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Research Paper

The Effectiveness of Life Skills Training in Reducing High-Risk Behaviors and Improving Distress Tolerance among Female Prisoners in Kerman

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ABSTRACT

Objective: High-risk behaviors represent a growing concern with important adverse consequences for women. Therefore, this study aimed to determine the effectiveness of life skills training in high-risk behaviors and distress tolerance among female prisoners.

Methods: This study employed a quasi-experimental design with a control group. The population comprised all female prisoners in Kerman in 2022. 40 participants were selected via random sampling and randomly assigned to experimental and control groups. Data were collected using the High-Risk Behavior Questionnaire (Rajaee & Shafiei, 2011) and the Distress Tolerance Scale (Simons, J. S., & Gaher, 2005). The data were analyzed using analysis of covariance (ANCOVA) in SPSS 26.

Results: The results showed that life skills training significantly reduced a wide range of high-risk behaviors, including drug abuse, HIV/AIDS-related risk behaviors, violence, alcohol use, and unhealthy eating habits; however, it had no significant effect on smoking ($p = 0.25$). Additionally, the intervention significantly increased distress tolerance ($p = 0.01$).

Conclusion: Although life skills training was associated with a significant reduction in high-risk behaviors in the present study, evaluating the findings and achieving generalizable results require conducting multiple clinical trials under diverse conditions.

1. Introduction

Surveys indicate that prisoners experience significantly higher levels of physical and mental illness and social deprivation compared to the general population. Moreover, findings suggest that female prisoners exhibit greater psychological distress than men (Tyler et al., 2019; Tay & Mullen, 2006). A fundamental objective in corrections is to prioritize not only the custody of prisoners but also their mental health and rehabilitation to facilitate their successful reintegration into society. This is crucial because difficulties in adapting to societal conditions, coupled with mental disorders, are widely recognized as primary causes of recidivism (Mofid et al., 2017).

The prevalence of high-risk behaviors can serve as an indicator of prisoners' mental health and socialization. Findings suggest an inverse relationship between high-risk

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behaviors and social health (Ghoreishi Rad & Pour JabbarAkhouni, 2019), as well as mental well-being (Soleymani Nia et al., 2006). Risky behaviors are defined as actions that endanger an individual's physical, psychological, and social health, as well as that of society (Tsitsimpikou et al., 2018). While the occurrence of these behaviors may vary across age groups, common examples include substance and alcohol use, unsafe sexual practices, reckless driving, overeating, aggression, suicide attempts, and self-harm (Vollrath & Torgersen, 2008). These behaviors are mportant not only because of their association with mortality (Eaton et al., 2010) but also because of the substantial social and economic costs they impose (DiClemente et al., 2009). Consequently, risky behaviors can serve as warning signs of problems such as addiction, HIV/AIDS, traffic accidents, and suicide, all of which can lead to irreparable harm to individuals, families, and society.

Distress tolerance is another factor associated with psychological problems and high-risk behaviors (Norouzzadeh & Azimi, 2016; Allan et al., 2015). Defined as an individual's ability to experience and tolerate negative emotional states, distress tolerance is a meta-emotional construct often characterized by strategies aimed at managing or reducing the impact of these emotions (Simons & Gaher, 2005; Mikaeili et al., 2025). In recent decades, distress tolerance has gained recognition as an important factor in the etiology, prevention, and treatment of various psychological disorders (Zaorska et al., 2023). Research has demonstrated an association between distress tolerance and substance use (Allan et al., 2015), suggesting its predictive role in addiction. Consequently, it is reasonable to expect its involvement in a spectrum of high-risk behaviors. Therefore, in addition to addressing high-risk behaviors, interventions aimed at enhancing distress tolerance are also essential.

Research suggests that personality factors, including sensation seeking (Zuckerman, 2007), certain brain-behavioral systems (AbedinZadeh et al., 2022), deficits in emotion regulation, and insecure attachment (Sefidrood & Hobbi, 2023; Mikaeili et al., 2023), are associated with high-risk behaviors as potential correlates and etiological factors. Broadly, the review of theoretical and research literature indicates that the roots of this phenomenon are multifaceted, encompassing biological, personality, environmental, social, and cultural dimensions (Kalichman, 2000). Despite ongoing efforts in understanding the pathology and developing targeted interventions, some scholars observe that high-risk behaviors continue to rise in societies, even with increased emphasis on public health and medical systems for awareness campaigns (Ghezelseflo & Rostami, 2015). Consequently, the development of more effective interventions remains a critical focus for health researchers and clinicians across various disciplines and settings. Life skills training has emerged in recent years as an important method for enhancing community health and reducing risky behaviors (Tuttle et al., 2006; Abbasi et al., 2018). The World Health Organization (2020) defines life skills as a set of abilities and positive behaviors that enable individuals to adapt to life's challenges and stresses. Consequently, a deficiency in the skills needed to respond appropriately to daily challenges can result in both short-term and long-term negative consequences for individuals, potentially leading to judicial repercussions and imprisonment (Farokhnejad et al., 2019). Considering that life skills can bolster mental health by strengthening psychosocial aspects (Norouzzadeh & Azimi, 2015), it is plausible that teaching these skills to prisoners may be an effective strategy. Such training may not only aid in their adaptation within the prison environment and enhance their mental well-being but also potentially reduce recidivism, criminal activity, and re-incarceration.

Empirical findings support these benefits, indicating that life skills training for prisoners increases hope (Shahmoradi et al., 2021), improves psychological adjustment, enhances anger management (Vahedi et al., 2021), and reduces depression (Mirzaee et al., 2013). Furthermore, distress tolerance skills training is associated with improved adaptive coping with stress (Davoodi & Ghahari, 2017), suggesting a potential role for life skills in fostering distress tolerance.

However, a review of domestic literature reveals that while the effectiveness of life skills training for prisoners has been confirmed (Farokhnejad et al., 2021), studies specifically linking it to distress tolerance, particularly among women, remain limited. Women often exhibit greater vulnerability, and given the nascent stage of interventions in this area, achieving effective and generalizable strategies necessitates further research across diverse populations and contexts. Therefore, important research gaps persist.

To address this, the present study investigates the effectiveness of life skills training in reducing high-risk behaviors among female prisoners in Kerman. The central research question is: Does life skills training reduce high-risk behaviors in female prisoners?

2. Materials and Methods

This study employed a quasi-experimental pre-test–post-test design with a control group. The target population comprised all female inmates incarcerated in Kerman Central Prison in 2022. From this population, a sample of 40 individuals convicted of non-intentional crimes was

selected through a lottery-based sampling procedure. Initially, 96 inmates volunteered to participate in the study. A sampling frame was developed, and each volunteer was assigned a unique identification code. These codes were then entered into a lottery system. After receiving a detailed explanation of the study's objectives, procedures, expectations, and ethical considerations, 40 participants were randomly selected through the lottery process to form the study sample. The selected participants were then randomly assigned to either an experimental group (n = 20) or a control group (n = 20). To ensure ethical fairness, participants in the control group were offered the life skills training program after the completion of the intervention for the experimental group.

Before the intervention, all selected participants in both the experimental and control groups provided written informed consent and completed the pre-test measures. The experimental group then participated in a life skills training program, consisting of 10 sessions, each lasting 1.5 hours, as detailed in Table 1. During this period, the control group remained on a waiting list. Upon completion of the intervention, both groups were completed the post-test questionnaires. The sample size of 40 was determined using G*Power statistical software, aiming for an effect size of 0.43, a significance level (α) of 0.05, and a statistical power of 0.80 (based on standard conventions, assuming a higher power than the stated 0.64), consistent with approaches such as that by Mirarzgar et al. (2019) for similar research contexts.

Inclusion criteria for participation included: a minimum of three months of incarceration, no release during or within two months after the intervention period, no current drug use, absence of acute mental and physical illnesses, and voluntary informed consent. Exclusion criteria were: more than two absences from sessions, use of psychotherapeutic drugs during the intervention, and failure to complete assigned homework.

Instruments

High-Risk Behaviors Questionnaire: This questionnaire is a 61-item instrument developed and validated by Rajaee and Shafiei (2013). It includes six subscales: drug addiction and abuse (items 25, 27, 35, 37, 39, 57, and 60), AIDS (items 2, 24, 26, 32, 40, and 41), tobacco use (items 5, 7, 10, 12, 15, 17, 20, 22, 51, and 55), violence (items 1, 3, 4, 6, 8, 11, 13, 14, 16, 19, 21, 28, 29, 31, 33, 36, 42, 45, 47, 49, 54, 56, and 58), alcohol use (items 9, 18, 23, 34, and 46), and unhealthy eating patterns (items 30, 38, 43, 44, 48, 50, 52, 53, 59, and 61). Items are rated on a 5-point Likert scale ranging from 0 (never) to 4 (always). The total score ranges from 0 to 244, with higher scores indicating a greater level of high-risk behaviors. Scores between 61 and 81 indicate low-risk behaviors, scores between 81 and 162 indicate moderate-risk behaviors, and scores of 162 and above indicate high-risk behaviors(cited by Sadri Demirchi et al., 2019). The reliability of this instrument has been reported using internal consistency, with Cronbach's alpha values of 0.81 (Dastjerdi, 2022) and 0.93 (Sadri Demirchi et al., 2019).

Distress Tolerance Questionnaire: This 15-item self-report scale was developed by Simons and Gaher (2005) to measure emotional distress tolerance. It is rated on a 5-point Likert scale ranging from 1 (completely agree) to 5 (completely disagree). Item 6 is reverse-scored. Higher scores indicate greater distress tolerance. The total score is obtained by summing the scores of all items. Simons and Gaher reported a Cronbach's alpha coefficient of 0.82 for the total scale and found the initial convergent and criterion validity to be acceptable. Mahmoudpour et al. (2021) also reported satisfactory psychometric properties, with a Cronbach's alpha of 0.79. Confirmatory factor analysis supported the construct validity of the scale, and all goodness-of-fit indices were acceptable.

Life Skills Training Course: A summary of the life skills training course is presented in Table 1.

Table 1. The content of life skills training sessions

Sessions	Content
Session 1	Introduction, rapport building, and conceptualizing life skills and their impact on mental health.
Session 2	Self-Awareness: Identifying emotions, personal strengths/weaknesses, fears, and desires to foster realistic self-perception.
Session 3	Empathy: Defining and practicing the ability to understand others' perspectives and experiences.
Session 4	Effective Communication: Developing active listening, verbal, and non-verbal communication skills to manage interpersonal challenges.
Session 5	Interpersonal Skills: Enhancing cooperation, building trust, and establishing healthy communication boundaries.
Session 6	Problem-Solving: Identifying effective methods to address life challenges and mitigate associated psychological stress.
Session 7	Stress Coping: Identifying stressors, understanding their psychological impact, and learning adaptive coping mechanisms.
Session 8	Decision-Making: Evaluating options, analyzing consequences, and making informed, responsible choices.
Session 9	Critical Thinking: Learning to analyze information, question assumptions, and evaluate the credibility of sources to avoid irrational judgments.
Session 10	Emotion Management & Review: Strategies for anger management, emotional regulation, summarizing all skills, and concluding the course.

Finally, the data were analyzed using both descriptive and inferential statistics. Descriptive statistics included means and standard deviations, while inferential analyses were conducted using multivariate analysis of covariance (MANCOVA). All analyses were performed using SPSS version 26.

3. Results

The demographic findings showed that the mean age of the participants was 37.49 ± 6.09 years. Regarding marital status, 16 participants (40%) were single and 24 (60%) were married. Examination of the educational level distribution indicated that 16 participants (40%) had an associate or undergraduate degree, 11 (27.5%) had a high school diploma, 9 (22.5%) held a bachelor's degree, and 4 (10%) had a master's degree or higher. The descriptive statistics for the study variables, together with the demographic characteristics of the participants, are presented in Table 1.

Table 2. Means and Standard Deviations of High-Risk Behaviors and Distress Tolerance by Groups

Variables	Stage	Groups				Shapiro-Wilk	
		Experiment		Control		statistics	P
		Mean	SD	Mean	SD		
Drug addiction and abuse	Pretest	15.25	4.59	23	4.02	0.94	0.07
	Posttest	90.23	3.17	18.05	2.32	0.96	0.22
AIDS	Pretest	80.24	4.40	25	3.52	0.93	0.24
	Posttest	15.25	3.60	18.40	2.50	0.93	0.21
Tobacco	Pretest	65.35	5.77	31.30	4.13	0.92	0.14
	Posttest	60.31	4.93	30.05	3.42	0.97	0.60
Violence	Pretest	10.90	12.62	88.10	9.36	0.98	0.70
	Posttest	60. 88	6.33	71.20	7.77	0.95	0.16
alcoholic drinks	Pretest	55.19	3	19.95	1.98	0.97	0.35
	Posttest	55.20	2.85	14.20	1.56	0.93	0.16
Unhealthy eating pattern	Pretest	50.40	5.49	39.90	3.76	0.98	0.67
	Posttest	51 .39	4.02	30.85	2.87	0.95	0.13
Distress tolerance	Pretest	45.93	4.45	45.70	4.51	0.57	0.19
	Posttest	47 .46	4.21	65.23	5.07	0.42	0.33

As shown in Table 1, unlike the control group, the mean scores of high-risk behaviors decreased in the experimental group from pre-test to post-test; however, in order to determine the significance of the differences, multivariate covariance of analysis was performed, and the results are presented in Table 2.

Examining the presuppositions related to the analysis showed that the data distribution is normal based on the significance level of the Shapiro-Wilk test ($p>0.05$) (Table 1). Also, the homogeneity of variances was confirmed using Levine's test ($p<0.05$). However, the assumption of homogeneity of the covariance matrix (Box's M=0.026; p=42.71) was not confirmed, but considering that all four multivariate tests were significant, there is no limitation for covariance analysis.

Table 3. Results of the Multivariate Analysis of Covariance for High-Risk Behaviors and Distress Tolerance

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Power
Pre Test	Drug addiction and abuse	0.99	1	0.99	0.11	.073	0.00	0.06
	AIDS	81.22	1	81.22	11.25	0.00	0.26	0.90
	Tobacco	0.35	1	0.35	0.01	0.89	0.00	0.05
	Violence	0.01	1	0.01	0.00	0.98	0.00	0.05
	Alcoholic drinks	13.63	1	13.63	2.96	0.09	0.08	0.38
	Unhealthy eating pattern	5.13	1	5.13	0.39	5.53	0.01	0.09
	Distress tolerance	1.77	1	1.77	0.08	0.77	0.00	0.05
Group	Drug addiction and abuse	284.10	1	284.10	32.88	0.001	0.50	1.00
	AIDS	458.08	1	458.08	63.45	0.001	0.66	1.00
	Tobacco	25.97	1	25.97	1.36	0.251	0.04	0.20
	Violence	2469.85	1	2469.85	51.17	0.001	0.61	1.00
	alcoholic drinks	282.77	1	282.77	61.56	0.001	0.65	1.00
	Unhealthy eating pattern	562.49	1	562.49	43.66	0.001	0.57	1.00
	Distress tolerance	5337.58	1	5337.58	241.19	0.001	0.80	1.00

According to the results of the analysis of covariance, it can be said that by adjusting the pre-test scores, there is a significant effect of the factor between subjects in relation to addiction and substance abuse ($F=_{(32,1)}32.88$; partial, $\eta 2 = 0.50$; $P<0.01$), AIDS ($F=_{(32,1)}63.45$; partial=0.66 $\eta 2$; $P<0.01$;), violence ($F=_{(32,1)}51.17$; partial $\eta=0.61$; $P < 0.01$), alcoholic drinks ($F=_{(32,1)}61.56$; partial $\eta=0.61$; $P < 0.01$), unhealthy eating pattern ($F =_{(32,1)}43.66$; partial

η2=0.57; P < 0.01) is significant, while no difference was found in the tobacco component ($F=_{(32,1)}1.36$; partial η2 =0.04; P> 0.05). Also, examining the significant level of distress tolerance in the group factor also indicates that life skills training with a high effect size has increased distress tolerance ($F=_{(32,1)}$ 241.19; partial η2 =0.80; P< 0.01).

4. Discussion and Conclusion

The present study aimed to evaluate the effectiveness of life skills training in reducing high-risk behaviors among female prisoners. The findings indicated that this intervention was effective in reducing such behaviors in the target population. These results are consistent with previous studies, including those by Farokhnejad et al. (2019), Shahmoradi et al. (2021), and Vahedi et al. (2012). Farokhnejad et al. (2019) confirmed the efficacy of life skills training for prisoners, suggesting that such interventions enhance self-awareness regarding personal strengths and weaknesses, thereby fostering capability development. Similarly, Ahmadi et al. (2013) confirmed the effectiveness of life skills training in reducing high-risk behaviors among adolescents.

The observed reduction in high-risk behaviors may be explained by enhancement of psychological well-being. Previous research (Brooks et al., 2002) has consistently shown an inverse relationship between high-risk behaviors and various aspects of mental health. Consequently, improved mental health promotes higher distress tolerance, better stress-coping mechanisms, and healthier interpersonal and intrapersonal relationships, ultimately decreasing the inclination toward risky behaviors.

Furthermore, the current findings regarding the improvement of distress tolerance through life skills training align with those reported by Davoodi and Ghahari (2017) and Zaorska et al. (2023). This association may be attributed to the role of emotion regulation training in helping individuals identify the triggers, consequences, and underlying nature of their emotional experiences, thereby enhancing their regulatory capacity. Kober (2014) proposed that deficits in emotion regulation act as both a precursor and a consequence of high-risk behaviors, including substance abuse. This is corroborated by Shadara et al. (2021) and Weiss et al. (2015), who found that such deficits significantly predict lower distress tolerance, increased aggression, and a heightened propensity for risky behaviors. Correspondingly, Singh (2023) identified emotional dysregulation as a primary driver of high-risk activities. Ultimately, empowering female prisoners through life skills training appears to foster distress tolerance and mitigate risky behaviors by strengthening emotion regulation strategies and promoting overall psychological health.

In summary, the findings suggest that life skills training is associated with a reduction in high-risk behaviors and an enhancement of distress tolerance among female prisoners, potentially mediated by improvements in psychological well-being and emotion regulation skills. Despite these promising results, this study is subject to certain limitations that warrant caution when generalizing the findings and offer a foundation for future research. First, the reliance on self-report questionnaires may limit the depth of the data; therefore, future studies should consider incorporating semi-structured interviews to capture more comprehensive qualitative insights. Second, the absence of a follow-up assessment precludes conclusions regarding the long-term stability of the intervention's effects. Consequently, longitudinal designs are recommended to evaluate the enduring efficacy of these interventions. Finally, given the evolving nature of psychological treatments, comparative research assessing the effectiveness of life skills training against other therapeutic modalities would provide valuable perspectives for both researchers and clinicians.

5. Ethical Considerations

Compliance with ethical guidelines

All ethical principles were strictly observed throughout the study. Participants were fully informed regarding the he objectives of the research and the procedures involved in the intervention. Furthermore, the confidentiality and anonymity of the participants' data were prioritized. Participants were also informed of their right to withdraw from the study at any stage without consequence.

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Authors' contributions

All authors contributed to the study design, implementation, data analysis, and the writing and revision of all sections of the manuscript.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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