INTERNATIONAL WELL-BEING STUDY

The Psychological Health of Digital Forensic Investigators

A briefing for managers and employers

SAMPLE	SCOPE	SOURCE	DATE
N = 179	International	Well-Being Study	June 2026

THE ISSUE

Digital forensic investigators examine the most distressing material in modern investigations — including child sexual abuse material (CSAM) — often with little or no structured psychological support. This is the largest study of its kind to assess the psychological, physical and occupational health of this workforce.

The findings point to a duty-of-care gap with direct operational consequences. They are not a reflection on any individual team; they are systemic, and they are addressable.

20%

THE HEADLINE FINDING

One in five investigators reported clinically significant suicidal or self-harm ideation — around four times the estimated general-workforce rate.

HEADLINE FIGURES

49%

receive no clinical or psychological supervision at all

61%

accessed no support service in the past year

28%

say they are likely to leave their role within 12 months

Support: This briefing discusses suicide and self-harm. In the UK, Samaritans can be reached free, day or night, on 116 123; or text SHOUT to 85258.

WHY THIS MATTERS TO YOUR ORGANISATION

The data describes risks that land directly on employers — to capability, continuity and duty of care — not abstract well-being concerns.

- **Loss of experienced people**

  More than one in four are considering leaving within a year, and nearly one in five took **six or more days** of sick leave in a six-month period. In a specialist field where expertise takes years to build, that is a direct capability and continuity risk.

- **Capability under load**

  49% rate case-volume backlog 'very' or 'extremely' stressful. Units are already carrying relentless CSAM caseloads, and workload and systemic pressures often outweigh the distress of the material itself.

- **A new and growing pressure**

  60% find AI-generated CSAM as distressing as — or more than — real material, and **63%** worry about misidentifying real victims as AI-generated. Most receive minimal guidance on handling it.

- **Duty of care**

  A fifth of this workforce is carrying clinically significant distress, often without adequate safeguards. Where support exists it is frequently inadequate: of those who receive supervision, **74%** rate it no better than adequate.

These problems cannot be resolved by individual resilience alone. They require organisational change — and most of the changes are practical, affordable and within an employer's gift.

ABOUT THIS STUDY

SAMPLE	DESIGN	INSTRUMENTS	BASIS
179 serving digital forensic investigators, international	Anonymous, voluntary self-report survey	PCL-5, GAD-7, PHQ-9, PHQ-15 and related validated scales	Respondents meeting each scale's clinically significant threshold

WHAT YOUR ORGANISATION CAN PUT IN PLACE

Seven practical, evidence-led measures. Most are within an employer's direct control.

1 **Regular, quality-assured clinical supervision**

For all staff with significant exposure to distressing material — minimum monthly, delivered by practitioners who understand trauma, forensic contexts and vicarious traumatisation.

2 **Remove the barriers to seeking support**

The leading barriers are lack of time (**48%**), fear of career impact (**34%**) and confidentiality concerns (**37%**). Embed support within working hours, give unambiguous confidentiality assurances, and ensure disclosure leads to care, not career risk.

3 **AI-specific training and grading guidance**

For AI-generated CSAM — covering psychological impact, classification and the moral distress of uncertainty.

4 **Review workload and caseload at a strategic level**

Staffing, rotation, and the ability for staff to step back from a case type, alongside proactive welfare monitoring.

5 **Proactive, confidential crisis monitoring**

With clear referral pathways. Annual questionnaires and self-referral alone are insufficient given the level of risk in the data.

6 **Structured peer support**

Delivered by trained colleagues. **86%** of investigators never or only occasionally access peer support, despite it being one of the most reachable protective measures.

7 **Recognise the neurodivergent workforce**

ADHD (**17%**) and autism (**10%**) present at four-to-six times general-population rates; make well-being provision explicitly accessible and appropriate for neurodivergent staff, not merely available.

USING THIS BRIEFING

If you manage or employ people who do this work, these seven steps are a practical starting point. If you are an investigator, you are welcome to share this with your manager or leadership as the basis for a conversation about what your organisation can do.

IF YOU OR A COLLEAGUE NEED SUPPORT NOW

In the UK: **Samaritans — free, 24/7, 116 123**; or text **SHOUT to 85258**. International and sector-specific services are listed on the Forensic Focus well-being hub. If someone is in immediate danger, call your local emergency number.

ENQUIRIES

Contact: paul.gullon-scott@forensicfocus.com

Full report: www.forensicfocus.com/well-being/forensic-focus-international-well-being-study-2026-report/

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The full report — methodology, qualitative findings and all eight recommendations — is available on the Forensic Focus well-being hub.