaged individuals. Women are disadvantaged in many ways in society, and the addition of incarceration and separation from society constitutes an additional disadvantage. Psychoeducational interventions provide needed information and support, and have proven to be beneficial to disadvantaged groups. Furthermore, services provided to women in particular often indirectly contribute to their whole family.

What does this article add to the existing knowledge?

- This study is the first conducted in Turkey to show that psychoeducation designed to meet the psychosocial needs of women in prison successfully helped them to develop better problem-solving and social skills. The benefits of this program and similar efforts could be far-reaching.

What are the implications for practice?

- This research provides evidence of the need for and value of providing mental health services to prisoners, and particularly female inmates. The special psychosocial needs of prisoners can be addressed effectively with psychoeducation and yield substantial rewards. The findings may serve as a guide for the development and application of psychoeducational content in the prison population and other disadvantaged groups.

and special sensitivity should be shown in the provision of health services to this population. Health services, including mental health services, are a critical component of successful rehabilitation and meeting the societal goals of incarceration.^[5,6]

An increase in female criminality has been an important topic of discussion in recent years. The factors and patterns are numerous and varied. The position of women in much of society, both before and after incarceration, is typically more difficult. [4] An inability to establish economic independence, the responsibilities and restrictions resulting from established gender roles, and a weaker ability to successfully solve problems are among the contributors to female criminality.^[6,7]

Effective problem-solving in daily life has a significant role in individual adaptation to challenges and achieving success. Men and women may have different approaches to a similar problem and their self-evaluation of capabilities may also differ. Some studies have reported that women are often less confident in their ability to overcome a problem.^[8,9] Other studies have examined a female tendency to use emotion-oriented coping methods in the face of problems.^[10-14]

Identifying psychosocial needs and providing the appropriate psychoeducation services has become a recognized method of care. The general aims of psychoeducational programs are to educate, to provide emotional support, to provide new and positive coping skills, and to increase quality of life. These programs have generally been focused on members of a disadvantaged or specialized group, such as those with a particular disease. In Turkey, some of the disadvantaged individuals include the unemployed, the poor, women, those without social security, the homeless, social groups subjected to discrimination, those with addictions, the disabled, children, and the elderly.^[15] Several studies in the literature have examined the determination of psychosocial needs of a group and the use of psychoeducation to assist with resolution of problems and the development of skills.^[16-21]

The role of psychiatric nurses includes mental health support, counseling, psychotherapy, and education.^[22] They often provide these services to individuals classified in risk groups. Prison nursing, which is relatively new in Turkey, is an important and different form of providing community mental health services due to its particular features, such as working with people living in lockdown separated from the community, and providing appropriate and quality care to convicts, which can include ethical challenges.^[23,24]

This study was conducted to evaluate the effectiveness of psychoeducation developed to address the psychosocial needs of female prisoners related to social skills and problem-solving skills. Identifying and addressing the psychosocial needs of female prisoners with psychoeducation could benefit society as a whole. This research could have widespread application and serve as a guide for psychoeducational content to be developed in future studies.

Materials and Method

Ethical Considerations

The Marmara University Clinical Research Ethics Committee granted approval for the study on May 2, 2013 (no: 19) as well as the General Directorate of Prisons and Detention Houses of the Ministry of Justice on December 27, 2013 (no: 172858). The prisoners were informed about the study and the participants provided voluntary written and verbal consent.

Study Design

The research was conducted as a quasi-experimental study without a control group using pre-test and post-test evaluation of a single group during the period of April 2013-March 2014 in 2 Type E, closed penal institutions within the provincial borders of Aydın, Turkey. Type E prisons are remodeled ward system facilities with 2 floors and rooms for 2, 4, 6, 8, or 10 inmates. Each unit has its own small exercise yard. The upper floor of one section is used for administrative purposes. The lower floors are dining halls and the remaining upper floors are dormitories. The facility also includes an observation section, a fully equipped kitchen, laundry, barbershop, Turkish bath, private visiting rooms, a prayer room, a conference hall, and workshops. However, as a closed-type institution, the doors to the corridors are kept closed at all times and access to facilities is regulated.

The universe of the study consisted of a total of 62 female prisoners in the 2 prisons (33+29). The sample of the study comprised all of the female convicts who met the inclusion criteria and agreed to participate in the study (n=54). Power analysis was used to assess the sample size. A statistical power of >80% is recommended.^[25] The sample of 54 women yielded a power of 97%.

Research Hypotheses

H0: There will be no statistically significant difference between

the test scores recorded before and after the training program developed to address psychosocial needs.

H1: There will be a statistically significant difference between the test scores recorded before and after the training program developed to address psychosocial needs.

Inclusion Criteria

- Convicted (Detainees were not included in the study due to the possibility of release during the research.)
- No history of psychiatric illness (based on information available in prison records)
- Female prisoner who voluntarily agrees to participate in the research verbally and in writing

Data Collection Tools

The data were collected using a personal information form developed by the researcher to determine sociodemographic characteristics, a brief questionnaire, the Social Skills Inventory (SSI), the Problem-Solving Inventory (PSI), and an evaluation form.

Questionnaire

A form consisting of 2 open-ended questions used in a preliminary study to determine the content of the psychoeducation program. The questions were designed to ascertain what the prisoners thought and felt and determine their psychosocial needs. The first item was "What are your most important problems and needs for yourself and other people since you've been here?" and the second question was "What do you think about being here? What does being here mean to you?"

Social Skills Inventory

The SSI was developed by Riggio and subsequently adapted as a tool to measure basic social skills and competence. The inventory is a self-report scale consisting of 90 items and 6 subscales that can be administered to individuals over the age of 14. A 5-point, Likert-type scale is used to rate how the respondent feels the items apply to them, from "not at all like me" to "exactly like me." Some statements are reverse scored. The possible score of the complete scale ranges from 90-450. A validity and reliability study of a Turkish version was conducted by Yüksel.^[26]

Problem-Solving Inventory

The PSI was developed by Heppner and Petersen to measure the problem-solving stages of problem orientation, problem definition, generating alternatives, decision-making, and implementation. It is a measurement tool used to assess the dimensions of the problem-solving method as well as how one perceives oneself.^[27] This self-report scale can be used with adolescents and adults, individually and as a group. The invento-

ry consists of 35 items and uses a 6-point, Likert-type scale (1 = strongly agree, 6 = strongly disagree). Some of the items are positive statements and some are negative statements. The total score and subscale scores can be used; the total score ranges from 32-192. Lower scores on each factor and the total PSI score are considered more functional. High scores indicate a negative self-perception of control over problems.

Evaluation Form

The evaluation form consisted of 2 open-ended questions designed to determine the opinions and suggestions of the participants regarding the training program. The women were asked to assess the content and their view of any change in their skills and way of thinking.

Research Process

The research was carried out in 3 stages. First, a meeting was held with the women in the universe of the research, and comprehensive information was provided about the content of the research and the planned intervention. The personal information form and the questionnaire were completed by those who agreed to participate in the study and evaluated by the researcher in individual interviews. In the second stage, document analysis, a qualitative research method, was used to collect the questionnaire data and determine the themes. The themes revealed were disagreement, being wronged, inability to express oneself, lack of communication, incompatibility, intolerance, ignorance of people, longing, regret, anger, sadness, and stress. Since these themes were generally related to communication and problem-solving, the psychoeducation program was designed to focus on these skills. Twelve experts in the field of psychiatric nursing were asked to assist with the development of the content of the program. The psychoeducation program comprised 8 sessions and included interaction and education components designed to address skill areas that the women can use in their daily lives. Based on the needs assessment, the sessions were structured as follows:

- Preparation Session
- Effective Communication Skills Elements Session
- Problem-Solving Skills Session
- Techniques to Facilitate Communication Session I
- Techniques to Facilitate Communication Session II
- Empathy Session I
- Empathy Session II
- Evaluation Session

Statistical Evaluation

Qualitative data in the research were evaluated using content analysis to determine concepts and relationships that can explain the collected data. The basic process of content analysis is to gather similar data within the framework of certain

concepts and themes and to interpret them in a way that the reader can understand.^[28] The opinions of the participants regarding the effectiveness of the psychoeducation program were also analyzed using this method. Quantitative data were evaluated using PASW Statistics for Windows, Version 18.0 software (SPSS Inc., Chicago, IL, USA). The sociodemographic data were evaluated using frequency, percentage distribution, and the PSI and SSI score averages using a t-test for dependent groups.

Results

Of the women who participated in this study, 53.7% were 37 years old, 51.9% were married, and 81.5% had children. In the group, 9.3% were university graduates, 63% were housewives, 59.3% stated that the place where they had lived the longest was an urban, city center environment, and 57.4% reported that their household income before the arrest was below the minimum wage. In addition, 64.8% of the women were not currently participating in the social security program, and 48.1% had health problems (Table 1).

Analysis indicated that 25.9% of the women had been convicted of theft, 75.9% had been incarcerated for 1-4 years, and 72.2% would remain in the prison for another 1-4 years. In all, 46.3% of the women had been in prison before. It was also determined that 85.2% of the women had visitors, and 57.4% of the visitors were their spouses and children (Table 2).

Table 3 shows the distribution of the effect of the psychoeducation program on the PSI total score. While the mean PSI score was 115.72 ± 15.77 before the psychoeducation, that is, in the pre-test, it was 110.85 ± 14.01 after the program, the post-test. This decrease in score was statistically significant ($p < 0.05$). The mean SSI score was 243.94 ± 31.15 before the program and 248.92 ± 42.59 afterwards. The difference in the mean score was statistically significant ($p < 0.05$).

Table 4 illustrates the opinions of the women about the training program. The statements provided on the evaluation forms were analyzed and their views were summarized using descriptive statistical analysis. Most of the women (85.2%) stated that they welcomed the opportunity to participate in the psychoeducation class. The majority found the warm-up games fun, and reported that their self-confidence and social communication and problem-solving skills had increased after the psychoeducation sessions. In addition, almost all of the women (94.4%) remarked that the training program could be a good example for other training sessions, for themselves and other prisoners. Notably, 81.5% requested training on female health and gynecological diseases.

Discussion

In this study, 57.4% of the women reported that their income prior to incarceration was below the minimum wage. These findings are similar to those of other studies in the related liter-

Table 1. Sociodemographic characteristics of the female prisoners

Characteristics	Number (n)	Percentage (%)
Age (years)		
20-30	11	22.0
30-40	24	45.6
≥41	19	32.4
Age	Min: 20/Max: 67	Mean: 37.79±8.94
Marital status		
Single	6	11.1
Married	28	51.9
Divorced/widowed	20	37.0
Children		
Yes	44	81.5
No	10	18.5
Educational status		
Illiterate	26	48.1
Primary education	15	27.8
High school	8	14.8
University	5	9.3
Occupation		
Housewife	34	63.0
Laborer	14	26.0
Artisan	6	11.0
Monthly income status		
Minimum wage	7	13.0
Below minimum wage	31	57.4
Above minimum wage	16	29.6
Social security participation		
None	35	64.8
Social Security Institution	11	20.4
Pension fund for the self-employed	3	5.5
Pension fund	1	1.9
Green card (free health services for poor and uninsured citizens)	4	7.4
Longest place of residence		
Rural/village	4	7.4
District/town	18	33.3
Urban city center	32	59.3
Health problem status		
Yes	26	48.1
No	28	51.9
Total	54	100.0

ature.^[29-32] Some authors have hypothesized that low income or long-term unemployment may increase the possibility of committing crime and that individuals in low income groups may feel less connected to social values and institutions^[33]

As 1 indicator of potential disconnection and disadvantage, among our study group, 22.2% had been convicted of homi-

Table 2. Distribution of the female prisoners according to criminal conviction

Conviction features	Number (n)	Percentage (%)
Criminal conviction		
Manslaughter	12	22.2
Theft	14	25.9
Fraud	10	18.5
Assault	4	7.4
Damage to property	2	3.8
Promoting prostitution	4	7.4
Drug dealing	8	14.8
Length of time already in prison		
1-4 years	41	75.9
5-10 years	10	18.5
≥11	3	5.6
Length of remaining sentence		
1-4 years	39	72.2
5-10 years	11	20.3
≥11	4	7.5
Previous imprisonment		
Yes	25	46.3
No	29	53.7
Visitors		
Parents/siblings	15	30.5
Spouse/child	31	67.5
None	8	2.0
Total	54	100.0

Table 3. Distribution of the female prisoners' problem-solving and social skills scale scores

Scale (n=54)	Pre-test	Post-test	p
	Mean±SD	Mean±SD	
PSI total score	115.72 ±15.77	110.85±14.01	.000
SSI total score	243.94±31.15	248.92±42.59	.002

PSI: Problem-Solving Inventory; SSI: Social Skills Inventory.

cide, which is consistent with the results of other studies. [34–39]

The majority of the women in our study had been in prison before. Labeling theory holds that the negative societal value judgments of first-time offenders, that is, their labeling, has a significant effect and can contribute to recidivism. [40] Kizmaz [41] compared first-time prisoners with repeat offenders and found that criminals who have been imprisoned more than once often have difficulty leaving their criminal life behind. These results support the findings in our study.

There was a statistically significant difference in mean PSI score obtained before and after the psychoeducation program (p<0.05). The H0 hypothesis of the study was rejected and the H1 hypothesis was confirmed.

Table 4. The female prisoners' evaluation of the training program

Opinions	Number (n)	Percentage (%)
Willing/eager to participate in training		
Yes	46	85.2
No	8	14.8
Found the training games fun		
Yes	44	81.5
No	10	18.5
Self-described increased tolerance		
Yes	45	83.3
No	9	16.7
Self-described increased self-confidence		
Yes	50	92.6
No	4	7.4
Self-described increased social communication		
Yes	49	90.7
No	5	9.3
Self-described improved problem- solving		
Yes	52	96.3
No	2	3.7
Total	54	100.0

Studies in the literature conducted to examine the problem-solving skill level of women and the influential factors have suggested that women more often use ineffective methods of problem-solving than men. [10,42] One study reported an overall moderate level of problem-solving skills among women aged 15-49. [7] Developing problem-solving skills is of great importance in terms of protecting mental health. According to Kelleci, [42] Jahoda emphasized that problem-solving skills are an important component in maintaining an individual's internal balance and associated deficiency in this skill with maladjustment and psychopathology. Improved problem-solving skills can significantly help female prisoners while in prison and after their release.

A statistically significant difference was also found between the mean SSI score before and after the psychoeducation program (p<0.05). This finding similarly seems to confirm the H1 hypothesis. The psychoeducation program improved the social skills of the prisoners. Social skills are learned behaviors that enable an individual to achieve positive social results in social environments. [43] Considering that prisons are environment made up of individuals from different social groups, good social skills are valuable. Several literature studies have examined the social skills of students and found that education on the topic led to helpful improvement in social skills.

[44–50] These results emphasize the importance and success of education programs to develop social skills.

Since the psychoeducation program used in this study was developed and implemented for the first time based on the needs of the sample group, the women were asked to evaluate the program. In all, 90.7% of the women stated that their social communication had improved after the training.

"I used to be an introvert. I didn't interact with anyone. I wouldn't speak unless necessary. Now, it is different. Last night, I learned that one of the girls in the ward has two children. Before, I never looked around, but now it's not like that; I don't run away from people."

S.T., 45 years old, sentenced to 13 years

The literature offers similar examples of successful results of training to improve communication skills and a positive difference in the attitudes of adult participants.^[42,51]

In the present study, 96.3% of the women stated that their problem-solving skills increased after the training.

"My biggest problem is smoking. I've never tried to quit. But now, I accept that this is a problem and I say that I can solve this problem. My friend doesn't believe me, but now that I have accepted my problem, everyone will be very surprised when I actually solve it."

T.Ö., 30 years old, sentenced to 1 year

One study concluded that an individual's success in problem-solving depends on their self-sufficiency in discovering the causes and solutions of the problem.^[52] The greater awareness and confidence related to problem-solving displayed by the women in our study suggests that they may now be more effective in coping with the problems they encounter in daily life.

"I have no problem other than being separated from my children. They're outside and I'm here. Thankfully, my mother takes care of my children. I'm fine with that. I'm pretty sure she takes care of them better than I do."

A.Y., 41 years old, sentenced to 3 years

Social support improves coping power by reducing feelings of anxiety and helplessness related to stress, and can help an individual find alternative solutions to their problems and feel better.^[53] The statements of our participants also suggest this.

"I'm not very confident. I would never go to the hobby room because I thought I couldn't do anything. I go now. I promised to finish knitting a shawl before the charity bazaar."

B.İ., 27 years old, sentenced to 4 years

In a study of young people who had committed crimes, it was noted that individuals with low self-esteem frequently experience difficulties communicating, evaluate themselves as incompetent, demonstrate shyness in starting new friendships, and tend to become increasingly isolated.^[54] The statements of the participants in our study group suggested that the psychoeducation program contributed to raising their self-esteem and provided practical skills.

Limitations

The lack of a control group and the inability to evaluate the long-term effectiveness are limitations of this research.

Conclusion

The psychoeducation program developed to address the self-reported needs of female prisoners increased both their problem-solving skills and social skills. The benefits of this progress could have substantial impact on the lives of these women and broader society. The results support the following recommendations:

- Integrate routine use of psychoeducation programs into the prison system, including problem-solving and social skills and issues concerning women's health and status (sexual health, gender concepts, etc.)
- Evaluate the effectiveness of the programs with control groups and follow-up in future studies
- Send student nurses to prisons for community mental health practical experience with inmates
- Cooperative development of similar programs with psychiatric nurses and other healthcare professionals

Conflict of interest: There are no relevant conflicts of interest to disclose.

Peer-review: Externally peer-reviewed.

Authorship contributions: Concept – M.K.; Design – M.K., S.K.; Supervision – G.Ü.; Fundings - M.K.; Materials – M.K.; Data collection &/or processing – M.K.; Analysis and/or interpretation – M.K., S.K.; Literature search – M.K.; Writing – M.K.; Critical review – M.K., G.Ü., S.K.

References

1. Kızmaz Z. The effect of prison and imprisonment on preventing the crime. *Dumlupınar Univ J Soci Sci* 2007;17:44–69.
2. İçli TG. *Kriminoloji*. 7. Baskı. Ankara: Seçkin Yayıncılık; 2007; p.31–8.
3. İşlegen Y. Cezaevlerinde İnsan Hakları ve Sağlık. *Toplum ve Hekim* 1996;11:70–4.
4. Tokgöz MA, Tokgöz H, Çakır YE. Ceza infaz kurumlarında sağlık hizmetlerinin verilmesi. *TOTBİD Derg* 2020;19:146–9.
5. İçağasioğlu AÇ, Akgün R. Figuring out of psycho-social conditions and determination the social supports of women who stays in Ankara closed penal institution for women. *J Soc Soc Work* 2011;22:63–78.
6. Kızmaz Z. Crime in developing countries: A sociological analysis of increase in crime rates. *Mukaddime* 2012;51–74.
7. Adagide S. 15-49 yaş grubu kadınların problem çözme becerilerinin incelenmesi. Yüksek Lisans Tezi. Kayseri: Erciyes Üniversitesi Sağlık Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı; 2008.
8. Gürtuna O. Cezaevinde kadın olmak ve cezaevinin kadın bakış açısıyla sosyolojik değerlendirmesi: Ankara Sincan kadın kapalı cezaevi örneği. Yüksek Lisans Tezi. Ankara: Ankara Üniversitesi; 2009.

9. Güçray SS. The analysis of decision making behaviors and perceived problem solving skills in adolescents. *Turkish Online J Educ Technol* 2003;2:29–37.
10. Robichaud M, Dugas MJ, Conway M. Gender differences in worry and associated cognitive-behavioral variables. *J Anxiety Disord* 2003;17:501–16.
11. Babacan Gümüş A, Şıpkın S, Erdem Ö. Kadına yönelik eş şiddeti yaygınlığı ve kadınların baş etme yöntemleri. *J Psychiatric Nurs* 2020;11:79–87.
12. Konkan R, Erkuş G, Güçlü O, Şenormancı Ö, Ülgen M, Aydın E, et al. Coping strategies in patients who had suicide attempts. *Arch Neuropsychiatry* 2014;51:46–51.
13. Nadir U. Examination of the roles of family functioning, coping styles and basic personality characteristics on depression and anxiety symptoms of mothers. *Başkent Univ J Faculty Health Sci* 2016;1:110–26.
14. Genç B. Çocuk refahı alanında çalışan meslek elemanlarının psikolojik dayanıklılıkları ve baş etme tarzları. Yüksek Lisans Tezi. Ankara: Hacettepe Üniversitesi Sosyal Bilimler Enstitüsü, Sosyal Hizmet Anabilim Dalı; 2019.
15. Kino H. Variable face of public services and selected disadvantaged groups. *Eur J Res Soci Economics* 2019;6:55–69.
16. Gündoğan N. Türkiye’de yaşayan sığınmacı ve mültecilerin psikososyal gereksinimleri ve psikolojik belirtileri. Yüksek Lisans Tezi. Ankara: Ankara Üniversitesi Sosyal Bilimler Enstitüsü Psikoloji Anabilim Dalı; 2015.
17. Ülger E, Alacacioğlu A, Gülseren A, Zencir G, Demir L, Tarhan M. Psychosocial problems in cancer and the importance of psychosocial oncology. *J Dokuz Eylül Univ Med* 2014;28:85–92.
18. Şengün İnan F, Üstün B. Evde psikososyal bakım örneği: Meme kanserinde tedavisi sonrası dönemde psikoeğitim uygulaması. *J Dokuz Eylül Univ Nurs Faculty* 2014;7:52–8.
19. Türkmen SN, Çam O. Evaluation of the impact of psychological therapy/education on the psychosocial adaptation of patients with myocardial infarction. *J Psychiatr Nurs* 2012;3:105–15.
20. Balcı İ. Çocukluk çağı travmaları ile baş etme yönelimli psiko-eğitim programının psikolojik sağlık üzerindeki etkisi. Doktora Tezi. Trabzon: Karadeniz Teknik Üniversitesi Eğitim Bilimleri Enstitüsü Rehberlik ve Psikolojik Danışmanlık Bilim Dalı; 2018.
21. Babacan Gümüş A. Difficulties of patients and their families in schizophrenia, psychoeducation and nursing. *J Res Dev Nurs* 2006;1:23–34.
22. Özbaş D, Buzlu S. The ideas of the nursing students about psychiatric nursing lesson and roles of psychiatric nurse. *J Anatol Nurs Health Sci* 2011;14:31–40.
23. Eşiyok B, Hancı İH, Özdemir Ç, Yelken N, Yıldırım Z. Adli hemşirelik. *Sted Derg* 2004;13:169–71.
24. Pektaş İ, Bilge A, Ersoy MA. Epidemiological studies in community mental health services and roles of the community mental health nursing. *Anadolu Psikiyatri Derg* 2006;7:43–8.
25. Özdamar K. Modern bilimsel araştırma yöntemleri. 1. Baskı. Eskişehir: Kaan Kitabevi; 2003. s.109.
26. Yüksel G. Sosyal beceri envanteri el kitabı. 1. Baskı. Ankara: Asil Yayın Dağıtım Ltd. Şti; 2004. s.3–50.
27. Savaşır I, Şahin NH. Bilişsel-davranışçı terapilerde değerlendirme: Sık kullanılan ölçekler. Ankara: Türk Psikologlar Derneği; 1997. s.148.
28. Yıldırım A, Şimşek H. Sosyal bilimlerde nitel araştırma yöntemleri. 8. Baskı. Ankara: Seçkin Yayıncılık; 2011.
29. Ozan G. Homicide and homicide offenders. *Adli Bilimler Derg* 2003;2:27–33.
30. Harputlu, D. Kadın mahkumlarda benlik saygısı ve kendi kendine meme muayenesi ilişkisi. Yüksek Lisans Tezi. İzmir: Ege Üniversitesi Sağlık Bilimleri Enstitüsü; 2005.
31. Özkan İ, Kulakaç Ö. Kadın mahkumlarda genital hijyen davranışları. *Anadolu Hemşirelik Sağlık Bilimleri Derg* 2011;14:31–8.
32. Akdeniz S, Üzümcü A. Suç ve sosyoekonomik değişkenler arasındaki bağımlılık ilişkisi: Kars cezaevi üzerine bir inceleme. *Kafkas Üniversitesi İktisadi İdari Bilimler Fakültesi Derg* 2013;4:115–38.
33. Demirbaş T. Kriminoloji. Ankara: Seçkin Yayıncılık; 2001. s.72.
34. Balcıoğlu İ. Suç ve kadın, şiddet ve toplum. İstanbul: Bilge Yayınları; 2004. s.203.
35. Ortaköylü L, Taktak Ş, Balcıoğlu İ. Kadın ve suç. *Yeni Symposium* 2004;42:13–9.
36. Ataseven C. Suça etki eden sosyal faktörler. Yüksek Lisans Tezi. Isparta: Süleyman Demirel Üniversitesi Sosyal Bilimler Enstitüsü, Sosyoloji Ana Bilim Dalı; 2006.
37. İçli T, Arslan Z, Başpınar T, Bahtiyar M, Dinler V, Altay A. Türkiye’nin suçlu profili: Cezaevlerinde bulunan hükümlülerin sosyal, ekonomik ve kültürel özellikleri. Ankara: Polis Akademisi Başkanlığı-TÜBİTAK; 2007. s.41–3.
38. Nazlıdır M. Kasten adam öldürme ve teşebbüs suçlarında psikososyal özelliklerin incelenmesi: Suç analizi. Yüksek Lisans Tezi. Ankara: Ankara Üniversitesi Sağlık Bilimleri Enstitüsü, Dişiplinlerarası Adli Tıp Anabilim Dalı; 2010.
39. Bilge Y. Adli bilimler sözlüğü. Ankara: Palme Yayıncılık; 2002. s.72.
40. Adalı R. Cezaevi koşulları ve mahkumlar: Sivas E tipi kapalı cezaevi örneği. Yüksek Lisans Tezi. Sivas: Cumhuriyet Üniversitesi Sosyal Bilimler Enstitüsü; 2010.
41. Kızmaz Z. Criminals classification according to the their imprisonment frequency: A comparative research. *New World Sci Academy Humanit* 2010;5:571–607.
42. Kelleci M. Birinci basamak sağlık hizmetlerinde kadınların sorun çözme becerilerin geliştirmenin depresif semptomlara etkisi. Doktora Tezi. İstanbul: İstanbul Üniversitesi, Sağlık Bilimleri Enstitüsü; 2003.
43. Bacanlı H. Sosyal Beceri Eğitimi. 4. Baskı. Ankara: Pegem Akademi; 2012.
44. Özgüven HD, Soykan Ç. İntihar girişiminde depresyon ve kaygı belirtileri ile problem çözme becerileri ve algılanan sosyal desteğin önemi. *Türk Psikoloji Derg* 2003;18:1–11.
45. Avşar Z, Öztürk Kuter F. Beden eğitimi ve spor bölümü öğrencilerinin sosyal beceri düzeylerinin belirlenmesi (Uludağ Üniversitesi Örneği). *J Theory Pract Educ* 2007;3:197–206.

46. Kalafat T, Kınca R. Üniversite öğrencilerinin beden memnuniyetleri ile sosyal beceri arasındaki ilişkinin incelenmesi. Dokuz Eylül Üniversitesi Buca Eğitim Fakültesi Derg 2008; 23:41–7.
47. Çubukçu Z, Gültekin M. İlköğretimde öğrencilere kazandırılması gereken sosyal beceriler. Bilig 2006;37:155–74.
48. Ekinci Vural D. Okul öncesi eğitim programındaki duyuşsal ve sosyal becerilere yönelik hedeflere uygun olarak hazırlanan aile katılımlı sosyal beceri eğitimi programının çocuklarda sosyal becerilerin gelişimine etkisi. Yüksek Lisans Tezi. İzmir: Dokuz Eylül Üniversitesi, Eğitim Bilimleri Enstitüsü, Okul Öncesi Programı; 2006.
49. Aral N, Durualp E. Altı yaşındaki çocukların sosyal becerilerine oyun temelli sosyal beceri eğitiminin etkisinin incelenmesi. Ankara: Hacettepe Üniversitesi Eğitim Fakültesi; 2010;39:160–72.
50. Sucuođlu B, Özokçu O. Kaynaştırma öğrencilerinin sosyal becerilerinin değerlendirilmesi. Ankara: Ankara Üniversitesi Eğitim Bilimleri Fakültesi, Özel Eğitim Dergisi; 2005;6:41–57.
51. Bınar S. Sığınmaevinde kalan kadınların algıladıkları sosyal destek ile stresle başa çıkma tarzları ve umut düzeyleri arasındaki ilişkinin belirlenmesi. Yüksek Lisans Tezi. Ankara: Ankara Üniversitesi Eğitim Bilimleri Enstitüsü; 2011.
52. Keskin ÜG, Orgun F. Examining students' self-efficacy-efficacy levels and coping strategies. Anatol J Psychiatr 2006;7:92–9.
53. Yeşilçiçek K, Kahrıman İ. Karadeniz teknik üniversitesi trabzon sağlık yüksekokulu öğrencilerinin aile ve arkadaşlarından algıladıkları sosyal destek düzeylerinin bazı değişkenler açısından incelenmesi. Atatürk Üniversitesi Hemşirelik Yüksekokulu Derg 2007;10:10–21.
54. Kırımsoy E. Suç işlemiş ve işlememiş gençlerin algıladıkları duygusal istismarın ve benlik saygılarının karşılaştırılması olarak incelenmesi. Yüksek Lisans Tezi. Ankara: Ankara Üniversitesi, Sosyal Bilimler Enstitüsü; 2003.