LEAD PANTHERA

Little Guide

After the event

Team Welfare After Impactful Incidents in The Field

Image by: LEAD

- ☑ Recognise normal recovery — and when it isn't
- ☑ What to do in the first hours, days, and month
- ☑ Build the welfare response before you need it

2026 Version

Check for the most current version here

After the event

Team Welfare After Impactful Incidents in Conservation Security

Series

LEAD Little Guides

Development and collaboration

This Little Guide was developed through a collaboration between **Panthera** and **LEAD Conservation**.

Authors

Boris Vos

LEAD Conservation

Mark Booton

Panthera

Review

This Little Guide draws on the evidence base and principles of Trauma Risk Management (TRiM), a peer-delivered framework developed by the UK Armed Forces and widely adopted across emergency services and international NGOs. The approach has been adapted for the conservation security context and is not intended as a formal TRiM implementation.

Reviewer(s):

Anneloes Vree | Clinical psychologist and psychotherapist

Grant Miller MBE | ZSL

Version information

Edition: 2026

Status: Published

Production note

Digital AI-assisted tools were used to support editing and refinement.

The Little Guide series is part of the **Integrated Threat Reduction (ITR) framework**.

Download ITR here:

This little guide was written for people doing real work, in real places.

SECTION

I

INTRODUCTION

There are events in conservation security that leave a mark. A firefight with armed poachers. A colleague killed on patrol. A ranger who had to take a life in self-defense and must now return to work the following morning. A team that arrived at a poaching site and found what was left. A serious injury. A difficult decision made under extreme pressure, with consequences that could not be taken back.

These are not rare events. In some operational areas, they are a predictable part of the work.

What happens to a team after one of these events is part of the operational mission. Rangers who have not processed what they experienced are less effective, more likely to make errors, more likely to leave the organisation, and more likely to carry that pain into the rest of their lives.

Most people recover from impactful events. The body and mind have powerful natural healing processes. But recovery is more likely — and faster — when people are supported rather than left to manage alone.

This guide is about that support. What it looks like. Who provides it. And how to build it into the team before it is needed.

Who is this guide for?

This guide is for everyone involved in conservation security operations.

- Individual team members who want to understand their own reactions and support their colleagues
- Patrol leaders and team leaders who are responsible for the welfare of their teams after a difficult event
- Senior leaders and managers who build the systems that make team welfare possible
- Operations room and support staff who may not be in the field but are often

affected by what they hear

You do not need clinical training to use this guide. Most of what it describes is practical, human, and can be done by people who know their teams and care about them.

This guide does not cover families and partners at home, but they are also affected by critical incidents, often without information or support. Reaching out to families promptly after a serious incident is part of the leadership response. This is a gap worth addressing at the organisational level.

What will this guide do — and not do?

This guide will not:

- Teach psychology or clinical mental health — that belongs with trained professionals
- Replace professional mental health support where it is available
- Assess anyone's mental health — that is for trained professionals
- Suggest that peer support is enough for someone who needs professional treatment

This guide will:

- Explain what normal reactions to impactful events look like, and when they become a concern
- Give individual team members, leaders, and management a practical role in the team's welfare
- Describe a simple, practical way for teams to look after each other after an incident
- Help teams build the welfare response before it is needed, not for the first time during a crisis.

How can I use this guide?

You can read this guide from start to finish, or focus only on the parts that matter most to your role. Each section is written so it still makes sense on its own. The guide is organised as follows:

- **Section I** is the introduction and you are already in it
- **Section II** explains why the period after an impactful event matters, and what often goes wrong
- **Section III** introduces three core concepts: normal reactions, risk factors, and active monitoring
- **Section IV** gives a practical role to individual team members, team leaders, and senior leadership
- **Section V** shows what the response looks like in practice through a real-world scenario
- **Section VI** provides quick-reference lists

If you have just experienced an impactful event and need immediate guidance, go to Section IV.

If you are building the team welfare system for your organisation before an incident occurs, start at Section II.

How can I stay involved?

The QR code on the cover page links to the most current version of this guide.
A second QR code on the back of the guide links to a short feedback form.
This is an open invitation to contribute. Questions, comments, and lessons from the field are welcome and will be used to improve future versions.

This guide is meant to be used, tested, and improved over time.

SECTION

II

THE FOUNDATION

The wrong assumption

There is a version of the story: professional security people are trained for dealing with impactful events. They have seen hard things before. They deal with it and move on.

This version of the story is wrong.

Being strong and experienced does not stop the body from reacting to a traumatic event. It may change how a person shows that reaction, or whether they are willing to talk about it. But the body reacts regardless of training or experience.

Reactions after traumatic events are biology. The next chapter will describe that in detail.

What causes lasting harm is the silence around the reaction — not the reaction itself. And silence is not the only problem. How the people around someone respond matters too. If colleagues, family, or commanders react with alarm, panic, or dismissal, that response becomes part of what the person carries. The environment around a struggling person can support recovery or get in its way.

The cost of silence

Conservation security organisations rarely have plans for what happens after a serious incident. The team returns. Operations resume. The incident is briefed operationally — what happened, what lessons can be learned, what to do differently next time. The human impact of the event is not discussed because there is no system for discussing it.

Some team members recover easily and would have done so regardless. Others carry something that does not resolve on its own — and because there is no framework for checking, nobody notices. They become less effective, more

distant, more prone to errors or risk-taking. They may leave the organisation. They may struggle for years. And from the outside, it often looks like something else: a performance issue, a disciplinary issue, a personal problem.

Doing nothing after a serious incident is itself a message. It tells the team that what happened — and how they feel about it — does not matter.

No organisation means to send that message. But without a welfare response, that is what the team hears.

What does not work, and why

There is a well-known approach to support after an incident: everyone involved sits down together — usually within 24 hours — and is asked to describe what happened and how they felt.

The intention is good. **The evidence says not to use it.**

Research shows this approach can get in the way of natural recovery. Asking people to go back through a traumatic event before they are ready — or in a group where others are watching — can make things harder, not easier. Some people feel worse after a group debrief than they would have without it.

The approach recommended in this guide is different. It does not ask everyone to share. It runs no mandatory group sessions. It monitors — carefully, consistently, and with genuine attention — so that the people who are struggling are found and helped, while those who are recovering naturally are supported without interference.

Most people recover. A well-run team makes that more likely — and catches those who do not.

SECTION

III

CORE CONCEPTS

Normal reactions to abnormal events

In the hours and days after something like this, many people experience some of the following. It is important to know this is normal — not illness, not failure.

- Unwanted memories (also called intrusions) — images, sounds, or details that come back without warning, including during sleep. These are a normal part of how the brain begins to process a traumatic event
- Being jumpy — startling easily, watching for danger, finding it hard to relax
- Disturbed sleep — difficulty falling asleep, waking frequently, vivid dreams or nightmares
- Difficulty concentrating — finding routine tasks harder than usual
- Irritability — shorter fuse than normal, reactions that feel too big for the situation
- Feeling flat — cut off from other people, going through the motions, not fully present
- Physical symptoms — fatigue, headaches, changes in appetite

For most people, these reactions fade within two to four weeks. Sleep gets better. The memories become less frequent. The body settles.

Allow that time. Recovery is not something to push through or rush past — it is something that happens. A person who is given space and contact during those two to four weeks is more likely to recover well than one who forces themselves to appear fine.

The key word is most. Some people take longer. The team welfare system exists to find those people.

What helps: keeping a routine, getting sleep, moving the body, staying in contact with family and people you trust, and knowing that what you are feeling is normal and will pass.

What does not help: drinking heavily, cutting yourself off from others, or pushing

everything down and pretending nothing happened.

Carrying it alone — without a team that knows you are struggling — is where the damage happens.

Risk factors: who may find recovery harder

Some people find recovery harder than others. Certain things make this more likely — things related to what happened, to the person, and to their situation. Nobody can say in advance who will struggle. But knowing these factors helps team leaders pay closer attention to the people most likely to need support.

What happened:

- Believing at the time that they were going to die or be seriously hurt
- Taking a life, or making a decision with serious consequences
- Seeing a colleague or someone they knew die or be badly injured
- Being unable to help someone who needed help

The person:

- Past experiences of trauma that were never dealt with
- Stress or difficulties outside work — family, money, health
- A habit of blaming themselves for things outside their control

The situation:

- Having nobody to talk to, or being surrounded by team members who are also struggling
- Being sent straight back to work with no rest
- Feeling that the organisation does not care what they went through

Having these factors does not mean someone will develop a serious problem. But each one is a reason to pay closer attention, check in more often, and make sure

support is within reach.

Active mornitoring: the core principle

This approach is based on research developed by the UK Armed Forces and now used by emergency services, media organisations, security firms, and governments worldwide. The evidence is clear: when trained colleagues check in after an incident — at 72 hours and again at four weeks — fewer people struggle long-term, and more people get professional help when they need it.

The core principle is simple: active monitoring. After an impactful event, a trained colleague checks in with each team member at three points — direclty after the event, around 72 hours after the incident, and again around four weeks later. These are welfare check-ins: structured conversations between colleagues, not clinical assessments.

The 72-hour check-in lets every person know they are seen, tells them what to expect, and helps spot anyone who is already struggling.

The four-week check-in finds those who have not recovered. Most people who are going to recover will be much better by then. Those who are still sleeping badly, still having unwanted memories, still pulling away from the team — those are the people who need professional support.

The check-in does not require the person to share how they are feeling. A colleague makes contact, listens, and pays attention. If the person opens up, that is welcome. The watching continues either way.

A welfare check-in is the team paying attention.

Moral injury: when guilt is the wound, not fear

Some events raise questions that go beyond fear and threat. A ranger who has taken a life. A team that followed orders they believed were wrong. Someone who was part of something that goes against what they believe is right.

This is different from the reactions described above. It reaches beyond what happened to someone. The wound is in what they did, or failed to do, or were part of — and whether they can live with that.

Researchers call this **moral injury**. The signs are often guilt, shame, a loss of motivation and meaning, pulling away from things the person previously cared about, and difficulty trusting their own judgement — different from the nightmares and jumpiness more commonly associated with trauma.

Peer support can help with moral injury — but it helps by naming it, not by solving it. A colleague who simply acknowledges that what happened was genuinely hard — rather than brushing it aside — does more than one who says “you had no choice” or “you did what had to be done.”

Moral injury often needs professional support — someone trained in this kind of difficulty. The team leader’s role is to recognise the signs and make sure that help is available.

SECTION

IV

PRACTICAL APPLICATION

For every teammember

You do not need a management role or a welfare position to support a colleague after a difficult event. The most important support most people receive is informal — a teammate who notices, who checks in, who does not pretend the event did not happen.

What you can do for yourself:

- Eat, drink, and rest as soon as the situation allows. Your body needs this to recover.
- Keep your routine as much as possible. Familiar patterns help when everything else feels uncertain.
- Let someone know you are safe — a partner, a family member, a friend outside the team. Staying connected to people you trust is one of the best things for recovery.
- Talk to someone. Not necessarily about the details of what happened. Just stay in contact with people who matter to you.
- Limit alcohol. It may feel like it helps at first. But it disrupts sleep and makes things worse over time.

What you can do for a colleague:

- Check in. A simple “are you doing okay?” is enough. You do not need to have a plan for what comes next. Just asking signals that you noticed.
- Do not insist on disclosure. If a colleague does not want to talk, respect that. Your role in the check-in is to make contact and leave the door open.
- Offer practical help rather than trying to find the right words. Making sure someone has eaten, giving them a lift somewhere, sitting with them for a while — this is often more useful.
- Tell someone if you are worried. If a colleague seems to be struggling and not getting better, tell your team leader. You are not betraying anyone. You are doing exactly the right thing.
- Do not tell a colleague they will be fine. You do not know that. “I’m here” is more honest and more helpful.

For patrol leaders and team leaders

Team leaders carry the primary responsibility for the welfare response after an impactful incident. Their role is to carry out a specific set of actions, in sequence, consistently — not to become counsellors.

You may also be affected by what happened. That matters too. The welfare system applies to you as well as to your team. Section V returns to this.

Immediate response — first 24 hours:

WHAT TO DO IN THE FIRST 24 HOURS	
Basic needs	Ensure every team member has food, water, rest, and the chance to contact their family as soon as possible. These come before the paperwork. They are the first welfare action.
Brief the team	Give the team a brief, factual account of what happened and what happens next. Keep it factual. Do not ask people to share how they felt. Do not speculate or exaggerate. Name the event clearly rather than avoiding it.
Normalise	Tell the team directly: it is normal to feel something after this. Most people do, for a while, and then recover.
Name what is available	Tell the team what support is available to them: who they can speak to, how to access it, and that asking for support is a sign of professionalism, not failure.
Do NOT conduct a group disclosure session	Do not ask everyone to share their feelings with the group. Do not run a mandatory debrief. Create an opening without pushing anyone to share.

The 72-hour check-in — within three days

Within three days of the incident, have a brief, individual conversation with each team member. This does not need to be formal. It does not need to be long. It needs to happen.

What to ask:
- How are you sleeping?
- Are you eating?
- How do you feel about coming back to work?
- Is there anything you need right now?

Listen more than you speak. You are making contact and leaving the door open.
After each conversation, make a simple note of how the person seemed. This helps when you do the four-week check-in.

What to watch for at 72 hours:
- Not sleeping at all, or sleeping very heavily and not waking
- Not eating or eating extremely poorly
- Withdrawing from the team, avoiding all contact
- Compulsive talking — unable to stop reliving the event in detail
- Significant irritability or aggression that is out of character
- Signs of heavy alcohol use
- Statements suggesting severe guilt or self-blame: “it should have been me,” “I should have done more”

None of these is an automatic referral trigger. Each is a signal to pay closer attention, increase contact, and be ready to act at the four-week point.

The four-week follow-up — around one month later

Mark it in the calendar before you forget. One month after the incident, check in again with each person who was involved.

By four weeks, most people who are going to recover will be much better. Sleep will have improved. Unwanted memories — intrusions — will have become less frequent. They will be back to working normally.

Those who are not recovering — still sleeping badly, still avoiding their duties, still not themselves — need more than peer support.

At four weeks, if someone is not recovering, your role is to refer — not to manage.

How to raise it:

"I've been checking in with everyone after what happened last month. I can see things are still hard for you. That makes sense given what you went through. I think you need more support than I can give you. I'd like to help you speak to someone who can really help. That takes strength."

Have the contact identified before you need it. Know the name of the person or service. Know the number. Do not send someone away to find help on their own.

For senior leadership and management

The welfare response after an impactful incident only works if it is supported from the top. A team leader who tries to run a welfare response in an organisation where leadership does not support or fund it will struggle. The system must be built, funded, and maintained by those with the authority to do so.

Immediate response:

- Make contact with the team. A leadership figure visiting or calling in the days after a serious incident sends one of the clearest signals possible: that the organisation sees what the team went through and takes it seriously.
- Make operational decisions with welfare in mind. Who needs a stand-down period? Who is fit to return immediately? These decisions should not ignore the human impact of what the team went through.
- Communicate with families where appropriate and possible. The uncertainty families experience after a serious incident is its own source of distress.

In the first month:

- Check in with team leaders, not just team members. Team leaders are often directly affected by incidents — and often the last to say so because they feel responsible for their teams. They need the welfare response too.
- Ensure team leaders have the information, training, and time to carry out the welfare check-ins. A team leader managing the aftermath of a crisis without enough support will struggle to look after their team as well.

- Make sure professional support is within reach for those who need it. This means knowing in advance what services are available and how to reach them — not finding out when someone is already struggling.

Building the system:

- Designate welfare contacts for each operational area. These are non-clinical colleagues — experienced, trusted, willing — who are trained in the welfare check-in approach and deployed after incidents. They are the first layer of the system, not a substitute for professional mental health.
- Train them before they are needed. Practical training in how to conduct a welfare check-in, what to listen for, and how to refer is the minimum. Two days is sufficient for most teams. The welfare contact needs enough knowledge to have a good conversation and recognise when someone needs more support — not clinical expertise.
- Identify professional support contacts for every operational area. In many parts of Africa, mental health services are not nearby. Know what is accessible: employee assistance programmes, telemedicine services, partner organisations, regional facilities. Update this information at least once a year.
- Make team welfare a standard agenda item after any significant incident, not an afterthought. If the operational debrief includes lessons learned, the welfare status of the team belongs in the same meeting.
- Budget for it. Professional support costs money. Training costs money. Time for welfare check-ins costs something. These are not optional extras — they are part of the cost of working in high-risk environments.

Setting up the welfare safety net

This preparation happens before any incident. The worst time to search for a mental health professional is the week after a critical event. Know who you are calling before you ever need to make the call.

Your mental health contact

Identify one professional with experience in occupational trauma or field work — someone who understands the environment rangers operate in, and will not need the basics explained before they can help.
They do not need to be nearby. Many professionals work well over phone or video.
Brief them before you ever make a referral:

- What does your team do? What kinds of incidents do they face?
- How is the team structured? Who is the welfare contact?
- How will a referral reach them, and how quickly can they respond?

A professional who already has this context can help from the first call. One who is hearing it for the first time in a crisis cannot.

Telemedicine

In most of Africa, a mental health professional is far away. Telemedicine shortens that distance significantly.

A phone call or video session is sufficient for most initial assessments and many follow-up sessions. Confirm that whatever platform the professional uses works on a basic smartphone connection — because that is what your team leaders have in the field.

Some international telemedicine providers offer NGO and conservation sector rates. It is worth asking.

The retainer

If your mental health contact is not a full-time employee, a simple retainer puts the relationship in writing.

A basic retainer covers three things:

- Guaranteed availability within an agreed window — for example, able to take a

referral within 48 hours
- A minimum number of sessions per year included in the cost
- A clear process: who makes the call, what information is shared, what happens next

The cost is modest. It is far less than losing an experienced ranger to long-term welfare failure, or managing a situation that was left unaddressed for months. Agree it before you need it.

Know your regional map

Beyond your primary contact, know what else exists within reach:
- Hospitals or clinics with any mental health capacity — even a psychiatric nurse or counsellor
- What your travel or health insurance covers for mental health treatment — and close the gap if it does not cover it
- Whether partner organisations in your area share welfare contacts or resources — other conservation bodies may have built something you can draw on

Community and faith resources

In many African contexts, a trusted pastor, imam, or community elder is more accessible and more culturally accepted than a clinical professional. These relationships are real and valuable — particularly for moral injury, where meaning and community are part of what heals.

They are not a substitute for clinical support when clinical support is needed. But they are a genuine part of the welfare network, and the organisation should know who they are.

The contact card

One document. One page. For every team leader:
- Name of the mental health contact

- Number to call — and a backup
- What to say when you call: “I am a team leader with [organisation]. I need to refer someone for welfare support. We agreed a referral process with you.”
- Regional facilities and other contacts, ranked by distance

Updated at least once a year. Numbers go dead. Services close. Brief every new team leader on what is on it and how to use it.

Also give it to individual team members. Access to support should not depend on the team leader being available or willing.

Test the system before you need it

Once a year, make the call. Confirm the professional is still active. Confirm the process still works. A welfare system that has never been tested is not a welfare system. It is a list of good intentions.

SECTION

V

IN THE REAL WORLD

After the ambush

Imagine the third day of a four-day patrol in a remote sector of the Selous ecosystem in southern Tanzania. A team of seven rangers makes contact with a group of armed poachers in heavy bush. In the firefight that follows, one ranger — the team's most experienced member and the informal anchor of the group — is killed. Two others sustain minor injuries. The remaining four are physically unhurt.

The team leader is 31 years old. He has been leading patrols for five years. He has never lost a team member before.

He makes the right decisions in the field. He secures the scene. He coordinates the evacuation of the casualties. He makes the calls. The operations room is informed. The patrol returns to base. What happens in the following days and weeks is what this guide is about.

The first 24 hours

The team leader does three things before he does anything else.

First, he ensures the team eats. It is late afternoon and nobody has had a meal since morning. He does not convene a debrief. He does not file a report. He makes sure there is food and water, and that everyone sits together long enough to have it.

Second, he gives everyone ten minutes to contact their families. Two team members have partners. One has young children. The team leader knows that the families will probably hear that something happened before they hear that their person is safe. He makes sure that call happens first.

Third, he speaks to the team together — briefly, factually. He names what happened. He does not minimise it or dress it in operational language. He tells them: this was hard. It is normal for it to feel hard. You may not sleep well. You may find your mind

going back there. That is what happens after something like this. It will likely ease with time. In the meantime, talk to each other, and talk to me.

He does not ask anyone how they feel. He does not run a group sharing session. He closes with: “We will speak again over the next few days. One at a time. You can come and speak to me in the meantime, if you want.”

He then contacts the operations room, files the necessary reports, and at midnight, sits alone in the dark for a while before he sleeps. He does not sleep well.

The 72 hours check-ins

Over the following two days, the team leader has a brief individual conversation with each of the five surviving team members. He keeps it simple — no questionnaire, no form. He asks: how are you sleeping? Are you eating? How do you feel about going back out?

Most of the conversations are short. A few minutes. Most team members say they are managing. Two say they are not sleeping well but otherwise seem steady. One — the youngest member of the team, who was standing closest when the senior ranger fell — is quieter than usual, eating less, and gives short answers. The team leader notes this. He increases the informal contact with this team member over the following days — dropping by, checking in briefly, making sure he is not disappearing.

He also has the conversation with himself, in his own way. He speaks to a colleague from another area — someone he trusts — not about the clinical details but just to have a voice on the other end of the phone that is not about the incident.

Four weeks later

At four weeks, the team leader checks in again. Most team members have returned

to normal. Sleep has settled. Unwanted memories have become less frequent. They talk about the colleague who was killed more calmly — with grief, yes, but not in crisis.

The youngest team member has not recovered in the same way. He is still sleeping badly. He has been requesting lighter duties without explaining why. His patrol leader on the next rotation reported that he seemed distracted in the field. When the team leader sits with him at four weeks, the young ranger says quietly that he keeps seeing it — the moment — and that he feels like he should have done something different.

The team leader listens. He does not correct him or tell him he will be fine. He says: what you are carrying is more than anyone should manage alone. I want to help you speak to someone who can really help. You went through something serious. You deserve proper support.

The referral is made that week. A telemedicine session is arranged through the organisation's employee assistance programme. Two months later, the young ranger is back on full patrol.

The team leader

Six months after the incident, the team leader is asked what he found hardest.

He says the hardest part was the three days after — not the incident itself. Making decisions while also being affected. Trying to take care of five people while not quite taking care of himself. Nobody designated to check on him.

This is the gap that senior leadership must close. The welfare system must include the person running it.

A team leader who looks after everyone else but has no one looking after them is a system with a gap at its centre.

SECTION

VI

THE PART OF TENS

This part is here because lists are useful.

They help you check your thinking, spot patterns, and remind yourself what really matters. You don't need to read this part in order.

Ten warning signs that someone is not recovering

1. **Sleep not settling by four weeks.** A few nights of broken sleep is expected. Persistent poor sleep at four weeks — unable to sleep, waking frequently, or reliving the event in nightmares — is a sign that the body has not settled. Recurring nightmares are a specific symptom: the brain re-running the event during sleep, often waking in panic. This needs professional support, not just rest.
2. **Drinking significantly more than before.** Reaching for alcohol after a hard event is common and understandable. When it continues and increases, it is a sign of struggle and will make recovery harder.
3. **Avoidance** — of the subject, the place, certain duties, or patrol itself. Avoiding reminders is natural in the first days. When it continues for weeks and starts to limit what the person can do — finding reasons not to go out, requesting reassignment without explanation — it has become part of the problem.
4. **Compulsive reliving** — unable to stop talking about the event in detail. The opposite of avoidance. The person keeps returning to the event, in graphic detail, and cannot seem to move past it. This is a sign they need support.
5. **Withdrawal and flatness.** The person stops joining meals, avoids social contact, loses their humour, goes through the motions without really being there. The person who has withdrawn and the person who 'seems fine' may be experiencing the same thing at different depths. Both need attention.
6. **Significant, unexplained irritability or aggression.** Out-of-character emotional responses — particularly anger — can mean that the person is struggling and has no way to manage it. This affects the whole team and needs to be addressed.

7. **Statements suggesting deep guilt or self-blame.** "I should have done something." "It should have been me." "I can't stop thinking that if I had—" These statements, especially when repeated, may point to moral injury rather than fear. A different kind of support is needed.
8. **Recklessness on patrol.** The person who starts taking risks that would have been unacceptable before the incident. This may mean they have stopped caring about their own safety. It is dangerous and needs immediate attention.
9. **Moments of blankness during duty — the empty stare.** The person stops responding when spoken to, does not remember what just happened, seems briefly absent. This is dissociation — the brain temporarily checking out under stress. It is not daydreaming. During patrol it is a direct safety risk. Colleagues often notice it before the person themselves does.
10. **Statements about not wanting to be here.** "It doesn't matter anymore." "They'd be better off without me." Do not wait and see. Get professional help involved immediately — especially when combined with sign 7 (guilt and self-blame) or sign 8 (recklessness on patrol).

Ten things the team leader does in the first week

1. **Ensures food, water, rest, and a chance to contact home for every team member as soon as operationally possible.** This is welfare action number one. Not paperwork, not debrief, not report. Basic human needs first.
2. **Briefs the team factually on what happened and what happens next.** A clear, honest, factual account stops rumours from filling the space. Keep it brief. Keep it factual. Do not speculate and do not minimise.
3. **Names the event directly rather than treating it as unmentionable.** Avoidance at the leadership level signals to the team that the event — and their reaction to it — is not safe to discuss. Name it. Acknowledge it. Do not dwell on graphic details, but do not pretend it did not happen.
4. **Tells the team what to expect and normalises the reaction.** A 60-second explanation of what normal reactions look like is one of the most useful things a team leader can do. Most people are reassured to know that what they are

experiencing is expected.

5. **Tells the team what support is available, and makes it sound like the obvious thing to use.** "If you want to talk to someone, here is how to do it" — framed as a normal option, not a last resort for people who have failed to cope on their own.
6. **Has an individual check-in conversation with each team member within 72 hours.** Not a group session. Not a structured form. A conversation. "How are you sleeping? Are you eating? How do you feel about coming back?" That is enough.
7. **Identifies who appears most affected and increases informal contact with them.** This requires noticing, nothing more. The person who is quieter than usual, eating less, sleeping worse. Pay them more attention without making it obvious.
8. **Marks a four-week follow-up check-in in the calendar.** If it is not scheduled, it will not happen. The four-week check-in is the most important welfare action in the whole framework. Schedule it before you forget.
9. **Informs senior leadership of the incident and the welfare status of the team.** The team leader should not manage the aftermath alone. Senior leadership needs to know what happened and what the team needs. If senior leadership does not ask, the team leader should tell them anyway.
10. **Checks in on themselves.** This one is last because team leaders consistently do it last, or not at all. You were also there. You also went through it. Find someone — a trusted colleague, a manager, a peer from another area — and make contact. Not to talk through everything. Just to not manage it entirely alone.

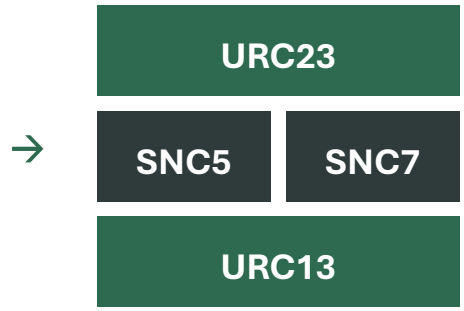
How this guide aligns with the Global Ranger Competences

The International Ranger Federation and the Universal Ranger Support Alliance (URSA) publish the Global Ranger Competences — a shared benchmark for what a professional ranger needs to be able to do. This guide puts several of those competences into practice.

Every team member
Welfare for self and co-workers, including mental health

Team leaders
Check-ins, morale, and the referral pathway

Senior leadership
Building and funding the welfare system



Universal competences in green · senior competences in slate

The strongest link is welfare. Every ranger should maintain health and welfare for self and co-workers, including mental health (URC23). That is exactly what the check-in approach asks of every team member: pay attention to yourself, and to the person next to you.

For leaders it goes further: supervising teams and maintaining morale (SNC5), and ensuring the welfare, safety and wellbeing of rangers (SNC7), including assessing risks and establishing protocols. The 72-hour check-in, the four-week follow-up, and the referral pathway are the protocols SNC7 asks leaders to build.

Responding correctly to emergencies (URC13) does not end when the casualty is evacuated and the reports are filed. What happens to the team afterwards is part of the response. This guide covers that part.


“My closest relative is the elephant. Even the big strong ones need someone checking in.”

A practical *Little Guide* to team welfare after impactful incidents

Most people recover from traumatic events. A well-run team makes that more likely — and catches those who do not. This guide gives every member of a conservation security team a practical role in looking after each other after something difficult happens.

- **Learn that reactions after traumatic events are normal and expected.**
- **The 72-hour check-in** and the four-week follow-up are the two most important actions after any serious incident.
- **The team leader** who looks after everyone else also needs someone looking after them.
- **The welfare system must be built before it is needed.**

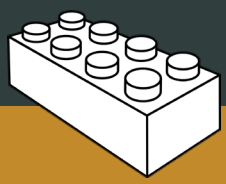
What are Little Guides?

Little Guides are short, practical documents designed to be read and used quickly. Each guide focuses on one idea or way of working that supports better conservation security on the ground.

A typical Little Guide takes about **30 minutes** to read. You do not need to study it, memorise it, or read it in one sitting. You can dip in, return to it later, or use it as a reference during planning, training, or discussion.

Each Little Guide stands on its own feet. You do not need to read the others first to make sense of this one. At the same time, the guides are designed to fit together. They share a common language and logic, and all sit within the broader framework of **Integrated Threat Reduction (ITR)**.

Think of Little Guides as building blocks. Each one helps clarify a specific part of conservation security work, while supporting the bigger picture of reducing risk and harm, shaping behaviour, and achieving lasting impact.



Little Guide

Staying involved

This QR code links to a feedback form feeding directly into LEAD's review and update cycle.