



POLICING
RESEARCH
PARTNERSHIP

AGILE EVIDENCE REVIEW 2026

Suicide Prevention Measures
for People Arrested or Under
Investigation for Sexual Offences

Emma Tuschick
Teesside University
March 2026

N8 PRP AGILE EVIDENCE REVIEWS

Agile Evidence Reviews (AERs) synthesise available research, grey literature, and policy guidance to provide a high-level summary of current understanding on topics selected by the N8 PRP Steering Group, in line with the annual N8 PRP Policing Research Priorities. AERs aim to increase effective police access to research, improving the capacity to implement existing knowledge and help police and academics identify knowledge gaps to be addressed.

Grants are available to members of the N8 PRP New Researchers in Policing Network (NRiPN).

Agile Evidence Review reports and more information on the NRiPN, including how to join, are available on the N8 PRP website:

<https://www.n8prp.org.uk/home/research/agile-evidence-reviews/>

LAY SUMMARY

People who are arrested or investigated for sexual offences face a very high risk of suicide and self-harm, especially in the early stages of contact with the criminal justice system. Research shows that risk is greatest soon after arrest, disclosure, or first contact with police, and during long periods of investigation and uncertainty. This risk is linked not only to mental health, but also to shame, stigma, fear of exposure, disruption to family life, and the stress of criminal justice processes.

This review brings together research, policy guidance, inspection reports, and third-sector practice to examine suicide risk and prevention for people arrested or under

investigation for sexual offences. It focuses on the pre-conviction period, when risk is highest, but formal prevention measures are often weakest. The review identifies key moments when risk increases, as well as opportunities to prevent harm.

The findings show that suicide prevention should be treated as a shared safeguarding responsibility across policing, courts, custody, and community settings. While guidance and effective approaches exist, they are not always used consistently. Better early identification, clearer communication, and continuous support across services are essential to reducing preventable deaths.

KEY FINDINGS

- Individuals arrested or under investigation for sexual offences face exceptionally elevated suicide risk, particularly for child-related and “sex-only” offences.
- Suicide risk is sharply time-patterned, peaking shortly after disclosure, arrest, or awareness of investigation, and again at key transition points such as prolonged investigative delay.
- Risk is driven by shame, stigma, identity collapse, perceived burdensomeness, and social exclusion, often occurring even in the absence of prior mental health history.
- Criminal justice processes can intensify vulnerability, particularly through poor communication, prolonged uncertainty, inconsistent welfare contact, and incoherent information sharing.
- Existing guidance and interventions recognise this risk, but implementation is uneven, with repeated evidence of missed opportunities for prevention at critical stages.
- Third-sector services provide vital emotional containment and crisis support, but access is inconsistent and often dependent on informal or ad hoc referral.

KEY RECOMMENDATIONS

1. Embed mandatory, needs-based vulnerability assessments at all key investigative and transitional points, including arrest, release from custody, bail decisions, and significant investigative updates.
2. Ensure consistent welfare contact following arrest and release, regardless of apparent presentation or prior mental health history.
3. Standardise referral pathways to third-sector crisis and support services, with proactive signposting rather than reliance on self-disclosure.
4. Improve clear, compassionate communication with suspects to reduce uncertainty, confusion, and hopeless thinking during investigations.
5. Strengthen multi-agency information sharing, accountability, and continuity of care across policing, health, safeguarding, and community services.

1. Background

Individuals arrested or under investigation for sexual offences represent a group at exceptionally high risk of suicide and self-harm. Evidence indicates that those accused of sexual offences face disproportionate stigma, social ostracisation, and heightened psychological distress compared to individuals accused of other crimes (Harper et al., 2024; Tuschick et al., 2025). The pre-conviction period, including arrest, police custody, investigation, and pre-trial proceedings, can be characterised by intense uncertainty, shame, and public scrutiny, particularly in cases involving media exposure (Harper et al., 2024; McCartan et al., 2021). These psychosocial stressors compound known risk factors such as mental health disorders, substance misuse, and previous suicide attempts, creating a critical window of vulnerability (Katsman & Jeglic, 2020; Key et al., 2021).

The suicide risk for this population is well-documented in custodial settings, with studies consistently reporting higher rates of suicide among individuals accused or convicted of sexual offences than among other incarcerated groups (Gullotta et al., 2021; Zhong et al., 2021). However, most research and prevention strategies focus on convicted individuals in prison, with far less

attention to those in the earlier stages of criminal justice involvement (Bruno et al., 2024; Key et al., 2021). This is a key gap given that suicide often occurs before conviction, particularly shortly after arrest or during the investigation phase (Lindon & Roe, 2017; Piel, 2020).

While national initiatives such as the Suicide Prevention in England 5-year strategy (2023–2028) (Department of Health and Social Care, 2023) and the Association of Police and Crime Commissioners Preventing Deaths in Custody Guidance (2025) emphasise suicide prevention training for police custody staff and improved cross-sector support, there remains limited evidence of consistently implemented, evidence-based guidance tailored to individuals at acute risk during the early stages of criminal justice involvement, such as shortly after arrest or during investigation. Furthermore, the public stigma associated with sexual offences may discourage individuals from disclosing suicidal thoughts, creating additional barriers to early identification and prevention efforts (Steel et al., 2022).

This review aims to synthesise available research, grey literature, and policy guidance to provide a high-level summary of current understanding of suicide prevention for individuals arrested or under investigation for

sexual offences. It will draw together evidence on key risk factors, such as current and previous health status, stage of investigation, type of offence, media exposure, and social support networks, while mapping international and UK-specific interventions to inform evidence-based officer training, guide policy and service development, and highlight innovative approaches. As much previous research and service provision has focused primarily on post-conviction contexts, this agile review will address a critical gap by prioritising areas for future research and identifying opportunities for earlier, more humane intervention in criminal justice settings.

2. Methods

This report adopts an agile review methodology with elements of a scoping review, to synthesise a diverse body of evidence relevant to suicide risk and suicide prevention among individuals arrested or under investigation for sexual offences.

An agile approach was selected to allow timely integration of peer-reviewed research, grey literature, policy guidance, inspection reports, and third-sector evidence, reflecting the applied and practice-oriented nature of the review question.

2.1 Search Strategy and Sources

Evidence was identified through targeted searches of academic databases, supplemented by purposive searches of grey literature and policy sources. Academic databases included PsycINFO, MEDLINE, Criminal Justice Abstracts, and Google Scholar. Grey literature was identified through organisational websites and targeted searches of UK policing, oversight, safeguarding, and third-sector bodies. Reference lists of key publications were also reviewed to identify additional relevant sources.

2.2 Inclusion Criteria

Inclusion criteria included:

- Population: Adolescents and adults arrested, detained, remanded, or under investigation for sexual offences
- Setting: Police custody, police investigation, remand custody, and court processes
- Evidence type: Empirical qualitative and quantitative studies, systematic and rapid reviews, scoping reviews, policy documents, inspection reports, professional guidance, evaluations, and authoritative third-sector reports
- Focus: Suicide, suicidal ideation, self-harm, suicide risk, prevention, safeguarding, or intervention
- Geography: UK and international evidence in the English language.
- Exclusion criteria included studies where findings could not be disaggregated from post-conviction prison populations or where the population of interest was not identifiable.

2.3 Data Synthesis

Evidence was mapped and synthesised through a thematic synthesis approach (Thomas & Harden, 2008), according to:

- Stage of the criminal justice process
- Nature of suicide risk and vulnerability
- Type and timing of preventive intervention
- System-level facilitators and barriers

Findings were synthesised to identify patterns of risk, missed prevention opportunities, and promising intervention approaches, with particular attention to points of transition and lack of coordination.

2.4 Scope and Limitations

The review focuses primarily on adults, reflecting the available evidence base, which is overwhelmingly centered on adult men. While the review includes post-conviction and custodial evidence, its primary emphasis is on the pre-conviction period, where suicide risk is highest and prevention opportunities are often missed. As an agile review, the report does not undertake formal quality appraisal or meta-analysis; instead, it aims to provide a robust, triangulated synthesis to inform policy and operational decision-making.

3. Results

3.1 Overview of the Evidence Base

In total, 44 sources were included in the review. These comprised:

- 16 risk-focused empirical studies
- 28 intervention- and practice-focused documents

The evidence base was predominantly UK-focused in the intervention literature, with international (UK, Ireland, USA, Australia) coverage in the risk studies. Across both strands, the population of interest was overwhelmingly adult men accused or convicted of sexual offences, particularly child-related offences (CSA and CSAM/IIOC). Despite methodological diversity, the literature was highly convergent: individuals investigated for sexual offences, especially child-related and “sex-only” offenders, experience exceptionally elevated suicide risk, concentrated at specific points in the criminal justice process. The intervention literature largely emerges as a response to this recognised risk, though implementation remains uneven.

3.2 Suicide Risk

Sixteen studies examined suicide risk among individuals accused

or convicted of sexual offences, spanning quantitative epidemiology and record linkage (Brophy, 2003; Pritchard & Bagley, 2001; Hoffer & Shelton, 2013; Sanchez-Morales et al., 2025; Steel, 2022), case series and reports (Wild, 1988; Lester et al., 1989; Walter & Pridmore, 2012; Hoffer et al., 2010), one systematic review (Key et al., 2021), and qualitative based research (Absalom, 2021; Burnett & Speechley, 2021; Fenwick, 2024; Harris & Levenson, 2024; Kothari et al., 2021; Leese & Russell, 2017). Across designs and locations, the evidence was consistent: individuals accused or convicted of sexual offences, particularly child-related offences, experience exceptionally elevated suicide risk, although studies differ in their emphasis on timing, mechanisms, and system-level drivers.

3.2.1 Magnitude and offence-related differences

Where quantified, suicide risk was shown to be extreme. Brophy (2003) found suicide rates of approximately 1 in 24 among men under investigation for offences against minors, compared with 1 in 1,644 for offences against adults. Pritchard and Bagley (2001) reported that 3.2% of “sex-only” child sexual abusers died by suicide during follow-up, equating to roughly 200 times the general male population rate.

Case series report similarly elevated risks shortly after arrest (Lester et al., 1989; Walter & Pridmore, 2012). Hoffer and Shelton (2013) identified rapid suicides during FBI child sex crime investigations, with over a quarter occurring within 48 hours of offenders becoming aware of the investigation. Survey research among adults convicted of CSEM shows very high levels of suicidal ideation (73%) and attempts (19%) following investigation awareness (Steel, 2022). Synthesising this literature, Key et al. (2021) concluded that suicide risk among individuals accused or convicted of CSA or IIOC may exceed 100-fold relative to the general population.

Across studies, risk was consistently higher for child-related offences than for sexual offences against adults (Brophy, 2003; Key et al., 2021). Several authors also identified particularly high risk among “sex-only” offenders (men with no broader criminal history) who are often socially integrated prior to exposure (Pritchard & Bagley, 2001; Walter & Pridmore, 2012).

3.2.2 Timing across the criminal justice process

A central finding was that suicide risk is highly concentrated at specific points

in time. The strongest consensus concerned the period immediately following disclosure, accusation, or first police contact. Multiple studies found suicides occurring within days or weeks of investigation commencing (Brophy, 2003; Hoffer & Shelton, 2013; Lester et al., 1989; Wild, 1988). Qualitative research and practitioner accounts described this period as one of intense suicidal crisis, often among individuals with no prior mental health history (Absalom, 2021; Fenwick, 2024; Kothari et al., 2021). Key et al. (2021) argued that risk is “front-loaded” at exposure and early investigation, challenging models that locate suicide risk primarily in imprisonment or chronic psychiatric illness.

Beyond the investigative phase, several studies demonstrated persistent long-term vulnerability. Elevated suicide rates continued among convicted child sexual abusers during follow-up (Pritchard & Bagley, 2001), while qualitative work described suicide risk as an enduring “aftershock” extending through court, imprisonment, and post-release life (Fenwick, 2024). Public exposure via media or community disclosure also acted as an independent trigger, sometimes preceding formal criminal justice milestones (Walter & Pridmore, 2012; Burnett & Speechley, 2021).

3.2.3 Psychological, social, and system mechanisms

Despite methodological diversity, the studies point to the same underlying processes. Shame and stigma were central across qualitative accounts and suicide-note analyses, particularly fear of being labelled a “paedophile” and beliefs that one’s life and family are irreparably destroyed (Absalom, 2021; Fenwick, 2024; Hoffer & Shelton, 2013; Steel, 2022). Walter and Pridmore (2012) described suicide as arising from a “predicament” in which intense humiliation, loss of identity, and a sense that the future has collapsed can be enough to lead to suicide, even without severe mental illness. Importantly, people who maintain innocence may experience similar suicidality due to perceived injustice and reputational ruin (Burnett & Speechley, 2021).

Many studies also highlighted perceived burdensomeness and thwarted belongingness, with offenders believing their families would be better off without them and anticipating total social exclusion (Hoffer & Shelton, 2013; Absalom, 2021; Kothari et al., 2021; Steel, 2022; Harris & Levenson, 2024). These processes were intensified by system-related stressors, including prolonged investigations, repeated

bail extensions, confiscation of devices, restrictive conditions, and poor communication, which increased uncertainty, loss of control, and hopelessness (Absalom, 2021; Fenwick, 2024; Kothari et al., 2021). While some studies emphasised the role of depression, substance misuse, and cumulative stress (Wild, 1988; Sanchez-Morales et al., 2025), others found that many individuals appeared low risk prior to exposure, highlighting that absence of psychiatric history should not be treated as protective (Walter & Pridmore, 2012; Steel, 2022).

3.2.4 System responses and gaps

Some practical responses already existed, including custody pre-release planning, helpline support, and informal monitoring by partners (Leese & Russell, 2017; Absalom, 2021; Kothari et al., 2021). Steel (2022) suggested that many individuals would engage with counselling if support were proactively offered at the point of investigation. However, across studies, authors consistently identified systemic gaps, including limited routine suicide risk assessment, harmful communication practices, prolonged uncertainty, and a lack of formalised, evidence-based suicide-prevention protocols across key criminal justice stages (Key et al., 2021).

3.2.5 Summary

Overall, the evidence shows that suicide risk among individuals accused or convicted of sexual offences, especially child-related and “sex-only” cases, is extraordinarily high, sharply time-patterned, and driven by stigma, shame, social exclusion, and system-related stressors. Risk peaks at exposure, early investigation, and major transitions, and may persist long term. Despite this consistent and patterned risk, the literature highlights a continuing absence of systematic, stage-specific suicide prevention across the criminal justice process.

3.3 Suicide Interventions

The 28 included documents comprised a predominantly UK-based body of evidence spanning national policing strategies and guidance (APCC, 2025; NPCC, 2019, 2025, 2025b; College of Policing, 2019), custody and safeguarding guidance (IAPDC, 2022; NICE, 2018; CECSA, 2023), oversight and investigation reports into deaths or serious incidents (IOPC, 2022, 2022b, 2023, 2023b, 2023c; HMICFRS, 2023), academic and practitioner-led studies (Bailey, 2018; Byrne, 2009, 2012; Pratt et al., 2016; Stark, 2024), and extensive third-sector publications, particularly from the Lucy Faithfull Foundation

(LFF, 2021, 2024, 2025). Additional sources situate suicide prevention within wider criminal justice and safeguarding systems (Lindon, 2017; Police Foundation, 2022; Steel et al., 2024; Sussex Police, 2024).

3.3.1 Policing-Led Interventions: Systemic and Procedural Approaches

Policing-led interventions (APCC, 2025; NPCC, 2019; 2025; 2025b; College of Policing, 2019; CECSA, 2023; The Police Foundation, 2022; Sussex Police, 2024) framed suicide risk as situational and system-produced rather than individual pathology. Risk was understood to be intensified by poor communication, inconsistent welfare checks, weak handovers, limited family engagement, and prolonged uncertainty. In response, guidance emphasised standardised risk assessments, structured handovers, routine welfare contact, investigative updates, and clear referral pathways, supported by multi-agency information-sharing (IAPDC, 2022). Importantly, police responsibility extended beyond custody, recognising heightened vulnerability during post-release transitions.

Oversight bodies, however, consistently identified a gap between guidance and practice. HMICFRS

(2023) and IOPC reviews (2022; 2022b; 2023a; 2023b; 2023c) documented missed risk assessments, inconsistent recording of vulnerability, fragmented information-sharing, and limited follow-up. Safeguarding was often reactive, despite evidence that vulnerability is frequently hidden and fluctuating. As a result, the preventive impact of policing frameworks depended heavily on organisational culture, training, workload, and accountability, leaving implementation fragile where capacity was limited.

3.3.2 Third-Sector Interventions: Emotional Stabilisation and Shame Reduction

Third-sector interventions, particularly the Lucy Faithfull Foundation's Stop It Now helpline and Inform programmes (Bailey, 2018; LFF, 2021; 2024; 2025; Disley et al., 2021), prioritised emotional containment rather than procedural risk management. Typically accessed during acute crisis following arrest or investigative delay, these services provide confidential, non-judgemental support addressing shame, catastrophic thinking, fear of exposure, and identity collapse. They offer a protected space for disclosure when statutory services are perceived as unsafe or inaccessible.

Evidence suggested early

engagement can reduce suicidal ideation, particularly when accessed close to arrest. However, impact depends on timely referral and capacity. The literature highlighted inconsistent police signposting, limited-service availability, and reliance on charitable funding as key vulnerabilities (The Police Foundation, 2022). Third-sector provision was therefore positioned as complementary to, not a substitute for, statutory responsibility.

3.3.3 Clinical and Therapeutic Interventions: Cognitive and Emotional Structures

Clinical and therapeutic interventions target the cognitive and emotional processes sustaining suicidality. Suicide-focused cognitive-behavioural approaches (Pratt et al., 2016) aim to challenge shame-based beliefs, hopelessness, and maladaptive thinking through longer-term, formulation-led work, typically delivered in custody, secure settings, or structured community supervision. Their strength lies in addressing internal mechanisms rather than situational triggers.

However, it was found that early treatment phases may temporarily increase distress as offence-related shame is confronted (Byrne,

2009; 2019), highlighting the need for parallel containment and risk management. While these approaches complemented policing and third-sector interventions, their impact was constrained by limited availability, delayed access, and difficulties sustaining engagement among highly ambivalent individuals.

3.3.4 Safeguarding and Child-Protection Frameworks: Multiagency Support

Safeguarding frameworks emphasise the relational and familial dimensions of suicide risk. Steel et al. (2024) found that suicidality was often driven by fears of losing contact with children, relationship breakdown, and social exclusion following arrest. In response, safeguarding models emphasised trauma-informed practice, rapid multi-agency decision-making, and clear communication with families to reduce uncertainty (The Police Foundation, 2022). These frameworks recognised the dual need to protect children while reducing harm to non-offending partners and suspects and acknowledged that a suspect's suicide constitutes a secondary safeguarding failure. Their effectiveness, however, depended on timely, coordinated implementation across policing, social care, and health systems.

3.3.5 Interventions in Custody: Managing Early Imprisonment

Custodial interventions (Lindon, 2017; Stark, 2024; NIHCE, 2018) addressed heightened suicide risk on entry to custody, where shame, fear, and hopelessness intersect with isolation, bullying, and loss of autonomy. The literature highlighted that risk arises from the interaction between pre-existing vulnerabilities and custodial harms. Interventions, therefore, prioritised early and repeated screening, enhanced monitoring, safer accommodation, peer support, and mental health referral, recognising early custody as a critical destabilisation point. However, evidence quality remained low (NIHCE, 2018), and implementation was undermined by staffing shortages, overcrowding, inconsistent cultures, and inconsistent information-sharing. As a result, preventive impact was uneven and highly dependent on institutional capacity.

3.3.6 Comparative Analysis Across Intervention Types

Across policing, third-sector, clinical, safeguarding, and custodial settings, suicide prevention reflected distinct but complementary logics. Policing-led approaches targeted procedural and organisational harms through

standardisation and continuity. Third-sector services addressed acute emotional crisis through confidential, shame-sensitive support. Clinical interventions focused on longer-term psychological mechanisms sustaining suicidality. Safeguarding frameworks highlighted relational and familial disruption, while custodial interventions addressed environmental and transitional risks, particularly during early imprisonment.

Each approach was most effective at specific stages, but all were vulnerable to implementation failure. Policing and custody frameworks were weakened by resource and cultural pressures; third-sector provision depended on timely referral and capacity; clinical therapies required stability and sustained engagement; and safeguarding relied on rapid coordination across agencies. Overall, the literature emphasised that suicide prevention is layered and transitional, with failures most often arising at points of system transition, delayed access, and poor handovers rather than absence of guidance.

4. Discussion and Implications for Policy and Practice

This review confirms that individuals arrested or under investigation for sexual offences face an exceptionally high and patterned risk of suicide, concentrated at identifiable stages of criminal justice contact. While elevated suicide risk among people convicted of sexual offences is well established (Gullotta et al., 2021; Zhong et al., 2021), the findings reinforce and extend evidence that risk is front-loaded, peaking at disclosure, arrest, and early investigation rather than emerging primarily during imprisonment.

Consistent with both qualitative and epidemiological literature, many individuals who die by suicide during investigation appear previously well-functioning and without documented mental health histories. This challenges approaches that rely on visible distress or psychiatric diagnosis as primary indicators of risk. Instead, the findings support broader suicide research highlighting the role of acute situational stressors, such as exposure, shame, identity collapse, and perceived social annihilation, in

precipitating suicidal crises (Ollivier et al., 2022; Stewart et al., 2019). In the context of sexual offence investigation, these mechanisms are intensified by extreme stigma and fear of irreversible reputational and familial loss.

The review deliberately prioritises needs-based assessment over formal suicide risk assessment. Evidence from both criminal justice and health settings indicates that actuarial or checklist-based suicide risk assessments are highly unreliable for this population, producing false positives and false negatives and offering limited practical guidance in a cohort already known to be at elevated baseline risk (Carter et al., 2017; NCISH, 2025). In a population where risk is structurally high, risk stratification is a largely uninformative task and may provide false reassurance when individuals are categorised as ‘low risk’.

Consistent with de-implementation approaches in the health arena, this review emphasises identifying and responding to need rather than

5. Future Research

attempting to predict probability (Hawton et al., 2022). Needs-based approaches focus on what is currently heightening distress, destabilising functioning, or undermining coping (for example, shame, uncertainty, investigative delay, family disruption), and on what support, containment, or practical intervention is required at that moment (NHS England, 2025). This approach recognises suicide risk as dynamic, situational, and system-produced, requiring repeated check-ins and continuity of safeguarding responsibility across the investigative journey, rather than a one-off procedural assessment.

Responsibility for suicide prevention should be shared across agencies rather than located solely within custody or mental health services. At a national level, greater standardisation, accountability, and cross-agency integration are required to embed suicide prevention as a routine safeguarding function across the criminal justice system. Individually, each agency has a distinct but connected role in identifying, sharing, and responding to suicide risk at different stages of criminal justice contact, making coordinated safeguarding essential rather than isolated action.

Firstly, police play a central role, as arrest and early investigation represent periods of acute risk. Suicide prevention should be embedded

within routine investigative practice through mandatory needs-based assessment at key points, clear and compassionate communication, consistent welfare follow-up after release, and strong information-sharing across teams and agencies

Secondly, criminal justice and custodial services should recognise early custody, remand, and court transitions as high-risk periods. Continuity of safeguarding responsibility and timely transfer of vulnerability information are essential to prevent individuals from falling between systems.

Thirdly, health and mental health services should support rapid assessment and short-term stabilisation during acute situational crises, including for individuals without prior mental health history, using flexible and stigma-sensitive engagement approaches.

Fourthly, third-sector organisations provide critical crisis and emotional support, particularly immediately following arrest. Their effectiveness depends on consistent police signposting, formalised referral pathways, and sustainable funding. Lastly, safeguarding and family services should recognise that a suspect's suicide constitutes a wider safeguarding failure. Trauma-informed, multi-agency responses that reduce uncertainty for families and partners are essential to mitigating risk.

There are significant gaps in the evidence base that warrant urgent attention. Research to date has focused almost exclusively on adult men, despite evidence that women and adolescents may experience distinct forms of stigma, vulnerability, and system interaction when investigated for sexual offences. Dedicated research is needed to understand suicide risk and prevention needs among:

- Women arrested or investigated for sexual offences, whose experiences are largely absent from current literature
- Adolescents and young people
- Neurodivergent individuals and those with learning disabilities
- Minoritised ethnic and cultural groups, where stigma and barriers to support may be heightened.

Future research should also prioritise evaluation of interventions, particularly at early investigative stages, and examine how communication practices, investigative timelines, and safeguarding approaches influence suicide risk. Longitudinal research following individuals across criminal justice transitions would be especially valuable in identifying where prevention efforts can have the greatest impact.

6. Strengths and Limitations

This review draws on a wide and diverse evidence base, integrating empirical research with policy guidance, inspection findings, and third-sector evaluations, and uniquely prioritises the pre-conviction period, addressing a significant gap in both research and policy. The synthesis identifies clear and recurring patterns of suicide risk and prevention opportunities, strengthening confidence in the overall conclusions and their relevance to policing, safeguarding, and service delivery.

However, the available evidence is overwhelmingly focused on adult men, limiting generalisability to women and other populations, and there remains a lack of high-quality evaluative research assessing the effectiveness of specific suicide prevention interventions. Much of the intervention literature is derived from policy and inspection sources rather than controlled outcome studies, and, as an agile review, the findings should be interpreted as a practice-informed synthesis rather than definitive evidence of intervention effectiveness.

7. Conclusion

Individuals arrested or under investigation for sexual offences face an exceptionally high and predictable risk of suicide, particularly immediately following disclosure, arrest, and during periods of investigative uncertainty. This risk is driven by acute shame, stigma, identity collapse, social and familial threat, and system-related stressors, and often occurs in individuals with no prior mental health history, limiting the effectiveness of reactive or diagnosis-led approaches.

Suicide in this context should be understood as a preventable safeguarding failure rather than an inevitable outcome. Embedding suicide prevention as a routine, system-wide function, through early identification and needs-based assessments, compassionate communication, continuous welfare contact, and coordinated multi-agency working across criminal justice and health services, is essential to preventing further deaths and avoidable harm.

REFERENCES

- Absalom, L. (2021). *Indecent Images of Children Offending and Suicide: An Interpretative Phenomenological Analysis of Partners' Perspectives* (Doctoral dissertation, UCL (University College London)).
- Association of Police and Crime Commissioners. (2025). *APCC Guidance: Preventing Deaths in Police Custody and Suicides Following Release from Custody*. <https://www.apccs.police.uk/wp-content/uploads/2025/04/APCC-Preventing-Deaths-in-Custody-Guidance-April-2025.pdf>
- Bailey, A., Squire, T., & Thornhill, L. (2018). *The Lucy Faithfull Foundation: Twenty-Five Years of Child Protection and Preventing Child Sexual Abuse*. *Sexual Crime and Prevention*, 57.
- Brophy, J. (2003). Suicide outside of prison settings among males under investigation for sex offenses in Ireland during 1990 to 1999. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 24(4), 155.
- Burnett, R., & Speechley, R. B. N. E. 'Robbed of Everything': The Voices of Former Prisoners Maintaining Innocence though Convicted of Sexual Offences, and of their Relatives.
- Byrne, J. M., Lurigio, A., & Pimental, R. (2009). New defendants, new responsibilities: Preventing suicide among alleged sex offenders in the federal pretrial system. *Fed. Probation*, 73, 40.
- Byrne, J. M., Rebovich, D., Lurigio, A., & Stowell, J. (2012). Implementation and impact of the central district of California's suicide prevention program for federal sex crime defendants. *Fed. Probation*, 76, 3.
- Carter, G., Milner, A., McGill, K., Pirkis, J., Kapur, N., & Spittal, M. J. (2017). Predicting suicidal behaviours using clinical instruments: systematic review and meta-analysis of positive predictive values for risk scales. *The British Journal of Psychiatry*, 210(6), 387-395.
- Centre of Expertise on Child Sexual Abuse. (2023). *Managing risk and trauma after online sexual offending*. A whole-family safeguarding guide. <https://www.csacentre.org.uk/app/uploads/2023/09/Managing-risk-and-trauma-after-online-sexual-offending.pdf>
- College of Policing. (2019). *Operational Advice Managing the risk of suicide for persons under investigation for online child sexual abuse and exploitation*. <https://library.college.police.uk/docs/appref/Suicide-Risk-Operational-Advice-Final.pdf>
- Disley, E., Gkousis, E., Hulme, S., Morley, K. I., Pollard, J., Saunders, C. L., Sussex, J., & Sutherland, A. (2021). Outcome Evaluation of the National Model for Liaison and Diversion. *Www.rand.org*. https://www.rand.org/pubs/research_reports/RRA1271-1.html
- Fenwick, L. (2024). *Earthquake, Aftershocks and Rebuilding: A hermeneutic phenomenological exploration of the experiences of the Criminal Justice System for men investigated for Child Sexual Exploitation Material offences in the UK* (Doctoral dissertation, Leeds Beckett University).
- Harris, D. A., & Levenson, J. S. (2024). A framework for post-conviction traumatic stress: preliminary findings from a focus group of men under community supervision for sex offences. *Psychology, Crime & Law*, 30(9), 1105-1122.
- Hawton, K., Lascelles, K., Pitman, A., Gilbert, S., & Silverman, M. (2022). Assessment of suicide risk in mental health practice: shifting from prediction to therapeutic assessment, formulation, and risk management. *The Lancet Psychiatry*, 9(11), 922-928.
- His Majesty's Inspectorate of Constabulary and Fire & Rescue Services. (2023). An inspection of how well the police and National Crime Agency tackle the online sexual abuse and exploitation of children. <https://hmicfrs.justiceinspectrates.gov.uk/publications/inspection-of-how-well-police-and-national-crime-agency-tackle-online-sexual-abuse-and-exploitation-of-children/>
- Hoffer, T. A., Shelton, J. L. E., Behnke, S., & Erdberg, P. (2010). Exploring the impact of child sex offender suicide. *Journal of Family Violence*, 25(8), 777-786.
- Hoffer, T. A., & Shelton, J. L. E. (2013). *Suicide among child sex offenders*. Springer Science & Business Media.
- Independent Advisory Panel on Deaths in Custody. (2022). *Preventing deaths at point of arrest, during and after police custody: a review of police practice submitted to the Independent Advisory Panel on Deaths in Custody by Police and Crime Commissioners and associated bodies*. <https://iapdeathsincustody.independent.gov.uk/document/preventing-deaths-at-point-of-arrest-during-and-after-police-custody/>
- Independent Office for Police Conduct. (2022a). *Recommendation - Greater Manchester Police, November 2021*. <https://www.policeconduct.gov.uk/our-work/learning/recommendation-greater-manchester-police-november-2021>
- Independent Office for Police Conduct. (2022b). *Recommendations - Devon and Cornwall Police - April 2022*. <https://www.policeconduct.gov.uk/our-work/learning/recommendations-devon-and-cornwall-police-april-2022>
- Independent Office for Police Conduct. (2023a). *Recommendation - Hampshire Constabulary, September 2023*. <https://www.policeconduct.gov.uk/our-work/learning/recommendation-hampshire-constabulary-september-2023>
- Independent Office for Police Conduct. (2023b). *Recommendation - South Wales Police, October 2022*. <https://www.policeconduct.gov.uk/our-work/learning/recommendation-south-wales-police-october-2022>

REFERENCES CONTINUED

Independent Office for Police Conduct. (2023c). Recommendation - West Yorkshire Police, December 2022. Policeconduct.gov.uk. <https://www.policeconduct.gov.uk/our-work/learning/recommendation-west-yorkshire-police-december-2022>

Key, R., Underwood, A., Farnham, F., Marzano, L., & Hawton, K. (2021). Suicidal behavior in individuals accused or convicted of child sex abuse or indecent image offenses: Systematic review of prevalence and risk factors. *Suicide and Life-Threatening Behavior*, 51(4), 715-728.

Kothari, R., Key, R., Lawrenson, J., Squire, T., Farnham, F., & Underwood, A. (2021). Understanding Risk of Suicide among perpetrators who view child sexual abuse material (CSAM). *Journal of forensic and legal medicine*, 81, 102188.

Leese, M., & Russell, S. (2017). Mental health, vulnerability and risk in police custody. *The journal of adult protection*, 19(5), 274-283.

Lester, D., & Baker, G. (1989). Suicide after legal arrest: Implications for suicide prevention. *Medicine, Science & the Law*, 29(1), 78.

Lindon, G., & Roe, S. (2017). Deaths in police custody: A review of the international evidence Research Report 95. https://assets.publishing.service.gov.uk/media/5a822407ed915d74e3401f21/Deaths_in_police_custody_A_review_of_the_international_evidence.pdf

National Institute for Health and Care Excellence. (2018). Preventing suicide in community and custodial settings. Evidence review 9 for preventing suicides in residential custodial and detention settings. <https://www.nice.org.uk/guidance/ng105/documents/evidence-review-9>

National Chiefs' Council. (2025a). SPR0073 - Evidence on Suicide Prevention. Parliament. uk. <https://committees.parliament.uk/writtenevidence/70909/html/>

National Chiefs' Council. (2025b). Guidance on preventing suicides in and following police custody in England and Wales. <https://iapdeathsincustody.independent.gov.uk/news/guidance-on-preventing-suicides-in-and-following-police-custody-in-england-and-wales/>

NCISH. (2025). Risk assessment scales, categories and tools should not be used to predict suicide risk. <https://sites.manchester.ac.uk/ncish/resources/implementing-a-personalised-approach-to-risk/risk-scales/>

NHS England. (2025). Staying safe from suicide. England.nhs.uk. <https://www.england.nhs.uk/long-read/staying-safe-from-suicide/>

Ollivier, F., Soubelet, A., Duhem, S., & Thümmel, S. (2022). Shame and guilt in the suicidality related to traumatic events: A systematic literature review. *Frontiers in psychiatry*, 13, 951632.

Pratt, D., Gooding, P., Awenat, Y., Eccles, S., & Tarrier, N. (2016). Cognitive behavioral suicide prevention for male prisoners: Case examples. *Cognitive and behavioral practice*, 23(4), 485-501.

Pritchard, C., & Bagley, C. (2001). Suicide and murder in child murderers and child sexual abusers. *Journal of Forensic Psychiatry*, 12(2), 269-286.

Rook, P. (2019). Prosecuting Sexual Offences A Report by JUSTICE. <https://files.justice.org.uk/wp-content/uploads/2019/06/06170149/Prosecuting-Sexual-Offences-Report.pdf>

Sanchez-Morales, D., Mason, S., Chan, P. P. M., Borschmann, R., Simpson, A., Weinstock, L. M., & Sinyor, M. (2025). Criminal Justice System Contacts among Suicide Decedents in Toronto, 1998-2020: An Observational Study. *The Canadian Journal of Psychiatry*, 07067437251342276.

Stark, M., Rix, K., & Rumalean, Y. (2024). Pre-Release Risk Assessment – Recommendations for Healthcare Professionals working in the custody environment. Faculty of Forensic & Legal Medicine. <https://fflm.ac.uk/resources/publications/pre-release-risk-assessment-recommendations-for-healthcare-professionals-working-in-the-custody-environment/>

Steel, C. M., Newman, E., O'Rourke, S., & Quayle, E. (2022). Suicidal ideation in offenders convicted of child sexual exploitation material offences. *Behavioral Sciences & the law*, 40(3), 365-378.

Steel, C. M., Newman, E., O'Rourke, S., & Quayle, E. (2024). Improving child sexual exploitation material investigations: Recommendations based on a review of recent research findings. *The Police Journal*, 97(1), 150-165.

Stewart, J. G., Shields, G. S., Esposito, E. C., Cosby, E. A., Allen, N. B., Slavich, G. M., & Auerbach, R. P. (2019). Life stress and suicide in adolescents. *Journal of abnormal child psychology*, 47(10), 1707-1722.

Sussex Police. (2024). Serious Sexual Offences Policy (423/2024). <https://www.sussex.police.uk/SysSiteAssets/foi-media/sussex/policies/serious-sexual-offences-policy-423.pdf>

The Lucy Faithfull Foundation. (2021). Case Study: Inform Plus Tackling online child sexual abuse. https://www.lucyfaithfull.org.uk/wp-content/uploads/2024/11/LFF-Case-Study-InformPlus_V2_OCT21.pdf

The Lucy Faithfull Foundation. (2024a). Year in Review 2023/24. https://www.lucyfaithfull.org.uk/wp-content/uploads/2025/01/2024_LFF_Scotland_Year_In_Review_spreads.pdf

REFERENCES CONTINUED

The Lucy Faithfull Foundation. (2024b). Annual report and financial statements for 2023/24. https://www.lucyfaithfull.org.uk/wp-content/uploads/2024/11/LFF_Annual_Report_2023_2024-1.pdf

The Lucy Faithfull Foundation. (2025). If you are being investigated for internet sexual offences. https://www.stopitnow.org.uk/wp-content/uploads/2024/11/Stop_It_Now_Arrested_Leaflet-8PP_03FEB20.pdf

The Police Foundation. (2022). Turning the Tide Against Online Child Sexual Abuse. https://www.police-foundation.org.uk/wp-content/uploads/2022/07/turning_the_tide_FINAL-.pdf

Thomas, J., & Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. BMC medical research methodology, 8(1), 45.

Walter, G., & Pridmore, S. (2012). Suicide and the publicly exposed pedophile. The Malaysian Journal of Medical Sciences: MJMS, 19(4), 50.

Wild, N. J. (1988). Suicide of perpetrators after disclosure of child sexual abuse. Child abuse and neglect, 12(1), 119-121.



N8 PRP is an academic-police collaboration that champions, enables, and supports research taking on the challenges of 21st century policing.

N8 PRP was established by the N8 Research Partnership. It is a collaboration between 8 research intensive universities and 11 police forces in the North of England who work together to champion, enable, and support policing research and its impact.

To find out more about our work, visit:



