



SPARTAN BROTHERHOOD

BEHIND THE DOOR

A Practical Wellbeing & Mental Strength Manual for Door Supervisors

YOU DEAL WITH EVERYBODY ELSE'S NIGHT.

WHO CHECKS HOW YOURS AFFECTED YOU?

NO MAN FIGHTS ALONE.

UK EDITION — 2026

BEHIND THE DOOR

DOCUMENT PURPOSE

Door supervisors work where public safety, customer service, conflict management, vulnerability and venue pressures meet. The public often sees the person at the door. This manual looks at the person behind the role.

Behind the Door is about wellbeing, mental strength, fatigue, night work, exposure to aggression and violence, the aftermath of physical intervention, safeguarding pressure, coping, relationships, professional identity, peer support and recognising when additional help may be needed.

It is not a tactical door-supervision manual. It does not teach restraint, searching, use of force, weapons tactics or ejection techniques. Those belong to SIA licence-linked training, employers, venues and appropriately qualified training providers.

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Important Scope

Spartan Brotherhood provides education, practical wellbeing information, peer-support information, signposting and support resources.

Spartan Brotherhood does not provide medical or psychological diagnosis, psychotherapy, clinical treatment, emergency mental-health intervention, legal advice, occupational-health assessment, or a substitute for qualified professional advice.

This manual is educational and does not provide or replace use-of-force instruction, restraint or physical-intervention training, searching or ejection techniques, counter-terrorism tactics, weapons training, operational or tactical door-supervision training, or SIA licence-linked training or professional certification.

If there is immediate danger to life, call **999** or go to A&E. Samaritans: **116 123** (free, day or night). CALM: **0800 58 58 58**. Full routes are on the UK Support page at the back of this manual.

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SCOPE & SAFEGUARDING

Spartan Brotherhood provides education, practical wellbeing resources, peer-support information and signposting. It does not provide diagnosis, psychotherapy, emergency mental-health intervention, legal advice, medical treatment or occupational-health assessment.

If there is immediate danger to life, call 999 or attend A&E.

The manual discusses violence, trauma, suicide, spiking, sexual violence, abuse and distress.

BEHIND THE DOOR

EVIDENCE STATEMENT

Evidence specifically about UK door supervisors is limited in several important areas. This manual therefore separates direct Door Supervisor/private-security evidence from adjacent occupational and general clinical evidence.

No statistic from police, military, construction, retail, international security populations or the wider SIA workforce is presented as a UK Door Supervisor prevalence statistic.

Where the evidence stops, Spartan says so.

BEHIND THE DOOR

FOUNDER'S NOTE

People see the door. They see the queue, the venue, the uniform and the decision being made in front of them. They do not always see what the person standing there has already dealt with that night.

A door supervisor can go from checking an ID to dealing with aggression, vulnerability, an assault, a medical emergency or somebody in genuine danger — and then be expected to reset immediately for the next person.

This manual is not here to make door supervisors sound damaged. It is here because professionalism does not make somebody immune to fatigue, pressure or the effects of difficult incidents.

If something changes in you, notice it. If something changes in the person beside you, check in.

That is Brotherhood.

Richard Hall

FOUNDER, SPARTAN BROTHERHOOD

NO MAN FIGHTS ALONE.

BEHIND THE DOOR

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PART I

BEHIND THE DOOR

1 THE PERSON BEHIND THE BADGE

The licence identifies your role. It does not describe your whole life.

Know your baseline: sleep, mood, patience, concentration, appetite, training, alcohol or substance use, relationships, motivation, enjoyment and social contact.

One rough shift is not a diagnosis. The useful question is: has something changed, is it persisting, and is it affecting how I function?

2 EVERYBODY ELSE'S NIGHT

Door supervision can involve enforcing venue rules while dealing with people affected by alcohol or drugs. HSE specifically identifies late-evening or early-morning work, security staff enforcing rules and contact with intoxicated people as workplace-violence risk contexts.

That does not mean every shift is violent. It means abuse, threats and assault should be treated as occupational hazards to manage, not as proof that staff should simply 'toughen up'.

3 VERBAL ABUSE STILL COUNTS

HSE's definition of work-related violence includes abuse and threats as well as physical assault.

Being sworn at once may wash off. Repeated humiliation, threats, discriminatory abuse or targeted intimidation can land differently. Notice cumulative changes without diagnosing yourself.



PART II

NIGHT WORK & FATIGUE

4 THE 03:30 BODY

Night work pushes professional demands against normal sleep biology. HSE describes fatigue as reduced mental or physical performance arising from prolonged exertion, sleep loss and/or disruption of the internal clock.

Fatigue can slow reactions, reduce information processing, cause memory lapses, reduce attention and coordination and encourage underestimation of risk.

5 SLEEP DEBT

Night workers are particularly vulnerable to fatigue because daytime sleep can be shorter, lighter and more easily disturbed.

Do not turn exhaustion into a masculinity test. If you are dangerously sleepy after work, driving is a safety issue. HSE specifically warns about journeys after long or night shifts.

6 THE JOURNEY HOME

The shift ending does not automatically make you alert enough to drive. If you are sleepy, use a safer alternative where possible or stop rather than forcing the journey.

There is nothing professional about winning the shift and losing control of the car on the way home.

PART III

CONFLICT, VIOLENCE & PHYSICAL INTERVENTION

7 WHEN WORDS TURN PHYSICAL

Violence is a recognised occupational risk in security work. Research involving security guards and police has found associations between workplace violence exposure and psychological distress; this is adjacent evidence and not a Door Supervisor prevalence estimate.

After a violent incident, practical safety, medical needs, reporting and evidence come first. Emotional reactions can come immediately, later or not at all.

8 AFTER PHYSICAL INTERVENTION

SIA guidance states that physical intervention carries risk and should be a last resort. It can harm the person being restrained, the operative and colleagues.

This manual does not teach restraint. Its concern begins with the human aftermath: injury, adrenaline, anger, fear, guilt, repeated mental replay, complaints, investigations and returning to duty.

An operational incident report and a welfare conversation are different things. Both can matter.

9 WHEN SOMEBODY GETS SERIOUSLY HURT

Serious injury, medical deterioration or death can be distressing even when an operative acted professionally.

Do not assume that being able to finish the shift means an incident had no effect. Equally, do not assume distress means PTSD.

A photograph of three women at night. Two women are seated and facing each other in conversation, while a third woman stands behind them, looking down at a smartphone. They are in an outdoor setting with warm, ambient lighting from streetlights or building lights in the background.

PART IV

VULNERABILITY ON THE NIGHT

10 YOU SEE PEOPLE AT THEIR MOST VULNERABLE

SIA guidance places Door Supervisors in an important safeguarding position in the night-time economy. Vulnerability can include intoxication, unwanted attention, separation from friends, being followed or threatened, exploitation, age, mental ill-health and disability.

Supporting vulnerable customers can carry responsibility. You are not expected to become their therapist; follow venue procedures and involve appropriate services.

11 SPIKING, SEXUAL VIOLENCE & HARASSMENT

Current SIA refresher training includes vulnerability and how to spot and stop spiking. Government guidance also links mandatory security training with preventing violence against women and girls and responding appropriately to allegations.

Door staff can also be targets of harassment or abuse. Being the professional in the situation does not make abuse acceptable.

12 THE INCIDENT YOU TAKE HOME

Some nights involve witnessing assault, exploitation, severe intoxication, collapse or other distressing events. Different people respond differently.

Do not force yourself or colleagues to emotionally relive an event as a supposed preventive treatment. NICE says psychologically focused debriefing should not be offered to prevent or treat PTSD.

PART V

TRAUMA WITHOUT THE LABEL

13 TRAUMA IS NOT AUTOMATICALLY PTSD

PTSD is a recognised condition, but exposure to a frightening event does not automatically produce PTSD.

Symptoms can include intrusive memories, nightmares, avoidance, changes in mood or thinking and heightened arousal. Diagnosis belongs to qualified professionals.

NICE-supported treatments include trauma-focused CBT and EMDR where clinically appropriate.

14 NORMAL REACTION OR SOMETHING MORE?

Short-term sleep disturbance, irritability, intrusive memories, emotional reactions, concentration problems or heightened alertness can occur after distressing events.

If symptoms are severe, worsening, persistent or substantially interfering with ordinary life, seek qualified assessment rather than trying to self-diagnose.

15 DON'T FORCE THE CONVERSATION

Operational debrief: facts, safety, reporting and lessons. Psychological treatment: clinical care delivered appropriately. They are not interchangeable.

Check in. Listen. Offer support. Do not play amateur therapist.

A man with a beard and short dark hair, wearing a dark suit, white shirt, and dark tie. He has a coiled earpiece in his right ear. The background is dark with warm, out-of-focus lights.

PART VI

THE PROFESSIONAL MASK

16 'I'M FINE, MATE'

Door culture can reward composure. Composure is useful; permanent concealment is not always useful.

You do not need to disclose everything to everybody. You do need at least one route through which you can be honest when something is not right.

17 BEING FILMED, ACCUSED & COMPLAINED ABOUT

Public-facing security decisions can be filmed, clipped, posted and judged without full context. Complaints or investigations can create uncertainty and reputational pressure.

Keep the practical and emotional lanes separate: preserve evidence and follow procedure; get appropriate legal/professional advice where needed; and seek support if the uncertainty is affecting your wellbeing.

18 ANGER AFTER THE SHIFT

Adrenaline and frustration do not always disappear when the venue closes. Notice if irritability is repeatedly being carried into driving, relationships, parenting or the next day.

Anger is information. It is not permission to harm yourself or somebody else.

A man with a beard and short dark hair, wearing a dark coat over a dark sweater and a light-colored collared shirt, is walking towards the camera on a cobblestone street. The street is lined with brick buildings and has a few cars parked in the distance. The sun is setting in the background, creating a warm, golden glow. The overall mood is contemplative and somber.

PART VII

COPING AFTER CLOSING

19 WHAT ARE YOU USING TO COME DOWN?

Alcohol, food, scrolling, gambling, overtraining, substances, caffeine and more work can all become ways of changing state after a shift.

Ask whether the amount is increasing, whether you can relax without it, whether you hide it, whether others are concerned and whether the coping strategy is creating another problem.

20 ALCOHOL IS NOT RECOVERY

Working around alcohol does not make alcohol a recovery tool. Feeling sleepy after drinking is not the same as obtaining healthy restorative sleep.

If drinking has become the standard off-switch after every difficult night, pay attention early.

21 THE SILENCE AFTER CLOSING

A busy venue can go from noise, conflict and responsibility to silence very quickly. Some people feel relief. Others notice the night only once everything stops.

Create a simple transition: practical close-down, hydration/food where needed, safe travel, reduced stimulation, sleep and reconnection. This is a practical Spartan framework, not a clinical treatment.



PART VIII

LIFE OUTSIDE THE VENUE

22 ANTISOCIAL HOURS, REAL RELATIONSHIPS

Night and weekend work can collide with family, friendships and ordinary social life. Direct Door Supervisor relationship evidence is limited, so this manual does not claim the job causes relationship breakdown.

Communicate your schedule, protect time together and notice when every relationship receives only the exhausted version of you.

23 MULTIPLE EMPLOYERS & INSECURE WORK

SIA data show a substantial minority of licence holders work flexibly for multiple employers, but this is sector-wide evidence, not Door Supervisor-specific mental-health evidence.

Uncertain hours and income can still create practical pressure. Address financial or employment problems early rather than waiting for crisis.

24 YOU ARE MORE THAN THE DOOR

Build identity outside the venue: family, friends, training, learning, hobbies, community and future plans.

Your value is not measured by how many difficult nights you can absorb.

PART IX

THE PERSON BESIDE YOU

25 NOTICE THE CHANGE

Withdrawal, unusual anger, persistent exhaustion, deteriorating reliability, increased drinking, reckless behaviour, hopeless comments or loss of interest can justify checking in.

These signs do not prove a diagnosis. They tell you not to ignore the person.

26 HAVE THE CONVERSATION

Keep it human: 'Mate, you haven't seemed yourself lately. What's going on?'

Listen before trying to fix. Peer support can matter, but it does not replace professional assessment or treatment when that is needed.

27 WHEN IT GETS SERIOUS

If somebody talks about wanting to die, having no reason to live, being a burden or you otherwise believe there may be immediate danger, take it seriously.

Ask directly about suicide when you are concerned. Do not ridicule them or challenge their masculinity. Do not promise secrecy where immediate safety is at stake. Connect them to professional or emergency support.

PART X

THE DOOR SUPERVISOR RESET

28 THE 60-SECOND CHECK

This is a reflection tool, not a diagnostic test.

SLEEP	— am I recovering?
BODY	— am I carrying pain or exhaustion?
HEAD	— what has my mood been like?
TEMPER	— has my patience changed?
HOME	— am I present?
COPING	— what am I using to switch off?
TEAM	— has anybody noticed a change?
WORK	— am I making unusual mistakes?
PURPOSE	— does life outside work still matter?
SAFETY	— am I thinking about harming myself or not wanting to be here?

29 AFTER A BAD NIGHT

First: safety, injury, medical care, reporting and evidence. Then: recovery and welfare.

Over the following days, notice sleep, intrusive memories, avoidance, mood, alcohol/substance use, anger and functioning. There is no magical 24- or 72-hour diagnostic threshold.

If difficulties are severe, worsening, persistent or substantially impairing life, seek qualified support.

30 RESET

DECOMPRESS — create separation from the shift.

RECOVER — sleep, food, hydration and physical recovery.

RECONNECT — return to people and life outside security.

REVIEW — notice meaningful changes.

RESET — rebuild routine before the next demanding run of shifts.

This is a practical Spartan wellbeing framework, not a clinically validated treatment protocol.

PART XI

FOR VENUES, SECURITY COMPANIES & TEAM LEADERS

31 WELFARE IS A SAFETY ISSUE

HSE requires employers to assess risks from work-related stress and identifies demands, control, support, relationships, role and change as key work-design areas.

HSE also says fatigue should be managed like any other hazard and that Working Time Regulations compliance alone is insufficient to manage fatigue risk.

After violence or serious incidents, support workers rather than treating abuse as simply part of the job.

32 AFTER AN INCIDENT

Provide appropriate medical care, operational reporting, evidence preservation and access to welfare support.

Do not force emotional disclosure. Make support visible and accessible. Managers should know how to escalate genuine safety concerns.

33 THE STANDARD

Professional security protects the public. Professional leadership also protects the people doing the protecting.

Safer staff, supported staff and properly managed fatigue are not soft extras. They are part of responsible operations.



PART XII

THE BROTHERHOOD STANDARD

34 STRONG ENOUGH TO NOTICE

Strength is not pretending nothing affects you. Nor is every difficult feeling evidence of mental illness.

Notice. Assess. Respond. Get help when required. Do the same for the person beside you.

BEHIND THE DOOR

FINAL WORD — BEHIND THE DOOR

You deal with everybody else's night.

You see the arguments, the intoxication, the vulnerability, the aggression, the laughter, the fights, the people who need help and the people who do not want to hear 'no'.

Then the doors close and everybody goes home.

Do not forget the person who was standing there.

Look after the person beside you. Let them look after you. And when the problem needs more than Brotherhood, use professional support.

NO MAN FIGHTS ALONE.

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UK SUPPORT

Emergency

Immediate danger to life: call 999 or attend A&E.

Urgent mental-health help in England: use NHS 111 online or call 111 and select the mental-health option.

Samaritans: 116 123 — free, day or night, 365 days a year.

Shout: text SHOUT to 85258 — free, confidential, 24/7 UK text support.

Op COURAGE (England): for eligible veterans, service leavers and reservists; current NHS eligibility and regional routes should be checked before publication.

Find Support

Spartan Brotherhood Support Directory

spartanbrotherhood.org/support



BEHIND THE DOOR

EVIDENCE MATRIX

CLAIM AREA	SOURCE	CLASS	PUBLICATION RULE
Current SIA Door Supervisor refresher	SIA/GOV.UK, updated 1 Apr 2026	DIRECT / GREEN	Refresher required on renewal; EFAW/equivalent prerequisite; terror awareness, PI, searching, vulnerability/spiking.
Door Supervisor workforce scale	SIA Strategic Plan 2026–29	DIRECT / GREEN	368,546 active Door Supervision licences as of Feb 2026; do not equate licences with unique workers.
Violence data limitations	SIA FOI, 27 May 2026	DIRECT / GREEN	SIA says its reported assault/injury data do not accurately demonstrate true prevalence.
Increasing violence	SIA consultation, Sep 2026	SECTOR / AMBER	43% of licence holders reported increasing violence; not a Door Supervisor-specific prevalence figure.
Workplace violence risks	HSE	DIRECTLY RELEVANT / GREEN	Security staff enforcing rules, late/early work and intoxicated customers are identified risk contexts; verbal threats count as violence.
Physical intervention risk	SIA/GOV.UK	DIRECT / GREEN	PI carries serious risk and is last resort; manual discusses aftermath only, not technique.
Vulnerability / spiking	SIA + Home Office	DIRECT / GREEN	Door staff have safeguarding responsibilities; refresher includes vulnerability and spotting/stopping spiking.
Shift work and sleep	HSE + Harris et al. 2024	GENERAL/ADJACENT / GREEN-AMBER	Fatigue impairs performance; systematic review found sleep and mental-health outcomes worsened after onset of shift work.

CLAIM AREA	SOURCE	CLASS	PUBLICATION RULE
Violence and distress	Leino et al. 2011	PRIVATE SECURITY / AMBER	Violence exposure associated with psychological distress in police/security sample; not UK DS prevalence.
PTSD / debriefing	NICE NG116 + NHS	CLINICAL / GREEN	Do not offer psychologically focused debriefing; evidence-based PTSD treatments include trauma-focused CBT/EMDR.
Work stress	HSE Management Standards	GENERAL OCCUPATIONAL / GREEN	Employers should assess work-stress risks; six areas: demands, control, support, relationships, role, change.
Martyn's Law	SIA/GOV.UK, Jul 2026	REGULATORY / GREEN	Act enacted but expected to come into force spring 2027; do not present duties as already commenced.

Evidence gaps — do not conceal

- No reliable UK Door Supervisor-specific prevalence estimate for PTSD, depression, anxiety or burnout was established.
- No reliable UK Door Supervisor-specific suicide rate was established.
- No reliable causal evidence was established that Door Supervision causes relationship breakdown.
- Sector-wide SIA violence findings must not be relabelled as Door Supervisor-only statistics.
- International bouncer/security studies may inform context but must not be presented as UK prevalence.
- No validated Door Supervisor-specific post-shift psychological decompression protocol was established.
- Evidence on psychological effects of complaints, viral filming/social media exposure and insecure DS work remains limited.

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DOCUMENT CONTROL

TITLE	Behind the Door
SUBTITLE	A Practical Wellbeing & Mental Strength Manual for Door Supervisors
PUBLISHER	Spartan Brotherhood
EDITION	UK First Edition — 2026
EVIDENCE REVIEW DATE	8 September 2026
CONTENT STATUS	Final master manuscript + evidence pack
CLINICAL SCOPE	Education, wellbeing information and signposting; not diagnosis or treatment
OPERATIONAL SCOPE	No tactical Door Supervisor instruction
REVIEW CYCLE	At least annually and after material SIA/NHS/NICE/HSE/legal changes
FOUNDER	Richard Hall



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