



**Forensic
Capability
Network**
Shaping forensics, together.

Wellbeing of Forensic Investigators

**An investigation of the wellbeing challenges faced by
forensic investigators**

April 2026

Contents

Executive Summary	3
1. Background	5
2. Methods	6
3. Results	7
3.1 Who were the respondents?	7
3.2 How many had experienced mental ill health and what caused or exacerbated it?	9
3.3 Gender, age and time in role	13
3.4 Work issues contributing to mental ill health.....	17
3.5 How valued and supported does the forensic workforce feel?.....	20
3.6 The importance of line management.....	24
3.7 Lack of organisational support	27
3.8 The provision of support in the workplace	29
3.9 Retention of the workforce	32
4. Key findings and recommendations	34
4.1 The importance of support	34
4.2 Psychological screening and counselling provision	35
4.3 Measure interventions use and target more appropriately.	35
5. Next steps	37
6. References	38
Appendices	41

Executive Summary

The Forensic Capability Network have worked with the forensic community in recent years, to address the challenges to the wellbeing and mental health of the forensic community.

This work began with the commissioning of Durham University to create a forensic appendix for the 2021 National Police Wellbeing Survey. The most recent phase, supporting this assessment of workforce, is a survey, which was distributed widely across the forensic community.

This survey was created using Microsoft Forms and was shared with current and past member of the forensic workforce from within policing, the wider public sector and in the private sector, and across all disciplines worldwide.

The survey comprised of 37 questions and the qualitative and quantitative data obtained from the responses was considered.

Data from 305 respondents from across various disciplines, regions and organisations was analysed and now reported to form the basis of this report, which identified that:

- 63% of all respondents had experienced mental ill health.
- 68.7% of these stated that it was caused or exacerbated by work.
- Workload or caseload was the biggest single challenge selected by respondents.
- IT challenges and lack of career progression ranked second and third. Respondents were positive about the support provided by their peers (88%) and
- by their line managers (73%)
- support from their organisation was less positively reported with only 23% agreeing or strongly agreeing that this was provided.

Three key recommendations were highlighted being:

- The importance of support - from peers, line managers and organisations;
- The use of psychological screening and counselling;
- The use and measurement of appropriate interventions.

This report will inform the next stage of research, which will take place over the next few years and include focus groups with practitioners, interviews with leaders in science and the creation of a strategic plan for wellbeing for forensic practitioners.

Joanne Morrissey

Workforce Strategy Lead

Forensic Capability Network

1. Background

Forensic investigators work across a wide range of forensic disciplines, including crime scene investigation, fingerprints, digital forensics and laboratory sciences. The roles that forensic practitioners undertake are essential to criminal investigations but, due to the nature of the work, often result in them being exposed to traumatic incidents, materials and information. They are involved in activities that include homicide, Child Sex Exploitation (CSE) and violent and sexual assault, which may include distressing images. Forensic staff may experience traumatic incidents themselves, but they also experience secondary (vicarious) trauma from their colleagues, those around them (including victims of crime) and upon reviewing documentation. It is, therefore, important that the risks are clearly identified.

Over the last few years there has been an increasing amount of research in relation to the wellbeing of the workforce linked to occupational stressors in the workplace. This research has examined topics including burnout (Brady, 2017), compassion fatigue (Figley, 2002) and depression and anxiety (Conway et al., 2023).

In 2021/22 the Forensic Capability Network (FCN) commissioned an appendix to the National Police Wellbeing Survey (NPWS) for forensic services staff. The NPWS was available to all forty-three Home Office police forces in England and Wales and formed part of the third annual survey that has been distributed.

This report (Durham University, 2022) highlights the responses of the forensic workforce in England and Wales. It identified high levels of what was referred to as, hindrance stressors, meaning occupational stressors, which impacts the wellbeing of practitioners. Certain roles were identified as high risk, being crime scene investigators and digital forensic practitioners, however it was recognised that the impact of these stressors can affect all those in forensic roles.

The risk to the wellbeing of forensic investigators is acknowledged more widely now than it ever has been and the need to safeguard workforce wellbeing is accepted by organisations. There are wellbeing interventions widely in place across forensic science, within policing, the broader public sector and the private sector, however despite this, there is still an issue with mental ill health and the wellbeing of the forensic workforce (Foley and Massey, 2021) (Keech and Drew, 2025).

Trauma exposure has always been considered the primary factor that affects the wellbeing of forensic investigators however recent research (and results in this study) indicate that operational and organisational challenges have a more significant impact than previously understood.

These factors include:

- shift working
- lone working
- understaffing
- under resourcing
- administrative burdens (Keech and Drew, 2025).

These work-related issues often result in mental ill-health and stress, potentially resulting in burnout and ill health (Bakker and Demerouti, 2007), the impact of this being:

- increased absences
- poor performance
- ill-health
- retention challenges.

All of which can result in efficiency issues in the workplace and often damaging mental ill health for the workforce.

This research has been designed as the first stage of a project that will identify the overall themes in relation to these challenges, and what needs to be addressed to have a positive impact on the mental health and wellbeing of forensic practitioners. It will be followed by future more detailed examination to inform and determine a strategic plan for policing.

2. Methods

A survey was created using Microsoft Forms and distributed globally across all disciplines, to those working in police forensic science, and the public and private sectors, and was made available to both current and former forensic practitioners.

The survey was communicated using social media platforms, the Forensic Capability Network website and newsletter, via forensic science professional websites and by email. Respondents were encouraged to share more widely with colleagues and through their professional networks.

All surveys were completed anonymously, and no individuals are identifiable from the data that is included in this report.

All respondents were provided with information about how their responses would be used and how the data would be stored. All respondents were required to select that they had given informed consent for their responses to be considered in this research.

There were 37 questions posed, that included a combination of free text and categorical data of the respondent. The survey included preliminary questions relating to:

- the role
- their experience,
- detailed questions about their mental wellbeing
- factors that may affect health and mental wellbeing
- wellbeing interventions they felt were available to them
- the impact of any such interventions

The qualitative and quantitative data from the responses received, were analysed.

To Note: It is important to understand that all responses are subjective, are based upon the opinions of the respondents and are not based upon medical diagnosis or evaluation.

It is also important to acknowledge some other limitations of this research. There are approximately 4800 forensic practitioners in policing in England and Wales (gov.uk, 2024) and many more across the wider public sector, in the private sector and in other roles. There are also many thousands (specific numbers are not available) worldwide who could have completed this survey. Therefore, this data is a sample set of the associated global forensic practitioner community, however, it does highlight themes and areas that are important to consider in for further discussion and future research.

3. Results

3.1 Who were the respondents?

The following is a summary of responses received:

- There were 316 responses to the survey
- 7 responses were excluded as they did not provide consent to their data being included
- 4 responses were excluded as they did not select either option (yes/no)

- None of these respondents added any other details to the survey.
- The responses provided by the remaining 305 respondents are included in the analysis.

Table 1: Role and country for respondents*

	England and Wales	Australia/New Zealand	Canada/USA	Other
Crime Scene Investigator	20.3% 77.4%	10.2% 7.5%	31.8% 13.2%	2.7% 1.9%
Digital Forensic Practitioner	11.7% 59%	0%	0%	43.2% 41%
Fingerprint examiner	7.1% 93.3%	2% 6.7%	0%	0%
Laboratory scientist	19.3% 56.1%	57.1% 40.9%	9.1% 3%	2.7%
Other	8.1% 64.3%	6.1% 14.3%	4.5% 3.6%	5.4% 17.8%
Digital and Physical	0%	4.1% 66.7%	0%	2.7% 33.3%
Multiple physical/physical	7.6% 50%	14.3% 33.3%	9.1% 8.33%	10.8% 8.33%
Forensic Collision Investigator	6.1% 100%	0%	0%	0%
No details	19.8% 60%	6.1% 4.6%	45.5% 16.9%	32.4% 18.5%

*first figure is % of respondents in each discipline as a proportion of respondents in their region, the second figure if the percentage of respondents in each discipline as a proportion of the overall respondents).

Almost two thirds of respondents were from England and Wales, with the next largest group (16%) originating from Australia and New Zealand. Respondents represented 19 countries worldwide and included a broad range of physical and digital disciplines.

Respondents ages ranged from age 23 to 79, with experience ranging between 1 year to 55 years of service.

61% of the overall respondents were female, 37% male, 2% were non-binary and one respondent preferred not to say.

In Digital Forensics the male to female ratio was reversed, with 64.1% male, 33.3% female and 2.6% non-binary (which again reflects the gender diversity of the digital forensic workforce).

94% respondents were white, 2% were Asian, 1.6% were mixed or multiple ethnic groups, 0.3% were Black, Caribbean or African and 2% preferred not to say.

Table 2: Age and gender of respondents. (% per age group)

Age and sex	18-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	60-65	66-80
Female	8.6	10.2	13.4	10.2	23	16	9.6	6.9	2.1	0
Male	2.7	5.4	8.1	9	15.3	25.2	16.2	12.6	4.5	1
Non-binary/Prefer not to say	0	42.9	28.5	14.3	0	14.3	0	0	0	0

This breakdown is largely reflective of the forensic workforce in England and Wales, where the investigative support category in national workforce data (category 8 in table F8 which includes forensic roles) shows that 60% are female and 40% male, 92.5% white and 7.5% ethnic minority (NPCC, 2025).

59% of the respondents worked in policing, 17% in the wider public sector/government, 21% in the private sector and 3% selected other, which included Sexual Assault Referral Centres, academia, medical examiners and other practice and lab-based roles.

An unanticipated issue arose with Microsoft teams during the data capture, which meant that the role was only recorded for 240 respondents, 65 were not recorded, but all other information was recorded, this group were included in subsequent analysis as far as possible.

3.2 How many had experienced mental ill health and what caused or exacerbated it?

Respondents were asked ‘Have you ever experienced mental ill health?’ of which:

- 63% of respondents stated that they had (n.b. it is important that this is a self-declaration and not a medical diagnosis of mental ill health)
- 26% said they had not
- 11% were not sure.

The proportion of the responses varied across countries; however, the largest proportion of responses were ‘yes.’

England and Wales, and Canada/USA were slightly above the average for affirmative responses within this survey, with New Zealand and Australia below the average of this survey.

- England and Wales - Yes 67%, No 22%, Not sure 11%
- Australia - Yes 49%, No 34%, Not sure 17%
- New Zealand - Yes 46%, No 39%, Not sure 15%
- Canada/USA - Yes 74%, No 26%
- Other - Yes 55%, No 37%, Not sure 8%
- All - Yes 63%, No 26%, Not sure 11%

Figure 1 shows the respondents answers to the questions with the countries they are working in.

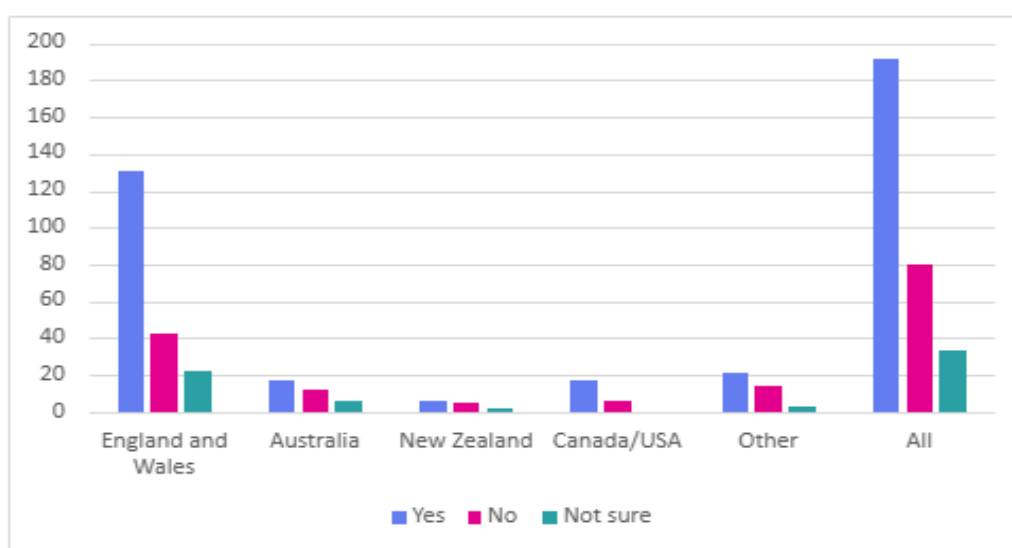


Figure 1: Respondents country and experience of mental ill health.

Figure 2 presents how the responses are distributed according to the role of the respondent across all countries. It is evident that that the proportion of positive responses is higher than negative response for every discipline.

The proportions for fingerprint examiners were very similar for all three responses, whereas crime scene investigators answered 64% in the affirmative, digital forensic practitioners 69% and lab scientists 70%.

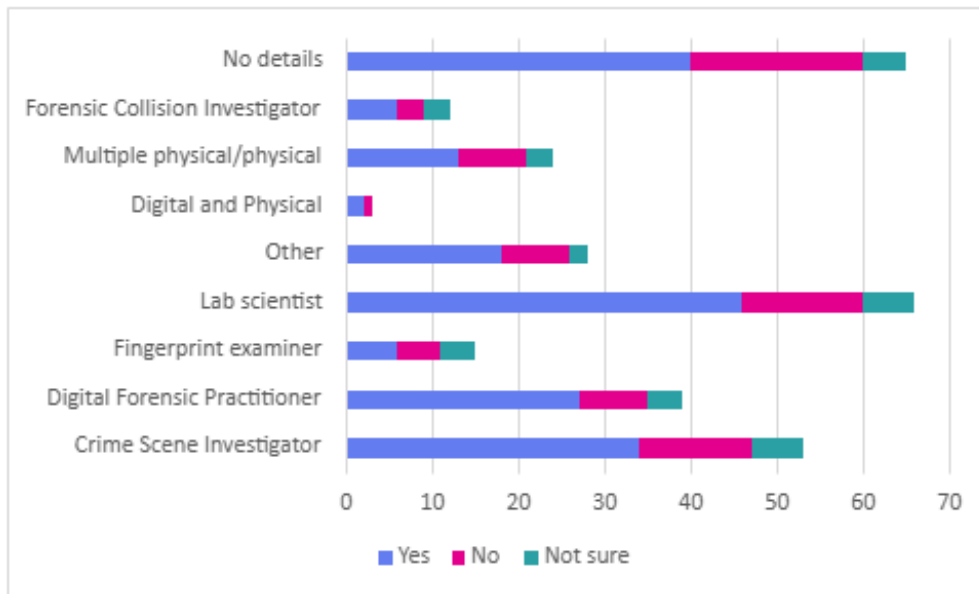


Figure 2: Number of respondents with their role and experience of mental ill health.

Respondents who had experienced mental ill health were then asked whether they believed that this was exacerbated by work.

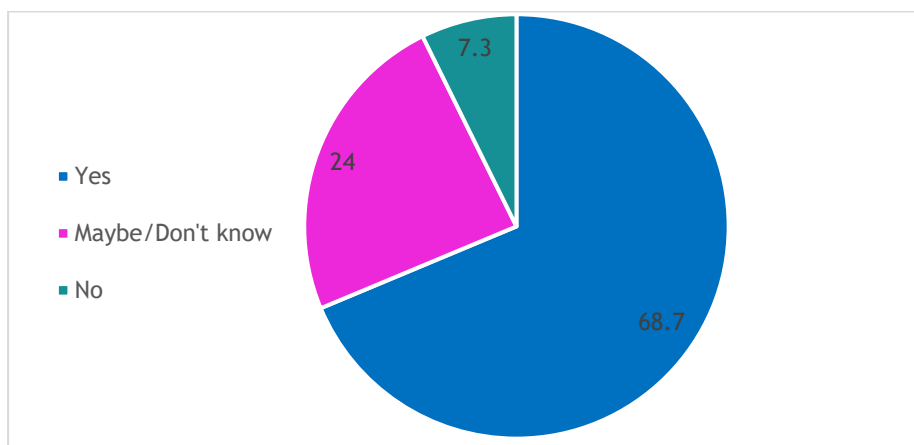


Figure 3: Respondents who had experienced mental ill health answer to 'Was/Is this caused or exacerbated by work?'

- 68.7% of the respondents who stated that they had suffered from mental ill health believed that work had caused or exacerbated it, with a further 24% who responded 'maybe' or 'don't know'
- 7.3% of respondents felt that work had not exacerbated their mental health.

The results from England and Wales (n=197) showed:

Of the 40-crime scene examiner respondents;

- 65% stated that they had experienced mental health and when asked if this was caused or exacerbated by work, 85% stated that it was, 4% said maybe and 11% stated no.

- 25% stated that they had not experienced mental health.
- 10% stated that they were not sure if they had experienced mental health and when asked if this was caused or exacerbated by work, 50% selected don't know and 50% selected maybe.

Of the 23 digital forensic respondents;

- 78% stated that they had experienced mental health and when asked if this was caused or exacerbated by work 56% stated it was, 16.5% said maybe, 11% don't know and 16.5% no.
- 9% stated that they had not experienced mental health.
- 13% stated that they were not sure if they had experienced mental health and when asked if this was caused or exacerbated by work, they all selected maybe as their response.

Of the 14-fingerprint examiner respondents;

- 43% stated that they had experienced mental health and when asked if this was caused or exacerbated by work 50% stated it was, 33% said maybe, and 17% don't know.
- 28.5% stated that they had not experienced mental health.
- 28.5% stated that they were not sure if they had experienced mental health and when asked if this was caused or exacerbated by work, 75% selected maybe and 25% selected yes as their response.

Of the 38-laboratory scientist respondents;

- 73.7% stated that they had experienced mental health and when asked if this was caused or exacerbated by work 71.5% stated it was, 18% said maybe, 7% don't know and 3.5% selected no.
- 15.8% stated that they had not experienced mental health.
- 10.5% stated that they were not sure if they had experienced mental health and when asked if this was caused or exacerbated by work 50% selected maybe and 50% selected yes as their response.

Of the other 82 respondents across all other categories;

- 65.9% stated that they had experienced mental health and when asked if this was caused or exacerbated by work 68.5% stated it was, 29.6% said maybe, and 1.9% don't know.
- 25.6% stated that they had not experienced mental health.

- 8.5% stated that they were not sure if they had experienced mental health and when asked if this was caused or exacerbated by work 57.2% selected maybe, 14.3% selected not applicable and 28.5% selected yes as their response.

Key findings:

- 67% of respondents had experienced mental ill health including;
 - 65% of crime scene examiners
 - 78% of digital forensic practitioners
 - 43% of fingerprint examiners
 - 73.7% of laboratory scientists
 - 65.9% of other roles
- Almost 69% of these believed that work had caused or exacerbated by work including;
 - 85% of crime scene examiners
 - 56% of digital forensic practitioners
 - 50% of fingerprint examiners
 - 71.5% of laboratory scientists
 - 68.5% of other roles

3.3 Gender, age and time in role

Of the 187 women who responded to this survey:

- 71% said that they had experienced mental ill health
- 8.6% stated that they were not sure
- 92.6% of those that stated that they had or were not sure said that this was or may have been exacerbated by work or didn't know.

Of the 121 women from England and Wales

- 73% said that they had experienced mental ill health
- 7.4% stated that they were not sure
- 94.8% of those that stated that they had or were not sure said that this was or may have been exacerbated by work or didn't know.

Of the 111 male respondents to the survey:

- 48.7% said that they had experienced mental ill health
- 14.4% stated that they were not sure

- 93% of these stated that this was, or may have been, exacerbated by work or didn't know.

Of the 55 men from England and Wales:

- 73% said that they had experienced mental ill health
- 23.6% stated that they were not sure
- 92.5% of those that stated that they had or were not sure said that this was or may have been exacerbated by work or didn't know.

7 respondents who selected non-binary or preferred not to say for their gender and 6 of these (85.7%) said they had experienced mental ill health and 1 was not sure. 100% of these stated that this was or may have been exacerbated by work.

Male respondents were much less likely to report that they had experienced mental ill health - 71% to 48.7% - than female respondents overall, however the percentage that reported that their mental ill health was or may have been exacerbated by work was very similar across all groups. In England and Wales however male and female responses were the same, with 73% stating that they had experienced mental ill health.

Table 3: Age group of respondents and response to mental health - all respondents

Age group	Number of respondents in group (n)	Mental health yes	Mental health not sure	Mental health no
18-25	19	89%	5%	5%
26-30	28	82%	7%	11%
31-35	36	61%	17%	22%
36-40	30	63%	3%	33%
41-45	60	65%	10%	25%
46-50	59	63%	12%	25%
51-55	36	56%	14%	31%
56-60	27	41%	15%	44%
61+	10	40%	10%	50%

Table 3 shows that the 18-25 and 26-30 age groups were more likely to experience mental ill health, with responses above 80%. For higher age groups (30-50 and above) reported circa 60 %

for experiencing mental health challenges, with the downward trend continuing the older the age group.

Table 4 shows that results for respondents from England and Wales have the same distribution. Older age groups were more likely to state that they had not experienced mental ill health issues compared to younger groups, with those under 30 being most likely to state that they had experienced mental ill health issues. Older age groups were also more likely to be unsure.

Table 4: Age group of respondents and response to mental health - England and Wales respondents

Age group	Number of respondents in group (n)	Mental health yes	Mental health not sure	Mental health no
18-25	17	94%	6%	0%
26-30	20	90%	0%	10%
31-35	21	71%	5%	24%
36-40	13	69%	0%	31%
41-45	40	62.5%	12.5%	25%
46-50	36	66%	17%	17%
51-55	28	57%	14%	29%
56-60	15	40%	27%	33%
61+	7	43%	14%	43%

Table 5 shows the time in role for all of the respondents and table 6 shows this with the experience of mental ill health.

Table 5: Role title and years in role of respondents. (% of respondents in each year group)

Role and years in role	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-55
Crime Scene Investigator	15%	3%	11.3%	15.1%	34%	11.3%	3.8%	3.8%	1.9%
Digital Forensic Practitioner	46.2%	17.9%	20.5%	7.7%	5.1%	2.6%	0%	0%	0%
Fingerprint examiner	6.7%	6.7%	0%	13.3%	13.3%	33.3%	26.7%	0%	0%
Lab scientist	21.7%	23.2%	8.7%	23.2%	14.4%	4.3%	1.5%	1.5%	1.5%
Other	40%	12.5%	7.8%	10.9%	15.6%	7.8%	4.7%	4.7%	0
No details	26.2%	18.5%	15.4%	3.05%	20%	10.8%	1.5%	3.05%	1.5%
Overall	27%	15%	11%	13%	18%	9%	4%	3%	1%

Respondents with less time in role were more likely to respond that they had or may have experienced of mental ill health. 27% of overall respondents had 0-5 years of experience but 30.7% of overall respondents in this age group.

Table 6: Years in role and experience of mental ill health

Time in role - years	Number of respondents All countries (incl. E&W)	Yes, experienced mental ill health % of respondents in this age group All countries	Number of respondents England and Wales	Yes, experienced mental ill health % of respondents in this age group England and Wales
0-5	82	72%	52	83%
6-10	46	72%	28	75%
11-15	34	68%	19	68%
16-20	39	54%	23	57%
21-25	55	56%	36	64%
26-30	27	59%	21	52%
31-35	11	55%	10	60%
36-40	8	12.5%	6	0
41-55	3	67%	2	100%
Overall	305	63%	197	67%

Overall, those with 0-5 years and then 6-10 years in their role reported the highest rates of experience of mental ill health, closely followed by the 11-15 years in role. In England and Wales, the rates were higher than overall for these groups.

Similar rates were seen with groups from 16 - 35 years in role, between 52% and 64%. The reported rates of those in the 36 - 40 years in role group were considerably lower, although this was also a smaller sample group. In the 41 - 55 years in role group there was an increase but due to the very low number of respondents this may not be significant.

Key findings:

- 73% of female respondents from England and Wales said that they had experienced mental ill health
 - 94.8% of those that stated that they had or were not sure said that this was or may have been exacerbated by work or didn't know
- 73% of male respondents from England and Wales said that they had experienced mental ill health
 - 92.5% of those that stated that they had or were not sure said that this was or may have been exacerbated by work or didn't know
- 18-25 and 26-30 age groups were more likely to state that they had experienced mental ill health
- Respondents with 0-5, 6-10 and 11-15 years of experience indicated the highest rates of mental ill health.

3.4 Work issues contributing to mental ill health.

Respondents were asked to select the work issues that they believed were contributing to their mental ill health from a drop-down list. These included a range of work-related matters that are regularly included in wellbeing surveys (see Table 7).

Respondents were provided with a list of issues that may contribute to their mental ill health and were asked to select all that apply.

Exposure to distressing material/content/scenes and child sexual abuse images featured in this list but were not in the top three issues selected by respondents overall.

The three issues selected highest for all respondents relate to the organisational or hindrance stressors described in the National Police Wellbeing Survey forensic appendix (Durham University, 2022). Work or caseload being the biggest single challenge selected by respondents, with IT challenges (use of IT systems) and lack of career progression following close behind. The first two issues were the same for respondents from England and Wales however the third most selected was lack of career progression, whereas this was only the 8th ranking issue in Australia and New Zealand.

In Australia/New Zealand the top three issues were Workload/caseload, IT challenges (use of IT systems) and no feedback on cases, which was fourth overall and for England and Wales. When

Responses from all other countries (not England and Wales or Australia/New Zealand) the top three responses were workload/case load, followed by relationship with other management (not your direct line manager, and lack of career progression opportunities.

Table 7: Work issues contributing to mental ill health.

	All countries (total n=305)	England and Wales (total n=197)	Australia (total n=35)	All other (total n=73)
Workload/case load	160 - 1st	92 - 2nd	27 - 1st	41 - 1st
IT challenges (use of IT systems)	141 - 2nd	98 - 1st	14 - 2nd	29
Lack of career progression opportunities	128 - 3rd	87 - 3rd	9	32 - 3rd
No feedback on cases (how your work impacts the case)	113	74	12 - 3rd	27
Relationship with other management (not your direct line manager)	109	68	7	34 - 2nd
Exposure to distressing material/content/scenes	103	65	10	28
lack of professional development opportunities	99	69	8	22
Unrealistic deadlines	95	56	10	29
Equipment issues	95	64	8	23
Paperwork/documentation	85	54	11	20
Relationships with other team members	77	48	11	18
Relationship with line manager	56	34	7	15
Exposure to Child Sexual Abuse Material (CSAM)	41	20	6	25
Bullying/harassment	41	22	7	12

For digital forensic practitioners there was a difference with the top three responses were exposure to distressing material/content/scenes, exposure to Child Sexual Abuse Material (CSAM) and IT challenges (use of IT systems). However, the number of respondents from digital forensics was low and future research will probe this further.

The selection of these issues is supported in the free text comments. An example of the free text comments made are included.

A more experienced CSI added that *“The job itself can be hard but mostly the stress comes from lack of resourcing/staffing”*. Another stated that the biggest problem was *“zero work/life*

balance” which was supported by another respondent who stated that there was a “lack of understanding when it comes to working part time/flexibly to allow for work life balance and enhanced wellbeing”.

Work life balance was not included in this survey and will be examined further in the next stage of this work, but these responses highlight how important home life, and a work/life balance are to mental wellbeing.

An experienced laboratory scientist commented that negative wellbeing is “...*exacerbated by low salary, no benefits and bad management*” and this is also seen in the private sector where a respondent stated that they “... *would like to be recognised for my (sic) efforts*”.

A crime scene investigator with more than 20 years’ experience stated that “*Well-being provision is all well and good, but when you work in a system that doesn’t change it’s just firefighting, so the problem returns at a later date, and you have to start again*” which supports the need for systemic and organisational change to really address the problem.

There were many contributory factors described by the respondents that they stated caused stress including “*balancing my caring duties with work*” and “*the problem is we have to much work for to less people (sic)*”.

They demonstrate that there are range of issues not directly related to the experience of traumatic or distressing scenes of images that are leading to mental health issues. Although these undoubtedly do lead to trauma, especially with cumulative exposure and one respondent stated that “*Some of the things I have seen and had to work upon have caused mental scars which increasingly impact daily life*”.

These comments were consistent across all disciplines, all countries, and duration in role, and despite some minor variations in the order there were more consistencies than differences.

Key findings:

- In England and Wales, the top 3 factors for workplace wellbeing were;
 - IT challenges (use of IT systems)
 - Workload/case load
 - Lack of career progression opportunities
- For digital forensic practitioners the top three were;
 - Exposure to distressing material/content/scenes
 - Exposure to Child Sexual Abuse Material (CSAM)
 - IT challenges (use of IT systems)

3.5 How valued and supported does the forensic workforce feel?

In the next section of the survey (details included in table 8), respondents were asked about how they feel in their workplace, how they feel about the skills they have, how trusted they are at work and their job satisfaction. They were then asked to consider their personal development and workloads.

In each category more than 50% of respondents agreed or strongly agreed with the positive propositions. More than 80% agreed or strongly agreed that they got a sense of personal satisfaction from work. This is a result that we had previously seen in the National Police Wellbeing survey forensic appendix (Durham University, 2022) where prosocial motivation scores were very high. Research shows that those with high prosocial motivation mostly have better mental wellbeing and lower rates of burnout but there are factors, such as lack of autonomy, that may mean that this is not true (Kelley et al., 2022).

Most respondents felt that they were qualified, experienced, had the knowledge and skills require to do their job and knew what was expected of them in the workplace. This is a positive reflection on the forensic workplace although only reflects the respondent's opinion and is not a measure of their actual competence.

The responses start to become less positive in relation to the opportunity for career progression, and recognition for the work they do, where negative responses are marginally higher than positive responses. These are issues that need to be reviewed in more detail.

Table 8: How valued do employees feel in the workplace?

	Strongly agree %	Agree %	Neither agree or disagree %	Disagree %	Strongly disagree %
I have the knowledge, skills and experience to do my job	10.2	43.6	20.7	19.7	5.9
I am trusted to do my job	53.8	40	2.3	3.6	0.3
I understand what is expected of me in the workplace	55.4	38.4	4.6	1.3	0.3
I get a sense of personal satisfaction from work.	45.9	34.8	11.8	5.6	2
I feel belonging to my organisation	17.7	35.7	23.9	16.4	6.2
I feel like my job makes a difference	34.8	45.6	10.2	7.5	2
Personal Development	Strongly agree %	Agree %	Neither agree or disagree %	Disagree %	Strongly disagree %
I have the opportunity for professional development in my workplace	10.2	43.6	20.7	19.7	5.9
I have access to learning and development opportunities	10.8	46.6	21.0	16.4	5.2
I am recognised for the work that I do	9.8	29.8	27.5	22.6	10.2
I have opportunities for career progression	4.9	27.5	24.6	27.5	15.4
Managing time/workload	Strongly agree %	Agree %	Neither agree or disagree %	Disagree %	Strongly disagree %
I am able to manage time pressures/deadlines at work	17.0	57.7	12.5	11.5	1.3
I am able to manage the workload I have	14.4	52.8	14.8	14.4	3.6
I am able to prioritise my workload	22.6	60.0	10.8	5.2	1.3
I am able to take enough breaks at work	13.8	41.3	17.0	20.7	7.2
I am able to take leave/holiday when I need it	19.3	48.2	10.8	15.1	6.6

88.6% of respondents strongly agreed or agreed that they were able to prioritise their workload and 77.2% stated that they were able to manage the workload they have. This possibly presents a contradiction to table 7 where respondents cited work/case load as the work issue contributing most negatively to mental ill health. This is an area which should be included in future research to understand this in more depth; however, it may indicate that practitioners have autonomy to prioritise and manage their workload but that the level of the workload is an issue.

Respondents were also asked questions about their physical and emotional health. Some of the responses below need further investigation in further stages of research.

- 37% of respondents attended work when they were unwell (a further 39% attended sometimes when unwell).
- 37% feel burnt out by work (plus 39% sometimes).
- 43% feel emotionally exhausted by work (plus 41% sometimes).
- 49% feel fatigue or physically exhausted by work (plus 39% sometimes).
- 36% feel that they balance work and home life - (plus 39% sometimes and 26% rarely or never)
- Only 19% found it difficult to empathise with others, 29% sometimes found it difficult and 50 % rarely or never found it difficult.

All of these issues impact mental wellbeing and these responses relating to burnout, exhaustion and ill health correspond with the number one issue in table 7 which relates to workloads and the 20+% of respondents who are unable to take breaks or leave when they need it.

One respondent commented that *“not being provided breaks, of lack of flexibility with shifts and difficulties with taking leave more of a problem,”* although overall more than 60% stated that they were able to take breaks or leave when they requested.

Kealey et al., (2025) discussed lack of breaks which resulted in lack of opportunity to have sufficient rest or time to decompress after incidents, and this has been identified as being significantly important to wellbeing. They also described the importance of structured break times which is something that is very often overlooked in forensics due to operational demand and scene attendance.

Burnout and physical and mental exhaustion have a significant impact on mental ill health and wellbeing. Providing comfortable and appropriate facilities for staff to prepare food and eat, or just have downtime, with colleagues is very important. Research (Kealey et al., 2025) indicated that fewer police officers are now using breaks to de-stress, and the forensic survey indicated comparable trends through statements from respondents about insufficient time to decompress.

Table 9: Support provided in the workplace - all respondents.

Feeling supported	Strongly agree %	Agree %	Neither agree nor disagree %	Disagree %	Strongly disagree %
I feel supported by my organisation	4.6	29.8	28.5	24.9	12.1
I feel supported by my colleagues	36.1	52.1	7.5	2.6	1.6
I feel supported by my line manager	26.9	43.3	16.1	8.9	4.9

When the results from England and Wales are compared with the overall results the results for feeling supported by colleagues and line managers are very similar but the results for support by the organisation are worse. This is discussed further in section 3.7.

Table 10: Support provided in the workplace - England and Wales respondents.

Feeling supported	Strongly agree %	Agree %	Neither agree or disagree %	Disagree %	Strongly disagree %
I feel supported by my organisation	3.8%	19%	28.8%	31.8%	16.6%
I feel supported by my colleagues	31.1%	56.8%	6.8%	2.3%	3%
I feel supported by my line manager	27.3%	40.1%	15.2%	9.8%	7.6%

There is a wealth of research that discusses how wellbeing and feeling valued are connected (Phythian et al., 2021; Brunetto et al., 2023). Table 9 shows how the respondents feel in the workplace in relation to their ability to perform the role, how trusted they are and how much they value and feel valued in their job.

Peer support by colleagues was recognised as being very important, with 88.2% of respondents recording that they strongly agreed or agreed that they felt supported by their colleagues, the literature also supports this (Flinchum et al., 2023). Encouragingly, 70.2% of respondents strongly agreed or agreed that they felt supported by the line manager.

Kealey and Bell (2022) and Kealey et al., (2025) highlighted many changes that have taken place in policing that have reduced the access to support from peers in particular. These include the removal of police canteens, which provided a centralised location for colleagues to get together to debrief, formally and informally, and has also resulted in many members of the workforce not actually taking breaks or eating on the go. The inability to stop and eat can impact the food choices available to people and result in more convenient, less healthy options being selected.

A survey completed by these researchers and the Police Federations of England and Wales, Scotland, Northern Ireland and British Transport Police shared a survey in 2024 across ranks up to Chief Inspector which received 1914 responses. This built upon the findings of the original research and highlighted that missing breaks detrimentally affected wellbeing as it removed the ability to de-stress and share experiences with colleagues. Officers were spending more breaks alone; isolation and lack of team bonding was one of the key themes that they identified. ‘Canteen culture’ has previously been criticised in some research but the positive impacts have been overlooked (Atherton, 2012). There is also research that shows that using dark humour as a coping mechanism is both health and a normal function with teams and so the opportunity to interact with peers is very important (Vivona, 2014).

Other issues included in the free text comments from respondents included *“Isolation”*, *“burnout ... and morale is very low”* and *“pay and career pathways, underpaid for expected work/stress of role within company, no recognition for work”*. Another also commented that *“work will never decrease, how we prioritise the work needs review”*.

3.6 The importance of line management

The previous section emphasises how significant support is to practitioner wellbeing, and this support can and should be multi-faceted. The importance of peer support is described but questions about line management also highlighted the value of an involved, directed, informed and supportive line manager.

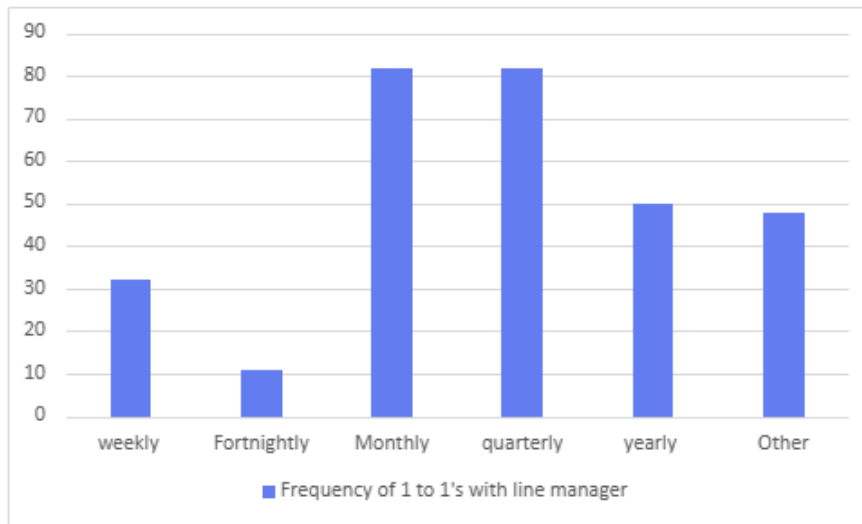


Figure 4: Frequency of 1 to 1's with line manager

The first question in this series was related to the frequency of meetings that respondents had with their line managers, with the most popular frequency being monthly or quarterly. However, there were 50 respondents who had yearly meetings only, possibly as part of their annual review process. 48% responders had 'other' intervals not included in the response list.

Frequency of meeting does not however indicate the value of these meetings. So, the next question related to how useful the respondents thought the meetings were. Again, it is important to note that the answers are subjective and based upon the respondent's opinion not on any objective measurement, however almost a half of respondents thought that the meetings were useful and a further 18% did not know.

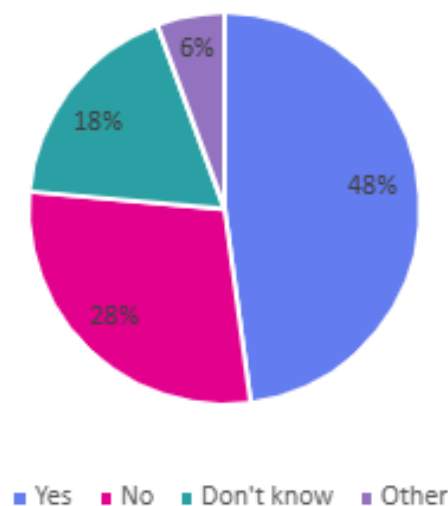


Figure 5: Were meetings with line managers useful?

It is important that the purpose, duration and frequency of one-to-one meetings with line managers is clear to all participants. These meetings should not just be a box ticking exercise.

The value of a well-structured meeting between a well-trained line manager and a practitioner who is given the opportunity to inform the content of the meeting should not be overlooked (Flinchum et al., (2023). The National Police Wellbeing survey and the work of the National Police Wellbeing Service (Oscar Kilo) has shown the importance of effective line management.

Important points from these responses include:

- The need for training and support for line managers to ensure that they can support their teams.
- Clear organisational guidelines about frequency, duration and purpose of 1 to 1's.
- Understanding of signposting to and access to all wellbeing and mental health initiatives available.

There were a number of comments from respondents about line management in the free text boxes:

A CSI with more than 5 years of experience stated that “...*some supervisors/managers in the balancing act of trying to operate business as usual along with your wellbeing would rather let your wellbeing suffer.*”

A comment from a digital forensics manager highlighted the importance of ensuring that our line managers are also support stating that “*I am more focused on managing my team’s wellbeing possibly at expense of my own.*”

This is a very important point that we should not overlook and that has not previously been captured. Managers are only effective if they are well trained and supported themselves.

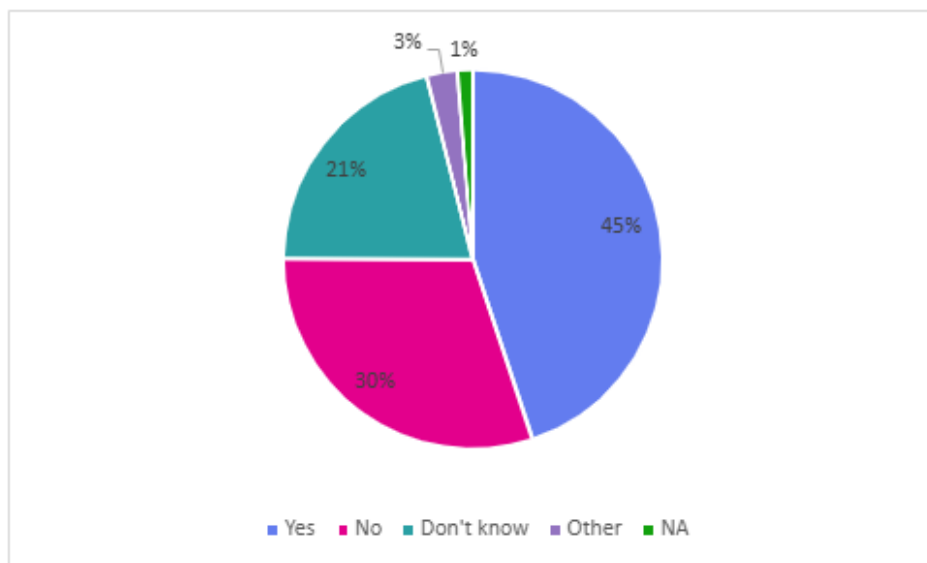


Figure 6: Do you feel that your line manager was equipped to provide this support?

Figure 7 shows that responses in relation the quality of line manager support is largely positive, although some areas require more investigation.

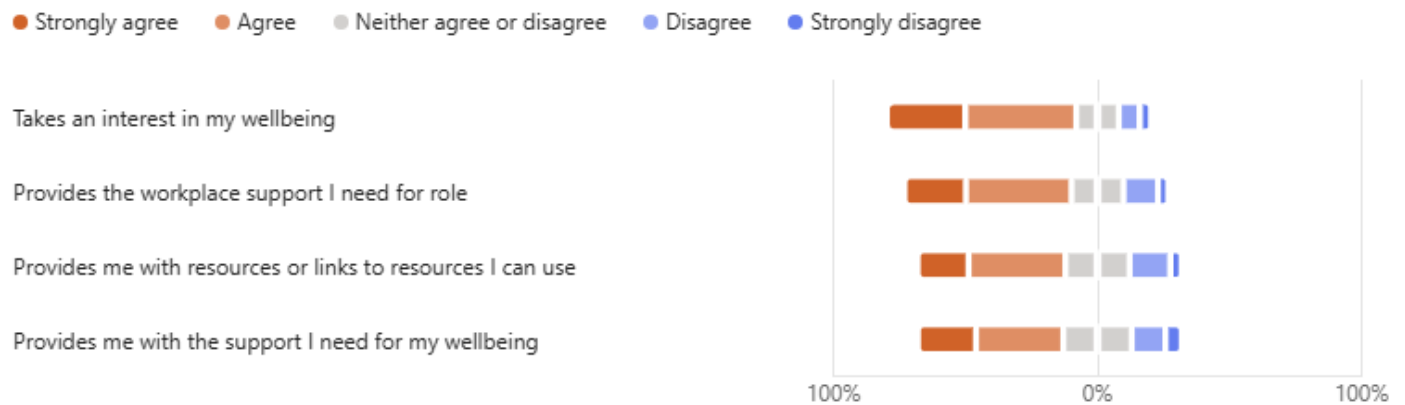


Figure 7: Quality of line manager support in the workplace.

It is important that managers are provided with training and support to ensure that they can offer effective support, and this should include information about what resources are available for themselves and others and how to access them. Line managers are often not that far removed from their teams and may work side by side with them, particularly those in temporary positions, which can make having personal and sometimes difficult performance conversations problematic. It is important that there is confidentiality and a psychologically safe environment in which these conversations take place.

3.7 The importance of organisational support

The support provided by line managers appears to be appreciated by respondents of this survey, however, there seems to be a disconnect when it comes to organisational support and there were comments such as this from respondents - *“My direct line manager tries to support me. The organisation doesn't really.”* It is not clear what respondents considered ‘the organisation’ but it is clear to see that many feel like there is a lack of support at this level.

As shown in table 9, many of the respondents to this survey highlighted that they felt that their wellbeing is not a priority for the organisation. Despite the number of resources and interventions that are available across forensic services, both in the public and private sector, many respondents felt that the organisation paid ‘lip service’ to their wellbeing apparently believing that organisations did not care about them, only about performance figures.

The concept of the ‘Iceberg of Ignorance’ could be used to describe this (Yoshida, 1989). It suggests that most organisational issues are hidden underwater where top management is only

aware of 4% of problems facing their organisation, middle managers aware of 9%, supervisors aware of 74% and front-line employees aware of 100%. It suggests that this gap in knowledge is caused by organisational structures, culture, poor communication, poor reporting mechanisms and a lack of effective feedback.

In order to overcome this, Yoshida recommends that managers should 'go to the floor' and experience issues firsthand, create psychologically safe organisations where feedback is encouraged and responded to and reduce management levels.

This 'iceberg' is also suggested in some of the free text comments that were received, from all countries, all disciplines and included practitioners with significant amounts of time in their role (more than 15-20 years). Comments included:

“the change of culture and openness is key to meaningful access and engagement”, “I do not feel my organisation take mental health seriously, some support is available, but it is a tick box exercise”, “no interest in the welfare of staff. They work to ineffective policies that just pay lip service.”

Some of the comments made by respondents indicate that they feel that overall organisation/management are out of touch in relation to what practitioners need.

A very experienced laboratory scientist stated that *“The business is run by managers who do not understand the job and do not care about their staff”* and a CSI with more than 15 years stated that wellbeing *“seen to be done but isn't actually valued or utilised effectively by management. The word wellbeing is thrown about, but they aren't actually bothered about staff's wellbeing, outside of direct line management”*.

Others stated that:

“Our organisation likes to look as though it is providing wellbeing resources, and does what is 'required' of them, but clearly do not actually care about staff wellbeing - this I think is reflected in aspects such as staff turnover, which is very high.”

“Senior management have no idea about what it is like 'on the shop floor'.”

“In general wellbeing is only “important” to managers in that initiatives are good for their own promotion boards.”

Police organisations invest significant resources and funding into wellbeing support for the workforce and will no doubt be disappointed with these responses. It is therefore important in the next stages of any future work, to identify further where the disconnect exists between the workforce and the organisation and why? and also to consider the ‘iceberg’ theory. And how to address these issues?

Key findings:

- Organisational support is important and effective communication between all levels of workforce is essential.
- Need to understand more clearly what organisational support should be and who should offer it.
- Organisations invest significant resources and funding into wellbeing support and it important that this is implemented effectively. Measurement of effectiveness is required.

3.8 The provision of support in the workplace

Forensic employers provide a wide range of support and interventions through the workplace for their workforce. In policing there has been significant investment and many forces have wellbeing teams that offer support sessions and signpost where resources are available.

Respondents to the survey gave the following responses;

- 87% of respondents have access to resources.
- Of these
 - 39% had used them
 - 52% had not used them
 - 7% selected other
 - 2% didn’t know
- 39% of respondents had also accessed services external to the workplace.

Table 11: Wellbeing support in the workplace

Most used workplace wellbeing support	Most useful
1:1 counselling	1:1 counselling
Employee Assistance Programme (EAP)	Line Manager
Occupational Health	Occupational Health
Mental health awareness training	Mental health awareness training
TRiM	Employee Assistance Programme (EAP)
Wellbeing dogs	Wellbeing dogs
Wellbeing rooms	TRiM
Peer support programmes	Team Wellbeing days
Team Wellbeing days	Wellbeing Lead
Other	Wellbeing rooms

Only 39% of respondents had accessed the resources available and this could be for a number of reasons. There were some explanations given in free text comments explained why this may be, but future research should review and analyse this in more detail.

Comments included;

"great deal of the wellbeing programmes offered are well meaning but ultimately are a sticking plaster. Really tackling systemic issues is the priority".

"Totally reactive not proactive when acknowledged work is potentially traumatic/ stressful".

"I don't use the wellbeing services at work because I don't feel that what I say will stay confidential".

"Provisions at scenes could be made better or the awareness of what is available and how to access could be improved".

"only get 6 sessions of counselling offered - this is only ever going to scratch the surface, need for monthly (or maybe bi-monthly) 'mandatory' counselling".

A very new crime scene investigator provided the following comment - *"Wellbeing provisions seem to be heavily focused on fatality incidents and not so much other serious crimes which can have the same negative impact on wellbeing"*.

A collision investigator responded that *“Organisation appears to be concerned about welfare, but when it comes down to needing it, it is not always there”* and an experienced laboratory scientist gave a similar answer expressing that *“...mental health wellbeing support and promotion feels like token gestures”*.

Some suggestions were also made in relation to what could be done to improve provision;

“There should be a mandatory psychologist attached to the job and yearly forensic assessments for staff” and *“it should be compulsory for all forensic practitioners to have at least one session of counselling every year, supplied the employers”*.

“Provisions at scenes could be made better or the awareness of what is available and how to access could be improved”.

It is important to note that provision of wellbeing and mental health support has improved significantly over recent years but there appears to be a national inconsistency not only with the provision and support but also the resources available and absences of preventative measures.

“It’s far better than it was in the past when help was largely non-existent. damage has likely already been done, and many issues go unrecognised. drip-drip effect over years of disassociating and keeping a professional distance from what you see, and experience numbs you emotionally. I feel permanently damaged by my career and feel it has impacted my ability to form relationships, have empathy and be caring”.

One respondent had a very positive experience in their force in England and commented that *“The Wellbeing Team’s support is one of the best experiences I have had when it has come to Mental health, and they have a wide understanding and support to make sure we are fit to do our jobs”*.

It is also important to remember that for some people there is still a stigma to using wellbeing services and some still feel it will disadvantage them in the career which needs to be overcome. Comments such as *“the stigma of asking for help is a constant issue. No matter how much the organisation says that it’s OK not to be OK etc, those that raise their head about the parapet*

are often disadvantaged in doing so”, “Wellbeing is used very much as a buzzword. The facilities are technically provided but frowned upon if you actually use them” and “Still a lot of stigma around being perceived as someone who needs support with Mental Health Issues” support this.

Research completed by Police Scotland with crime scene investigators showed that TRiM does not have any significant impact on reducing the risk of PTSD (van Emmerik et al. 2002). TRiM is a widely used intervention, and this research shows how important it is to target interventions.

39% of the workforce had accessed wellbeing services external to the workplace. Of those who accessed services external to the workplace 45% of respondents stated that this was because the service was not available to them in the workplace. One respondent commented that *“I tried to get my further sessions out of work time on the NHS, but the counsellor was nowhere near as good, and I'd say I got nothing from these sessions on the NHS.”* For others there was limited funding offered in the workplace, and it did not cover all sessions required or workplace services were overbooked. The lack of sessions offered was a theme that arose multiple times.

Another respondent stated that they *“did not want the wrong attention”* and others that it was not related to work issues and so they didn't want to use work services.

Key findings:

- 87% of respondents have access to resources in the workplace but only 39% had used them
- 1 to 1 counselling was the intervention most respondents found useful however it is important that enough sessions are offered.
- Counselling needs to be given by appropriate professionals and should be mandatory.
- Line manager support was the second highest intervention selected indicating the importance of appropriately training line managers and regular 1 to 1's.

3.9 Retention of the workforce

Our workforce is very motivated and are working in forensic science because they are passionate about their roles and about working for their communities. Table 12 shows how respondents feel about their jobs in relation to whether it makes a difference. More than 45% of

respondents felt like their job makes a difference and this prosocial motivation should not be underestimated.

Table 12: I feel like my job makes a difference.

	Strongly agree %	Agree %	Neither agree or disagree %	Disagree %	Strongly disagree %
I feel like my job makes a difference	34.7	45.6	10.2	7.5	2

Drew et al., (2025), considered the three groups of United States police personnel;

- those with no intention of leaving policing was 44%
- those who intend to move to another agency was 17%
- those who intend to leave the profession was 39%.

Results of this survey of forensic staff showed that;

- 34% of practitioners had no intention of leaving forensics,
- 14% intend to stay for at least 3-5 years
- 14% intend to stay for the next 1-2 years.
- 10% are considering leaving in the next year
- 9% are actively looking for a role outside of forensics
- 7% looking for another role in forensics.

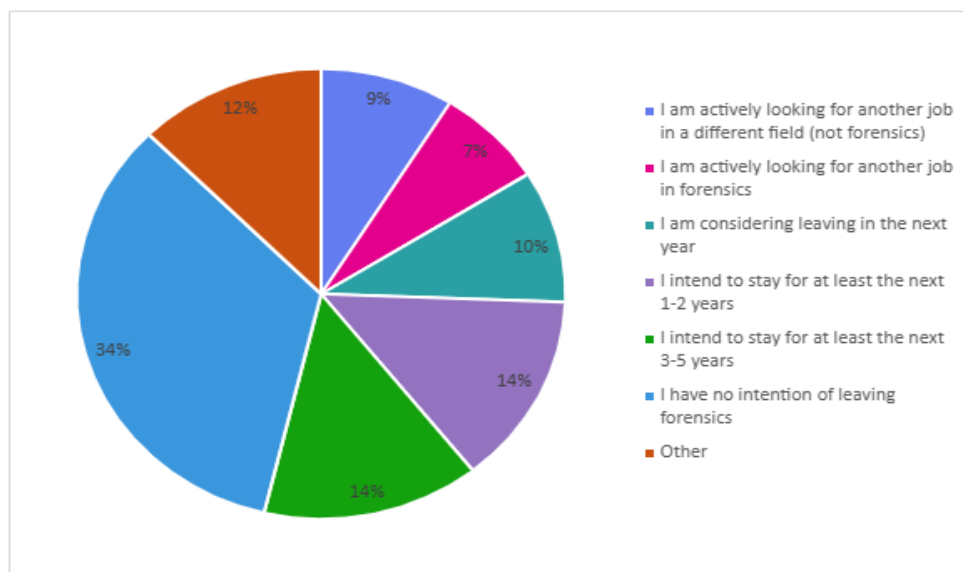


Figure 8: Respondents intent to leave forensics.

A digital forensic practitioner with more than 10 years of experience commented that *“I have never worked in such a stressful and unsupported workplace. Since day 1 I was shocked and almost wanted to get out straight away”*.

Wellbeing interventions should be in place to ensure that competent, highly trained practitioners do not feel that they have no choice but to leave a job they love. They need to be timely and recognise the ongoing provision needed to support staff within the organisation in order to provide personal resilience and grow a supportive workplace culture.

4. Key findings and recommendations

This work has raised some key findings that need to form part of future research and potential strategic planning.

4.1 The importance of support

The results throughout this report show clearly how important it is that support is provided to the workforce at all levels to ensure that their mental health is safeguarded. This includes:

- **Peer support** which should include appropriate locations where this can take place both formally and informally. Peer support can include organised sessions where trained peer mentors can provide information about initiative and policy and also informal support offered in the work environment, including access to social spaces and locations where staff can interact.
- **Line management support** has been seen to be a key factor in the wellbeing of our workforce.
Key factors: Line managers should be trained and fully aware of support that is available. This should include providing training and support for line manager. Correct use of the PDR process as personal development and career pathways should be included in this. Line managers can be the link between teams and executive leaders.
- **Organisational support** is an area where this research has highlighted particular challenges. The disconnect between the workforce and the organisation is seen.
Key factors are: Ensuring that organisations are psychologically safe; that the workforce is given the opportunity to provide feedback to leadership teams; that leadership teams

are accessible; that interventions are measured where possible to ensure that they are targeted and prioritised in the most appropriate areas.

Organisations should review their current support provision and consider if new or enhanced measures should be developed or implemented.

4.2 Psychological screening and counselling provision

There were many comments that suggested that psychological screening should be undertaken from (or even before) recruitment and then completed every year to identify any changes, thus indicating possible issues.

There were also comments about counselling and the frequency, accessibility and general provision. These included;

“it should be compulsory for all forensic practitioners to have at least one session of counselling every year, supplied the employers”.

“wanted a series of face to face counselling. Work do not provide this”.

Counselling should be provided by appropriate professionals who understand the roles and demands on forensic practitioners. One respondent commented that *“The average EAP is not equipped for the type of help forensic services need”.*

Research completed by Police Scotland in relation to the welfare support provided to crime scene examiners included the provision of psychological supervision over a one-year period. The outcomes from this project were generally positive. Early feedback from those involved meant that the project lead could make appropriate changes and increase the confidence in the project. The counselling provided was appropriate and provided by someone who understood the role which was something that respondents in this survey highlighted as being essential.

4.3 Measure intervention and target appropriately.

There are currently a wide range of interventions being used across the forensic sector including in policing.

Table 11 shows some of these interventions and how they are utilised by forensic practitioners. There are very few measurements of the effectiveness of these interventions, and it is important that we are able to evaluate them in order to provide an evidence-based approach. This should involve a mixed methods approach and include quantitative metrics (sickness,

retention data, utilisation of interventions etc.) and qualitative methods (surveys and focus groups).

The National Police Health and Wellbeing Strategy 2024-26 suggests that the following measures could be used;

- Presenteeism.
- Leavism
- Sickness absence, including health data and return to work data
- Recuperative duties
- Adjusted duties
- Ill health retirement
- Turnover
- Complaints
- Grievances and disciplinary cases
- Occupational health referral data (NPCC, 2025).

Evaluation can take place on many levels including individual, organisational and system levels. This should identify the strengths of the interventions but also highlight areas for improvement. It should also establish any barriers that exist which may prevent participation and how interventions are implemented. It is important to understand which success would look like and what the most effective measures of impact would be.

Key findings:

- Support is important at all levels
 - Peer/colleagues
 - Line management
 - Organisational
- Baseline psychological screening and psychological surveillance are key welfare provisions.
- Evaluation of the interventions used is important to ensure that they are targeted appropriately.

5. Next steps

The data in this report will inform the next stage of work that the Forensic Capability Network and the forensic community could complete. This work has and will include further steps:

Step 1 - March 2026

- Distribution and the analysis of the survey. Completion and distribution of report.

Step 2 - Quarter 1 to 3 2026-2027.

- Focus groups with practitioners across all regions and disciplines in order to obtain more detail.
- Interviews with forensic leaders/managers to ask for their opinions and identify strategic direction.
- Working with academic colleagues to identify and benefit from existing research.
- Work further with forensic colleagues across Europe and worldwide to share and develop good practice.

Step 3 - late 2026-2027

- Produce a 'good practice toolkit.'
- Review and assess workforce following implementation and improvements within forces.

Step 4 - The future

- Develop and publish a strategic plan for the wellbeing of forensic investigators. This will supplement the forensic wellbeing toolkit.

6. References

- Atherton, S. (2012) Cops and bloggers: Exploring the presence of police culture on the web. *Internet journal of Criminology*.
- Bakker AB, Demerouti E. The job demands-resources model: state of the art. *J Manag Psychol*. 2007;22(3):309-28.
- Brunetto, Y., Farr-Wharton, B., Wankhade, P., Saccon, C., & Xerri, M. (2023). Managing emotional labour: the importance of organisational support for managing police officers in England and Italy. *The International Journal of Human Resource Management*, 34(4), 832-854. <https://doi.org/10.1080/09585192.2022.2047755>
- Craven, H.P., Hallmark, M., Holland, F. *et al.* Factors Influencing Successful Coping among Crime Scene Investigation (CSI) Personnel: Recruiting for Resilience - A Mixed Methods Study. *J Police Crim Psych* 37, 549-568 (2022). <https://doi.org/10.1007/s11896-022-09521-x>
- Drew JM, Keech JJ. EMPOWER workplace wellbeing workshops: a wellbeing intervention for police staff, leaders and peer support networks. *Pol Sci*. 2024;9(2):28-9.
- Drew JM, Keech JJ, Martin S. Will I stay or will I go? Exploring job demand stress, organizational justice, and psychological health in decisions to leave the police agency or profession. *Am J Crim Justice*. 2025
- Durham University, National Police Wellbeing Survey, 2022. [National Wellbeing Survey 2021 Forensic Appendix Report | FCN](#)
- Flinchum JR, Kreamer LM, Rogelberg SG, Gooty J. One-on-one meetings between managers and direct reports: A new opportunity for meeting science. 2023.
- Foley J, and Massey KLD. The 'cost' of caring in policing: from burnout to PTSD in police officers in England and Wales. *Police J*. 2021;94(3):298-315.
- Graham L, Brown N, Plater M, Gracey S, Legate N, Weinstein N. National policing wellbeing survey 2019: Summary of evidence and insights. Durham, UK: Durham University; 2020.

- Holt TJ, Blevins KR, Smith RW. Examining the impact of organizational and individual characteristics on forensic scientists' job stress and satisfaction. *J Crime Justice*. 2017;40(1):34-49. <https://doi.org/10.1080/0735648X.2016.1216731>
- Kealey, N. and Bell, S (2021) Sausages and storytelling: The benefits of police canteen culture, *Policing Insight*.
- Keech JJ, Drew JM. Workplace demands, resources, and well-being among police staff working in forensic services. *J Forensic Sci*. 2025;00:1-16. <https://doi.org/10.1111/1556-4029.70179>
- Kelley, N. J., [Weinstein, N.](#), Smith, E. E., Davis, W. E., Christy, A. G., Sedikides, C. and Schlegel, R. J. (2022) *Emotional, motivational and attitudinal consequences of autonomous prosocial behaviour*. *European Journal of Social Psychology*. ISSN 0046-2772 doi: [10.1002/ejsp.2916](https://doi.org/10.1002/ejsp.2916)
- Kelty SF, Gordon H. No burnout at this coal-face: managing occupational stress in forensic personnel and the implications for forensic and criminal justice agencies. *Psychiatry Psychol Law*. 2015;22(2):273-90. <https://doi.org/10.1080/13218719.2014.941092>
- Lee, J. and Trudel, R., 2025. Man up! The mental health-feminine stereotype and its effect on the adoption of mental health apps. *Journal of Consumer Psychology*, 35(1), pp.121-128.
- McKay-Davis S, Robinson T, Sebetan IM, Stein P. Civilian forensic technician and sworn police officer job-related stress. *J Forensic Sci*. 2020;65(6):2065-70. <https://doi.org/10.1111/1556-4029.14543>
- O'Reilly, C Kealey, N and Bell, S. (2024) Closing the 'repair shop': How has the loss of canteens and shared spaces affected police wellbeing? *Policing Insight*.
- Pavšič Mrevlje T. Coping with work-related traumatic situations among crime scene technicians. *Stress Health*. 2016;32(4):374-82. <https://doi.org/10.1002/smi.2631>

Phythian, R., Birdsall, N., Kirby, S., Cooper, E., Posner, Z., & Boulton, L. (2021). Organisational and individual perspectives of police wellbeing in England and Wales. *The Police Journal: Theory, Practice and Principles*, 96(1), 128-152. <https://doi.org/10.1177/0032258X211052250> (Original work published 2023)

Salinas CR, Webb HE. Occupational stress and coping mechanisms in crime scene personnel. *Occup Med*. 2018;68(4):239-45.

Sollie H, Kop N, Euwema MC. Mental resilience of crime scene investigators: how police officers perceive and cope with the impact of demanding work situations. *Crim Justice Behav*. 2017;44(12):1580-603. <https://doi.org/10.1177/0093854817716959>

Rosansky JA, Cook J, Rosenberg H, Sprague JE. PTSD symptoms experienced and coping tactics used by crime scene investigators in the United States. *J Forensic Sci*. 2019;64(5):1444-50. <https://doi.org/10.1111/1556-4029.14044>

Tehrani N. The role of psychological surveillance in reducing harm and building resilience in police forensic investigators. *Police J*. 2024;97(1):191-202

van Emmerik, A. P., Kamphuis, J. H., Hulsbosch, A. M., Emmelkamp, P. M. (2002) Single session debriefing after psychological trauma: a meta-analysis. *The Lancet*, 360 (9335). pp 766-771. [https://doi.org/10.1016/S0140-6736\(02\)09897-5](https://doi.org/10.1016/S0140-6736(02)09897-5).

Viertiö S, Kiviruusu O, Piirtola M, Kaprio J, Korhonen T, Marttunen M, et al. Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC Public Health*. 2021;21:611. <https://doi.org/10.1186/s12889-021-10560-y>

Vivona, B. D. (2014). Humor functions within crime scene investigations: Group dynamics, stress, and the negotiation of emotions. *Police Quarterly*, 17(2), 127-149. <https://doi.org/10.1177/1098611114531418>

Yoo YS, Cho OH, Cha KS, Boo YJ. Factors influencing post-traumatic stress in Korean forensic science investigators. *Asian Nurs Res (Korean Soc Nurs Sci)*. 2013;7(3):136-41. <https://doi.org/10.1016/j.anr.2013.07.002>

Appendices

Appendix A - Further data tables

Table 13: Age of respondents

Age	Female respondents	Male respondents	Non-binary/Prefer not to say
20 to 24 years	6	1	0
25 to 29 years	24	6	1
30 to 34 years	26	8	3
35 to 39 years	17	8	2
40 to 44 years	40	19	0
45 to 49 years	36	25	0
50 to 54 years	21	19	1
55 to 59 years	12	18	0
60 to 64 years	3	4	0
65 to 69 years	2	2	0
75 to 79 years	0	1	0
Total	187	111	7

Table 14: Respondents country and if mental ill health caused or exacerbated by work.

	Yes	Maybe	Don't know
England and Wales n=146	96	42	8
Australia/New Zealand n= 24	18	8	1
Canada/USA n=17	14	2	1
Other n= 19	14	5	0
Total	142	57	10

Table 15: Respondents year in role and if mental ill health caused or exacerbated by work.

Years in role	Percentage of overall respondents in this group	Percentage of those who responded they had experienced mental ill health or were not sure
0-1 years	2.6%	1.7%
2-5 years	24.3%	29.3%
6-10 years	15%	15.6%
11-15 years	11.1%	11.1%
16-20 years	12.8%	11.6%
21-25 years	18%	16.5%
26-30 years	8.9%	8.4%
31-39 years	5.9%	4.4%
40-49 years	0.98%	1.4%
50+ years	0.33%	0%

Table 16: Average time in role of respondents by discipline

Role	Time in role
No role recorded	15.08
Crime Scene Investigator	20.16
Digital Forensic practitioner	9.03
Fingerprint Examiner	24.67
Lab Scientist	14.38
Multiple	18.43
Other	12.05
Average across all roles	15.23

Appendix B - Further free text comments

- You have to want to improve your mental health - others can't do it for you.
- no facility to decompress on return from a traumatic scene as I am often working alone.
- The few wellbeing provisions are very scarce and inconsistent.
- Our wellbeing support is inconsistent, underutilized, and ineffective.
- There is not enough communication between occupational health and forensic units about specialist areas which may need more support.
- my force offers NO proactive mental health services.... they have cut these services.
- I don't use the wellbeing services at work because I don't feel that what I say will stay confidential.
- Police staff members are not offered the same level of access to MH provision as officers.
- working in the private sector, the focus is on output and maintaining huge turnaround in short time frames, and costs being kept low.
- There are no mandatory briefings following attendances at traumatic/serious crime scenes and a serious lack of empathy from some.
- Would like to see CBT being offered.
- work will never decrease, how we prioritise the work needs review.
- pay and career pathways, underpaid for expected work/stress of role within company, no recognition for work.
- work alone, are sent to the next job with little time to process what they have dealt with.

- Wellbeing is not taken seriously within policing, they talk it up and give out free water bottles with catchy slogans on them but when it actually comes to doing something practical which makes a real-world difference nothing happens.
- it seems that most organisations provide lip service to wellbeing, as they are required to by modern contracts.