



Guide on assessing and addressing trauma in the security sector

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About DCAF

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Introduction

For many in the security sector, service in the police, military, or related institutions is more than a job or employment; it's a vocation shaped by a strong sense of duty and a commitment to protecting others. However, the responsibilities that come with this calling also carry an occupational cost that is often overlooked: trauma. As one colleague stated, 'I love being a police officer, but it is making me ill.'

Security sector personnel are routinely exposed to higher levels of trauma than colleagues in many other professions. Their daily duties may involve repeated exposure to violence, aggression, human suffering, and physical danger. The demands of the job also encourage the suppression of emotions and compartmentalization of stress. While such discipline can be essential in high-risk situations, it can also reinforce a culture in which challenges related to mental health and emotional well-being are seen as less 'real' or legitimate than physical hardships. Over time, if left unaddressed, the effects of trauma and stress can accumulate.

While each person experiences trauma differently, common effects may include feelings of isolation and depression, numbness, burnout, or hypervigilance. Experiencing trauma can also affect decision-making and personal relationships and lead to increased sick days,

incidents of desertion, deteriorating mental health, and suicide risks. In turn, this can affect operational efficiency and effectiveness, potentially undermine long standing efforts to strengthen the relationship between security institutions and the communities they serve, and ultimately impact how security is provided.

While the nature of work in the security sector makes it difficult to completely avoid trauma, it is entirely possible to recover from it, and to manage related risks in a way that creates healthier, more resilient teams. Security institutions in a growing number of countries are beginning to recognize this, and to take steps to address the impacts of trauma on their members. It is important to remember that institutions such as the military and police have a long history of rigorously preparing their members to operate in difficult circumstances and to perform well under pressure. This established strength can be channelled towards building readiness and capacity to meet the mental and emotional as well as the physical and operational demands of the job. Measures that promote healthy stress management, enhance awareness of trauma impacts, and encourage reflection and open communication can not only reduce trauma risks, but also improve individual wellbeing, team cohesion, and organizational performance.

Addressing trauma in security sector institutions can deliver significant benefits across several critical inter-dependent domains:

1. Personnel health and well-being:

- reducing sick days and overall absenteeism;
- reducing cases of burnout;
- reducing dependence on alcohol and/or drugs both during service and following retirement;
- reducing incidents of suicide and attempted suicide, both during active service and following retirement, when the weight of previous experiences often 'catches up' with former security sector officials; and
- avoiding the toll that service member trauma can take on family members, including domestic and gender-based violence and impacts on relationships, parenting, and caregiving.

2. Organizational effectiveness

- improving decision-making and reducing risks of errors in judgement due to stress and trauma;
- reducing early separation from service and desertion, which carry significant costs given the investment security institutions make in recruiting and training new personnel;
- avoiding costly lawsuits stemming from a failure to fulfil the organization's duty of care to its members; and
- improving organizational cohesion, health, and welfare.

3. Community trust and institutional reputation:

- managing risks of excessive use of force that occur as a result of individual or organizational trauma, thereby improving public confidence; and
- safeguarding and strengthening relationships with communities, ultimately enhancing security service delivery.



Purpose, audience, and scope

DCAF has created this guide as a practical resource to support security sector institutions in assessing and addressing the impacts of trauma on their personnel, organizational performance, and relationships with the communities they serve. It focuses on a category of occupational risks that may be less visible than physical danger but are no less important. While the guide focuses primarily on trauma, some of its suggestions are also relevant for managing stress, which can in turn assist in preventing trauma.

The guide is intended to be particularly relevant for security sector leaders¹ and to be used as one of a range of tools available for developing, supporting, and managing effective, accountable, and healthy organizations. It builds on DCAF's report on *Addressing Trauma as a Missing Element in Security Sector Governance and Reform* and the accompanying *Quick Reference Guide: Entry Points for Addressing Trauma in Police Reform Programmes*, and also draws from a range of existing resources on trauma-informed practices and organizations.

The guide focuses primarily on the risks faced by the military, police, gendarmes, national guards, and other similar organizations. The specific duties (and types of trauma exposure) of these organizations² vary from one country to the next and may include:

- combat or peacekeeping operations with high levels of violence/fatalities;
- responding to disasters that are characterized by widespread human suffering;
- responding to and investigating violent crimes;
- working with populations in which levels of trauma and distress may be particularly high (e.g. while guarding borders, prisons, or detention centres); and
- being deployed repeatedly and spending lengthy periods of time away from families and communities.

It identifies and suggests ways to address trauma risks broadly, rather than offering guidance for each type of institution, and should be tailored to specific institutional and cultural contexts. The principles and suggestions found in the guide can help to design or adapt strategies, policies, and procedures, using language and concepts that are most relevant and appropriate for a particular organization.

The guide is also intended as a resource for partners that support, oversee, or otherwise engage with the security sector. These may include (but are not limited to):

- ministries/departments of health or social affairs, which have broader responsibilities related to mental health and employee well-being and could benefit from understanding risks specific to the security sector;
- parliamentary committees that oversee the security sector and can influence organizational priorities and budgets;
- ombuds or national human rights institutions, labour unions, and other organizations that focus on the safety and well-being of security sector employees and/or the communities they serve;
- civil society organizations (CSOs) that serve as an interface between local communities and formal security institutions;
- CSOs, psychologists, and others with specific expertise in trauma and mental health, who may provide training, clinical support, or other forms of support to security institutions;
- members of the media who report on the security sector and can play an important role in putting issues on the public agenda; and
- international partners supporting organizational change processes in the security sector.

The guide may be implemented directly by security sector institutions or with the support of external partners. While it provides information on the symptoms and effects of trauma, it is not a clinical manual. The guide does not replace the need for psychological or medical expertise, but instead aims to play a complementary role by suggesting organizational approaches for leveraging such support effectively.

1. For the purposes of this guide, the term 'leaders' is intentionally broad. It refers to decision-makers, such as senior leadership of the organization, mid-level managers, and team leaders, and also includes those who may not have a hierarchical leadership responsibility but that are seen by colleagues as trusted 'go to' people who lead by example.
2. The risks and trauma exposure described throughout this guide are also relevant for private military and security companies (PMSCs), which are often staffed by former members of security institutions who themselves may have been affected by adverse experiences in the past. While some of the recommendations in the guide may be equally relevant for PMSCs, addressing trauma in PMSCs will also require different approaches, given the ways in which these organizations differ from formal security sector institutions. It is also important to keep in mind that while PMSCs are subject to regulation, the recruitment and well-being of their employees may not receive the same level of scrutiny as that of formal security institutions.

01 **Section 1** provides foundational information on trauma, including definitions, key concepts, and common symptoms and effects.

02 **Section 2** explains how trauma affects the security sector, including specific types of exposure, impacts, and possible organizational barriers to acknowledging and addressing trauma.

03 **Section 3** provides practical suggestions for assessing and addressing trauma in security sector institutions:

- **Part 1** highlights the importance of ensuring leadership awareness of trauma and its impacts.
- **Part 2** provides an overview of methodologies for collecting relevant data to inform organizational responses.
- **Part 3** offers a series of steps that organizations can take to address the immediate impacts of trauma.
- **Part 4** describes longer-term actions to institutionalize these changes and strengthen resilience.

04 **Section 4** summarizes key project management steps that may be helpful in implementing the guide and offers thoughts on prioritizing responses, and on the importance of partnerships with organizations that have specific expertise in mental health and trauma.

05 **Annex 1** provides links to other surveys, tools, country-specific studies, and publications that may also assist in assessing and addressing the impacts of trauma.



Section 1: Understanding trauma

Definitions and key concepts

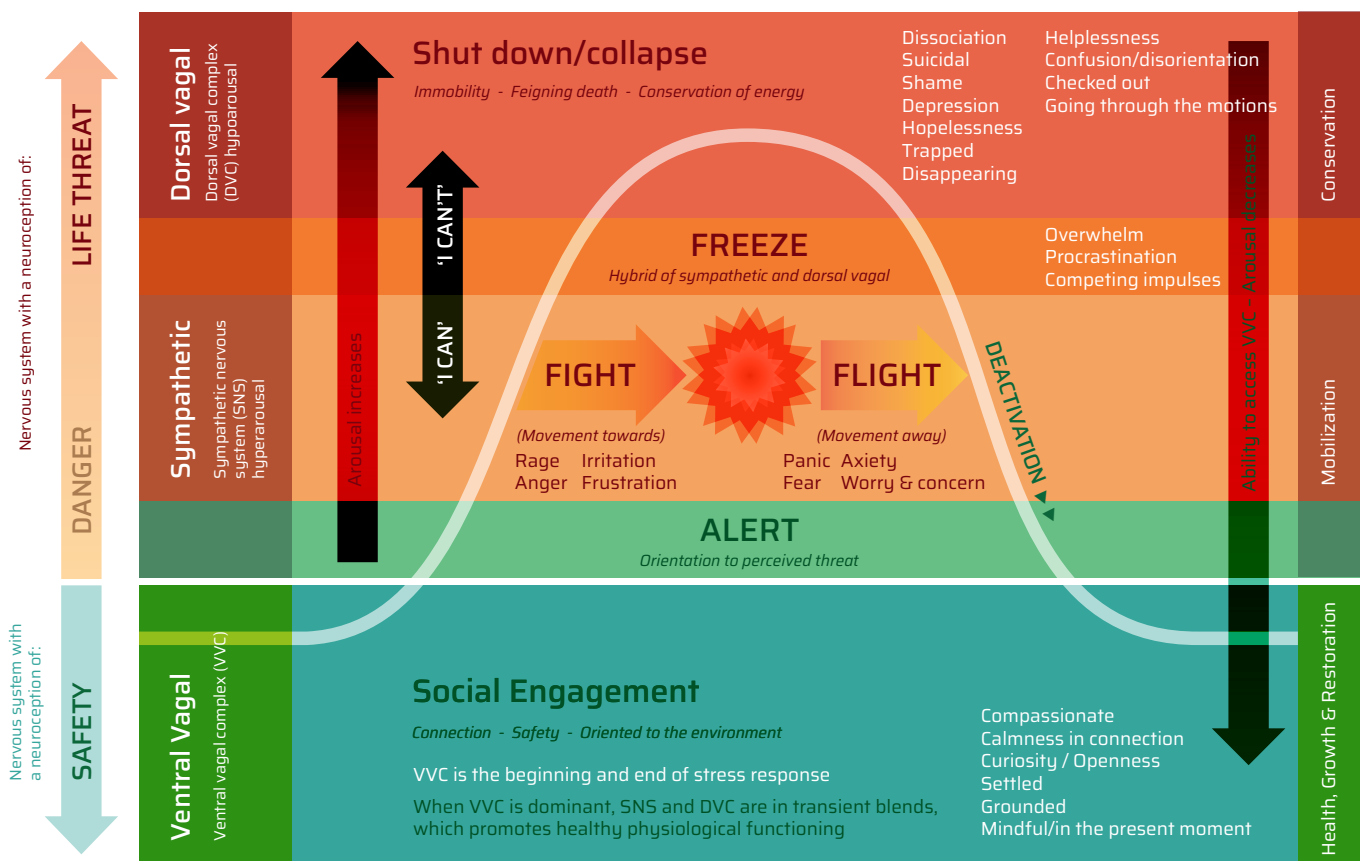
The definition of trauma has evolved over time.

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 expanded to include the effects of sustained, repeated, or complex traumatic experiences, as well as indirect exposure, such as witnessing traumatic events or experiences that have happened to others. Members of security institutions, for example, often speak of 'seeing things they cannot unsee.' 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 broader systemic issues that contribute to trauma.

Stress and trauma have a specific definition in the context of neurobiology. Stress, for example, is any experience that requires the nervous system to adjust or adapt, while trauma is any experience that 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 additional response, adrenaline kicks in to allow that 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 traumatized nervous system may not be able to regulate itself and operate instead in a constant state of activation (Porges, 2017). Figure 1 illustrates nervous system responses to different levels of stress and danger.³

Figure 1: Nervous system responses to trauma

Source: Walker (2018)



3. It is beyond the scope of this guide to explain in detail the research and theory represented in Figure 1, which is provided primarily to illustrate how nervous system responses vary, and the ways in which our nervous systems can be both activated and deactivated. In brief, the polyvagal theory focuses on the vagus nerve, which acts as a key pathway between the brain and organs, and aims to strengthen our ability to access the 'green zone' in Figure 1 and to avoid becoming stuck in threat states/responses. For more information, see Walker (2018) and Porges (2017).

Figure 2: The role of the brain in responding to stress

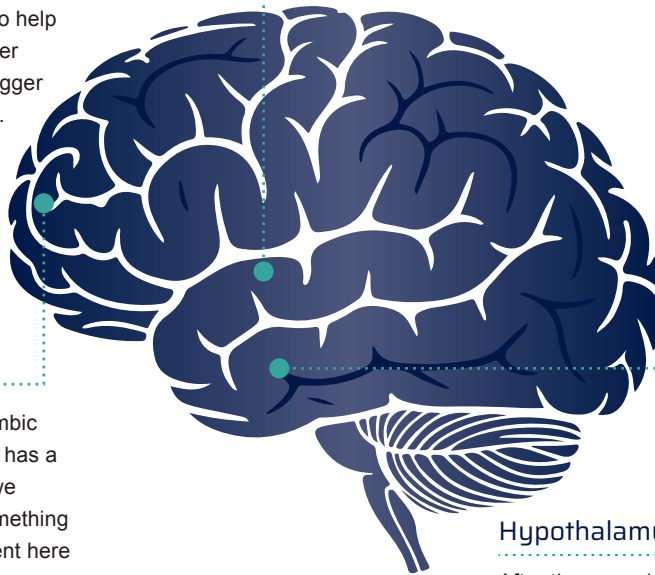
The limbic system

Processing stressful events in the brain

These components in the limbic system help process stressful events. They work together to help the brain to determine whether something is stressful and trigger stress responses in the body.

Prefrontal cortex

While it is not a part of the limbic system, the prefrontal cortex has a close relationship with how we experience stress. When something happens, information gets sent here for us to process the event on a more intellectual level – with logic and evaluation skills. Using those, we develop a response. But stress can disrupt the prefrontal cortex, making it harder to make good decisions.



Amygdala & hippocampus

If something is seen as a threat or a stressor, the amygdala triggers the fight-flight response in the brain. It then tells the hippocampus to remember everything about it, shaping our future response to similar events. Because of this, people who suffer more trauma are more likely to react poorly to stressors.

Hypothalamus

After the amygdala triggers the fight-flight response, the hypothalamus carries it out. It sends a message to your adrenal glands to release adrenaline and cortisol. Cortisol is a hormone that causes stress reactions throughout the body. If you are constantly in a fight-flight state, these hormones can cause significant damage to your body.

Source: University of Kansas Health System (2025)

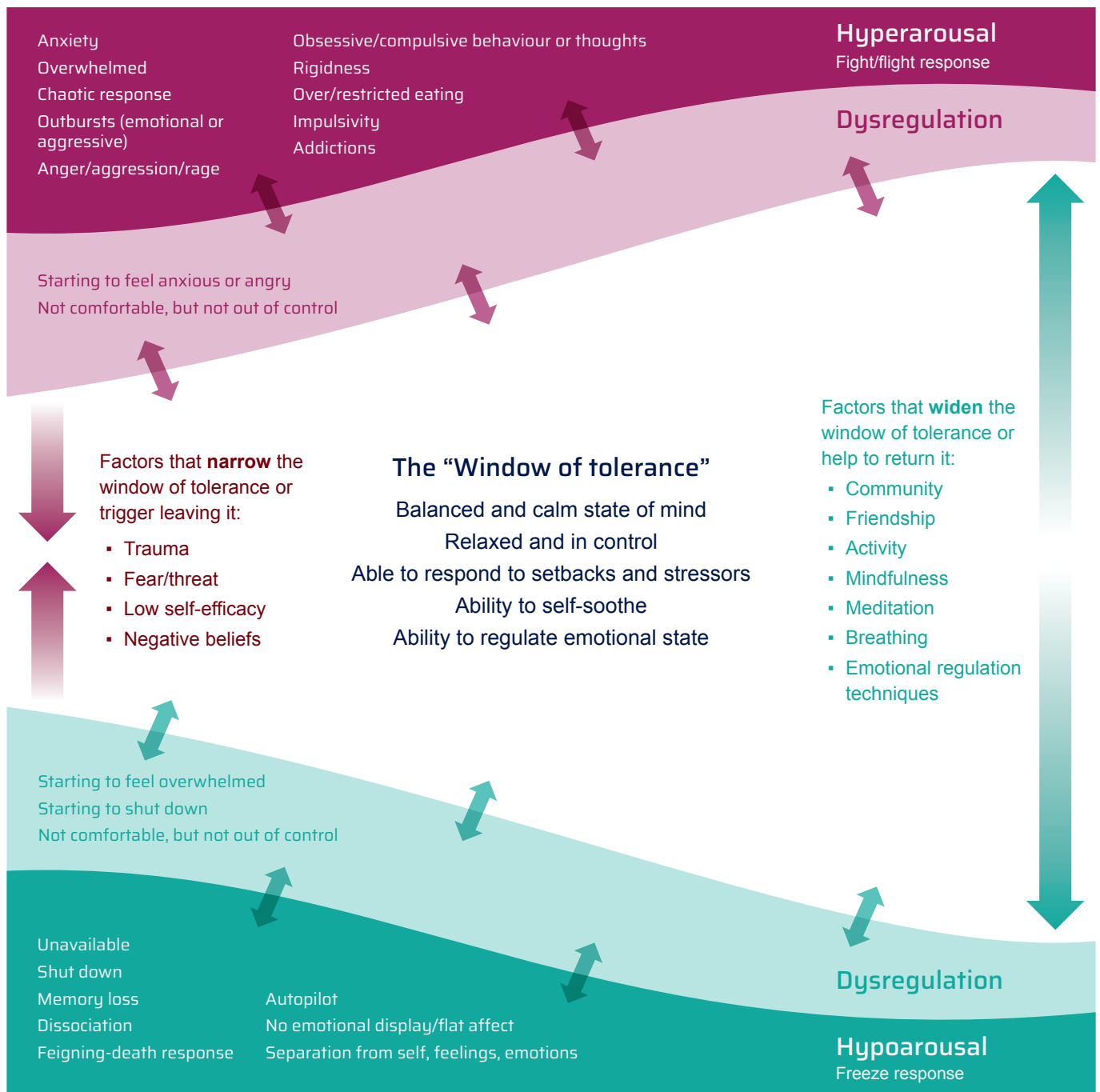
In other words, trauma is different from shock or surprise; it refers to a neurobiological impact on the nervous system and in particular the brain. The prefrontal cortex, responsible for rational thinking and decision-making, may function less effectively due to trauma (see Figure 2 above). The hippocampus, which stores memories, can also be affected. In some cases, the nervous system may be unable to properly process or integrate traumatic memories, resulting in a sense of being stuck in the past at the point where the nervous system was activated (Van der Kolk, 2015). The amygdala, responsible for detecting threats, can be overactivated, leading to hypervigilance.

How trauma is experienced and manifested in the brain, mind, and body depends on an individual's previous experiences, social conditions, and training, along with various other factors. Everyone has what is known as a **'window of tolerance'** (Corrigan et al., 2011), which describes the range within which individuals are able to handle daily challenges and stress, process information, solve problems, and relate well to others.

When individuals remain within their window of tolerance, they can think clearly, regulate emotions, and respond flexibly to stressful situations. When they are pushed outside of this window, their ability to think clearly, solve problems, and make decisions is reduced, affecting both well-being and performance. Individuals may enter states of *hyperarousal* (e.g. anxiety, irritability, hypervigilance) or *hypoarousal* (e.g. numbness, dissociation, fatigue) (Corrigan et al., 2011).

As illustrated in Figure 3, trauma or chronic, unprocessed stress can narrow the window of tolerance, resulting in individuals becoming more easily overwhelmed. However, various practices can help individuals to regulate their nervous system, reducing the negative impacts of stress and potentially preventing trauma.

Figure 3: The ‘window of tolerance’ and effects of trauma and stress



Source: Cumberland Council (2024)

Impacts

Experiencing traumatic events can lead to a range of responses. These are not a sign of weakness or mental illness, but rather normal responses to abnormal events. However, many of these responses have the potential to negatively affect individual well-being and organizational effectiveness, as well as society more broadly. There are many types and levels of trauma, three of which are

particularly important for the security sector: individual, organizational, and collective trauma. These are briefly summarized in Table 1 below – drawn from DCAF’s *Addressing Trauma as a Missing Element in Security Sector Governance and Reform* (Aeberhard et al., 2024).

Table 1: Overview of individual, organizational, and collective trauma

Level	Possible causes	Effects
Individual	<ul style="list-style-type: none"> ➤ Continued exposure to high levels of stress/danger ➤ Violent or life-threatening situations, including sexual violence ➤ Targeting/abuse based on identity (e.g. gender or ethnicity) ➤ Childhood abuse 	<ul style="list-style-type: none"> ➤ Higher incidents of illness ➤ Sleeplessness ➤ Alcohol or substance abuse ➤ Feelings of loneliness/isolation, disconnection, helplessness ➤ Depression, fatigue, burnout ➤ Remaining in a state of hyper-vigilance ➤ Attachment to being constantly busy in order to avoid difficult feelings ➤ Responding in bullying or aggressive ways ➤ Flashbacks, intrusive thoughts ➤ Moral injury
Organizational	<ul style="list-style-type: none"> ➤ Continued exposure to high levels of violence or conflict ➤ Specific incidents of violence that cause members to question organizational identity/mission ➤ Political pressure ➤ Widespread public criticism, reinforcing negative organizational identities ➤ Continual internal criticism, blaming, and shaming 	<ul style="list-style-type: none"> ➤ Toxic work environment in which personnel or staff feel unsupported and undervalued ➤ High levels of staff or personnel turnover/dissatisfaction ➤ Greater attachment to authoritarian/aggressive approaches ➤ 'Us vs. them' narratives that undermine relationships with external stakeholders ➤ Excessive defensiveness to criticism ➤ Organizational paralysis, difficulty making decisions ➤ Increasingly reactive and crisis-driven ➤ Rigidity/inflexibility, limiting room for initiative
Collective	<ul style="list-style-type: none"> ➤ Continued exposure of specific groups or populations to high levels of violence, conflict, abuse, or discrimination based on socio-cultural identity factors (gender, ethnicity, tribal or clan affiliation, religious affiliation, sexual orientation, etc.) 	<ul style="list-style-type: none"> ➤ Undermined sense of security ➤ Group identities shaped by sense of vulnerability, marginalization ➤ Increased vigilance regarding potential threats ➤ Loss of trust in other groups, including formal state institutions

Trauma can affect anyone, anywhere. Gender,⁴ ethnicity, and other socio-demographic factors can shape how we experience and respond to trauma. Culture also matters. In some contexts, trauma is understood primarily as an individual issue, something that happens to one person and requires individual treatment. In others, the collective dimension of trauma may be more prominent, and include disconnection from land or cultural heritage (Walters et al., 2011). Language for describing the experience of trauma may differ significantly – some cultures do not have a specific word for trauma and its symptoms, and may describe the experience in other terms (Visser, 2018). Cultural norms and religious beliefs may also influence the degree to which individuals and organizations are comfortable discussing topics related to mental health, and therefore shape the set of responses considered to be appropriate.

The trauma responses or effects described above stem from a natural instinct to protect oneself and one's organization or community, to block painful or frightening memories, or to create a form of stability or certainty. They can also contribute to cycles in which those who have experienced trauma act out that trauma, creating traumatic experiences for others (Castro-Vale et al., 2019). The effects of trauma can influence societal systems at all levels, which is one reason organizations in front line occupations such as public health, emergency services, and humanitarian assistance have begun to develop what are known as trauma-informed approaches.

Trauma-informed approaches recognize the significant impact of trauma on organizations, their staff members, and the communities they serve – in other words, on the entire system in which an organization operates. These approaches seek to understand how organizational effectiveness and staff well-being may be affected by trauma, and how community experiences of trauma affect the community's trust in the organization and ability to access services.

A common framework for trauma-informed approaches is the 'four Rs': **realizing** the widespread impact of trauma and potential paths for recovery; **recognizing** emotional, physical, and behavioural signs and symptoms of trauma; **responding** by fully integrating knowledge of trauma in policies, procedures, and practices and creating safe environments; and seeking to actively **resist** re-traumatization by prioritizing well-being and fostering environments that promote trust, collaboration, and respectful communication (SAMHSA, 2014).

4. The relationship between gender and trauma is complex. Evidence suggests that men and women may have different responses to trauma, with men sometimes displaying externalized responses (aggression or risk-taking) (Christiansen and Elklit, 2008; Maercker et al., 2022) and women displaying more internalized responses (anxiety, dissociation) (Bangasser et al., 2019; Maercker et al., 2022), but potentially being more likely to seek help for experiences related to trauma (Pattyn et al., 2015). It also appears that women may be diagnosed more often with PTSD because the symptoms they manifest align with those required for the diagnosis (de Vries and Olff, 2009). However, research findings differ depending on the type of trauma being explored (e.g. sexual and gender-based violence) and the institutional or societal context of the study. For more on gender and trauma, see DCAF's earlier paper or refer to the additional resources listed in Annex 1.



Section 2: Trauma in the security sector

Trauma can affect everyone and anyone. Conflict, economic crises, political instability, and high levels of violence may cause trauma for entire generations or communities within a country. Security institutions reflect society; members of the security sector will face not only these societal experiences, but also experiences that are specific to their duties, potentially compounding or exacerbating existing trauma.

Trauma exposure

Members of security sector organizations are routinely exposed both directly and indirectly to experiences that can contribute to or cause trauma. Some of these experiences will vary based on the institution and context; members of the police or military, for example, will face risks that are specific to their organization. However, many are shared across these institutions. Table 2 summarizes examples of trauma exposure in the security sector.⁵

Table 2: Examples of trauma exposure in the security sector

Direct exposure	Indirect exposure
Aggression/violence	Graphic evidence, including from CCTV and body-worn cameras
Death (accidental, murder, combat-related)	Hostility and discrimination
Sexual and gender-based violence	Encountering individuals at risk of violence or abuse
Child abuse	Traumatized victims and offenders
Other forms of suffering, including substance abuse	Taking on the pain of colleagues suffering from trauma, particularly where trauma is widespread

5. See, for example, Civilotti et al. (2021).

6. See, for example, Grinsill et al. (2024); Jemberie et al. (2025); Otto and Gatens, (2022); Perkins (2016); Richardson et al. (2020); Syed et al. (2020); Violanti and Steege (2021); and Violanti et al. (2013).

Trauma impacts

Studies from multiple countries have shown that members of security institutions often experience significantly higher rates of trauma than the general population. While figures vary by country/region and by institution, evidence suggests that rates of post-traumatic stress disorder (PTSD), for example, may be up to twice as high for both the military and police. Rates of depression and suicidal ideation are also significantly higher.⁶ This trauma and stress have a range of emotional and physical impacts on personnel that extend beyond individual members of security institutions. Family members are also affected, particularly where trauma responses include depression or isolation, substance abuse, domestic violence, or suicide (Centre for Social Justice, 2016).

Institutions themselves are also affected. Organizations that are continually exposed to high levels of violence, conflict, political pressure, and public criticism can react in ways that mirror individual responses to trauma. Just as individuals can become withdrawn, isolated, or hyper-vigilant and have difficulty making decisions, organizations can also grow more defensive and mistrustful of those outside the organization or more reactive (for example, resorting more quickly to the use of force), and avoid taking initiative or making important decisions. The organizational dimension is particularly important in the security sector, where organizations and teams tend to be close-knit and united around a strong sense of mission and collective identity. Collective identity can be an important source of pride and resilience, but may also play a role in holding and subconsciously passing on memories of pain and suffering.

Trauma can also influence the relationship between security institutions and the communities they serve, whether that trauma has been experienced through violence and conflict or through generations of discrimination or marginalization. Communities – particularly those with a history of abuse or conflict – may have limited trust in the state, including security institutions. Similarly, security institutions that have historically had a high level of exposure to traumatic experiences (and therefore operate in a higher state of alert) may resort more quickly to escalation or even excessive use of force when engaging with communities.

Challenges of addressing trauma in the security sector

Organizations in the security sector are expected by society to demonstrate traits such as bravery, stamina, and strength.⁷ Their identities are strongly connected with their role as protectors of society, with the implication that members of these organizations should be stronger or more courageous than the rest of the population. While this has many positive dimensions, organizational cultures in the security sector can also stand in the way of acknowledging and addressing trauma. Personnel may be accustomed to suppressing emotions and compartmentalizing stress in order to remain mission-focused in high-pressure environments. While such discipline can be essential in dangerous situations, it can also become a double-edged sword as unprocessed experiences accumulate and undermine well-being and performance. Additionally, seeking help for mental health or emotional well-being is sometimes viewed as a sign of weakness and challenges in these areas are seen as less 'real' than physical hardships.

In some organizations, acknowledging symptoms related to trauma or stress results in being pulled from normal assignments and separated from colleagues. It may also have adverse impacts on career progression, including being passed over for promotions. And while the demographics of security institutions worldwide continue to evolve, most remain staffed predominantly by men, and numerous studies have shown that men tend to be less likely than women to seek help. Strict hierarchies and a focus on command and control can also hinder personnel from openly expressing concerns. Where psychological support is not available within the organization, personnel may also feel limited in what they can share with external experts because of the confidential nature of operations.

In an age of social media, the actions of security sector personnel are more likely to be filmed and disseminated widely, resulting in heightened scrutiny. While this has positive implications in terms of transparency, members of the security sector may also increasingly feel that they are all held responsible by the public for instances of negative or inappropriate behaviour on the part of their colleagues, recordings of which can quickly go viral and damage

the reputation of the organization as a whole. Where inappropriate behaviour serves as a coping mechanism for stress, public criticism and other negative repercussions can also reinforce a sense among security sector personnel that their work is unappreciated adding to the already significant pressure felt by leaders and personnel.

In organizations focused on critical missions including public safety and national security, it may also be difficult to justify allocating limited resources on mental health programmes, despite the significant costs often associated with failing to address trauma and stress (e.g. absenteeism, excessive sick days, high rates of attrition or desertion, and increased incidents of suicide). Many members of security institutions are part of teams that are perpetually understaffed due to the demands placed on the organization. Taking time off to process or recover from difficult experiences may therefore be seen as letting team members down and increasing the burden on already stretched resources. Organizational pressures are sometimes exacerbated by changes in government or leadership, particularly when political leaders want to demonstrate a break with the past by requiring significant shifts in organizational priorities and approaches.

Leaders play a key role in shaping organizational culture. Historically, security institutions have often rewarded toughness, selecting leaders who are quick to criticize signs of weakness and may reinforce organizational cultures that contribute to trauma risks. While leaders in the security sector may recognize that people are their most important resource, in practice they may be under pressure to prioritize organizational goals over personnel welfare. However, recognizing the critical role personnel play in accomplishing organizational missions can offer a key entry point for acknowledging and addressing trauma. Studies show that investment in responding to trauma can potentially reduce absenteeism and resignations, build more cohesive teams, and ultimately improve the sustainability of investments in training, skill building, and recruitment.⁸

7. For more on this topic, and the specific role of expectations related to masculinity, see Rogers (2025).

8. See, for example, Comisión Ejecutiva Confederal de UGT (2010).

Section 3: Guidance for assessing and addressing the impacts of trauma

In summary, members of the security sector have a higher level of exposure to potentially traumatizing events, but systems may not be in place to prepare for trauma, recognize its symptoms, and recover from its effects. Security institutions also have, however, a long history of effectively training and preparing for a range of challenging missions and circumstances. This strength could be leveraged to develop organizations that are resilient to a range of mental and emotional as well as physical challenges.

This section begins with an overview of the considerations and principles that should inform all efforts to address trauma in the security sector. It goes on to adapt the 'four Rs' of trauma-informed approaches (introduced in Section 1) for the purpose of supporting institutional change in the security sector, including:

- initiatives to sensitize leadership to the effects of trauma on organizational performance (Part 1: Realize);
- methodologies for understanding the effects of trauma on members of the organization (Part 2: Recognize);
- organizational tools and approaches to support effective responses to the current situation (Part 3: Respond); and
- longer-term strategies to prevent and mitigate the effects of further trauma (Part 4: Resist).

Key considerations and principles

*Do no harm*⁹

In discussing and developing responses to trauma and stress, it is important to consider and mitigate the risk of re-traumatizing or otherwise harming members of security institutions or the communities they serve. This requires:

- carefully considering the design of all forms of data collection, with a focus on participant consent – ensuring that questions are culturally appropriate, and guaranteeing confidentiality when required, to allow personnel to share information without negative repercussions;
- designing in-person sessions, such as interviews or focus groups, that offer participants control, as well as the opportunity to take a break or end their participation at any time, clearly identifying additional resources for those who may need support following the sessions;
- paying attention to the environment in which discussions take place, including considerations of alternative locations outside the workplace where appropriate;
- providing a clear overview of the resources available in the local context (e.g. contact information for psychologists or information for participants who need additional support following an interview or focus group); and
- having the support of qualified experts (who may come from outside the organization) with experience in collecting/analysing data related to trauma and mental health.

9. The principle of 'do no harm' is widely accepted; specific ideas regarding its application to collecting data on mental health and trauma can be found in various studies, including Voith et al. (2020).

Language

How we speak about trauma, stress, and related topics matters.

- While the 'right' words will differ from one culture to the next, it is important to emphasize that trauma does not mean there is something wrong with an individual, organization, or community. This means avoiding language that is derogatory, that suggests that trauma indicates weakness, or that is shaming, blaming, or judgemental.
- Effective approaches to organizational change require an appreciation for the organizational cultures and demands/stresses that are prevalent in the security sector. These are different from other sectors, and support provided to security institutions will be most effective when it is built on a foundation of respect for the unique role these institutions play in keeping communities and states safe and secure, as well as the unique risks they face.
- Clinical or academic language can be alienating, especially if it reinforces a sense that trauma indicates individual weakness. It is important to seek language that destigmatizes and reflects the way that members of security institutions think about these issues. It may also be helpful to draw parallels with accepted aspects of organizational culture – for example by discussing trauma as part of a broader focus on fitness and mission preparedness.

Commitment

Undertaking an assessment of the effects of trauma and stress can signal to personnel that their organization intends to provide greater support in this area. Not meeting this expectation can reinforce a sense of isolation and the belief that mental health is not a 'real' issue, or one to be taken seriously, which can cause greater harm in the long run (National Trauma Transformation Programme et al., 2023).

- Before embarking on a process of assessing the impacts of, and designing responses to, trauma and stress, leaders need to carefully consider the resources that may be required to carry out a longer-term programme to improve organizational responses.
- It is also critical for leaders to be visible and vocal in their support for assessing and addressing trauma, especially where existing stigmas may make members more reluctant to participate in the process.

Inclusion¹⁰

Experience is a powerful teacher, and colleagues with direct experience of trauma should play a key role in designing organizational responses.

- Initiatives that appear to be externally designed or imposed will likely struggle to gain support; grounding responses in the lived experience of personnel improves their credibility and effectiveness.
- Activities related to assessing and addressing trauma should also be designed in a way that account for the barriers that power differentials (e.g. differences in rank or position) may pose to more open collaboration and dialogue. In some cases, this may mean avoiding mixed-rank groups in which individuals are likely to defer to more senior members. In others, it may be appropriate to simply acknowledge the existence of these differences, rather than pretending they do not exist or minimising their impact.

10. See concepts of 'power sharing' in A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland (National Trauma Transformation Programme et al., 2023).

Part 1: Realize

The first step towards addressing trauma is to create awareness that it is real and has serious and lasting effects on security institutions, their personnel, and the communities they serve. Leaders at all levels play an important role in this process, and in creating an environment in which the effects of trauma and stress can be openly discussed. Senior leaders need to convey strong, clear messages about the importance of addressing trauma and demonstrate genuine commitment. Personnel know when initiatives are treated as ‘tick the box’ exercises. Mid-level managers and operational commanders can also play a key role in normalizing the topic of trauma, modelling responses, and demonstrating that the organization’s intent to address trauma is genuine.

There is no single path for leaders or organizations to realize the importance of trauma. In some cases, leaders’ personal experience of trauma may encourage them to develop organizational responses. In others, pressure for change may come from the outside – for example through external enquiries from organizations that play a role in overseeing the security sector (such as CSOs, ombuds

institutions, or parliamentary commissions) – or from political or public demands to respond to a particularly negative incident involving members of the institution. In some countries, the failure of security institutions to uphold their duty of care regarding staff welfare has led to litigation. Broader national or regional awareness-raising campaigns on mental health may also open spaces for conversations about trauma.

Particularly in the early stages of this process, leaders may require support to reflect on their own experiences of trauma and its impact on their organizations, as well as to explore the potential benefits and risks of various response strategies, including the risks of inaction. This support can come from various sources. Local CSOs, for example, can offer seminars or training to sensitize leaders to the multifaceted ways in which trauma and stress may be affecting personnel and their organization as a whole. International partners can also assist leaders in considering the impacts of trauma and possible responses, drawing from this guide and other relevant resources.¹¹

Part 2: Recognize

Systematically assessing the impact of trauma is essential. Developing a baseline understanding of where the organization is today can provide important insights that inform responses, as well as a benchmark for measuring future progress. These insights can also shed light on the degree to which trauma may be affecting organizational performance and decision-making. Part 2 sets out a methodology for assessing the impacts of trauma, noting that there is no ‘one size fits all’ approach. As with other aspects of the guide, it should be adapted to the local context and culture and an understanding of where the sector is in relation to responding to trauma, which will be different in each case.

In line with the principle of ‘do no harm’, the collection of data that requires personnel to reflect on or disclose difficult experiences should have a clear purpose, namely informing responses. All forms of data collection should include a clear statement of purpose and an explanation of how the data will be used. A useful principle to keep in mind is: *if you ask, you need to act*.

Wherever possible, once information has been collected and analysed, leadership should report back to personnel to explain the actions that will be taken on the basis of this information. Presenting a summary of findings can offer reassurance that the organization takes trauma seriously, especially to those who have participated and shared their own experiences.

Suggested methodologies for data collection are described below. Ideally, a combination of approaches can be used, in order to build a stronger evidence base for future responses.

- Anonymous surveys
- Interviews
- Focus groups
- Organizational data
- Review of external reports
- Review of existing policies

11. See, for example, Annex 1 of this guide, which provides references to other frameworks, survey instruments, and tools that may be useful.

Anonymous surveys

Surveys that protect the identity of respondents are one way to collect information on symptoms that may be an indicator of trauma. These surveys seek to understand the perceptions and experiences of personnel. As rates of responses to voluntary surveys are often low, it is crucial that senior leaders emphasize the importance of completing these surveys to inform effective approaches to addressing trauma, although individuals should ultimately be able to choose whether they participate.

Leaders should also provide reassurance that the surveys will remain anonymous, and that the data gathered will not be used for other purposes. A pre-survey internal communication campaign from leaders can assist by describing the purpose of the survey and offering reassurance that participating will not adversely affect participants' careers.

Collecting data in a way that allows respondents to identify their gender, ethnicity, career field, rank, age, and role, along with other information, can help organizational leadership to better understand patterns or trends in trauma risks/exposure and design appropriate responses. In smaller organizations, there is a risk that this information could facilitate the identification of individual respondents. The value of collecting this information should therefore be weighed against risks of potentially compromising the anonymity of respondents.

Many of the indicative questions in Table 3 are drawn from established assessment tools. Guidance on administering these assessments may need to be revised and questions may need to be tested with a focus group before being used to ensure the survey employs language that is contextually appropriate (National Trauma Transformation Programme et al., 2023; SAMHSA, 2023). Additional information and references to examples of surveys can be found in Annex 1.

Table 3: Possible survey questions

Area	Questions
Individual experience	<ul style="list-style-type: none"> ➤ Demographic information ➤ Rank, role, department, and length of service ➤ Have you been involved in service in combat, conflict, or similar operations? ➤ Have you been exposed to violence (primary) – for example, by responding to incidents or investigating crime scenes involving high levels of violence or fatalities? ➤ Have you been exposed to violence (secondary) – for example, by reviewing evidence of crimes or related material? ➤ Have you witnessed any of the following in yourself or colleagues? <ul style="list-style-type: none"> ■ Sense of isolation or withdrawal ■ Increased use of alcohol or narcotics ■ Loss of energy or motivation ■ Suicidal thoughts ■ Sense of hypervigilance, always being 'on guard' ■ Hypo-arousal (feelings of numbness, dissociation) ■ Intrusive or fragmented memories and flashbacks ■ Insomnia or nightmares ■ Feelings of shame or guilt ■ Inability to concentrate ■ Alterations in cognition (self-perception and perception of others) ■ Disproportionate anger, panic, or anxiety in response to events ■ Lack of impulse control (risk taking, substance abuse, self-destructive behaviour)
Leadership	<ul style="list-style-type: none"> ➤ Is the leadership of your institution aware of the impacts of trauma? ➤ Have they spoken with the organization about this issue? ➤ Does leadership support those who have suffered trauma through their work? ➤ Do they communicate clearly about the resources available for personnel who experience trauma?

Organizational culture	<ul style="list-style-type: none"> ➤ Is it acceptable to seek help for trauma? ➤ Are personnel free to discuss trauma within the institution? ➤ Would accessing help related to mental health be seen as having a positive or negative impact on career progression? ➤ Would you feel confident that requests for help would remain confidential?
Operations	<ul style="list-style-type: none"> ➤ Are debriefs consistently conducted following operations? ➤ Do they identify where personnel may have experienced trauma? ➤ Are those involved in operations given time off following traumatic experiences?
Personnel	<ul style="list-style-type: none"> ➤ Are human resources departments aware of the impacts of trauma? ➤ Do they have policies in place to protect and support those who have suffered trauma?
Support	<ul style="list-style-type: none"> ➤ Are there diverse and accessible ways to seek support that allow anyone seeking support to choose how, when, and with whom they feel most comfortable discussing their experiences? ➤ If a colleague was suffering from the impacts of trauma, would you know how to help? Would you feel confident in offering assistance? If not, why not?
Training	<ul style="list-style-type: none"> ➤ Is training available on trauma, stress, and related topics?
Planning	<ul style="list-style-type: none"> ➤ Is trauma mentioned in institutional planning? ➤ Is trauma mentioned in operational planning?
Oversight	<ul style="list-style-type: none"> ➤ Is trauma a part of oversight mechanisms? ➤ Do oversight institutions understand the impacts of trauma on your organization?
Legislative	<ul style="list-style-type: none"> ➤ Are there legal frameworks in place that include support for trauma and mental health? ➤ Do they specifically mention your organization?
External engagement	<ul style="list-style-type: none"> ➤ In your field of work, what other agencies are involved in addressing trauma?

Interviews

Semi-structured interviews can play an important role in deepening the organization's understanding of the impacts of trauma. They can not only explore similar themes to those covered in surveys, but also offer insights that may be more difficult to derive from survey data, including barriers to seeking help. They can also serve as a useful complement to surveys, expanding on key themes that emerge from analysing survey data.

Interviews should be conducted with a cross-section of staff from different ranks, backgrounds, and parts of the organization. Staff from human resources departments or welfare units, for example, will be able to provide different insights than those working on training and education or managing operations. Exit interviews conducted with employees leaving the organization can also provide important insights. Similarly, it can be helpful to interview former members of staff, who may offer different perspectives on how their experiences have affected them both prior to and following their separation from service.

Interviews with external partners can also provide valuable insights. Potential interviewees may include representatives of ministries working on health, social welfare, or women's affairs; CSOs and academic institutions working on trauma and mental health; and local communities. Organizations such as the police may also have community advisory boards or groups that can be consulted. Interview results should be anonymized, unless the interviewees have given their explicit consent to use their names.

Focus groups

Like interviews, focus groups can be helpful in developing a deeper understanding of the experiences and effects of trauma. They may be useful in generating a wider range of insights, including into group dynamics. Groups should be composed in a way that will facilitate open discussions, with attention given to issues such as rank, gender, and organizational position (e.g. leader vs. staff) that may affect participants' willingness to speak about difficult experiences. Facilitators of focus groups must establish clear agreements with participants regarding confidentiality and the non-attribution of statements.

Organizational data

Existing organizational data can offer important insights. Many security institutions collect information on sick days, incidents of desertion, or reasons for separation from service. Related data can be helpful in understanding the scope/scale of the impacts of trauma and stress, as well as key patterns that may indicate units or populations within the organization that are at higher risk.

Suggested data should be disaggregated by gender, ethnicity, career field, rank, age, and role, wherever possible, and include the following:

- sick days, disaggregated by reasons, both short-term and long-term;
- reasons for leaving the organization, both enforced and voluntary, including early separation/retirement and desertion;
- health, both self-reported and organizational;
- complaints, both internal (from personnel) and external (from community members or other external stakeholders);
- incidents of use of force, particularly where there are personnel who repeatedly receive accusations of excessive use of force;
- reports from operations/incident responses;
- annual performance review data;
- promotion data, which can provide insights into the correlation (both positive and negative) between trauma and career advancement;
- data from surveys on staff satisfaction, well-being, or welfare; and
- data from other organizational reform processes, for example related to human resource management or gender integration.

In addition, there are sometimes emblematic, public cases in which trauma has visibly affected members of security institutions. Case studies that trace the experiences/career trajectories of these individuals can also be of use in better understanding and illustrating the short- and long-term effects of trauma.

Reports from other organizations

External reports can be another valuable source of information and provide broader insights related to trauma in society, as well as regional, national, or local initiatives being undertaken to address trauma.

- Ministries/departments of health may hold reports on national levels of mental health, trauma, and well-being.
- Local academic institutions may have published studies on trauma and mental health.
- International organizations may also have conducted studies on trauma and mental health in the country.
- Ministries/departments of women's affairs or CSOs may have issued reports on gender-based violence that include insights regarding the influence of trauma.
- Think-tanks or CSOs may publish reports on tensions or grievances between the security sector and local communities.
- Public perception surveys may offer insights into where trauma is an issue, especially when data is disaggregated by geographic location and demographics.

Part 3: Respond

When the impacts of trauma are understood, there are a range of ways in which security sector institutions and their partners can respond. What is appropriate and realistic will vary according to the cultural and organizational context and be shaped by the resources that are available.

Part 3 offers a range of responses to explore, a number of which can (1) be implemented with limited resources and (2) build on existing planning, management, and operational processes.

Table 4: Recommended actions (Respond)

Area	Questions
Leadership	<ul style="list-style-type: none"> ➤ Leaders play a consistent and active role in acknowledging and increasing awareness of: <ul style="list-style-type: none"> ■ the prevalence of trauma, stress, pressure, and adversity for the individual employee (which may include work-related as well as personal trauma); ■ aspects such as secondary or vicarious trauma, compassion fatigue, moral injury, and burnout; and ■ ways in which workplace culture and narratives can influence how personnel feel about their emotional well-being. ➤ Leaders play a consistent and active role in normalizing discussion of trauma and modelling behaviours that demonstrate that trauma is real and affects personnel at all levels.¹²
Organizational culture	<ul style="list-style-type: none"> ➤ Leaders at all levels encourage personnel to talk about their range of experiences and seek help when needed. Where required, internal communication campaigns aid in the development of a culture in which it is acceptable to acknowledge trauma. ➤ Spaces exist to discuss and acknowledge: <ul style="list-style-type: none"> ■ where the organization itself may have experienced trauma in the past (through the loss of personnel, continued political pressure or public criticism, or other factors); and ■ how trauma may have affected organizational policies, culture, and decision-making. ➤ The organization makes conscious decisions about how to discuss trauma. Some may prefer to frame discussions in terms of welfare, with an emphasis on positive outcomes for personnel, while focusing on mental health or trauma may be more appropriate for others.
Operations	<ul style="list-style-type: none"> ➤ Incident responses, patrols, and other missions are followed by debriefing procedures that can (1) identify possible exposure to trauma and (2) connect personnel with other resources where needed.¹³ ➤ Specific operational procedures (e.g. staff consultations with psychologists following high-risk operations) are made obligatory to reduce the risk that individuals will feel singled out or be forced to choose whether to seek support.

12. As one example, General Sir Patrick Sanders, former head of the British Army, voiced his own experiences of trauma that led him to have suicidal thoughts due to dealing with the grief and memories of being on operations where 'we had lost a lot of friends', combined with feelings that work was not going well and 'ups and downs in personal relationships with family or friends', acknowledging that 'it is never the one thing' (Moynihan and Grzeszczyk, 2023).

13. For examples, see the UK's Trauma Risk Management Policies (Parker, 2011) or Scotland's (Police Scotland, 2021).

Personnel	<ul style="list-style-type: none"> ➤ Regular and varied ways exist to monitor well-being, including: <ul style="list-style-type: none"> ■ surveys, anonymous questionnaires, focus groups, one-on-one conversations, reflection spaces (such as with a qualified clinician, coach, or mentor), and the use of standardized measures to monitor levels of secondary and vicarious trauma; and ■ confidential and accessible channels for personnel to express concerns and provide feedback to leadership on issues related to trauma and stress. ➤ Organizational policies offer adequate leave/time off, flexible work, and other measures that can reduce stress or support a return to normal duties. ➤ Psychological tests administered during recruitment/screening processes assess possible trauma exposure and its impacts.
Support	<ul style="list-style-type: none"> ➤ Personnel have access to mental health practitioners – including, where needed, trauma experts who: <ul style="list-style-type: none"> ■ are skilled in addressing all forms of trauma, not just those diagnosed with PTSD; and ■ understand the specific culture and challenges of the security sector. ➤ Protocols are in place to ensure confidentiality and protect personnel when seeking and/or receiving support. ➤ Staff members who are formal/informal mentors or ‘go to’ people (those to whom peers tend to turn in case of problems) receive additional training on recognizing and responding to trauma, helping to strengthen peer-support networks that provide an outlet for colleagues to share concerns or difficult experiences in a non-clinical setting.
Training	<ul style="list-style-type: none"> ➤ All members of the organization are trained on: <ul style="list-style-type: none"> ■ the signs of trauma and its impact on both professional and personal experiences in areas as varied as the use of force, perception of risk, decision-making, impulse control, memory recall, family relationships, and lifestyles (e.g. alcohol use); ■ practical coping strategies for nervous system regulation and reducing stress, offering ‘anchors of safety’ both during and after difficult events; and ■ the menu of support options available to them within and outside the organization. ➤ Leaders receive: <ul style="list-style-type: none"> ■ tailored training and support to help them recognize and respond to trauma/emotional distress in their organization and, where needed, play an active role in de-stigmatizing help-seeking; ■ specific training on ways to have trauma-informed conversations and to discuss potentially uncomfortable topics related to emotional well-being; ■ training on how to create a sense of belonging so all members feel connected and supported within their work community; and ■ training related to trauma/stress that is presented as being similar to training on physical fitness or operational skills (i.e. as tools that are essential for individual and organizational performance).
Planning	<ul style="list-style-type: none"> ➤ Data on trauma is collected consistently to build an evidence base that can inform (and help advocate for resources for) future responses. ➤ The development process for (proposed) trauma responses includes a realistic estimation of required resources and lower and higher budget options where necessary.
Oversight	<ul style="list-style-type: none"> ➤ Internal and external oversight bodies are made aware of the impacts of trauma on the security sector through various means, including sharing (where appropriate) the results of analysis completed in Part 2 – Recognize
Legislative	<ul style="list-style-type: none"> ➤ Leaders are aware of relevant laws (for example, related to employee rights or duty of care) and put in place plans to implement them fully within the institution. ➤ Personnel are aware of their right to receive care for trauma and for mental/moral as well as physical injury

External engagement

- Traumatic experiences of security institutions and communities are named and acknowledged. Where appropriate, this includes the acceptance of responsibility, meaningful apologies, and the development of a shared commitment to address the factors that led to these experiences.
- Training, mission briefs, and discussions:
 - acknowledge the impact of collective and community trauma on relationships between security institutions and the public – this might include historical and inter-generational trauma as well as more recent sources of trauma such as high levels of violence and conflict; and
 - help personnel recognize signs of trauma in the communities they serve.
- Operations are planned and executed in a way that acknowledges the trauma communities face and strives to minimize harm. This may include:
 - interview techniques that avoid language that could be perceived as blaming individuals for what they did or did not do, see, or recall – for example, ask ‘Could you tell me more about what happened when...?’ rather than ‘Why did you...?’ (International Association of Chiefs of Police, 2020);
 - communication protocols that emphasize clarity/simplicity and use graphics or templates where needed, rather than overwhelming survivors with jargon and complex bureaucratic processes (Baldwin et al., 2023);
 - interactions with communities that allow adequate time to build rapport and ask open questions, rather than rushing to extract key information;
 - when working with survivors of sexual and gender-based violence, ensuring personnel are trained in supportive, empathic approaches that not only avoid ‘victim blaming’ and forcing repeated re-telling of traumatic experiences, but also allow survivors to engage at their own pace, protect their confidentiality, and connect them with other forms of support where needed (International Association of Chiefs of Police, 2020); and
 - protocols for the use of force that acknowledge the ways in which trauma may shape individual and organizational assessment of risks.
- Security sector public relations offices, as well as local media and CSOs, are sensitized to the importance of reporting on positive developments (e.g. progress in crime reduction or community engagement programmes) as well as problems.

Part 4: Resist

Resisting re-traumatization can be challenging in a sector that is regularly exposed to traumatic experiences. While risks of trauma can never be eliminated entirely, it is useful to remember that the negative impacts of traumatic events are not inevitable. A range of concrete tools and approaches have been developed to support the regulation of the nervous system and the processing of traumatic experiences.¹⁴ Strong and cohesive teams, which tend to be most effective in security sector operations, can also be a key source of resilience – pointing to the importance of examining organizational culture and leadership styles as part of longer-term efforts to build organizational resilience.

Part 4 focuses on steps that can assist in building resilience and embedding trauma-informed approaches in organizational culture. Responses to trauma must be integrated into organizational policies and procedures to provide stability and ensure they survive leadership transitions. Over the longer term, it is essential to not only

destigmatize but also ‘demystify’ topics such as trauma and stress by mainstreaming them in training and professional development. Doing so can help institutions to mitigate related risks and address their impacts, actively managing them as they would other risks.

Several of the steps below require action on the part of external partners, underscoring the importance of partnerships in acknowledging and addressing the impacts of trauma in the security sector. More broadly, it is important to keep in mind that trauma is often systemic in nature, affecting communities, institutions, and society as a whole. It is shaped by patterns of violence, conflict, marginalization, and discrimination that are not the sole responsibility of the security sector to resolve. Ultimately, efforts to resist or prevent trauma in the security sector will benefit from society-wide approaches that acknowledge and address systemic causes of trauma.

Table 5: Recommended actions (Resist)

Area	Questions
Leadership	<ul style="list-style-type: none"> ➤ Leaders: <ul style="list-style-type: none"> ■ are trained to understand how trauma affects performance, and adapt their leadership styles accordingly; ■ create, maintain, and reinforce a fair and respectful organizational culture and prevent hostility, bullying, hazing, harassment, abuse, and violence within the organization; ■ create regular opportunities for dialogue with personnel and monitor how command decisions affect morale and welfare; and ■ foster a sense of belonging and stability that can help to reduce anxiety in the face of organizational changes.
Organizational culture	<ul style="list-style-type: none"> ➤ The organization actively analyses, plans, and communicates on issues regarding trauma, and has dedicated champions at all levels to raise awareness, reduce stigmas, and advocate for effective responses. ➤ Decisions are made transparently and consistently, individual strengths and capacities are acknowledged, and personnel have input into key decisions – fostering trust in the organization. ➤ A culture of open dialogue is cultivated, with attention to body language, non-verbal communication, and active listening skills. ➤ Personnel feel safe to share experiences or raise concerns (e.g. regarding resource constraints, workloads, and other pressures) without fear of negative repercussions. ➤ Respectful internal communication and shared values contribute to building a cohesive organization that supports members of all ranks. ➤ When incidents occur that affect the credibility and reputation of the organization, leaders at all levels speak clearly, openly, and immediately; explain what steps are being taken in response; and communicate lessons learned to prevent recurrence

Operations	<ul style="list-style-type: none"> ➤ Operational planning focuses where possible on the prevention of trauma for security sector personnel and the community, which may require: <ul style="list-style-type: none"> ■ building partnerships with community-based organizations that can orient security institutions to community histories and local culture; and ■ providing training on non-violent communication and de-escalation techniques, increasing the range of approaches available when conducting operations in different contexts. ➤ Rotation schemes are developed for high-risk missions to reduce emotional saturation and provide time for recovery.
Personnel	<ul style="list-style-type: none"> ➤ Guidelines exist to manage: <ul style="list-style-type: none"> ■ how decisions are made regarding the type of support an individual requires; ■ potentially difficult situations that emerge when individuals need to be taken off duty (through specific protocols where necessary); ■ measures taken to support those returning to work after an incident (reintegration); and ■ how lessons learned are captured and integrated in daily practice (for example, from specific incidents or the resignation of police officers). ➤ Trauma responses are integrated as a permanent part of social welfare and other relevant policies, creating obligations that can be monitored by professional associations and oversight bodies. ➤ Performance evaluations and promotion systems: <ul style="list-style-type: none"> ➤ avoid penalizing personnel for seeking support; ➤ reward emotional intelligence as well as operational performance; and ➤ incentivize a focus on welfare. ➤ Processes exist to support managers in evaluating where trauma may be contributing to poor performance or misconduct, ensuring disciplinary measures are balanced with positive support and treatment where needed. ➤ Families of service members are included in and supported by the organization, with an appreciation for the role they play as a key part of service members' informal support systems; leaders engage with families and ensure they have access to information on trauma risks and how to seek help when needed, whether for service members or themselves.
Support	<ul style="list-style-type: none"> ➤ Support protocols are designed to facilitate direct and easy access, rather than forcing those seeking support to repeat their stories to multiple departments/officials before finally receiving help. ➤ Recognizing that what works in treating trauma may differ from one individual to the next, a range of options (both internal and external to the organization) are available and communicated to personnel. These can range from clinical support and peer groups to nature-based therapies, mind-body practices, and community activities (ceremony/rituals, theatre), among others. ➤ A diverse range of counterparts are available for personnel to speak with, allowing them to choose with whom they are most comfortable sharing their story. ➤ Multidisciplinary teams (organizational welfare departments, psychologists, psychiatrists, social workers) interact regularly with personnel – building trust, identifying early signs of trauma, and contributing to trauma prevention. ➤ Means of support are reviewed annually to ensure they are accessible, sufficient in scope, effective in addressing and preventing the impacts of trauma, and adequately resourced.

Training	<ul style="list-style-type: none"> ➤ Where possible, training on trauma/stress is not standalone, but integrated into relevant elements of the curriculum – including but not limited to the use of force, public disorder, hostage situations, combat operations, disaster response, crime scene investigations, and community engagement – and comprises: <ul style="list-style-type: none"> ■ practical tools to prepare for the mentally/emotionally as well as physically challenging aspects of specific contexts, including making decisions under stress; and ■ practical scenarios, crisis response drills, and tabletop exercises that incorporate the emotional and ethical dimensions of operations. ➤ Training for new members of the organization explicitly addresses the likelihood of traumatic experiences and how to prepare, recognize, and respond. ➤ Courses for leaders and managers at all levels include an emphasis on the effects of trauma/stress and options for supporting team members. ➤ Training on understanding and regulating one's own nervous system is implemented as part of ongoing training across academies and continuous training mechanisms, offering 'anchors of safety' when personnel are in difficult situations both during and after events.
Planning	<ul style="list-style-type: none"> ➤ Organizational development plans and budgets integrate goals related to welfare and mitigating trauma risks, and financial resources are earmarked to prevent reductions or the reallocation of resources to other budget lines. ➤ Staffing requirements are regularly reviewed to identify where pressures such as excessive overtime may be exacerbating risks related to trauma and stress. ➤ Periodic surveys or other tools allow leadership to monitor operational areas (e.g. the use of force) or units (e.g. combat units) that may be at higher risk of being affected by trauma. ➤ Leadership understands and actively plans to address the potential impact of political transitions, particularly where new political agendas envision major changes to the organization.
Oversight	<ul style="list-style-type: none"> ➤ Periodic inspections include a review of practices/procedures relevant to mitigating trauma risks (e.g. staffing, debriefing procedures, regularity of command surveys or similar practices, access to mental health support options). ➤ Parliamentary oversight committees, ombuds institutions, and other oversight actors are aware of the effects of trauma on the security sector and provide support by: <ul style="list-style-type: none"> ■ ensuring security sector budgets provide resources to fulfil the duty of care related to employee welfare; ■ offering additional resources (e.g. expertise) to develop effective responses to trauma and stress; and ■ holding security institutions accountable for the (psychological as well as physical) safety and wellbeing of their personnel. ➤ Oversight processes encourage leadership to report on steps taken to address trauma and promote well-being and to recognize organizational progress and improvements, not just failures and gaps. ➤ Elected leaders engage in constructive dialogue with security sector institutions, particularly where political agendas call for major reforms – topics may include the potential repercussions of leadership changes, the morale and welfare of members of security institutions, and strategies for acknowledging the positive contributions of the specific institutions (in addition to highlighting where improvements are needed).
Legislative	<ul style="list-style-type: none"> ➤ National legislation and policy frameworks (e.g. labour laws or public health policies): ➤ create a duty of care that includes psychological as well as physical well-being; ➤ address the provision of appropriate care and compensation for security sector employees who experience work-related trauma; and ➤ help to ensure resources are provided to address the impacts of trauma and stress.

External engagement

- Protocols for individuals seeking help from the organization (e.g. victims of crimes) are designed to avoid re-traumatization. This may include:
 - considering previous experiences that members of marginalized communities may have had with government institutions;
 - facilitating direct and easy access to organizational representatives with whom individuals may be most comfortable sharing their stories (considering gender, language, or ethnicity, for example); and
 - avoiding lengthy bureaucratic procedures in which individuals have to describe traumatic experiences repeatedly.
- Particularly for organizations such as the police, mechanisms are in place to work with community organizations and other government agencies to:
 - recognize signs of trauma and refer to other agencies as needed; and
 - support and contribute to public campaigns related to mental health, domestic violence, drug and alcohol use, and other societal challenges that may both stem from and contribute to collective trauma.
- Security institutions have:
 - an intentional commitment to examining the biases and inequalities that affect different communities, and can affect social cohesion;
 - an awareness of how certain behaviours, words, equipment, uniforms, or actions might affect community members;¹⁵
 - effective approaches for listening to and learning from communities and their needs, concerns, and ideas related to security;
 - community projects or other means of developing a more positive presence and 'humanizing' the security sector within communities; and
 - a commitment to developing security institutions that represent the communities they serve.

15. For a contextualized example of what this awareness can look like in practice, see Garcia et al. (2018).



Section 4: Implementation

Practical steps for implementing this guide

The ten steps below provide a brief overview of process design and project management considerations that will be helpful in implementing the four phases described above.

Realize:

- 1) **Identify champions**, both internally and externally to the institution, who will be the flag bearers of the project, determining their training needs and the time required for them to play an effective role. Ideally, champions should be identified at multiple levels of management – from strategic (to aid buy-in and the allocation of resources) to technical (to lead the early development, and eventual implementation, of project plans). They should include direct line supervisors and colleagues in operational roles who are respected by their peers.
- 2) Ensure full approval and **support from senior leadership**, including a commitment to address key findings of subsequent phases, and to clearly communicate that (i) insights shared by personnel will be kept confidential where needed and (ii) participating in assessments and the development of responses will not have negative career implications.

Recognize:

- 3) Develop **working groups** with representation from across the organization, ensuring diversity in terms of department, rank, gender, and other factors to make sure the approaches developed represent the needs of all members of the organization. Train working group members on trauma and trauma-informed approaches and ensure they have adequate time and capacity to support the process. Conduct an initial analysis of the resources required for each phase, and analyse where and when support from external partners may be needed.
- 4) Agree on the **data collection methodology** to be used and the associated capacity and analytical resources (internal or external) required to responsibly collect and analyse data. Consider the profiles of experts who may be needed to support the process, seeking advice from external partners where required. Identify potential data collection risks and mitigation measures. Collect data and design a reporting format to convey the results of data collection/analysis to senior leaders.

- 5) **Present findings** to leadership and personnel across all ranks to build a broad understanding of the importance of trauma and create buy-in for next steps. Where appropriate, consider sharing findings with other national and international partners such as universities, CSOs, international organizations, or donors, which may provide additional resources, expertise, or insights.

Respond:

- 6) Building on the analysis in the previous phase, **identify clear goals** for responding to findings from that phase. Develop short- and mid-term plans that identify realistic steps to be taken in specific areas (e.g. personnel management), specifying indicators, responsible officials/departments, timelines, and required resources. Monitoring frameworks should be kept as simple as possible and aid in steering the project, using trusted and accessible data. Assign managers to steer the implementation process, regularly check progress across different domains, and clearly communicate successes/progress.
- 7) Consider which **existing organizational resources** may be helpful in addressing trauma. Every organization will have some resources, systems, and processes in place that, while often in need of being adapted or strengthened, can be used to respond to the findings of the previous phase. In other words, do not assume the organization is starting from nothing, but instead consider how to leverage what is already available and make use of existing resources and expertise.
- 8) Mainstream trauma awareness throughout the organization. **Train leaders/managers at all levels** to recognize signs of trauma and put in place basic steps they can take to support personnel exposed to traumatic experiences. Where personnel trust one another and managers to provide support in difficult times, this can significantly enhance resilience and contribute to reducing the negative impacts of trauma.

Resist:

- 9) Building on experience gained during the Respond phase, examine where deeper or longer-term reforms may be needed to prevent or mitigate future trauma risks, such as in the areas of organizational culture or leadership styles. Consider how to **institutionalize progress**, rather than relying on the (potentially temporary) support of individual leaders. Reflect related goals/resources in primary organizational development plans and budgets, rather than in special project funds or initiatives.
- 10) Periodically review progress towards stated goals and ensure that resources remain available to collect and analyse relevant data. Strengthen **accountability** by ensuring internal inspections and external oversight mechanisms focus on trauma risks and personnel welfare.

Planning and prioritization

There is no 'one size fits all' approach to developing organizational responses to trauma. No institution has the resources to address all challenges simultaneously, and this is certainly true when it comes to addressing trauma. The steps described in [Part 2](#) (Recognize) are designed not only to increase awareness of trauma impacts, but also to help leaders prioritize areas that may require more urgent attention. The actions described in [Part 3](#) (Respond) require varying levels of resources (time, budget, and effort), but are generally intended to highlight steps security institutions can take in the short- to medium-term to respond to pressing challenges. [Part 4](#) (Resist) describes actions that may be longer term in nature, focused on creating lasting changes to organizational culture and the broader system that supports and influences the security sector.

Among these actions, it is worth highlighting that building the capacity of leaders and peer support networks to openly discuss trauma, and to recognize its symptoms, can be an effective and relatively low-cost strategy. Normalizing discussions of trauma and mental health can play a key role in reducing stigma and shifting organizational cultures away from 'suffering in silence'. This does not, however, eliminate the need for specialized clinical expertise, and, ultimately, organizations need to weigh the potential benefits and risks of different support options, whether relying primarily on external clinical expertise, seeking to build internal expertise, or strengthening peer support systems. Nevertheless, members of security institutions often appreciate opportunities to discuss adverse experiences with trusted peers, counterparts, or mentors who understand the mission, culture, and values of the organization.

Partnerships

Partnerships can be an important resource and enabler, ideally helping to reduce the burden placed on individual institutions and potentially contributing to creative and lower-cost solutions. Implementing the different phases described in Section 3 may require partnerships between security institutions and organizations that specialize in providing psychological or other relevant forms of support.

Importantly, local partners can provide support that is grounded in an understanding of the culture, norms, and beliefs that shape local experiences of and responses to trauma. At the same time, it is also helpful for experts outside the security sector to invest time and effort in getting to know security sector organizations – their values, how they work, the pressures they face, and the language they use. Otherwise, they may risk alienating their counterparts rather than building the rapport needed to provide effective support.

While building more specialized or tailored psychological support capacity within security institutions may be an important goal, community- or national-level mechanisms for providing psychological support can also offer practical avenues for members of the security sector. Ultimately, each organization will need to weigh the potential costs and benefits of different options and consider how to put in place a range of resources to meet different needs.

Oversight actors such as parliamentary commissions, ombuds institutions, or CSOs can play a valuable role in putting issues of security sector health and well-being on the public agenda. International partners can also provide support including expertise, methodologies, and resources. Where international partners are engaged, it is critical to acknowledge the systemic nature of trauma, which demands not only short-term interventions, but also sustained engagement to address broader factors that may be driving violence, conflict, and dispossession.

Conclusion

This guide has been developed as a foundational resource for addressing trauma in the security sector. It is not intended to be exhaustive, nor is it a clinical manual that replaces the need for psychological expertise. Instead, it aims to provide security institutions and their leadership with practical guidance and tools to assess, understand, and respond to the impacts of trauma on personnel, the organization as a whole, and the institution's ability to operate effectively within and alongside communities.

As trauma is experienced, described, and addressed differently in different cultures and contexts, the guide is also intended to be adapted as needed, using the language and entry points that are most appropriate in a specific context or institution.

There is still much to be learned about responding effectively to and preventing trauma in the security sector. DCAF looks forward to supporting learning and exchanges, and potentially building on this guide with new tools and approaches, as security institutions continue to work and share knowledge on this important topic.



Bibliography

- Aeberhard, Peter, Abigail Robinson, and Dan Hales, *Addressing Trauma as a Missing Element in Security Sector Governance and Reform: Perspectives on Trauma-Informed Policing* (Geneva: DCAF, 2024).
- Baldwin, David V., 'Trauma Pages', Trauma Pages (accessed 27 October 2025).
- Baldwin, Melinda et al., *Trauma-Informed Disaster Response Course* (Washington, DC: Office of Management and Budget, 2023).
- Bangasser, Debra A., Samantha R. Eck, and Evelyn Ordoñez Sanchez, 'Sex Differences in Stress Reactivity in Arousal and Attention Systems', *Neuropsychopharmacology*, Vol. 44: No. 1 (January 2019), pp. 129-139.
- Buhrig, Ryan, 'The Intersection of Masculinity and Mental Health in Police Organizational Culture', *Journal of Police and Criminal Psychology*, Vol. 38: No. 3 (2023), pp. 743-753.
- Canadian Armed Forces, *Road to Mental Readiness Aide Memoire* (Ottawa: Department of National Defence, 2023).
- Castro-Vale, Ivone et al., 'Intergenerational Transmission of War-Related Trauma Assessed 40 Years after Exposure', *Annals of General Psychiatry*, Vol. 18: No. 1 (9 August 2019), pp. 1-14.
- Centre for Social Justice, *Military Families and Transition* (London: Centre for Social Justice, May 2016).
- Civilotti, Cristina, Giulia Di Fini, and Daniela A. Maran, 'Trauma and Coping Strategies in Police Officers: A Quantitative-Qualitative Pilot Study', *International Journal of Environmental Research and Public Health*, Vol. 18: No. 3 (2021), pp. 1-15.
- Christiansen, Dorte M. and Ask Elklit, 'Risk Factors Predict Post-Traumatic Stress Disorder Differently in Men and Women', *Annals of General Psychiatry*, Vol. 7: No. 1 (2008), p. 24.
- Clary, Kelly Lynn, Stephany Pena, and Douglas C. Smith, 'Masculinity and Stigma among Emerging Adult Military Members and Veterans: Implications for Encouraging Help-Seeking', *Current Psychology*, Vol. 42: No. 6 (2023), pp. 4422-4438.
- College of Policing, *Responding to Trauma in Policing* (London: College of Policing, 2018).
- College of Policing, *Responding to Trauma in Policing* (London: College of Policing, 2020).
- Comisión Ejecutiva Confederal de UGT, *Prevención de Riesgos Psicosociales en las Fuerzas y Cuerpos de Seguridad del Estado: Guardia Civil y Policía Nacional*, 1st edn. (Madrid: UGT, December 2010).
- Community Based Sociotherapy Rwanda (CBS Rwanda), 'The Tujyane Project Has Successfully Closed: A Call for Continued Cooperation to Scale Up Activities That Foster Social Cohesion and Sustainable Development in Rwanda' (2 February 2023).
- Corrigan, Frank M., Joseph J. Fisher, and David J. Nutt, 'Autonomic Dysregulation and the Window of Tolerance Model of the Effects of Complex Emotional Trauma', *Journal of Psychopharmacology*, Vol. 25: No. 1 (Oxford, 2011), pp. 17-25.
- Cumberland Council, 'Chapter 3: Understanding Trauma and Adversity's Impact on Mental Health' in *Cumberland Public Health Annual Report, 2023/4* (Cumberland: Cumberland Council, May 2024).
- DCAF – Geneva Centre for Security Sector Governance, *Quick Reference Guide: Entry Points for Addressing Trauma in Police Reform Programmes* (Geneva: DCAF, 2024).
- DCAF – Geneva Centre for Security Sector Governance, *Security Sector Reform. SSR Backgrounder Series* (Geneva: DCAF, 2019).
- de Vries, Giel-Jan and Miranda Olf, 'The Lifetime Prevalence of Traumatic Events and Posttraumatic Stress Disorder in the Netherlands', *Journal of Traumatic Stress*, Vol. 22: No. 4 (30 July 2009), p. 25967.
- Garcia, Diana et al., *Transcending the Long Path* (Geneva: DCAF, 2018).
- González Larenas, Claudia, 'Salud Mental Institucional', *Revista de Marina*, Vol. 141: No. 998 (29 February 2024). <https://doi.org/10.1002/jts.20429>
- Grinsill, Rory et al., 'Prevalence of Complex Post-Traumatic Stress Disorder in Serving Military and Veteran Populations: A Systematic Review', *Trauma, Violence & Abuse*, Vol. 25: No. 4 (2024), pp. 3377-3387.

Hom, Melanie A. et al., 'A Systematic Review of Help-Seeking and Mental Health Service Utilization among Military Service Members', *Clinical Psychology Review*, Vol. 53 (April 2017), pp. 59-78.

Instituto de Seguridad Social para las Fuerzas Armadas Mexicanas (ISSFAM), *Manual Operacional del Programa de Atención en Salud Mental en las Fuerzas Armadas Mexicanas* (Mexico City: ISSFAM with SEDENA, SEMAR, and CARE, 2022).

Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (Geneva: IASC, 2007).

International Association of Chiefs of Police, *Successful Trauma-Informed Victim Interviewing* (Alexandria, VA: International Association of Chiefs of Police, June 2020).

Jemberie, Daniel et al., 'Prevalence and Predictors of Post-Traumatic Stress Disorder Following Major Trauma in New Zealand', *Injury*, Vol. 56: No. 9 (September 2025).

Maercker, Andreas et al., 'Complex Post-Traumatic Stress Disorder', *The Lancet*, Vol. 400: No. 10345 (2022), pp. 60-72.

Ministerio de Defensa de España, *Psicología en las Fuerzas Armadas* (Madrid: Ministerio de Defensa de España, 2012).

Moynihan, Jonathan and Sian Grzeszczyk, 'Take the Risk – Ask for Help, British Army Chief Says, as He Talks of His Own Mental Health Struggles', *Forces News* (14 September 2023).

National Trauma Transformation Programme et al., *A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland* (Edinburgh: National Trauma Transformation Programme, November 2023).

Otto, Douglas H. and Alysson Gatens, *Addressing Police Officer Stress: Programs and Practices* (Chicago, IL: Illinois Criminal Justice Information Authority, 17 May 2022).

Parker, Nick, 'Land Forces Standing Order No. 3217: Trauma Risk Management (TRiM) Army Policy' (Andover: UK Ministry of Defence, August 2011).

Pattyn, Elise, Mieke Verhaeghe, and Piet Bracke, 'The Gender Gap in Mental Health Service Use', *Social Psychiatry and Psychiatric Epidemiology*, Vol. 50: No. 7 (2015), pp. 1089-1095.

Perkins, Gráinne, 'Shedding Light on the Hidden Epidemic of Police Suicide in South Africa', *The Conversation* (22 March 2016).

Police Scotland, 'Trauma Risk Management', Version 7.00 (Edinburgh: Police Scotland, 20 August 2021).

Porges, Stephen W., *The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe* (New York: W. W. Norton & Company, 2017).

Richardson, Amy et al., 'Risk and Protective Factors for Post-Traumatic Stress among New Zealand Military Personnel: A Cross-Sectional Study', *PLoS One*, Vol. 15: No. 4 (2020), pp.1-16.

Rogers, Rachel, 'Male Police Officers' Mental Health: The Double-Edged Sword of Masculine Identities', Doctoral Dissertation, Lancaster University (2025).

Ruta Pacífica de las Mujeres, 'Ruta Pacífica de las Mujeres — Feminists and Pacifists Making the Impacts of War Visible', *Mempaz: Memories from the Margins* (accessed 6 November 2025).

Secretaría de la Defensa Nacional, *Memoria Documental: Desarrollo de la Moral y Bienestar del Personal Militar y sus Familias (MD-01)* (Mexico City: Secretaría de la Defensa Nacional, 2024).

Shelley, Tara O'Connor, Melissa Schaefer Morabito, and Jennifer Tobin-Gurley, 'Gendered Institutions and Gender Roles: Understanding the Experiences of Women in Policing', *Criminal Justice Studies*, Vol. 24: No. 4 (2011), pp. 351-367.

Substance Abuse and Mental Health Services Administration (SAMHSA), *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

Substance Abuse and Mental Health Services Administration (SAMHSA), *Practical Guide for Implementing a Trauma-Informed Approach* (Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration, 2023).

Syed, Shabeer et al., 'Global Prevalence and Risk Factors for Mental Health Problems in Police Personnel: A Systematic Review and Meta-Analysis', *Occupational and Environmental Medicine*, Vol. 77: No. 11 (2020), pp. 737-747.

Thériault, François L. et al., 'Mental Health Service Use in Depressed Military Personnel: A Systematic Review', *Military Medicine*, Vol. 185: Nos. 7-8 (2020), pp. e1255-e1262.

Treisman, Karen, *PSDP – Resources for Managers of Practice Supervisors: A Spotlight on Organisational Trauma: The System as the Client* (London: Department for Education, 2020).

United Nations Children's Fund (UNICEF), *Trauma Informed Approach: An Introductory Handbook* (Skopje: UNICEF North Macedonia, April 2022).

University of Kansas Health System, 'Why Does Stress Happen?', Turning Point Resilience Toolbox (accessed 27 October 2025).

Van der Kolk, Bessel A., *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Penguin Books, 2015).

van Dyk, G.A.J., *Military Psychology for Africa* (Pretoria: Sun Media, 2016), pp. 178-187.

Violanti, John and Andrea Steege, 'Law Enforcement Worker Suicide: An Updated National Assessment', *Policing: An International Journal*, Vol. 44: No. 1 (January 2021), pp. 18-31.

Violanti, John M., Cynthia F. Robinson, and Rui Shen, 'Law Enforcement Suicide: A National Analysis', *International Journal of Emergency Mental Health*, Vol. 15: No. 4 (2013), pp. 289-297.

Visser, Irene, 'Trauma in Non-Western Contexts', in J. R. Kurtz, ed., *Trauma and Literature*, 1st edn. (Cambridge: Cambridge University Press, 2018), pp. 124-139.

Voith, Laura A. et al., 'Using a Trauma-Informed, Socially Just Research Framework with Marginalized Populations: Practices and Barriers to Implementation', *Social Work Research*, Vol. 44: No. 3 (16 October 2020), pp. 169-181.

Walker, Ruby. J., 'Polyvagal Theory' (last adapted April 2025), Southwest Trauma Training (2018). Adapted from C. Sanders, P. Levine, A. 'Twig' Wheeler, and S. Porges.

Walters, Karina L. et al., 'Displacement and Disease: Land, Place, and Health Among American Indians and Alaska Natives', in Linda M. Burton et al., eds. *Communities, Neighborhoods, and Health: Expanding the Boundaries of Place* (New York: Springer, 2011), pp. 163-199.



Annex 1: Additional resources

Analytical tools

Questionnaires/assessments	
<i>International Trauma Questionnaire (ITQ)</i> by Novo Psych, Australia	As an 18-item self-report, the ITQ assesses PTSD and disturbances in self organization.
<i>Brief Trauma Questionnaire (BTQ)</i> by National Centre for PTSD, US	The BTQ is a 10-item self-report, which examines traumatic exposure to life threatening danger or serious injury.
<i>Trauma-Informed Organizational Assessments</i> by GRTICN; SCAN, US	This document provides an overview of trauma-informed organizational assessments.
<i>Organizational Self-Assessment. Adoption of Trauma-Informed Care Practice</i> by the National Council for Behavioral Health, USA	Focusing on organizational assessments, this self-assessment explores a variety of organizational factors related to responding to trauma, such as creating safe environments, partnerships, community relations, and responsive workforces.
<i>Roadmap for Creating Trauma-Informed and Responsive Change</i> by the National Trauma Transformation Programme, Scotland	From Scotland, this two-step roadmap is designed to help organizations assess their strengths and opportunities in integrating a trauma-informed and responsive approach across policies and practices. It offers an overview of trauma-informed approaches and provides a self-assessment checklist to support organizations in becoming trauma-informed.
<i>Taking a Trauma Informed Lens: Walkthrough</i> by NHS, Education for Scotland	This walkthrough evaluates an organization's services, policies, and physical environment and offers areas of strength and opportunities for change in the journey to becoming trauma-informed.

Understanding trauma and trauma-informed approaches

<i>Practical Guide for Implementing a Trauma-Informed Approach</i> by SAM-HSA, US	As one of the most cited resources, this guide offers strategies to implement a trauma-informed approach to foster organizational-level change across 10 domains in order to support organizations and individuals in healing and recovering from trauma.
<i>Addressing trauma as a missing element in security sector governance and reform</i> by DCAF, Switzerland	This paper is tailored to policing work, and more broadly practitioners working on security sector reform. It offers a trauma-informed framework on the individual, organizational, and collective levels of trauma. Practically, it offers advice on applying a trauma-informed framework and adequate responses to trauma in policing.
<i>Trauma Pages</i> by David Baldwin	'Trauma Pages' offers a wide range of trauma-related resources, from articles and support links for specific groups such as women and torture survivors, to research-focused online materials, including databases, workshop calendars, professional organizations, email discussion lists, and information on effective treatment approaches.
<i>The Body Keeps the Score</i> by Bessel van der Kolk	Bessel van der Kolk discusses the impact of trauma on the body and mind, referencing many cases, including the impact of combat-related trauma on military veterans and their families. After offering indepth insights into the nervous-system's ways of adapting to the stress caused by trauma, he provides a broad inventory of how to treat trauma.

Understanding trauma and trauma-informed approaches

Children focused

Trauma Informed Approach: An Introductory Handbook by UNICEF, International

To assist professionals in their work with children, this handbook offers a comprehensive understanding of trauma, such as the forms it takes and the importance of context and building resilience. While focusing largely on children, it provides an indepth and useful overview of trauma.

Gender and gender-based violence focused

Successful Trauma Informed Victim Interviewing by the International Association of Chiefs of Police, US

This resource offers advice on how to interview victims who have experienced sexual assault.

The Intersection of Masculinity and Mental Health in Police Organizational Culture by R. Buhrig, on Canadian Police

This article explores the link between masculinity contest cultures (MCC) – part of organizations that rewards masculine behaviour and attitudes – and mental health in five different Canadian police agencies. It finds that MCC leads to an increase in PTSD symptoms, stress, and a decrease in psychological well-being and work-life balance.

Masculinity and Stigma among Emerging Adult Military Members and Veterans: implications for encouraging help-seeking by K.L. Clary, S. Pena, and D.C. Smith

This report explores how masculine expectations (e.g. leadership, strength, and bravery) act as a barrier to help-seeking in the military.

Gendered Institutions and Gender Roles: Understanding the Experiences of Women in Policing by Tara O'Connor Shelly et al.

This report explains the barriers that highly masculinized police cultures pose to the inclusion of women. It analyses the use of gendered terminology ('hard chargers' vs. 'station queens') and humour, sexual harassment at the workplace, and the focus of police work on the physical aspects of the job, as well as coping mechanisms of female officers.

Emergency focused

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings by the Inter-Agency Standing Committee, Switzerland (IASC)

IASC's guidelines are aimed at humanitarian actors, providing a coordinated, multi-sectoral framework for addressing mental health and psychosocial needs in emergency situations. They offer practical strategies and advice on how to protect and improve the well-being of affected populations, while promoting integrated, culturally sensitive, and rights-based interventions.

Country examples – security sector

(case studies, reports, assessments, and other resources focused on trauma in the security sector)

Spain

Psychosocial Risk Prevention in State Security Forces by the Comisión Ejecutiva Confederal de UGT, about the Guardia Civil and Policía Nacional

This manual provides an overview of workplace hazards in law enforcement bodies, offers comprehensive statistics on the well-being of Spanish law enforcement personnel and provides recommendations on how to improve working conditions.

Psychology in the Armed Forces by the Spanish Ministry of Defence

This book integrates psychological science into military structures. It comprehensively documents the evolution of military psychology in Spain, providing case studies, empirical findings, and applied techniques.

Mexico

Operational Manual of the Mental Health Care Program in the Mexican Armed Forces by ISSFAM, SEDENA, and SEMAR CARE

This official manual from the Mexican Armed Forces outlines the SEDENA-SEMAR-CARE programme, an internal mental health initiative targeting active military personnel, retirees, and their dependents. Focused on mental health, it includes information on prevention, early detection, treatment, and monitoring of mental disorders and substance use.

Morale and Welfare Development for Military Personnel and Their Families by the Secretariat of the National Defence

This publication documents the steps taken by the Secretary of National Defence, from internal rulemaking to administrative support structures, between 2018 and 2024 to increase the morale of military members and their families and ensure outstanding performance.

Chile

Salud Mental Institucional by Revista de Marina on the Chilean Navy

This article explains Chile's Mental Health Operational System's strategy, which includes five implementation phases to ensure prevention, monitoring, and initial responses to mental health problems.

UK

Land Forces Standing Order NO 3217 on Trauma Risk Management by the Ministry of Defence, General Sir Nick Parker

This standing order guides organizations on implementing trauma response strategies in both operational and non-operational settings by training personnel to recognize early symptoms of post-traumatic stress via a peerled system, with a particular focus on post-incident response. It lays out the specific steps for accurate Trauma Risk Management, including actions after a traumatic event occurs.

Responding to Trauma in Policing, by the College of Policing

This resource identifies trauma and stress risk factors in police work and presents mechanisms for police officers to regain job satisfaction and well-being.

Scotland

Trauma Risk Management, by Police Scotland

This resource is aimed at officers and staff directly affected by a traumatic event, outlining what a 'Trauma Risk Management' intervention is and how it is implemented, and providing clear post-incident steps for managers and personnel, along with further support resources.

Canada

Road to Mental Readiness by the Canadian Armed Forces

The Road to Mental Readiness is a mental health and performance training programme designed for the Canadian Armed Forces and the Department of National Defence. It introduces a Mental Health Continuum for leaders to recognize behavioural signs of individuals suffering from deteriorating mental health and provides oversight of stress and its impact on performance and behaviour. It also offers counter-measures to mitigate the impact of stress.

South Africa

Military Psychology in South Africa edited by G.A.J. van Dyk

Written by a range of experts, this book offers a broad and contextually grounded exploration of military psychology in Africa, bridging theory and practice to enhance soldiers' well-being and performance. It integrates traditional African philosophies and trauma-healing approaches, while addressing key military issues, proposing practical models, and acknowledging the continent's unique challenges in warfare and peacebuilding.

Country examples - societal/collective trauma

(community-based and other approaches to healing trauma in society)

Colombia

Ruta Pacífica de las Mujeres project

This community project uses theatre for female victims of armed conflict to share memories of and heal from trauma.

Rwanda

Community Based Socio-Therapy

This community-based approach to socio-therapy fosters healing and reconciliation initiatives to resolve conflict and restore social relationships in community-based projects.

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