College of Policing

Operational Advice

Managing the risk of suicide for persons under investigation for online child sexual abuse and exploitation

June 2019

1. Purpose

1.1 This advice is aimed at reducing the risk of suicide by those suspected of downloading, sharing or viewing indecent images of children (IIOC).

1.2 The advice is based primarily on practice experience from serving investigators together with information from third sector support agencies, health professionals and some evidence from an analysis of a large sample of suicides committed by suspected child sex offenders.[1]

2. Background

2.1 The most recent IOPC data[2] shows that in 2017/2018 just over half of all apparent suicides following police custody (N=29/56) involved suspects who had been detained for alleged sexual offences. Of these, 44 per cent (13/29) were following detention related to indecent images of children (IIOC).[1] This is the second highest prevalence of IIOC-related suicides since recording started in 2004; however with such small numbers, reliable patterns are difficult to detect. In addition, the figures do not show the IIOC-related suicides as a proportion of all IIOC detainees, so it is not possible to determine any changes in suicide rates for this particular group.

3. Practitioner advice

In seeking to reduce the risk of suicide of IIOC suspects, investigating officers should:

3.1 Consider using the national decision model (NDM) to inform decision making. This may be especially helpful in dynamic situations where there are many trigger points and where information can change.

[1] Hoffer, T., Shelton, J. L. (2013).

2 IOPC, 2018, Deaths during or following police contact: Statistics for England and Wales 2017/18, IOPC, 2018.

3.2 Consider all child sexual exploitation and abuse (CSEA) and IIOC offenders as potentially vulnerable and at risk of suicide. Avoid adopting stereotypical views about those who may be at risk. The following list describes features that were commonly found in Operation Notarise suspects who committed suicide:

- White males.
- Between 40 and 60 years of age.
- Married or residing with a female partner (presumed heterosexual).
- Father or grandfather to their own children or step-children.
- No previous contact with LE as a suspect or from criminality.
- Employed/volunteering in a position of trust/notifiable occupation.
- Suffering from mental health issues.
- Previous suicide attempts.
- Preference for prepubescent children.
- High profile individuals and/or those likely to be exposed in the media or community, and lose their anonymity following arrest or conviction.
- Little or no protective support networks.
- Likely significant impact of arrest on reputation.

3.3 Carry out a suicide risk assessment (also see APP on mental health) and appropriate risk management planning at the earliest opportunity in every IIOC investigation (ideally before the suspect is aware of the investigation).

Some evidence suggests that suspects may attempt suicide quite soon after becoming aware of the investigation. Analysis of 106 suicides of suspected child sex offenders shows that a significant minority (26 per cent) killed themselves within 48 hours of becoming aware of the investigation.[3]

3.4 Record the steps taken to identify suicide risks and control measures, either in a stand-alone document and/or in an investigator's policy log. This will ensure there is a clear audit trail of the measures taken.

3.5 Risk of suicide is dynamic, and can change in response to events. Ensure the risk assessment is reviewed, particularly at times of potential trigger

[3] Hoffer, T., Shelton, J. L. (2013).

events such as returning on bail, times of adverse media reporting, or court appearances.

3.6 Where an individual is identified as a possible suicide risk, ensure referral to specialist medical and/or counselling support as soon as possible. A list of specialist support agencies is included in Appendix C.

3.7 If a suspect is detained, ensure that the custody officer is made aware of the suicide risk assessment and management plan, and of any medical or other specialist support this is required, such as NHS Liaison & Diversion teams and/or police custody healthcare professionals.

3.8 Consider encouraging suspects to confide in their own network of close family members for support.

3.9 If a suspect's phone has been seized as part of the investigation this may reduce access to their support networks. Consider providing suspects with a basic non-internet enabled mobile phone, preloaded with key numbers and contacts (such as family members and close friends, the Lucy Faithfull Foundation, the Samaritans, their GP, etc.) This phone could be provided on a loan basis with an agreed date for return while a replacement is arranged. The return of the phone may also provide an opportunity to review their welfare.

3.10 Remember that families themselves may also require help and support to cope with the arrest of a family member for IIOC. Investigating officers may point family members to sources of support. Appendix C provides details of support organisations.

4. Data collection

4.1 Police forces are required to refer to the Independent Office of Police Conduct for any apparent suicides that occur within two days of a person being released from police custody, or where the time spent in custody may have been relevant to their subsequent death. Police may not always get notified of apparent suicides that occur after time spent in custody, as the link may not always be obvious (eg, in a deliberate vehicle collision).

4.2 The question of 'cause of death' is a coronial matter. The NPCC has adopted the 'Ovenstone criteria' as the mechanism through which an apparent suicide is consistently identified/classified (see Appendix B).

4.3 Details of all apparent suicides and attempts by persons suspected of IIOC-related offences should be flagged to, and recorded by, the host force or agency.

References and further reading

College of Policing APP on mental health: https://www.app.college.police.uk/app-content/mental-health/suicide-and-bereavement-response/#risk-factors-for-suicide

Grassroots suicide prevention: http://www.prevent-suicide.org.uk/

Hoffer, T. & Shelton, J. L. (2013) Suicide Among Child Sex Offenders. Springer-Verlag: New York.

Hoffer, T., Shelton, J. L. & Joyner, C. (2012) Operational Safety Considerations While Investigating Child Sex Offenders: A Handbook for Law Enforcement, Vol 1. FBI's Behavioural Analysis Unit III, Crimes Against Children.

IOPC. (2018). Deaths during or following police contact: Statistics for England and Wales 2017/18.

Key, R., Underwood, A., Farnham, F., Lawrenson, J., Hawton, K., Marzano, L., Kothari, R. & Cresswell, L. (2017) Managing Perpetrators of Child Sexual Exploitation and Indecent Images of Children (IIOC): Understanding Risk of Suicide. Report for the National Chief's Police Council (NPCC).

NCA. (2014). Op Notarise suicide risk management guidance.

Staying alive: http://www.crisiscareconcordat.org.uk/inspiration/staying-alive-grassroots-suicide-prevention-app/

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APPENDIX A – Suicide Risk Management Plan

1	General risk factors considered and overall assessment of likely risk of suicide.	
2	Intelligence checks completed to indicate potential risk, for example: (1) Known attempts of suicide or self-harming. (2) PNC/PND warnings of note. (3) If subject holds a firearms licence or has access to any lethal weapons.	
3	Dates/times of potential trigger points, such as search, arrest, return on bail, charge, etc.	
4	Specific risks identified and mitigation plan for officers during intervention phase from spontaneous suicidal acts (eg, plans to manage violent attempts at suicide/self-harm and ensuring no ready access to lethal weapons/dangerous items).	
5	Requests made for support in advance of intervention, eg, contact with local NHS Liaison & Diversion service or other qualified healthcare professional for assistance with R.A. process and support provision (with consideration of 'out of hours' availability, eg, evenings, weekends and public holidays).	
6	Measures taken to avoid publicity regarding intervention (eg, arrest and detention) of subject.	
7	Details of welfare support available for subject's spouse/partner and close family members (eg, leaflets from the Lucy Faithfull Foundation or other local support agencies).	
8	Contingencies if subject cannot be immediately located, for example: (1) Arrangements to expedite locating. (2) Details of officer in charge (O.I.C.) made available (eg, message left at last known address). (3) Assessment to determine if likely to go missing to avoid capture and/or if likely to consider harming themselves. (4) Markers on intelligence systems (ie, PNC/PND) signposting or indicating concerns for welfare.	
9	Identified risks brought to the attention of the custody officer or prison authorities if remanded in custody (eg, 'self-harm warning forms', also known as prisoner escort records (PERs) that accompany detainee escorts).	
10	Consideration of option for charging and remanding in custody (eg, for own safety) and management of any added risks posed by granting precharge bail or if 'released under investigation'.	
11	Arrangements to signpost subject to relevant support agencies (eg, the Lucy Faithfull Foundation or the Samaritans).	
13	Assessment of subject's personal support network or other points of support (eg, GP, spouse, family or close friends).	
14	Assessment of subject's essential communication devices if seized during investigation (eg, provision of loaned mobile phone).	
15	Plan for identification of support, and review at key flashpoints (eg, immediately following release from custody and for the first 48 hours; bail reviews, charging, court appearances and media releases).	
16	Arrangements for submission of appropriate intelligence notification and safety plan regarding potential vulnerability of subject in the locality in which they reside.	
19	Arrangements for review of the suicide risk management plan and the person with responsibility.	
20	Miscellaneous considerations (eg, any link to investigator's policy log).	
SIGNED & DATED:		

APPENDIX B – Ovenstone criteria

(Recording suspected suicide and attempted suicide)

1. Ovenstone criteria

Doctor Irene Ovenstone introduced a set of criteria in 1973 which she used to make judgements as to whether a death was more likely to have been suicide than not.

Each of the following, on its own, can be treated as sufficient evidence of suspected suicide (unless**,** of course, there is positive evidence that the fatality was accidental or homicide):

Direct evidence

- Presence of a suicide note.
- Prior statement of suicidal intent.
- Behaviour demonstrated suicidal intent (eg, selecting lethal means).

Indirect evidence

- Previous suicide attempts.
- Marked emotional reaction to a recent stress situation.
- Failure to adapt to a more remote stress that may be characterised by depression or withdrawal, and may include resorting to alcohol or drugs (where no such behaviour existed previously) or increased intake.

General considerations

The following are conditions which, by themselves, should not be used to determine a suspected suicide:

- Alcoholism or drug addiction.
- Being under the influence of alcohol/drugs at the time of the event.
- Mental illness (unless suicidal related).
- Incurable disease.

Location may also be a relevant factor (eg, if there is no logical good reason for the person being there).

Appendix C - contacts

Childline Freephone: **0800 1111** Web: www.childline.org.uk/	**Runaway Helpline** Freephone: **0808 800 70 70** Text: 80234 Email: runaway@missingpeople.org.uk Web: www.missingpeople.org.uk
National Debtline Freephone: **0808 808 4000** Web: www.nationaldebtline.co.uk/	**Relate** Tel: **0300 100 1234** Web: www.relate.org.uk/
Alcoholics Anonymous (AA) Helpline: **0845 769 7555** Web:www.alcoholics-anonymous.org.uk	**Narcotics Anonymous (NA)** Helpline: **0845 3733366** Web: www.ukna.org
Women's Aid Freephone: **0808 2000 247** Email: helpline@womensaid.org.uk Web: www.womensaid.org.uk/	**Cruse Bereavement Care** Tel: **0844 477 9400** Email: helpline@cruse.org.uk Web: www.crusebereavementcare.org.uk/
Victim Support Web: www.victimsupport.org.uk/	**Shelter** Freephone: **0808 800 4444** Web: www.shelter.org.uk
St Giles Trust (for prisoners and ex-prisoners) Tel: **020 7703 7000** Email: info@stgilestrust.org.uk Web: http://www.stgilestrust.org.uk/	**Support for lesbian, gay, bisexual and transgender people** Tel: **020 7837 7324** Web: www.llgs.org.uk/
Samaritans Tel: **08457 90 90 90** Email: jo@samaritans.org Web: www.samaritans.org	**Mind** Tel: **0845 766 0163** Email: contact@mind.org.uk Web: www.mind.org.uk/

Helplines

Stop it Now! (the Lucy Faithfull Foundation) freephone helpline: **0808 1000 900**
Email: help@stopitnow.org.uk
Stop it Now! UK & Ireland is supported by a dedicated freephone helpline that offers confidential advice and support to adults.
Drink Line: **0800 917 82 82**
Saneline: **0845 767 8000**
National Drugs Helpline: **0800 77 66 00**

Other mental health/self-harm websites:

Support: www.selfharm.org.uk
Mind: www.mind.org.uk
Rethink: www.rethink.org
Sane: www.sane.org.uk
Self-Injury & Related Issues: www.siari.co.uk
The National Self-harm Network: www.nshn.co.uk
Young Minds: www.youngminds.org.uk

CALM (Campaign Against Living Miserably) www.thecalmzone.net/