



Suicide Prevention for People Arrested or Under Investigation for Sexual Offences

An Agile Review by Emma Tuschick, Teesside University

PRE-CONVICTION RISK

SAFEGUARDING

CRIMINAL JUSTICE

KEY FINDINGS

The Scale of Risk

1/24

Men Under Investigation

Suicide rate among men investigated for offences against minors (Brophy, 2003)

200x

General Population Rate

"Sex-only" child sexual abusers died by suicide at ~200 times the general male rate (Pritchard & Bagley, 2001)

73%

Suicidal Ideation

Adults convicted of CSEM reported suicidal ideation following investigation awareness (Steel, 2022)

100x+

Relative Risk

Suicide risk for those accused of CSA or IIOC may exceed 100-fold vs. general population (Key et al., 2021)



When Risk Peaks: A Time-Patterned Crisis

- 1 — Disclosure / Accusation
Highest acute risk – suicides within days or weeks of first police contact
- 2 — Arrest & Release
Over a quarter of FBI-identified suicides occurred within 48 hours of investigation awareness (Hoffer & Shelton, 2013)
- 3 — Investigative Delay
Prolonged uncertainty, bail extensions, and device confiscation intensify hopelessness
- 4 — Court & Beyond
Risk persists as an enduring "aftershock" through court, imprisonment, and post-release life (Fenwick, 2024)

PSYCHOLOGICAL MECHANISMS

What Drives Suicidality

Shame & Stigma

Fear of being labelled, belief that life and family are irreparably destroyed

Identity Collapse

Intense humiliation and sense that the future has collapsed – even without severe mental illness

Perceived Burdensomeness

Belief that family would be better off without them; anticipation of total social exclusion

System Stressors

Poor communication, prolonged uncertainty, and inconsistent welfare contact amplify hopelessness



Many individuals appear previously well-functioning with no prior mental health history. Absence of psychiatric history must not be treated as protective.

INTERVENTIONS

Five Approaches to Prevention



Policing-Led

Standardised risk assessments, welfare contact, structured handovers, and clear referral pathways – extending beyond custody to post-release transitions



Third-Sector

Lucy Faithfull Foundation's Stop It Now helpline and Inform programmes provide confidential, shame-sensitive crisis support at point of arrest



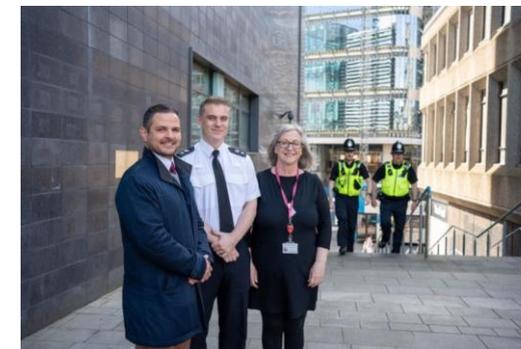
Clinical & Therapeutic

CBT approaches challenge shame-based beliefs and hopelessness; most effective in custody or structured community supervision



Custodial

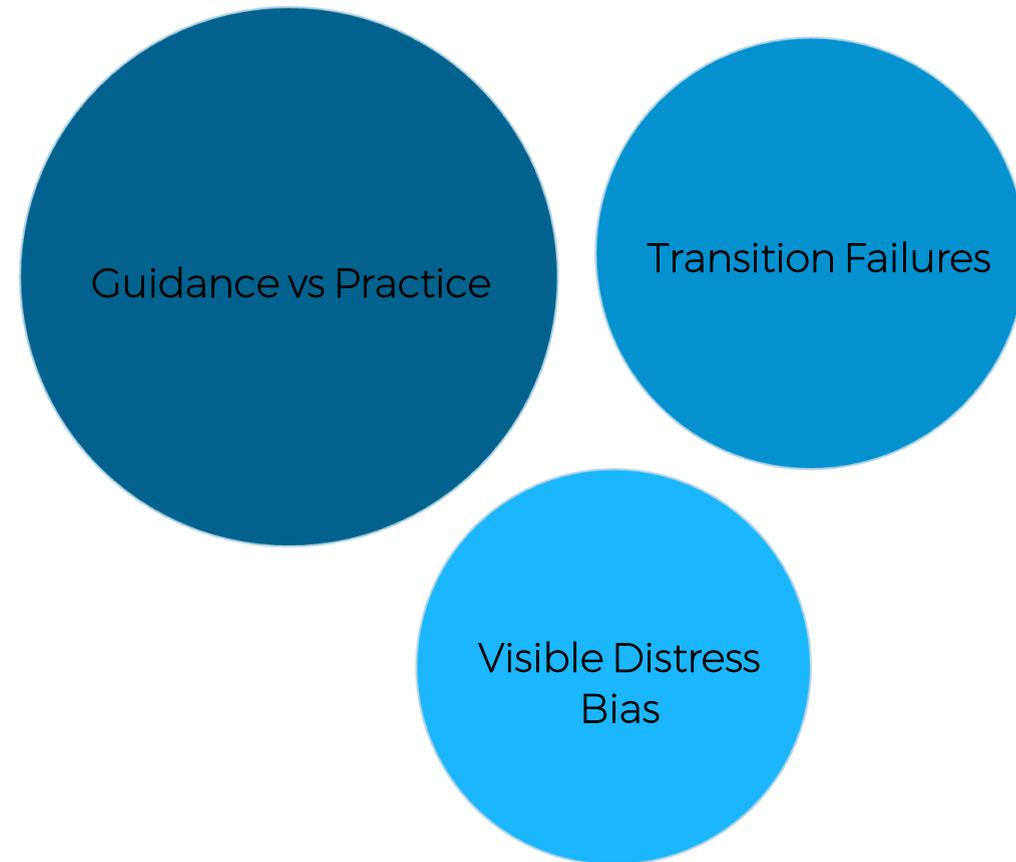
Early and repeated screening, safer accommodation, peer support, and mental health referral at the critical destabilisation point of custody entry



Safeguarding & Multi-Agency

Trauma-informed, rapid multi-agency responses reduce uncertainty for families; recognise a suspect's suicide as a secondary safeguarding failure

Where the System Falls Short



Oversight bodies (HMICFRS, IOPC) consistently document missed risk assessments, fragmented information-sharing, and limited follow-up – despite guidance existing.

Implementation Failures

Policing

Resource and cultural pressures undermine consistent welfare contact

Third Sector

Inconsistent signposting; reliance on charitable funding limits capacity

Clinical

Limited availability; early treatment may temporarily increase distress

Safeguarding

Effectiveness depends on rapid coordination across agencies – often absent

Five Key Recommendations

01

Mandatory Needs-Based Assessments

Embed vulnerability assessments at all key points: arrest, release, bail decisions, and significant investigative updates

02

Consistent Welfare Contact

Ensure follow-up after arrest and release regardless of apparent presentation or prior mental health history

03

Standardise Referral Pathways

Proactive signposting to third-sector crisis services – not reliance on self-disclosure

04

Compassionate Communication

Clear, humane communication with suspects to reduce uncertainty, confusion, and hopeless thinking

05

Multi-Agency Integration

Strengthen information sharing, accountability, and continuity of care across policing, health, safeguarding, and community services

FUTURE RESEARCH

Critical Gaps in the Evidence

Research Priorities

- **Evaluation of interventions at early investigative stages**
- **Impact of communication practices and investigative timelines on suicide risk**
- **Longitudinal research tracking individuals across criminal justice transitions**
- **Identifying where prevention efforts can have the greatest impact**

Research to date has focused almost exclusively on adult men. Dedicated research is urgently needed for underrepresented groups:



Women

Largely absent from literature despite distinct vulnerabilities



Adolescents

Young people face distinct system interactions and stigma



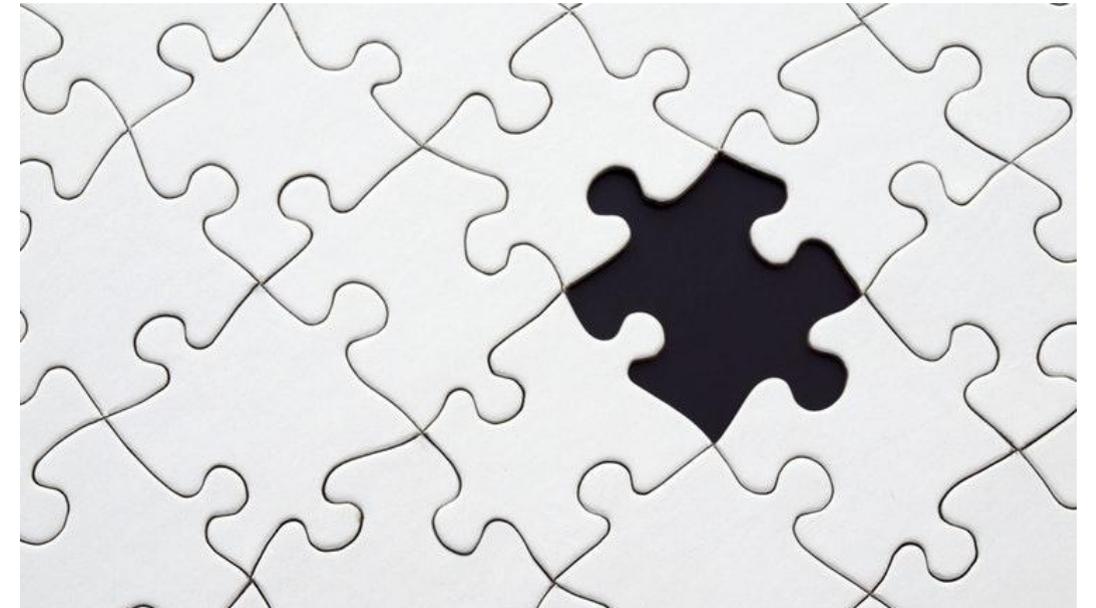
Neurodivergent Individuals

Including those with learning disabilities



Minoritised Groups

Where stigma and barriers to support may be heightened



Much intervention literature derives from policy and inspection sources rather than controlled outcome studies.

Conclusion: A Preventable Safeguarding Failure

Suicide in this context should be understood as a preventable safeguarding failure rather than an inevitable outcome.

Recognise the Risk

Exceptionally high, predictable, and concentrated at identifiable stages – often in individuals with no prior mental health history

Shift the Approach

Move from reactive, diagnosis-led models to needs-based, continuous safeguarding across the investigative journey

Share Responsibility

Embed suicide prevention as a system-wide function across policing, courts, custody, health, and community services

