



SPARTAN BROTHERHOOD

BEHIND THE PROTECTOR

A Practical Wellbeing & Mental Strength Manual for Close Protection Professionals

You were trained to notice when something isn't right. What happens when the change is in you – or the operator beside you?

NO MAN FIGHTS ALONE.

UK EDITION – 2026

BEHIND THE PROTECTOR

DOCUMENT PURPOSE

Close protection is built around responsibility. You assess. You anticipate. You prepare. You watch. You protect.

Much of your professional attention is directed towards somebody else's safety. This manual turns some of that attention back towards you.

Behind the Protector is a practical wellbeing and mental-strength manual for people working in close protection. It explores fatigue, sleep, occupational stress, exposure to threatening or distressing events, relationships, isolation, coping, professional identity and recognising when you — or somebody beside you — may need additional support.

It does not assume that close protection damages mental health. It does not assume that experiencing stress means somebody has a mental-health condition. And it does not mistake professional vigilance for psychological illness.

Know yourself as well as you know your environment.

SPARTAN BROTHERHOOD

Important Scope

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

Spartan Brotherhood does not provide:

- medical or psychological diagnosis
- psychotherapy or clinical treatment
- emergency mental-health intervention
- close-protection operational or tactical training
- legal advice
- occupational-health assessment

Nothing in this manual replaces advice from an appropriately qualified healthcare, mental-health, occupational-health, legal or security professional.

This manual is educational and does not provide or replace use-of-force instruction, restraint or physical-intervention training, surveillance instruction, search training, weapons training, operational or tactical close-protection training, or SIA licence-linked training or professional certification.

This manual discusses trauma, violence, suicide and psychological distress. If you believe you or somebody else is in immediate danger, call 999 or attend A&E.

EVIDENCE STANDARD

This manual distinguishes established evidence, adjacent occupational evidence and professional/lived experience.

Research specifically examining the psychological wellbeing of UK close-protection professionals remains limited. Where evidence comes from security guards, shift workers, police, military personnel, public-safety workers or other occupations, that limitation is stated rather than treating those findings as CP statistics.

Where the evidence stops, Spartan says so. The manual does not invent CP prevalence figures for PTSD, depression, anxiety, burnout or suicide.

BEHIND THE PROTECTOR

A NOTE FROM THE FOUNDER

This manual means something different to me.

Close protection isn't an industry I've looked at from the outside. I've been there.

I understand what it means to be responsible for somebody else's safety. I understand the concentration, the hours, the waiting, the watching and the expectation that whatever is happening around you, you remain professional.

People see the role. They don't always see the person performing it. And sometimes we don't see it ourselves.

You become good at getting on with things. You deal with the assignment. You deal with the problem. You make sure everybody else is all right. Then you move on to the next job.

But being capable of carrying pressure doesn't mean pressure weighs nothing.

This manual isn't here to tell professional men and women that they're damaged. It isn't here to diagnose you. And it certainly isn't here to teach you how to do your job.

It's here because the people whose job is to watch everybody else's back deserve somebody watching theirs.

If something in these pages makes you recognise yourself, don't ignore it just because you've dealt with worse. And if you recognise the operator standing beside you, check in.

Sometimes that's where Brotherhood starts.

Richard Hall Founder, Spartan Brotherhood

NO MAN FIGHTS ALONE.

INTRODUCTION — WHO PROTECTS THE PROTECTOR?

Close protection can combine responsibility, changing schedules, periods of routine, long or irregular hours, travel and moments demanding immediate attention. Professionalism remains expected even when biology, fatigue or personal circumstances are pushing the other way.

What happens when fatigue accumulates? When an incident stays with you? When you are home but have not mentally arrived? When the phone stops ringing between contracts? When something happens that you believe you should have prevented? When the operator who is normally solid starts behaving differently? Or when that operator is you?

That is where this manual begins.

BEHIND THE PROTECTOR

Contents

I	THE PROTECTOR	8
II	THE BODY ON TASK	10
III	WHEN SOMETHING HAPPENS	12
IV	COMING HOME	14
V	THE LIFE AROUND THE JOB	16
VI	COPING	17
VII	THE OPERATOR BESIDE YOU	18
VIII	WHEN IT GETS SERIOUS	19
IX	PROTECTING THE PROTECTOR	20
X	WHEN THE ROLE ENDS	22
XI	FOR COMPANIES & TEAM LEADERS	23
XII	THE BROTHERHOOD STANDARD	24
—	Final Word — Who Protects the Protector?	25
—	UK Support	26
—	Evidence Register	27
—	Document Control	29



PART I

THE PROTECTOR

1 YOU WERE TRAINED TO NOTICE

Protective work develops attention. That ability has professional value. There is another form of awareness that matters too: self-awareness.

Changes in sleep, mood, patience, concentration, appetite, alcohol use, training, relationships, motivation, risk-taking, enjoyment or social contact can be information. One difficult week does not automatically mean mental illness. Checking an exit does not diagnose hypervigilance.

The useful question is not “What is wrong with me?” It is “Has something changed — and is that change persisting or affecting how I function?”

- Know your personal baseline: sleep; mood; patience; concentration; appetite; alcohol/substance use; training; relationships; motivation; risk-taking; enjoyment; social contact.

2 THE WEIGHT OF RESPONSIBILITY

Protection carries responsibility for another human being. You can reduce risk, plan, prepare and make professional decisions. You cannot control every variable.

After something goes wrong, hindsight can create an illusion that the eventual outcome should always have been obvious. Separate what you knew then, what you actually did, and what only became clear afterwards.

Learning is professional. Indefinite self-punishment using information that only became available later is not the same thing as learning.

- **WHAT I KNEW THEN** — what information was genuinely available?
- **WHAT I DID** — what decisions were actually made?
- **WHAT I KNOW NOW** — what became clear only afterwards?

3 ALWAYS ON

Situational awareness is not a disorder. Professional protectors are expected to pay attention.

Direct CP evidence on pathological hypervigilance is insufficient. Research in adjacent occupations describes how occupational threat-assessment habits can become exhausting or difficult to disengage from for some people.

Do not diagnose yourself because you notice exits. Ask whether you can stand down when you need to: relax, sleep, be present with family and spend time in ordinary environments without remaining mentally on task.

4 THE PROFESSIONAL MASK

Professional composure is useful. During a demanding event, other people may look to you to remain functional and make decisions.

Functioning well during an event does not predict exactly how you will feel afterwards. Some reactions appear later. Competence and distress can exist in the same person.



PART II

THE BODY ON TASK

5 FATIGUE IS A HAZARD

HSE describes fatigue as a decline in mental and/or physical performance arising from prolonged exertion, sleep loss and/or disruption of the internal clock. It can slow reactions, reduce information processing, cause memory lapses, reduce awareness and attention, encourage underestimation of risk and reduce coordination.

That makes fatigue relevant to safety-critical work. Experience, fitness, professionalism and caffeine do not remove human sleep biology.

Treat dangerous fatigue as information, not a character flaw.

- How long have I been awake?
- How much have I actually slept?
- Have difficult shifts accumulated?
- Am I making unusual mistakes?
- Am I increasingly dependent on caffeine to feel normal?
- Am I safe to drive?

6 THE BIOLOGICAL NIGHT

Alertness varies across the 24-hour day. Night work places professional demands against normal circadian biology. HSE notes that night workers are particularly at risk of fatigue because daytime sleep is often lighter, shorter and more easily disturbed.

Do not turn an exact clock time into a universal rule for every person. The practical point is that biological alertness is generally lower during the night and early morning, and fatigue risk should be managed rather than dismissed.

7 SLEEP DEBT

Sleep disturbance can accumulate into sleep debt. Recovery after significant sleep loss is not guaranteed by one lie-in or one good night. Research and fatigue guidance support treating recovery as a process whose duration varies with the individual and the amount of prior sleep loss.

Microsleeps, heavy eyelids, repeated yawning, difficulty focusing, forgetfulness, irritability, slower reactions and drifting while driving are not medals.

HSE specifically warns that driving after long or night shifts can be risky. If sleepy, use a safer alternative where possible or stop rather than trying to force yourself through the journey.

8 HOTELS, AIRPORTS & TIME ZONES

International assignments can disrupt sleep timing, meals, exercise, medication routines, family contact and recovery. Crossing time zones can add jet lag while professional demands continue.

Direct evidence on long-term international travel among CP professionals is limited. Evidence from shift work and other safety-critical occupations nevertheless supports taking circadian disruption and recovery seriously.

The assignment may move countries faster than your internal clock can adjust.

PART III

WHEN SOMETHING HAPPENS

9 AFTER THE INCIDENT

After threatening or distressing events, people can react differently. Possible short-term reactions can include disturbed sleep, intrusive memories, irritability, difficulty concentrating, increased alertness, emotional reactions or exhaustion.

Not everybody experiences these reactions, and experiencing them does not automatically mean PTSD.

Notice what is happening without rushing to diagnose yourself.

10 TRAUMA IS NOT AUTOMATICALLY PTSD

PTSD is a recognised mental-health condition. NHS guidance describes symptoms that can include re-experiencing or intrusive memories, nightmares, avoidance, changes in mood or thinking and heightened arousal.

Many people improve naturally after trauma, while some develop persistent or severe symptoms. NICE recommends professional assessment and evidence-based treatment where clinically indicated; treatments can include trauma-focused CBT and EMDR.

Spartan does not diagnose PTSD. If symptoms are severe, worsening, persistent or significantly interfering with everyday life, seek qualified professional help.

11 DON'T FORCE THE CONVERSATION

NICE advises against psychologically focused debriefing for the prevention or treatment of PTSD. Evidence found no benefit and some suggestion of worse outcomes.

This does not mean “do not talk”. It means do not force somebody to emotionally relive an incident in a routine single-session intervention because you believe doing so will prevent PTSD.

Operational review, welfare support and psychological treatment are different things. Do not turn an operational debrief into amateur therapy.

12 WHEN PROTECTION DOESN'T GO TO PLAN

Sometimes serious outcomes occur despite preparation and competent work. Afterwards, guilt, shame, responsibility and counterfactual thinking can become powerful.

Moral injury is a concept studied mainly in military and other adjacent populations. Direct CP evidence is insufficient, so this manual does not label CP operatives with moral injury.

If guilt, shame or perceived responsibility is consuming you or changing how you function, it deserves attention and, where needed, professional support.



PART IV

COMING HOME

13 THROUGH THE FRONT DOOR

Finishing work and psychologically changing gears are not always the same event. A deliberate transition routine can help create separation between task and home.

This is not a clinical treatment protocol. It can be as simple as changing clothes, eating, showering, walking, taking quiet time or reconnecting with somebody you trust.

The aim is not perfection. It is to notice whether work mode is repeatedly following you into the rest of your life.

14 THE PEOPLE WAITING AT HOME

Work demands can collide with relationships and family life. CP-specific relationship research is limited, so Spartan does not claim that CP causes relationship breakdown.

Useful questions remain: Are you cancelling everything? Does your partner only receive what is left of you? Are you physically present but mentally elsewhere? Are you communicating before disappearing onto another assignment? Is irritability repeatedly coming home with you?

Your principal deserves professionalism. The people you love deserve presence and communication.

15 THE EMPTY PASSENGER SEAT

An assignment can end abruptly: people, movement, communication and responsibility stop, and suddenly you are alone with the accumulated tiredness or emotion.

There is insufficient CP-specific evidence for a prescribed post-assignment decompression protocol. Spartan therefore uses a practical, non-clinical framework rather than pretending it is a validated treatment.

- **DECOMPRESS** — create separation between task and home.
- **RECOVER** — prioritise sleep, food, hydration and physical recovery.
- **RECONNECT** — return to people and activities outside protection.
- **REVIEW** — notice meaningful physical or psychological changes.
- **RESET** — rebuild normal routine before automatically chasing the next intensity.

PART V

THE LIFE AROUND THE JOB

16 WHEN THE PHONE STOPS RINGING

Some CP work is freelance or contract-based. There is insufficient CP-specific research quantifying the mental-health impact of irregular income or “chasing the next contract”.

That evidence gap does not make financial pressure imaginary. If money or work uncertainty is affecting sleep, relationships or wellbeing, address the practical problem early and use appropriate financial, debt or employment support.

17 THE PROFESSIONAL IDENTITY

A career can provide purpose, identity, community and status. Problems can arise when the role becomes the only source of those things.

Injury, ageing, family priorities, reduced contracts or a deliberate career change can all alter professional identity. Build relationships, interests, financial planning, transferable skills and purpose outside the role before circumstances force the issue.

You are more than your licence, your last principal, your day rate or your operational background.

18 FROM SERVICE TO SECURITY

Some CP professionals enter from military or policing backgrounds; many do not.

Direct research on the transition from government protective roles into private CP is insufficient. Do not stereotype veterans or former police officers as damaged.

Changing sectors can still involve changes in hierarchy, team culture, purpose, employment security, expectations and identity. If transition is difficult, it is legitimate to seek support.

PART VI

COPING

19 WHAT ARE YOU USING TO COME DOWN?

People use many ways to change gear after pressure: alcohol, food, endless scrolling, overtraining, work, caffeine or other substances. Not every coping behaviour is automatically harmful.

Pay attention when the amount is increasing, you cannot relax without it, somebody close to you is concerned, you are hiding it, or the coping strategy is creating a second problem.

The aim is not judgement. It is accurate self-assessment.

- Has the amount increased?
- Can I relax without it?
- Is it damaging sleep?
- Is somebody close to me concerned?
- Am I hiding how much I use?
- Is it creating another problem?

20 ALCOHOL IS NOT A SLEEP STRATEGY

Alcohol can make people feel sleepy, but sedation is not the same as healthy restorative sleep. Regularly using alcohol as an off-switch can become its own problem.

If alcohol has become the standard way you come down after assignments, treat that change as information and seek appropriate support if reducing it is difficult.



PART VII

THE OPERATOR BESIDE YOU

21 NOTICE THE CHANGE

You do not need to diagnose a colleague to notice a meaningful change.

Withdrawal, unusual anger, persistent exhaustion, deteriorating reliability, increased drinking, reckless behaviour, hopeless comments, loss of interest or comments suggesting others would be better off without them can all justify checking in.

None of these signs proves a particular diagnosis or proves somebody is suicidal. They are reasons not to ignore the person.

22 HAVE THE CONVERSATION

Start human, not clinical: “Mate, you haven’t seemed yourself lately. What’s going on?” Then listen.

Do not interrogate, diagnose or deliver a motivational lecture. Trusted colleagues can provide valuable contextual understanding and social support, but peer support does not replace professional assessment or treatment when needed.

Brotherhood has boundaries. Sometimes the strongest thing you can do is help somebody reach qualified support.

PART VIII

WHEN IT GETS SERIOUS

23 SUICIDE

Spartan does not have reliable evidence establishing a specific suicide rate among UK close-protection professionals or SIA licence holders. Construction, police or military statistics must not be presented as CP statistics.

Suicide still affects people, families and workplaces across the UK. If somebody talks about wanting to die, having no reason to live, being a burden, or you otherwise believe there may be immediate risk, take it seriously.

Ask directly if you are concerned about suicide. Listen without ridicule or challenges to masculinity. Do not promise secrecy where immediate safety is at stake. Help connect the person to professional or emergency support.

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



PART IX

PROTECTING THE PROTECTOR

24 YOUR MAINTENANCE SCHEDULE

Wellbeing is usually built from unglamorous fundamentals: adequate recovery, movement, nutrition, hydration, connection, downtime, routine healthcare and professional mental-health support when needed.

These are not guarantees against illness or distress. They are sensible foundations that support functioning and recovery.

- **SLEEP** — protect adequate recovery wherever operational reality allows.
- **MOVEMENT** — stay physically active without turning every session into punishment.
- **FOOD** — do not let convenience become your permanent nutrition strategy.
- **HYDRATION** — basic and often neglected.
- **CONNECTION** — maintain relationships outside work.
- **DOWNTIME** — retain the ability to exist without permanent stimulation.
- **MEDICAL HEALTH** — use routine healthcare rather than waiting for crisis.
- **MENTAL HEALTH** — seek qualified support when symptoms persist or impair functioning.

25 THE 60-SECOND SELF-CHECK

This is a practical reflection tool, not a diagnostic test. One answer does not diagnose you; a sustained pattern may tell you to pay attention.

- **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 actually present?
- **COPING** — What am I using to switch off?
- **TEAM** — Have people noticed a change?
- **WORK** — Am I making unusual mistakes?
- **PURPOSE** — Does anything outside work still matter to me?
- **SAFETY** — Am I having thoughts about harming myself or not wanting to be here?

26 THE POST-INCIDENT SELF-CHECK

Do not create a fake diagnostic clock after a distressing event. There is no magical 24-hour or 72-hour threshold that proves whether somebody is well or unwell.

In the immediate period, prioritise safety and practical needs. Over the following days and weeks, notice sleep, intrusive memories, avoidance, coping behaviours, mood and ability to function.

NICE notes that natural recovery can occur in the early weeks. Where symptoms are clinically important, severe, worsening or persistent, appropriate professional assessment matters.

PART X

WHEN THE ROLE ENDS

27 WHO ARE YOU WITHOUT THE JOB?

Every career eventually changes or ends. Sometimes through choice, age, injury, family, opportunity or simply because the industry has taken enough.

Prepare before that day. Develop relationships outside security, interests, financial planning, transferable skills, qualifications, physical health, community and purpose.

The objective is not to stop being proud of the work. It is to make sure your future has somewhere to go.

PART XI

FOR COMPANIES & TEAM LEADERS

28 WELFARE IS PART OF PROFESSIONALISM

HSE states that fatigue should be managed like any other hazard. Employers have duties to manage workplace health and safety risks and to assess work-related stress.

HSE's Management Standards identify six work-design areas associated with stress when poorly managed: demands, control, support, relationships, role and change.

Organisations influence schedules, rest opportunities, staffing, reporting culture, incident response and access to support. Compliance with working-time rules alone is not sufficient to manage fatigue risk.

After serious incidents, provide practical welfare and access to appropriate support without forcing emotional disclosure. Keep operational review distinct from psychological treatment.



PART XII

THE BROTHERHOOD STANDARD

29 STRONG ENOUGH TO NOTICE

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

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

You have spent a career learning that small changes in an environment can matter. Apply the same principle to people — especially yourself.

BEHIND THE PROTECTOR

FINAL WORD — WHO PROTECTS THE PROTECTOR?

Sometimes you do — through recovery, boundaries, healthcare and knowing yourself.

Sometimes your team does. Sometimes your family does. Sometimes a GP, psychologist, counsellor, occupational-health professional or another qualified practitioner does. Sometimes a mate notices before you do.

The mistake is believing you must always do it alone.

Your profession asks you to carry responsibility. It does not require you to carry everything.

| *Look after the operator beside you. Let him look after you.*

NO MAN FIGHTS ALONE.

BEHIND THE PROTECTOR

UK SUPPORT — VERIFIED SEPTEMBER 2026

Emergency

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

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

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

Shout: text SHOUT to 85258. Free, confidential, 24/7 text support for people in the UK.

CALM: call 0800 58 58 58. NHS currently lists the helpline and CALM chat/WhatsApp as available every day from 5pm to midnight.

Op COURAGE (England): specialist NHS mental-health and wellbeing support for eligible UK Armed Forces veterans, reservists, serving personnel with a discharge date, and families. Eligibility and regional contact routes should be checked on the NHS page.

Support-service details must be rechecked immediately before each new edition or reprint.

Find Support — Spartan Brotherhood Support Directory

spartanbrotherhood.org/support



BEHIND THE PROTECTOR

EVIDENCE REGISTER — PUBLICATION BASELINE

1. Security Industry Authority / GOV.UK — Changes to the training you need for an SIA licence (updated 1 Apr 2026). <https://www.gov.uk/government/news/changes-to-the-training-you-need-for-an-sia-licence>
2. Security Industry Authority / GOV.UK — Renew your SIA licence (updated 19 Jun 2026). <https://www.gov.uk/guidance/renew-your-sia-licence>
3. Security Industry Authority / GOV.UK — Close protection refresher training announcement. <https://www.gov.uk/government/news/sia-announces-new-refresher-training-for-close-protection-operations>
4. HSE — Fatigue. <https://www.hse.gov.uk/humanfactors/topics/fatigue.htm>
5. HSE — Hints and tips for shift-workers. <https://www.hse.gov.uk/humanfactors/topics/shift-workers.htm>
6. HSE — Work-related stress and Management Standards. <https://www.hse.gov.uk/stress/standard/overview.htm>
7. HSE — Lone working: violence. <https://www.hse.gov.uk/lone-working/employer/violence.htm>
8. NICE NG116 — Post-traumatic stress disorder. <https://www.nice.org.uk/guidance/ng116>
9. NHS — PTSD. <https://www.nhs.uk/mental-health/conditions/ptsd-post-traumatic-stress-disorder/>
10. NHS — Urgent help for mental health. <https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>
11. NHS — Op COURAGE. <https://www.nhs.uk/nhs-services/armed-forces-community/mental-health/veterans-reservists/>
12. Harris R, et al. Sleep, mental health and physical health in new shift workers transitioning to shift work: systematic review and meta-analysis. *Sleep Med Rev.* 2024;75:101927. PMID 38626702. <https://pubmed.ncbi.nlm.nih.gov/38626702/>
13. Leino TM, et al. Violence and psychological distress among police officers and security guards. *Occup Med (Lond).* 2011;61(6):400-406. PMID 21846811. <https://pubmed.ncbi.nlm.nih.gov/21846811/>
14. Virtanen M, et al. Long working hours and depressive symptoms: systematic review and meta-analysis. *Scand J Work Environ Health.* 2018. PMID 29423526. <https://pubmed.ncbi.nlm.nih.gov/29423526/>
15. Griffin BJ, et al. Moral Injury: An Integrative Review. *J Trauma Stress.* 2019;32(3):350-362. PMID 30688367. <https://pubmed.ncbi.nlm.nih.gov/30688367/>
16. Samaritans — phone support. <https://www.samaritans.org/how-we-can-help/contact-samaritan/talk-us-phone/>
17. Shout 85258 — get help. <https://giveusashout.org/get-help/>

Evidence limitations that must remain visible

- No reliable CP-specific prevalence figures for PTSD, depression, anxiety or burnout were established.
- No reliable UK CP/SIA suicide rate was established.
- No CP-specific evidence was established quantifying the mental-health impact of freelance job insecurity.
- No adequate direct evidence was established for military/police transition specifically into private CP.
- No validated CP-specific post-assignment decompression protocol was established.
- No adequate direct evidence was established for long-term CP-specific physical-health outcomes.
- Adjacent evidence must never be presented as if it were CP prevalence evidence.

BEHIND THE PROTECTOR

DOCUMENT CONTROL

TITLE	Behind the Protector
PUBLISHER	Spartan Brotherhood
EDITION	UK First Edition
CONTENT STATUS	Final master manuscript — evidence checked
EVIDENCE REVIEW DATE	8 September 2026
NEXT SCHEDULED EVIDENCE REVIEW	At least annually, and sooner after material SIA/NHS/NICE/HSE changes
CLINICAL SCOPE	Education, wellbeing information and signposting — not diagnosis or treatment
OPERATIONAL SCOPE	No tactical close-protection instruction
FOUNDER	Richard Hall
CORE PHRASE	No Man Fights Alone

SPARTAN BROTHERHOOD — DISCIPLINE ✕ BROTHERHOOD ✕ MENTAL STRENGTH

NO MAN FIGHTS ALONE.



SPARTAN BROTHERHOOD

NO MAN FIGHTS ALONE

© Spartan Brotherhood 2026