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# Managing Perpetrators of Child Sexual Exploitation and Indecent Images of Children (IIOC): Understanding Risk of Suicide



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### *Declaration of interest*

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## Executive summary

### 1.1 Background

It is estimated that approximately 500,000 individuals (NSPCC, 2016) routinely access indecent images of children in the United Kingdom. Law Enforcement has expanded its activity to address the threat of harm posed by Child Sexual Exploitation (CSE), specifically individuals suspected of accessing Indecent Images of Children (IIOC), with arrests in this area increasing by 184% in England between 2010 and 2015.

### 1.2 The Problem: death by suicide following contact with law enforcement

Operation NOTARISE arrested 750 individuals in 2014, as part of a wider joint national safe guarding investigation across the UK. 24 apparent suicides were reported following law enforcement contact. This equated to 3.2% of the NOTARISE arrest population. The estimated economic and social cost of death by suicide (Perry et al., 2006) for NOTARISE alone is around £34.8 million pounds (Crowther, 2016). The rate of death by suicide following the operation was rightly identified as a cause for concern as it indicated that this group were at high risk of death by suicide, both in comparison to individuals suspected of other offence types, and the general public.

This issue has been further highlighted by a recent review conducted by the Human Rights Commission (Phillips et al., 2016). The review identified that, of the 60 recorded suicides following law enforcement or criminal justice contact, people under investigation for IIOC offences accounted for 17 (28.3%) deaths. It is also noteworthy that 77% of the total number of deaths by suicide, of those arrested in relation to a sexual offence between 2015-16, were individuals suspected of IIOC offences. Between 2009 and 2016, 32% (128) of deaths by suicide, following law enforcement detention, were by those suspected of sexual offences. Individuals who come into contact with law enforcement, in connection with IIOC related offences, clearly represent a highly vulnerable group who are at a substantially increased risk of death by suicide.

It is clear that the rate of suicide, in addition to the economic and social cost of death by suicide, is substantial and actions to reduce the frequency of this risk following police intervention are a priority. In response to this concern, the NPCC Online Pursue Board re-established the Suicide Prevention Working group. The groups purpose was to refresh the original NOTARISE operational guidance for managing risk of suicide and to conduct wider research into the understanding and management of risk of suicide amongst people under investigation for IIOC offences.

### 1.3 The report

This report is a summary of the research conducted as part of the work of the Suicide Prevention Group from 2015 to 2017. The report outlines a systematic review of the known published literature on risk factors of suicide in CSE and IIOC offenders and qualitative research conducted across three groups (law enforcement

officers, Lucy Faithfull Foundation ‘Stop it Now!’<sup>1</sup> helpline operators and post-conviction IIOC offenders in the UK).

The findings of this report have been utilised as a framework to refine the original operational guidance of the suicide prevention and risk management of perpetrators of Online CSE and IIOC (NPCC, 2017).

#### **1.4 Key findings**

- Individuals who are under investigation for suspected IIOC offences represent a highly vulnerable group who are at risk of suicide. The risk is highly elevated and those who die by suicide tend to rapidly move from ideation to action. All IIOC suspects should be considered vulnerable and robust plans of management should be implemented across the duration of the criminal justice process.
- The systematic review identified several risk factors associated with elevated risk of death by suicide in IIOC offenders. These included: awareness of the criminal investigation, male gender, age between mid-thirties and early fifties, Caucasian, educated to a college degree level, employed in a professional role or position of trust, married with children, limited or no previous contact with the criminal justice system, previous or current military experience, and being an IIOC trader or receiving a criminal charge of possession (including distribution). However, all individuals under investigation of suspected IIOC offences should be considered at high risk.
- A key trigger is the awareness (often as result of arrest) of the investigation itself. Risk of suicide may escalate and de-escalate across the course of legal proceedings. However, core “pinch-points” of acute high risk occur following contact with law enforcement, courts, and where there is public awareness/media reporting of the offending behaviour.
- The experience of shame is also intensified when IIOC related offences are exposed in the public domain. Media coverage often has a significantly damaging effect on an individual, resulting in increased feelings of self-hatred, which may lead to increased risk of suicide.
- Individuals who are under investigation for suspected IIOC offences frequently experience high levels of shame and fear of rejection by social support networks. They are also concerned that public knowledge of the suspected offence will cause significant harm to their social support networks. These concerns increase feelings of hopelessness, helplessness, shame and guilt and all lead to increased risk of suicidal ideation and action.
- A different approach to risk management is needed. In our view, this should involve multi-agency working and co-operation across both the Criminal Justice System and Health.

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<sup>1</sup> The Stop it Now! UK Helpline is run by the Lucy Faithfull Foundation, a leading UK charity working to prevent the sexual abuse of children. The Stop It Now! Helpline is staffed by trained operators, who listen and offer confidential and impartial advice.

### ***1.5 Key recommendations and implications for practice.***

Eight recommendations are made with regard to working with individuals under law enforcement investigation for IIOC related offences. These apply to both law enforcement organisations, and any statutory service that is in contact with this group. These are expanded in the key recommendation section at the end of the full report.

- 1. All IIOC suspects should be treated as highly vulnerable and at high risk of suicide.**
- 2. Risk of suicide should be reassessed by an appropriate professional at critical contact points throughout an investigation.**
- 3. Training on how to discuss suicidal risk with suspects should be disseminated to law enforcement agents working with those suspected of IIOC offences.**
- 4. All suspects arrested for IIOC related offences should see a health professional before leaving custody.**
- 5. Where possible, suspects of IIOC should be provided with a basic non-internet enabled mobile phone. Officers should ensure key numbers (e.g. family members, the Stop it Now! helpline, GP) are stored to allow suspects to remain connected to important sources of support.**
- 6. The prospect and impact of media exposure should be considered.**
- 7. Broader education and training for healthcare workers about the risk of suicide in IIOC offending should be developed.**
- 8. There is a need for further multi-agency working to manage the risk of suicide in men under investigation for IIOC offences.**

## Introduction

Globally, law enforcement agencies are detecting an increase in the number of alleged perpetrators of indecent images of children (IIOC) offences (HM Government, 2017). In the United Kingdom, the Child Exploitation and Online Protection Centre (CEOP), a specialised division of the National Crime Agency (NCA), reported annually increasing numbers of referrals, with identified IIOC offences increasing by over 350% between 2010 and 2016 (HM Government, 2017). It is estimated that up to 500,000 men in total in the UK may have viewed IIOC, highlighting the extent of online offending behaviour (Bentley, O'Hagan, Raff & Bhatti, 2016).

In the UK, there has been an increased drive to effect arrests in relation to IIOC offences, with multiple operations undertaken in recent years. Operation NOTARISE was a 2014 joint national child safeguarding investigation co-ordinated by the NCA. Around 750 people suspected of IIOC offences were arrested as part of this six-month operation targeting people accessing child abuse images only (Crowther, 2016). During this operation, 24 suspected suicides were recorded.

Several studies have identified and sought to understand the observed increased risk of suicide in CSE and, specifically, IIOC suspects (Brophy, 2003; Hoffer & Shelton, 2013; Pritchard & King, 2005; Wild, 1988). Factors such as chronic and acute stress, feelings of loneliness, isolation, depression and hopelessness are all risk factors for suicide (Hawton & Van Heeringen, 2009) and may be heightened in IIOC Suspects. Research suggests that individuals under investigation for IIOC offences experience increased negative emotions and are at increased risk of suicidal behaviour (Hoffer & Shelton, 2013). The descriptions and demographics of IIOC suspects dying by suicide serve to highlight the scale and complexity of this problem. Many people who view IIOC are employed in positions of trust, are married and have had no previous contact with law enforcement (Hoffer, Shelton & Joyner, 2012). Feelings of extreme shame and the stigma associated with IIOC-related offences have been highlighted as risk factors in increasing the risk of suicide. Often this is compounded by people who view IIOC being of relatively high socio-economic status and being in professional occupations (Hoffer, Shelton & Joyner, 2012).

During Operation NOTARISE, interim suicide prevention guidance was developed in response to the observed frequency of death by suicide and to support the policing activity in this area. Consequently, it was decided that the guidance which informed risk management in the arrest of suspected IIOC offenders should be reviewed and updated and further research conducted to inform operational practice. The Suicide Prevention Working Group was re-established by the NPCC pursue board and included representatives from law enforcement, health, probation and academia. The objective of this group was to develop a robust suicide prevention strategy (NPCC, 2017) relating to IIOC law enforcement activity with the aim of reducing the risk of suicide and evidence-based management of this population group.

This report summaries the research activities of the Suicide Prevention Working Group, which included reviewing the current published evidence-base relating to risk factors for suicide in IIOC suspects and conducted primary research of the experiences of law enforcement officers, specialist third-sector support staff and

post-conviction IIOC offenders who previously reported experiencing suicidal ideation.

In this report the research findings are presented in two parts; the first part is a systematic review of the current evidence-base relating to risk factors that contribute to suicide risk in IIOC suspects. The second part is a summary of qualitative studies conducted across three population samples: law enforcement officers in contact with IIOC suspects dying by suicide, Lucy Faithfull Foundation helpline operators who work with people who view IIOC and post-conviction IIOC offenders who experienced suicidal ideation and/or behaviours. Collectively, these studies provide an improved understanding of the risk of suicide in people who view IIOC, inform understanding of how to manage this risk, enhance law enforcement guidance and operational strategies, and inform the development of appropriate clinical pathways.

# **Systematic literature review: Risk factors for suicide in perpetrators of child sex abuse, including indecent images of children offences**

## **Abstract**

Increasingly law enforcement agencies are detecting and prosecuting alleged perpetrators of child sex abuse (CSA). An emerging body of research indicates that those CSA perpetrators who access Indecent Images of Children (IIOC) and are subsequently arrested may be at greater risk of dying by suicide. We have conducted a systematic review to assess this and to identify risk factors for suicide in this population of offenders. A keyword search of bibliographic databases (PsycINFO, Ovid, MEDLINE, Embase, PILOTS, SCIE, the Cochrane Central Register of Controlled Trials [CENTRAL] and CINAHL) was conducted. Eighteen articles were included in the review, with 11 studies meeting criteria for quality assessment. Results suggest an increasing risk of suicide in perpetrators of CSA and IIOC offenders. A number of complex and interlinking factors were identified, including associated shame and burdensomeness, unique demographic characteristics of the offenders, absence of prior criminal contact, and the impact of a criminal investigation. The review identified risk factors that may have practical, clinical and operational implications in the identification of individuals at risk and the subsequent prevention of suicide in perpetrators of CSA and IIOC. It is suggested that exploring the impact of the investigation itself on the risk of suicide, including potential operational strategies and clinical input, should be a priority.

## **1. Introduction**

### ***1.1 Suicide***

Suicide is a major public health concern worldwide. It is estimated that more than 800,000 people die by suicide each year internationally (World Health Organisation [WHO], 2016). The impact these deaths have on families, friends and communities is often profound, extensive and long-term.

### ***1.2 Suicide and the criminal justice system [CJS]***

Understanding the risk factors associated with suicidal behaviour is essential if effective preventive measures are to be developed. In 2012, the Department of Health launched the second national suicide prevention strategy in England, highlighting six 'Areas for Action' (Office for National Statistics [ONS], 2014; HM Government, 2017). One of these areas was the need to reduce the risk of suicide in high-risk groups, including individuals who are in contact with the criminal justice system (CJS). Recent research exploring non-natural deaths following prison and police custody showed that 32% of suicides were related to sexual offences (Phillips, Gelsthorpe, Padfield, & Buckingham, 2016). Further research exploring the vulnerability of offenders in relation to suicide has supported the imminent need to reduce suicide rates of those in contact with the CJS (Linsley, Johnson & Martin, 2007; King, Senior, Webb, Millar, Piper, Pearsall, et al., 2015).

### ***1.3 Perpetrators of child sex abuse [CSA]***

One offender group highlighted at potentially elevated risk of suicide are perpetrators of child sex abuse (CSA) (Pritchard & King, 2005; Brophy, 2003; Linsley, Johnson & Martin, 2007; Ward and Siebert, 2002). Law enforcement agencies worldwide are increasingly reporting cases where an investigation of a child sex crime has resulted in the subsequent suicide of the perpetrator (Crowther, 2016). In the UK, there has been an increased drive to effect arrests in relation to this type of offence, with multiple operations undertaken in recent years. As a result of increased activity by law enforcement, this particular offender group has seen an increase in contacts with the criminal justice system (NCA, 2016).

CSA can include, but is not limited to, the inducement or coercion of children to engage in any unlawful sexual activity, the exploitative use of children in prostitution or other unlawful sexual practices, and the exploitative use of children in indecent performances and materials (WHO, 2003). Internet offences relating to the use of children in indecent materials is one form of CSA that has dramatically increased within the last few decades (CEOP, 2012; Merdian, Wilson & Boer 2009). In the UK, the Child Exploitation and Online Protection Centre (CEOP), a specialised division of the National Crime Agency which handles suspected offences relating to indecent images of children (IIOC), has reported annually increasing numbers of referrals (CEOP, 2013), with offences increasing by 69% between 2014/15 and 2015/16 (Bentley, O'Hagan, Raff & Bhatti, 2016). It is estimated that up to 500,000 men in the UK may have viewed IIOC, highlighting the size and extent of the problem (Bentley et al., 2016).

### **1.4 Outcomes for CSA**

In England and Wales, the volume of child-abuse referrals from the police to the Crown Prosecution Service (CPS) increased to 13,282 in 2015-16 from 12,840 in 2014-15, a rise of 3.4% (CPS, 2016). This increase in the volume of reported crime and intelligence generated from industry and forensics continues to have very significant resourcing implications for law enforcement. Consequences for perpetrators of CSA, once identified, are increasingly severe in nature. Recent rises in prosecution rates have underscored this shift in criminal justice, as a number of nations are implementing increasingly stringent legislative measures to protect minors (CPS, 2016; NCA, 2016; Wolak, Finkelhor, Mitchell, & Ybarra, 2008). For example, in England and Wales, the number of child sex abuse prosecutions completed in 2015/16 reached 11,130 - a rise of 1,085 (10.8%) since 2014-15, the highest volume ever recorded (CPS, 2016).

### **1.5 CSA and suicide**

Factors such as chronic and acute stress, feelings of loneliness, isolation and depression, and hopelessness are all risk factors for suicide (Hawton & Van Heeringen, 2009). Individuals may experience such negative emotions when being investigated for a child sex crime and become at risk of suicidal behaviour. In addition, with penalties and sentencing for CSA and IIOC continually rising, the likelihood of avoiding conviction could be perceived as relatively low for those facing charges and therefore exacerbate feelings of hopelessness. It is also important to note that often the process of prosecution and conviction is lengthy and can involve extended periods on bail in the community, increasing the time over which someone may experience extreme fear and shame. Recent UK research exploring non-natural deaths following prison and police custody in 2015-16 showed that, of the 22 sex offender suicides identified, 17 were related to IIOC (Phillips, Gelsthorpe, Padfield, & Buckingham, 2016). The authors also reported that up to 53% of sex offender deaths are specifically IIOC related.

### **1.6 The current review**

A number of studies have identified and sought to understand a rise in suicide rates for those being investigated with IIOC charges (Brophy, 2003; Hoffer & Shelton, 2013; Pritchard & King, 2005; Wild, 1988). To date, as far as we are aware, there have been no systematic reviews exploring risk factors related to CSA perpetrator suicide including IIOC. In the current review, we aimed to address this gap by reviewing the international research literature to identify risk factors for suicide or attempted suicide in perpetrators of CSA and IIOC. It is hoped that this information will help inform operational strategies of law enforcement, and the clinical management of individuals identified as engaging in CSA and IIOC offences, to support the prevention of suicidal behaviour.

## **2. Method**

### ***2.1 Search strategy and selection criteria***

Bibliographic databases (PsycINFO, Ovid, MEDLINE, Embase, PILOTS, SCIE, CINAHL and the Cochrane Central Register of Controlled Trials [Central]) were systematically searched for all papers published in English from database inception to the 28<sup>th</sup> June 2016. Search terms were used for suicide/attempted suicide/suicidal ideation and/or self-harm related to perpetrator and child sex abuse and/or online child sex abuse (see Appendix 1 for the search strategy). Each database was searched individually and the results were combined before removing duplicates. Reference lists of all studies selected were searched to identify any further studies not identified from electronic database searches. Additionally, authors were contacted if a selected paper was not available online, in an attempt to retrieve all possible relevant studies.

### ***2.2 Inclusion criteria***

Studies were selected if they met one or more of the following inclusion criteria: systematic reviews (with or without quantitative synthesis) of randomised controlled trials, quasi-randomised controlled trials, non-randomised controlled trials, prospective cohort studies, retrospective cohort studies, case-control studies or reports published by professional organisations.

All studies must have provided data on at least one explanatory factor for suicide, attempted suicide or suicidal ideation relating to perpetrators of CSA and/or IIOC.

A single reviewer (RK) screened titles of all studies returned by the searches for relevance, with all relevant studies further screened by their abstract against the inclusion criteria. Two reviewers (RK & AU) then independently assessed these full-text articles identified as potentially meeting inclusion criteria to determine inclusion. Cohen's  $\kappa$  was run to determine the level of agreement between the two reviewers. There was a 'very good' agreement ( $\kappa = .829$ ,  $p < 0.001$ ).

### ***2.3 Quality scales***

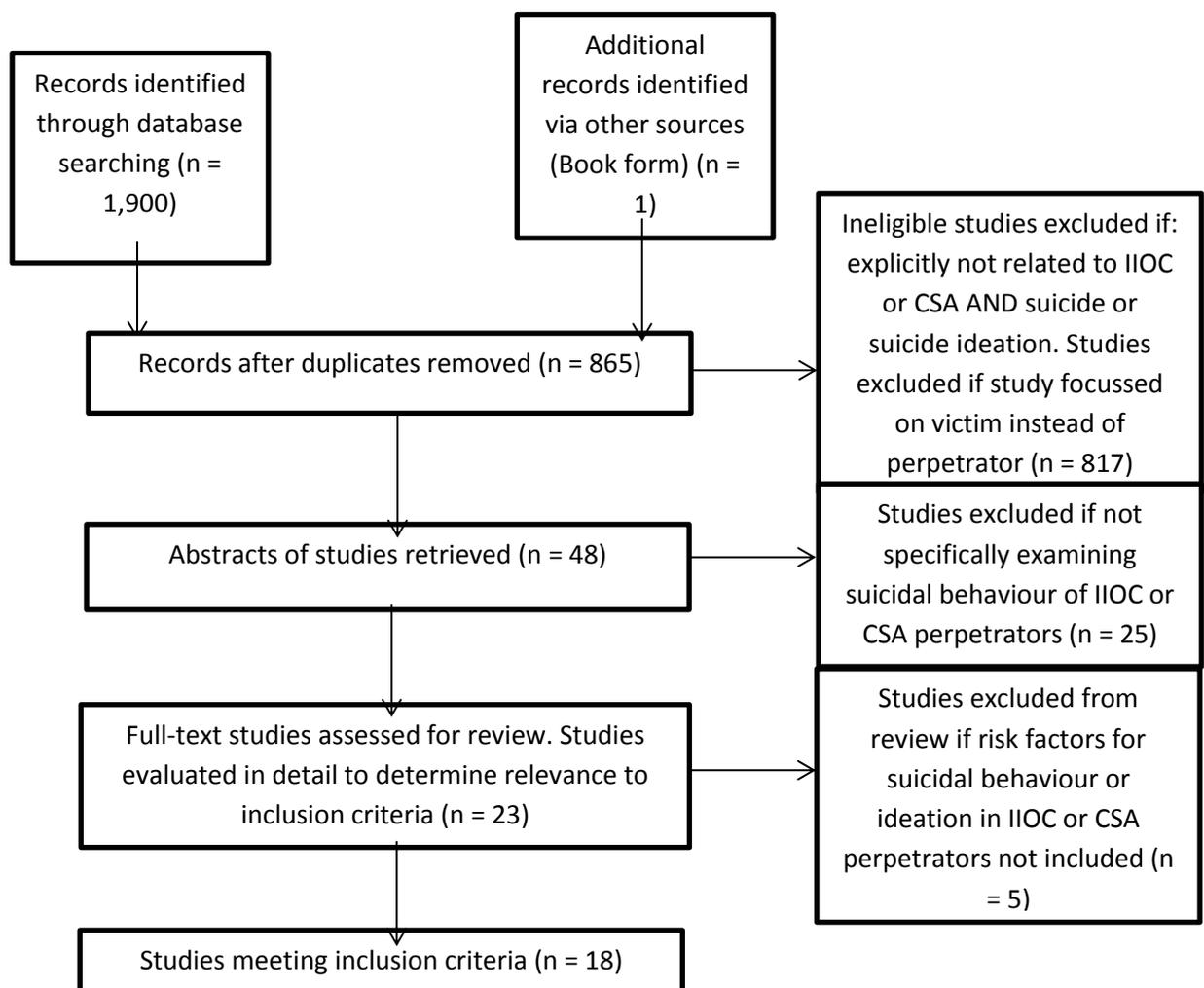
Quantitative and qualitative studies were assessed for quality of reporting using the Kmet, Lee & Cook (2004) Quality Assessment Criteria. Two reviewers (RK & AU) independently rated studies for their quality; disagreements were resolved through consensus and or discussion with a third reviewer (FF) if necessary.

### 3. Results

#### 3.1 Study selection

The initial electronic search strategy identified 1,900 references. One additional report was identified through hand searching. Through subsequent title, abstract and full text review (see Figure 1), 18 papers were found to meet inclusion criteria for the review, of which five were subsequently excluded (see Appendix 2 for reasons). Thirteen studies presented primary empirical data on the prevalence of suicide and suicidal ideation in perpetrators of CSA or IIOC.

Figure 1: Study selection flow chart



#### 3.2 Study characteristics

Year of publication of the selected papers ranged between 1988 and 2014. The majority of papers were published after 2000 (n = 15). The reviewed studies were primarily conducted in the USA (n = 10), with the remainder in the UK (n = 3), Denmark (n = 1), Ireland (n = 2), Australia (n = 1) and Poland (n = 1). Seven studies made specific reference to perpetrators of IIOC, whilst the remaining eleven focused

on CSA in broader terms. All studies which included a focus on suicidal behaviour in perpetrators of IIOC were from the USA (n = 5) and employed mixed (n = 3) or literature review (n = 2) methodologies.

In the 13 studies presenting primary empirical data, six used quantitative methodologies, four qualitative and three a mixed methodology.

The characteristics of the included study are summarised in Table 1.

**Table 1: Study characteristics**

<b>Author(s), Date &amp; Country</b>	<b>Population (CSA and/ or IIOC)</b>	<b>Quality Rating (higher rating indicates higher quality)</b>	<b>Description of Sample and Method</b>	<b>Main Findings</b>
Wild (1988) UK	CSA	0.45	Retrospective case study review of men under investigation for CSA who died by suicide.	Nine out of 546 men died by suicide or attempted suicide after the initiation of prosecution for CSA.
Walford, Kennedy, Manwell, et al. (1990) Ireland	CSA	0.20	Retrospective case study review of two fathers who died by suicide after the revelation that they had sexually abused their own or others' children.	In both cases, the fathers died by suicide after exposure of their abuse and facing the subsequent threat of legal proceedings.
Carrey (1994) USA	CSA	0.25	Three retrospective case studies of males who had committed CSA and subsequently attempted or completed suicide.	Perpetrator and victims of CSA are at risk of suicide due to the complexity of emotions involved, including guilt.
Pritchard & Bagley (2001) UK	CSA	0.91	An epidemiological analysis of a two-year cohort. Within a population of 2.4 million, 374 individuals were identified as CSA offenders and included in the sample.	Seven out of 374 men went on to die by suicide, a rate of 1.87%. Suicides occurred either around the time of the disclosure of the CSA or at time of trial or legal proceedings. These men were reported to have no history of previous convictions for violence.
Brophy (2003) Ireland	CSA	0.73	Case and police file review. 7,008 men were identified as under investigation for sexual offences between 1990-1999. These cases were then reviewed for evidence of suicide outside of prison.	32 cases of suicide outside of prison were identified. Sex offenders who offended against children specifically were reported to be 230 times more likely to die by suicide than the general population.

**Table 1: Study characteristics (cont.)**

<b>Author(s), Date and Country</b>	<b>Population (CSA and/ or IIOC)</b>	<b>Quality Rating (higher rating indicates higher quality)</b>	<b>Description of Sample and Method</b>	<b>Main Findings</b>
Pritchard & King (2004) USA	CSA	0.86	An epidemiological analysis comparing 'mental-disorder-related' suicide rates with 'child-sex-abuse-related' suicides of victims and perpetrators of child sex abuse. This was based upon an examination of all Coroners' inquest files over a six-year period (n = 1,017).	The suicide rate in CSA perpetrators was more than three times the male 'mental-disorder-related' rate. Intra- and extra-familial perpetrator suicide rates were 25 and 78 times the 'general population suicide rate', respectively.
Pritchard & King (2005) UK	CSA	0.77	An epidemiological approach using a six-year cohort study. 374 child sex offenders were identified.	16 out of 374 child sex offenders went on to die by suicide. 15 of the suicides occurred among the 'sex only' offender group (as opposed to 'multi-criminals'), who were 183 times more likely to die by suicide than the male general population.
Byrne, Lurgio, & Pimentel (2009) USA	CSA and IIOC	NA	Literature review exploring suicide risk in sex defendants on pre-trial supervision at the 'federal' level.	A child sex exploitation perpetrator population, which consisted mostly of child pornography (IIOC) cases, might be characterised by a potentially higher suicide risk profile than that of an earlier generation of such defendants.
Hoffer, Shelton, Behnke & Erdberg (2010) USA	CSA and IIOC	NA	Literature review exploring the issues surrounding CSAs who die by suicide after learning they are under criminal investigation.	For CSA, the investigation may be the trigger which results in suicide.

**Table 1: Study characteristics (cont.)**

<b>Author(s), Date and Country</b>	<b>Population (CSA and/ or IIOC)</b>	<b>Quality Rating (higher rating indicates higher quality)</b>	<b>Description of Sample and Method</b>	<b>Main Findings</b>
Webb, Shaw, Stevens, Mortensen, Appleby and Qin (2012) Denmark	CSA	1.00	A nested case-control study of more than 27,000 Danish adults during 1981-2006 charged with committing forms of violent or sexual offences.	Men charged with rape or other non-consensual sexual acts against adults had a higher risk of suicide than those charged with sexually abusing children. Both populations had a higher suicide rate than men charged with all other sexual acts combined.
Byrne, Rebovich, Lurgio & Miofsky (2012) USA	CSA and IIOC	NA	A mixed-methods approach evaluating an intervention for sex offenders (n = 103). Analysis included reviewing case-reports, structured observations and semi-structured interviews	The evaluation provided preliminary support for the intervention, describing a 'generally positive' impact on defendants' daily functioning, awareness, trust, and self-regulation. There were no suicides in sex crime defendants (including IIOC) referred to the program.
Hoffer, Shelton & Joyner (2012) USA	CSA and IIOC	NA	An operational handbook for law enforcement based on a review by the FBI of 106 cases of child sex offenders who died by suicide.	Child sex offenders, including IIOC perpetrators, are at greater risk of suicide than the general population.
Walter & Pridmore (2012) Australia	CSA	0.6	Analysis of the public record for accounts of suicide by men who had been, or were about to be, investigated for CSA. The authors aimed to explore suicide in the absence of mental health issues (other than paedophilia). Case history analysis was used.	20 men with no apparent mental disorder died by suicide shortly after legal or public exposure. Threat of this exposure may be a significant trigger for suicide in CSA offenders.

**Table 1: Study Characteristics (cont.)**

<b>Author(s), Date and Country</b>	<b>Population (CSA and/ or IIOC)</b>	<b>Quality Rating (higher rating indicates higher quality)</b>	<b>Description of Sample and Method</b>	<b>Main Findings</b>
Byrne, Pattavina & Lurigio (2012) USA	CSA and IIOC	NA	Literature review on sex crime defendants who died by suicide, including those involved in CSA.	The authors found evidence for an increased risk of suicide in perpetrators of CSA, but commented that a lot is unknown about the extent of the suicide problem. They concluded that further empirical research on the nature and extent of this problem is needed.
Jeglic, Spada & Mercado (2013)	CSA	0.64	Analysed the rates of non-fatal suicide attempts among a sample (n = 3,030) of imprisoned male sex offenders, identified from public records.	The authors found that 14% of sex offenders in the study sample had made a suicide attempt at some point in their lives. No difference was identified in risk of suicide between CSA offenders and adult sex offenders.
Hoffer & Shelton (2013) USA	CSA and IIOC	NA	Mixed-methods study of 106 male child sex offenders who died by suicide, which included review of case records, death investigation reports and autopsy reports, analysis of suicide notes and interviews with family members.	Individuals convicted of child sex offences, including those involved in IIOC offences, are at greater risk of suicide than other offender populations. 26% of the sample had died by suicide within 48 hours of being made aware of the investigation
Krasowska, Jakubczyk, Czernikiewicz, Wojnar & Nasierowski (2013) Poland	CSA	NA	Literature review exploring impulsivity in sex offenders, including perpetrators of CSA.	Paedophilic child molesting and rapes are the most frequent sexual crimes. Behavioural manifestations of impulsivity (substance abuse, suicide attempts) appear to be common in sexual offenders.

**Table 1: Study Characteristics (cont.)**

<b>Author(s), Date and Country</b>	<b>Population (CSA and/ or IIOC)</b>	<b>Quality Rating (higher rating indicates higher quality)</b>	<b>Description of Sample and Method</b>	<b>Main Findings</b>
Stinson & Valerie (2014) USA	CSA	0.82	Analysed rates of suicide attempts and self-injurious behaviours in a sample of 1,184 psychiatric inpatients, 462 of whom were sexual offenders.	Between-group comparisons revealed significant differences in history of suicide attempts and self-harm behaviours, with sexual offenders having greater rates of both. No significant difference in risk was identified between those committing sex offences against adults compared with those committing sex offences against children

## 4. Quality review

### 4.1 Qualitative papers

Qualitative papers were assessed using the Quality Assessment Criteria (Kmet, Lee & Cook, 2004). The selected studies (n=4), undertaken predominately in the 1990s, included case study and case report methodologies.

The methodological quality of these papers was relatively poor. On a scoring scale of 0 – 1, the median quality score was 0.37 and the range 0.25 – 0.60. No papers scored over 0.75 and three papers (75%) scored below 0.50.

The main limitation identified was the lack of a clearly described verification procedure to establish credibility. In addition, only one study described the data analysis in a systematic format and in only one was some evidence of reflexivity presented, i.e. assessing the likely impact of the author's own personal characteristics (Walter & Pridmore, 2012). Due to the reported data collection methods and non-systematic sampling strategies, it is difficult to determine accurately the level of study bias and the robustness of any conclusions.

### 4.2 Quantitative papers

Quantitative papers were assessed using the Quality Assessment Criteria (Kmet, Lee & Cook, 2004). The selected studies (n=7) consisted of epidemiological studies and case record reviews.

Study reporting quality varied greatly. On a scale of 0 – 1, the median quality score was 0.82 and the range 0.64 – 1.00. Five (72%) papers scored over 0.75 and none below 0.50.

The main limitation identified was the lack of a clear description of how confounding variables were controlled for, with only one study explicitly stating how this was achieved (Webb, Shaw, Stevens, Mortensen, Appleby & Qin, 2012). Three studies reported some estimate of variance for the main results (Jeglic, Spada, & Mercado, 2013; Pritchard & Bagley, 2001; Webb, Shaw, Stevens, Mortensen, Appleby & Qin, 2012) and five used an appropriate sample size for the methodological approach (Jeglic, Spada, & Mercado, 2013; Pritchard & Bagley, 2001; Pritchard & King, 2004; Stinson, & Valerie, 2014; Webb, Shaw, Stevens, Mortensen, Appleby & Qin, 2012). Subject characteristics were clearly described in all the quantitative studies.

### 4.3 Literature reviews and mixed methodologies

The identified literature reviews did not employ a systematic approach and were therefore not assessed for quality. They were automatically considered of low quality in terms of methodology as the AMSTAR checklist (2007) could not be applied. Mixed-methods studies could not be assessed for quality, as there was no appropriate quality rating scale.

## 5. Data synthesis

Heterogeneity in study methodology and populations precluded formal meta-analysis. Therefore, a narrative synthesis for the key domains of suicide risk in perpetrators of CSA and IIOC offences is presented.

### 5.1 Study narrative

The majority of papers which included empirical data identified an increased risk of suicide in perpetrators of CSA compared to the general population and/or other sexual offences. Earlier studies adopted a qualitative stance focussing on case studies and case reviews. Walford, Kennedy, Manwell et al. (1990) undertook two case studies of fathers who had died by suicide following the revelation of perpetration of child sex abuse. Normand and Carrey (1994) continued this exploratory methodology when they reviewed three cases describing the suicidal ideation of both victim and perpetrators of CSA. Wild (1998) reported a retrospective case study review of 546 cases of sexual offences against children and established that nine men subsequently died by suicide or attempted suicide after the initiation of prosecution.

In four studies undertaken during the early 2000s, the authors adopted an epidemiological approach, using official and police file review. Pritchard and Bagley (2001) completed an epidemiological analysis of a population of 2.4 million people and identified seven individuals who died by suicide within the CSA cohort (n=374), i.e. 1.87%. Brophy (2003) compared suicide risk in 7,008 men in Ireland under investigation for sexual offences with that of the general population and identified 32 suicide cases outside of prison. Two individuals were excluded from the analysis because they died while remanded in custody facing sexual offence charges. From the available details on 22 of the study cases, 18 were facing charges of offences against children and four against adults. The author found that sex offenders who offended against children specifically were 230 times more likely to die by suicide than the general population. Similarly, Pritchard and King (2004) undertook an epidemiological analysis and reported that the suicide rate in CSA perpetrators was more than three times that of the male 'mental-disorder-related' rate. Additionally, they showed that the suicide rates in intra- and extra-familial perpetrators were 25 and 78 times higher than the 'general population suicide rate', respectively. A subsequent six-year cohort study by Pritchard and King (2005) determined that, out of 374 male child sex offenders (aged 15 and over), 16 went on to die by suicide. Fifteen of the suicides occurred among the 'sex-only' offender group (as opposed to 'multi-criminals' who had committed sexual and violent offences); they were 183 times more likely to die by suicide than males aged 15 and over in the general population.

Walter & Pridmore (2012) utilised a case study approach when analysing public records for accounts of suicide by men who had been, or were about to be, investigated for "sex-only" CSA. They aimed to explore suicide in the absence of mental health issues (other than paedophilia) and identified 20 case histories of men with no apparent mental disorder who died by suicide shortly after exposure or threatened public exposure and/or early or potential legal punishment. Death by

gunshot was the most common method of suicide and the USA the most common country for CSA suicide.

Several studies in the USA have highlighted child sex offenders' risk of suicide when in contact with law enforcement. Hoffer, Shelton & Joyner (2012) reviewed the Federal Bureau of Investigations' (FBI) Behavioral Analysis Unit III 'Crimes against Children,' 106 cases of child sex offenders who died by suicide, addressing operational and safety factors that might arise between law enforcement and child sex offenders. The authors concluded that child sex offenders should be treated as potentially volatile and at risk of suicide. They also suggested that law enforcement should ask directly about past or current suicidal ideation and also consider making contact with a family member or health services, if the child sex offender exhibits any risk factors. Hoffer & Shelton (2013) reviewed CSA investigations conducted over a 13-year period (1998 to 2010) by the FBI's Behavioural Analysis Unit. The authors reviewed case records, death investigation reports and autopsy reports, in addition to interviewing family members/close associates. They reported that 79% of CSA offenders who died by suicide were child pornography traders, identifying an increased risk of suicide in IIOC perpetrators. They also highlighted the role of the criminal investigation in intensifying this risk.

Three studies identified no elevated risk of suicide or attempted suicide in perpetrators of CSA compared to perpetrators of adult sexual abuse. They did not differentiate between CSA and IIOC offenders. Webb, Shaw, Stevens, Mortensen, Appleby and Qin (2012) undertook a nested case-control study of more than 27,000 adults and found that men charged with rape or other non-consensual sexual acts against adults had a slightly higher risk of suicide than those charged with sexually abusing children. Stinson & Valerie (2014) identified no significant difference in suicide attempt history between adults and children in their sample of psychiatric sex offenders. Additionally, Jeglic, Spada & Mercado (2013) undertook an analysis of 3,030 sex offenders and found no difference in suicide attempt rate between perpetrators of CSA and adult sex offenders. This may, however, be due to the stigma attached to sex offences in general and therefore the increased risk regardless of the type of sex offence. However, all three studies identified an elevated risk of suicide in perpetrators of CSA compared to the general population.

### **5.2 Criminal charges**

Three empirical studies categorised the types of charges against perpetrators of CSA who subsequently went on to die by suicide. IIOC offences were the most commonly cited charges for those perpetrators dying by suicide. Byrne, Rebovich, Lurgio & Miofsky (2012) found that 80% of their sample was charged for possession (including distribution) of child pornography. Hoffer & Shelton (2013) reported that 79% of CSA offenders who died by suicide were child pornography traders/collectors. Authors of three literature reviews also reported a higher risk of suicide in those charged with IIOC offences compared to other CSA offences (Byrne, Lurgio & Pimmentel, 2009; Hoffer, Shelton, Behnke & Erdberg, 2010; Bryrne, Pattavina & Lurgio, 2012).

### **5.3 Perpetrator demographics**

All identified studies explored male suicide risk only. The age of the perpetrators at the time of completed suicide ranged from 24 to 71 years (mean = 44, median = 45)

(Byrne, Rebovich, Lurgio, & Miofsky, 2012; Hoffer, Shelton & Joyner, 2012; Hoffer and Shelton, 2013; Walter & Pridmore, 2012; Walford, Kennedy, Manwell et al., 1990). Despite an over-representation of Black, Asian and Minority Ethnic (BAME) groups at most stages throughout the Criminal Justice System (Ministry of Justice 2014), child sex abuse perpetrators were less likely to be from minority ethnic backgrounds and were more likely to be Caucasian (Byrne, Lurgio, & Pimentel, 2009; Byrne, Rebovich, Lurgio, & Miofsky, 2012; Hoffer and Shelton, 2013; Hoffer, Shelton & Joyner, 2012; Hoffer and Shelton, 2013). Offenders were also found to be more likely to be married, have children and be educated to a college degree level (Byrne, Lurgio, & Pimentel, 2009; Hoffer and Shelton, 2013; Hoffer, Shelton & Joyner, 2012; Hoffer and Shelton, 2013). Walter and Pridmore (2012) reported that the majority of perpetrators were employed in professional roles shortly before their deaths, with many in positions of trust (e.g. teachers, nurses, prosecutors, surgeons). These findings differ from a recent systematic review of near-lethal suicide attempts in prisoners in general, which found the majority who attempted suicide were single and with poor educational qualifications (Marzano, Hawton, Rivlin, Smith, Piper & Fazel, 2016).

#### **5.4 Method of suicide**

Data on the methods of suicide were provided in six of 13 primary studies. Self-inflicted gunshot was found to be the most common method in four studies, which may reflect the fact that the most of the published research was from the United States, where access to firearms is frequent. Two studies cited hanging as the most common method and one drowning. Currently the most common method used for suicide generally in the UK is hanging (ONS, 2015).

#### **5.5 Time between awareness and suicide**

Four studies identified distinct high-risk periods for suicide in the criminal investigation process. Pritchard and Bagley (2001), Pritchard and King (2004) and Pritchard and King (2005) reported that suicides occurred close to the time of the disclosure of the CSA offence or at the time of the trial or legal proceedings. Hoffer and Shelton (2013) found that in 26% of CSA cases the offender died by suicide within 48 hours of becoming aware of the criminal investigation and that in 55% the suspect died by suicide within the first month of becoming aware of a criminal investigation. These findings indicate an increased risk of suicide at critical periods during the criminal investigation and prosecution, such as arrest, charge, trial and sentencing process.

#### **5.6 Criminal arrest history**

Byrne, Lurgio, & Pimentel (2009) reported that 79.9% of CSA defendants had no prior criminal conviction. Byrne, Rebovich, Lurgio & Miofsky (2012) found that only 10% of sex crime defendants (made up mostly of CSA perpetrators) had a prior felony arrest (n = 12). Pritchard and King (2004) reported that the majority of perpetrators of CSA who died by suicide only had previous convictions against children and no convictions for other types of offences. Pritchard & Bagley (2001) found that there appeared to be an increased risk of suicide in those who had no history of violence, as six out of seven deaths in the study involved men who did not have a previously documented history of violence or previous conviction for a violent offence. Hoffer, Shelton and Joyner (2012) and Hoffer and Shelton (2013) reported

that less than half of the 106 cases analysed had a recorded criminal history. This suggests that perpetrators of CSA, including those with IIOC offences, often have had limited contact with the criminal justice system and a limited criminal arrest history.

### **5.7 Mental health diagnosis**

Two studies highlighted the low prevalence of psychiatric admissions in convicted sex offenders who either died by suicide or made suicide attempts (Webb, Shaw, Stevens, Mortensen, Appleby & Qin, 2012; Jeglic, Spada & Mercado, 2013). Only a single study assessed mental health diagnosis in relation to risk of suicide in CSA offenders specifically (Wild, 1998). The authors identified depressive illness and/or alcoholism as a major predisposing risk factor in four out of six incidents where the CSA perpetrator had died by suicide. No other studies included in the review identified mental health diagnosis as a risk factor for suicide in the CSA population. Where identified, its impact was considered to be relevant in only a small proportion of the population. Byrne, Rebovich, Lurgio, & Miofsky (2012) reported that, despite nearly a third of their sample receiving a diagnosis of major depression, only 10% of sexual offenders receiving intervention had a mental health diagnosis which was classified as 'severe' in presentation. Walter & Pridmore (2012) did not identify any cases of completed or attempted suicide in CSA offenders that appeared to be directly linked to the presence of diagnosable mental health disorder. The authors attributed suicides or suicide attempts to acute stressors relating to the criminal investigation, such as threat of public exposure and legal sanction. Pritchard and King (2004) reported that, unlike victims of CSA, perpetrators of CSA had not been seen by psychiatric services prior to dying by suicide. This differs significantly from those who die by suicide in the general population, as most such individuals have had prior contact with primary care services in the year prior to death (Pearson, Saini, and Da Cruz, 2009). Research has also shown that those making near lethal attempts in prison are more likely than other prisoners to have received psychiatric hospital inpatient and outpatient treatment (Marzano, Hawton, Rivlin, Smith, Piper & Fazel, 2016). These findings highlight the difference in mental health diagnosis and previous clinical input for perpetrators of CSA and IIOC compared to both the general population and other offenders.

Byrne, Rebovich, Lurgio, & Miofsky (2012) reported that 25% of their sample of CSA offenders met the diagnostic criteria for adjustment disorder, a transient condition arising in response to stressful life circumstances. It was surmised that this diagnosis arose from perpetrators' recent involvement in the criminal justice system and the uncertainty surrounding pending court appearances (Byrne et al., 2012). These findings highlight the impact of both police contact and an active investigation as acute stressors that may contribute to heightened risk of suicide.

### **5.8 The role of shame**

Brophy (2003) found that shame and "catastrophic loss of standing and irreparable damage to one's reputation" was most closely linked to the offender's subsequent suicide. Hoffer, Shelton & Joyner (2012) described the impact of a CSA charge becoming public knowledge and subsequently tainting the opinions of family, friends and co-workers as the major contributory factor. It was also found that many individuals investigated on CSA charges, particularly those relating to IIOC, experience high levels of fear, anxiety, shame and helplessness during the course of

an investigation and are often concerned about their future and effects on their family, work, freedom and reputation (Hoffer, Shelton, Behnke & Erdberg, 2010).

Hoffer and Shelton (2013) analysed suicide notes of CSA perpetrators. The most frequently cited reason for the suicide in the note was the child sex crime investigation itself, which highlighted the degree of shame experienced by CSA offenders. Analysis of the notes revealed common themes, including presence of cognitive distortions<sup>2</sup> and feelings of burdensomeness, shame and self-blame (Hoffer & Shelton, 2013). Hoffer and Shelton (2013) also observed that 68% of individuals who died by suicide had left a suicide note, which is a substantially higher proportion than that of people dying by suicide in the general population (Foster, 2003).

### **5.9 Cognitive distortions**

A number of studies identified the impact of cognitive distortions of perpetrators of CSA and IIOC in their offending behaviour (Hoffer & Lynn, 2013; Hoffer, Shelton & Joyner, 2012; Hoffer, Shelton, Behnke & Erdberg, 2010; Hoffer, Shelton & Joyner, 2012). CSA offenders have been reported to employ cognitive distortions, such as denial, rationalisation, and minimisation, in order to maintain a positive sense of self and to relieve underlying feelings of shame and anxiety (Hoffer & Lynn, 2013).

Hoffer, Shelton, Behnke & Erdberg (2010) described the importance of understanding the internal conflict experienced by the offender fully to understand their risk of suicide. They suggested that cognitive distortions allow CSA perpetrators to misconstrue the nature of their sexual offending and defend against the full impact of their sexual arousal towards children. When an investigation is directed at this person, the cognitive distortions they have used may no longer effectively protect the individual from feelings of self-loathing and hatred, potentially adding to their extreme stress, shame and anxiety (Hoffer, Shelton, Behnke & Erdberg, 2010). A recent study suggested that individuals who view IIOC are less distorted in their thinking than people who commit contact sexual offences, likely increasing the fragility of their cognitive distortions (Seto, 2017). Since most perpetrators of IIOC do not have an extensive or relevant criminal history, this is likely to be their first contact with law enforcement and therefore the first time their cognitive distortions have come under threat.

### **5.10 Suicide stressors**

A single study identified 224 potential stressors leading to suicide perpetrators of CSA (Hoffer and Shelton, 2013). This was based on analysis of suicide notes, case records and interviews with law enforcement personnel and family members. The most common stressors reported were criminal/legal problems relating to the investigation (100%), physical illness (39%), marital problems (17%), job-related stress (23%), financial strain (9%), mental health problems (5%), recent change in family dynamics (3%), and death of a relative/friend (2%). These findings highlighted the impact of the investigation on the perpetrator and the subsequent effects this can have on their ability to cope.

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<sup>2</sup> Exaggerated or irrational thought patterns that are believed to perpetuate the effects of psychopathological states.

### ***5.11 Theoretical understanding***

Hoffer and Shelton (2013) used Joiner's (2005) theoretical model of suicide to highlight the elements potentially involved in creating substantial suicide risk in those being investigated for CSA/IIOC offences. They argued that It is likely that, at the moment offenders become aware of an investigation, this triggers an acute crisis and they will experience: 1) Lack of belonging (they know that their sexual interest in children is not acceptable to society); 2) Burdensomeness (they will most likely feel stigmatised and extreme shame); 3) Acquired capability (an individual's fear of death may be weakened when they are exposed to provocative life experiences, e.g. the investigation). They concluded that a CSA/IIOC offender may have particularly strong vulnerability for suicide, which is likely to be exacerbated by the increased presence of acute environmental stressors.

Krasowska, Jakubczyk, Czernikiewicz, Wojnar & Nasierowski (2013) explored impulsivity in sexual offenders and reported that 'child molesters' appear to be significantly more impulsive, not only in comparison to the general population, but also to perpetrators of non-sexual crimes. This impulsivity may subsequently manifest itself behaviourally in a suicidal act, increasing the likelihood that a perpetrator of CSA/IIOC may die by suicide. The authors of several studies theorised that resiliency (or lack of it) may be a factor that distinguishes sex crime defendants, including CSA/IIOC perpetrators who attempt suicide, from those who do not (Hoffer and Shelton, 2013; Hoffer, Shelton, Behnke, & Erdberg, 2010). The resiliency of perpetrators may be key to coping with stressors, thus enabling those who do not choose suicide to cope with the shame they experience as a result of the investigation.

### ***5.12 Interventions/management of risk factors***

A single study explored the impact of the delivery of a therapeutic intervention (Sharper Future) to managing suicide risk in perpetrators of CSA, including those with IIOC offences, in response to a number of suicides of pre-trial sex offenders (Byrne, Rebovich, Lurgio & Miofsky, 2012). The treatment program included a multidisciplinary approach with mental health providers and the criminal justice system working together to provide crisis intervention, psychological therapy and imprisonment preparation. The evaluation provided preliminary support for the effectiveness of the Sharper Future program in reducing suicide by sex crime defendants (including IIOC perpetrators) referred to the program, as there were no suicides in the intervention group during a 5-year, post-test period. The programme was described as having a 'generally positive' impact on defendants' daily functioning, awareness, trust and self-regulation. Despite promising findings, a rigorous follow-up evaluation with the addition of a control group would be required to establish the robustness and generalisability of the findings.

## 6. Discussion

### 6.1 Summary of findings

Following a systematic review of the international research literature, 18 studies were identified as presenting data and/or information in relation to the suicide risk of perpetrators of CSA. All studies identified an increased risk of suicide in perpetrators of CSA compared to that observed in the general population. Seven studies identified the heightened risk of suicide in perpetrators of IIOC specifically, compared both to the general population and other sex offenders. Estimates of the level of risk of suicide in CSA and IIOC offenders ranged from 183 times to 230 times that of the general population.

This review has highlighted the paucity of research investigating factors that are likely to contribute to an increased risk of suicide in perpetrators of CSA, especially those involved in IIOC offences. A number of risk factors were found relating to suicide risk in IIOC perpetrators. The main risk factors included: awareness of the criminal investigation, male gender, age between mid-thirties and early fifties, Caucasian, educated to a college degree level, employed in a professional role, married with children, limited or no previous contact with the criminal justice system, previous or current military experience, and being a IIOC trader or receiving a criminal charge of possession (including distribution). It appeared that the presence of cognitive distortions did not mitigate the risk of suicide and the highest risk periods for suicide were within 48 hours to one month of perpetrators becoming aware of a law enforcement investigation. There also appeared to be a heightened risk of suicide when the threat of public exposure or the reality of the legal process were crystallised for the individual, for example at arrest, charge, trial and conviction. As a result of complex electronic forensics procedures and evidence gathering in an IIOC investigation, the length of time between significant legal milestones can be considerable; therefore, suicides may occur substantially later than the first month.

The role of major shame and stigma in IIOC offences was highlighted in a number of studies as a risk factor in suicide. As IIOC offenders are more likely than other offenders to be employed in a professional role and belong to a higher socio-economic class, this may exacerbate the feeling of shame, leading offenders to see themselves as a burden to society with little to contribute. This experience may lead to an increased risk of suicide, as the individual feels less able to connect with and seek support from potentially supportive social networks, limiting the ability for this to act as a protective factor against suicide. Additionally, their existing support networks may be less supportive because of the nature and stigma attached to this type of offence.

The experience of shame appears to be intensified when cognitive distortions are challenged, which increased feelings of self-loathing and self-hatred. A lack of previous contact with the criminal justice system, specifically for IIOC perpetrators, may mean that their cognitive distortions have not been exposed to challenge until contact with law enforcement. Cognitive distortions are therefore less likely to be well-established and more likely to break down, intensifying the risk of suicide as they fail to function to protect the individual's positive sense of self. The impact of the criminal investigation itself on the well-being of the perpetrator was identified as a

risk factor in almost all studies exploring CSA and IIOC perpetrator suicide. This appeared most prominent in contexts where the threat of exposure to social networks and wider society was high.

A further striking finding was that psychiatric disorder appears to play a relatively insignificant role in suicide in this population, in contrast to suicide in general.

### ***6.2 Limitations of the review***

A limitation of the review was the small proportion of relatively high quality studies. The lack of an appropriate quality assessment tool for the literature reviews and mixed methodological studies is another limitation. Poor quality studies and the inability to review certain papers can reduce the reliability, validity and generalisability of research findings and limit the ability to make comprehensive and valid conclusions about factors relating to suicide risk.

Another limitation of the review is that only English language papers were included. Consequently, culturally-specific risk factors which could further help to inform the management of suicidal risk in specific CSA offender populations may not have been identified. Additionally, as the majority of offenders were identified as Caucasian and the studies were exclusively conducted in Europe and North America, we cannot reach conclusions about the risk profiles of suicide in CSA and IIOC offenders of other ethnic groups and from other geographical areas, nor about the relative risk of suicide in different cultures and countries.

### ***6.3 Clinical implications***

The rate of suicide in CSA and IIOC offenders is considerably elevated in comparison to the general population and to other offender groups. It appears that risk is acutely heightened during critical periods of a criminal investigation, such as arrest, charge and trial. This highlights the challenges faced and support needed in guiding individuals through this type of criminal investigation. It is suggested here that future clinical practice should target the shame and feelings of burdensomeness associated with this type of offence. Enhanced input should be considered during periods in an investigation and prosecution process where the threat of public exposure is heightened. In designing interventions, account should be taken of the complex factors and cognitive distortions that appear to increase suicide risk, and the fact that social support systems may not necessarily provide protection. The review highlights a potentially important role for mental health services in working in partnership with custodial staff and law enforcement agencies to reduce the risk of suicide and the need for a clear referral pathway for those in crisis, who are experiencing an acute adjustment reaction and who are not already known to clinical services. The infrequency of major mental health problems may, however, limit the willingness of mental health professionals to be involved in care.

### ***6.4 Future research***

Based on the findings of this review, several suggestions can be made about the direction of future research on suicide risk in perpetrators of CSA and IIOC. Whilst it is acknowledged that the wellbeing of CSA and IIOC perpetrators may be a politically controversial topic and therefore it may be difficult to access research funding, the number of individuals dying and the impact of this on their families and social networks highlights a pressing need to explore their risk further. There is also a need

for further methodologically-robust research that explores factors relating to suicide risk in CSA and IIOC offenders. There appears to be merit in research that differentiates between different types of CSA offenders, as risk factors may vary between offender groups and therefore different management and interventions may need to be developed.

The majority of studies in the review were case studies or based on analyses of epidemiological data. Longitudinal, retrospective or qualitative studies employing semi-structured interviews may shed further light on the role of certain factors relating to risk of suicide, in addition to the attitudes and responses of both law enforcement personnel and mental health agencies working with these offenders. For example, qualitative interviews with police officers or with offenders who have attempted suicide may help further to elucidate the role of cognitive distortions and establish what forms of intervention might effectively support individuals at key points during a criminal investigation. Similarly, retrospective studies may enable researchers to understand the events and pathways that lead to a perpetrator's 'crisis point'. The evaluation of interventions to improve well-being in perpetrators of IIOC would be a valuable avenue of research, as we found only a single study which addressed this clinical need.

### **6.5 Conclusions**

The review has identified risk factors that may have practical, clinical and operational implications in the identification and management of suicide risk in perpetrators of CSA and IIOC. CSA offenders, and more specifically IIOC perpetrators, are dying by suicide at an alarming rate and, in the context of increased law enforcement activity, are likely to experience increased contact with the criminal justice system and public exposure in the future. Although only a limited number of empirical research studies have been published which were designed to understand the nature of this problem, several factors have been identified that appear to be associated with elevated the risk of suicide in this offender group. These factors include the intensity of shame and stigma, the impact of the criminal investigation and the unique demographics and socio-economic status of this group. The current research also highlights that social support systems which are considered protective in the general population may not be so in the CSA offender group, and that this is likely to be influenced by the experience of shame and high levels of burdensomeness felt on public exposure.

Given the paucity of published literature in the area it is important that further high quality research into understanding the increased threat of suicide in perpetrators of CSA and IIOC is conducted to inform treatment, prevention and policy decisions. It is suggested that exploring the impact of the investigation itself on the risk of suicide, including potential operational strategies, attitudes of professionals and clinical input, should be a priority. The review highlights the potential for increased co-working between law enforcement, custodial staff and mental health services to develop a pathway to identify risk of suicide and support CSA and IIOC offenders throughout and after an investigation.

## **Key Findings**

- This systematic review demonstrates that child sex offenders are at a greater risk of dying by suicide. Indecent images of children offenders are up to 230 times more at risk of suicide than the general public.
- A number of factors may contribute to this risk, including: the intensity of shame and stigma, the impact of the criminal investigation, and cognitive distortions, together with the unique demographics and socioeconomic status of this group.
- There is currently a lack of empirical research exploring risk factors in this offender group. Through this study, we hope to stimulate further research in addition to encouraging increased co-working between law enforcement, custodial staff and mental health services to support and manage CSA and IIOC offenders at heightened risk of suicide.

## Exploring the risk of suicide in indecent images of children perpetrators: a qualitative study.

### Study outline

The systematic review highlighted the paucity of primary research in the understanding of the risk of suicide in IIOC offenders following police contact. The qualitative study aimed to explore and identify potential risk factors for suicide in men under investigation for IIOC, using semi-structured interviews with three groups:

1. Law enforcement officers who had conducted arrests of men who view IIOC where there had been a subsequent death by suicide of the suspect.
2. 'Stop it Now!' helpline operators based at the Lucy Faithfull Foundation (LFF)
3. Lucy Faithfull service users who had been charged and convicted of an IIOC offence and had previously reported suicidal ideation.

The aim of the three studies was to increase understanding of how men under investigation for IIOC may present to law enforcement, to understand their distress and risk of suicide, to identify risk factors and high risk periods, to identify good practice and potential risk management strategies, and to gain a more detailed understanding of the problem within this specific group in order to inform operational guidance and management via co-operative health-care pathways.

It is anticipated that law enforcement and public health care providers will utilise the results in reviewing the existing law enforcement and health management guidelines. These findings will also contribute to a general understanding of "what works" in managing suicidal risk in men under investigation for IIOC and inform "best practice" principles for managing this group's wellbeing following contact with law enforcement.

## Method

### *Participants*

The study used audio-recorded interview data from 16 law enforcement officers, six Lucy Faithfull Foundation helpline operators, and five Lucy Faithfull Foundation service users who had been convicted of IIOC offences and had previously expressed suicidal ideation. Law enforcement officers were recruited into the study by a NCA law enforcement officer. Lucy Faithfull Foundation helpline operators and service users were initially approached by a Lucy Faithfull Foundation colleague to determine who may be interested in participating in this study. Contact details of those individuals happy to participate were then passed on to a NHS research assistant to recruit.

### *Data collection and procedure*

Data were collected via a semi-structured, open-ended interview (see Appendices 3 to 5). Interview schedules were devised and reviewed by the Suicide Prevention Working Group. The interviews were conducted either at the participant's place of work (law enforcement officers and helpline operators) or at an agreed neutral venue (post-conviction IIOC offenders). All interviews were conducted by both a NHS Research Assistant and a NCA law enforcement officer.

The interview framework was adapted for each intended population. The law enforcement interviews focused on: the experience of dealing with suspects of IIOC offences; observation of suicidal behaviour of suspects of IIOC offences; interactions between the suspect and relevant agencies; views of the support available to law enforcement; experiences of using the Suicide Prevention Interim Guidance; and thoughts about positive practice. The interview also considered challenges faced in dealing with IIOC suspects, together with recommendations for improvements in practice.

The Lucy Faithfull Foundation 'Stop it Now!' helpline operator interviews focused on: experiences of working with individuals viewing IIOC; the reporting of risk by individuals viewing IIOC; experiences of managing the risk of suicide; the impact of personal support for individuals viewing IIOC; the impact of professional support for individuals viewing IIOC, and training opportunities for staff.

The service user interviews focused on: experiences of arrest, bail and charge related to IIOC offences; interaction with law enforcement officers; experiences of suicidal ideation and/or behaviours; the impact of a personal support network; the impact of professional support; advice for law enforcement officers; and recommendations for improvements to the investigative process.

### *Ethics*

Terms of Reference were agreed upon between the NCA and NHS (See Appendix 6). The interview schedules, participant information sheets (Appendix 7 to 9) and consent forms (Appendix 10 to 12) were subject to peer review from the Suicide Prevention Working Group. Participants were provided with information sheets when approached to participate in the study. They signed informed consent forms

concerning participation in the research studies prior to the interview, knowing that they could withdraw at any time without explanation or any adverse consequences. Anonymity was ensured for participants by not linking individual identities to the audio recordings.

### *Data analysis*

Interviews were transcribed verbatim and anonymised. Interview transcripts were analysed following Braun and Clarke's (2006) outline for conducting a thematic analysis. The process is outlined below:

Step 1: The first and second authors familiarised themselves with the data through several readings of each transcript.

Step 2: Interview transcripts were coded across the whole data-set to capture expressed ideas.

Step 3: Codes generated in step 2 were collated and a tentative list of themes in each interview was established

Step 4: Review and refinement of the initial themes ensured that these themes were appropriate, representative and created a 'thematic map' of the data. The final themes were externally reviewed with a clinical psychologist and a forensic psychiatrist.

Step 5: Separate analyses were conducted and written for each theme, and the researchers explored how the story of each theme "linked" with the next. The analytic narrative was finalised. This included quotations from participants to demonstrate and "bring to life" the thematic content.

An inductive thematic analysis was utilised, which is a common form of analysis in qualitative inquiry. Analysis involves the researcher(s) examining primary transcripts very closely, generating initial codes. Subsequently, the researcher (s) searched for themes across these codes and overarching themes and subthemes were developed. These themes allow the researcher to gain an understanding of participants' experiences which relate to the research questions. Hence, the emergent themes are data-driven rather than being influenced by an existing theoretical framework (Braun & Clarke, 2006). The emergent themes from this thematic analysis are driven by the responses in 16 interviews with law enforcement officers, six interviews with LFF helpline operator and five with IIOC offenders.

## Results

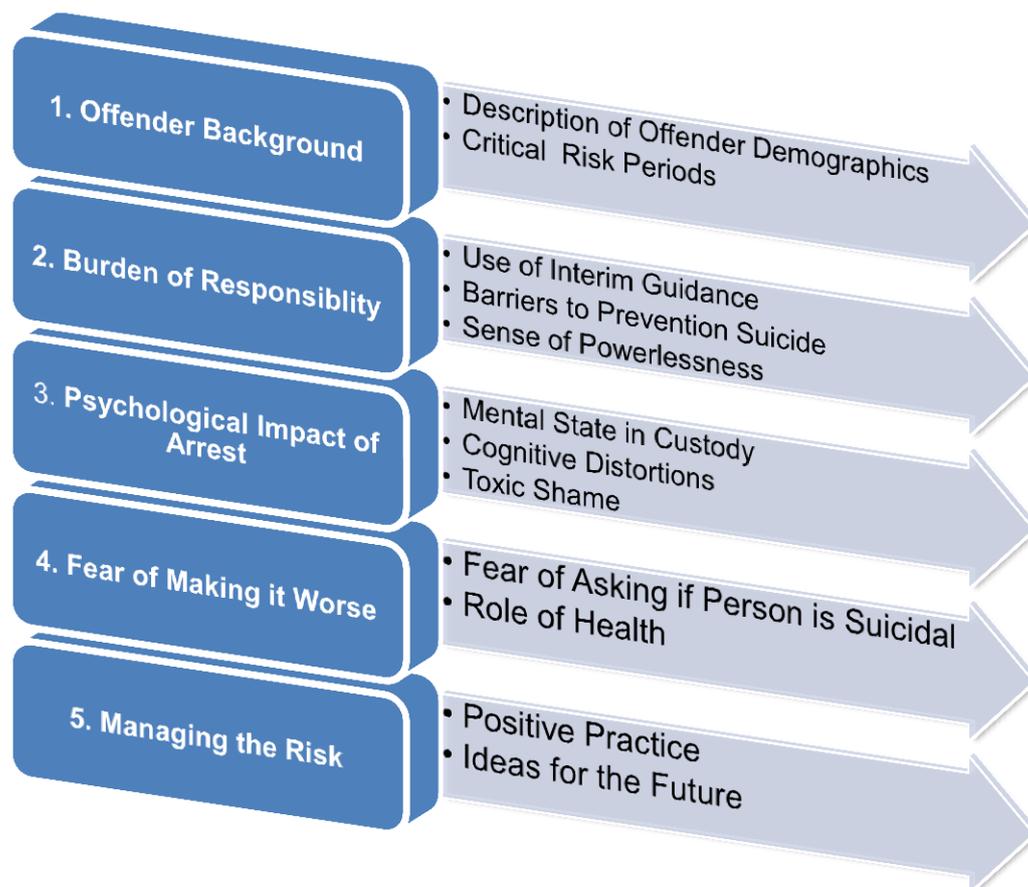
### Study 1: Law enforcement officers

#### Outline

Interviews were conducted with 16 law enforcement officers between October and December 2016. 11 participants were male and five were female. Thematic analysis following Braun and Clarke's (2006) approach was used to identify five main themes and 12 sub-themes from the raw interview data (Figure 1) relating to the experiences of law enforcement officers in contact with IIOC perpetrators.

#### Main themes

The main themes derived from the interview data with the law enforcement officers are represented diagrammatically (Figure 1). They centred on the suspects background, the perceived burden of responsibility of the officer, the observed psychological impact of arrest, fear of making the situation worse and increasing the risk of suicide, and the challenges of managing risk in men under investigation for IIOC.



**Figure 1:** Main themes and subthemes derived from Law Enforcement interviews

## Theme 1: Suspect background

### *Description of suspect demographics*

Participants had collectively experienced 30 suicides of IIOC. All identified suspects were male. The majority of suspects were middle-aged (40s-60s), white British and fitted into two broad groups. Law enforcement officers described a group of suspected offenders who were outwardly socially connected, in professional employment (often in a position of trust, for example teachers or prison officers), and were often married with children. This group was reported to have almost no previous contact with law enforcement, with only two suspects having previous contact with police prior to the IIOC-related arrest.

*“You don’t get too many well-educated non-drug-using burglars who work 9-5. It’s very rare I said, but paedophiles you have everything ... You know we’ve been arresting surgeons, ministers, consultants in the top of their field.” [LEO 6]*

*“Yeah, Very well educated, very kind man not someone who I suppose the general public would fit that stereotype with. He was an old man; he was clean, tidy, neat you know, I said well educated, very knowledgeable you know.” [LEO6]*

*“He worked in the open prison, part of the prison itself and quite high up, well quite respected, he had been there a long time.” [LEO 13]*

A small number of law enforcement officers reported the men under investigation for IIOC they had contact with as isolated and with limited access to social support and little previous contact with law enforcement.

*“He didn’t seem to have much of a social circle.” [LEO 4]*

*“I mean he was sort of stereotypical. I would imagine quite, quiet, quite shy, perhaps a bit socially inept. He was a bit of an odd-ball sort of character from what his work colleagues said. I don’t think he had many friends.” [LEO 5]*

*“No, he didn’t. Previous good character, you know, never had a caution, never been in trouble in his twenties, just no experience of police before.” [LEO 5]*

One participant described noticing an increase in younger suspects dying by suicide, and these often seemed to be men who were isolated and avid users of the Internet. Several officers described an increase in the number of suspects downloading extreme pornography.

*“We’re seeing more and more younger people committing these sorts of offences. Not the stereo-typical dirty old man.” [LEO 6]*

*“You’ve got the young guys who haven’t ruled out marriage, children and all that. Their life is just beginning.” [LEO 6]*

None of the officers reported any evidence of previous suicide attempts, mental health difficulties or alcohol dependency in the IIOC suspects they had contact with. A single officer described a suspect who had been known for drug abuse, and only two officers were involved in investigating suspects with any previous contact with law enforcement.

Officers described the methods of suicide that the IIOC suspects had employed during their investigation. The most common method was hanging. Other methods included death as a result of self-poisoning (overdose, gassing) or stabbing.

### **Critical periods**

Law enforcement officers frequently described the existence of 'critical periods' in an investigation when their suspect had died by suicide. Officers reported that the most common high risk periods for death by suicide were: 48 hours after a suspect becomes aware of an active criminal investigation; within a week of becoming aware of an active criminal investigation; and the days surrounding (leading up to or immediately following) a Crown court or sentencing hearing,

*"It was within a week. I don't think it was in that critical 48 hours, it was shortly afterwards." [LEO 14]*

*"Just before he was due to come back and see me again, I had found out that he unfortunately hanged himself the previous evening." [LEO 8]*

## **Theme 2: Psychological impact of arrest/legal process**

### **Mental state in custody**

The mental states of suspects when in custody and during interview were often described by officers as 'normal', 'calm' and of 'no concern'. This perspective was often based on the suspect presenting outwardly as quiet and withdrawn. Officers felt that their suspect's behavioural presentation did not indicate the possible internal turmoil and it was difficult to detect suicidal ideation, as suspects were not 'visibly crying or upset'.

*"Normal presentation... No odd behaviour... Quiet." [LEO 11]*

However, several officers described the suspects they were in contact with as experiencing a sense of shock. Officers also commented that the consequences and impact of the arrest were not in the suspect's awareness at the time of the initial arrest and interview, but that such awareness would gradually set in.

*"Very, very deep shock. Again, it's the issue of the lack of experience of police contact." [LEO 16]*

Several law enforcement officers described a sense of relief in suspected offenders, with some seemingly happy and co-operative when they are made aware of the investigation.

*"He was resigned to the fact he had done wrong." [LEO 8]*

*"Very friendly, very chatty, yeah, very open you know ... but you know we see it almost on a daily basis. So, he was saying "no, I'll be fine. I need to go and speak to my children and tell them." It was only once it kind of dawned on him what ultimately could happen and the fear of the shame." [LEO 13]*

### **Cognitive distortions**

Many of the officers interviewed referred to the presence of cognitive distortions in men under investigation for IIOC and the impact this had on the individual's experience of extreme stress, shame and anxiety.

One participant described a suspect, who had been an administrator on an IIOC website, referring to his 'moral duty' to monitor the types of images available. Another officer recalled a suspect stating he only looked at pictures of smiling children, and would never look at those who were 'upset or sad,' as this would be unacceptable. Officers reported that suspects would attempt to rationalise their offending behaviour, and would present their behaviour as less harmful, or outline ways in which they had tried to 'compensate' for their behaviour. One officer described a suspect who reported establishing a children's football team as a means to mitigate the harm of his downloading indecent images.

*"He'd set up the football team ... He was adamant that he did that to kind of give stuff back to children rather than..... He was making it clear that he was trying to help in the community to compensate for what he was doing and what he was looking at."*  
[LEO 13]

Interviewed officers reported that some suspected offenders would experience shock when law enforcement officers described the categories of images they had discovered during the investigation. One officer reported that suspects, when faced with the reality of their offending behaviour, would become upset and that law enforcement actions often resulted in suspects having to let go of such cognitive distortions and face the reality of their offending.

*"Yeah, because we go into interview and we will talk about what the categories are and we will say, right have you seen a Category A image? what category A is and then you're telling them you're hitting them in the face."* [LEO 6]

*"He said I spoke to 'Stop it Now' and he said, I never realised what was actually going on in the picture."* [LEO 6]

A common theme within the reports of suspect's cognitive distortions appeared to be the relative fragility and robustness of the distortions, as often the justifications of offending behaviour did not endure following contact with the law enforcement.

*"I think the reality is they can't hide anymore behind this 'oh they're smiling they're looking happy.'" [LEO 6]*

### **Toxic shame**

The experience of shame associated with arrest for IIOC offences was referenced across the law enforcement interviews. All the interviewed officers highlighted the extensive impact the investigation had on their suspect, and many described the perceived severity of consequences for this offence type.

*"He had to kind of own up to it and the shame of telling his family and what could happen and he knows what happens to prison guards in prison that are prisoners."*  
[LEO 13]

Law enforcement officers also acknowledged the wider impact of the investigation across multiple domains of a suspect's life and the ability it has to destabilise and tear worlds apart.

*"We go in and turn their world upside down and walk away." [LEO 11]*

*"We walk out after throwing the hand grenade in." [LEO 9]*

Several officers made reference to the fact that the act of suicide often coincided with the threat of impending legal and court proceedings and/or public exposure.

*"You know it's everything, if they have got family and we are going into a family scenario its everything. It's not just accusing them of a criminal offence, it's their family, it's their work... it's their finances, it's their house." [LEO 14]*

*"Most of the people we deal with are just normal people who haven't been in trouble before and the families would say to us, I would rather you had arrested him for murder or I would have rather you arrested him for or tell me he was dead rather than this." [LEO 13]*

Participants also described problems associated with the stigma attached to the crime, and acknowledged the impact which society's view of IIOC offending may have. Some felt that this could leave suspects questioning whether they were deserving of any care and support.

*"He knows that you don't care; you're just another part of society that doesn't care about him." [LEO 15]*

A handful of participants reported seeing the suicide note left by the individual under investigation, and all described the notes as containing themes of extreme shame and stigma relating to the offence. They also highlighted that offenders appeared to experience a loss of control in their lives and that suicide was thought to be the 'only way out'.

*"I know the content of his suicide notes outline that to his family. "I'm sorry I've bought this upon you once again" and things like that." [LEO 10]*

### **Theme 3: Burden of responsibility**

#### ***Sense of powerlessness***

Feelings of powerlessness due to officers' inability to prevent suicide occurring were evident in all the interviews with law enforcement officers. Many participants described the shock they had felt when learning of a suspect's suicide, because of their seemingly calm presentation. A strong sense of inevitability also emerged through conversations with officers, and many participants expressed doubt at being able to stop or reduce the rate of suicide in this suspect group.

*"You can't plan it... If someone's gunna do, it they're gunna do it. I've been on law enforcement for 15 years. If they say they're gunna kill themselves, they generally don't... I don't think there is a lot you can do as long as you follow procedures." [LEO 3]*

*“It’s free will and you are never going to stop them.” [LEO 6]*

*“If they want to end their life, they will just go and do it; they won’t flag it up.”  
[LEO 12]*

*“People that have taken their own lives in my opinion would be quite often the people  
that I think would be the last people to take their lives” [LEO 10]*

*“They’ve got so much to lose with their job, their family and they’re ashamed of what  
they’ve done. They will just say all the right things in custody and you’re never going  
to know and then they’ll just do it as soon as they leave. You can’t prevent that.”  
[LEO 12]*

*“If it goes to court and goes to the press, then his family will be destroyed and he  
doesn’t want that and this is the only way out really and that was about it really.”  
[LEO 13]*

Some participants also described the assessment of risk often feeling like a ‘tick-box’ exercise, and expressed their concerns as to how this may come across to suspects.

*“They’ve got a tick box. So, you know. Have I given his bail sheet, have I asked  
have you got any feelings of self-harm?” [LEO 1]*

#### **Use of NPCC interim guidance**

Only two participants reported using the NPCC interim guidance on *Suicide Prevention Risk Management for Perpetrators of Child Exploitation and Indecent Images of Children* in their investigations. 8 officers were not aware of the guidance and the remaining 6 had seen it, but had decided to use their local policies instead. A consequence of the sporadic use of the guidance to inform law enforcement contact with this suspect group was the presence of notable inconsistencies in the way law enforcement contact with IIOC suspects was handled during investigations. For example, in some forces, suspects were escorted home and given a mobile phone, whereas in others this was not part of procedure.

One participant also highlighted potential issues with the document, describing the document as ‘redundant’ once someone was suicidal or self-harming.

*“I think it was a good thing for initial interaction and the first time you ask someone. It  
becomes redundant as soon as they are self-harming.” [LEO 15]*

One participant also mistakenly gave the guidance to a family member. This highlighted that there was some confusion about the role and intended use of the guidance document and indicated that clarification may be needed.

*“We had been given a package of leaflets for a CEOP command, so I gave those to  
the wife and explained to her that there was a risk of people harming themselves  
with this type of investigation.” [LEO 2]*

## **Barriers to preventing suicide**

Several barriers to managing the risk of suicide were described by law enforcement officers. A handful of participants raised concerns about differences of opinions between law enforcement and other professionals. For example, one participant described custody staff's concerns about law enforcement officers taking suspects home and whether they had the appropriate insurance for this.

Two participants expressed concerns about solicitors' and police doctors' lack of knowledge about the risk of suicide in this suspect population.

*"It might be that when people [doctors] are given a role in custody, they have to ask for specific training and really understand the risk." [LEO 16]*

Other barriers mentioned by participants were: the length of bail, the length of time an investigation is 'hanging over somebody's head', a lack of support from managers for law enforcement officers, difficulties in accessing Lucy Faithfull Foundation resources due to cost and length of travel, and limitation of funding and resources within forces.

## **Theme 4: Fear of making it worse**

### ***Fear of asking if someone is suicidal***

Most participants described a sense of unease at asking a suspect directly about the presence of suicidal thoughts. Specifically, participants felt that referring to suicide may increase suicidal ideation and lead to suspects acting to end their own lives, as this may not have been a consideration until it was mentioned by law enforcement officers. This unease may be further compounded by their suspect's seemingly 'calm, but quiet' nature.

*"I did not want to start giving people that thought." [LEO 6]*

*"You're going to plant that seed." [LEO 7]*

*"...don't do anything silly." [LEO 14]*

Only a few reported asking about suicidal thoughts directly, with the majority asking more general questions about a suspect's wellbeing. Participants attributed this unease to the potential counter-productive nature of the question.

*"I think, if I start saying, are you feeling suicidal?, you kind of put something in their head. You know, so you kind of dance around it without saying it. That's the way I kind of do it." [LEO 13]*

### ***Role of healthcare***

Only three participants described involving health professionals in their investigation and in supporting the management of suicide risk. Despite all participants providing the opportunity for an IIOC suspect to see a doctor, nearly all men under investigation declined. This was highlighted as a barrier, with many participants expressing frustration at how to define the role of healthcare personnel, when most IIOC suspects were resistant to their involvement in the first place. Themes of

apprehension about involving health were also expressed. Specifically, some participants described concern over signposting them to health agencies in fear of highlighting potential health problems.

*“You are then potentially saying to them, you’ve got a problem.” [LEO 6]*

This theme seems to link in with the fear of asking if a suspect is suicidal, and the anxiety around ‘planting a seed’ and therefore making things worse.

Also, officers expressed the sense of a burden of responsibility, with many describing frustrations at the lack of clear boundaries for law enforcement in the prevention of suicide.

*“At the end of the day, we are police officers., they say. You’re not counsellors.” [LEO 15]*

*“Here are police officers and investigators overseeing and protecting their rights, they are not psychiatrists/psychologists and there has to be a sort of line. Then it becomes the NHS’ issue, they deal with that.” [LEO 16]*

## **Theme 5: Managing the risk**

### *Positive practice*

Despite expressing a sense of powerlessness and inevitability, participants described a number of actions taken or that should be taken to ensure that the risk of suicide is managed appropriately. All participants described conducting a welfare interview at the end of a criminal interview, in addition to handing out information leaflets about available help, such as those from the Lucy Faithfull Foundation.

*“What we will do is do our interview with the suspect and then we would speak about welfare at the end.” [LEO 15]*

*“We discussed in interview with him about his welfare and he was quite happy, he knew that this day was coming and we gave him the Lucy Faithfull leaflet.” [LEO 13]*

Other strategies employed by law enforcement officers to manage the risk of suicide in IIOC suspects included personally taking the suspect home, ensuring individuals had access to appropriate telephone support numbers, speaking with the family directly, and providing reassurance about the likely legal consequences of the offence by responding with honesty and transparency to questions as to what might happen to the individual under investigation.

*“Don’t lie, because that causes even more problems for yourself.” [LEO 6]*

The importance of building rapport and tailoring the approach to an individual was also highlighted as an example of positive practice.

Whilst empathy for IIOC suspects was limited for some participants, empathy for the families and the consideration of the impact of the IIOC arrest was evident in all cases. Many participants referred to the burden of responsibility they felt for the hurt which families experience in these investigations and their regret about the impact this has on their lives.

*“It’s always the families that I felt sorry for.” [LEO 5]*

*“You know the impact on the families is really quite huge. And I think that, unless you’ve actually done them and seen, it you don’t quite appreciate the impact on the families.” [LEO 5]*

### **Ideas for the future**

Most of the law enforcement officers offered suggestions for managing suicide risk for men viewing IIOC. These included: improving record-keeping; ensuring strong communication between agencies; specific awareness training for officers, including advice on attending coroner’s court; welfare support for officers; and introducing family liaison officers to investigations. Several law enforcement officers described the importance of refining the way in which opportunities for support are communicated to men under investigation. For example, suggestions were made about redesigning the Lucy Faithfull Foundation leaflets which are often provided at the initial arrest. Law enforcement officers felt that ‘wallet-sized’ cards would make them more accessible at times of need, as they could be carried by men under investigation more easily.

Law enforcement officers also spoke about the NPCC interim guidelines and ways to improve them. Suggestions included refining the document to shorten its length and adding additional questions to ensure all avenues of support are covered, for example asking, “Do you want us to talk to a friend or family member?” Participants felt this may be beneficial. If a suspect does not want to see a doctor, then support can be accessed through other means.

One participant described their experience of informing the suspect of the likely legal consequences of their offence and the need to be transparent and honest in this regard. They felt that being flexible in their approach and letting suspects know they might not receive a custodial sentence is important in managing the extreme stress and anxiety felt by many suspects, and that it may provide a sense of hope for the individual under investigation.

*“You know, my advice has always been, every guy I’ve dealt with, is be honest with them, talk to them, tell them what’s going.” [LEO 6]*

## Discussion

A drive to increase arrests for IIOC offences has resulted in a larger numbers of law enforcement officers coming into contact with men suspected of viewing IIOC. With this upsurge in arrests, law enforcement officers are increasingly experiencing the death of suspects by suicide whilst under investigation.

It is evident that the demographics of this suspect group are unique and challenge the stereotype of individuals who might commit a sexual offence against children. Men who view IIOC appear to be socially connected, able to maintain relationships, employed, and are often in professional positions of trust. A smaller group were described as isolated and having limited access to social support. Despite suspects tending to fall into two differing demographic categories, the majority have had no previous contact with law enforcement. This finding has multiple implications for men who view IIOC, intensifying feelings of shame, guilt, and risk of suicide.

Critical periods where the dynamic impact of the investigation process heightened risk of suicide were identified. These tended to be at arrest, charge, trial and sentencing. This was in line with previous observations by Hoffer and colleagues (2012) and the findings of our systematic literature review. This increase in risk may be partially a result of the breakdown and shattering of a suspect's fragile cognitive distortions, or occur when the increasing threat of public exposure and the reality of legal processes are crystallised for the individual. It is apparent that perpetrators of IIOC offences frequently engage in cognitive distortions, such as denial, rationalisation and minimisation, to play down their offending behaviour and to mitigate feelings of shame and anxiety. When the individual becomes aware of an investigation, such cognitive distortions appear no longer to protect the individual from feelings of extreme shame and self-hatred. These cognitive distortions appear to be particularly fragile, and this may relate to their previous lack of exposure to testing. The distortions employed by men who view IIOC to justify or minimise offending behaviour are not robustly established enough to remain intact once the reality of arrest and exposure of offending behaviour to others occurs. This may be accompanied by the sudden experience of shame and may then lead on to the experience of high levels of hopelessness, loss of control and thoughts of suicidal behaviours. These appear to be intensified when an individual has had no prior contact with law enforcement.

Despite law enforcement officers acknowledging the extreme shame, stress and hopelessness felt by men under investigation for IIOC offences, almost all officers described suspect's behaviour at arrest as calm and not concerning. Such a presentation by suspects in the early stages of investigations appears significantly to affect the way in which officers consider the possible presence of risk and raises questions around law enforcement officers' understanding of the psychological responses to shock and trauma. Officers also emphasised the burden of responsibility they felt at handling the risk of suicide in men who view IIOC and their frustrations about how to involve healthcare in this context and the specific role of healthcare. This indicates a clear need for this role to be clearly defined and for the development of clear and effective clinical pathways to help establish operational boundaries and ease the burden felt by law enforcement officers.

The use of the NPCC interim guidance varied amongst law enforcement officers: the majority of officers had either not heard of the guidance or were using local policies instead. This caused notable inconsistencies in the way law enforcement contact with IIOC suspects was managed during the investigative process. There is a need both to refine the current guidance and to develop a clear strategy for its dissemination, accompanied by training to support consistent and effective implementation in future IIOC arrest operations. Ensuring consistency in the use of guidance may help to establish more clearly the operational responsibilities of officers and define the boundaries within which officers should work. The clarification of the roles of law enforcement and could alleviate the current perception of burden felt by many law enforcement officers in relation to the management the risk of suicide in IIOC suspects.

Despite expressing a sense of powerlessness at managing suicidal risk in IIOC suspects and difficulties in using the NPCC interim guidance, law enforcement officers operate elements of positive practice in managing suicide risk. All officers took the welfare of the suspect into consideration by undertaking a separate interview focussed on the risk of self-harm. Officers also offered a number of suggestions as to how to support suspects throughout an investigation, for example through being transparent and honest about the likely legal consequences of a suspect's offence.

## **Study 2: Lucy Faithfull Foundation (LFF) helpline operators**

### **Lucy Faithfull Foundation Stop it Now! Helpline**

Stop it Now! Helpline UK and Ireland is a child sexual abuse prevention campaign and Helpline. It is run by the Lucy Faithfull Foundation. Since 2002 they have taken more than 65,000 calls from over 35,000 people, including those viewing IIOC. The Helpline is confidential. They will not ask for any identifiable information, but if the caller does offer any information that identifies a child who has been, is being, or is at risk of being abused, the helpline will pass this on to the appropriate agencies (see Appendix 13 for further information).

### **Outline**

Semi-structured interviews were conducted with six Lucy Faithfull 'Stop it Now!' helpline operators between January and March by an NHS Research Assistant and a Law Enforcement Officer. All participants were female. Thematic analysis following Braun and Clarke's (2006) approach was used to identify five main themes and 13 sub-themes from the raw interview data (Figure 2).

## Main themes

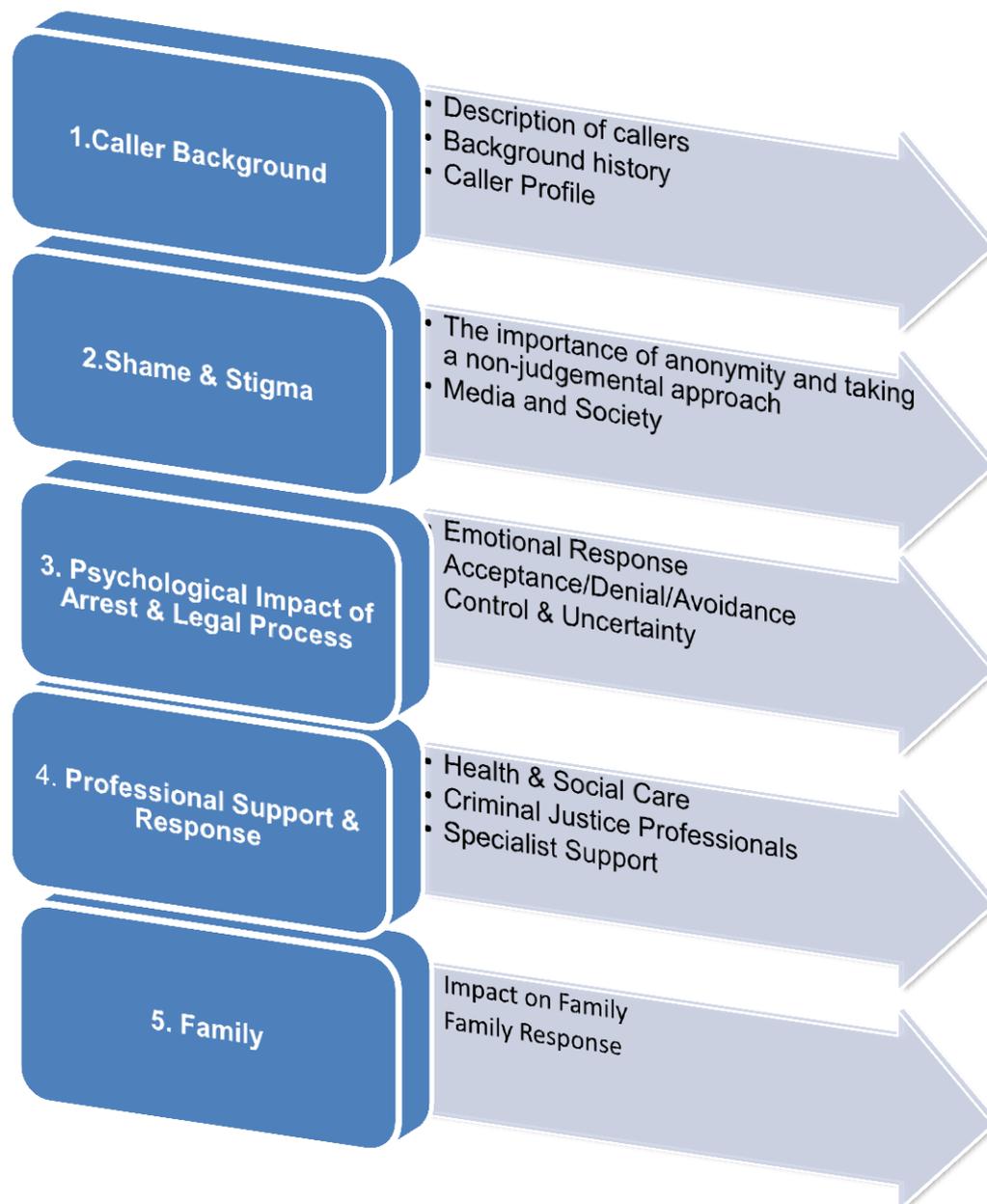


Figure 2: Main themes and subthemes derived from LFF helpline operator interviews

### Theme 1: Caller background

#### *Description of callers*

The helpline received calls from a range of individuals. Most of the calls came from men who view IIOC. The remainder came from contact child sex offenders; those who had had indecent thoughts about children, but had not acted on them; friends and families of suspects and offenders; or other professionals. From July 2014 to

June 2015, the helpline spoke to 1154 people who were concerned about their own behaviour on the internet. Internet offenders were reported to vary and:

*“cut across the whole age range”* (HO 5).

Calls reviewed by operators tended to be from younger people, although the elderly were also identified as frequent callers. Some individuals contacting the ‘Stop It Now’ line presented with diagnosed or suspected autism spectrum disorder (ASD).

*“...you have parents and teachers etc. concerned about the behaviour of a child, maybe child-on-child, sexualised behaviour in children and we advise accordingly. We also have professionals calling us to see how they can support their clients, so we have probation officers, healthcare officers, doctors, you name it. Then we have families affected [...] and then we obviously have the perpetrators themselves, who as you know will either be online offenders or contact offenders. [...] It’s mostly online here.”* (HO 6)

*“The other thing that’s really worrying me is the number of people ringing who either you think when you talk to them possibly have an undiagnosed sort of Asperger’s or are, you know, that have got an Asperger’s Autism diagnosis”*  
(HO 1)

Most men viewing IIOC called within one or two days of their initial arrest, and others tended to call either before their bail date or at a later point because they had been advised to do so by their solicitor.

*“...sometimes they’ll ring on the day, the next day. [...] We get occasionally [...]people who ring us after 8 months because their solicitor has told them to...”* (HO 1)

### **Background history**

Helpline operators (HOs) often tried to *“enquire as to whether [callers] had any history of any mental health issues that might be exacerbated by [their arrest]”* (HO 5), and described callers often reporting a history of depression and/or anxiety. Many callers disclosed their own experiences of child sexual abuse for the first time, and some callers cited this as a mitigating circumstance in trying to explain their own behaviour.

*“...depression does tend to be quite a characteristic amongst people who do look at these sorts of images; they tend to feel quite bad about themselves...”*  
(HO 5)

*“...sometimes I think they like to think it excuses them then they say, “I’ve never told anybody, but this has happened to me and I always tried to make sense of it...” (HO 2)*

### **Caller profile**

There appeared to be several common reasons given for why such individuals were accessing indecent images of children via the internet. Several callers described a progression from adult pornography, perhaps where they did not realise the age of the child, or did not realise sixteen to be too young or illegal. Some claimed to come across the images accidentally, and many seemed to be able to employ cognitive distortions to detach themselves from their behaviour.

*“I was only looking at images, I’d never hurt a child.” (HO 2)*

Other men who view IIOC provided reasons for their behaviours such as curiosity, loneliness, boredom, escapism and poor sexual relationships.

*“There are also some people who genuinely don’t believe that it’s under 18, they think it’s under 16 because of the age of consent” (HO 3)*

*“I’d say probably 90% of our callers, internet offenders, it started off with adult pornography and its gone to extreme curiosity, they’ve clicked on something, it’s a shock. To start with, they can’t quite get their head round what they’ve seen; they go back again to look at it.” (HO 5).*

*“Oh well we’ve had several where the wife is overweight, “my wife has breast cancer” or “my wife won’t have sex with me”, “I’ve got erectile dysfunction” (HO 6)*

### **Theme 2: Shame and stigma**

The level of shame experienced by callers was identified as a risk factor for suicidal thoughts and behaviours by all of the HOs that were interviewed. It was noted by several HOs that most callers had never spoken about their offending behaviour with anyone prior to calling the helpline, at which point the level of shame experienced by men who view IIOC appeared to increase.

*“...a lot of the people, perhaps apart from that interview with the police, have never spoken about what they did because, why would they? It’s a secret part of their life, isn’t it? So it’s a huge issue, isn’t it?, when it bursts into the open, this secret behaviour which they may well be ashamed of already...” (HO 4)*

*“...sometimes people will say, “I’m disgusted, I’m ashamed of myself, I want to end it all now...” (HO 3)*

*“... it’s usually the, “What will everybody think?...” (HO 2)*

*“...for some people there’s this huge sense of failure and shame...” (HO 4)*

Callers were described by helpline staff as being very concerned with what other people would think of them, and even in situations where individuals were supported by their families, the emotional experience of shame was considered by HOs to increase the risk of suicidal thoughts and behaviours. It was thought by some HOs that the shame experienced by men who view IIOC resulted in the feeling that important people in their lives would be better off without them, as this would limit the impact on their wider social network. This in turn increased the risk of suicide.

*“...so actually, almost the very worst thing that can happen at that point, and the biggest risk is the father is so disgraced, and feels so ashamed that they will say “I think everyone’s better off if I just go, I think it’s better if I’m not here.” (HO 1)*

It was reported by helpline operators that, for some men who view IIOC, the feelings of shame are only experienced after arrest, and this can come as a shock, and increase the risk of suicidal thoughts and behaviours. The experience of shame was found by helpline operators to be more prevalent in perpetrators who had only downloaded images. This was thought to be because those who solely view IIOC were often detached from the direct consequences of their offending behaviour, and also because of the treatment of such offences in the media and society’s attitude to child sexual offences.

*“...there’s that ignorance and there’s the tabloid press you know The Mail, The Sun etc. who call them all ‘dirty paedos’ and people do not think they’re in either of those (?) so when they’re arrested usually it’s a first offence. Ok, they might be a teacher actually and even then I don’t think that means they are all (?) but it’s a huge (?) on their own personal image and so the suicide risk is immense.” (HO 1)*

The level of shame experienced by men who view IIOC was described by some HOs as being higher amongst individuals who work with vulnerable groups such as children, or who are well known in the local community because of their occupation. The conflict between their public image and their secret offending behaviour was reported as being an important factor in increasing the risk of suicidal thoughts and behaviour.

*“...the police say: ‘no, it’s fine, you know, you don’t need to tell work,’ but if they’re usually kind of high profile in the community and that this is likely to come out, it’s really the stigma and shame that they don’t seem able to cope with...” (HO 5)*

### ***The Importance of anonymity and taking a non-judgmental approach***

The option for callers to remain anonymous was considered by all the HOs to be an important part of the helpline operation, as it encouraged callers to open up despite the high levels of shame they might be experiencing. HOs also noted that anonymity was important for the families of men who view IIOC who might call for advice and support.

*“...you’re someone separate; you’re someone they don’t know. They don’t know your face and that shame might be that little bit less.” (HO 1).*

*“I think mostly our feedback as far as I’m aware is positive and also particularly from family and friends who can’t share it with anybody because of that awful stigma attached to sex offending, understandably particularly against children, so it’s certainly, I know with a lot of family members, we’re the only ones they can talk to, a stranger on the phone and they will really offload...” (HO 3)*

In addition to the option to remain anonymous, the majority of HOs described taking a non-judgemental approach as helpful when speaking to helpline callers.

*“I guess we try and have a non-judgemental type approach which I think is helpful because they are sort of thinking that they are going to be judged whatever happens in the future.” (HO 2)*

It was felt by HOs that callers were often expecting to be judged negatively, and that the level of shame experienced meant that men who view IIOC often felt very negative about themselves. With this expectation of judgement and shame, helpline callers were described as being surprised that the HOs would be willing to listen to them and engage with them at all. Callers were also described as being surprised when other parties reacted with support rather than judgement, but it was noted that sharing their secret with others in their lives was a risk due to the associated stigma and the possibility that their secret will spread.

*“Part of the success for people on a helpline is simply that someone is willing to listen and speak to them.” (HO 1)*

*“I mean yesterday this guy with the 3 children, he’d said that and really kind of “I’m amazed that everyone is so kind I didn’t expect this” [...] but it’s a big challenge because of the social (?) of it and they don’t want it yet to be public gossip. It’s really difficult, isn’t it, because they might tell a friend who they think would be support, but they know that friend’s a bit of a gossip, so then that friend is going to tell their husband or wife...” (HO 1)*

### ***Media, stigma and society***

All the HOs made reference to the high levels of stigma associated with child sex abuse and child sexual offences. It was thought that the level of shame and awareness had increased recently due to the increased number of investigations into past crimes, and the more visible press coverage of child sexual offences.

*“...basically in the news at the moment, you know, we know more about child sex abuse from the television than we’ve ever known [...]The fact that it’s going to be publicised, that is a big issue for them that people may know that they are a sex offender and how can they live with that?” (HO 6).*

The influence of this on the reaction of the community, and the resulting experience of men who view IIOC, were noted by all the HOs, and it was felt by some HOs that individuals were right to fear the long-term consequences of media coverage on their lives and that it may compound the problem.

*“Certainly, the shame you know that the media sensationalise, you know ‘the monsters’, ‘the paedophiles’, that sort of terminology...” (HO 3)*

*“...also, they’re sort of concerned as well that, if that happens, then they can be put on sort of a vigilante sort of list on the internet...” (HO 5).*

HOs reported that, although they often advised callers to speak with their GP for further support, they also discussed with callers the risk of their ‘secret’ being shared with unintended parties.

*“I do say to them, you do realise that your GP has probably spoke to someone who has been through this all before, because it is so common, isn’t it? And your GP is likely to be the most confidential person that you could talk to, so don’t be frightened to go to the GP, if you still can’t sleep or whatever, you know. [...] but I sometimes state to them just check with the GP who’s going to have access to that information, because that bothers me a bit, you know, GPs with their onscreen records and the receptionist and everything else.” (HO 1).*

### **Theme 3: Psychological impact**

A theme that emerged from helpline operator interviews was the psychological impact of being arrested. There was a general consistency in the descriptions of callers finding this a negative and intensely emotional experience, as if their world had suddenly been turned upside down.

#### **Emotional response**

HOs reported that callers were often “*in a state of distress*” (HO 6) and feeling a sense of “*worthlessness*” (HO 4) following their first encounter with the police. This meant that they were often perceived by HOs as being quite irrational and disconnected from the world.

*“Completely catastrophising everything; ‘This is the end of my world, I’m going to lose my job [...] I’m going to lose my family’.” (HO 5).*

One HO explicitly identified this period as a considerable risk for attempted suicide.

*“If they’re going to attempt suicide, it’s generally on the first day. The most vulnerable time is when they leave the police station”* (HO 6).

Estimates of the prevalence of suicidal ideation varied from 20-50% of callers, but all HOs had encountered callers who felt suicidal during the period after their arrest. The helpline operators described observing a pattern of men under investigation for IIOC being *“in a very shocked state”* (HO 4), perhaps due to the realisation that, as one HO put it, *“the deeply shameful thing that they’ve been concerned about for years”* has been uncovered. Hopelessness was a theme that was identified by one of the HOs (HO 2) and an inability to consider a positive future were also identified. This pattern was characterised by thoughts such as:

*“My wife would be better off if I wasn’t here.”* (HO 5).

*“They can’t see any way out of it; they’re in a totally irrational state.”* (HO 3)

Another HO reported that even those who seemed to be coping okay may have been struggling more than they initially let on.

*“... sometimes you think, ‘Oh, this person is coping’ and then, all of a sudden, they will just burst into tears and the mask comes down.”* (HO 5)

Many HOs described subsequent poor self-care amongst callers, perhaps as a result of their negative emotional response to arrest. Some HOs reported callers concerned at being unable to eat or sleep. The HOs often stated that the first part of their call would focus on encouraging good self-care.

*“...if they’re anxious, a lot of them are, you know, not sleeping and their eating is being affected.”* (HO 5)

### **Acceptance, denial and avoidance**

It was apparent that callers dealt with their emotional responses to both their arrest and offending behaviours in a variety of ways. Some callers were accepting of their arrest, recognising that they had done something wrong and needed help with their behaviour.

*“There are actually people who say, ‘Well, I’ve committed an offence and I actually need to be punished for it for my own understanding and my own closure and my own making things right.’ ”* (HO 3)

However, some callers adopted less adaptive ways of coping to their arrest.

*“Some will bury their heads in the sand and hope it will go away”* (HO 2)

These are likely to be individuals who call the helpline at a later date, perhaps upon instruction by their solicitor, or because a bail date is approaching. Other individuals

viewing IIOC were reported to present to the helpline as distressed by their arrest. This was often due to the individual viewing IIOC detaching themselves from the severity or impact of their offending behaviour until the point of arrest, when detachment and the use of cognitive distortions were no longer possible.

*“I think, when they’re actually in the zone, they seem to be completely detached from reality. Afterwards they tend to start thinking about it and then possibly just think, ‘Oh it’s not likely to happen to me, I’ve only been doing it this long, there’s bigger fish to fry’, I think they tend to think. And then they’re arrested and then the whole shock of it all, the impact, it tends to be the impact of their families which they’re most distressed about...”* (HO 5)

### **Control and uncertainty**

A theme that emerged from the interviews was that the callers tended to feel out of control and have a reduced sense of personal agency, which was often unsettling. This perceived loss of control was at times exacerbated by a lack of clarity around the legal process and the length of time between the initial arrest and prosecution. Several HOs described the process taking longer than expected, and the impact this can on an individual’s emotional wellbeing.

*“Acknowledge as well that loss of control, because I think that is a big thing for a lot of them, suddenly their lives are completely shattered, out of control.”* (HO 5).

*“I find the trigger as well [for suicidal thoughts] is when bail is extended because they’ve kind of set all their – you know again we’re really careful to stress that, that date is a guideline and sometimes it will be a month and I’ll say I think that’s really doubtful you’re going to be dealt with in a month. I mean you’ve got to see this as long-term, this could take up to a year, but then there will be an end to it, you know [...] I think at least if you’re given a date, you feel kind of an element of control, I guess, but if you don’t, you haven’t got that, you don’t know when that’s going to happen.”* (HO 5)

## **Theme 4: Professional support & response**

### **Health and social care**

#### **General practitioners and NHS**

HOs reported that callers were often referred to their GP for support with mental health difficulties, sleeping difficulties, and when reporting suicidal thoughts or behaviours. Accident and Emergency was also used if callers felt they had any intention of acting on such thoughts. Feedback on how callers had been responded to by general practitioners and other NHS healthcare staff was mixed.

*“...it’s a very mixed bag, I have to say. Sometimes they’ll say ‘oh, the GP was absolutely useless; they just gave me a number for the mental health crisis team; they phoned me and asked me how I was and that was it’. We’ll have that or we’ll have ‘yeah the GP was really great, really understanding, I’ve been referred to counselling. I’m on anti-depressants. I’ve got to go back next week...”* (HO 5).

Some HOs reported that responses from healthcare professionals were more positive than negative overall. Negative feedback often concerned GPs being unable

to make helpful suggestions for further support, possibly due to a lack of knowledge of the subject area. HOs often interpreted such accounts of negative feedback from GPs and the NHS as a reflection of the caller perception, rather than the support offered.

*“Some will say, “Oh the GP was really supportive” and some will say perhaps they weren’t. Mostly supportive I’d say.” (HO 2)*

*“Yeah, sometimes I hear, “Oh, I spoke to the Doctor and he wasn’t any help and he just told me to call you and that was all they could offer.” (HO 2)*

*“Sometimes, I think it might be that it’s the service, but sometimes I think it is about the individual perhaps not tapping into support. You know, sometimes there are barriers that they might put up, that kind of “poor me” victim-type thing, “no-one’s going to help me”...(HO 2).*

It was suggested by one HO that GPs were limited in the kind of support they were able to offer, while others noted that the support available was likely to vary depending on the geographical area in which the caller lived.

*“Well, I suppose there’s only so much they can do, isn’t there? So they’ll look at whether they’re vulnerable, they’ll look at medication and anti-depressants. Or, if they think they’re vulnerable, they’ll say usually “come back and see me next week” or follow-up or sometimes there’s a referral to the mental health team for support.” (HO 2)*

*“Sometimes, they speak very highly of the service, but it also depends on the agencies in the area. So in some towns and cities, they have a lot of agencies. You know, sort of, I guess they have more provision and it depends on the resources.” (HO 6).*

HOs noted that callers were often concerned about how a GP or health professional might respond if they became aware of the offending behaviour. HOs referred to concerns that going to a GP might lead to others finding out the caller’s secret, which was reported as a concern to both callers and HOs.

*“A lot of people think they’ll go to their GP and the GP will be disgusted and tell the rest of the village.” (HO 3)*

### **Social services**

HOs reported that callers frequently reported negative experiences in their contacts with social services. One criticism of social services was that men who view IIOC, and the families of men who view IIOC, were often unaware of why certain

safeguarding procedures had been enacted, or what the offender was or was not allowed to do. It was noted that the response of social services appeared to vary depending on the response of the offender's female partner (often the offender's wife), but that the partner was often were unaware of this.

*"I don't think there's often enough explanation as to what's going on [...] Sometimes people report that "they said that they've had any contact with my husband or if you know I want to (?) with my husband, you know, I wish my children had been taken away" and that's definitely what they come away..."*  
(HO 4).

*"...I think if it's in the first 2 or 3 days, families are in shock and trying to absorb it and it's very easy for social services if she (the wife) says immediately, "that's it we're divorcing." They (social services) love it but that's not realistic from day one, is it? When you've got, maybe he's the main wage earner for the mortgage." (HO 1).*

The negative impact of men viewing IIOC being separated from their families on both a practical and emotional level was thought by HOs to be of little consideration to social services, which were considered by HOs to provide very little support to either men viewing IIOC or their families.

*"But if we were following children's act section 17, which we don't any more, then they would be children in need and there would at least be a little bit of work with the mum around protective stuff and there would be a little bit of work around helping the family work out how they manage for example..."*  
(HO 1)

### ***Criminal justice professionals***

#### ***Law enforcement officers***

HOs reported that they were impressed by the positive feedback from callers about how suspects had been treated by law enforcement officers. Some HOs stated that callers described the police as being very fair and respectful, and that most callers were surprised by the professionalism and sensitivity of police officers. Police officers were also described as taking appropriate measures to keep suspects safe after being arrested.

*"Very impressed. Really, really, really impressive, very impressive. The police seem to have got it down to a fine art. It's very impressive actually. [...]What they like is that the police are plain-clothed and what they like are that their cars are unmarked." (HO 6)*

*“They often mention, “I was really vulnerable. I was stuck in a cell, so I had to wait for a doctor to come and see me.” So, yeah, I think there’s lots of precautions that are taken to keep people safe... and they’re always encouraged to call us aren’t they, so that’s another measure that the police will put in place to keep them safe.” (HO 2)*

However, exceptions to this were also reported. Some law enforcement officers do not demonstrate a sensitive approach, although this was thought to be a minority.

*“I told the police I was going to kill myself” and they said, “well that’s up to you if you want to do that.” (HO 5).*

### **Court system**

The risk periods for suicidal thoughts and behaviours were considered by most HOs to be the investigation, with all its uncertainties, being bailed, court dates and trial. Most HOs noted that it was important to address this directly in working with men who view IIOC. Those not given guidance as to how long the legal process might take to reach an outcome were seen as the individuals most at risk of suicide. Some HOs reported that the longer the procedure took, the higher the risk and the more important that support should be available.

*“...because I think that’s the second stage of risk, you know. Someone thinks it’s going to be all over in a month or 2 months and then finds it drags on and on” (HO 1)*

*“...yeah, I think if some of the more concerning cases are people who they haven’t been given a bail date actually...” (HO 5)*

*“...it also depends, to be fair, on the bail date, so some people are bailed, we had a guy finished in 6 months - that meant he was arrested, it went to court in 6 months. And we had a guy who was arrested, convicted in 2 and a half years, so it depends. So, the 2 and a half year guy, he really was, he was calling every week that guy, he was depressed.” (HO 6)*

### **Solicitors**

HOs reported that men viewing IIOC were often advised by solicitors not to confess to any crimes, and that this led individuals to feel more uncertain, anxious and guilty. It was also noted by HO staff that callers reported that they were often ready to confess, and being advised not to let them feeling conflicted about themselves and who they are, which could increase the risk of suicidal ideation.

*“...if they have had a solicitor and they’ve been forced to give no comment and they’re feeling awkward about it, then I’ll say to them, well, you know, it is up to you. It’s only solicitor’s advice.” (HO 1)*

*“So, it’s to weigh up again the suicide thing, isn’t it?, because who is it important to feel holistically whole about it, so if they’re really going to struggle with this because they’re struggling massively with their own self-image, and if they’re also feeling completely dishonest and they’re frightened that that will come out, later it’s much better to do it now and survive.” (HO 1)*

## **Specialist services**

### **Helpline staff**

Feedback from callers regarding the support offered by the ‘Stop it Now!’ helpline was reported to be positive, and it was noted that callers were generally relieved to have someone to talk to. One HO also noted that the helpline had been used as a last resort for individuals on the verge of attempting suicide.

*“I think they’re so relieved to find that there is someone to talk to and you get quite a few people saying, “If only I’d known about you before” (HO 4)*

*“I think he was sitting in his car and he was contemplating, you know, putting the exhaust round and all that [...] But the fact that he did ring us in the car means we were here as a last resort. I think it’s a really important service.” (HO 1)*

## **Theme 5: Family Impact on the family**

A common theme was the impact of the arrest and its repercussions on the family system. Many men who view IIOC talked of their concerns they might lose contact with their children, and that this possibility seemed to be a risk factor for suicidal thoughts, as it corresponded with a loss of hope and increased distance from a potentially important support network. One helpline worker gave an example of a caller, who was not allowed to be at the birth of his child due to his arrest.

*“This will increase the suicide risk, because it’s almost like, ‘you are such rubbish you’re not even allowed to be there to support your wife through this birth because we can’t guarantee to supervise you all the time’ “. (HO 1)*

*“...then they feel they’ve just got nothing. One minute they were a happy family and the next they’ve got nothing, so it’s a lack of hope really that they’re ever going to see their kids again.” (HO 5)*

Some callers talked about suicide as a way to protect their families from them and the wider impact of their offending behaviour.

*"I think everyone's better off if I'm not here. (HO 1)*

*"... the classic is: "My family are better off without me, I'm going to kill myself for them." So I say, how's that then? And they'll say, "Because I'm a useless paedophile". (HO 2)*

Others saw the impact a suicide attempt would have on their families as a reason not to take their own life.

*"I know [committing suicide] would make things worse for my family." (HO 3)*

Some HOs talked about the impact of the arrest on the children, as they might find it difficult to make sense of the situation. Sometimes the approach towards protecting children can in itself be experienced as quite traumatic, for example if social services approach children about the issue whilst they are at school. There were also some reports of wives and mothers being 'terrified' at the thought of the 'children being taken away'. (HO 1).

*"There's a huge number of children unnecessarily traumatised for those few, because social services have to be doing the school checks and other checks." (HO 1)*

*"...in lots of those situations, you've just got children in a mess because they don't know what questions to ask, mum's depressed, suddenly granny's round and, you know, what sense do they make of it?" (HO 1)*

*"Many of the HOs reported that they try to encourage callers as well as their partners and family members to call the helpline for support, recognising that 'the effect [the arrest] has on their families is huge'." (HO 6).*

### **Family response**

The response of family members to the arrest was considered critical to the well-being and risk of suicide of men who view IIOC. Many callers to the helpline reported receiving support from their families, after they had overcome the shock of the initial arrest. HOs considered that family support often acted as a protective factor against suicidal ideation: many callers were reported to show surprise at the supportive, rather than rejecting or judgemental, response that they received from their families.

*"Some would say, 'oh if it wasn't for my family, I'd definitely not be here.' I hear that a lot." (HO 2)*

*“A very common theme that I hear most days is, ‘I cannot believe how supportive my family have been towards me.’ And, on the other side, when I maybe talk to their partner or somebody else’s partner, they have that angst of ‘what will people think of me for supporting somebody who has looked at these images? But I do still love him...” (HO 3)*

On the other hand, family responses to the offending behaviour and the arrest were also considered to be a risk factor for men under investigation for IIOC feeling suicidal. If there is a risk that an the partner of an individual viewing IIOC might leave them, which may result in the individual no longer being around their children, this can make it more difficult for them to cope after their arrest. Isolation, which may result from a negative family response, was also identified as a risk factor for suicidal ideation. HOs often encouraged callers to confide in a family member, to try and improve their self-esteem, and to engage in positive coping strategies.

*“I think, if the wife is going to be supportive and she says, you know, ‘I’m going to stand by you and we’ll get through this,’ then obviously that’s good for them and that kind of minimises suicide risk. But, if the wife says she’s going to leave, ‘I’m going to make this as difficult as possible for you ever to see the children’.” (HO 5)*

*“...those with even one trusted person to confide in, it maintains or starts to introduce their self-esteem and heighten their self-esteem a little bit, and maybe they have a lack of that...” (HO 3)*

## Discussion

Child sexual abuse and IIOC offending has arguably become the most demonised crime of recent times, even when compared to murder. The recent increase in investigations of past abuse, and associated press coverage, are contributing to the intense stigma associated with such crimes. Offenders and potential offenders are likely to fear the effect of media coverage on their lives, and in many cases, they are right to; sex offenders, Internet or otherwise, tend to be uniformly labelled and treated as dangerous psychopaths (Quinn, Forsyth and Mullen-Quinn, 2004). This media coverage, and the resulting stigma and high levels of shame, contribute to risk of suicidal behaviour among individuals who have been arrested.

The current findings, from interviews with helpline operators (HO) about their experiences of callers to the Stop it Now! Helpline, challenge the stereotype of the types of person who might commit a sexual offence against children or be arrested for possessing indecent images of children, given that many seem ordinary people who appear outwardly connected to society and able to maintain relationships. HOs described callers with a range of age, circumstance, type of offending behavior, and personal background. Some were elderly and lonely: others were young professionals who became curious and stuck in a cycle of addictive behavior, without thought for the consequences.

A significant theme identified through the interviews is the experience of high levels of shame. Shame is an emotion that signifies to the person experiencing it that they have deviated from what is considered acceptable by their group or community (Gilbert, 1988). Its function, according to evolutionary ideas, is to prevent group members from breaking group rules, due to the risk of being socially excluded. Human beings are social animals that survive in groups, and so exclusion from the wider community is feared. Once a rule is broken, however, the effect of shame is that the individual believes themselves to be excluded from the wider community and protective social support structures, making it difficult for them to see a future, and leading to thoughts of hopelessness and suicide (Hastings, Northman and Tangney, 2002). In addition, anyone associated with the group member risks being thought of by the wider group as condoning the individual's behaviour, and in this way, anyone associated with a group member who breaks the rules also risks condemnation and social exclusion. The fear of their family experiencing shame and being excluded from the wider group or community can lead men who view IIOC to believe that their family would be better off without them. In this way, the shame experienced by family and friends also contributes to risk of suicide among men who view IIOC.

The intense shame experienced by men who view IIOC increases the risk of suicidal thoughts and behaviour. Many have never spoken with anyone about their sexual offences prior to being arrested. Once they have spoken with police, and they realise that other people in their lives will find out, this appears to lead to a sharp increase in the levels and intensity of shame experienced. The arrest itself appears to be experienced as a traumatic and life-changing event is a traumatic experience, in that they are initially in shock, followed by experiencing high levels of shame (Lee, 2009). The period after arrest and release from custody may be a critical period, during which suspects are at particularly high risk of attempting suicide, as the initial shock subsides and feelings of shame intensify.

Suspects who are more detached from the impact of their offending are at particularly high risk during the critical period post arrest. This may be indicated by the presence of fragile cognitive distortions that distance men who view IIOC from their behaviour. For these individuals, who are generally non-contact offenders and have no previous contact with law enforcement, the sudden and intense feelings of shame, driven by the full realisation of the consequences of their actions for the first time, can be particularly damaging to their beliefs about themselves and the world, leading to feelings of hopelessness. Men under investigation, who work with children or vulnerable people, or those with a high profile in the community, are also vulnerable to experiencing particularly intense feelings of shame. These individuals may believe that their offences are more likely to be publicised in the press, therefore increasing the number of people who will learn of their offences, and that this therefore may result in exclusion from a much larger group or community. The resulting thoughts of hopelessness increase risk of suicidal behaviour. In addition, post arrest, the conflict between the private and public persona of such individuals is exposed both to the individual under investigation and the wider community, leading to the loss of a sense of identity and to inner conflict, which may also serve to heighten risk of suicide.

The shame, stigma, and condemnation associated with having sexual thoughts about a child are so intense that potential offenders are too fearful to speak to anyone, even health professionals, about their thoughts and feelings. This means that they are more likely to try to cope with their difficulties alone, and employ strategies such as cognitive distortions, potentially increasing the risk of a progression from thoughts, feelings and fantasy to actions and contact offences. Due to the intense feelings of shame associated with sexual offending against children, anonymity is an important tool in encouraging men who view IIOC, and those who have thought about offending, to talk about and work on their difficulties. This can be a challenging truth to accept, as anonymity limits the power of professionals to protect potential victims. A non-judgemental approach is necessary to reduce the intense feelings of shame, and to encourage men who view IIOC to take responsibility and access help for their difficulties and illegal behaviours. Responding to individuals who are seeking help by judging and condemning will lower the chances of offenders/potential offenders engaging with support, and therefore increase the risk of future offending.

The importance of providing anonymity and taking a non-judgemental approach to giving support extends to the families of individuals who are arrested. In most cases, partners and families are unaware of their partner's offending behaviours. This means that family members are also likely to experience shock, followed by intense shame and fear of condemnation and exclusion from society. Providing an anonymous and/or non-judgmental space to talk about any difficulties is a fundamental part of providing support to the family, who if supported themselves, will be more able to support the individual through being arrested and prosecuted. Taking this approach may be an effective way of indirectly protecting against suicidal behaviour among men who view IIOC and may require specialist training and specific IIOC-focused services to provide the appropriate expertise to support this groups at critical periods.

Professional support for men who view IIOC and people experiencing thoughts associated with child sexual abuse is sparse, perhaps because the focus of support

is entirely on victims and because of the prevailing societal attitude towards CSE offenders. Due to this, support for men who view IIOC is almost entirely provided by charity organisations in the tertiary sector, such as the Lucy Faithfull Foundation. This support is greatly appreciated by men who view IIOC, individuals who have thoughts of sexual abuse but have not acted, and by families. Unfortunately, it is generally only after arrest that individuals requiring this support are aware that this support is available, and most express a wish to have known about it before. Third sector organisations such as the Lucy Faithfull Foundation and the Samaritans were noted to be particularly protective against risk of suicide, and act as an agency of last resort for those who have decided to act on their suicidal thoughts.

After arrest, individuals often experience depression and anxiety, and associated symptoms such as intense worry, sleeplessness, loss of appetite, reduced self-care, and hopelessness. Referrals to General Practitioners (GPs) are common, but the feedback on the support provided by GPs is mixed. While some GPs are knowledgeable enough in the area to refer patients for therapy and direct them to other support agencies, other GPs appear to be at a loss as to how to support men under investigation for IIOC, even if they are reporting suicidal thoughts, beyond directing them to crisis teams. In addition, the area in which the individual resides makes a difference, with people seeking help in some areas being provided with more interventions and support than others; in essence, availability of support is a post-code lottery. There is also a fear of being open and honest with GPs among men who view IIOC and individuals experiencing thoughts and feelings associated with child sexual abuse. This is to be expected given the associated stigma. However, it is also another obstacle to seeking help, and may therefore increase risk of suicidal behaviour.

The role of social services is a difficult one. Their priority is generally to safeguard children, which is understandable. However, the resulting approach can be experienced by the individual under investigation and their family as confusing and damaging. Individuals under investigation and families are often left in the dark about the procedures and the reasons for them. While safeguarding children should be a priority, the lack of support given to families increases the likelihood of damaging long-term practical and psychological effects on partners and children. Being separated from family can also be a risk factor for suicidal ideation, due to men who view IIOC having a smaller support network and feeling a sense of worthlessness or failure. The effect on children of a father dying by suicide who has also been arrested for IIOC can also be severe and long-lasting (Kuramoto, Brent, Wilcox, 2009). This intergenerational effect of arrest, suicide and its consequences requires consideration.

The approach of police reported by men under investigation for IIOC was generally found to be being respectful, non-judgemental, and discrete, which may come as a surprise to individuals who are arrested. In most cases, the police provide the appropriate support to individuals who present with suicidal thoughts. Suspects are detained for longer if deemed to be at risk, so that they are in a place of safety. Healthcare professionals are often engaged by police to provide thorough assessment of high-risk individuals. The police also frequently direct Suspects to the Lucy Faithfull Foundation, and it is through this that most individuals learn of its existence. The approach taken by the police may protect against suicidal behaviour;

it may be beneficial for other professional bodies to be similarly trained in how to respond to presentations of child abuse and men who view IIOC.

The uncertainty around procedures related to prosecution, bail and trial in court is a risk factor for suicidal behaviour. Suspects are often unaware of the timescale, which can be variable, and the dates that they are given are often changed. This uncertainty can lead individual under investigation to feel in limbo, making it difficult for them to make plans as to how to rebuild their lives. Without the opportunity to think about how to improve their futures, suspects are left feeling hopeless and the risk of suicidal behaviour is increased. Associated with this, suspects are often advised by solicitors not to confess all their offending. From the perspective of trial and sentencing, this is appropriate, but can leave suspects feeling conflicted. Suspects frequently report a sense of relief once they have been arrested, in that they are no longer having to keep their behaviour a secret. In addition, men who view IIOC who have not revealed the extent of their offending are left feeling worried and anxious about whether the police will find evidence of it. Again, this uncertainty can increase the risk of suicidal thoughts and behaviour.

The importance of family support cannot be overlooked; this can either mitigate or exacerbate the risk of suicide in men who view IIOC. In situations with high shame and hopelessness, individuals may not feel able to access supportive networks, as they perceive themselves to be undeserving of care, which presents a significant barrier. In addition, men who view IIOC may find that previous support systems are not available due to the nature of their offending behaviour and, in these cases, viable alternative support needs to be highlighted. Also, in contexts of high shame, it may be that men who view IIOC see themselves as a burden on the support network and consider suicide as a method of reducing this in order to reduce the likelihood of exclusion.

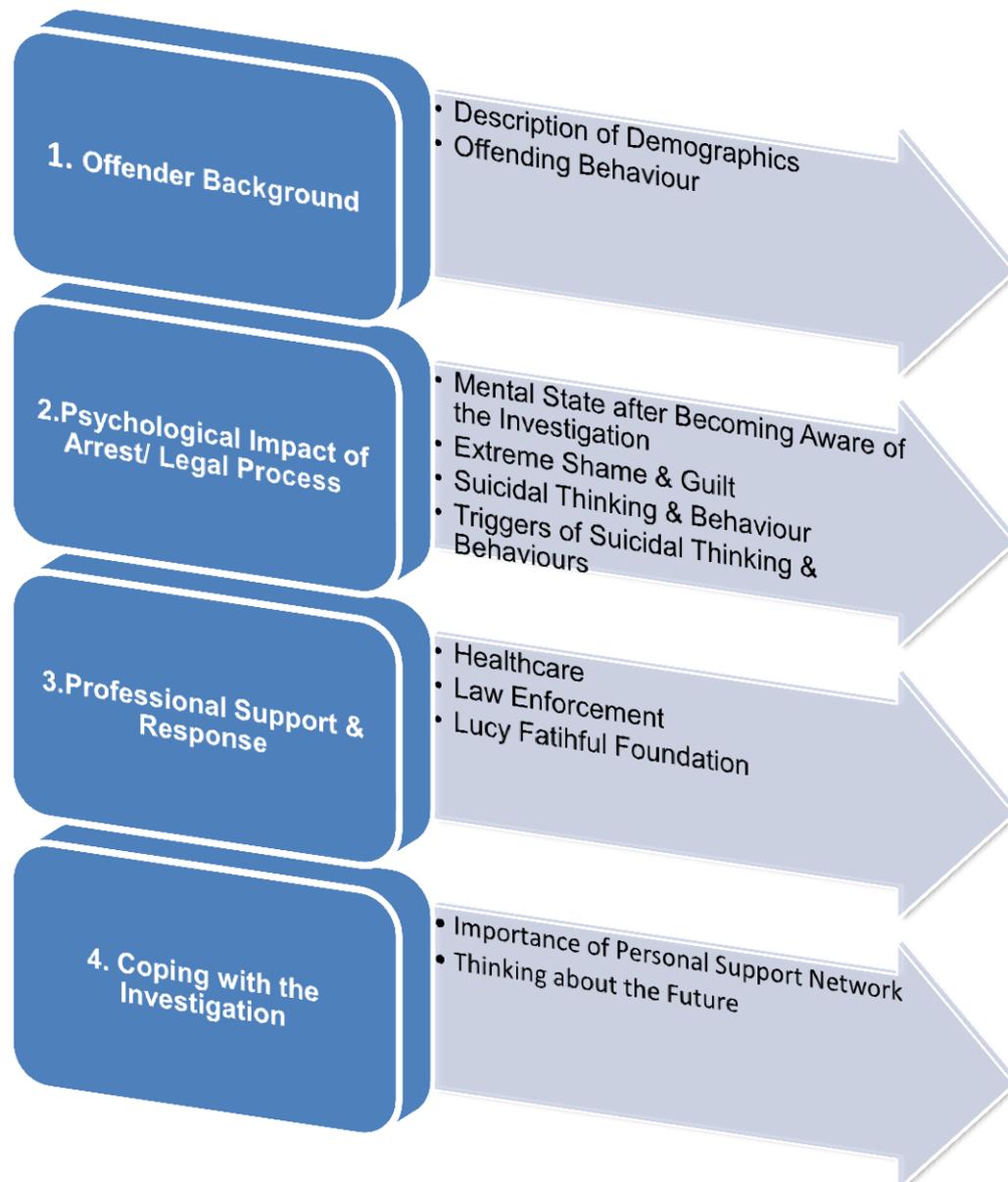
In summary, the most important risk factors identified as a result of the HO interviews were high levels of shame and the loss of anonymity via public exposure in the media. This appears to be compounded by the psychological impact of arrest and the shattering of previously employed cognitive distortions that have justified offending behaviour. The presence of shame may also hinder the ability of men who view IIOC to access and engage with support and may present a barrier to making use of positive protective support networks. The risk of suicide presents a heterogeneous and complex picture and may increase after the initial shock of arrest has dissipated and the reality of the consequences and impact on the individual and their social network is realised. Therefore, it is difficult to predict when the risk of suicide may peak, but it appears that it is at its highest when individuals experience a combination of shame, hopelessness, helplessness and a significantly reduced sense of both connectedness and agency.

## Study 3: IIOC offenders

### Outline

Interview data from five post-conviction IIOC offence perpetrators were obtained between May and June 2017. All participants were male. Thematic analysis techniques were used to identify four main themes and 12 subthemes. These are combined to describe the experiences of IIOC perpetrators under investigation and charged with IIOC-related offences.

### Main themes



**Figure 3:** Main and subthemes of offender interviews

## **Theme 1: Offender background**

### *Description of demographics*

All participants were male, white British and aged between 33 and 65. Four out of five participants were over 54 years of age. Three participants were in a relationship (at the time of the offence) and had children. Interviewed participants had a range of occupations, ranging from art consultant to a school caretaker, or were unemployed. Two participants spoke of previous suicide attempts or self-harming behaviours pre-arrest. All but one participant spoke about issues with mental health and well-being pre-arrest (depression, PTSD and anxiety were referenced). However, most reported that these mental health issues were either undiagnosed or that they had not received the appropriate help. None of the interviewed participants reported having previous contact with law enforcement until their IIOC offence arrest.

### **Offending behaviour**

Participants who made reference to reasons for their offending behaviours described an escalation of offending behaviour that was not driven by a primary sexual preference for child. Three participants (O1, O4 and O5) described their behaviour as predominantly driven by 'addiction' without a primary sexual element.

*"It starts there and then where it ends its catastrophic." [O 5]*

*"I'm truly not interested in anything to do with sex with children." [O 5]*

Three participants stated that downloading indecent images was part of an attempt to cope and manage their experiences of emotional distress. They also described their offending behaviour as a maladaptive coping strategy. For example, participants spoke of transitions from self-harming or alcohol addiction to downloading and storing indecent images of children.

*"Because I dealt with such a long-term depression and self-harm which led me down the online offending." [O 3]*

One participant described the "cycle of pornography", which he feared many men may fall into. He described this process as a gradual desensitisation of imagery that could lead to development of offending behaviours. Two other participants also alluded to the role of desensitisation in the development of offending behaviour. As most participants described their offending behaviours as part of an addiction rather than primary sexual preference, this may compound the shame, guilt and hopelessness experienced by offenders when their criminal behaviour was identified and exposed in the public domain.

## **Theme 2: Psychological impact of arrest/legal process**

### *Mental state after becoming aware of the investigation*

Participants' descriptions of their mental state in custody were mixed. Three described a sudden and overwhelming sense of paralysing terror and inner turmoil when learning about the law enforcement investigation into their offending behaviour.

*"My initial feelings were that I was over as a person." [O 1]*

*“Paralysed terror.” [O 1]*

Four participants described the experience of significant shock when they had become aware of the law enforcement investigation, which constituted for them a traumatic event. They reported feeling numb at the experience of arrest and it appeared that they were often emotionally overwhelmed by the reality of the situation they found themselves in.

*“I suppose a slight numbness to the whole thing, it was slightly surreal.” [O 4]*

All participants described the feeling of intense horror on the day of arrest, the sense of loss of control over their lives, and fear relating to the consequences of their offending behaviour.

*“I was very, very frightened and I mean irrationally frightened. You know, it wasn’t about real consequences. It was just a traumatic response.” [O 1]*

*“It’s just hopeless fear.” [O 4]*

Four participants made reference to experiencing a state of confusion throughout the arrest and law enforcement process. This could be associated with a lack of knowledge due to limited contact with law enforcement, as none of the participants had previous contact with the police or law enforcement officers.

*“Really, really confused because, you know, it’s never happened to me before... there is no life lesson that you can have that will prepare you for it.” [O 3]*

*“It was all pretty horrific. This was the first time I’d ever had any kind of contact with the police.” [O 1]*

### **Extreme shame and guilt**

All participants described feeling high levels of shame and guilt in relation to their offending behaviours. There was a sense that the pure terror and fear experienced by participants at the time of arrest was subsequently compounded by the experience of shame felt in the aftermath of the arrest itself. The feelings of shame and guilt were usually linked to the fear of family members and friends discovering the offending behaviour, which would result in the participant’s rejection by those they relied on for support.

*“A tremendous feeling of loss, loss of everything and my whole world disappearing. But in particular, I think it was the fear such as fear of rejection, abandonment from them [family].” [LE 1]*

Two participants spoke about the disgust they felt at themselves and the subsequent self-hatred that they developed towards themselves and their offending behaviour.

*“It’s embarrassment and fear and hatred and shame.” [O 3]*

*“I felt suicidal because you have got to face the shame, but at the same time I felt relief.” [O 5]*

Three participants described the importance of managing the experience of shame and learning to understand their offending behaviours in order to live a healthy life. It was evident that both shame and guilt were linked to participants' experience of low mood and suicidal ideation. This corresponded with an increased sense of hopelessness and an inability to consider life and a future beyond the indecent images arrest.

*"Disappeared into a black void, a pit of despair, depression and self-hatred and guilt." [O 5]*

*"Really, really lonely on my own and low, really low." [O 5]*

*"The offences I committed are shameful" [O 1]*

*"That's one of the reasons you think those dark thoughts, it's almost like you deserve it." [O 2]*

### **Cognitive distortions**

Participants described a number of cognitive distortions that were used to justify and minimise their offending behaviour prior to contact with law enforcement and the criminal justice system. Four participants made reference to the form of the offending behaviour as a way to reduce the perceived harm of their offending, for example considering that their offending was purely online and therefore they would never physically hurt anybody.

*"I'd never hurt somebody physically. I'd never steal anything, because it's real. But the problem with the internet is it just doesn't seem real until somebody slaps you on the back of the head and you wake up." [O 5]*

However, it appeared that the cognitive distortions were fragile and were challenging to maintain in the face of exposure. Participants described feelings of shock when the categories of images and extent of their possession of images were read out at court, and often described the experience of self-disgust when they realised the extent of their offending behaviour. There was a sense that, once the offender became aware of the investigation and was confronted by the stark reality of their offending behaviour, the cognitive distortions which previously had justified or minimised their behaviour were shattered and no longer able to protect their positive sense of self. This seemed to correlate with the experience of high levels of shame, guilt, anxiety and subsequent suicidal ideation.

*"Made me feel physically sick. I was shocked." [O 4]*

*"The worse it was, the more that seemed to be part of my unrealistic world, like in a bubble, and then what happened at the point of being arrested was that that bubble was burst and I was brought back to reality." [O 5]*

*"Because it is on the computer, it doesn't seem real. You're not really hurting anybody and you - but of course you are." [O 5]*

### **Suicidal thinking and behaviours**

All participants reported experiencing suicidal thinking or behaviours after becoming aware of the criminal investigation, and one participant reported having attempted suicide. The experience of suicidal ideation and action varied across the sample and ranged between 2 months and 12 months post arrest. Throughout the period between arrest and charge, feelings of despair, hopelessness, reduced sense of agency and a lack of control were prevalent.

Participants' descriptions of their most intense experience of suicidal ideation differed across the sample. However, there was a sense of continuing risk while the individual was on bail and that this risk was heightened when individuals appeared isolated from others and were 'alone with your thoughts'.

*"It was mainly over the first week that the kind of first dark thoughts really started."  
[O 2]*

Two participants disagreed that the day of arrest is a particularly risky period, as this is when they felt shocked and numb as to what was happening, and it was not until this initial shock had reduced that participants experienced an increasing sense of hopelessness and suicidal ideation.

*"Not even initially, because I was numb, literally numb." [O 2]*

*"I wasn't considering suicide at this point because of the shock; only in the coming days and weeks did it become a consideration... It's just a complete disorientation."  
[O 2]*

### **Triggers to suicidal thinking/behaviour**

Participants spoke openly about the challenges faced post-arrest and how this was often a significant trigger for their feeling suicidal or attempting to end their lives. All participants described feeling high levels of hopelessness and suicidal ideation throughout their time on bail.

*"They may as well just walk up to you and hang a banner around yourself that says 'You're Jimmy Savile, version 2.'" [O 3]*

*"Being on bail was the toughest period." [O 5]*

*"It was frustrating because, okay, you expect to be re-bailed, say once, but you know mine is not going to be the case everybody is working on. I'm not that stupid. But to go on 3 times." [O 4]*

Participants reported that particular triggers to suicidal ideation included: actions taken by statutory services (e.g. social services and the council) as a direct result of their offending; and advice from solicitors (e.g. do not tell anybody). Four participants spoke about the impact the media had when their details of their offending were published in local papers. This appeared to have a significant effect on the participant's mental state, suggesting that public exposure appeared to compound individual's feelings of self-hatred, shame and guilt. Public exposure of the offending behaviour appeared to have a wider social impact on the individual. For example,

some participants reported losing their jobs or receiving negative feedback from neighbours, which added to a sense of despair and lack of control.

*“Out of everything, that [media] is the most single devastating thing to cope with.”*  
[O 5]

### **Theme 3: Professional support & response**

#### **Law enforcement**

Overall, participants' descriptions of interactions with law enforcement officers were positive. Offenders appeared frequently to be surprised at the empathy, genuineness and understanding officers conveyed towards them.

*“The officers were excellent and they had a bit of compassion as well, which is useful.”* [O 4]

*“I totally believed the custody sergeant, because it was as if somebody put their arm around me and said, ‘I actually understand’.”* [O 5]

*“You know, the police have been really good to me.”* [O 5]

Three participants valued highly officers' support and advice, and expressed gratitude towards law enforcement officers both at arrest and through the investigation. Participants also highlighted actions taken by officers which were experienced as supportive, which had a profound effect on the individual's emotional state and which to an extent mitigated the risk of suicide. For example, being taken home and ensuring appropriate numbers were stored in a new phone were seen as particularly helpful, as these actions helped the offender to remain connected to important sources of support. All participants were given the Lucy Faithfull Foundation information by police officers, although some described not knowing what these information leaflets were until much later in the investigation.

*“If he hadn't given me that piece of paper ... that was my lifeline.”* [O 2]

*“He related, because he'd said that a lot of the people that were arrested committed suicide ... he said to me, ‘you've got to think about the people that find you, the one's you really love,’ and again it was that kind of touching humanity, because all the time I felt like I was a monster in a circuit.”* [O 2]

*“I owe that man [custody sergeant] my life.”* [O 5]

Two participants suggested that their interactions with police officers were less positive and had seemed 'mechanical', although they all agreed law enforcement had a clearly defined job to do. One participant reported that law enforcement officers were the last people he wanted to accept help from, which meant he was unlikely to let them know if he was feeling suicidal. This highlights the challenge often faced by law enforcement officers operating in this area of criminal justice.

*“There was nothing untoward or overtly unnecessary or anything like that, but it was very mechanical, very formal. I mean there wasn't much [human] interaction.”* [O 1]

*“The sort of, enemy lines are drawn, as it were.” [O 1]*

*“I think when you’re in that feeling of tremendous isolation and terror and whatever, somebody convincing you that they want to help you is one of the biggest hurdles and I think an arresting officer is at a disadvantage of trying to sound convincing.”  
[O 1]*

## **Healthcare**

Offenders’ descriptions of contact with NHS healthcare professionals were mixed. Two participants described a positive experience with GPs, mental health crisis teams and psychiatrists and found that their support helped them cope with suicidal ideation.

*“The psychiatrist put me on the right path.” [O 5]*

Three offenders described negative experiences of contact with healthcare staff and specifically contact with General Practitioners (GPs), suggesting their approach often felt ‘inquisitorial’ and not very effective or helpful.

*“They’re just really busy, aren’t they? They’re just really, really busy and it’s obvious.”  
[O 5]*

*“Lasted 20 minutes and wrote out a prescription and there was no secondary appointment.” [O 1]*

It seemed that NHS healthcare professionals were the least talked about professional group when it came to participants’ recollections of contact with services, which may be a reflection of the difficulties in defining the role of health care in the investigative process or the availability of suitable services that could provide support.

Three participants reported being seen by a mental health professional at the time of arrest. Generally participants had a positive view of these interactions, but considered that this contact was not pivotal in managing their suicidal ideation or behaviour. Some participants stated that they would not have told mental health professionals they were feeling suicidal at the time of arrest, because their main concern at this point was to get out of the police station as rapidly as possible.

*“I was asked if I had any suicidal tendencies. So that was straight after and, to be honest, I hadn’t. But even if I had, I would have said no, because - this sounds bizarre - but it’s hard to commit suicide in a police station and, if I’m going to do it, I need the freedom to be able to move.” [O 2]*

## *Lucy Faithfull Foundation (LFF)*

All participants in the study had completed the Lucy Faithfull Foundation Inform Plus course<sup>3</sup> either in a one-to-one or a group setting. All participants spoke highly of the contact with LFF with many describing them as the reason they managed to survive through their investigation and beyond.

*“I think, to be honest with you, it was the best thing I could have done.”*

*“It’s like being handed a lifeline.” [O 3]*

Participants reported particularly valuing the non-judgemental and reliable approach that LFF adopts and the knowledge they had as a specialist organisation.

*“I needed somebody with expert advice... someone who knew what I was going through - the legal process, but also the mental health.” [O 2]*

*“LFF got me to promise I would call back the next day and then calls were scheduled.” [O 2]*

*“I always had to ring in to Lucy Faithfull and I think, to be honest, I needed that, because I didn’t have any other helpline or outlet to help me.” [O 2]*

All reported that the advice received and the therapeutic work completed had helped them to understand their offending behaviours and to start to accept why they may have committed IIOC-related offences, and this appeared to help individuals manage the sense of shame.

*“So, I remember talking about why I was doing this and this is why I was able to realise that the depression side had been sitting there for so long and how it had affected my life. And because I’ve been able to acknowledge that, I think put me in a far better mind set than before.” [O 2]*

One participant said that the LFF helped him to understand that there were victims involved in IIOC offences. Others described LFF helping to ‘bring them back into the real world,’ which suggests that the support of LFF was important in addressing offence-supporting cognitive distortions and helped to establish a sense of hope and coping. The contact with LFF also appeared to provide a containing space to help individuals cope with feelings of guilt, shame and hopelessness.

*“You start to arm yourself with this knowledge and understanding and awareness... it’s like coming back into the real world.” [O 5]*

Two participants also praised the books that the LFF suggest for offenders to read, again as this helped them to understand why they committed these crimes and therefore seemingly helped them to move forward with their lives.

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<sup>3</sup> The Inform Plus programme is a ten-week course for groups of 6-10 individuals, who have been arrested, cautioned or convicted for internet offences involving indecent images of children.

## Theme 4: Coping with an investigation

### *Importance of personal social network*

All participants described the central importance of a personal support network after they became aware of the investigation. Social support had helped the individual to manage the aftermath of arrest and legal proceedings. All described their support network as the reason for contemplating suicide. It appeared that support from family and friends encouraged participants to face their offending behaviour and get through an investigation.

*“If I’d been on my own, I wouldn’t have been here now. I know that.” [O 2]*

Two individuals did experience rejection from partners or friends, which added to feelings of desperation and hopelessness and made the process of coping post-arrest more challenging.

*“Rejected by my wife and children and a few friends vehemently.” [O 1]*

*“I knew it wasn’t the right thing to do. It’s just like walking away. I mean, what happens to [son]?” [O 4]*

### *Thinking about the future*

All participants offered suggestions for managing suicidal behaviours in IIOC offenders in the future. One participant spoke strongly about the need for public education on the dangers of pornography. He described the need for an awareness campaign to help individuals understand both the danger of pornography and the consequences of their behaviour.

*“There needs to be some massive education about all of this, there really does, and awareness before it gets out of control completely.” [O 5]*

Other suggestions from offenders included a wallet-sized Lucy Faithfull Foundation card that would be handed to them when leaving custody; a ‘tick-list’ exit procedure for making sure all relevant information is shared with the suspect; making it mandatory to ring the LFF; getting a law enforcement officer to call and provide a welfare check-up; and the introduction of a mentor scheme, so that individuals going through the process could talk to others who have been through it and survived.

*“With men especially, they need a small card that’s discrete and that they can stick in it a wallet and you know it’s not on view for everybody else.” [O 5]*

Three offenders touched on the importance of interactions with law enforcement and the need to feel their well-being was important and valued.

*“What I needed more than anything was human contact.” [O 2]*

Offenders generally agreed that being asked directly if they were feeling suicidal did not ‘plant the seed’ of behaviour. However, the way in which this question was asked was very important. Particularly, offenders described the importance of eye-contact and a genuine approach. Some suggestions as to what officers and healthcare professionals should say when discussing suicide risk were offered. These are described below.

*“The words that come into my mind are something along the lines of, you know, ‘we’re not here to hurt people, we’re here to stop people getting hurt and that includes you as the potential offender.’” [O 1]*

*“What I would ask is something like ‘our experience of arrests across the country for this and a lot have been arrested for this, is that some people react with hopelessness, but this is not the case, this isn’t the end. So we will also look after you and make sure you’re safe. So, if you do have any thoughts of harming yourself we want to help you to avoid that.’ ” [O 1]*

## Discussion

All the offenders interviewed experienced suicidal ideation and/or behaviours after becoming aware of a law enforcement investigation for an IIOC-related offence. Offenders came from a range of backgrounds and did not fit one demographic group. These findings suggest that all IIOC offenders, once aware of an investigation, are at high risk of dying by suicide, regardless of their demographic background. They represent a highly vulnerable group.

The psychological impact of arrest and the legal process was significant and profound. The extreme terror experienced when becoming aware of an investigation was felt by all those interviewed. The emotions described at arrest are those of individuals faced with a traumatic event; complete shock, numbness, helplessness, hopelessness, intense worry and increasing shame (Lee, 2009). The period after arrest, particularly the first seven days, is a critical period for increased risk suicidal ideation and behaviour, due to the dissipation of the initial overwhelming emotional state experienced following arrest or initial contact with law enforcement. It is apparent that there are number of short-duration critical periods where risk of suicide is heightened during the investigation and legal process. These periods appear to correspond with increased threat of public exposure and real life consequences of their offending behaviour, which is in line with the finds of the systematic review. The most frequent periods of heightened risk after arrest tend to be bail, charge and sentencing. This is consistent with risk periods identified by Hoffer and colleagues (2012). This highlights the potential need for targeted support for offenders at critical pinch-points during the investigative and legal process, particularly where threat of legal consequences and wider public exposure of the suspects' offending behaviour is increased.

Rejection from those closest to the offender compounds feelings of desperation, hopelessness and helplessness and may make coping with the arrest more challenging. A personal support network that actively and positively supports an offender through the investigative process appears to be crucial in mitigating the level of suicidal risk and it may ameliorate the experience of shame. A positively engaged support network can encourage offenders to focus on the future, help to alleviate feelings of hopelessness and assist in coping with feelings of self-disgust, shame and guilt. If an offender is rejected by their primary social support network, the risk of suicide is likely to be increased, as the experience of shame and helplessness are likely to be intensified.

The uncertainty around the legal procedures related to prosecution, bail and trial in court is a risk factor for suicidal behaviour. Offenders are often unaware of the legal process and have not had previous formal contact with law enforcement prior to their arrest for IIOC offences. This can lead to the experience of high levels of uncertainty, perceived loss of agency and correspondingly intensified feelings of a loss of control. Loss of control seems to compound offenders feelings of hopeless and uncertainty and concerns about the future, increasing suicidal risk. Clear information about the investigative process may help offenders to negotiate their legal pathway and manage anxiety about their future.

One of the main risk factors for suicide is the stigma, shame and condemnation associated with IIOC-related offences. This shame experienced is intensified when suspects offending behaviours are exposed in the public domain. Media coverage relating to IIOC offences can have a significantly damaging effect on an individual's beliefs about themselves, often resulting in increased feelings of self-hatred. Media coverage can have a wider impact on the individual under investigation, often causing negative reactions and sometimes exclusions from certain groups or communities. This can serve to confirm offenders' negative sense of self, compound the sense of shame and increase the risk of suicide. The experience of shame appears to be intensified when offenders' cognitive distortions are challenged, which is often at the points in an investigation when a suspects social network is most likely to learn of their offending. This is compounded by perceived rejection in key supportive relationships.

Responses from professional services can have a great impact on the degree to which IIOC suspects feel able to cope with the consequences of a criminal investigation. The support law enforcement offers to individuals under investigation for IIOC offences is highly valued. When services show consideration for a suspect's welfare, individuals appear to feel a sense of worth, at a time when levels of self-hatred are particularly acute. This may act as a protective factor against suicidal behaviour. The Lucy Faithfull Foundation (LFF) is seen as a vital service by IIOC offenders. The non-judgemental and consistent approach taken helps offenders under investigation for IIOC offences to manage toxic levels of shame, whilst encouraging them to take responsibility for their actions. Services such as the LFF have expert knowledge of the risk of suicide in IIOC offenders and are able to offer specialised support to individuals struggling with feelings of hopelessness and despair. Healthcare is not currently seen as a pivotal service in the management of suicide risk in IIOC offenders, despite offenders often experiencing feelings of depression and anxiety post-arrest. The lack of expert knowledge amongst some mental health professionals of the risks associated with this offence type may decrease the likelihood of offenders opening up about the emotions they are experiencing and act as a barrier to their accessing valuable support networks. This indicates a need to define Healthcare's role, to develop appropriate training packages and to develop clear and effective clinical pathways that will support IIOC suspects through the criminal process.

## Report conclusions

### **1. IIOC perpetrators are a heterogeneous group**

People who view IIOC are a heterogeneous cohort, but frequently those arrested by law enforcement do not fit society's stereotypical view of a child sex offender. Men who view IIOC are more likely to be Caucasian, married, educated to a college degree level and in employment. Men who view IIOC frequently appear outwardly able to manage and maintain professional and personal relationship and often have families.

### **2. IIOC perpetrators are extremely vulnerable**

Perpetrators of IIOC offences who have been in contact with law enforcement are acutely vulnerable and have a significantly increased risk of death following contact with law enforcement. Both the systematic review of the existing literature and primary qualitative research across three population samples (law enforcement, Lucy Faithfull Foundation helpline operators, and post-conviction IIOC offenders) identified a number of risk factors and protective factors in terms of the risk of suicide.

The findings of the literature review and primary research studies suggest possible explanations for why this group is highly vulnerable. They also highlight why attempting to predict which individuals in the offending cohort are at the highest risk of death by suicide is not a practical approach to risk management and reducing death by suicide.

### **3. Lack of previous contact with law enforcement**

Most men under investigation for IIOC offences have not had previous contact with law enforcement or previous contact with mental health services. While this group may appear robust, calm and at low risk on initial presentation to law enforcement, they are undoubtedly an extremely vulnerable group of individuals, who are often in a state of acute shock and are emotionally overwhelmed on contact with law enforcement. This is compounded by the stigma associated with the offences that have brought them to the attention of the criminal justice system.

### **4. A suspects calm presentation at custody may not be an indicator of their internal world**

A suspect's seemingly calm presentation at custody can mask the paralysing terror and shock experienced on contact with law enforcement. It is only when this initial shock begins to dissipate that the experience of high levels of shame and disgust intensify in relation to the offending behaviours. It is at this point that suspects often experience intense, acute distress, helplessness, guilt and high levels of hopelessness, which increase the risk of suicidal behaviour. It is therefore important for law enforcement officers to take into consideration that a calm presentation may not necessarily be a marker of low suicide risk. It is prudent to consider all IIOC arrests suspects as highly vulnerable and at elevated risk of death by suicide. Targeted and arguably specialist support should be planned and put in place at the time of arrest.

Further appropriate support should be made available 24 hours to 7 days post arrest to manage the sequel of arrest at key milestones in the criminal justice process.

## **5. Toxic shame**

The core role of shame in IIOC offences, which is often experienced by individuals at toxic levels, was highlighted in all studies as a significant risk factor for suicide. The impact of shame appears to be both external (the individual believes themselves to be excluded from the wider community and protective social support structures due to their offending behaviour), and internal (negative self-evaluations: e.g. considering self a monster) (Gilbert, 2000). Both these aspects of the experience of shame appear to coalesce to leave suspects feeling isolated, hopeless, helpless and unable to see a positive future. It may also be that this sense of shame extends to the family and that the act of suicide is perceived as a viable solution to protecting partners and children from further social rejection. The experience of shame may also be compounded by the fact that a high proportion of men who view IIOC are employed in professional roles and are of a higher social economic status when compared with other offender groups. This may lead individuals to perceive themselves as a burden to society with little to contribute or with little hope of living a productive future, as offenders often face the simultaneous and multiple losses of family, contact with children, professional employment and social identity. More widely, factors that contribute to the intensification of shame may need to be addressed in how public disclosure of offending is reported in the media.

## **6. Fragile cognitive distortions**

The experience of shame appears to be intensified when cognitive distortions are shattered and no longer serve to protect the individual from the consequences of their offending behaviours. This is often accompanied by an increase in intense feelings of self-loathing and self-hatred. A lack of previous contact with the criminal justice system may mean that an IIOC suspect's cognitive distortions will not have been exposed to challenge until their initial contact with law enforcement. Cognitive distortions are therefore less likely to be well established or robust and this makes it more likely that they will breakdown at the point of exposure. This intensifies the risk of suicide, as distortions shatter and fail to protect the individual's positive sense of self, leading to the experience of high levels of shame and guilt. It appears that such fragile cognitive distortions are vulnerable to collapse at key periods during an IIOC investigation - arrest, bail, court attendance and sentencing. These periods often coincide with periods where the risk of exposure in the public domain is increased and the awareness of the consequences of the offending behaviour is most acute.

## **7. Police practice**

It is evident from all three studies that law enforcement officers can take positive operational steps to engage in the management of risk of suicide in men under investigation for IIOC offences. The empathetic, genuine and respectful approach taken by many law enforcement officers is valued by suspects and appears to mitigate the risk of suicide. Other factors linked to law enforcement which appear to mitigate the risk of suicide include: taking the suspect home after release from custody, speaking with family if required and ensuring suspects have access to a mobile phone with the necessary numbers stored (e.g. family, friends, GP). This allows the suspect to remain in contact with sources of social support.

However, the interviews with law enforcement officers reveal that NPCC operational guidance for suicide prevention and risk management in perpetrators of online CSE and IIOC (2017) is not being consistently used by law enforcement agencies to inform practice. Often law enforcement officers rely on local risk management policies and/or are unaware of the existence of the specific CSE and IIOC guidance. The consequence of this is an inconsistency in approach and operation practice to IIOC suspects, which means that opportunities to address risk are missed. Further training for law enforcement officers on how to use the guidance operationally and meaningfully will be beneficial; in part to address the impact of the operational guidance since it has been refined and updated with an increased focus on practical operational tactical options.

## **8. The need for a multi-agency approach**

It is apparent that the frequency and high level of risk presenting men under investigation for IIOC is not just a responsibility for law enforcement. To manage robustly the risk of death by suicide in this group, both health services and third sector organisations will need to be actively involved with law enforcement in providing multi-agency, joint working. The current research found that men who view IIOC value the non-judgmental and reliable approach of The Lucy Faithful Foundation. It appears services such as LFF provide not only specialist knowledge, but a safe space for men who view IIOC to discuss both their offending behaviours and their experiences of suicidal ideation, including feelings of hopelessness and shame. This research suggests that healthcare agencies and professionals often lack specialist knowledge of the offending behaviour and an understanding of how risk presents in this group. This may often result in difficulties in understanding the presentation of IIOC suspects in custody and the conclusion that there is little risk and/or distress. This firmly highlights a need for appropriate training packages for healthcare professionals to be developed. It also highlights the need to communicate that traditional risk markers used to assess clinical risk may be ineffective in identifying high-risk individuals in this population. In essence, a novel approach to risk may need to be adopted by health professionals and services in addressing the acute clinical need of this offending group. To support this, well-defined boundaries relating to where police responsibility ends and healthcare responsibility begins need to be established. Multi-agency working to relieve the burden on law enforcement officers of coping with suicide risk should be encouraged.

The implications of this report are clear. Men under investigation for IIOC offences are a highly vulnerable group who are at a substantially increased risk of death by suicide compared to the general population and those accused of other offence types. This risk is probably compounded by the shame of the offence itself, the unique demographics of the majority of men who view IIOC, and their lack of knowledge of the criminal justice system. Key recommendations based on the current available research evidence are outlined below. Addressing the high rates of death by suicide in this offending group requires law enforcement and health care to work together to confront the current epidemic of death resulting from law enforcement contact and IIOC arrests. Until recently this was a hidden phenomenon, much in the same way as the offending behaviour itself. The data from operation NOTORISE, the published literature and the current research studies underscore the seriousness of the problem and the wider cost implications of not taking robust action to reduce the rate of suicide in this population.

## Limitations

An important limitation of the current report is that it is based on a UK-only population. Culture-specific risk factors in other countries have not been addressed and any conclusions about the relative risk of suicide in men under investigation for IIOC and the management of this risk in different geographical locations, countries and cultures cannot be made. Consequently, there is a limit to the transferability of the findings and generalisability of the conclusions drawn. A limitation of the qualitative studies is that the samples are self-selected and therefore may not provide a complete representation of the wider population groups that they represent. However, this report is intended to provide a starting point for further research in a group that is extremely hard to reach.

## Future directions

This report is a starting point and highlights the challenges that law enforcement and healthcare face in addressing risk of suicide in this offending group. Future research may require a focus on the audit of the implementation and use of the redrafted guidance which has been informed by the current studies (NPCC, 2017). The identification and reporting of services currently working with men who view IIOC, and learning from services which have already adopted a multi-agency approach to the management of suicide risk in men under investigation for IIOC, may help to highlight areas of 'best practice' and 'what works,' and assist the development of best practice guidance nationally.

The development and provision of training both for law enforcement and healthcare professionals, which may be delivered jointly, may be of benefit in disseminating the findings of this report. A broader consideration of the role of Liaison and Diversion services and Healthcare provision in the criminal justice system for this specific group may require review, specialised training or the formation of a specific IIOC management pathway, together with inbuilt review of its effectiveness. More widely, liaison with the press regulator (IPSO) to discuss responsible reporting of offences may be required, and the conclusions of the Samaritans about media reporting of suicide (Samaritans, 2013) could be used as a template to address responsible reporting of IIOC offences specifically.

Further research should consider exploring the experiences of family members of IIOC suspects, including those who have died by suicide, to develop more detailed understanding of key risk and protective factors for suicide in this group and to explore what support the wider family system may require following the arrest of an individual for IIOC offences. This approach may help to highlight the wider impact of this type of offences, particularly for the suspect's personal support network.

IIOC offences are complex, heterogeneous and often bring strong emotional responses. However, men under investigation for IIOC offences are very many times the risk of death by suicide in comparison to the general population. It is clear that this group often does not fit with the traditional notion of a group at risk and therefore a different approach to risk management is required, which will involve the development of multi-agency working and, potentially, new clinical pathways. It is clear that the current rate of suicide is not just the responsibility of the police; it must be considered a major public health problem which needs to be urgently and robustly addressed.

## Key recommendations

**9. All IIOC suspects should be treated as highly vulnerable and at high risk of suicide.**

Men who view IIOC are not a homogenous group. Given the heterogeneous nature of the offending cohort, it is not possible to accurately or reliably identify those at risk of suicide. Therefore, all men under investigation for IIOC offences should be considered at high risk of suicide regardless of presentation in custody.

**10. Risk of suicide should be reassessed by an appropriate professional at critical contact points throughout an investigation.**

The risk of suicide is increased at arrest, bail, charge, court hearings and sentencing. A suspect's welfare should be considered throughout the duration of investigation. Targeted short duration support at the above points may help to manage and mitigate suicidal risk. Factors such as the suspect being employed in a position of trust, increased feelings of hopelessness, helplessness and rejection from social support networks leading to isolation should be taken into consideration when assessing risk.

**11. Training on how to discuss suicidal risk with suspects should be disseminated to law enforcement officers working with those suspected of IIOC offences**

Asking a suspect directly if they are feeling suicidal will not increase their risk of dying by suicide. Law enforcement officers may require specific training in the assessment of risk in this group as part of the welfare interview and broader duty of care. Officers may also benefit from training emphasising that suicide is preventable. Law enforcement should consider that calm presentation at arrest may not necessarily be a marker of low risk, as the individual may be experiencing a state of shock and their risk may increase once this state has abated.

**12. All suspects arrested for IIOC related offences should see a health professional before leaving custody**

An integrated, multi-agency approach to managing suicidal risk in men under investigation for IIOC offences should be adopted and current best practice should be followed in the management of risk. A risk review plan should be drawn up to ensure adequate management throughout the investigation and prosecution pathway. This may include the consideration of specific Liaison and Diversion input for men under investigation for IIOC offences as a high-risk group.

**13. Where possible, suspects of IIOC should be provided with a basic non-internet enabled mobile phone. Officers should ensure key numbers (e.g. family members, the Stop it Now! helpline, GP) are stored to allow suspects to remain connected with important sources of support.**

Providing means to access help may mitigate the risk of suicide, as it allows the individual to maintain contact with key social supports and have ability to contact crisis support lines, such as the Samaritans, and specialist support from organisations such as Lucy Faithfull Foundation. The experience of isolation, hopelessness and helplessness is a key risk factor in suicidal behaviour, and opportunity for contact may reduce this.

**14. The prospect and impact of media exposure should be considered**

It is important to be aware of the impact of public exposure and how this may increase the risk of suicide. The manner in which the media report offences, particularly by those in positions of trust, is often sensationalist and results in increased stigma and experience of shame by men who view IIOC. The offender interviews showed that fear of exposure and the impact on the individual and their wider social network of media publicity increases suicidal ideation. Therefore, it is proposed that law enforcement and key media regulators and publishers agree a framework of responsibly in reporting such cases. It may be that a framework similar to current guidance on the responsible reporting of suicides in the media would prove appropriate.

**15. Broader education and training for healthcare workers about the risk of suicide in IIOC offending should be developed.**

Healthcare professionals may not understand people suspected of viewing IIOC and the manner in which suicide risk may present. Few IIOC suspects will have had previous contact with psychiatric services and this may confuse matters. A training package should be developed for health-care professionals to further inform them about the risks presented by this group and about the need for a health-care input in crisis management. The dissemination of the current research in peer-reviewed literature and professional conferences would support this aim.

**16. There is a need for further multi-agency working to manage the risk of suicide in men under investigation for IIOC offences.**

Healthcare, law enforcement and specialist third-sector organisations should work together to establish appropriate pathways to manage the risk of suicide in men under investigation for IIOC offences.

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## Appendices

### Appendix 1: Psychinfo Search Strategy

- 1 (suicid\$ or parasuicid\$ or para suicid\$ or para-suicid\$).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (53290)
- 2 (selfmutilat\$ or self mutilat\$ or self-mutilat\$ or selfdestruct\$ or self destruct\$ or self-destruct\$ or selfpoison\$ or self poison\$ or self-poison\$).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (7406)
- 3 (self cut\$ or cutt\$ or overdos\$ or selfimmolat\$ or self immolat\$ or self-immolat\$ or selfinflict\$ or self inflict\$ or self-inflict\$ or automutilat\$ or auto mutilat\$ or automutilat\$).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (11481)
- 4 (drowning\$ or hanging\$ or strangulation\$ or ((fall\$ or jump\$) and train\$) or ((acute or carbon monoxide or "CO" or fatal\$ or severe) and (intoxicat\$ or poison\$))).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (8562)
- 5 ((absorption or consumption or ingest\$ or inject\$ or selfinject\$ or self inject\$ or self-inject\$ or selfingest\$ or self ingest\$ or self-ingest\$) and (bleach\$ or caustic agent\$ or corrosive\$ or ((cleaning or household) and product\$) or detergent\$ or dettol\$ or diesel or foreign bod\$ or gasoline or insecticide\$ or pesticide\$ or petrol\$ or poison\$ or shampoo\$)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (1234)
- 6 (selfharm\$ or self harm\$ or self-harm\$ or selfinjur\$ or self injur\$ or selfinjur\$).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (8873)
- 7 ((intent\$ and (ingest\$ or poison\$)) or (drug\$ and (ingest\$ or poison\$))).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (4294)
- 8 (poison\$ and (acetaminophen or bleach\$ or carbon monoxide or "CO" or caustic agent\$ or corrosive\$ or ((cleaning or household) and product\$) or detergent\$ or dettol\$ or diesel or foreign bod\$ or gasoline or insecticide\$ or paracetamol or pesticide\$ or petrol or shampoo\$)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (650)
- 9 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 (81656)
- 10 exp ATTEMPTED SUICIDE/ or exp SUICIDE/ (28976)
- 11 exp self-injurious behavior/ (4129)
- 12 exp DRUG OVERDOSES/ (1212)
- 13 10 or 11 or 12 (33153)
- 14 9 or 13 (81689)
- 15 (pedophil\$ or paedophil\$ or (child\$ and sex\$ and abus\$)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (24482)
- 16 exp PEDOPHILIA/ (1390)
- 17 exp Sexual Abuse/ and exp Child Abuse/ (10604)
- 18 15 or 16 or 17 (24592)
- 19 (offender\$ or abuser\$ or perpetrator\$ or defendant\$).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] (51921)
- 20 exp PERPETRATORS/ (22514)
- 21 19 or 20 (57060)
- 22 18 and 21 (5253)
- 23 14 and 22 (205)

## Appendix 2 - Studies Excluded from Review

<b>Author, Date and Country</b>	<b>Paper- Title</b>	<b>Reason for Exclusion</b>
Briken et al (2004) USA	Cohort of regional suicides: The importance of the child protection–psychiatric interface	Letter describing case study not a research study.
Forsyth, C.J & Forsyth, O.F. (2007) USA	Molestation, suicide, and the penalty of death	No mention of CSA or IIOC. A case study on murder by beating of adult.
Cramer, R. et al (2012) Australia	A Trait-interpersonal perspective on suicide risk in criminal offenders	Does not include CSA or IIOC offences.
Mcanulty, R. (2013) USA	The intolerable pain of being exposed to the world	A book review of a paper, not a piece of a research.
Thomas, S. (2014) USA	The deepest, darkest Secret	A letter from the editor, not a piece of research.

## Appendix 3 – Law Enforcement Semi-structured Interview Schedule

### Semi Structured Interview Schedule: Law enforcement

#### Introduction

*Hello my name is \_\_\_\_\_ and I am undertaking a research study exploring the risk of suicide prevention in those suspected of child sexual exploitation (CSE) and/or handling indecent images of children (IIOC) offences. The study is on behalf of the NPCC Suicide Prevention Working Group. As part of this work we are undertaking a series of informal interviews with law enforcement officers to explore their thoughts, experiences and any learning outcomes that could be useful to the work being undertaken by the group. Some interim guidance has been produced and this study will help shape the final guidance that will be eventually distributed for use by those who might have to deal with the types of cases in the future.*

*The interview should take no longer than an hour of your time. I would like to assure you that all information you provide will remain completely anonymous and you will not be named or indicated in any report or accompanying unused material.*

*If you agree I would like to make an audio tape recording of our conversation in order to allow the accurate recording of information. Once the analysis has been completed, the audio tapes will be destroyed and no other person given access to them. The material will be safely transported and stored pending transcript of the interview and eventual destruction.*

*It is intended to use the material and study for the purposes of the suicide prevention guidance for other officers.*

*Is that ok with you?*

*Do you have any queries you would like to discuss about the process before we begin?*

*\*Ask to sign consent form*

*\*Turn on audio*

*Ok, thanks for giving up your time today we really appreciate it. First of all I would like to ask you some details about your role.*

*Can you describe what your present role is (Prompt: what are the main responsibilities of the role?)*

### **Outline of Case Circumstances**

*We understand you were involved in a case whereby the person arrested is suspected of committing suicide post arrest. Please can you give us a summary of the case for our info?*

Prompt:

- Background info regarding the suspect:
  - Age / Ethnicity
  - Did they have a partner? Family? Marital status?
  - Occupation
  - Sexuality
- What offences was he reported/suspected/charged with? (Possession, distribution, making, any evidence of first generation images, extreme pornography, voyeurism?)
- Was the offender required to move out of his address (did he have access to children?)
- Did he admit the offence?

Thank you for talking us through the case, we are now keen to dig into a bit more detail if that's okay and enquire more about the various stages of the investigation from arrest planning to release.

### **Arrest Planning:**

1. Where any preparations made prior to the arrest relating to suicide prevention? If so, what were they?

Prompts:

- Did the suspect have any known history of mental health issues or suicidal tendencies?

### **Arrest**

2. On arrest, what happened? Was there any signs of suicidal thought/ behaviours?

Prompts:

- Was there a need to vary / divert away from the arrest strategy? (If so, talk us through why/ how?)
- Where other persons in the house present? How were they briefed of rationale for warrant?
- Was any supporting materials left behind? (Lucy Faithfull leaflets)
- What was the time period from arrest to court?

### **Custody**

3. Talk us through what happened when they came into custody?

Prompts:

- What did you think went well?

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- Was there anything that didn't work well?
  - Did anything happen that might have prompted them to feel vulnerable or suicidal?
  - How did the suspect present themselves? Did their demeanour change from point of arrest?
  - Do you know if the custody office staff conducted an initial risk assessment of the suspect? What was the result?
  - Were they seen by any health representatives whilst in custody? (e.g. L&D services)
4. Was the suspect explicitly asked at any point as to whether they were considering committing suicide?

### Prompts:

- If yes, what was response? When were they asked (during interview/ by custody officer during risk assessment)?
  - If no, why not?
5. What was the result of the risk assessment prior to release? Was there any specific concerns identified around suicide?

### Prompts:

- Was there any external health involvement in the risk assessment?
- Was there any variance in interpretation of the risk of suicide between staff?
- Was any specific mitigations put in place on release re suicide?
- Where any external agencies signposted in terms of where can get additional support/ advice? Was the Lucy faithfull leaflet provided?

## Release

6. From your own interactions with the suspect, how did they present themselves at the point of release?

### Prompts:

- Did their behaviour change?
- Where did they go to live post arrest?
- Did you have any further interaction with them post release/ prior to committing suicide?
- Did they have a phone?
- What were their bail conditions?
- How long post release was it that they committed suicide?
- Did they contact you between bail and committing suicide?

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7. Were you aware of the NPCC suicide prevention guidance and did you refer to it during this investigation at any point?

### Prompts:

- Did you find/would you have found it useful? How?
- Was there any other guidance or sources of support available?
- If had chance to review, any thoughts on where could be improved?

### **Difficulties**

8. What sort of difficulties did you encounter during the process of dealing with someone suspected of handling IIOC regarding suicide (does not need to be specific to the case in question)?

### **Future**

9. Thinking about the future, are there any particular experiences that you would want to share with other officers dealing with these types of individuals regarding suicides?

### Prompts:

- This could include: Process / Training / Resource levels

### **Concluding Questions**

10. Are there any other questions you think we should be asking you or areas to cover we've not mentioned relating to this topic?
  
11. Is there anything else you would like to add?

## Appendix 4 – Helpline Operator Semi-Structured Interview Schedule

### Semi-Structured Interview Schedule: Helpline Operators

#### Introduction

*Hello my name is \_\_\_\_\_ and I am undertaking a research study exploring the risk of suicide in those suspected and/or charged with handling indecent images of children offences. As part of this work we are undertaking a series of informal interviews with helpline operators at the Lucy Faithful Foundation to explore their thoughts and experiences of working with this group of offenders and managing the risk of suicide.*

*The interview should take no longer than an hour of your time. I would like to assure you that all information you provide will remain completely anonymous and you will not be named or indicated in any report or accompanying unused material.*

*If you agree I would like to make an audio tape recording of our conversation in order to allow for the accurate recording of information. Once the analysis has been completed, the audio tapes will be destroyed and no other person given access to them. The material will be safely transported and stored pending transcript of the interview and eventual destruction.*

*Is that ok with you?*

*Do you have any queries you would like to discuss about the process before we begin?*

*Ok, thanks for giving up your time today we really appreciate it. First of all I would like to ask you some details about your role.*

#### Background

Can you describe what your present role is (Prompt: what are the main responsibilities of the role?)

Can you talk us through the process you have in place when someone calls in to the helpline?

How do you think someone under investigation for internet sexual offences is most likely to find out about the 'Stop it Now!' helpline?

What would you say is the most common time point for someone under an investigation for internet sexual offences to call into the helpline (e.g. when they are made aware on an investigation, at

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arrest, charge, court etc.)? (Prompt; is it usually a one off call or multiple times; If multiple, at what points?)

How many people offending online would you say call the helpline who are not under investigation from law enforcement?

### **Managing suicide risk**

What happens if an individual expresses suicidal thoughts and/or feelings? (Prompt; do you have a protocol/process in place; if so, can you describe this?)

On average, how often would you say someone expresses suicidal thoughts/behaviours? (Prompt; how often does someone explicitly state they are considering suicide?)

In what way do you feel the Lucy Faithful foundation and 'Stop it Now!' helpline supports perpetrators and manages their risk (whether that be related to suicide or not i.e. support to understand their offending)?

### **Risk and protective factors**

In your own experience, are there any factors you have identified that increase the level of risk in relation to suicide? (Prompt; Any triggers/signs that you have identified; what makes you feel this way?)

In your own experience, are there any factors you have identified that help to mediate the level of risk in relation to suicide? (Prompt; what makes you feel this way?)

How often would you say a perpetrator discloses experiencing past physical or sexual abuse? (Prompt; have you noticed a relationship between those disclosing abuse and those expressing suicidal thoughts and/or behaviours?)

### **Personal support**

In your opinion, what difference do you think a perpetrators' personal support network makes to their risk of suicide?

## Understanding Suicide in IIOC offenders

### **Professional services**

What previous experiences have you had working with individuals who are in crisis/expressing suicidal intentions? (Prompt; do you think this has influenced how you deal with individuals calling the helpline; in what way?)

What do you think about the work law enforcement carries out in this area and the role they play in managing the risk of suicide?

Are the perpetrators you work with accessing health services? (Prompt; if so, are they often successfully referred and/or supported?)

What do you think about the work health services undertake in this area and the role they play in managing the risk of suicide?

### **Training**

How confident do you feel dealing with the risk of suicide in perpetrators of IIOC offences? (Prompt; what makes you feel this way?)

What are your views on directly asking if someone is suicidal? (Prompt; what makes you feel this way?)

Have you ever received any feedback from the individuals you have worked with? (Prompt; if so, can you remember what this was; was there anything they found particularly helpful/unhelpful?)

Do you feel that you may benefit from any training on the management of suicidal risk with these individuals? (Prompt; if so, what sort of training might that be?)

### **Difficulties**

What sort of difficulties have you encountered during the process of dealing with someone suspected and/or charged with handling IIOC?

## Understanding Suicide in IIOC offenders

### **Future**

Thinking about the future, are there any particular experiences that you would want to share with other staff members dealing with these types of individuals regarding suicides?

### **Concluding Questions**

Are there any other questions you think we should be asking you or areas to cover we've not mentioned relating to this topic?

Is there anything else you would like to add?

## Appendix 5 - LFF Semi Structured Interview Schedule Framework

### Introduction

*Hello my name is \_\_\_\_\_ and I am undertaking a research study exploring the risk and prevention of suicide in those suspected and/or charged with internet offences. In particular, we are interested in understanding how individuals coped throughout an investigation, the impact on wellbeing and experiences of suicidal thinking. Some interim law enforcement guidance has been produced to help officers make a positive contribution to the investigation process and this study will help shape the final guidance that will be eventually distributed.*

*As part of this work we are undertaking a series of informal interviews with 'Stop it Now!' service users. We are asking you to share your experience of being under investigation for internet offences but we will not be asking you about the details of your offence at any point. The interview should take no longer than 90 minutes of your time.*

*I would like to assure you that all information you provide will remain completely anonymous and you will not be named or indicated in any report or accompanying unused material. As explained in the Participant Information Sheet, the only circumstance in which your confidentiality will be affected is if you give any information that suggests a child is at risk or a criminal offence has been committed which the police may not be aware of.*

*If you agree I would like to make an audio tape recording of our conversation in order to allow for the accurate recording of information. Once the analysis has been completed, the audio tapes will be destroyed and no other person given access to them.*

*If at any point you feel upset in this interview, please share your concerns with us and we will be able to help.*

*Do you have any queries or concerns you would like to discuss about the process before we begin?*

### Background:

- **Age**
- **Ethnicity**
- **Marital Status**
- **Family (children)**
- **Occupation**
- **Previous Mental health Diagnosis**
- **Previous attempt of suicide/ Deliberate Self Harm**

### Making Contact with LFF:

- **What led you to call the 'Stop It Now!' helpline?** (*Settling questions and rapport building focus*)  
(Possible Prompts: around thinking at the time, what was their emotional state (distressed/ suicidal/ angry) what they hoped would happen, why then, were they under investigation at the time? How did they find out about 'Stop it Now!?' If given by the police did this feel helpful? What was helpful? What Wasn't?)

#### **Contact with Law Enforcement**

- **How did you first become aware of the investigation? Talk us thorough what happened from start to finish?**  
(Possible Prompts: How did you feel treated by the Law enforcement officers? What was going through your mind at the time? What did you think was happening? What was your emotional state at the time (e.g. shock?/shame?/scared? Relieved?) Did it change? How? Also consider prompts below to ensure all periods covered)

#### **Police Custody**

- **What was your experience of police custody?**  
(Possible Prompts: how did officers treat you? How were they handled by staff? What was the impact of that? Did they feel supported? Did they feel able to ask for support? Were they able to say they were thinking about suicide? If they did what helped them do this? Did officers do anything specifically helpful? Did they not feel able to disclose? Was this influenced by officer's behaviour?)
- **Were you asked directly by staff if you were suicidal?**  
(Possible Prompts: When? How? Who asked you? What happened? How did this impact your thinking about suicide (suicidal ideation) what made you able to say you were feeling suicidal? What stopped you? Why didn't you disclose this if you were feeling suicidal? What was going through you mind? What or Who were you thinking about?)
- **Did anyone ask you about how you were going to keep yourself safe during your time in custody with the police (e.g. Law enforcement officer? doctor or a nurse)?**  
(Possible Prompts: who did you see? Why did you see them? What happened? What helped? What didn't help? If not why not? Did you see anyone from health? Why? Why not? How did you get to see them?)
- **Were you given any information about where you could find support or access it?**  
(Possible Prompts: Who gave the information? How was it given to you? What was it? Did you think you would use it? Why/Why not? Did anything happen that made it more/less likely for you to access the support? If you didn't use it at the time what changed? Why did you use it when you did?)
- **Were you given the 'Stop it Now!' helpline information?**  
(Possible Prompt: What did you think about it? How were you given it? Would you use it? Was there anything that stopped you using it? What was it? Was there anything that prompted you to use the line? What? Why?)
- **If Applicable: Did any member of your family feel that the material was useful?**
- **Did your bail conditions have any impact on your wellbeing?**

(Possible Prompts: How did these help/hinder you being able to access support? What were they? What was going through your mind?)

- **When you were released from custody**

(Possible Prompts: What did you do? What were you thinking? Where did you go? How were you feeling (emotional state)? Did police escort you? Where you feeling suicidal? Did you have a plan? Intention to act? What was it? What happened? What stopped you? Did you tell anyone one? Why/Why not? Did you tell the police officers why? Why not? If you did was there anything they did that helped you ask for help? What?)

- **How long did you have between arrest and charge?**

(Possible prompts: Did you have contact with police between? Was your police bail extended for any reason? How did your contact with offices impact your suicidal thinking/ decision to end your life? What did they do/ did not do that impacted your thinking? Did anyone ask about your safety? How did they ask? What helped/ didn't help? Did you feel suicidal in this period? What happened? How long did it last? What were you thinking? Were you given further supporting material at the point of charge? Who did you think about? What did you decide to do? Did you act on this? How far did you get? What stopped you? How long did you feel this way? Who did you ask for help? What was it, who was it? Who helped? Who didn't help? Why is that?)

#### **Experience of Suicide Ideation:**

- **When did you experience thoughts of ending your life or self-harming?**

(Possible Prompts: What point of the investigation was this? Had it been after contact with the police? What triggered it? Why then? What was going through your mind? What was your intent at the time? How long did it last? Did you make any preparations? What did you do? What stopped you? What helped you cope? What made it worse? Who did you get help from? Who didn't you get help from? What did you think afterwards? What did you do? What happened next? How do you feel about being alive now?)

- **Did you experience thoughts of ending your life more than once during the investigation? When?**

(Possible Prompts: When did you experience them? How were they different? What changed? What helped? How did you cope? What support did you get? What stopped you? What made it difficult? How far did you get in attempting to end your life? Where the thoughts different at different times? When were they worse? How long did they last?

- If previous attempt: **What did you do to attempt to end your life?**

(Possible prompts: What did you do? When did you do it? How long had you been thinking about acting on your thoughts? What attempts were made to avoid detection? Did you get help? Why/Why not? Did you write a note? Who was it to? What did it Say? Why did you write it?

#### **Personal Support**

- **What impact do you think your personal support network had on your wellbeing whilst under investigation for internet offences?**
- **What helped you to get support from your network?**

## Understanding Suicide in IIOC offenders

- **What hindered you in getting support from you network?**
- **What stopped you asking? Why? What was the affect?**
- **What could have helped you get support?**

### Professional Support

- **What professional support did you get over this period?**
- **What support did you access when you were feeling suicidal?**  
(Possible Prompts: What was it? What helped? What didn't help? What stopped you? Who did you talk to? How was it handled? How did that affect your suicidal thinking? How did it change what you did?)
- **What support was on offer?**  
(Possible Prompts: Was this helpful? Could there have been more? What would that have been? How did support impact on suicidal thinking? What support would have been helpful? Did you see your GP? Why? Why not?)
- **What could have been done differently?**
- **Did you seek help from health services for your mental health/wellbeing (pre, during or post-conviction)?**  
(Prompt; if so, was this helpful; were you referred; if so, where to?)
- **What do you think about the work health services undertake in this area and the role they play in managing the risk of suicide?**
- **What do you think about the work Lucy Faithful Foundation carries out in this area and the role they play in managing the risk of suicide?**
- **Can you think of any support that you did not receive but think may have helped you to manage any thoughts of suicide?**

### Advice for Officers

- **Given your experience, what advice would you give to Law enforcement officers who are dealing with these types of offences to help reduce the number of suicides?**  
(Possible prompts: What would they do? How would they do this? What would be important? What would they do differently? What could help? What would be unhelpful? What would the most important thing be? When would this be done? How many contacts would be helpful?)

### Concluding questions

- **Thinking about the future, are there any particular experiences that you would want to share with other individuals going through an investigation? Are there any other questions you think we should be asking you or areas to cover we've not mentioned relating to this topic?**
- **Is there anything else you would like to add?**

### Debrief

## Understanding Suicide in IIOC offenders

- *\*How did you find the interview?*
- *\*How are you feeling now?*
- *\*Where are you going now?*
- *\*Details of Samaritans /local GP and crisis lines if necessary*

## Appendix 6 – Terms of Reference between the NHS and NCA

### TERMS OF REFERENCE

#### Overall aim

To assist the NPCC (Pursue Board) Suicide Risk Management Group (SRMG) in producing guidance on minimising the risk of suicide amongst suspects in the investigation of cases of IIOC by producing evidence based guidance.

#### Objectives

To assist in reducing suicide rates

To produce up to date, evidence-based guidance for use by LEA and UK police forces

To produce material suitable for the College of Policing to adapt for use in APP guidance and in future training programmes.

#### Shape of Project

##### 1) *Initial scoping phase* (currently underway)

- Thematic review of published and unpublished literature
- Identification and description of a suitable and practicable methodology for accomplishing the objectives within the specified time-frame by examining
  - o Examining quantity, quality and form of available case database
  - o Establishing access to relevant criminal intelligence databases, prison files, police case-files of individual cases and coroners' records.
- Obtaining sign-off from involved agencies to the details of the project, including the NPCC and NHS England.

##### 2) *Main project*

#### Methods

- Quantitative analysis of database, using appropriate statistical software.
- Qualitative interviews with officers actively involved in cases
- Examination of extant policies and protocols

#### Case selection

- Using existing databases arising from NCA Operations Notarise and Hera, and any other datasets that may be of use

#### Data extraction

- Creating a data proforma for extracting relevant data-points from available sources
- Designing a research database for data input and statistical analysis.

#### Collection of qualitative data

## Understanding Suicide in IIOC offenders

- Composing a semi-structured interview pro-forma for use with LE officers experienced in relevant case-work

### Data analysis

- Ascertaining risk factors associated with fatal outcome, by comparison with cases without fatal outcome.
- Consideration of factors relevant to four specific time-periods
  - o Initial arrest phase when suspects within LE control
  - o Bail period
  - o Charging phase
  - o Period before court appearances/sentence
- Incorporation of material derived from semi-structured interview and analysis of extant policies
- Production of report to include
  - o Literature review
  - o Exploration of vulnerability factors, both overall and specific to each case stage
  - o Screening tool for use in identification of vulnerable cases
  - o Suggested protocol for risk reduction, including design of practical strategies for early multi-agency intervention

### Final product

- o Final report of project, as defined above.
- o Subsequent production of research papers suitable for publication in peer-reviewed scientific journals
- o Series of workshops to explain the results to police agencies involved in the field and to potential partner agencies.

### Security issues

All those involved in the project will have been vetted to the appropriate level (minimum SC).

Navigation of security issues will be assisted by the inclusion in the project of senior NHS personnel with years of experience of working with sensitive materials within a police unit.

No material will be published externally without full agreement and oversight from the NPCC SRMG.

### Handling of data

Data will be stored in accordance with the Data Protection Act (1998). Any confidential material will be sanitised. Data kept electronically will be stored securely on either a password protected computer at North London Forensic Service or on a trust encrypted laptop. All data files will be password protected. Data will be transported either via email using Winzip (the password for the file will be emailed separately), or physically in person on a trust-encrypted USB stick.

Group members who will have access to the data will be: Dr Frank Farnham, Dr Alan Underwood, Rebecca Key, Prof Keith Hawton and Dr Lisa Marzano.

Any physical data collected as part of this study will be treated as confidential and will be stored in locked filing cabinets at North London Forensic Service. Only the research group members will have access to this.

### **Timetable**

We plan to deliver the research report within 12 months (or sooner) of the project being given final approval.

## **Appendix 7 - Law Enforcement Participant Information Sheet**

### **The experiences of law enforcement in contact with a suspect of child sexual exploitation (CSE) and/or handling indecent images of children (IIOC) who commits suicide.**

#### **Participant Information Sheet**

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to discuss it with others if you wish. If there is anything that is not clear or if you would like more information, please ask us. Your participation in this study is completely voluntary.

#### **What is the purpose of this study?**

CSE/IIOC is a prevalent concern and one that is continually growing with the accessible use of the internet. It is apparent the levels of shame, anxiety and helplessness surrounding CSE/IIOC are increasingly high and hold the ability to shatter the lives and social supports of individuals accused.

Although only a few empirical research studies exist confirming that these types of individuals may be at higher risk for suicide, there is emerging evidence to suggest the presence of a number risk factors increasing this threat, including; the intensity of shame, the unique demographics of the individual and the perceived punitive sentencing. These risk factors highlight the complexity of factors contributing to suicidal risk in CSE/IIOC suspects, and therefore the potential risks for law enforcement involved in investigating an individual on these charges.

Currently, no UK based study has sought to understand the experiences of law enforcement in this situation. The current study, therefore, aims to bridge this gap by exploring these unique experiences and subsequently highlighting both effective practice and areas that may be refined to increase effectiveness operationally.

We want to ask you to take part in an interview, on one occasion, as part of this research. We want to find out from individuals working with these offenders . We would also like to develop an insight into staff experiences, thoughts and feelings in regards to the suicide prevention programme.

#### **What does taking part involve?**

If you agree to take part, you will be asked to sign a consent form.

For this study, we would like you to engage in an interview that will last approximately one hour. The interview will explore your experiences of coming into contact with these suspects, and allow you to voice any opinions, thoughts and feelings you have about the process.

Any Information from the interview will only be able to be seen by the research team once all personal identifiers have been removed so that it is fully anonymous. This means that no one, apart from the researchers conducting the interview, can identify any individual people or services.

## Understanding Suicide in IIOC offenders

It does not involve anything else on your part. You will continue to work just the same as you would if you weren't taking part in this research and there is nothing extra you need to do to take part.

### **Why have you been chosen?**

We are inviting law enforcement who currently work for BTP within B-SPMH. Any staff member who has been directly involved in the .

### **What will happen to my information?**

All information collected about you during the course of the study will be kept strictly confidential and stored in secure premises at North London Forensic Service. Your name and contact details will be stored separately from the data collected. Both sets of information will be kept securely according to the requirements of the Data Protection Act 1998.

It is likely that the results of this study will be published, but only anonymised results will be presented. Your name will not appear on any publications or reports about this research. Your participation is strictly confidential.

### **Do I have to take part?**

No. It is up to you to decide whether or not to take part in this study. In other words, this is voluntary. If you *do not* take part, this will not affect your employment. If you *do* decide to take part you are still free to stop your participation at any time and have any research data withdrawn without giving a reason. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

### **Are there any risks?**

There are very minimal risks to taking part in this study. If you feel upset or concerned about participating in an interview please share your concerns with a member of the research team, who will be able to help.

All information gathered as a result of this study will be kept strictly confidential.

### **What are the benefits of this research?**

By taking part in this study, you will help the researchers to understand the process of referring an individual at risk of suicide, and how this impacts the reattempt rates presenting to BTP on the railway. Because of this, it is hoped the research contributes to a better understanding of railway suicide interventions with the potential to help shape methods of effectively managing this risk.

### **What happens when the research study stops?**

Throughout the study and afterwards, your collaboration with the BTP will continue as normal, and no changes will be made.

**If I have any concerns**

If you wish to complain, or have any concerns about any aspect of the way you have been approached or treated by members of staff due to your participation in the research, NHS or BTP complaints mechanisms are available to you. Please ask a member of the research team if you would like more information on this.

**Next steps**

If you have read through this information sheet and are happy to take part, then please complete the enclosed consent form and bring it to the research team on arrival of the interview, alternatively send it to the team in the envelope provided.

**Contact details**

If you need any further information to help you decide whether to take part in the study, or if there is anything you do not understand, please contact either:

Dr Frank Farnham  
North London Forensic Service  
Camlet Three  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 4612  
Email: [frank.farnham@nhs.net](mailto:frank.farnham@nhs.net)

Dr Alan Underwood  
North London Forensic Service  
Camlet One  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 5260  
Email: [alan.underwood@beh-mht.nhs.uk](mailto:alan.underwood@beh-mht.nhs.uk)

**Thank you for taking the time to read this information sheet.**

## **Appendix 8 - Helpline Operator Participant Information Sheet**

### **The experiences of 'Stop it Now!' helpline staff in contact with perpetrators of indecent images of children offences.**

#### **Participant Information Sheet**

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and feel free to discuss it with others if you wish. If there is anything that is not clear or if you would like more information, please ask us. Your participation in this study is completely voluntary.

#### **What is the purpose of this study?**

Indecent images of children (IIOC) offences are a prevalent concern and continually growing with the accessible use of the internet. It is apparent the levels of shame, anxiety and helplessness surrounding IIOC offences are increasingly high and hold the ability to shatter the lives and social supports of individuals accused, investigated and charged.

Emerging evidence has identified a rapidly increasing risk of suicide in these individuals and a number of studies have sought to identify potential risk factors increasing this threat. No UK based study, however, has yet sought to understand the experiences of professionals interacting and working with these individuals in specific relation to suicide. The current study, therefore, aims to bridge this gap by exploring these unique experiences and seeking to establish risk and protective factors that may help shape risk management and prevention.

#### **What does taking part involve?**

If you agree to take part, you will be asked to sign a consent form.

For this study, we would like you to engage in an interview that will last approximately one hour. The interview will explore your experiences of coming into contact with these individuals, and allow you to voice any opinions, thoughts and feelings you have about managing their wellbeing and suicidal risk.

Any Information from the interview will only be able to be seen by the research team once all personal identifiers have been removed so that it is fully anonymous. This means that no one, apart from the researchers conducting the interview, can identify any individual people or services.

It does not involve anything else on your part. You will continue to work just the same as you would if you weren't taking part in this research and there is nothing extra you need to do to take part.

#### **Why have I been chosen?**

We are inviting helpline staff who currently work for 'Stop it Now!' at the Lucy Faithful Foundation. Any staff member who has personally worked with a perpetrator on the 'Stop it Now!' helplines who has expressed suicidal thoughts and/or behaviours may be invited to participate.

**What will happen to my information?**

All information collected about you during the course of the study will be kept strictly confidential and stored in secure premises at North London Forensic Service. Your name and contact details will be stored separately from the data collected. Both sets of information will be kept securely according to the requirements of the Data Protection Act 1998.

It is likely that the results of this study will be published, but only anonymised results will be presented. Your name will not appear on any publications or reports about this research. Your participation is strictly confidential.

**Do I have to take part?**

No. It is up to you to decide whether or not to take part in this study. In other words, this is voluntary. If you *do not* take part, this will not affect your employment. If you *do* decide to take part you are still free to stop your participation at any time and have any research data withdrawn without giving a reason. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

**Are there any risks?**

There are very minimal risks to taking part in this study. If you feel upset or concerned about participating in an interview please share your concerns with a member of the research team, who will be able to help.

All information gathered as a result of this study will be kept strictly confidential.

**What are the benefits of this research?**

By taking part in this study, you will help the researchers to better understand the risk of suicide in perpetrators of IIOC offenders. Because of this, it is hoped the research contributes to a more in-depth understanding of how to manage this increasing risk through effective practice, with the potential to help shape guidelines and intervention methods.

**What happens when the research study stops?**

Throughout the study and afterwards, your employment at 'Stop it Now!' will continue as normal, and no changes will be made.

**If I have any concerns**

If you wish to complain, or have any concerns about any aspect of the way you have been approached or treated by members of staff due to your participation in the research, NHS, NCA and Lucy Faithful Foundation complaints mechanisms are available to you. Please ask a member of the research team if you would like more information on this.

## Understanding Suicide in IIOC offenders

### Contact details

If you need any further information to help you decide whether to take part in the study, or if there is anything you do not understand, please contact either:

Dr Frank Farnham  
North London Forensic Service  
Camlet Three  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 4612  
Email: [alan.underwood@beh-mht.nhs.uk](mailto:alan.underwood@beh-mht.nhs.uk)

Dr Alan Underwood  
North London Forensic Service  
Camlet One  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 5260  
Email: [frank.farnham@nhs.net](mailto:frank.farnham@nhs.net)

**Thank you for taking the time to read this information sheet.**

## Appendix 9 - LFF Service User Participant Information Sheet

### The experiences of 'Stop it Now!' service users charged with internet offences.

#### Participant Information Sheet

You are being invited to take part in a research study. Before you decide whether to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. If there is anything that is not clear or if you would like more information, please ask us. Your participation in this study is completely voluntary.

#### **What is the purpose of this study?**

This is a joint research study being conducted on behalf of the NPCC strategic governance group who are looking to provide guidance to law enforcement officers who deal with those suspected of online offending relating to indecent images of children. It is hoped the study can help inform guidance being produced for officers so they have a better understanding of the needs of those under suspicion. This is with a view to preventing them causing themselves any harm, i.e. through suicidal thoughts or intentions.

Research suggests that an investigation into internet offences can have a huge impact on the wellbeing of the individual. It is apparent the levels of anxiety surrounding internet offences can be increasingly high and often individuals report feeling confused, numb or scared about the future and what to expect.

Emerging evidence has identified an increased risk of suicidal thoughts and/or behaviours in individuals under investigation for offences relating to indecent images of children. A number of studies have sought to identify potential risk factors increasing this threat; however no UK based study has yet to explore these thoughts and experiences from the individuals who have been under investigation. The current study seeks to understand factors that may impact on the wellbeing of a person under suspicion and what could be done to support and manage suicidal thoughts and/or behaviours from those involved.

#### **What does taking part involve?**

If you agree to take part, you will be asked to sign a consent form.

For this study, we would like you to participate in an informal interview that will last approximately 90 minutes.

We **will not** be asking you about your offence. The interview will explore your experiences and allow you to voice any opinions, thoughts and feelings you have about the impact this has had on your wellbeing and the sort of support you think might have helped.

#### **Why have I been chosen?**

We are inviting post-conviction service users of the 'Stop it Now!' helpline. Any individual who has used the 'Stop it Now!' helplines, is post-conviction and has experienced suicidal thoughts and/or behaviours may be invited to participate.

#### **Confidentiality - What will happen to my information?**

Any Information from the interview will only be accessible by the research team once all personal

## Understanding Suicide in IIOC offenders

identifiers have been removed and will remain completely anonymous. This means that no one, apart from the researchers conducting the interview, can identify any individual who has taken part.

All information collected during the course of the study will be kept strictly confidential and stored securely. Your contact details will be stored separately from the data collected. All information will be kept securely according to the requirements of the Data Protection Act 1998.

The **only exception to this rule is** if you provide any information whatsoever that suggests either yourself or a child is at risk of harm or a criminal offence has been committed which law enforcement may not be aware of. If this happens we will have to halt the interview process and may have to consider passing on that information to the appropriate agencies.

If you agree to participate the officer who manages the sex offenders register in your area will be informed. They will only be notified of your participation and will not have access to any information you provide. Your relationship with them will not be affected in any way.

It is likely that the **results** of this study will be published, but not any details of participants. Your name will not appear on any publications or reports about this research and your participation will always (subject to the exception provided above) remain strictly confidential.

### **Do I have to take part?**

No. It is up to you to decide whether or not to take part in this study. In other words, this is voluntary. If you *do not* take part, this will not affect your relationship with the Lucy Faithfull Foundation or 'Stop it Now!'. If you *do* decide to take part you are free to stop your participation at any time and have any research data withdrawn without giving reason. If you decide to take part, you will be given this information sheet to keep and be asked to sign a consent form.

### **Are there any risks?**

There are very minimal risks in taking part in this study. As the interview will involve discussing your experience while you were under investigation there may be times when you may feel upset. If this is the case, please share your concerns with a member of the research team, who will be able to help.

### **What are the benefits of this research?**

By taking part in this study, you will help to better understand the impact an investigation into online indecent images of children can have on a suspect's wellbeing. Because of this, it is hoped the research contributes to a more in-depth understanding of how to manage any risk of suicide through effective practice, with the potential to help shape guidelines and intervention methods in the future.

**What happens when the research study stops?**

Throughout the study and afterwards, your relationship with the Lucy Faithful Foundation and 'Stop it Now!' will continue as normal, and no changes will be made.

**If I have any concerns**

If you are currently experiencing any suicidal thoughts or behaviours, please refer to your local GP and/or crisis line. This will not affect your anonymity in the research.

If you have any concerns about any aspect of the way you have been approached or treated by members of staff due to your participation in the research, NHS, NCA and Lucy Faithful Foundation complaints mechanisms are available to you. Please ask a member of the research team if you would like more information on this.

**Contact details**

If you need any further information to help you decide whether to take part in the study, or if there is anything you do not understand, please contact either:

Dr Frank Farnham  
North London Forensic Service  
Camlet Three  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 4612  
Email: [frank.farnham@nhs.net](mailto:frank.farnham@nhs.net)

Dr Alan Underwood  
North London Forensic Service  
Camlet One  
Chase Farm Hospital  
The Ridgeway  
Enfield, EN2 8JL  
Tel : 0208 702 5260  
Email: [alan.underwood@beh-mht.nhs.uk](mailto:alan.underwood@beh-mht.nhs.uk)

**Thank you for taking the time to read this information sheet.**

## Appendix 10 - Law Enforcement Participant Consent Form

**Title of project:** The experiences of law enforcement in contact with a suspect of child sexual exploitation (CSE) and/or handling indecent images of children (IIOC) who commits suicide.

### Participant Consent Form

Please initial below

1. I confirm that I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
  
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without my employment being affected.
  
3. I understand that this study uses a semi-structured interview to explore my experience of suspects of CSE and/or IIOC who commit suicide.
  
4. I understand that anonymised relevant sections of any data collected during the study may be looked at by responsible individuals from NHS Trust and the National Crime Agency where it is relevant to my taking part in the research. I give permission for these individuals to have access to this data. I understand that such information will be treated as strictly confidential.
  
5. I agree to take part in the above study.
  
6. If I withdraw from the study at any time, I will allow the information that I have provided so far, still to be used within the study. I understand that no one will be able to identify me from this information.

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**Name of Participant (please print)**

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**Signature of Participant**

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**Date**

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*Name of Researcher (please print)*

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*Signature of Researcher*

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*Date*

## Appendix 11 - Helpline Operator Participant Consent Form

**Title of project:** The experiences of helpline staff in contact with perpetrators of indecent images of children offences.

### Participant Consent Form

Please initial below

1. I confirm that I have read the information sheet dated \_\_\_\_\_ (version \_\_) and have been given a copy. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason and without my employment being affected.
3. I understand that this study uses a semi-structured interview to explore my experience of perpetrators of CSE and/or IIOC who have expressed suicidal thoughts and/or behaviours.
4. I understand that anonymised relevant sections of any data collected during the study may be looked at by responsible individuals from NHS Trust, the Lucy Faithful Foundation and the National Crime Agency where it is relevant to my taking part in the research. I give permission for these individuals to have access to this data. I understand that such information will be treated as strictly confidential.
5. I agree to take part in the above study.
6. If I withdraw from the study at any time, I will allow the information that I have provided so far, still to be used within the study. I understand that no one will be able to identify me from this information.

---

**Name of Participant (*please print*)**

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**Signature of Participant**

---

**Date**

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*Name of Researcher (please print)*

---

*Signature of Researcher*

---

*Date*

## Appendix 12 - LFF Service User Participant Consent Form

**Title of project:** The experiences of 'Stop it Now!' service users convicted of internet offences.

### Participant Consent Form

Please initial below

1. I confirm that I have read the information sheet dated 24.03.17 (version 2) and have been given a copy. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and I am free to withdraw at any time, without giving a reason.
3. I understand that this study uses a semi-structured interview to explore my experiences of being under investigation for internet offences. I understand this study will not be asking me about my offence.
4. I understand that anonymised relevant sections of any data collected during the study may be looked at by responsible individuals from NHS Trust, the Lucy Faithfull Foundation and the National Crime Agency where it is relevant to my taking part in the research. I give permission for these individuals to have access to this data.
5. I understand that the information I provide will remain strictly confidential, unless this information highlights a child at risk or a criminal offence has been committed which the police may be unaware of. In this circumstance I understand the information will be passed on to the relevant agencies.
6. I agree to take part in the above study.
7. If I withdraw from the study at any time, I will allow the information that I have provided so far, still to be used within the study. I understand that no one will be able to identify me from this information.

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**Name of Participant (*please print*)**

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**Signature of Participant**

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**Date**

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*Name of Researcher (please print)*

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*Signature of Researcher*

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*Date*

## Appendix 13 - A summary of information on the Lucy Faithful Foundation and Stop it Now! Helpline UK and Ireland

**The Lucy Faithfull Foundation (LFF)** is a charity specialising in the prevention of child sexual abuse. Set up in 1992, LFF works with families that have been affected by sexual abuse including: adult male and female sexual abusers, young people who exhibit harmful sexual behaviours, and other family members. LFF also provides bespoke training and consultation services to other professionals.

**'Stop it Now! UK and Ireland'** is the campaigning arm of LFF through which LFF encourages all adults to play their part in protecting children from sexual harm. At the heart of the campaign is the **'Stop it Now! Helpline'** which LFF set up in 2002. The principal target groups of the Stop it Now! Helpline are:

- Adult abusers and those at risk of abusing: to encourage them to recognise their behaviour as abusive or potentially abusive and to seek help to change.
- Family and friends concerned about an adult displaying worrying sexual thoughts or behaviour towards a child: to encourage them to recognise the signs of abusive behaviour in those close to them and to seek advice about what action to take.
- Parents and carers concerned about a child or young person with worrying sexual behaviour: to encourage them to recognise the signs of concerning or abusive behaviour and to seek advice about what positive action they can take.

Additional groups included due to caller demand:

- Adults concerned about a child or young person who may have been abused
- Professionals calling for case advice
- Adult survivors of child sexual abuse

The Helpline's main objectives are to:

- Assist callers to identify the nature and seriousness of their concerns
- Provide information and support to callers to help them clarify their thinking
- Explore options available, including referral to our own follow-up service or to another agency
- Advise callers about further actions to consider
- Agree one or more protective actions the caller will take

More information about the Lucy Faithfull Foundation and the 'Stop it Now!' Helpline can be found here: [www.lucyfaithfull.org](http://www.lucyfaithfull.org) and [www.stopitnow.org.uk](http://www.stopitnow.org.uk)