

Factors leading to maladjustment among prisoners and the effectiveness of counselling to overcome it.

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Abstract

This study aimed to assess the factors contributing to maladjustment among prisoners and the effectiveness of counseling in addressing it. A quantitative, non-experimental predictive correlational design was adopted. The study included 128 participants from Sodo Prison Institution. Of these, 62 were classified as adjusted and 66 as maladjusted. The researchers assessed psychological distress, perceived social support, and overall adjustment using the Depression Anxiety Stress Scales–21 (DASS-21), the Multidimensional Scale of Perceived Social Support (MSPSS), and Bell's Adjustment Inventory, respectively. Data were analyzed using multiple linear regression, Pearson correlation, and independent t-test. The results indicated a statistically significant difference in adjustment scores between the counseling group ($M = 15.87$, $SD = 4.44$, $n = 62$) and the non-counseling group ($M = 27.98$, $SD = 3.24$, $n = 66$), $t(111.06) = -17.53$, $p < .001$. A Pearson product–moment correlation revealed a strong, negative, and statistically significant relationship between counseling and adjustment, $r = -.795$, $p < .001$, $n = 128$. A multiple regression analysis showed that psychological distress, age, social support, recidivism, substance use history, and length of sentence significantly predicted prisoner adjustment, explaining 69.5% of the variance in adjustment scores (adjusted $R^2 = .695$), $F(6, 121) = 49.33$, $p < .001$. The findings suggest that counseling is effective in improving prisoner adjustment and that psychological distress, age, social support, recidivism, substance use history, and length of sentence are significant factors associated with maladjustment among prisoners.

Introduction

Maladjustment to incarceration occurs when an offender's ability to adjust is inadequate in meeting the internal and/or environmental demands of incarceration (Rogers et al., 2024a). It includes traumatic consequences for mental health, with increased rates of psychopathology such as post-traumatic stress disorder (PTSD), depression, anxiety and fear, and psycho-social distress, usually with a peak of symptoms or effects in the first year after the disaster (Raccanello et al., 2023). Some offenders adjust relatively well to correctional life, but many do not cope with the challenges of incarceration (Rogers et al., 2024b). Incarcerated individuals are particularly vulnerable to mental health issues (Chen, 2023), attributable to both the stress of incarceration and the challenges of reintegration, including poor interpersonal relationships, social stigma, and inadequate social support (Aubut et al., 2022). The prison environment is frequently characterized as both unpleasant and stressful, thereby predisposing prisoners to psychological disorders such as stress, anxiety, and depression, which can have significant and far-reaching consequences for their physical, mental, and emotional well-being (Lay et al., 2025)

Counseling is a therapeutic process used in prison settings that aims to intervene therapeutically with individuals, primarily offenders, to address a variety of personal, emotional, and psychological challenges (Salisbury & Van Voorhis, 2022). Likewise, it can help people who are having trouble adjusting emotionally. Counselling provides a nonjudgmental setting in which people can communicate their emotions, worries, and anxieties regarding the process of adjustment (Kusumastuti et al., 2026)

Counseling services have been found to be beneficial in improving the mental health of prisoners and promoting positive adjustment behavior. 66.1% of prisoners use counseling services, according to a recent cross-sectional study done in Northwestern Ethiopia. This suggests that these services could be a valuable tool for enhancing the wellbeing of prisoners in Ethiopia (Yesuf et al., 2022). The importance of prison safety has generated a number of studies of the correlates to inmate maladjustment, and researchers have found that both individual and environmental characteristics impact the level of maladjustment across prisons (Steiner & Meade, 2016).

Sodo prison institutions are among the regional prisons which provide counseling service for inmates in South Ethiopia. These services are typically aimed at facilitating successful reintegration into society upon release. Nevertheless, the data from the institutions revealed that the numbers of prisoners coming to prison are increasing over time. This is a gap in the literature and raises critical questions about the cause of maladjustment and effectiveness of the counseling services currently being offered. Therefore, the main goal of this research is to identify factors that contribute to maladjustment and the efficiency of counseling in treating it.

Objectives of the Study

General Objectives

The general objective of this study was to assess factors leading to maladjustment among prisoners and the effectiveness of counselling to overcome it.

Specific Objectives

To investigate the relationship between counseling and maladjustment

To identify the key factors contributing to maladjustment among prisoners

Methodology

The study employed a **quantitative, non-experimental predictive correlational design**. This design was chosen to identify predictors of maladjustment and to examine the relationship between counseling and adjustment levels among prisoners without manipulating any variables.

Study Site

The study was conducted in Ethiopia specifically in Sodo Prison Institution. Wolaita Zone is named after the Wolaita people, whose homeland is in the zone. It is bordered by Gamo Zone to the south, the Omo River to the west (which separates it from Dawuro Zone), Kembata Tembaro to the northwest, Hadiya to the north, the Oromia Region to the northeast, the Bilate River (which separates it from Sidama Region) to the east, and Lake Abaya (which separates it from Oromia Region) to the southeast. The administrative center of Wolaita Zone is Wolaita Sodo. Wolaita Sodo town has one prison institution.

Population Characteristics

During the study period totally there were 1472 prisoners **incarcerated at Sodo Prison Institution**. The study employed two groups of participants. The first group consisted of **62 prisoners who had received counselling** services within the correctional facility. The second group comprised **66 prisoners who had never received any form of counselling intervention**, and these were selected using **purposive sampling** technique. This approach was deemed appropriate as it allowed the researcher to obtain a comparison groups. The total sample size for the study was therefore 128 participants. This is considered as the target population of the study.

Sampling technique

Two types of samples were used in this research. First, there was the counseling group, and second, the non-counseling group. The sampling technique adopted for the first type is census, where all prisoners who have been counseled formed the entire sample of 62 individuals. On the other hand, the second group comprised 66 prisoners who had never received any form of counselling intervention, and these were selected using purposive sampling technique.

Instrument

In this study, the researchers used Bell Adjustment Inventory to collect data. It is a widely used adjustment inventory and was developed by H. M. Bell in the year 1934. The inventory measures adjustment in four different areas – home, health, social, and emotional separately and also yields a composite score for overall adjustment. Each area has 10 items which can be answered by yes or no response. Its reliability ranges from 0.70 to 0.92 and validity is also very high (Sinha, 2010).

The DASS-21 (Depression Anxiety Stress Scales–21) is a 21-item self-report measure designed to assess depression, anxiety, and stress. It consists of three subscales, each containing seven items rated on a 4-point Likert scale, with higher scores indicating greater psychological distress (Lovibond & Lovibond, 1995). Internal consistency reliability was reported $\alpha = .97$ for adults of the general population (Henry & Crawford, 2005), and for each factor alphas ranged between .81 and .97 (Kyriazos et al., 2018).

The Multidimensional Scale of Perceived Social Support (MSPSS) was used to measure the perceived social support of the offenders. The MSPSS measures an individual's perceived social support on three aspects: (1) Friends, (2) Family and (3) Significant Other. In offender studies, the MSPSS was found to have good internal reliability, with Cronbach's alphas ranging between .90 and .93 (Brown & Day, 2008). A higher score on the MSPSS indicates a higher degree of perceived social support (Zimet et al., 1988)

Procedure

First, the prison authority's administrative approval and ethical clearance were obtained. The research team collaborated with prison authorities to identify eligible participants for the study. After completing this, a date is set for initiating communication with the study's participants. Prior to the individuals'

participation in the aforementioned research project, they provided written and signed consent. The participants did not receive any incentives or any other reward for participation and it was voluntary.

Participants that matched the purpose of this study were taken from the data base of Wolaita Sodo prison institution. Data collection tools were translated into Amharic language and for this reason, advice from knowledgeable individuals in the specific area were taken.

The study employed independent t-test, correlation and multiple regressions to reveal the causes of prisoner maladjustment and the success of counseling in resolving it. P-value less than 0.05 considered significant. SPSS version 26 was used for data analysis. At the end of the study, participants were thanked for their participation in the research practice.

Research Hypothesis

This study tested the following research hypothesis:

H₁: There will be statistically significant mean difference in the adjustment level between counseling received and non-counseling received group.

H₁: Psychological distress, age, social support, recidivism, substance use history, and length of sentence significantly predict prisoner adjustment.

H₁: There will be negative relation between adjustment and counseling service.

Data Collection

The DASS-21, MSPSS and Bell Adjustment Inventories were used as the study's data collection tool. The inventories were written in Amharic. Psychologists and language specialists were consulted to prevent linguistic problems. The questionnaire was delivered to every study participant in Amharic, and thorough data collection was then carried out. These researchers assisted participants as needed and provided further information on each item in the Inventory at their request.

Data Analyses

The information was visually reviewed, arranged, coded in an Excel spreadsheet, and then entered into the computer program SPSS-26 for analysis. Multiple linear regression was used to identify factors contributing to maladjustment among prisoners. Pearson's correlation analysis was conducted to examine the relationship between counseling and adjustment, while an independent-samples t test was used to compare adjustment levels between prisoners who received counseling and those who did not.

Results

This study looked into factors leading to maladjustment among prisoners and the effectiveness of counselling to overcome it. A total of 128 participants from Wolaita Sodo Prison Institution were

included in the present study. From a sample of 128, all respondents completed the questionnaire.

An independent-samples *t* test was conducted to compare adjustment scores between participants who received counseling and those who did not receive counseling. The results are presented in Table 1.

Table 1 Independent *t*-test

Group	N	Mean	SD	t-value	P-value
Counseling	62	15.87	4.44	-17.533	0.000
Non Counseling	68	27.98	3.24		

The results indicated in table 1 shows a statistically significant difference in adjustment scores between the counseling group ($M = 15.87$, $SD = 4.44$, $n = 62$) and the non-counseling group ($M = 27.98$, $SD = 3.24$, $n = 66$), $t(111.06) = -17.53$, $p < .001$. Participants who received counseling reported lower adjustment scores than those who did not receive counseling. The findings indicate that the counseling group had significantly lower adjustment scores compared to the non-counseling group. The researchers suggest that this difference may be attributed to the counseling received by the participants.

A Pearson product-moment correlation was computed to assess the relationship between counseling and adjustment among 128 participants. The results are presented in Table 2.

Table 2 Pearson product-moment

Variables	Correlation	Adjustment	Counseling
Adjustment	Pearson Correlation	1	-.795
	Sig. (2-tailed)		.000
	N	128	128
Counseling	Pearson Correlation	-.795	1
	Sig. (2-tailed)	.000	
	N	128	128

As shown in Table 2, there was a strong, negative, statistically significant correlation between counseling and adjustment, $r = -.795$, $p < .000$, $n = 128$. Likewise, higher levels of counseling were associated with lower levels of adjustment, or conversely, lower counseling was associated with Maladjustment. The coefficient of determination (r^2) indicates that approximately 63% of the variance in adjustment is shared with or predicted by counseling.

A standard multiple regression analysis was conducted to predict prisoner adjustment scores from six predictor variables: psychological distress, age, social support, recidivism, substance use history, and

length of sentence. The results are presented in Table 3.

Table 3 Multiple Regression Analysis

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.842 ^a	.710	.695	3.972		
1. Predictors: (Constant), Length of sentence, Substance use history, Age, Recidivism, Social Support, Psychological Distress						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4668.544	6	778.091	49.326	.000 ^b
	Residual	1908.698	121	15.774		
	Total	6577.242	127			
a. Dependent Variable: Adjustment Score						
b. Predictors: (Constant), Length of sentence, Substance use history, Age, Recidivism, Social Support, Psychological Distress						

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	28.692	4.383		6.546	.000
Psychological Distress	.198	.082	.308	2.408	.018
Age	-.115	.066	-.204	-1.740	.084
Social Support	-.214	.060	-.376	-3.587	.000
Recidivism	-.357	.240	-.075	-1.486	.140
Substance Use History	-.616	.720	-.043	-.856	.394
Length of Sentence	-.015	.067	-.011	-.217	.828

According to Table 3, the overall model was statistically significant, $F(6, 121) = 49.33$, $p < .001$, and explained a substantial proportion of the variance in adjustment scores. The multiple correlation coefficient was $R = .842$, with an R^2 of .710. After adjustment for the number of predictors in the model,

the adjusted R^2 was .695, indicating that approximately 69.5% of the variance in prisoner adjustment was accounted for by the linear combination of the six predictor variables. The standard error of the estimate was 3.972. Individual predictor contributions were examined using standardized beta coefficients (β). Social support emerged as the strongest unique predictor of adjustment ($\beta = -.376$, $t(121) = -3.587$, $p < .001$), followed by psychological distress ($\beta = .308$, $t(121) = 2.408$, $p = .018$). Specifically, higher levels of social support were associated with better adjustment, while greater psychological distress was associated with poorer adjustment.

Discussion

This study aimed to explore factors leading to maladjustment among prisoners and the effectiveness of counselling to overcome it. The results indicate that psychological distress, age, social support, recidivism, substance use history, and length of sentence are important characteristics linked with maladjustment among prisoners, and that counselling is beneficial in improving prisoner adjustment. Social support is the strongest significant predictor of maladjustment among the variables included in the model. This finding supports the results of the previous studies that were carried out by other researchers. One study has found that active or expressive support offered to incarcerated offenders by the correctional center or significant others lessen criminal involvement, improves adjustment and enhances social ties (Cochran & Mears, 2013a). Research has also suggested that offenders who rely solely on outside social support, such as friends and family, experienced poorer adjustment to the correctional environment (Lindquist, 2000). Nevertheless, research has indicated that social support provided to offenders by the correctional center or significant others lessen criminal involvement while incarcerated and enhances social ties (Cochran & Mears, 2013b). Likewise, a study conducted on the consequences of mental and physical health for reentry and recidivism found that stress can lead to negative emotions such as anxiety and depression, which can further impede the ability to change. The study further highlighted the significance of health conditions both mental and physical during incarceration and post-imprisonment that influenced the inmates' employment, family relationships, and desistance from crime (Ward et al., 2023). Another study concluded that prisoners who are unable to cope with internal conflicts and stress, both from the prison environment and family problems, show their weak self-adjustment. Group therapy serves as a solution to help them deal with the conflicts and pressures faced, so as to minimize the desire to commit destructive actions. After engaging in group therapy, inmates showed significant changes in self-adjustment (Anthony Rahman & Muhammad Equatora, 2025).

Correctional centers tend to negatively impact the mental health of incarcerated offenders,

especially those unable to cope with or adjust to the correctional environment. Studies

show higher rates of psychiatric disorders like depression among offenders compared to the

general population (Langenhoven et al., 2026). Incarcerated offenders who are unable to cope or adjust to the correctional environment face various psychological challenges, including depression, anxiety,

emotional withdrawal, substance abuse, feelings of worthlessness, paranoia, hostility, and suicidal ideation or attempts (Casey et al., 2016a). Another study conducted in Ethiopia indicates that there is a notably high prevalence of depression among convicts. Among all inmates, mild depression affected 27.1%, moderate depression affected 25.7%, which severe depression affected 8.1%, and extreme depression affected just 1%.(Dereje et al., 2025).

Maladjusted offenders are more likely to experience depression and anxiety. (Casey et al., 2016b). Strengthening mental health services in prisons improves the probability that upon leaving prison they will be able to adjust to community life, which may, in turn, reduce the likelihood that they will return to prison (Fazel et al., 2016).

Conclusion

This study conclusively demonstrates that counseling is a highly effective intervention for improving prisoner adjustment, as evidenced by significantly lower maladjustment scores among the counseling group compared to the non-counseling group. The strong negative correlation between counseling and maladjustment further underscores its protective role. Moreover, the regression model identifies psychological distress, age, social support, recidivism, substance use history, and length of sentence as key predictors of maladjustment, collectively explaining nearly 70% of its variance. Notably, counseling needs were found to be important causes of the incidence of maladjustment disorders among inmates at the Sodo prison facility.

Declarations

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Declaration of conflicting interests

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Author Contribution

Author contributions B.B. and E.W. wrote the main manuscript. E.B. and M.B. revised and contributed additional information towards completing the manuscript and preparing submission to IJAC. All

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