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Managing Self-Harm in Prison: What the Research Says about Improving Staff Competence and Resilience

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Abstract

Correctional staff are routinely exposed to high-stress environments, with inmate self-harm emerging as one of the most emotionally corrosive and ethically complex dimensions of prison life. While much research focuses on inmates, the psychological and moral impact on those tasked with their care remains underexplored, especially in relation to gender norms, institutional culture, and philosophical questions of responsibility and empathy. This paper addresses that gap through a comprehensive review of interdisciplinary literature, drawing from psychology, gender theory, and carceral studies. The analysis examines how correctional officers navigate emotional labour, institutional role conflict, and normative masculinity within an environment that demands both authority and detachment. Concepts such as dehumanization spillover and moral strain are used to illuminate how systemic pressures shape not only mental health outcomes but also ethical orientations and interpersonal behaviour. The study argues for a reconceptualization of staff training and prison governance grounded in trauma-informed, gender-responsive, and psychologically reflective frameworks. By placing the inner life of correctional personnel at the centre of inquiry, this paper contributes to a deeper understanding of the prison as a site where political, ethical, and psychological dimensions of care and control converge.

Keywords

Self-Harm, Prisons, Occupational Stress, Suicidality, Training

1. Introduction

Occupational stress is more prevalent in correctional officers than in community

occupations and is comparable to those employed in emergency services such as police officers, emergency room employees and paramedics. The prison environment is a highly controlled setting with complex and considerably stressful factors that impact correctional officers, who are exposed to this pressure on a daily basis.

Research into the daily stress experienced by correctional officers and their interactions with inmates—especially with suicidal and violent inmates—supports the conclusion that self and other-directed violence are the most detrimental occupational strains [1]. Poor comprehension, work overload, prejudice, being directly and deeply affected by seeing self-harm, and mental coping strategies, all contribute to these attitudes and emotions.

2. Context

2.1. Structural Health Crisis

The mental health of correctional staff has reached a critical tipping point, described in recent literature not as an occupational risk but as a structural health crisis. A landmark review by Schultz & Ricciardelli (2025) analyses cross-sectional data from five countries and concludes that correctional workers are now the most psychologically distressed subset of the law enforcement workforce, surpassing police officers, emergency medical technicians, and even frontline trauma nurses in rates of depression, PTSD, anxiety, substance misuse, and suicidality. Nearly 1 in 3 staff disclosed engaging in self-harm or having suicidal ideation within the last year [2]. The seriousness of job-related stress in work performance and its effect on employee wellbeing is acknowledged by relevant literature, however, there are results that fail to encapsulate the complexity of what correctional officers endure on a psychological, social, and physical level [3]. Furthermore, there is no clear agreement on the effectiveness of interventions in the context specific—critical emergency situations—characterized by unpredictability and latent dangerousness. In addition, levels of workload could differ from one organization to another, and perception of stress could affect officers based on individual resources and attitudes toward seeking help. Likewise, levels of stress are often underreported by the literature, and consequently, supportive services are executed to a lesser extent than required by the actual challenges faced [4]. Several employees from various correctional settings suggested that self-harm management is the job aspect most emotionally draining and traumatic, so many firmly agreed that more guidance and information is needed [5]. Better work satisfaction was significantly linked to higher suicide prevention efficiency, and suicide awareness has been directly associated with effective communication skills, positive workplace ethos, effective staff duties and responsibilities, and good interpersonal relationships with administrators [6]-[8].

2.2. Self-Harm as a Significant Issue for Job Related Stress

Self-harm is a frequent reason that individuals require assistance from prison healthcare and services. In addition, self-harm constitutes a significant issue in

detention, yet often receive little interest throughout the national prevention programmes. In many nations, convicts of both sexes commit significantly more self-harm than the overall community [9]. A systematic review concluded that over 50% of individuals who take their own lives in custody present previous records of self-harm, which raises the odds of suicide in detention by 6 to 11 times [10]. Self-harm is a serious concern within prisons, not only because it is a risk factor for prison suicide [11], also because it is regularly repeated.

Despite the fact that many healthcare workers assist persons who self-harm, unfavourable staff reactions have been reported in a variety of settings, including primary care facilities, basic healthcare, and mental health settings. These responses include irritability, wrath, and hostility. Healthcare workers are also more antagonistic toward persons who self-harm than other patients, and they may feel inadequate in assisting them, expressing being useless and poorly equipped [12]-[14]. Employees' negative attitudes about self-harm can lead to antagonism and alienation from patients, as well as inadequate understanding and stigmas. This can have an impact on the standard of care, it could increase the likelihood of committing further self-harm, and discourage the inmates from seeking treatment and/or engaging with professional services. Understanding and compassion, on the other hand, might minimise stigmatisation, inspire resilience, and help minimize self-harm.

2.3. Rationale of the Study

Despite growing attention to inmate self-harm, existing research offers limited insight into how correctional staff internalize, interpret, and are psychologically affected by these incidents, particularly through the lens of gender, emotional labour, and institutional culture, leaving a critical gap in understanding the full impact on staff well-being and the effectiveness of systemic support structures. Prison personnel managing incidents of self-harm have been reported to occur frequently – e.g., every time employees complete their shifts [15]. Understanding staff's experiences, perspectives, and attitudes is essential for comprehending self-harm in detention. The experiences of prison staff in dealing with self-harm yield knowledge regarding its impact on their mental well-being.

In this context, where the psychological, social, and emotional toll of managing inmate self-harm remains underexplored, particularly in relation to gendered dynamics and institutional culture, there is a pressing need for a comprehensive understanding of correctional officers' lived experiences. This paper addresses that gap through a critical literature review focused on staff perspectives, coping mechanisms, and attitudinal responses, offering essential insights for developing advanced, trauma-informed, and gender-sensitive training programs in penal settings.

3. Method

In order to review the literature for understanding staff experiences, perspectives,

and attitudes regarding self-harm in detention and for improved prison staff training, the search criteria were developed using a number of key search terms.

3.1. Search Terms

((“self-harm” [MeSH Terms] OR “suicide” [All Fields]) AND (“staff” [All Fields] OR (“officer” [All Fields] AND “training” [All Fields]) OR “program*” [All Fields] OR “prevention” [All Fields])) AND “prison*” [All Fields].

An exploration of studies was performed, searching the following databases: EBSCO, Web of Science and PubMed.

3.2. Inclusion Criteria

The inclusion criteria are as follows:

- Studies in English published in full in peer review journals.
- Studies that include specific mentions of self-harm or suicide during the imprisonment.
- Observational studies such as cohort studies, cross-sectional, case series, case control, and experimental studies that investigated attitudes perspectives, observations of staff regarding offender’s self-aggression, attempted suicide or suicide while serving a sentence.

The search was conducted in October 2025 and covered studies published between 1990 and 2025. After screening titles, abstracts, and full texts according to these criteria, N = 13 studies were included in the final review.

4. Results

Together, the examined studies found that, several employees reported feeling deeply disturbed by having experienced self-harm in offenders [5] [9] [16]-[20], and expressing a need for better training to enhance their competence [6] [9] [21].

Furthermore, part of them also developed symptoms of traumatic stress [9] [14] [22], while others reported being clinically depressed [7] and self-harming themselves [23].

4.1. Observations of Potential Self-Harm Indicators and Effective Teamwork

Several occupational issues hampered employees to respond to self-harm. Due to the high prevalence of self-harm in corrections, prison staff regularly raised concerns about interpreting and addressing self-harm [6] [21]. This created powerlessness and hopelessness, especially if the self-harm occurred repeatedly [5]. Moreover, in custodial settings, prison staff are routinely expected to suppress their emotions, especially empathy and compassion, in order to maintain authority and institutional order. This suppression is not simply a job-specific demand but may become a deeply internalized strategy that reshapes how individuals relate to others more broadly, both inside and outside the institution. Building on Hochschild’s foundational theory of emotional labour (1983), recent studies have

identified a more insidious phenomenon within prison work environments: dehumanization spillover.

Dehumanization spillover refers to the transfer of emotional distancing and objectifying interactional patterns developed in custodial environments into relationships outside the institutional context. Unlike burnout or compassion fatigue, which primarily describe psychological exhaustion resulting from chronic stress or repeated exposure to suffering, dehumanization spillover concerns the diffusion of institutional interaction norms into personal and social relationships. Chapman and Marci (2025) empirically demonstrate how this "spillover" effect functions in real time: staff members who engage in continuous emotional distancing from inmates begin to exhibit similar patterns of emotional disengagement in their family and social relationships. The researchers found significant correlations between high levels of emotional suppression at work and symptoms of emotional blunting, depersonalization, and relational breakdown in private life. This process can be explained through affective dissonance, *i.e.*, the psychological strain experienced when there is a mismatch between felt and displayed emotions. In penal environments, this dissonance may become chronic, contributing to cognitive dissonance, burnout, and even identity fragmentation. Over time, staff may come to see both inmates and themselves as objects of management rather than human beings with intrinsic worth. This not only corrodes workplace morale but also erodes the foundational qualities required for ethical correctional practice: empathy, compassion, and moral reflexivity.

Moreover, dehumanization within the correctional environment is often bidirectional. As correctional officers depersonalize inmates, they may simultaneously experience institutional dehumanization themselves, being treated as instruments of control rather than individuals deserving of psychological care. This dual burden—being both the agent and the target of dehumanization—has been linked to adverse psychological outcomes including anxiety, substance misuse, and post-traumatic stress.

Most prison staff expressed a need for better training to enhance their confidence and competence, even though some demonstrated 'on-the-job' learning.

Incongruent and inadequate training was perceived to disrupt service quality and impede the recognition and management of key factors in self-harm. Staffing shortages significantly impacts the approach to self-harm, as well as the time required for staff-prisoner interactions.

Prison staff noted considerable difficulties in dealing with individuals who self-harm in cells, as the regime discipline being positioned as having impelling precedence over healthcare. Furthermore, organizational issues, as well as conflicting work opinions and convoluted team structures, occasionally hampered effective teamwork.

Prison employees described a variety of reactions to self-harm, ranging from anger and being frustrated, sadness and being traumatised. Several employees reported feeling deeply disturbed by having experienced self-harm, part of them also

developing symptoms of traumatic stress, while others reported being clinically depressed and self-harming themselves [9].

Many staff members experienced trauma, worry, burnout, and exhaustion, which in turn impact negatively on the care for detainees [5] [9]. Other staff members were afraid of being accused or penalised for the self-harm of convicts [24]. There were several coping mechanisms suggested for coping following self-harm. Some employees considered self-harm as a fact of prison life. Suicide was described as both an extreme solution and a purposeful attempt to alleviate emotions of shame and blame [8]. Further coping tactics included employing dramatic irony, taking "time out" after occurrences, getting support from staff members, and keeping a healthy balance between work and life. However, there are employees revealing maladaptive coping strategies, including drinking and extreme anxiety [7] [8].

Therefore, stakeholders are commonly requested to provide specific and emotional assistance to prison officers, including more motivating strategies for properly coping with self-harm, support mechanisms, such as post-incident briefings and access to professional care [25]. On the other hand, personnel feared to actively engage with institutional support networks. This was due to the belief regarding defending their masculinity, privacy, and avoiding stigma, in addition to believes that seeking help implies fragility or poor resilience. Staff also believed that seeking support after witnessing incidences of self-harm is impracticable because of the demands to perform their tasks and continue running the regime [7] [8].

4.2. Understanding the Underlying Reasons behind Self-Harm Behaviours

In several studies, correctional professionals identified mental illness as a potential contributor to self-harm. Substance abuse was the condition most frequently reported, while some staff members also referred to psychotic disorders, schizophrenia, depressive symptoms, and personality disorders.

When self-harm appeared linked to a psychiatric condition, officers frequently considered themselves incapable of appropriately aiding the convict [16]-[21]. In addition, correctional officers and healthcare professionals identified adverse childhood experiences and prior maltreatment as key factors associated with self-harm [20].

Boredom, segregation, insecurity, intimidation, and stealing between convicts were identified as factors inside incarceration settings by officers throughout numerous studies, with some officers considering them illegitimate grounds for self-harm [17] [19]-[21].

The transition from pretrial to sentenced status was considered as an extremely sensitive stage, and incurring either extremely short or very long prison terms.

Bullying, bad news, grief, financial burdens, poor self-esteem, and frequent adverse incidents were all cited as reasons for self-inflicted harm [7].

To manipulate someone was the most often reported motivation for self-harm by several staff roles. Prison personnel cited the benefits of manipulative self-harm, including more lenient prison regimes, enlarged access to products and medical care, or services, hospitalisation, and separation from the other detainees [7] [19] [20].

Some professionals, on the other hand, consider self-harm as a manifestation of distress and a request for assistance. Other often stated functions of self-harm comprised requiring attention, emotion regulation and stress relief, and dealing with challenging events [19] [20] [26].

Some employees observed a kind of imitation self-injury, in which inmates emulate the self-injury acts from others, and prisoners were instilled to self-injure by other inmates and less-experienced workers. Other functions of self-harm that have been identified include obtaining control over environment, providing emotional release, and punishing oneself [5] [17] [18] [25].

Non-fatal self-harm was frequently perceived as separate from and unconnected to suicide. Prison officials recognised that self-harm occasionally cause a person's death, but believed this was due to a premeditated miscalculation or going too far, rather than a true attempted suicide. Some prison employees concluded that suicide was unavoidable, suggesting that if someone is determined to commit suicide, they will always find the means. It was widely argued that convicts who intend to commit suicide employ more dangerous self-harm practices and hide their plans and sufferings better compared to those who do not [26].

Recurrent self-harm was seen adversely by prison workers and was frequently perceived as dissimilar from single episodes. Recurrent self-harm related to negative remarks from the staff, considered as attention-seeking, and also was characterized as exhausting staff's compassion, confidence, and skills [19] [20] [25].

4.3. Identifying Staff Attitudes and Responses to Address the Self-Harm Incidents

Although some employees indicated that regular interactions with prisoners who frequently self-harm caused them to be more empathetic to them, most officers and medical professionals noted that somehow this desensitised them and weakened their compassion [19]. Male staff members were more likely to advise keeping emotional detachment from convicts [19], while females favoured effective communication [20]. Male convicts were perceived to self-harm more seriously, received less sympathy, and had fewer genuine, or deep concerns than females. Self-harm was sometimes characterised as infantile and demoralising by prison personnel, who commented that it was quite a female behaviour to do [18] [19] [25].

Overall, healthcare workers indicated a better understanding of self-harm than prison officers. They were more likely to identify interpersonal potential risks in prison settings, to comment on the consequences of childhood adverse events, or to recognise self-harm as a means of relieving for emotional pain. They also feel

more capable of preventing self-harm in general. When compared to prison officers, healthcare workers less frequently directly identified self-harm as manipulating or being used to challenge employees [6].

Prison governors, and violence prevention coordinators expressed more apprehensions for the management of recurring self-harm, recognised its possible factors more frequently, and conceptualised self-harmers as victim's families regularly [6] [17] [19] [20] [26].

The prison personnel also indicated that "manipulative" and "non-genuine" self-harm required tougher management techniques, such as isolation, enforcing boundaries, and lessening staff attention. Following repeated exposure, staff frequently reported 'building up tolerance' and becoming accustomed or desensitized to self-harm. They also reported developing emotional detachment from prisoners and feeling emotionally distant from them. These were commonly considered as helpful survival mechanisms for limiting the emotional repercussions of self-harm and reducing staff exhaustion. Nevertheless, these have also been linked to poorer prevention and intervention, as well as antipathy, dissatisfaction, and suspiciousness toward convicts [7] [8] [20] [25].

Concerns of being criticized for offenders' self-harm led staff to reactive behaviours. Consequently, prison employees try not to be engaged in self-harm situations by avoiding night shifts and interactions with detainees who often self-harm. Thus, there were disagreements among health care professionals and correctional officers, with correctional officers hesitant to assume responsibility for assisting individuals who self-harm, especially for repeated self-injury, and attributing this responsibility to health professionals, whilst staff nurses believed that officers must also consider taking more responsibility for prisoner's health including suicide prevention [6].

Staff admitted departing from the accredited self-harm procedures and guidelines in order to lessen hard pressure of workload and the deficit of resources they are facing regularly. This has been a consequence of the perceived burden experienced in order to complete extensive documentation, which in turn detract staff from a meaningful interaction with detainees [8] [19] [20].

Similarly, some employees reported their need of being initiated in specific self-harm procedures of de-escalation of the critical situation and medical aid, whilst others viewed self-harm protocols as checkbox items [7]. Cassidy and Bruce (2019) revealed that 31.8% of correctional staff who were involved in a prisoner suicide exhibited clinical-level PTSD symptoms.

A large proportion of prison employees believe that self-harm is committed for being noticed and manipulating, and, therefore, individuals who self-injure do not intend to commit suicide. Female prison officers were more likely to consider self-harm as manipulative, whereas males were considerably more inclined to attribute self-harm in correctional settings to prior abuse experiences [19] [20]. However, self-harm is considered a coping method by the majority of correctional officers [11]. The ability of prison officers to grasp inmates' sentiments in association with

self-harm is considered of substantial importance. Conversely, officers who supported strong prison rigour were likely to consider that inmates who committed self-harm must be disciplined or ignored, albeit this opinion was held by a minority [27]. Higher levels of inmate suffering were observed in facilities where personnel saw self-harm as manipulating and undermining their authority. Furthermore, the most frequently encountered motivations for prisoner self-harm were emotional expression, maintaining control, and getting attention; 75% of correctional officers considered that self-harm was used to manipulate staff, seeking special treatment or location. Staff reported requiring more self-harm training, with more than 70% of staff reporting that lack of time is limiting the quality of care. Staff considered self-harm as a pressure releasing method, while a minority thought it was motivated by suicide thoughts or a serious mental disease. Only, about 4% of professionals in mental health did not recollect any incidents of self-harm in the prior six months of working activity [28].

In several exploratory studies, especially for repetitive self-harm, conceptions of self-harm as manipulative, or attention-seeking were linked to experiences of poorer healthcare and antagonistic attitude against inmates. The management of the condition was described as being more responsive and empathetic by staff who displayed greater job satisfaction and a thorough understanding of self-harm. Intense emotions and anguish from self-harm occurrences were described by several staff members, and they considered difficult to handle self-harm inside prison settings. These traumatic experiences affected their exchanges with inmates and their ability to care for them, as many prison staff developed PTSD symptoms [23].

Almost all of the perceptions and behaviours expressed by prison staff have been reported previously in other contexts, such as hospital professionals. Deep emotional responses to self-harm, adaptive and maladaptive staff attitudes and beliefs, feelings of insecurity and inadequateness, and the perception that there is not enough time or money to provide good care for individuals who self-harm are a few examples. The acknowledged tensions between combining safety, discipline, and penalty with compassion present unique challenges for managing self-harm in corrections and lead to personnel disorientation and confrontation. The resulting literature is aware of the contradiction between compassion and detention regime [13] [29]-[31].

Contemporary prison research continues to affirm the pervasive influence of hegemonic masculinity on correctional cultures, particularly regarding how trauma is expressed and managed among both inmates and staff. While the theory of hegemonic masculinity initially contextualized this phenomenon within broader gender hierarchies, recent studies bring it directly into the custodial space with new empirical precision. A comparative study by Cesaroni, Grounds, and Graham (2023), conducted across youth prisons in Canada and Scotland, sheds light on how masculine identity formation is intricately linked to emotional repression and distrust in therapeutic systems [32]. Their findings highlight that incarcerated young men who have survived trauma—ranging from childhood abuse to sys-

temic marginalization—struggle to acknowledge their vulnerability due to prison codes that equate emotional openness with weakness, femininity, or failure. This pressure is not isolated to inmates. Correctional officers, particularly men, often inhabit the same gendered scripts. Expressing emotional strain, seeking mental health support, or even engaging in peer debriefing may be perceived as a betrayal of the masculine ideal of invulnerability. This stigma is so pervasive that many staff internalize their distress, resulting in chronic stress, substance misuse, and a reluctance to utilize institutional support systems—even when they are available.

These patterns of avoidance and suppression contribute to a dangerous feedback loop: trauma is unspoken, support is underutilized, and institutional silence becomes the norm. Importantly, this is not a personal failing but a structural effect of gender norms that are embedded in correctional hierarchies.

4.4. The Attitudes of the Prison Staff—The Inmates' Interpretations

There is a paucity of research into the impact of self-harm on either staff perceptions facing self-harm in prisons or inmates presenting with self-harm. For example, in a UK study, adolescents who self-harm were seen less negatively, with 98% of staff rejecting the assumption that adolescents and young people who self-harm are depleting NHS services [33].

On the other hand, it is crucial to take into account how inmates interpret the attitudes and behaviour of the prison staff. Prison staff have been characterised by self-harming inmates as affable, helpful, and offering strong emotional support. They have also emphasised how useful interactions and dialogue with correctional workers can be for easing anxiety [5]. Conversely, according to a few studies, prisoners feel that prison workers do not understand their needs when it comes to listening to or caring for them after they self-harm. Prisoners who self-harm have also expressed worries about being termed as attention seeking. These perceptions of deficient care and animosity add further to the likelihood of self-harm. Previous studies have confirmed several of the key factors and causes of self-harm that prison staff identified in this analysis. The confinement and boredom that result from spending too much time in cells, as well as violence and intimidation among inmates, are some of the unique risk factors for self-harm that are specific to prisons. Research on clusters of self-harm in prisons supports the concept of convicts emulating self-harm.

Self-harm significantly predicts future suicides, both within prison and after discharge, yet prison staff consistently underestimated the relationship between the two events [28] [34]. Prisoners' criticism on staff members being unprepared to handle self-harm are consistent with prison employees' perceptions of heavy workloads and a lack of resources to handle self-harm [9]. It is noteworthy that prison workers spoke of helplessness and frustration as feelings and emotions towards inmates who self-harm and, frequently ask for mental health education,

which could involve assisting them in comprehending their own responses to self-harm, potentially enhancing emotional health.

Additionally, and contrary to staff beliefs that manipulative self-harm demands less action from their part, self-harm does not preclude the possibility to exhibit a suicidal intention and lethal behaviour in addition to the manipulative motivations. These misunderstandings highlight a critical need for understanding the risk factors, especially in regards to the possibility of a later inmate's suicide [35].

5. Implications and Recommendations

The current part examines implications of findings from the published studies and makes suggestions for possible best policy. Practical implications are also examined.

5.1. Emotional Labour and Dehumanization Spillover

Incorporating a trauma-informed, relationally aware framework like relational corrections and embedding reflective practice into daily routines are promising responses. These strategies shift the institutional ethos away from stoicism and control toward dignity-based correctional cultures. Emotional detachment should not be framed as resilience. Rather, it is a maladaptive survival mechanism that becomes toxic when left unacknowledged and unsupported. Training and organizational reform must target systemic emotional suppression, offering safe avenues for staff to process emotional strain without stigma or punitive consequences.

5.2. Masculinity, Trauma, and Help-Seeking in Modern Contexts

In line with gender-responsive theory, these reforms should not aim to feminize correctional work but rather expand the emotional repertoire available to men working within and incarcerated by the system. Without such changes, correctional environments will continue to reinforce a form of masculinity that is incompatible with psychological health, social resilience, and humane care. The solution is not simply to encourage men to "open up," but to redesign institutional responses to trauma in a way that acknowledges the gendered barriers to care. This includes: 1) developing male-oriented trauma-informed training, which validates trauma experiences without demanding emotional vulnerability in traditionally feminine terms; 2) encouraging peer-based support systems, where disclosure is framed as strength, solidarity, or ethical professionalism rather than personal weakness; 3) implement supervisory models that reward relational leadership and emotional intelligence, not just compliance and discipline.

5.3. Burnout and Mental Health Crisis among Staff

This is not simply an individual or psychological issue; it reflects chronic systemic failures. The correctional system's demand for emotional suppression, paired with high rates of exposure to violence, repeated trauma (e.g., witnessing inmate self-

harm), and institutional betrayal (e.g., lack of support after incidents), forms a toxic organizational ecology. Current workplace interventions, typically focused on resilience, mindfulness, or fitness, are insufficient. They risk individualizing what is inherently a structural condition, framing staff as lacking inner strength rather than acknowledging that correctional environments often produce mental health deterioration by design. Instead, Schultz & Ricciardelli advocate for a public health model of staff care that includes: 1) mandatory trauma-informed supervision and psychological debriefing after critical incidents; 2) access to longitudinal mental health services external to the corrections system, to minimize stigma and organizational conflict; 3) recognition of correctional PTSD as an occupational injury, equivalent to physical assault, with protections under labour law; 4) embedding mental wellness standards into institutional accreditation processes, making them non-optional and regularly evaluated [2].

5.4. Coordination with Other Organizations

Building trusted relationships with employees who can offer non-judgmental listening seems an important strategy to potentially reduce suicidal tendencies. However, personnel are frequently lacking the expertise or resources to provide this assistance, and inmates frequently do not trust the system. It is recommended that prison service in order to address these challenges, forms relationships whenever possible including external agencies such as the community mental health nurses. Furthermore, offering face-to-face support has been shown to be an important method for preventing suicide, with critical implications resulting from client-staff appointments and, thus, cannot be replaced by electronic or AI monitoring. However, it is necessary to highlight that, while non-judgmental listening is a beneficial support source for the general population, these programs must be particularly structured to address the requirements of prison clients. For example, such programs must address the barriers listed previously, as well as guarantee that people giving assistance become cognizant of the issues that this distinct category faces.

5.5. Consistent Training, Staff Support, Gender-Responsive Programming

Prison staff should receive regular training since it builds confidence and equips employees with specific expertise for managing self-harm and suicidality. The difficulty that personnel could have in recognizing vulnerable individuals with suicidal behaviour is a key concern identified in the current practice.

A last implication of the proposed investigation is for prison officers who already work with suicidal clients. The suicidal behaviour of their clients might have an emotional impact on the staff. While employees felt supported, they also report this institutional support has not always regarded as being immediately available, consequently personnel frequently rely on co-workers to address their worries. As a result, it is essential that professional resources of staff support be clearly visible,

extensively promoted, and freely available.

Historically, gender-responsive programming in corrections has focused almost exclusively on women—recognizing their specific pathways to crime, patterns of victimization, and needs in custody. However, emerging scholarship argues that the same gendered lens must be applied to male prisons to address a parallel but distinct set of issues: namely, the damaging influence of normative masculinity on both inmates and staff.

Gender-responsive approaches might include: 1) training staff to recognize how masculinity norms inhibit care and contribute to burnout; 2) offering male-specific trauma interventions that do not frame vulnerability in feminized terms; 3) redesigning discipline procedures to include restorative alternatives that affirm emotional expression and relational accountability. This evolution helps reconcile gender theory with correctional practice—moving beyond binary models of "men need control" and "women need care." Instead, it creates a framework where gender is seen as a structuring force in all institutional interactions, not just those involving female inmates.

6. Conclusions

Staff frequently believed they lacked training and expertise to handle self-harm, and they do not feel supported by the penal system. Numerous prison staff members spoke of coping by being emotionally detached from inmates and insensitive to self-harm; this may indicate emotional exhaustion, in which a person's capacity to offer compassionate care deteriorates after a repetitive exposure to painful experiences. Enhancing prison officer training would greatly benefit staff morale and retention while also subtly improving the inmate care. A holistic strategy that takes into account the requirements of each individual, and the institutional culture is needed to reduce self-harm in correctional institutions.

The goal of training programmes should be to reveal detrimental experiences and beliefs, examine them, and enable workers to change their attitudes through learning and introspection. Positive reinforcement should be used to strengthen compassionate behaviours and empathy, while actively discouraging staff from treating inmates harshly in case of self-harm. Based on the research, many prison employees thought that their training remained insufficient, indicating the importance of including employees in the co-design of training and determination of their learning requirements. A key component of training courses should be to ensure awareness of the strong link between self-harm and future inmate suicide.

Correctional agencies also should ensure effective rules are in place to deal with issues like harassment, depression, segregation, and substance abuse, which often have been shown to be triggers for self-harm. For the protection of the detainees, it is essential to have enough resources, provided with sufficient staff and access to specialised mental health services. The programs designed to improve the mental health of at-risk offenders need to be reliable and thoroughly evaluated for effectiveness in probation. Additional services for mentally disturbed offenders

need to be arranged after their release from prison in order to be reintegrated into the community. A mechanism of rapid assessment for prisoners and the coordination between mental services in probation and mental health services on the community level should be developed throughout the care system process. The aim is to support mentally fragile individuals to help them live independently in the world outside of prison, and to help them remain outside of prisons.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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