

Effects of Social Support on the Mental Health of Incarcerated Individuals

Sosyal Desteğin Mahkûmların Ruh Sağlığına Etkileri

 Zübeyit Gün¹

¹Genesis Psychology, Izmir

ABSTRACT

The conceptualization and measurement of social support are challenging mostly due to the scope and multidimensionality of the construct. Despite this hardship, it is deemed an important field of research in response to its positive psychological outcomes and success in the prevention and alleviation of the negative impact of challenging life conditions. As harborers of such conditions, prisons add to the need for social support while limiting social support by their very definition. Balancing this conundrum, or at least reducing the impact of the negative conditions of prisons, is of utmost importance to protect, improve, and maintain the mental health of incarcerated individuals who are already at a disadvantage in terms of their mental health. Efforts in pursuit of such a goal may contribute to the mitigation of the negative effects of criminal behaviors on both the individual and society. Thus, this paper reviews research on the relationship between social support and the mental health of incarcerated individuals to further the current discourse and contribute to future research and interventions. To achieve this, different views on the definition and conceptualization of social support were analyzed to light the way for the approaches that might be adopted in future research, followed by the gathering of research on the relationship between mental health and social support. Then, the manifestation of this relationship in traumatic experiences was discussed followed by digging deeper into its implication in incarceration. Finally, suggestions were offered to obtain positive outcomes both for individuals and for society.

Keywords: Social support, incarceration, prison, mental health

ÖZ

Sosyal destek, çok boyutlu ve kapsamlı yapısından da kaynaklı olarak, tanımlanması ve ölçülmesi güç bir kavramdır. Sosyal desteğin ele alınması, özellikle kavramsallaştırılmasındaki güçlükler nedeniyle oldukça zorlu olabilir. Ancak, yine de olumlu psikolojik çıktılar ve olumsuz koşulların etkilerini önleme ve azaltmadaki başarısından dolayı, önemli bir araştırma alanı olarak ön plana çıkmaktadır. Stresli durumları yoğun olarak barındıran cezaevi deneyimi, bu koşullarda sosyal desteğe duyulan artmış ihtiyaca karşın, doğası gereği, sosyal desteği kısıtlayıcı özelliklere sahiptir. Bu ikilemin dengelenmesi, en azından olumsuz etkilerinin azaltılması, ruh sağlığı problemleri açısından dezavantajlı konumda olan mahkûmların ruh sağlığını koruma, iyileştirme ve sürdürme açısından son derece önemlidir. Bu amaca yönelik çabalar, suç davranışının, birey ve toplum bazında yarattığı olumsuz yaşantıları hafifletmekte olumlu etkide bulunabilir. Yukarıdaki kabullerden de hareketle, bu çalışmada, sosyal destek ve mahkûm ruh sağlığı arasındaki ilişkiyi detaylı bir şekilde incelemek ve geliştirilecek araştırma ve müdahalelere katkıda bulunmak amacıyla konu ile ilişkili araştırmalar derlenmiştir. Mevcut çalışma ile sosyal desteğin tanımlanmasına ve kavramsallaştırılmasına yönelik görüşler analiz edilmiş, böylece araştırmalarda sosyal desteğin ele alınışına ışık tutulması hedeflenmiştir. Bu amaca hizmet etmek üzere, sosyal desteğin ruh sağlığı ile ilişkisine dair örnekler verilmiştir. Bunu takiben söz konusu ilişkinin travmatik yaşantılar özelinde nasıl vücut bulduğu tartışılmıştır. Bu tartışma, travmatik yaşantılar barındıran mahkûmiyet hâli özelinde sürdürülmüştür. Değerlendirmeler ışığında, bireysel ve toplumsal boyutta olumlu çıktılar elde etmeye yönelik öneriler sunulmuştur.

Anahtar sözcükler: Sosyal destek, mahkûmiyet, cezaevi, ruh sağlığı

Introduction

As social institutions, prisons were designed originally for punitive purposes but have since expanded to encompass various functions (Emasealu 2019). Although rehabilitation and behavior modification are among these roles, the general conditions within prisons are insufficient to foster outcomes such as reducing recidivism or preventing the development of criminal tendencies (McDougall and Pearson 2020). A vital indicator of a prison's efficacy in achieving and maintaining desired changes is the mental health of incarcerated individuals before, during, and after incarceration. It has been well-established that mental health is positively correlated with social support (Li et al. 2021, Hu et al. 2022, Acoba 2024). However, the very structure of prisons fosters

Address for Correspondence: Zübeyit Gün, Genesis Psikoloji, Cumhuriyet Bul. Arpacıoğlu İş Merkezi, İzmir, Türkiye

E-mail: gunzubeyit@yahoo.com

Received: 27.06.2024 | **Accepted:** 09.09.2024

isolation and creates obstacles to building and sustaining relationships. As a result, the relationship between incarceration and social support is inherently complex. In some cases, limited access to social support may be a factor contributing to incarceration, while prisons themselves can further erode these support systems. Research has shown that incarcerated individuals often experience inadequate social support, and their time in prison can lead to further declines in these resources, resulting in elevated isolation and psychological distress (Blackburn et al. 2008, Aydın 2010).

The social support inmates receive before, during, and after incarceration can play a significant role in preventing criminal behavior and its recurrence. Numerous studies have supported this view, while many have focused on the relationship between incarceration, social support, and mental health. Goldstein et al. (2009) emphasize that social support helps inmates cope with guilt and maintain physical and mental wellbeing. Based on such perspectives, this review focuses on studies on the relationship between incarceration, social support, and mental health, aiming to contribute to the relevant literature.

Definition and Conceptualization of Social Support

Social support refers to the expanding content of human relationships and interactions, encompassing structural and social dimensions. This complexity complicates the definition and assessment of social support. Hence, the conceptualization and measurement of social support have been subjects of ongoing debate (Gottlieb 1983, Turner et al. 1983, Kawachi and Berkman 2001, Turner and Brown 2010). Researchers, acknowledging the undeniable importance of social support and agreeing that it is a multifaceted concept, have attempted to conceptualize it by categorizing it into different types and categories (Dean and Lin 1977, Hirsch 1980, House 1981, Funch and Mettlin 1982).

One of the most influential conceptualizations of social support, provided by Cobb (1976), defines social support as information received from one or more of three types: 1) care and affection 2) respect and esteem, and 3) a sense of belonging to a network and mutual obligation. In other words, according to Cobb (1976), social support reflects the extent to which an individual is assured of being loved, valued, and able to rely on others when needed. Cobb (1979) further argues that social support should be distinguished from instrumental support, such as help and advice, active support, such as nurturing, and material support, such as the provision of goods and services. This distinction is necessary because there is a need to differentiate between how an individual perceives social support and the actual support resources available (Turner and Brown 2010). Moss (1973) challenged Cobb's (1976) emphasis on reciprocity, suggesting instead that social support represents an individual's objective belief in being loved, needed, and accepted for who they are rather than for what they can do.

According to House (1981), another widely used conceptualization of social support consists of four forms: informational support, instrumental support, appraisal support, and emotional support. Informational support involves providing information during stressful situations and is related to having access to support resources for problem-solving. In other words, informational support is associated with receiving advice, guidance, and direction (Andersen 2018). Instrumental support refers to the provision of tangible services, goods, and assistance. Appraisal support involves access to information related to self-evaluation and includes feedback on the appropriateness of one's actions and expressions (Langford et al. 1997, Santiago et al. 2023). According to House (1981), the most crucial social support category is emotional support, which involves providing care, empathy, love, and trust.

Vaux (1988) posits that social support is a meta-structure encompassing multiple distinct theoretical structures. Consequently, the scope and complexity of social support obstruct its definition and measurement, and it can only be measured by examining its constituent structures. Vaux (1988) exemplifies these structures as support network resources, supportive behaviors, objective evaluations of support, and the orientation of the support or network. Similarly, Laireiter and Baumann (1991) argue that a multidimensional classification system is required to conceptualize social support, including social integration, social network, social support climate, received support, and perceived support. Social integration, as discussed, represents the individual's attachment to people within their social network (Barrera 1986) and the depth and strength of connections with each member of the network (Langford et al. 1997). As another component, the social network serves as the conduit for social support and represents the interaction space involving individuals engaged in exchanges of help and protection (Kahn and Antonucci 1980, Gottlieb 1983, Berkman 1984, Hogue 1985). While the social network constitutes the structure of the interaction process, social support is the function of this process (Langford et al. 1997). The social support climate, in turn, reflects the personality of the environment (Moos and Lemke

1992) and nurtures social comparison, social competence, and the defining characteristics of social support through the provision of help and protection. Thus, the emergence of support behaviors requires a social network, a social climate characterized by cooperation and protection, and the social integration that generates this climate.

Following these definitions, numerous researchers have often assessed social support as a multidimensional construct, though the related components they address have varied. Within this diversity, three components have frequently been highlighted (Turner and Brown 2010). One of these, received social support, encompasses the instrumental or informational support provided by close acquaintances (House et al. 1988). Another component, structural support, refers to the organization of connections between individuals and is related to the frequency of contact with social network members and the structural characteristics of social ties (Pearlin 1989, Umberson et al. 1996). These structural characteristics include the reciprocity of exchanges between the support receiver and provider, the strength of associated ties, the degree of similarity among network members, and the intensity of relationships between them (Wellman 1981, Wellman 1990, Turner and Brown 2010). Therefore, while the structural features of social support are determined by who the support source is, how much support is received, and the proximity of the source to the individual, the qualitative, or functional, features are determined by the value of the support to the individual and how well the support meets their needs (Yıldırım 2004, Oral 2015).

The third component, perceived social support, is an individual's objective belief and assessment regarding their belonging to a social network that cares about them and communicates with them (Cobb 1976, Lakey and Scoboria 2005). In other words, perceived social support, sometimes referred to as emotional support in the literature, indicates an individual's perception of being loved and valued by people they care about and signifies their belief in the adequacy of the social support they receive (Procidano and Heller 1983, Güngör 1996). Researchers often prefer to focus on perceived social support, based on the view that how the individual perceives support may be more important for mental health and wellbeing than the support itself (Turner and Brown 2010). This view is supported by studies showing that perceived social support is more effective on mental health than other forms (Stokes 1985, Arıkan and Kahriman 2002, Ünüvar 2003). An individual's perception of accessible social support is a significant source of the impact of social support on stress (Coyne and DeLongis 1986). However, as Pearlin (1989) suggests, in addition to perceived social support, social networks and resources should also be considered to understand the importance of social institutions and contexts.

Social Support and Mental Health

The positive effects of social support from family, friends, professionals, and institutions on physical and mental health have been demonstrated by numerous studies (Field and Schulberg 2011). However, research has shown that the impact of social support on mental health is greater than its impact on physical health and that this effect varies according to the type of support (Ganster and Victor 1988, Procidano 1992). Consequently, researchers have frequently focused on social support's mediating role in mitigating stress's negative effects. According to the hypothesis of social support as a stress-buffering factor, the primary effect of social support is its positive impact on an individual's mental health, regardless of stress level. On the other hand, the buffering effect of social support protects individuals from the negative health impacts of stress-inducing events, particularly in the presence of numerous stressors (Cohen and Wills 1985). In other words, stress management occurs through processes based solely on social support and those resulting from the interplay of stress levels and social support (Field and Schulberg 2011).

According to Lazarus and Folkman (1984), social support can exhibit its buffering effect by mediating appraisal and coping processes, thus protecting individuals from the detrimental effects of stress. Individuals with social support will likely encounter fewer stress-inducing events that exceed or challenge their resources, reducing stress levels. Furthermore, despite high stress levels, the presence of supportive others reduces the use of maladaptive coping strategies and the experience of negative psychological outcomes (Boutte 1991).

In congruence with this, social support has been repeatedly and consistently associated with psychological resilience, coping, life satisfaction, quality of life, and psychological symptoms. Many studies have shown that social support is related to healthy coping, reduced depression, increased efficacy under stressful conditions, enhanced positive affect, self-esteem, life satisfaction, and psychological wellbeing (Krause 1987, Cohen 1988, Lambert et al. 1989, Stewart 1993, Buschmann and Hollinger 1994, Ducharme et al. 1994). Additionally, various studies have reported that social support acts as a buffer in the relationship between risk factors for depression and depression itself (Cohen and Hoberman 1983, Cohen et al. 1984, Cohen and Wills 1985).

For instance, Gülada (2016) found that perceived social support buffered depressive symptoms among male university students in a study with 112 participants. Prince et al. (1997) determined that a lack of social support increased loneliness and decreased quality of life among 654 adults aged 65 and over residing in the UK. Varıncıer (2019) found a positive relationship between psychological resilience, perceived social support from significant others, and total perceived social support, identifying family-perceived social support as one of the variables predicting resilience.

In contrast, Şahin and Buzlu (2017) found no relationship between social support and psychological resilience in a study with 215 nursing students, attributing this finding to the similarity of characteristics among participants. Conversely, Kelle and Uysal Irak (2018) observed that social support was a significant predictor of resilience in a study involving 403 participants, noting that resilience and family-perceived social support were directly related to life satisfaction. Resilience mediated the relationships between positive affect, optimistic coping, confident coping, social support seeking, and life satisfaction.

Another study by Ballı (2005) with 279 conscripts and soldiers found a positive relationship between perceived social support and secure, optimistic, and social support-seeking coping styles and a negative relationship between perceived social support and insecure and helpless coping styles. Soldiers referred to a psychiatric clinic were found to use insecure coping strategies more frequently and optimistic, social support-seeking, and confident coping strategies less frequently compared to those not referred. It was also observed that those referred to the psychiatric clinic perceived lower levels of social support. Şahin and Durak (1995) found that among 545 university students, optimistic and confident coping strategies increased with social support, while helpless and submissive coping strategies increased when social support decreased. Yamaç (2009) found a positive relationship between family-perceived social support and confident and optimistic coping styles and a negative relationship with helpless and submissive coping styles among 620 university students. Additionally, a positive relationship was found between friend-perceived social support and confident and optimistic coping styles, and a negative relationship with social support seeking. Binar (2011) observed positive relationships between family-perceived social support and confident coping and between friend-perceived social support and confident coping and social support seeking among 148 women residing in a shelter.

In summary, these findings support the theory of the buffering effect of social support. Studies suggest that social support is associated with lower levels of psychological symptoms and positive psychological outcomes such as increased resilience, life satisfaction, and quality of life. As expected, social support appears to be positively related to adaptive coping strategies such as confident, optimistic, and social support-seeking approaches and negatively related to maladaptive strategies like helplessness. However, it is also essential to consider that the source of perceived social support may be a significant factor in its relationship with coping.

Social Support, Trauma, and Incarceration as a Traumatic Experience

Social support can exert a primary effect through its mediating role in coping processes and can also serve as a buffer against the impacts of adverse experiences (Cohen and Wills 1985, Oral 2015). According to Cohen and Wills (1985), the buffering effect is active when the relationship itself is essential, while the primary effect is dominant when the amount of support a person has and the size of the group they belong to are of significance. Following this view, other researchers argue that while the primary function of social support is always active, its buffering function is activated during stressful situations (Şahin 1999). However, these effects can manifest separately and together (Duru 2008).

Therefore, it can be suggested that as stress levels increase, the buffering effect of social support becomes more critical, and traumatic events are experiences that generate high levels of stress. Consequently, understanding the relationship between traumatic experiences and social support is of utmost importance for protecting and improving mental health during and after traumatic events. Indeed, Yap and Devilly (2004) have pointed out that social support, particularly perceived social support, serves as both a moderator and a mediator of stress experienced after trauma exposure. Supporting this view, research has shown that one of the strongest predictors of psychopathologies following trauma is social support (Joseph et al. 1993, Holeva et al. 2001). For example, the findings of meta-analyses have identified social support as one of the strongest predictors of Post-Traumatic Stress Disorder (PTSD) (Brewin et al. 2000, Ozer et al. 2003).

Criminal behavior, which can be rooted in stress and traumatic experiences, is often followed by further stressful and potentially traumatic experiences such as trials, imprisonment, and post-incarceration processes (Williams and Liu 2021, Hu et al. 2022, Martinez and Fernandez 2022, Anderson and Chang 2023). Indeed, various studies have reported high rates of trauma-related symptoms in different inmate groups (Leidenfrost and Antonius

2020). One of the types of trauma that can emerge during incarceration, potentially leading to mental health problems or exacerbating existing ones, is interpersonal trauma. This includes both physical and non-physical assault and bullying (Piper and Berle 2019). Moreover, individuals in prison are often exposed to potentially traumatizing conditions, such as a constantly threatening environment and isolation (Colvin 2000). For instance, the likelihood of violence occurring in prison is 13 to 27 times higher than in the general population (Teplin et al. 2005, Blitz et al. 2008). Research has shown that approximately 40% of inmates, regardless of gender, have been subjected to physical or sexual assault within the last six months (Wolff et al. 2007, Wolff et al. 2008).

Social support emerges as a critical factor in interventions aimed at protecting and improving the mental health of incarcerated individuals, given its potential to effectively prevent negative mental health outcomes in prisons and its modifiability compared to sociodemographic and psychological characteristics. For example, studies have shown that the supportive actions of others, or even the belief that such support exists, can alleviate the effects of prison-induced stress (Favril et al. 2017). However, prison conditions limit sources of social support. For instance, in a study by Çalcı Yılmaz (2016) investigating the sociodemographic, clinical, and crime-related characteristics of 403 convicts admitted to a psychiatric hospital's ward for detainees and inmates, the vast majority of inmates were found to have inadequate social support. Furthermore, it was determined that the proportion of those without social support was higher in the group with repeated hospital admissions compared to those without, indicating a relationship between social support and psychiatric hospital admissions. Similarly, a study by Fioritti et al. (2001) examining the criminological and psychosocial characteristics of a sample of 118 inmates, both with and without psychiatric hospital admissions, highlighted the psychosocial inadequacies in high-security hospital cases.

Social Support and Mental Health of Incarcerated Individuals

Visitation is a common way of maintaining social networks necessary to address the psychosocial deficits worsened by prison conditions, and it can provide meaningful interactions for inmates (Arditti 2005, Arditti 2012, Curley et al. 2024). Numerous studies have shown that visits, which reduce the stress caused by isolation and incarceration, improve physical and mental health, reduce institutional rule violations, and lower recidivism rates (Hairston 1988, Hairston 1991, Poehlmann 2005, Cochran 2012, Visher and O'Connell 2012, Siennick et al. 2013, Mitchell et al. 2016). For instance, Aydın's (2010) study with 201 male inmates investigating the relationship between loneliness and psychological symptoms found that as visitation frequency and correspondence increased, loneliness decreased, and there was a positive relationship between loneliness and overall psychological symptoms, with depression being the most strongly associated symptom. Similarly, Özkürkçügil's (1998) study with 386 inmates revealed that those who rarely or never had visitors reported higher levels of loneliness and higher levels of loneliness were associated with higher levels of depression.

These findings are also supported by De Claire and Dixon's (2017) review of studies published between 1991 and 2017, which showed that prison visits alleviated depression symptoms, particularly in female and adolescent inmates. In Black's (2015) study, which examined the relationship between visits and depression in 400 male inmates with at least one child under 18 and showing signs of depression upon entry to prison, it was found that after 12 months, visits were related to a reduction in the increase of depression symptoms, with the greatest difference observed between inmates with no visitors and those with 1-5 visitors. However, the identity of the visitor did not affect changes in depression symptoms.

However, visits can paradoxically create negative emotional responses, as they may trigger emotional distress due to separation or relationship conflicts, or even worsen problematic relationships (Wildeman and Western 2010, Arditti 2012, Beckmeyer and Arditti 2014, Meyers 2017). Furthermore, a negative visitation experience can increase the stress and pressure felt by both the inmate and the visitor (Cochran and Mears 2013, Pleggenkuhle et al. 2018). Therefore, depending on the visitor, visits may be a positive or negative experience for inmates, and different interpersonal relationships may serve different supportive functions (Curley et al. 2024). Indeed, the mechanism underlying the positive effects of visits has been suggested to be social support, with many studies treating visitation as a measure of social support (Meyers et al. 2017).

For example, in Çıvgın's (2015) study with 494 inmates examining mental health, psychological coping skills, and resilience, inmates with regular visitors perceived higher levels of social support compared to those without regular visitors. Similarly, Ravanoğlu's (2018) study with 200 inmates found that those visited by relatives who received money, communicated via phone biweekly, and exchanged letters had higher perceived social support levels. Additionally, inmates with higher perceived social support reported lower scores on the subscales of the

Brief Symptom Inventory, and increases in perceived social support were associated with improvements in mental health.

On the other hand, stressors related to incarceration, such as prison living conditions, relationships in prison, family problems, and concerns about the incarceration process, have been shown to predict wellbeing outcomes, with social support having a negative main effect, and these stressors being related to loneliness (Moore et al. 2021). In line with this, Karamustafa's (2017) study on the relationship between substance use and loneliness in 161 male inmates found that loneliness levels did not differ according to visitation frequency. However, inmates with more frequent communication had higher loneliness levels than those with less frequent communication. Similarly, Aydın's (2010) study showed no difference in loneliness levels based on recidivism.

These findings suggest that loneliness and visits alone do not predict social support (Meyers et al. 2017, Curley et al. 2024). For example, when the effects of social support networks were controlled, visitation was found to have no impact on recidivism (Lee 2019). Researchers considering these findings have explored different forms of social support in inmate samples and reported that social support plays a crucial role in adapting to both the prison process and life after prison. For instance, Jacoby and Kozié-Peak's (1997) longitudinal study of 27 inmates with clinical disorders in the US found that social support during and after incarceration positively affected quality of life. However, no relationship was found between social support and recidivism. Some studies, adopting House's (1981) conceptualization of social support, have found that informational support, which is prevalent among inmates, frequently seeks information support from other inmates, typically sharing advice on health, behavior, family management, legal and financial matters, and education. These studies have also reported that inmates seek advice and assistance from other inmates (Brosens et al. 2014, Clone and DeHart 2014, Kjellstrand et al. 2021). Instrumental support provided in prisons often involves assistance with finding jobs, securing primary resources, childcare, substance abuse recovery, and post-release planning, with families being the most common source of such support. However, antisocial groups like gangs may also provide instrumental support (Clone and DeHart 2014, Kjellstrand et al. 2021, Butler 2022). Skowroński and Talik (2020) investigated the mediating role of social support on the resilience and quality of life of 390 male inmates. The study indicated that social support was a significant factor for all sub-dimensions of quality of life. It was also found that evaluative support significantly increased individuals' subjective assessment of their quality of life. However, no significant relationship was found between emotional support and the sub-dimensions of quality of life. Emotional support, which is often observed in prison environments as care, compassion, and concern for one another (Kjellstrand et al. 2021), has frequently been associated with positive psychological outcomes such as reduced substance use, depression, and anxiety following release (Andersen 2018, Muñoz-Laboy 2014).

Perceived social support, often synonymous with emotional support, has been linked to positive mental health outcomes, reduced mental health symptoms, recidivism rates, substance use, self-harm, and suicide in various studies (Asberg and Renk 2014, Richie et al. 2019, Caravaca-Sánchez and Wolff 2020, Favril et al. 2020). For instance, Çıvgın (2015) reported that inmates with regular visitors exhibited greater resilience than those without visitors. Baharudin et al. (2021) examined the significance of social support in prison settings with a sample of 457 convicted individuals in Malaysia for drug-related crimes and observed that social support fully mediated the relationship between prison environment and life satisfaction. Listwan et al. (2010) examined the psychological effects of bullying in prison among 1,616 former male inmates and found that social support improved the psychological wellbeing of trauma victims by reducing post-traumatic cognitions and symptoms, although social support did not have a moderating role in the relationship between prison pressure and psychological wellbeing.

Jacoby and Kozié-Peak (1997) found a positive relationship between social support received during and after incarceration and post-release quality of life. Skarupski et al. (2016), in their research involving 192 male inmates, examined the effects of adverse childhood experiences on middle-aged depression symptoms and quality of life and found that social support and coping mechanisms mediate the relationship between childhood adversity and quality of life in prison. Skowroński and Talik (2021) examined the factors potentially related to inmates' quality of life with a sample of 390 male inmates and found that social support played a moderating role in the relationship between resilience and quality of life, acting as a significant factor in maintaining quality of life. In other studies by Skowroński and Talik (2021, 2023), inmates' individual quality of life was related to the intensity of social support, self-efficacy, resilience, and religious attitudes. These studies also indicated that social support was a negative predictor of religious coping mechanisms and led to a tendency toward more functional use of social support. However, this relationship was associated with lower quality of life among

inmates. The researchers explained these findings by stating that inmates sought social support under challenging conditions, turned to religion when unable to find it, and continued seeking social support.

For instance, Yee (2019), on the protective effect of perceived social support and racial centrality on resilience in 54 formerly incarcerated Black women, reported that perceived social support levels predicted depression, and as perceived social support increased, depression decreased. Aslan et al. (2019) investigated the relationship between perceived social support and depression levels among 176 participants, 86 of whom were drug-using inmates and 90 were non-convicted, non-drug-using individuals, found that the control group had higher total perceived social support levels than inmates. However, this was not the case for family support. The study found that inmates had higher levels of depression than the control group. However, inmates with relatively high perceived social support had lower depression levels than other inmates.

Çıvgın (2015) found that first-time inmates and those without disciplinary infractions had higher perceived social support than repeat offenders and those with infractions. Similarly, Ravanoğlu (2018) found that first-time inmates had higher perceived social support than repeat offenders. Oral (2015) examined the relationship between perceived parental attitudes and social support levels among a sample of 251 inmates and found that those who had not committed a crime or been incarcerated before had higher total and family-perceived social support scores than those who had committed repeated offenses and been incarcerated multiple times.

Asberg and Renk (2020), in their comparative study of 169 inmates with a history of childhood sexual abuse and 420 university students in the United States, social support was found to reduce the likelihood of recidivism, whereas substance use increased it. The study also revealed that inmates used dysfunctional coping strategies, such as substance use, more frequently and found their current social support to be insufficient. Shammi (2020), in their study on 2,930 female inmates in the United States, investigated the moderating effects of social support variables on institutional rule violations and found that inmates with irregular social support and higher stress levels were more likely to violate rules due to substance use. Similarly, Caravaca-Sánchez and Wolff (2020) examined the effects of childhood abuse and social support on substance use among 943 male inmates in Spain and found that inmates without substance use had higher social support levels and that social support and resilience played protective roles against substance use. According to this study, the levels of both social support and resilience in the group with multiple substance use are lower compared to those who use a single substance and those who do not use substances. The single-substance use group's emotional support, total social support, and resilience averages are also lower than those of the non-substance users. Oral (2015) found that inmates' perceived social support level was moderate, with the highest social support perceived from family. It was also noted that inmates who did not use psychiatric drugs or substances had higher levels of total perceived social support, including from family and significant others. Additionally, the study identified that inmates without a history of substance use, suicide attempts, or self-harming behavior had higher levels of perceived social support from their families compared to those who had a history of suicide attempts or self-harm.

Numerous studies have shown that individuals with higher levels of social support exhibit fewer suicidal thoughts and are better able to overcome suicidal tendencies (Wang et al. 2022). According to the Interpersonal Theory of Suicide, the interaction between a diminished sense of belonging and the perception of being a burden is a primary driver of suicidal desire (Joiner 2015). Consistent with this, inmates with more intense suicidal ideation were shown to have higher levels of perceived burdensomeness (Mandrachia and Smith 2015). Other studies conducted on inmates have also found a correlation between low social support and lethal or suicidal self-harming behaviors (Marzano et al. 2011, Rivlin et al. 2013, Marzano et al. 2016, Pratt and Foster 2020). Zheng and colleagues (2020), in their study on 626 female inmates in China, examined the mediating role of negative affect and social support in the relationship between childhood trauma and suicidal ideation and found that social support and negative emotions played a chain mediating role in the relationship between childhood trauma and suicidal ideation among inmates with a history of childhood trauma. Similarly, Pratt and Foster (2020), on 100 male inmates in the UK, reported a negative relationship between the perception of social support accessibility and suicidal ideation. However, a positive relationship was found between satisfaction with social support and suicidal ideation. Esmailzadeh Ghandehary et al. (2019) observed a similarly unexpected finding. The study found that suicidal tendencies in inmates were explained by resilience and antisocial traits but not by social support. Numerous studies emphasize that transitioning from suicidal thoughts to actions involves significant emotional and physical challenges, and overcoming these challenges requires a different set of factors than those that lay the groundwork for suicidal ideation (Anestis and Capron 2016). These findings suggest that inmates with suicidal thoughts may be satisfied with reduced social relationships due to feelings of burdensomeness or distancing themselves from people outside the prison with whom they do not wish to maintain contact. Therefore, satisfaction with social support may not be a reliable indicator of the mental health of inmates with suicidal ideation. Moreover, in terms of differentiating suicidal thoughts from actions, it is

crucial to thoroughly screen and identify inmates who possess the appropriate psychological and physical characteristics to transition from suicidal thoughts to actions.

In summary, akin to the general population, social support in the prison population is associated with reduced psychological symptoms and increased positive psychological outcomes. Furthermore, social support appears to be linked to recidivism, substance use, and suicide. In particular, the relationship between prison visits, social support, and loneliness stands out as a vital issue in the prison population. Indeed, findings suggest that the underlying mechanism of the relationship between visitors, who serve as a significant source of social support for inmates, and positive psychological outcomes is social support. Additionally, social support plays a role in the relationship between visitation and loneliness levels. This indicates that factors such as who the visitors are, their relationships with the inmates, and the frequency of visits should be considered. Another prominent issue is the need to examine the relationship between different forms of perceived social support and various psychological outcomes in inmates. Specifically, the sources of different forms of social support, such as informational and instrumental support, may be critical in prison conditions. This highlights the need for studies to focus on relationships between inmates, prison staff, and other inmates. Finally, the results of the studies demonstrate the significant impact of social support not only during incarceration but also post-incarceration in terms of positive psychological outcomes, substance use, suicide, self-harm, and recidivism.

Relationship between Social Support and the Sociodemographic Characteristics of Incarcerated Individuals

Examining the relationship between social support, which is prominent for the mental health of incarcerated individuals due to its positive psychological outcomes and modifiability, and the relatively stable sociodemographic characteristics of inmates is essential for identifying intervention groups and developing appropriate intervention programs. In one study by Özkürkçügil (1998), which contributes to this objective, it was found that female inmates experienced higher levels of loneliness compared to male inmates. Contrary to this finding, in a study by Jiang and Winfree (2006) involving over 14,000 male and female inmates in the United States, it was found that female inmates received more social support than male inmates. The researchers attributed this finding to the tendency of women to form stronger friendships and to the possibility that male inmates may be in environments with more bullying. Another finding from the study revealed that married male inmates committed fewer institutional rule violations and received fewer disciplinary punishments compared to single male inmates, while no such difference was observed among female inmates. Based on these findings, it seems plausible to suggest that married male inmates receive more social support from their spouses than married female inmates.

Conversely, in a study conducted by Hamzah and Kumalasari (2018) in Indonesia, which examined the role of self-acceptance and romantic partners in the resilience of women sentenced to life imprisonment, it was found that self-acceptance and romantic partners increased the resilience of these women. Similarly, in Çıvgın's (2015) study, regardless of gender, married inmates perceived higher levels of social support from family and significant others compared to others. However, according to the findings of Aydın (2010), Oral (2015), and Karamustafa (2017), loneliness did not vary based on marital status. Aydın (2010) found that past experiences of living alone did not affect loneliness. However, Karamustafa (2017) observed that those who had lived with their families had lower levels of loneliness. These findings, like previous ones, suggest that differences in prison visits, loneliness, and social support should be considered in future research.

Aslan et al. (2019) conducted a study examining the relationship between social support and age among inmates aged 17 to 56, finding that the level of social support from friends decreased as inmates aged. A similar finding was observed in Çağlak's (2017) study on social support, resilience, and life satisfaction among women over 18 who had experienced physical violence, indicating that perceived social support decreased with age in women who had experienced physical violence. Similarly, Özkürkçügil (1998) found that inmates over the age of 60 had higher levels of loneliness. However, in contrast to these findings, in studies by Oral (2015), with a sample mostly aged 22 to 46, and Kına (2019), with a sample mostly aged 23 to 30 who had experienced traumatic events, social support did not change with age. Therefore, the relationship between age and social support may not be significant within a specific age range, but the relationship may become negative beyond a certain age. It is recommended that this be considered in programs and interventions for older inmates.

Examining the relationship between inmates' educational levels and social support, findings vary depending on the definition of social support. For instance, in Özkürkçügil's (1999) study, a significant difference was found between the educational levels of inmates and their feelings of loneliness, with primary school graduates feeling

lonelier compared to university graduates. Similarly, Aydın's (2010) study found that primary school graduates had higher levels of loneliness than university graduates. In contrast, Oral (2015) found that social support did not vary based on the educational levels of the individual or their parents. However, the same study found that working inmates perceived higher levels of social support from significant others and overall social support compared to non-working inmates. Thus, it can be said that inmates with lower educational levels feel lonelier, but perceived social support does not vary based on education. This could be related to both the educational level and other educational factors, such as economic status.

Lastly, a few points stand out when examining the relationship between social support and crime- or sentence-related variables. For example, Karamustafa (2017) found that loneliness increased as the time spent in prison increased. In contrast, Özkürkçügil (1998) found no significant relationship between the time spent in prison or the type of crime committed and the level of loneliness. Similarly, Oral (2015) found that social support did not vary based on the type of crime committed. However, the same study found that inmates who did not admit their crimes had higher perceived total social support scores compared to those who did, particularly from family and significant others, while those who admitted their crimes perceived higher levels of social support from friends. In Çıvgın's (2015) study, it was found that perceived social support varied based on the type of crime committed, with inmates who did not disclose their crime perceiving higher levels of social support from significant others compared to those who did. These findings suggest that the level of social support varies not based on the type of crime committed but rather on whether the crime is admitted. Moreover, the type of perceived social support also changes based on whether the crime is admitted. This may indicate that those who do not admit their crime may increase the support they receive from family and partners by portraying a narrative of injustice. In contrast, those who admit their crime may feel criticized and misunderstood.

Evaluating the studies on the relationship between social support and the sociodemographic characteristics of inmates, it becomes evident that social support may be related to gender, marital status, and the interaction of these factors. Furthermore, it is plausible to assume that inmates' pre-incarceration living conditions are also related to social support. While social support may not be associated with education, it appears to decrease with age, indicating that different interventions may be needed for older inmates. The type of crime and the length of the sentence also seem to be related to social support, and the relationship between admitting the crime and social support stands out as a topic that could inspire future research.

Conclusion

On a collective evaluation of the findings of the studies included in this review, the importance of the relationship between the mental health of incarcerated individuals and social support becomes apparent. Numerous studies reports that the social support inmates receive before, during, and after incarceration is associated with positive psychological outcomes, including reduced psychological symptoms, enhanced quality of life, increased life satisfaction, and greater resilience. Furthermore, the relationship between social support and adaptive coping mechanisms, reduced recidivism, substance use, self-harm, and suicidal behaviors necessitates further intensive research. These findings underscore the importance of various forms and sources of social support for the mental health of incarcerated individuals while also highlighting the need to consider inmates' sociodemographic characteristics.

Several key areas emerge that should be considered in studies, programs, and interventions aimed at improving, protecting, and sustaining the mental health of the incarcerated individual, as well as preventing criminal behavior. Initiatives to enhance the social support constrained by the prison environment should include clearly defining social support and carefully selecting relevant variables. It is also essential to acknowledge that different forms of social support may lead to different outcomes. The resources of social networks, as a component of social support, should be enriched, and prison staff, fellow inmates, and visitors should be recognized as significant sources of support. Inmates' interpersonal skills should be improved, and programs designed to foster positive relationships within the prison should be developed. Additionally, regular assessments should be conducted to evaluate inmates' relationships with visitors, fellow inmates, and prison staff. Social support should be regarded as a primary variable in reducing psychological symptoms, and programs targeting those close to inmates upon their release should be developed, taking into account the role of social support in preventing recidivism. Efforts should also be made to improve social support to prevent substance use, self-harm, and suicidal behaviors, with appropriate assessments for inmates exhibiting or at high risk for such behaviors. Considering their sociodemographic and psychological characteristics, risk groups that may suffer from insufficient social support should be identified, and special social support programs should be developed for these groups.

In conclusion, despite the challenges in defining and measuring social support, its modifiability and potential for intervention make it crucial for inmate mental health. The evaluations and recommendations presented in this review aim to contribute to future research, programs, and interventions from this perspective.

References

- Andersen TS (2018) Social support and one-year outcomes for women participating in prison-based substance abuse treatment programming. *Crim Justice Stud*, 31:80–94.
- Acoba EF (2024) Social support and mental health: the mediating role of perceived stress. *Front. Psychol*, 15:1330720.
- Anestis MD, Capron DW (2016) An investigation of persistence through pain and distress as an amplifier of the relationship between suicidal ideation and suicidal behavior. *J Affect Disord*, 196:78–82.
- Arditti JA (2005) Families and incarceration: An ecological approach. *Fam Soc*, 86:251–260.
- Arditti JA (2012) *Parental Incarceration and the Family: Psychological and Social Effects of Imprisonment on Children Parents and Caregivers*. New York, NYU Press.
- Arıkan D, Kahriman İ (2002) Yenidoğan bebeği olan primipar annelerin ailelerinden algıladıkları desteğin sorun çözme becerilerine etkisi. *Atatürk Üniversitesi Hemşirelik Yüksekokulu Dergisi*, 5:60–67.
- Asberg K, Renk K (2013) Comparing incarcerated and college student women with histories of childhood sexual abuse: the roles of abuse severity support and substance use. *Psychol Trauma*, 5:167–175.
- Aslan A, Arıçak OT, Karadaşlı B (2019) Madde kullanan hükümlü bireylerin algıladıkları sosyal destek ile depresyon arasındaki ilişki. *Bağışıklık Dergisi*, 20:1–11.
- Aydın İ (2010) *Cezaevi hükümlülerinin yalnızlık düzeyleri ve ruhsal belirti düzeyleri arasındaki ilişkinin incelenmesi (Yüksek lisans tezi)*. İstanbul, Maltepe Üniversitesi.
- Barrera Jr M (1986) Distinctions between social support concepts measures and models. *Am J Community Psychol*, 14:413–445.
- Beckmeyer JJ, Arditti JA (2014) Implications of in-person visits for incarcerated parents' family relationships and parenting experience. *J Offender Rehabil*, 53:129–151.
- Berkman LF (1984) Assessing the physical health effects of social networks and social support. *Annu Rev Public Health*, 5:413–432.
- Baharudin MN, Mohamad M, Karim F (2021) The importance of social support during imprisonment: a case of Malaysian drug-abuse prisoners. *International Journal of Academic Research in Business and Social Sciences*, 11:1458–1474.
- Black MA (2015) *Exploring the relationship between visitation and depressive symptoms of incarcerated fathers (Master's thesis)*. Florida, Florida State University.
- Blackburn AG, Mullings JL, Marquart JW (2008) Sexual assault in prison and beyond: Toward an understanding of lifetime sexual assault among incarcerated women. *Prison J*, 88:351–377.
- Blitz CL, Wolff N, Shi J (2008) Physical victimization in prison: The role of mental illness. *Crim Justice Behav*, 35:1186–1202.
- Boutte JM (1991) *Stress depression and behavioral manifestations of social support: a prospective approach (Doctoral thesis)*. Indiana, Purdue University.
- Brosens D, De Donder L, Vanwing T, Dury S, Verté D (2014) Lifelong learning programs in prison: Influence of social networks on participation. *Procedia Soc Behav Sci*, 116:518–523.
- Buschmann M, Hollinger L (1994) Influence of social support and control on depression in the elderly. *Clin Gerontol*, 14:13–28.
- Butler HD (2022) Understanding how in-prison experiences influence female offenders' maladjustment to prison. *Justice Q*, 39:174–200.
- Caravaca-Sánchez F, Wolff N (2020) Predictors of substance use among male prisoners in Spain: the role of childhood abuse and social support. *J Soc Social Work Res*, 11:313–337.
- Clone S, DeHart D (2014) Social support networks of incarcerated women: Types of support, sources of support, and implications for reentry. *J Offender Rehabil*, 53: 503–521.
- Cobb S (1976) Social support as a moderator of life stress. *Psychosom Med*, 38:300–314.
- Cobb S (1979) Social support and health through the life course. In *Aging From Birth to Death: Interdisciplinary Perspectives* (Ed MW Riley):93–206. Boulder, Westview Press.
- Cochran JC (2012) The ties that bind or the ties that break: Examining the relationship between visitation and prisoner misconduct. *J Crim Justice*, 40:433–440.
- Cochran JC, Mears DP (2013) Social isolation and inmate behavior: A conceptual framework for theorizing prison visitation and guiding and assessing research. *J Crim Justice*, 41:252–261.
- Cohen LH, McGowan J, Fooskas S, Rose S (1984) Positive life events and social support and the relationship between life stress and psychological disorder. *Am J Community Psychol*, 12:567–587.

- Cohen S (1988) Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychol*, 7:269-297.
- Cohen S, Hoberman HM (1983) Positive events and social supports as buffers of life change stress. *J Appl Soc Psychol*, 13:99-125.
- Cohen S, Wills TA (1985) Stress social support and the buffering hypothesis. *Psychol Bull*, 98:310-357.
- Coyne JC, DeLongis A (1986) Going beyond social support: the role of social relationships in adaptation *J Consult Clin Psychol*, 54:454-460.
- Colvin M (2000) *Crime and Coercion: An Integrated Theory of Chronic Criminality*. New York, St. Martin's Press.
- Curley E, Killian M, Renn T, Veeh C, Pettus C (2024) Validation of a multi-dimensional social support measure for individuals who are incarcerated. *Res Soc Work Pract*, doi: 10.1177/1049731524122.
- Çağlak DR (2017) Fiziksel şiddet mağduru kadınlarda sosyal destek algısı psikolojik dayanıklılık ve yaşam doyumu (Yüksek lisans tezi). Mersin, Mersin Üniversitesi.
- Çalıcı Yılmaz (2016) Bir tutuklu-hükümlü psikiyatri servisine yatırılan olguların sosyodemografik, klinik ve suça ilişkin özelliklerinin incelenmesi ve tekrarlayıcı yatışı olan ve olmayan olguların karşılaştırılması (Tıpta uzmanlık tezi). İstanbul, Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı ve Sinir Hastalıkları Eğitim ve Araştırma Hastanesi.
- Çıvgın U (2015) Hükümlülerin suç ve kaldıkları cezaevleri türlerine göre ruh sağlıklarının, psikolojik başetme ve psikolojik dayanıklılıklarının incelenmesi (Yüksek lisans tezi). İzmir, Gediz Üniversitesi.
- De Claire K, Dixon L (2017) The effects of prison visits from family members on prisoners' well-being prison rule breaking and recidivism: a review of research since 1991. *Trauma Violence Abuse*, 18:185-199.
- Dean A, Lin N (1977) The stress-buffering role of social support: problems and prospects for systematic investigation. *J Nerv Ment Dis.*, 65:403-417.
- Ducharme F, Stevens B, Rowat K (1994) Social support: conceptual and methodological issues for research in mental health nursing. *Issues Ment Health Nurs*, 15:373-392.
- Emasealu HU (2019) Attitude of inmates towards the prison library: a predictor of psychological wellbeing. *Brazilian Journal of Information Science*, 13:78-91.
- Esmailzadeh Ghandehary MR, Mottaghy Shahri MR, Mohamadi F (2019) Mental health status and resilience of female prisoners with an interventional role of physical activity. *Journal of Research and Health*, 9:488-495.
- Favril L, Indig D, Gear C, Wilhelm K (2020) Mental disorders and risk of suicide attempt in prisoners *Soc Psychiatry Psychiatr Epidemiol*, 55:1145-1155.
- Favril L, Vander Laenen F, Vandeviver C, Audenaert K (2017) Suicidal ideation while incarcerated: Prevalence and correlates in a large sample of male prisoners in Flanders Belgium. *Int J Law Psychiatry*, 55:19-28.
- Fioritti A, Melega V, Ferriani E, Rucci P, Scaramelli AR, Venco C, Santarini F (2001) Crime and mental illness: an investigation of three Italian forensic hospitals. *J Forensic Psychiatry*, 12:36-51.
- Funch DP, Mettlin C (1982) The role of support in relation to recovery from breast surgery. *Soc Sci Med*, 16:91-98.
- Ganster D C, Victor B (1988) The impact of social support on mental and physical health. *Br J Med Psychol*, 61:17-36.
- Goldstein EH, Robbins CW, McClean C, Macatula L, Conklin R. (2009). A peer-driven mentoring case management community reentry model: an application for jails and prisons. *Fam Community Health*, 32:309-313.
- Gottlieb BH (1983) *Social Support Strategies: Guidelines For Mental Health Practice*, 7th Ed. Thousand Oaks, CA, Sage.
- Gülada F (2016) Türkiye'deki genç yetişkinler arasında görülen depresif semptomların yordayıcıları: güvensiz bağlanma boyutları nevrotizm ve algılanan sosyal destek (Doktora tezi). İstanbul, Bahçeşehir Üniversitesi.
- Güngör A (1996) Üniversite öğrencilerinde sosyal destek negatif yaşam olayları öfkenin ifade edilme biçimi ile kendini suçlamının fiziksel sağlık ve sosyal uyumla olan ilişkilerinin incelenmesi (Yüksek lisans tezi). Ankara, Hacettepe Üniversitesi.
- Hairston CF (1988). Family ties during imprisonment: Do they influence future criminal activity? *Fed Probat*, 52:48-52.
- Hairston CF (1991) Family ties during imprisonment: Important to whom and for what? *J Sociol Soc Welf*, 18:87-104.
- Hamzah I, Kumalasari FH (2018) Self-acceptance and significant others as a factor of the resilience of female prisoners with life sentences. *Journal of Correctional Issues*, 1:90-99.
- Hirsch BJ (1980) Natural support systems and coping with major life changes. *Am J Community Psychol*, 8:159-172.
- Hogue C (1985) An epidemiologic approach to distributive nursing practice. In *Distributive Nursing Practice: A Systems Approach to Community Health*, 2nd ed. (Eds JE Hall, BR Weaver):58-81. Pennsylvania, Lippincott Williams and Wilkins.
- House JS (1981) *Work Stress and Social Support*. Reading, Addison-Wesley.
- House JS, Umberson D, Landis KR (1988) Structures and processes of social support. *Annu Rev Sociol*, 14:239-318.
- Hu S, Cai D, Zhang XC, Margraf J (2022) Relationship between social support and positive mental health: A three-wave longitudinal study on college students. *Curr Psychol*, 41:6712-6721.

- Jacoby JE, Kozié-Peak B (1997) The benefits of social support for mentally ill offenders: Prison-to-community transitions. *Behav Sci Law*, 15:483-501.
- Jiang S, Winfree Jr LT (2006) Social support gender and inmate adjustment to prison life: Insights from a national sample. *Prison J*, 86:32-55
- Joiner T (2005) Why people die by suicide. Massachusetts, Harvard University Press.
- Kahn RL, Antonucci T (1980) Convoys over the life cycle: attachment roles and social support In *Lifespan Development and Behavior*, 3rd ed. (Eds PB Baltes, O Brim):253-286. New York, Academic Press.
- Karamustafa M (2017) Samsun Vezirköprü M Tipi Kapalı Ceza İnfaz Kurumunda kalan madde kullanım bozukluğu olan hükümlüler ile madde kullanmamış olan hükümlülerin yalnızlık düzeyleri ve benlik saygılarının incelenmesi (Yüksek lisans tezi). İstanbul, Beykent Üniversitesi.
- Kawachi I, Berkman LF (2001) Social ties and mental health. *J Urban Health*, 78: 458-467.
- Kına D (2019) 23 yaş üstü bireylerde travma sonrası büyüme düzeyinin travmatik yaşantı türü algılanan sosyal destek dünyaya ilişkin varsayımlar psikolojik sağlamlık ve ruhsal belirti düzeyi değişkenleri ile yordanması (Yüksek lisans tezi). İzmir, Ege Üniversitesi.
- Kjellstrand J, Clark M, Caffery C, Smith J, Eddy JM (2021) Reentering the community after prison: Perspectives on the role and importance of social support. *Am J Crim Justice*, 47:176-201.
- Krause N (1987) Life stress social support and self-esteem in an elderly population. *Psychol Aging*, 2:349-356.
- Laireiter A, Baumann U (1991) Network structures and support functions theoretical and empirical analyses In *The Meaning and Measurement of Social Support*. (Eds HOF Veiel, U Baumann): 33-56. London, Hemisphere Publishing Corporation.
- Lakey B, Scoboria A (2005) The relative contribution of trait and social influences to the links among perceived social support affect and self-esteem. *J Pers*, 73:361-388.
- Lambert VA, Lambert Jr CE, Klipple GL, Mewshaw EA (1989) Social support hardiness and psychological well-being in women with arthritis. *J Nurs Scholarsh*, 21:128-131
- Langford CPH, Bowsher J, Maloney JP, Lillis PP (1997) Social support: a conceptual analysis. *J Adv Nurs*, 25:95-100.
- Lazarus RS, Folkman S (1984) *Stress Appraisal and Coping*. New York, Springer.
- Lee LM (2019) Far from Home and All Alone: The Impact of Prison Visitation on Recidivism. *Am Law Econ Rev*, 21:431-481.
- Leidenfrost CM, Antonius D (2020) Incarceration and Trauma: A Challenge for the Mental Health Care Delivery System In *Assessing Trauma in Forensic Contexts* (Eds R Javier, E Owen, J Maddux J):85-110. Cham, Springer.
- Li F, Luo S, Mu W, Li Y, Zheng X, Xu B (2021) Effects of sources of social support and resilience on the mental health of different age groups during the COVID-19 pandemic. *BMC Psychiatry*, 21.
- Listwan SJ, Colvin M, Hanley D, Flannery D (2010) Victimization, social support, and psychological well-being: A study of recently released prisoners. *Crim Justice Behav*, 37:1140-1159.
- Mandracchia JT, Smith PN (2015) The interpersonal theory of suicide applied to male prisoners. *Suicide Life Threat Behav*, 45:293-301.
- Marzano L, Hawton K, Rivlin A, Fazel S (2011) Psychosocial influences on prisoner suicide: a case-control study of near-lethal self-harm in women prisoners. *Soc Sci Med*, 72:874-883.
- Marzano L, Hawton K, Rivlin A, Smith EN, Piper M, Fazel S (2016) Prevention of suicidal behavior in prisons. *Crisis*, 37:323-334.
- McDougall C, Pearson DA (2020) Technology as a means of rehabilitation: A measurable impact on reducing crime. In *The Palgrave Handbook of International Cybercrime and Cyberdeviance*. (Eds T Holt, A Bossler): 183-206. Cham, Palgrave Macmillan.
- Meyers TJ, Wright KA, Young JTN, Tasca M (2017) Social support from outside the walls: Examining the role of relationship dynamics among inmates and visitors. *J Crim Justice*, 52:57-67.
- Mitchell MM, Spooner K, Jia D, Zhang Y (2016) The effect of prison visitation on reentry success: A meta-analysis. *J Crim Justice*, 47:74-83.
- Moore KE, Siebert S, Brown G, Felton J, Johnson JE (2021) Stressful life events among incarcerated women and men: Association with depression, loneliness, hopelessness, and suicidality. *Health Justice*, 9:22.
- Moos R, Lemke S (1992) Sheltered care environment scale side of social support. *Western Journal of Nursing Research Manual*, 9:9-18.
- Moss EG (1973) *Illness, Immunity and Social Interaction*. New York, Wiley.
- Muñoz-Laboy M, Severson N, Perry A, Guilamo-Ramos V (2014) Differential impact of types of social support in the mental health of formerly incarcerated Latino men. *Am J Mens Health*, 8:226-239.
- Oral SO (2015) Mahkumların algıladıkları ebeveyn tutumları ile algıladıkları sosyal destek düzeyleri arasındaki ilişkinin incelenmesi (Yüksek lisans tezi). İstanbul, Haliç Üniversitesi.
- Özkürkçügil AÇ (1998) Cezaevinde yalnızlık ve yalnızlığın depresyonla ilişkisi. *Kriz Dergisi*, 6: 21-31
- Pearlin LI (1989) The sociological study of stress. *J Health Soc Behav*, 30:241-256.

- Pleggenkuhle B, Huebner BM, Summers M (2018) Opting out: the role of identity capital and agency in prison visitation. *Justice Q*, 35:726-749.
- Poehlmann J (2005) Incarcerated mothers' contact with children, perceived family relationships, and depressive symptoms. *J Fam Psychol*, 19:350-357.
- Pratt D, Foster E (2020) Feeling hopeful: can hope and social support protect prisoners from suicide ideation? *J Forensic Psychol Res Pract*, 31:311-330.
- Procidano ME (1992) The nature of perceived social support: findings of meta-analytic studies. In *Advances in Personality Assessment*, 9th ed. (Eds CD Spielberger, JN Butcher):1-26. Hillsdale, Lawrence Erlbaum.
- Procidano ME, Heller K (1983) Measures of perceived social support from friends and from family: three validation studies. *Am J Community Psychol*, 11:1-24.
- Ravanoğlu A (2018) Ceza infaz kurumlarındaki mahkumlarda algılanan sosyal desteğin kurumdaki uyum ve ruhsal durum ile ilişkisinin incelenmesi (Yüksek lisans tezi). İstanbul, Işık Üniversitesi.
- Richie F, Bonner J, Wittenborn A, Weinstock LM, Zlotnick C, Johnson J (2019) Social support and suicidal ideation among prisoners with major depressive disorder. *Arch Suicide Res*, 25:1-8.
- Rivlin A, Hawton K, Marzano L, Fazel S (2013) Psychological characteristics and social networks of suicidal prisoners: towards a model of suicidal behaviour in detention. *PLoS One*, 8:e68944.
- Santiago PHR, Smithers LG, Roberts R, Jamieson L (2023) Psychometric properties of the Social Support Scale (SSS) in two Aboriginal samples. *PLoS One*, 18:e0279954.
- Shammi SH (2020) Social support mental health problems and rule infractions: a study of female inmates (Doctoral thesis). Illinois, Illinois State University.
- Siennick SE, Mears DP, Bales WD (2013). Here and gone: Anticipation and separation effects of prison visits on inmate infractions. *J Res Crime Delinq*, 50:417-444.
- Skowroński B, Talik E (2020) Resilience and quality of life among people serving prison sentences in penitentiary institutions: The mediating role of social support. *International Journal of Social Research*, 4:44.
- Skowroński B, Talik E (2021) Quality of life and its correlates in people serving prison sentences in penitentiary institutions. *Int J Environ Res Public Health*, 18:1655.
- Skowroński B, Talik E (2023) Psychophysical quality of life and its determinants in prisoners: the role of selected psychosocial factors. *Int J Prison Health*, 19:376-391.
- Stokes JP (1985) The relation of social network and individual difference variables to loneliness. *J Pers Soc Psychol*, 48:981-990.
- Şahin D (1999) Sosyal Destek ve Sağlık. Ankara, Türk Psikologlar Derneği Yayınları.
- Teplin LA, McClelland GM, Abram KM, Weiner DA (2005) Crime victimization in adults with severe mental illness: Comparison with the National Crime Victimization Survey. *Arch Gen Psychiatry*, 62:911-921.
- Turner RJ, Brown RL (2010) Social support and mental health. In *A Handbook for the Study of Mental Health: Social Contexts Theories and Systems*. (Eds TL Scheid, TN Brown):200-212. Cambridge, UK, Cambridge University Press.
- Turner RJ, Frankel BG, Levin DM (1983) Social support: conceptualization measurement and implications for mental health. *Research in Community and Mental Health*, 3:67-111.
- Umberson D, Chen MD, House JS, Hopkins K, Slaten E (1996) The effect of social relationships on psychological well-being: are men and women really so different?. *Am Sociol Rev*, 61:837-857.
- Ünür A (2003) Çok yönlü algılanan sosyal desteğin 15-18 yaş arası lise öğrencilerinde problem çözme becerisine ve benlik saygısına etkisi (Yüksek lisans tezi). Konya, Selçuk Üniversitesi.
- Vaux A (1988) *Social Support: Theory Research and Intervention*. Westport, Praeger.
- Visher CA, O'Connell DJ (2012) Incarceration and inmates' self-perceptions about returning home. *J Crim Justice*, 40:386-393.
- Wang X, Lu Z, Dong C (2022) Suicide resilience: a concept analysis. *Front Psychiatry*, 13: 984922.
- Wellman B (1981) Applying network analysis to the study of support. In *Social Networks and Social Support* (Ed B Gottlieb): 171-200. Thousand Oaks, CA, Sage.
- Wellman B (1990) The place of kinfolk in personal community networks. *Marriage Fam Rev*, 15:195-227
- Wildeman C, Western B (2010) Incarceration in fragile families. *Future Child*, 20:157-177.
- Wolff N, Blitz C, Shi J, Siegel J, Bachman R (2007) Physical violence inside prison: Rates of victimization. *Crim Justice Behav*, 34:588-599.
- Wolff N, Shi J, Bachman R (2008) Measuring victimization inside prisons: Questioning the questions. *J Interpers Violence*, 23:1343-1362.
- Yee SE (2019) Resilience in formerly incarcerated Black women: race centrality and social support as protective factors (Masters thesis). College Park, University of Maryland.
- Yıldırım İ (2004) Depresyonun yordayıcısı olarak sınav kaygısı gündelik sıkıntılar ve sosyal destek. *Hacettepe Üniversitesi Eğitim Fakültesi Dergisi*, 27:241-250.

Zheng F, Wu W, Wang L, Ngoubene-Atioky AJ, Chen L (2021) Childhood trauma and suicidal ideation among Chinese female prisoners: the mediating roles of negative emotions and social support. *Pers Individ Dif*, 168:110405.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.