Addressing trauma as a missing element in security sector governance and reform:

Perspectives on trauma-informed policing

Authors: Peter Aeberhard, Abigail Robinson, Dan Hales

About DCAF

DCAF – Geneva Centre for Security Sector Governance is dedicated to improving the security of states and their people within a framework of democratic governance, the rule of law, respect for human rights, and gender equality. Since its founding in 2000, DCAF has contributed to making peace and development more sustainable by assisting partner states, and international actors supporting these states, to improve the governance of their security sector through inclusive and participatory reforms. It creates innovative knowledge products, promotes norms and good practices, provides legal and policy advice and supports capacity-building of both state and non-state security sector stakeholders.

DCAF - Geneva Centre for Security Sector Governance

Maison de la Paix
Chemin Eugène-Rigot 2E
CH-1202 Geneva, Switzerland

📞 +41 22 730 94 00
✉ info@dcaf.ch
🌐 www.dcaf.ch

Contents

Executive summary

Over the past two decades, security sector institutions including the military and police have begun to recognize and address the prevalence of trauma and high levels of stress within their organizations, as well as its effects on performance. **Trauma has clear implications for the wellbeing of individual members of security forces, the organization as a whole and relationships between communities and security forces**, particularly in contexts affected by high levels of violence and conflict. Research has indicated that trauma may influence the use of force and even increase the chance that security forces will use lethal and/or unlawful violence against citizens, exacerbating cycles of violence and mistrust.

While important progress has been made in addressing trauma in the security sector, **key challenges** remain, including:

➤ **understanding and assessing the impact of trauma** on the day-to-day work of security forces;

➤ overcoming **barriers to acknowledging and addressing** mental health and emotional wellbeing;

➤ ensuring effective **management responses** to potential and actual trauma among staff as part of an organizational duty of care; and

➤ where trauma is acknowledged, a limited understanding of how security forces are affected not just by individual but also by **organizational and collective trauma.**

Understanding the health and wellbeing of security institutions is an often-overlooked aspect of security sector reform processes. This paper therefore aims to provide practitioners of security sector governance and reform, and specifically those working with police, with:

➤ an overview of the **experiences and effects of trauma which are prevalent in the security sector**;

➤ a framework for understanding and addressing **three levels of trauma** (individual, organizational and collective) which affect the provision of security;

➤ an overview of **responses to trauma** which are currently found in the security and other sectors;

➤ considerations for **"trauma-informed" policing**, drawing from trauma-informed approaches which are now more common in other sectors; and

➤ recommendations for designing and implementing **trauma-informed SSR programmes.**

While the paper occasionally draws from experience treating trauma in the military, the main emphasis is on **trauma in police organizations**. Police brutality and excessive use of force have been an issue of increasing concern in recent years, including during repressive COVID-19 lockdowns which were often enforced by police. DCAF has conducted both conceptual and practical work on governing police use of force and has significant experience in police reform, police integrity and police governance. Addressing trauma from the perspective of the police is therefore particularly relevant for DCAF's work; and should also be relevant to the wide range of organizations supporting police reform processes.

This paper is not meant to imply that every security sector reform process needs to include a focus on trauma or mental health and psychosocial support, nor that SSR practitioners should develop specialised expertise in mental health. However, SSR increasingly takes place in **fragile and conflict-affected contexts which are deeply affected by individual, organizational and collective trauma**. At a minimum, it's important to understand where and how the likely existence of trauma might affect the ability of reform processes to reach common objectives related to better service delivery or community trust in security institutions.

It is equally important to remember that **human resources are the most important resources security institutions have**, and that the long-term effects of the routine exposure of security force members to violence are still poorly understood. Supporting those who are there to protect and serve communities is not only a basic responsibility of security institutions, but also key to developing the strong relationships between communities and security forces which are at the heart of good security sector governance. Addressing trauma deserves the **attention and commitment of security sector leaders** and managers at all levels, and can ultimately contribute to improved staff wellbeing, performance, and retention, as well as stronger relationships with local communities.

Introduction

Compared with other sectors, security institutions including **the military and the police have relatively high levels of exposure to stress and trauma**. The effects of trauma on members of these institutions are being taken increasingly seriously in some contexts, but their implications for individual and organizational performance are still not fully understood. In many cases, significant barriers still exist to proper diagnosis, treatment, responses to, and prevention of trauma in the security sector. It is important to note that while trauma is a widely used term, some may prefer to discuss other concepts including (toxic) stress or adversity. All of these terms are valid, and it is important for both individuals and organizations to use the words which will allow for acknowledgement of these experiences in their specific context. For the sake of consistency, the term trauma is used throughout this paper.

Security sector reform (SSR) has traditionally placed significant emphasis on formal structures and processes. There has been less emphasis on the human aspects of change and the values, attitudes and experiences which shape decisions and behaviour, with trauma falling into this latter category. After all, every security institution is made up of people and not just uniforms and processes, each person with their own individual lived experience that may affect the provision of security, both positively and negatively. Long-term exposure to violence, conflict and other traumatic incidents can affect the relationship between security forces and communities which is at the heart of security sector governance and reform. Research indicates, for example, that **trauma can significantly influence the use of force**[1] and even increase the chance security forces will use lethal and/or unlawful violence against citizens, exacerbating cycles of mistrust and violence. Trauma also has a range of other negative implications for individual and organizational performance, and as such **deserves greater attention in SSR processes**.

As described in more detail below, the definition of trauma has changed over the years, and is now understood to encompass a wider range of experiences than the relatively limited diagnosis of post-traumatic stress disorder (PTSD). Importantly, trauma is not a disorder, but a reaction to a kind of wound. It is a **concrete physical, cognitive, affective, and spiritual response by individuals and communities** to harmful events and situations. Trauma is also subjective because how it is experienced, processed, and manifested is unique

and individual. This is related to genetic profile, biology, and character as well as past experiences of trauma (or healthy experiences) and resulting learned behaviours, and the environment, whether it is supportive, caring or validating. Ultimately, trauma impacts emotional, physical, and neurobiological (brain) health.[2]

When considering the significance of trauma for the security sector, it is important to recognize that **trauma is not just an individual experience but is influenced by a range of social and cultural factors**, including historical trauma, systemic oppression, and cultural norms. Therefore, traditional approaches that focus only on treating individual symptoms and behaviours may be insufficient when it comes to addressing deeper patterns of violence which lead to trauma.

Other sectors with high levels of exposure to violence and suffering, namely the humanitarian and health sectors, have adopted "**trauma-informed**" approaches, meant to take a more systemic view of the factors which may lead to trauma among employees and beneficiary communities. These approaches offer valuable starting points for a more holistic and comprehensive way of addressing trauma in the security sector, with important implications for the health and wellbeing of members of security forces as well as their ability to provide inclusive security to all communities. Trauma-informed approaches are part of a growing focus on **mental health and psychosocial support (MHPSS),** which recognizes the importance of addressing the psychological impact of crisis, violence, displacement, and other hardships, particularly in conflict and humanitarian settings.[3]

The first section of the paper provides an overview of the **levels and effects of trauma**, with an emphasis on the specific experiences of police. The second section reviews existing **approaches to identifying and addressing trauma**, to include those found in institutions such as the police and military (e.g. trauma risk management and stress control tools). The third section examines the concept of **trauma-informed approaches**, drawing from experience in other sectors, and offers an initial framework for trauma-informed approaches in the security sector. The fourth section describes more **concrete entry points** for a trauma-informed approach to security sector governance and reform.

1. Trauma: Definitions and effects

1.1 What is trauma?

The definition of trauma has evolved over time. Originally, trauma was defined as a one-time, physically or emotionally damaging external event that had lasting effects on a person. The definition has since come to include the effects of sustained, repeated, or complex traumatic experiences, such as those experienced by police officers regularly exposed to violence or people in conflict zones. In addition, it has been recognized that trauma also occurs through indirect exposure, such as witnessing traumatic events or traumatic experiences that have happened to others. The effects of trauma can be long-lasting and far-reaching, affecting a person's thoughts, behaviours, and emotions, as well as their physical and mental health.

Recognition that trauma affects a person's overall well-being has also led to a shift in focus from treating individual symptoms to addressing larger systemic issues that contribute to trauma. Trauma can impact and influence at multiple levels including individual, family, group, societal, collective, system, and organizational. It is beyond the scope of this paper to explore each of these in detail; however, the following sections will explore three levels which are particularly relevant to security sector governance and reform: individual, organizational and collective. These different levels are interconnected, and always exist within a specific social, political, and economic context.

Stress and trauma have a specific definition in the context of neurobiology. Stress, for example, is any experience which requires the nervous system to adjust or adapt. Trauma is any experience which overwhelms the nervous system's ability to adjust or adapt. These definitions illustrate that the nervous system is built to handle stress. When the nervous system registers something that demands an extra response, adrenaline kicks in to allow this response, after which the nervous system returns to its baseline. A 'healthy' nervous system will react but then return to a regulated state, while a traumatised nervous system may not be able to regulate and may operate instead in a constant state of activation. How trauma is experienced and manifested in the brain, mind and body depends on an individual's DNA as well as their previous experiences, social conditions, and training. Trauma is different from being shocked or surprised; it refers to an actual neurobiological impact to the nervous system and in particular the brain.[4][5]

1.2 What are the effects of trauma?

Experiencing traumatic events can understandably lead to a range of responses, most of which are normal and healthy responses to abnormal events. It is essential to understand that **trauma responses are not a sign of weakness or mental illness**. Individual and organizational responses may include:[6][7]

➤ People, teams, and organizations becoming physically unwell, with more sickness, sleep disorders, and reliance on alcohol or drugs, leading to higher levels of staff turnover and dissatisfaction.

➤ Burnout, depression, or suicidal ideation.

➤ Becoming more reactive and/or crisis driven and acting without thinking.

➤ Responding in more bullying, authoritarian, or aggressive ways, following the notion that it is better to attack rather than be attacked, to be feared rather than fearful, to be powerful instead of powerless.

➤ Remaining hyper-aroused, on edge, hyper-alert, and hyper-vigilant.

➤ Becoming detached from feeling and reflecting, or even from organizational mission and purpose, which may lead to a refusal to discuss important issues including power, different forms of inequality, and political and financial pressures.

➤ Feelings of confusion, loneliness, and disorientation, including a fragile sense of identity.

➤ Rigidity and inflexibility, leading to clinging to existing beliefs and attacking new ideas (in an attempt to create stability and certainty) and to shrinking space for creativity and innovation.

➤ Greater attachment to authoritarian, hierarchical and bureaucratic approaches.

➤ A constant sense of urgency and attachment to being busy rather than taking time to reflect, which might open space to feel uncomfortable emotions.

➤ Dissociation and incoherence, which can manifest in poor communication, siloed approaches, and internal rivalries.

➤ Immobilization, frustration, and a sense of helplessness or feeling stuck.

➤ Feelings of mistrust and suspicion, and of lacking psychological safety and protection.

1.3 Exposure to and effects of trauma in policing

Law enforcement as well as other security sector personnel (e.g. militaries, first responders) are routinely exposed to a range of sources of potential trauma, both direct and indirect. Officers are exposed to direct experiences of violence and death and witness a range of human suffering including violent aggression, murder, substance use, rape and other forms of gender-based violence, and child abuse.[8]

An average western police officer experiences one potentially traumatizing event every two months, amounting to 200 events within a 30-year career. For example, in Germany, 20-30% of police officers are perceived as being victims of acts of violence.[9] But this is not a median for the sector, according to context and duty function these figures can be much higher.

Police and justice sector personnel also have indirect exposure. They routinely encounter individuals at risk of violence, abuse, hostility, and discrimination, traumatised victims as well as offenders, and bear witness to graphic materials and events, in addition to working in challenging environments (sometimes called vicarious trauma). These exposures have the potential to exacerbate stress in the daily lives of these individuals and the work they do in criminal justice.[10] This kind of indirect exposure has often been neglected, as previous efforts to address trauma were mainly focused on treating "PTSD."

In 2018 the Cambridge university published the UK's first survey to assess trauma management and working conditions in 18,000 officers and staff across the UK. The researchers say their study suggests that overall PTSD rates in law enforcement are almost five times higher than general UK population levels. Ninety percent reported trauma exposure and 98% of this was work related. Twelve percent of police officers and staff who have experienced traumatic events report symptoms consistent with Complex PTSD (CPTSD) and 8% with PTSD.[11] For every 100 police officers (or staff) who have experienced traumatic events, 20 are likely to have a current diagnosis of either PTSD or CPTSD, yet only 5 will have ever been told and only 1 or 2 of those are likely to have been clinically diagnosed. The majority (80%) of the policing population who have experienced trauma do not have clinical levels of PTSD or CPTSD. But of those, almost a third reported re-experiencing traumatic incidents, almost a third reported a level of avoidance and more than a third reported a sense of threat. Half of them self-reported overall fatigue (53%), anxiety (48%), and daily or weekly sleep disturbance (51%) over the last 12 months.[12]

A subsequent study in 2020 made clear that institutions which do not systematically address trauma increase the risk of seriously aggravating the mental health of their employees. A UK based study with almost 50'000 police officers showed that police employees exposed to traumatic incidents in the past six months had a doubling in rates of anxiety or depression and a six-fold increase in PTSD compared to those with no recent trauma exposure.[13]

The effects of trauma are not limited to police officers themselves. Research has shown that repeated exposure to violence and other traumatic events in policing can further exacerbate existing trauma symptoms and **increase the risk of violence in the interactions police have with communities**. Some individuals who have experienced trauma may exhibit symptoms such as hypervigilance, irritability, and impulsiveness, all of which can be a factor in the excessive use of force or other unlawful acts and violations of human rights.

In 2019 the IPSA (International Public Safety Association) stated that: "Police violence in the United States may be significantly influenced by unaddressed trauma."[14]

1.4 Understanding individual, organizational and collective trauma

As a first step toward developing effective approaches to addressing trauma in the security sector, it's important to consider three levels at which trauma may affect the work of the security sector:

Figure 1: Sources and levels of trauma affecting the security sector

SOURCE	RESULTING TRAUMA	POTENTIAL EFFECTS
Individual Experience *E.g. violence, targeted harassment, profiling*	Individual Trauma	Poor performance, illness, burnout, suicidal ideation
Political & Security Environment *E.g. long term exposure to political pressure, violence/conflict, public criticism*	Organisational Trauma	Paralysis, polarized thinking, defensiveness
Societal Conflict/Violence *E.g. long term exposure to violence/conflict, deep rooted inequalities*	Collective Trauma	Lack of trust, heightened conflict

Individual:

Individual trauma refers to trauma which has impacted the individual. This can include childhood trauma, targeted and routine harassment, abuse, violence, or hostility based on identity factors like gender, race, ethnicity, religious affiliation, and/or sexual orientation that result in trauma, and trauma experienced through work. As described above, individuals working in police institutions are exposed to trauma both directly and indirectly. Officers face high demands on the job including shift work, long hours, and exposure to high levels of stress and danger. Research has also shown that members of public safety organizations may be more likely than the general population to have experienced childhood trauma or adverse childhood experiences, which can then be compounded by adverse socio-cultural, community, and professional experiences.[15][16]

Key stressors include job pressures as well as regular exposure to moral or ethical dilemmas[17] including when and how to use force and how to balance the needs of different stakeholders. The high demands and stress of the job can lead to **exhaustion and a loss of purpose**. When officers feel their work has been a failure, they may also experience fatigue[18] as well as **feelings of guilt, shame, betrayal, and isolation.**[19] Experiencing traumatic events including using deadly force or witnessing violence can also result in "moral injury," i.e. the psychological and emotional harm that results from actions or experiences that violate an individual's sense of right and wrong.[20] Ultimately, the cumulative effects may include **burnout, suicidal ideation and compassion fatigue**, affecting both police officers and the communities they serve.

Barriers to accessing mental health resources can worsen the effects of trauma and make it more difficult for individuals to get the support they need. Police officers tend not only to have low expectations regarding mental health support during active duty but also to worry about the potentially negative career implications[21] of seeking help. If the organization is perceived as unsupportive, individuals are dissuaded from expressing true emotions with colleagues and supervisors, potentially magnifying the traumatic effects of exposure to specific incidents. A recent Canadian paper showed that officers tended to avoid disclosure of trauma to a supervisor/manager or to a colleague (85% agreement), that most officers would expect discrimination at work (62%), and that most officers would not want a supervisor or manager who had a mental illness (62%).[22] Further, officers often believe that clinicians do not understand police work. In addition, inquiries by clinicians into personal and early life experiences may be interpreted as attempts to patronise officers; as a result, police officers' identities as those who serve and protect may be undermined in the context of therapy.[23]

Organizational:

Organizations have a dual role in experiencing and responding to trauma. First, an organization may itself suffer from trauma and respond in similar ways to individuals, by becoming stressed, overwhelmed, paralysed and unhealthy; and therefore needs to mitigate and manage these impacts. Second, exposure to stress and trauma may then affect the ability of the organization to support and respond to the needs of its own employees, as well as the individuals and communities that the organization services.

As one example, continued **negative public perceptions and criticism** of security forces diminishes the pride members have in their profession and institutional affiliation, with long-term implications for organizational performance. Political parties often campaign on platforms which include **ambitious promises to reform the security sector**. These promises may be well founded in an intention to address systemic problems including human rights abuses and corruption but are often implemented in a way that reinforces security institutions' perceptions that their contributions are neither seen nor supported by the political class. The **political pressure** on security institutions can also be extraordinarily high, with security sector leaders being blamed for cycles of violence and conflict which are often rooted in deeper societal problems that are well beyond the mandate of security institutions to address.[24] In some contexts, political pressure includes **orders to carry out repressive actions** against individuals or groups.[25]

It can be helpful to see organizations as being alive and having a collective brain.[26] Like people, they continually develop, evolve, and adapt. **Like a person who has experienced stress, harm or trauma, an organization can also operate in survival mode** and become overwhelmed and dominated by the need to protect itself. Organizations also seek ways to guard against feeling uncertainty, anxiety and stress, adapting coping mechanisms similar to those of individuals, including "fight, flight or freeze".[27] Institutional paralysis can occur in which leaders at all levels are reluctant to take decisive action. Increasingly polarized "us vs them" thinking may also develop, which further undermines relationships with communities.[28] The effects of trauma and toxic stress can spread quickly throughout an organization. If not acknowledged, named, and (where appropriate) processed, they can be pushed deeper into the fabric of an organization, shaping values, attitudes and behaviour.[29] While these risks can apply to any organization, they are particularly important to consider when the primary duties of an organization are related to trauma, violence and distress.[30]

This then impacts organizational culture and how the organization cares for its employees and for the individuals and communities it serves. The **organizational identity** of the police ideally focuses on serving and protecting the public but may then be connected with the idea that police should be stronger than civilians and able to respond to critical incidents in which civilians lack the proper training and competency to respond on their own. The notion "to be stronger and braver than ordinary civilians" may help officers on the street to be more resilient; however, it may also have adverse effects.[31] It may foster an environment in which officers are reluctant to seek help for trauma, or where help-seeking is stigmatized.[32]

Indeed, according to a recent state of the art review, suicide rates among police officers are related to stressors such as "lack of organizational support, traumatic events, shift work, stigma associated with asking for help, or problems associated with fitting in with the police culture"[33]. In fact, **police culture and organizational attitudes towards mental health** may contribute to psychological illness, in addition to the nature of the job.[34] Effective support for employees requires understanding organizational cultures and catering to specific needs while also overcoming logistical and cultural barriers.[35]

Managers are particularly important in shaping organizational culture,[36] yet recent research suggests that they **remain hesitant to address trauma**. Moreover, 'successful' leadership within police institutions may be linked to a transactional leadership style that can create barriers to transformational change.[37] Public safety organizations primarily focus on stress management and resilience interventions to promote workplace mental health, with the idea of individual responsibility for being resilient sometimes outweighing the need to explore transformational change in the work environment or work processes. Management responses can also be affected by the fact that leaders themselves suffer trauma. While there is insufficient research directly investigating the impact of trauma at the leadership level of police institutions, leaders in such settings are exposed to chronic occupational stressors, which can lead to negative psychological consequences.[38]

There are also a range of other factors which may contribute to the reluctance of managers to address trauma in the organization in a comprehensive way. Roles and responsibilities to address trauma may not be clearly articulated and managers may not receive the training needed to recognize and effectively address trauma. Concerns regarding liability may also serve as an obstacle where managers perceive acknowledging trauma as an admission of guilt or responsibility. Most police organizations also work under significant pressure, with limited time and resources, leading managers to avoid other issues which could impact already constrained budgets or take time away from primary organizational duties. Nonetheless, it is critical to emphasize that leaders play a central role in shaping and informing organizational culture through the design and implementation of policy and doctrine alongside day-to-day practice.

Collective:

Security institutions are embedded in society, and both reflect and shape the experiences of the communities they serve. Where society as a whole or certain communities have experienced trauma, for example through violent conflict, this will often directly affect relationships between security institutions and communities, particularly in contexts in which security forces have committed abuses. Collective trauma can stem from **targeted threats, abuse, violence, hostility, and discrimination based on socio-cultural identity factors** like gender, ethnicity, tribal or clan affiliation, religious affiliation, sexual orientation, and others. This kind of collective (or group) targeting is typically based on social hierarchy, which can vary from context to context but exists everywhere.

Multiple traumatising experiences can transform perceptions, feelings, and values of a collective, and have significant impacts on **survivors' perceptions of the world and their relationships with others**. Collective trauma often undermines a sense of security, leading to feelings of vulnerability and **increased vigilance about potential threats**. Additionally, it can shape a group's collective identity and can be intergenerational, with trauma affecting future generations through cultural and familial transmission. For civilians, collective trauma can result in a loss of trust in the police and the justice system, increased fear and anxiety, and a sense of **marginalization and feeling threatened**. Societies with a significant number of individuals having traumatic experiences show alteration in perception and changed behaviour, specifically towards a security sector that failed to protect previously.

> Research shows that police killings of unarmed Black Americans have adverse effects on mental health among black American adults in the general population[39]. A recent study identifies that: "Traumatic injury sits at the nexus of law enforcement and structural racism. Many of the same forces of systemic disadvantage that put Black people, other people of color, and other marginalized groups at risk for violent injury also expose these same individuals and communities to intensive policing."[40]

Another example of a prevailing social hierarchy, which is common to many contexts, is that of gender inequality, where men and boys are assigned greater value and status over women and girls. As a result, women and girls disproportionately experience family and intimate partner violence, leading to collective trauma which is often reinforced by limited or non-existent responses from the criminal justice system.

2. Addressing trauma in the security sector

2.1 Common approaches to addressing trauma?

Research confirms that everyone reacts differently to traumatic events and that **there is no single "right" way to respond to trauma**. Individuals who have experienced trauma try to find coping strategies that work best for them, according to their value and reference system. Trauma therapists often recommend a range of approaches including **individual and group or peer therapy**, **mindfulness**, and body-centred therapy. **Culture, spirituality, and religion** can provide a sense of connection, meaning, and purpose, and can help individuals find a path towards healing. Most cultures have developed approaches over centuries to deal with trauma and they influence individual perceptions and beliefs of "what might work", from traditional healing practices and spiritual rituals to connecting with the natural world.

Individual treatment strategies for managing trauma-related symptoms of Post-Traumatic Stress Disorder (PTSD) have recently been reviewed.[41] Evidence indicates that the most effective treatment approaches are trauma-focused therapies, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Eye Movement, Desensitization, and Restructuring (EMDR), although these have been privileged as they have been researched more extensively. In addition, medication may be helpful in managing symptoms, but certain medications can also worsen intrusive and dissociative symptoms over time.

According to a global review, trauma-focused cognitive behaviour therapy is the best-validated treatment for PTSD. However, **only two-thirds of PTSD patients** respond adequately to these interventions. Moreover, most people with PTSD do not access evidence-based treatment; this situation is considerably worse in low and middle-income countries.[42] Medication can relieve trauma symptoms which interfere with daily functioning at work or at home, but **medication suppresses reactions rather than "curing" trauma**, often with lasting side effects.[43] Cultural barriers may also exist toward psychotherapy and medication. Ultimately, therapies seem most likely to be effective if they are embedded in a wider trauma informed approach and accepted by an individual. Finally, it is important to note that cognitive and behavioural therapies and individual tools may help individuals to manage their symptoms and improve coping, but they do not necessarily address the **systemic and collective factors that contribute to trauma,** which include oppression, widespread societal violence, and inequality based on gender, race/ethnicity, religion, socio-economic status, tribal or clan affiliation and other socio-cultural identity factors.

Table 1: Illustrative approaches to treating trauma

Community support	In many indigenous communities, the importance of community support and social connections is emphasized, and individuals may find comfort and healing through connections with family, friends, and community members. Telling one's story and hearing the stories of others can help individuals process their experiences and find meaning in their experience.
Counselling or psychotherapy	Counselling or psychotherapy by a mental health professional such as a psychiatrist, psychologist, or social worker provides an opportunity to discuss job-related stressors or traumatic experiences in order to better manage them now and in the future and develop more adaptive coping strategies. Although various mental health approaches show significant results (70% for PTSD), they may be rejected due to the stigma mental health has in various cultures or may not accessible due to limited number of experienced practitioners.
Eye movement desensitization and reprocessing (EMDR)	Eye Movement Desensitization and Reprocessing (EMDR): A therapy that uses bilateral stimulation, such as eye movements or tapping, to help process and resolve traumatic memories.
Hypnotherapy	During hypnosis, the mind is active and open in a state of deep relaxation. With the use of relaxation, guided imagery, and supportive hypnotic suggestions, hypnotherapy may identify triggers, reframe memories, and anchor resource states.
Mindfulness-based therapy	Techniques such as meditation and breathing exercises help individuals become more present and aware of their thoughts and feelings. Learning specific breathing techniques or guiding reminders such as "I'm safe" has been shown over time to reduce symptoms associated with severe stress.
Nature-based therapy	Spending time in nature and connecting with the natural world can be a powerful form of therapy for individuals who have experienced trauma. Related approaches can help individuals calm their minds and regulate their physiological responses, or develop emotional bonding with trained animals, giving a sense of safety.
Peer group therapy	Peer support groups offer an opportunity for peers who have experienced similar traumatic incidents to come together and share their stories in a safe space where they can feel comfortable talking openly about their feelings without judgment or stigma attached to any particular emotion they may be feeling. Knowing that others care enough to reach out is often an important source of comfort during difficult times.
Religious ritual practices	Many individuals find comfort and healing through spiritual practices and religious beliefs, such as prayer, meditation, and attendance at religious services. Ceremonies and rituals, such as drumming, singing, trance and dancing, can provide a sense of connection to cultural traditions and can help individuals heal from trauma. Furthermore, rituals may offer a sense of safety.
Somatic experiencing (SE)	A body-centred therapy that helps individuals to regulate their nervous system and resolve symptoms related to trauma. Relate to polarity and other energy-based therapies.
Traditional healing practices	Indigenous communities often have a long history of traditional healing practices, such as sweat lodges, talking circles, trance, and shamanic healing, that can help individuals process and heal from trauma.

2.2 Organizational concepts for addressing trauma

Organizations have a **duty of care**, understood as the obligation of individuals and organizations to take reasonable steps to protect others from harm. This obligation is based on the idea that people and organizations have a responsibility to act in a manner that is reasonable and prudent in light of the potential harm that could result from their actions or inactions. In general, the duty of care requires individuals and organizations to:

➤ Be proactive in **identifying and addressing potential risks.**

➤ Take appropriate **measures to prevent harm** from occurring.

➤ Provide **appropriate support** and resources to those who have been affected.

➤ Create a **positive organizational culture**.

Failure to meet the duty of care can result in legal liability, including criminal and/or civil charges. In the context of trauma, the duty of care refers to the obligation of individuals and organizations to take reasonable steps to **protect others from experiencing psychological harm or trauma**.

In professions such as law enforcement and emergency medical response, where stressors experienced at work are a risk factor for developing post-traumatic stress symptoms, organizations also have a duty of care to protect their personnel from the psychological impact of traumatic events. Research underlines that organizations should have comprehensive policies and programs to help prevent the development of, and support personnel who develop, mental health problems and other negative effects of trauma.[44] This may include providing regular training and support, debriefing, implementing trauma risk management programmes, and ensuring that employees have access to appropriate mental health resources. It can also include creating an organizational culture that acknowledges and validates the challenges staff face, that values and appreciates its members, and that actively combats stigma, harmful versions of masculinity that valorize violence and aggression, and tendencies to view emotion as weakness.

Another key concept is that of **mental health and psychosocial support (MHPSS)**, which refers to a comprehensive and coordinated response to address the mental health and psychosocial needs of individuals and communities affected by crisis, conflict or displacement, or settings of chronic hardship where trauma is omnipresent. Social, health and humanitarian institutions with experience with people who have been displaced or migrated, and/or have experienced childhood and sexual violence have opted for a more **systemic approach to understanding "well-being"** beyond mental or physical restoration of an individual. This can include the provision of protection to prevent further harm, psychological first aid, counselling and therapy, and community-based support programmes.

The approach is mainstreamed by major humanitarian actors working in emergency and crisis situations and is the result of an extensive consultation process. The Inter-Agency Standing Committee (IASC) of the UN bridged two primary separate conceptual frameworks of "individual clinical treatment" and "psychosocial wellbeing of all" a concept of protection, social welfare, education and community development.[46] The World Health Organization (WHO) addressed trauma in emergencies in its mental health action plan 2013-2030.[47] In 2021, the WHO published "Guidance on community mental health services: promoting person-centred and rights-based approaches" which further affirmed that mental health care must be grounded in a human rights-based approach.

> Example: "Law Enforcement and Mental Health and Wellness Act of 2017" in the US. This act was the result of emphasizing the importance of providing additional support to police officers to help address any psychological illnesses they may develop while performing their jobs. The Law Enforcement and Mental Health and Wellness Act of 2017 advocates for implementation of mental health and wellness programmes for officers, e.g. to successfully decrease suicide rates.[45]

Given the complexity of trauma, it is difficult to generalize when it comes to understanding what might work well (or not) in specific organizational contexts. However, several factors have been documented across multiple contexts as being particularly important: naming, validating and acknowledging the complexity of work and common occurrences around moral injury, secondary and vicarious trauma, burnout, and compassion fatigue; creating a safe environment and building trust; fostering collaboration and partnership with mental health professionals; developing evidence-based approaches; and ensuring staff are trained on trauma awareness and responses.

2.3 Current approaches to addressing trauma in the security sector

In some contexts, significant efforts are already being made to address trauma in police institutions. These include access to counselling including **individual and peer group therapy**, ideally provided by professionals who are specialized in working with the police. They also include peer support programmes and **resiliency and mental health training** designed to help members of the police recognize and address stress. Mind-body, meditation, and **wellness programmes**, as well as family support programmes and time off when needed are also part of more comprehensive approaches to preventing and addressing trauma. Finally, **self-treatment apps** are being tested, with varying results.

Militaries in several countries have also developed specific approaches to address the unique needs of their staff, including the British military's **Trauma Risk Management** (TRiM) approach and the Canadian Road to Mental Readiness (R2MR) programme. These are tools aimed at reducing the impact of trauma and promoting the well-being of individuals who have been exposed to traumatic events. They have the potential to help organizations address the stigma surrounding trauma and create a more supportive environment for their members by providing officers with the skills and resources to manage the impact of trauma and prevent it from developing into more serious mental health problems, such as depression, anxiety, and PTSD.

The TRiM programme focuses on early intervention and peer support, where trained personnel provide confidential, non-judgmental support to colleagues who have been affected by trauma. Studies on TRiM showed that by providing individuals with the resources and support they need to manage the effects of trauma, TRiM can help to increase their psychological resilience and ability to cope with future stressors. The R2RM programme similarly focuses on peer support, as well as individual and group counselling, and mindfulness-based practices, such as meditation and yoga.

The Critical Incident Stress Debriefing (CISD) is a process that allows officers to discuss their experiences and feelings after a traumatic event with a trained mental health professional. It is designed to help officers process their emotions and reactions and reduce the likelihood of developing post-traumatic stress disorder (PTSD). Research showed that the TRiM and the CISD models were quantifiably more effective in facilitating recovery following trauma exposure than non-specific debriefing and brief early interventions such as psychological first aid. The relatively higher success rates of TRiM may be, in part, due to the formalized nature of the intervention, the perceived investment from commanders/managers, or the emphasis TRiM places on reducing stigma.[48]

A recent research paper tested The Road to Mental Readiness (R2MR) app, an on-the-go training tool based on cognitive behavioral theory (CBT), Unit Victor, an app that connects veterans in a secure chat environment, UrMMIND, a pre-deployment tool to reinforce healthy coping techniques and iFeel, a tool to detect early signs of depression. In the beginning these had a focus on combat veterans and involved virtual reality trauma exposure treatments based on CBT, but they showed limited effects. App-based self-treatment are considered promising, but apps carry the risks of security and privacy issues related to data collection. For example, some apps may collect sensitive personal and health information, which could be vulnerable to cyber-attacks or data breaches. Additionally, there may be concerns around the quality and reliability of the information and guidance provided by the apps, particularly if they are not developed or reviewed by mental health professionals.

Implementing trauma risk management can promote a culture of support within organizations, where individuals feel encouraged to seek help and access resources when needed. However, while this is a good tool to address institutional requirements to fight stigma and foster resilience, its overall benefits for individuals suffering from trauma remain debated.

A recent meta review financed by the US Department of Defense concluded for example that "combat and operational stress control (COSC) interventions may play a valuable role in decreasing stress, decreasing absenteeism, and enabling return to duty. But another systematic review of 29 studies that included a control/comparison group found little evidence that COSC is effective in preventing PTSD or decreasing PTSD symptom scores in military personnel".[49]

Implementing **trauma risk exposure assessments**, in other words deploying staff and organizing support around assessed trauma exposure risks, can also help organizations create an environment that is supportive of those affected by trauma.[50] This implies the need for effective screening protocols and accompanying staff with appropriate support and interventions. A recent study

showed evidence that dividing the policing workforce into three cohorts (responders, specialists, and those involved in major disasters) can be an effective approach to providing appropriately tailored trauma support for all those at risk of traumatic stress.[51] However, as with other approaches, this should be applied in a way that is sensitive to potential stigma associated with being seen as a "trauma victim" and recognizes the highly individualized experience of trauma and its effects.

It is also important to recognize that while many of the approaches mentioned above enjoy increasingly broad consensus, **other approaches to recognizing and treating trauma in the security sector have been more controversial**, including:

➤ Confidentiality and privacy of diagnoses of trauma and how these might be balanced with organizational approaches which seek to remove stigmas associated with reporting mental health issues.

➤ Diagnosis of trauma, the thresholds for which are not universally agreed upon. Furthermore, a focus on clinical diagnosis can result in missed opportunities to take preventive action.

➤ Mandatory counselling, which some view as intrusive or potentially stigmatizing and may create additional barriers to sharing difficult experiences if members of an organization believe they will be judged, penalized, or seen as dangerous, vulnerable or "incompetent."

➤ Prioritization and allocation of resources for mental health programmes when resources are scarce and may be needed for urgent operational requirements.

➤ Use of medication including antidepressants or anti-anxiety drugs, as some professionals have raised concerns regarding side-effects and long-term consequences.

One of the prevailing concerns within police organizations is that even when mental health assistance is made available, it may not be offered by professionals who possess the requisite expertise in treating traumatic stress symptoms. Mental health challenges such as PTSD necessitate targeted interventions to mitigate the effects of stress and facilitate the eventual return of personnel to full-duty status following a traumatic event. And while proactive and early intervention methods offer greater chances for a successful recovery, the inherent dangers associated with the occupation can still serve as a catalyst for trauma. Consequently, cognitive and behavioural therapies may prove insufficient for police officers grappling with work-related trauma, necessitating a more comprehensive approach to trauma treatment within the police.[52] [53]

3. Trauma-informed approaches

Many of the measures described in the previous section can form an integral part of long-term approaches to identifying and addressing trauma in police institutions but are insufficient on their own. The majority focus on treating individual experiences of trauma, yet the concept of organizational duty of care underscores the need to not only provide appropriate support to those affected by trauma, but also to proactively identify and manage risks and prevent harm from occurring. Treating individual trauma alone also misses the organizational and collective levels of traumas which are so important to policing.

3.1 Trauma-informed concept in the health & social sectors

The health and social sectors were the first to address trauma in a systematic way with a trauma-informed concept. A Trauma Informed Concept (TIC) refers to understanding and addressing the impact of trauma and violence on individuals and organizations and is based on an understanding that addressing trauma is a legal duty of care obligation.[54] The concept focuses on promoting safety, choice, collaboration, and empowerment for individuals and institutions with daily exposure to trauma. Hence, it recognizes the prevalence of trauma, its long-lasting effects on individuals and communities, and the need for services and systems to be responsive to the needs of individuals who have experienced trauma. TIC also focuses on organizations' "good conduct" in their response to the socio-demographic identities of clients, all potentially critical for trauma. Several models summarize key elements of these concepts. The "four R's," for example, emphasize the need for organizations to **realize** the widespread impact of trauma, **recognize** signs and symptoms, **respond** by integrating awareness of trauma in organizational policies and practice, and **resist** re-traumatisation (e.g. by addressing toxic environments which interfere with recovery).[55] The "Seven Essential Elements" below are also considered crucial in trauma-informed approaches.[56]

Table 2: Key elements of trauma-informed approaches

Safety	Throughout the organization, employees (and the people they serve) feel physically, culturally, relationally, and psychologically safe. At a minimum, basic workplace safety standards and protocols are followed. Managers and supervisors are supportive of workers and create an inclusive environment. In interaction with clients, clients feel calm, comfortable, and welcomed.
Trustworthiness and Transparency	Organizational operations and decisions are conducted with transparency and with the goal of building and maintaining trust among staff and with clients. Leaders communicate openly and regularly with employees about decisions affecting them and the organization, and employees are never surprised by company decisions.
Peer Support	People with lived experience with trauma feel supported by the organization and support each other, in "peers". Employees at all levels treat each other as human beings, who all have experiences at least some toxic stress and/or trauma – and they respect and honour each other's experiences.
Collaboration and Mutuality	The organization recognizes that everyone has a role to play in a trauma-informed approach, no matter their level of seniority or power. This principle manifests itself through teamwork and appreciating each team member's role in accomplishing the overall mission of the organization.
Empowerment, Voice, and Choice	Individuals' strengths and experiences are recognized and nurtured. Employees and clients have opportunities to use their voice and feel comfortable doing so. Employees are encouraged and have opportunities to speak up and raise issues and challenges, especially if something is harming them and/or their ability to do their work safely and productively. In addition, they have opportunities to identify and implement solutions.
Cultural, Historical, and Gender Inclusion	The organization actively moves past cultural stereotypes and biases based on race, gender, ethnicity, sexual orientation, age, religion, etc. The organization incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of employees and clients and recognizes and addresses historical trauma. The workplace is inclusive, does not discriminate, and does not tolerate racism or discrimination.

Source: V Choitz; S Wagner (2021): A trauma-informed approach to the workforce

3.2 Trauma-informed policing

Trauma-informed approaches to policing have been developed in some contexts, but in many cases, these have focused more on communities than on police themselves. Specifically, some approaches to trauma-informed policing aim to **create a more supportive and safer environment for all individuals who are in contact with the police**, including victims, witnesses, and even suspects. This approach emphasizes the need for officers to understand the impact of trauma on individuals, and to adjust their approach to interactions accordingly. This can involve creating a more respectful and empathetic tone, avoiding the use of tactics that may "trigger" individuals, employing de-escalation techniques, and providing appropriate referrals to support services. Some police departments now have training on cultural competency and diversity, recognizing the ways in which **trauma can affect different communities in different ways**.

In North America, the Police Executive Research Forum (PERF) was an early pioneer in the field, with other organizations like the International Association of Chiefs of Police (IACP) recognizing the importance of mental health and working towards trauma-informed approaches. The United Nations and international institutions also emphasize the significance of such approaches, although no universal guidelines exist. Organizations such as the United Nations Office on Drugs and Crime (UNODC) or the Inter-American Development Bank (IADB) advocate for the implementation of trauma-informed practices and have promoted projects related to mental health approaches to law enforcement.

Toward a more comprehensive model for trauma-informed policing

Trauma-informed approaches to policing can play a critical role in (re)building relationships between police and the communities they serve and ensuring security is provided in a way which is both accountable and effective. To be most effective, it's important that a trauma-informed approach for policing address all three levels of trauma:

Figure 2: Potential benefits of a multi-level approach to trauma-informed policing

SOURCE	RESULTING TRAUMA	POTENTIAL EFFECTS	POSSIBLE APPROACHES
Individual Experience *E.g. violence, targeted harassment, profiling*	Individual Trauma	Poor performance, illness, burnout, suicidal ideation	Awareness, help seeking, access to support
Political & Security Environment *E.g. long term exposure to political pressure, violence/conflict, public criticism*	Organisational Trauma	Paralysis, polarized thinking, defensiveness	Duty of care, reducing stigma, examining organizational culture and narratives
Societal Conflict/Violence *E.g. long term exposure to violence/conflict, deep rooted inequalities*	Collective Trauma	Lack of trust, heightened conflict	Listening to communities, education and outreach, restorative justice

Individuals:

Police institutions have a duty of care to address individual trauma in the workplace. This must be taken seriously by leaders as it affects not only individual and organizational performance but also relationships with the communities that police serve and protect. Part of a trauma-informed approach involves actively addressing stigma and barriers which may prevent individuals from seeking support, including:

➤ **Addressing stigma in policies:** Police institutions should review their policies and procedures to identify and address any instances of stigma related to trauma. This can include updating disciplinary procedures to ensure that officers are not penalized for seeking help or dealing with the aftermath of trauma.

➤ **Cultivating a culture of support:** Creating a culture of support within the police organization is crucial for reducing stigma and promoting individual well-being. This can involve promoting open conversations about mental health and trauma, recognizing the effects of trauma on officers, focusing on psychological safety in the workplace, and providing opportunities for officers to share their experiences and support one another. It can also include mentoring or other approaches that aren't within the hierarchical line of supervision and therefore allow for an open discussion of trauma and stress without impacting on perceptions of performance or promotion. Finally, it implies adapting and customising language on trauma to ensure discussions are not hampered by toxic masculinities or cultural taboos.

➤ **Education and awareness:** Raising awareness about the effects of trauma, stress, and adversity on police officers and addressing the stigma surrounding it is crucial. This can be done through regular training programmes, informational workshops, and open conversations about the issue.

➤ **Encouraging help-seeking:** Police institutions should encourage officers to seek help when they need it and create a supportive environment where it is safe to do so. This can include providing access to mental health resources and support services, as well as eliminating the fear of career repercussions for seeking help.

➤ **Improving officer support services:** Providing access to comprehensive and confidential support services can help address the long-term effects of trauma on officers. This can include mental health counselling, peer support groups, and other resources that help officers manage their mental health and well-being.

It is also important for individual members of the police to **establish healthy coping strategies** before they experience traumatic events or situations. This includes:

➤ Developing an **awareness of signs and signals of distress, stress, and trauma;** and when these might require support or further intervention.

➤ Recognizing individual **warning signs.**

➤ **Taking care of oneself** by getting enough sleep, eating balanced meals, and engaging in physical activity to reduce stress levels.

➤ Developing a range of **positive coping** options, which will vary depending on the individual and may include emotional regulation tools, relaxation, mindfulness techniques, or spending time in nature.

➤ Developing **strong social connections** including a supportive community of colleagues, as sharing experiences can provide comfort and help build resilience.

Organizations:

Organizational trauma relates to **organizational culture, identity, and history** and the significant political, economic, cultural, and social pressures faced by police institutions, particularly in contexts of high levels of violence and conflict. It is based on the understanding that organizations, like individuals, can carry with them the effects of repeated exposure to traumatic events and unconsciously adapt their behaviour as a result.

In these situations, there may be value in:

➤ Creating space to acknowledge the role trauma plays in shaping the organization, for example through peer discussions and **sensitisation at the leadership**

level which allow for an open discussion and frank assessment without personalising or minimising the importance of the issue.

➤ Creating a specific **instrument that measures and acts as a barometer for organizational trauma**, that can be applied practically and periodically to gauge current levels, trends, and possible entry points for mitigating the effects of trauma.

➤ Carefully **examining underlying organizational culture and narratives** and how they affect decision-making at all levels, as a first step toward creating a new narrative around the positive role the institution can play in society.

➤ Ensuring training and educational requirements associated with career progression, **prepare managers to foster trauma-informed organizational approaches,** and lead changes in organizational culture where needed.

➤ Emphasizing **continued dialogue between political leadership and security institutions**, especially during periods of political transition. Political leaders must understand the potential impact of policy options and even the language they use when proposing major reforms, just as police leadership needs to be able to accurately articulate the potential benefits and risks of specific reforms.

➤ Exploring **how gender-based norms and roles** in the organization can lead to attitudes and behaviours that result in traumatic experiences between and among colleagues as well as the public – and how gender can inform trauma response and impact.

At the same time, such approaches are unlikely to be effective if not embedded in broader efforts to increase professionalism and capacity, reduce political pressure, better integrate policing with other strategies to reduce violence, and gradually build relationships with communities. As the concept of organizational trauma is relatively new, **additional research is needed** to further explore effective approaches for addressing organizational trauma in police institutions.

Collective:

The effects of collective trauma in society can be profound. Addressing this kind of widespread trauma goes well beyond the mandate of the security sector and in contexts of collective trauma not every community will welcome police engagement, particularly where past abuses have been committed. However, **greater empathy, responsiveness and awareness** on the part of the police can avoid exacerbating tensions and potentially even contribute to building healthy relationships. Concrete actions can include:

➤ Collaboration with other government agencies and non-government organizations to ensure that individuals and communities affected by trauma and violence have access to **comprehensive and coordinated support**.

➤ Employing **de-escalation** techniques.

➤ Partnering with local organizations to co-create **community-based programmes** aimed at addressing the impact of trauma and violence. These programmes can include support groups, mentorship programmes, and after-school programmes for youth.

➤ Providing **education and outreach** to the community on the impact of trauma and violence, and how they can access support and resources. This can include providing information on local mental health and social support services and conducting public awareness campaigns on trauma and violence.

➤ **Restorative justice** programmes that bring together individuals who have been affected by trauma to address harm and promote healing, through processes such as mediation, restorative circles, and other community-based mechanisms.

➤ **Training on the impact of trauma** on individuals and communities, on cultural diversity, and avoiding tactics and language which might "trigger" those affected by trauma.

➤ Developing a **positive police presence** within communities through shared activities, visits, meetings, and other activities.

➤ **Listening to the community** - acknowledging intergenerational and community discourses and narratives about the police; apologising and taking ownership of wrongdoings where appropriate.

➤ Taking steps to develop a police organization that is more **representative** of the community.

➤ Examining and addressing **biases, inequalities and disparities** in the way police serve different communities.

Gender in trauma-informed approaches

Gender-based violence and trauma remains a serious issue in policing and gender plays a role in all three levels of trauma discussed in this paper. It is therefore critical for trauma-informed approaches to include a specific focus on gender. At the individual level, some portion of police officers, along with the communities they serve, will have experienced childhood abuse, adult sexual violence, family or intimate partner violence and/or harassment (sexual, gender-based or otherwise). At the organizational level, police institutions tend to be disproportionately made up of men. Men are generally more likely to engage in risk-taking and demonstrations of strength and courage, behaviors that can increase exposure to trauma. They may also avoid healthcare interventions in lieu of stoicism and strength and be less inclined to address mental health needs.[57] For example, research shows that more men than women continue to die of suicide and substance abuse or "deaths of despair" (linked to depression and other mental health impacts).[58] As a result, an **organizational culture grounded in a masculine identity** may discourage help-seeking.

Women serving in the police may also experience a lack of support by or cohesion with their male-counterparts – or even open hostility and harassment.[59] This arguably increases the stress level women members of the police may experience and as such, can contribute to increased exposure to trauma. It is important to note, however, that men in police institutions also experience harassment and bullying. A recent study shed light on the lasting memories experienced by female police officers who investigate reports of rape and sexual violence, showing feelings of depression, anxiety, suicidal ideation, intrusive imagery, altered beliefs and cognition as well as disrupted intimacy with partners. Coping adaptations included sensory shutdown, avoidance, dissociation, and a reduction in victim care.[60]

Other research findings indicate that female officers have significantly higher mean stress scores on several items (particularly those regarding safety factors) but are more likely to use positive coping strategies compared to male officers.[61] Altogether this illustrates **the extent to which gender (and other socio-demographic factors) can inform how individuals respond to stress or traumatic exposure**. On the one hand, because women are more likely to experience intimate partner violence and sexual assault, exposure to these kinds of crimes can trigger a past trauma. In contrast, the way that girls and women are often socialized to be emotionally aware, expressive and engage in help-seeking may support healthy coping strategies when exposed to secondary trauma.

As noted in an earlier section, at the collective level gender-based violence is a serious issue for communities, one which can have a profound impact on the lives of victims. A recent UN Women statement declares that less than 1 in 10 women who seek help after experiencing violence turn to the police, and only a minority of cases of gender-based violence are ever formally reported to the police, with even fewer cases resulting in convictions.[62] Yet, according to some estimates, over 27% of men and over 32% of women have been sexually victimized at some time in their lives.[63] Police are often the first point of contact for victims seeking help and protection, and can therefore be a source of support, or conversely exacerbate trauma if they fail to respond effectively.[64] Attitudes of officers towards victims of violence depend on the culture and training their institution offers. There is considerable evidence from research showing that untrained police can traumatise victims of sexual harassment, child abuse, domestic, family and intimate partner violence, and sexual assault. In general, police culture can influence the level of gender-based crimes in society, starting with whether community members feel safe and confident making a report.

Acknowledging gender-based violence related to police, UN Women published in 2021 a specific handbook on gender-responsive police services for women and girls subject to violence. Such initiatives have been taken up by several international organizations and national police institutions. The IADB, for example, began partnering with police to end gender-based violence, noting that a drop in femicides in Latin America was mainly driven by a deterrent effect resulting from higher police responsiveness and efforts to solve gender-related crimes.[65]

Organizational culture, leadership approaches, policies, procedures and day-to-day practice can prevent or promote hostility, harassment, abuse, and violence within the institution.[66] A police institution that internally operates in context of harassment, abuse, and violence will inevitably result in the same practices directed at the community, or at least certain members of the community. Creating a safe environment for all personnel, women and men, is a critical starting place for appropriately serving

communities and reducing the risk of trauma to officers and the community.[67] A trauma-informed approach to policing should therefore:

➤ Create, maintain, and reinforce an **organizational culture that is fair and respectful**, engenders group solidarity, cohesion, trust, and cooperation, and eliminates exclusion and in-group/out-group dynamics.

➤ Implement policies and practices that promote **conduct aligned with the values of gender equality**, fairness and respect and discourage misconduct as well as attitudes and behaviours that undermine gender equality, fairness, and respect.

➤ Create **formal and informal reporting mechanisms** to respond to harassment, bullying, abuse, and violence along the continuum rather than focusing exclusively on misconduct that meets a policy definition which requires severity, incidence, and duration (a high standard to achieve). Support reporting by all personnel, whether witness to or the target of an incident.

➤ Institutionalize **bystander intervention training** with leadership and officers to build institutional capacity to address and prevent behaviours and comments that could be harassing, discriminatory or bullying. Consider using the "Four D" intervention program (Direct (response), Distract/Disrupt, Delegate and Delay).[68]

➤ Provide **support services for law enforcement personnel to help them respond to the impact of trauma and GBV exposure**, including access to counselling and other mental health support services. Ensure these services take into account prevailing gender-based norms and roles. This includes the willingness of personnel to engage in help-seeking, past exposure to trauma, and how trauma impact may be informed by gender norms and roles.

➤ Establish policies and procedures that are aware, empathetic, and responsive to the **needs of victims of gender-based violence** and prioritize their safety and well-being. This should include training for officers on how to respond to reports of child abuse, family, domestic and intimate partner violence and sexual assault, ensure referral and access to specialized services for victims, and conduct investigations of GBV.

4. Designing and implementing trauma-informed SSR programmes

Not every SSR process needs to include a focus on trauma, nor should every SSR practitioner develop specialized expertise in mental health and psychosocial support. However, trauma exists in all walks of life, in all professions, lifestyles and countries and is unfortunately a universal human condition. This means that trauma can affect any police force and any police officer in the world, regardless of rank, gender, age, ethnicity, or location. A working shift of any police officer in any country may incur individual trauma due to the type of work involved and is not exclusive to fragile states or conflict zones. At the same time, these types of environments often also suffer organizational and collective trauma, and when all three of these elements are present there is a potential for an exponential increase in trauma, which itself may then lead to increased fragility and conflict, resulting in a vicious circle.

It is therefore important to understand how trauma might affect the ability of SSR processes to reach common objectives related to better service delivery or community trust in security institutions. Strengthening governance and accountability of the security sector can include a focus on the policies, practices and resources needed to ensure security sector institutions can withstand and appropriately respond to trauma and protect both their own people and those they are sworn to protect. Even in reform processes which do not focus explicitly on trauma, an awareness of and sensitivity to trauma (along with workplace stress and adversity) is an important lens for any organizational change process.

In designing and supporting reforms in trauma-affected contexts, SSR practitioners will need to:

- ➤ Educate themselves on the widespread impact of trauma and the ways in which it can affect individuals and communities; and learn to **recognize signs of trauma** in individuals, communities and organizations.

- ➤ Ensure that **SSR processes are trauma-sensitive**, considering the effects of trauma on both security sector actors and communities, and designing reforms that mitigate these effects.

- ➤ **Build partnerships** between different actors, including the security sector, health and social services, civil society organizations, and communities; and engage in joint planning and implementation to ensure that interventions are effective and appropriate.

- ➤ Develop rigorous frameworks for **monitoring and evaluation** to ensure that a trauma-informed approach is effective and appropriate, identify any unintended consequences, and adjust where necessary.

- ➤ Prioritize reforms that address the **root causes of violence and insecurity**, and that aim to build more resilient and effective security sector institutions that are better equipped to respond to the needs of communities and their own personnel.

- ➤ Develop **best practices and guidelines** that can inform the design and management of trauma-sensitive projects and reform processes. This may involve developing guidance on how to engage with communities affected by trauma, how to provide support to personnel affected by trauma, and how to promote resilience. It should also include guidance on **identifying and mitigating risks** such as inadvertently exacerbating the effects of trauma or re-traumatizing individuals.

Table 3: Potential entry points to address trauma and mental health in SSR

Community Engagement	Ensure community outreach strategies are developed with awareness of and sensitivity to collective trauma. Develop appropriate, multi-agency response mechanisms to ensure victims of violence receive the support they need (which generally goes beyond the services police themselves can provide).
Legislation & Policy	Develop laws that address the provision of appropriate care and compensation for law enforcement officers who experience work-related trauma. Develop policies that prioritize the well-being of law enforcement officers, including: ➤ Providing access to mental health resources and support services ➤ Encouraging officers to seek help and receive support if they are experiencing trauma (which may include confidentiality protection, job protection, and financial support during leave) ➤ Establishing early intervention programmes that identify and address potential signs of trauma in law enforcement officers Include provisions for psychological support and counselling in collective bargaining agreements between law enforcement agencies and their employees.
Management & Oversight	Ensure training and professional development for leaders at all levels includes a focus on trauma (duty of care, recognition and treatment options) and effective approaches for reducing stigma. Implement approaches to identifying and tracking organizational and individual trauma, including tailored methodologies (e.g. survey instruments) and screening and monitoring programmes. Monitor and address high-risk areas such as the use of force, which may be particularly susceptible to the effects of (untreated) trauma in the institution. Ensure managers integrate a focus on human rights and accountability across all aspects of policing. Develop effective mechanisms to hold police involved in abuses to account. Establish/strengthen the role of external oversight actors including parliaments and ombuds institutions in monitoring the health and wellbeing of police officers.
Mentoring & Peer Support	Integrate trauma awareness and trauma-informed approaches in mentoring programmes. Develop peer support programmes which aim to foster a culture of self-care and support.
Protocols & Training	Ensure police institutions have protocols in place to prevent exposure to traumatic incidents, such as providing adequate staffing and support during critical incidents. Train police officers in trauma-informed approaches and techniques for de-escalation, managing stress, and reducing the impact of traumatic events.

Conclusion

The complexity of trauma and its effects on individuals, organizations and societies is increasingly appreciated by organizations, including the police and military where high rates of exposure to traumatic experiences make the topic particularly relevant. From an organizational or workforce perspective, trauma not only impacts the health and performance of staff, but also interactions with communities, ultimately affecting perceptions and the reputation of organizations like the police.[69]

A systemic approach to addressing trauma acknowledges that individuals are shaped not only by their own experiences, but also by the broader social, cultural and organizational context in which they live. Trauma-informed organizations seek to **understand root causes of and prevent trauma** wherever possible, and to create individual and institutional resilience where the risk of occupational exposure to traumatic experiences is high. In the case of the police, comprehensive trauma informed approaches require a focus on the ways in which **trauma impacts police officers as well as the communities they serve**.

In the fragile and conflict-affected contexts where many SSR programmes take place, trauma within both security institutions and communities can have significant implications for reform programmes. Just as trauma-informed approaches are needed in police institutions, it is also important for SSR practitioners to take a trauma-informed approach. First and foremost, this means appreciating the degree to which **trauma may influence possibilities for reform**, particularly when it comes to common SSR goals such as strengthening the relationship between security institutions and communities. Where appropriate, it may also mean **integrating an awareness of trauma in reform** processes, for example by supporting police in establishing a more robust set of options for responding to trauma.

This paper is intended to **highlight the need for trauma-informed approaches to SSR** and to offer an initial framework for supporting police in developing more trauma-informed approaches as part of reform processes. It is a starting point, and more work is needed to test these concepts in the field and refine recommendations accordingly. Ongoing DCAF work on police use of force, police mentoring, gender and security, and suicide prevention in the armed forces offers promising entry points to explore what trauma-informed approaches to SSR look like in practice and to identify more specific opportunities and challenges for trauma-informed SSR.

As is perhaps obvious from the examples used throughout this paper, much of the literature on trauma and trauma-informed approaches in policing comes from North America and Europe. One important benefit of piloting concepts in ongoing projects is that this will provide an opportunity to explore **what it means to address trauma in policing in other cultural contexts**. Another area which requires additional exploration is **organizational trauma**, as distinct from individual or collective trauma. The latter two levels of trauma have been the subject of a wide range of interventions and their causes and possible responses are covered by a robust body of literature. Organizational trauma, however, has clear relevance for policing and the security sector more broadly but is a relatively new concept and would benefit from more systematic piloting of new approaches and documentation and sharing of lessons learned.

Ultimately, by addressing the impact of trauma on police culture and by promoting a culture of openness, support, and self-care, police institutions can help to mitigate the negative effects of trauma and **create a healthier, more resilient, and more effective workforce**. There is significant potential for trauma-informed approaches to positively affect police-community relations and much to be gained by bringing a greater awareness of trauma into security sector governance and reform.

References

1. Violanti, John, 'PTSD among Police Officers: Impact on Critical Decision Making', *Community Policing Dispatch ; e-newsletter of the COPS Office*, Vol. 11, N°5 (May 2018).

2. Burstow, Bonnie, 'Toward a Radical Understanding of Trauma and Trauma Work', Violence Against Women, Vol. 9, N°11 (Nov 2003), pp. 1293-1317.

3. International Committee of the Red Cross, Mental Health & Psychosocial Support (2016).

4. See also Porges, Stephen *Polyvagal Theory: A Science of Safety.* Front. Integr. Neurosci. 16:871227. doi: 10.3389/fnint.2022.871227 (May 2022)

5. See also Porges, Stephen *The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system.* Cleveland Clinic Journal of Medicine February 2009, 76 (4 suppl 2) S86-S90; DOI: https://doi.org/10.3949/ccjm.76.s2.17

6. Treisman, Karen, *A Treasure Box for Creating Trauma Informed Organizations* (Jessica Kingsley Publishers, 2021).

7. Treisman, Karen, *Trauma Informed Health Care: A Reflective Guide for Improving Care and Services* (Jessica Kingsley Publishers, 2024).

8. Civilotti, Cristina; Di Fini, Giulia; and Maran, Daniela Acquadro, 'Trauma and Coping Strategies in Police Officers: A Quantitative-Qualitative Pilot Study', *Int. J. Environ. Res. Public Health*, Vol. 18, N°3 (January 2021), pp. 982.

9. Jansen, J; Piontek, H. *Traumatisierte Polizisten: "Als wäre die Sicherung rausgesprungen"* TAGESSPIEGEL.DE (2019).

10. Ko, Hayley and Memon, Amina, 'Secondary traumatization in criminal justice professions: a literature review', *Psychology, Crime & Law*, Vol. 29, N°4 (2022).

11. The assessment was based on a 15-minute online survey based on the European Working Conditions Survey (EWCS), new questions about psychological hazards, trauma exposure and trauma impact in everyday policing, including a new screen for Complex Post-Traumatic Stress Disorder, the International Trauma Questionnaire (ITQ).

12. Trauma Resilience in UK Policing, *Establishing the evidence base: 'Policing: The Job & The Life' Survey* (2018).

13. Stevelink, Sharon A.M. et al., 'Probable PTSD, depression and anxiety in 40,299 UK police officers and staff: Prevalence, risk factors and associations with blood pressure', *Plos One*, Vol. 15, N°11 (November 2020).

14. Dockstader, Jessica, *Policing through the Pain: How Trauma Impacts Police Officers* (International Public Safety Association, 2019).

15. Violanti, John M. et al., 'Adverse childhood experiences and police mental health', *Policing*, Vol. 44, N°6 (Oct 2022), pp. 1014-1030.

16. Stanley, Elizabeth. A., et al., 'The role of military service and childhood adversity in US law enforcement officer health and wellness', *Journal of Police and Criminal Psychology,* Vol. 36, N°3 (March 2021), pp. 490–505.

17. Purba, Amrit and Demou, Evangelia, 'The relationship between organisational stressors and mental wellbeing within police officers: a systematic review', *BMC Public Health* Vol. 19, Article N°1286 (Octobre 2019).

18. Pitel, Marian C. et al., 'Post-traumatic effects in policing: exploring disclosure, coping and social support', *Police Practice and Research*, Vol. 22, N°1, 308-323 (November 2020), pp. 308-323.

19. Griffin, Brandon, J. et al., 'Moral Injury: An Integrative Review', *Journal of Traumatic Stress*, Vol. 32 (June 2019), pp. 350-362.

20. Williamson, Victoria; Stevelink, Sharon A.M. and Greenberg, Neil, 'Occupational moral injury and mental health: Systematic review and meta-analysis', *The British Journal of Psychiatry,* Vol. *212*, N°6 (June 2018), pp. 339-346.

21. Klein, Edwin J. and Lopez, William D., 'Trauma and Police Violence: Issues and Implications for Mental Health Professionals', *Cult Med Psychiatry*, Vol. 46 (June 2022), pp. 212–220.

22. Stuart, Heather, 'Mental Illness Stigma Expressed by Police to Police', *Isr J Psychiatry Relat Sci*, Vol. 54, N°1 (2017), pp. 18-23.

23. Papazoglou, Konstantinos., & Tuttle, Brooke M., 'Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers', *SAGE Open*, Vol. 8, N°3 (August 2018).

24. Hernán, Flom, 'The politics of police violence: Political competition and police killings in Brazil', *Journal of Urban Affairs* (February 2022).

25. Bonner, Michelle D., 'State Discourses, Police Violence and Democratisation in Argentina', *Bulletin of Latin American Research*, Vol. 28 (April 2009), pp. 227-245.

26. Bloom, Sandra, 'Trauma-organised systems and parallel process', Chapter 9, in Managing Trauma in the Workplace: Supporting Workers and Organisations (Routledge, 2010), pp. 139-153.

27. Treisman, Karen, A Treasure Box for Creating Trauma Informed Organizations (Jessica Kingsley Publishers, 2021).

28. Treisman, Karen, *PSDP – Resources for Managers of Practice Supervisors: A spotlight on organisational trauma: the system as the 'client'* (2020).

29. Treisman, Karen, *A Treasure Box for Creating Trauma Informed Organizations* (Jessica Kingsley Publishers, 2021).

30. Treisman, Karen, *A Treasure Box for Creating Trauma Informed Organizations* (Jessica Kingsley Publishers, 2021).

31. Sitko-Dominik, Magdanela M. and Jakubowski, Thomasz D., 'Traditional Male Role Norms, Social Support, and Symptoms of Post-traumatic Stress Disorder Among Male Polish Police Officers', *J Police Crim Psych*, Vol. 37 (February 2021), pp. 392–406.

32. Papazoglou, Konstantinos., & Tuttle, Brooke M., 'Fighting Police Trauma: Practical Approaches to Addressing Psychological Needs of Officers', SAGE Open, Vol. 8, N°3 (August 2018).

33. Violanti, John M. et al., 'Police stressors and health: a state-of-the-art review', *Policing*, Vol. 40, N°4 (November 2017), pp. 642-656.

34. Edwards, Anne-Marie and Yasuhiro, Kotera, 'Mental Health in the UK Police Force: a Qualitative Investigation into the Stigma with Mental Illness', *International Journal of Mental Health and Addiction* (January 2020), pp. 1116-1134.

35. Edgelow, Megan, et al., 'A review of workplace mental health interventions and their implementation in public safety organizations', *Int Arch Occup Environ Health*, Vol. (April 2022), pp. 645–664.

36. Papazoglou, Konstantinos, et al., 'Police Trauma, Loss, and Resilience', *Front. Psychol.*, Vol. 13 (November 2022).

37. See Saint-Michel, S. E., 'Leader gender stereotypes and transformational leadership: Does leader sex make the difference?', *Management*, Vol. 21, N°3 (2018), pp. 944–966; Cockcroft, T., 'Police culture and transformational leadership: Outlining the contours of a troubled relationship', *Policing: A Journal of Policy and Practice*, Vol. 8, N°1 (2014), pp. 5–13; Golding, B., & Savage, S. P., 'Leadership and Performance Management. In T. Newburn (Ed.), Handbook of policing (2nd ed.), (Willan, 2008), pp. 642–665; and Rowe, M., 'Following the leader: Front-line narratives on police leadership', *Policing: An International Journal of Police Strategies & Management*, Vol. 29, N°4 (2006), pp. 757–767.

38. Birze, Arija, et al., 'Perceived organizational support and emotional labour among police communicators: what can organizational context tell us about posttraumatic stress?', *Int Arch Occup Environ Health*, Vol. 95 (March 2022), pp. 425–435.

39. Bor, Jacob, et al., 'Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study', *The Lancet*, Vol. 392, N°10144 (July 2018), pp. 302-310.

40. Bailey, Joanelle, et al., 'Compounding Trauma: the Intersections of Racism, Law Enforcement, and Injury', *Curr Trauma Rep*, Vol. (2022), pp. 105–112.

41. Schrader, Christian and Ross, Abigail, 'A Review of PTSD and Current Treatment Strategies', *Mo Med*, Vol. 118, N°6 (November-December 2021), pp. 546-551.

42. Bryant, Richard A., 'Post-traumatic stress disorder: a state-of-the-art review of evidence and challenges', *World Psychiatry*, Vol. 18 (October 2019), pp. 259-269.

43. McLean, Carmen P. et al., 'Exposure therapy for PTSD: A meta-analysis', *Clin Psychol Rev*, Vol. 91, N°102115 (February 2002).

44. Kyron, Michael J. et al., 'Work-related and nonwork stressors, PTSD, and psychological distress: Prevalence and attributable burden among Australian police and emergency services employees', *Psychological Trauma: Theory, Research, Practice, and Policy*, Vol. 14, N°7 (October 2022), pp. 1124–1133.

45. Velázquez, Elizabeth, and Hernandez, Maria, 'Effects of police officer exposure to traumatic experiences and recognizing the stigma associated with police officer mental health: A state-of-the-art review', *Policing: An International Journal*, Vol. 42, N°4 (February 2019), pp. 711-724.

46. OCHA Interagency Standing Committee, IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007).

47. World Health Organization, Comprehensive mental health action plan 2013–2030 (2021).

48. Richins, Matt T. et al., 'Early Post-trauma Interventions in Organizations: A Scoping Review', *Front. Psychol.*, Vol. 11, N°1176 (June 2020).

49. Maglione, Margaret A. et al., 'Combat and Operational Stress Control Interventions and PTSD: A Systematic Review and Meta-Analysis', *Military Medicine*, Vol. 187, N°7/8 (July 2022).

50. Møller, Sarah R. et al., 'Critical Incidents in Police Work: What Incidents Stay with Danish Police Officers?', *J Police Crim Psych*, Vol. 38 (May 2023), pp. 678-690.

51. Hesketh, Ian and Tehrani, Noreen, 'Psychological Trauma Risk Management in the UK Police Service', *Policing: A Journal of Policy and Practice*, Vol. 13, N°4 (December 2019), pp. 531–535.

52. Torchalla, Iris and Killoran, John, 'Interdisciplinary Trauma-focused Therapy and Return-to-work Support for A Police Officer with Work-related PTSD: A Case Study', *J Contemp Psychother*, Vol. 52 (July 2022), pp. 319–327.

53. Davis, M.N., 'Recommendations for Improving Trauma Intervention Programmes for Law Enforcement Agencies', Senior Seminar Research Paper Presented to the Graduate Faculty University of Wisconsin-Platteville (2022).

54. Merkelbach, Marteen and Kemp, Edward, 'Duty of Care: A review of the Dennis V Norwegian Refugee Council ruling and its implications', *EISF Article Series* (2016).

55. Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (p. 9), HHS Publication No. (SMA) 14-4884 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

56. Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach*, HHS Publication No. (SMA) 14-4884 (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

57. See Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P., 'Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide', *Lancet*, Vol. 380 (2012) pp.1011–1029; McKenzie SK, Collings S, Jenkin G, River J. 'Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice', *American Journal of Men's Health*, Vol. 12, N°5 (2018), pp. 1247-1261; and Yasuhiro K., Pauline G., & David S, 'Mental Health Shame of UK Construction Workers: Relationship with Masculinity, Work Motivation, and Self-Compassion', *Revista de Psicología del Trabajo y de las Organizaciones*, Vol. 35, N°2 (2019), pp.135-143.

58. OECD, *How's Life? 2020: Measuring Well-being*, (OECD Publishing, 2020).

59. Jackie Alexander & Sarah Charman, *Parallel lines? The homogeneous and gendered career patterns of senior leaders in policing in England and Wales*, Police Practice and Research, 2003.

60. Bozga, Adina; McDowall, Almuth, and Brown, Jennifer, '"Little Red Sandals": female police officers' lived experience of investigating sexual violence', *Policing: An International Journal*, Vol. 44, N°1 (November 2020), pp. 32-48.

61. Bonner, Heidi S. and Brimhall, Andy, 'Gender Differences in Law Enforcement Officer Stress and Coping Strategies', *Police Quarterly*, Vol. 25, N°1 (November 2021), pp. 59–89.

62. UN Women, 'Strengthening police responses to gender-based violence crucial in lead up to Generation Equality Forum in Paris' (25 May 2021).

63. Basile, Kathleen C. and Smith, Sharon G., 'Sexual Violence Victimization of Women: Prevalence, Characteristics, and the Role of Public Health and Prevention,. *American Journal of Lifestyle* Medicine, Vol. 5, N°5 (2011), pp. 407–417.

64. Carrillo, Deisy, 'Police culture and gender: an evaluation of police officers' practices and responses to domestic abuse', *Journal of Global Faultlines*, Vol 8, N°1 (May 2021), pp. 69-80.

65. Frisancho, Veronica, and Pappa, Evi, 'DP17598 When Women Win: Can Female Representation Decrease Gender-Based Violence?', CEPR Discussion Paper No. 17598 (Paris & London: CEPR Press, 2022).

66. Williams, Monica, et al., 'Sexual harassment and abuse in law enforcement: Best practices for creating safety for female officers', *The Police Journal* (February 2023).

67. Williams, Monica, et al., 'Sexual harassment and abuse in law enforcement: Best practices for creating safety for female officers', *The Police Journal* (February 2023).

68. See, Bystander Intervention Training (BIT) from UC San Diego that promotes acting ethically. This includes teaching bystanders to ask themselves a series of ethical test questions: 1) Is what I am seeing undermining honesty, trustworthiness, respect, responsibility, or fairness? (values test), 2) Is what I am seeing a violation of standards, rules, codes, or laws? (standards test), and 3) If others saw what I am seeing, would it (or my inaction) be approved or condemned? (exposure test). The 'testing' process is followed by teaching bystanders how to act ethically using an action approach framework: 1) Interrupt – is there a way that I can interrupt the unethical behavior in progress or interrupt the situation so an unethical action doesn't occur? 2) Direct – can I direct the actors to an alternative ethical action instead of unethical ones? 3) Engage – would it be useful to engage others in the situation to help me resolve the situation ethically? and 4) Authorities - do I need to act by reporting this to the relevant authorities? ; US Army Benelux, and Bystander Intervention Training "Quick Supplemental"

69. Choitz Vickie and Wagner, Stacey, *A trauma informed approach to workforce. An Introductory Guide for Employers and Workforce Development Organisations* (2021).

DCAF

**Geneva Centre
for Security Sector
Governance**

Maison de la Paix
Chemin Eugène-Rigot 2E
CH-1202 Geneva, Switzerland

📞 +41 (0) 22 730 94 00
✉ info@dcaf.ch
🌐 **www.dcaf.ch**