

Institutional Trust and Psychological Risk Management in International Security and Defense-Related Operations

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ABSTRACT

The article is dedicated to the psychological structuring of institutional trust and psychological risk management in international security and defense-related operations, with an empirical anchoring in Eastern Africa. Relevance stems from the persistence of high-insecurity environments where cooperation with security institutions is filtered through threat appraisal, trauma-related cognitive shifts, and occupational mental health constraints among personnel. Scientific novelty is articulated through an integrated multilevel model that links civilian trust calibration to officer psychological vulnerability and to organizational mediation mechanisms, rather than treating legitimacy as a purely administrative variable. The work describes how contingent trust emerges through localized interaction patterns and communication buffers, and it studied how depression, suicidality, substance-related coping, and resilience-related protective resources co-produce institutional credibility. Special attention is paid to the recursive loop in which civilian mistrust amplifies officer stress, and stress-driven behavioral dysregulation further corrodes public confidence. The aim of the study is to identify psychologically grounded leverage points for stabilizing institutional trust in high-risk security environments. Comparative synthesis, structured source analysis, and analytical modeling are used to solve it. The conclusion outlines actionable psychosocial entry points for security governance design. The article will be useful for policymakers, mission planners, and security-sector training units.

Keywords: institutional trust, psychological risk management, secure base leadership, community policing, Eastern Africa

Introduction

Institutional trust in security and defense operations in Eastern Africa operates under a persistent cognitive load generated by chronic insecurity, episodic political violence, and everyday uncertainty about procedural fairness. In such settings, cooperation with security institutions is rarely a neutral civic routine; it is a psychologically framed decision shaped by anticipatory fear, perceived retaliation risk, and the learned expectation that disclosure may generate harm. Kenya and Tanzania provide a particularly instructive setting because trust formation is pressured simultaneously by community-level threat exposure and by internal vulnerabilities within security organizations, including

depression-linked dysregulation and maladaptive coping patterns among personnel.

The aim of this study is to construct a multilevel psychological model explaining how institutional trust is stabilized or destabilized through interacting civilian, officer, and organizational risk dynamics in international security operations. The objectives are:

- 1) to systematize the psychological mechanisms through which civilians calibrate trust and cooperation under chronic threat conditions;

- 2) to examine how mental health burden and coping disturbances among security personnel reshape institutional behavior and public perceptions;
- 3) to identify multilevel organizational configurations that reduce psychological risk and support trust stabilization in security governance.

The study hypothesizes that institutional trust in high-insecurity environments is contingent upon the alignment between civilian trauma-conditioned trust calibration, officer psychological resilience, and leadership-mediated organizational climate. Misalignment across these layers generates recursive trust erosion.

Scientific novelty is expressed in a multilevel synthesis that treats trust as a dynamic cognitive-affective configuration coupled to resilience resources, social support structures, leadership security climate, and mediated communication pathways, rather than as a fixed legitimacy attribute.

Methods and Materials

The materials consist of ten peer-reviewed studies addressing police–community trust, mental health burden in security personnel, trauma exposure effects on institutional trust, resilience mechanisms in military organizations, leadership-based protective climates, and occupational trauma coping strategies. The materials were used to reconstruct a unified psychological explanatory model capable of linking community-facing trust dynamics to internal psychosocial risk profiles within security institutions.

Community-level mechanisms of contingent trust-building and mediated reporting in high-insecurity urban settlements were examined through an empirical account of policing and citizen trust in Kenya (Mutahi et al., 2024). The prevalence structure of depression and suicidality among police officers in urban Tanzania, together with the predictive weight of perceived social support, was used to specify institutional vulnerability channels relevant to procedural interaction quality (Njiro et al., 2021). Patterns of alcohol and tobacco involvement and their associations with depression were used to map coping-driven risk amplification inside police organizations (Ndumwa et al., 2023). Trauma-linked shifts in social and institutional trust were used to anchor the model in cognitive mechanisms of threat generalization and trust contraction under war exposure

(Hall and Werner, 2022). Meta-analytic estimates of depression, anxiety, and post-traumatic stress in conflict-afflicted regions were used to justify a trauma-informed baseline for trust formation under insecurity (Lim et al., 2022). Evidence on resilience as a mediating psychological resource connecting team characteristics to commitment and well-being was used to formalize protective mechanisms at the unit level (Kanapeckaitė and Bagdžiūnienė, 2024). Findings on resilience effects on mental health in military personnel, including the modulation through coping styles and regulatory focus, were used to operationalize self-regulation pathways under prolonged stress (Cao et al., 2023). Secure Base Leadership effects on identification, engagement, and resilience were used to model leadership-mediated trust-supportive climates (Navas-Jiménez et al., 2024). Evidence on stress–well-being associations among military gendarmes was used to specify cumulative strain dynamics relevant to occupational functioning and interactional patience (Turliuc and Balcan, 2023). A scoping synthesis of occupational trauma coping strategies in police contexts was used to define feasible psychosocial interventions and support architectures for risk mitigation (Modula et al., 2024).

To write the article, a comparative analytical method, structured source analysis, conceptual synthesis, and analytical modeling were used, with attention to mechanism-level compatibility across civilian, organizational, and personnel strata.

Results

The psychological architecture of institutional trust in international security and defense-related operations within Eastern Africa reveals a layered configuration in which individual vulnerability, collective memory of violence, and organizational design intersect. In Kenya and Tanzania, trust toward security institutions does not consolidate at the abstract institutional level; it crystallizes within localized interactional spaces where perceived effectiveness, psychological safety, and relational continuity are tested under conditions of insecurity.

Across high-risk urban environments in Nakuru County, more than 60% of the population reported no or only minimal trust in the police between 2011 and 2022, indicating a structurally fragile baseline of institutional confidence (Mutahi et al., 2024). In settlements such as Kaptembwo and Karagita, 55% and 36% of residents, respectively, identified violent crime as prevalent, while

45% and 44% reported political and ethnic violence as significant threats (Mutahi et al., 2024). These figures situate institutional trust within an ecology of chronic threat exposure (Table 1).

Table 1. Psychological Determinants of Institutional Trust in High-Insecurity Security Environments (compiled by the author based on Mutahi et al., 2024; Hall and Werner, 2022; Lim et al., 2022; Njiro et al., 2021; Ndumwa et al., 2023)

Analytical Level	Core Psychological Construct	Mechanism of Influence on Trust	Security-Relevant Manifestation
Civilian Level	Trauma exposure	Hypervigilance and threat generalization	Reduced willingness to report crime
Civilian Level	Anticipatory fear	Risk appraisal before institutional contact	Preference for indirect communication channels
Officer Level	Depression and suicidality	Emotional dysregulation and cognitive fatigue	Reduced procedural patience
Officer Level	Low perceived social support	Increased vulnerability to stress	Impaired relational engagement
Organizational Level	Leadership security climate	Attachment-based confidence	Strengthened organizational identification
Organizational Level	Communication mediation structures	Psychological buffering of exposure risk	Gradual contingent trust formation

Under such conditions, collaboration with security actors becomes a psychologically calculated risk, shaped by anticipatory fear and reputational uncertainty.

The relational mechanism underlying trust formation appears contingent rather than generalized. Residents frequently differentiated between trust in individual officers and distrust in the institution as a whole, demonstrating selective cognitive attribution (Mutahi et al., 2024). This individualized trust aligns with a trauma-informed perspective, suggesting that in high-insecurity contexts, interpersonal predictability substitutes for institutional legitimacy. Exposure to organized violence and electoral unrest in Nakuru County reinforced vigilance and hyperarousal patterns that narrowed the radius of trust to known actors.

Parallel data from Tanzania illuminate the internal

psychological strain within security institutions themselves. Among 497 police officers in urban Dar es Salaam, 19.8% screened positive for depression and 15.4% reported suicidal ideation, with 10.7% of those experiencing suicidal thoughts reporting them nearly every day (Njiro et al., 2021). The magnitude of low perceived social support-11.3% classified as low-proved statistically decisive: officers with low support had an adjusted odds ratio of 28.04 (95% CI: 8.42–93.37, $p < 0.001$) for depression and 10.85 (95% CI: 3.56–33.08, $p < 0.001$) for suicidality (Njiro et al., 2021). Institutional trust among civilians, ns therefore, unfolds against a background in which the psychological resilience of officers themselves is compromised.

Substance use patterns intensify this configuration of risk. In the same Tanzanian cohort, 31.3% reported alcohol use within the past three months, and 13.3% met

criteria for potential Alcohol Use Disorder, while 6.2% met criteria for potential Tobacco Use Disorder (Ndumwa et al., 2023). Depression doubled the odds of potential Alcohol Use Disorder (aOR: 2.27, 95% CI: 1.12–4.58, $p=0.023$), and potential Alcohol Use Disorder increased the odds of Tobacco Use Disorder eightfold (aOR: 8.03, 95% CI: 3.52–18.28, $p<0.01$) (Ndumwa et al., 2023). These interlocking vulnerabilities reveal how psychological distress within security personnel can indirectly shape public trust: impaired emotional regulation, irritability, and diminished executive functioning undermine procedural fairness and community engagement.

At the macro-psychological level, conflict-affected populations globally demonstrate elevated prevalence of depression, anxiety, and post-traumatic stress disorder, with meta-analytic data confirming sustained mental health burden in war-exposed regions (Lim et al., 2022). The transposition of these patterns to refugee and post-conflict populations indicates that exposure to violence predicts reduced institutional trust through mechanisms of threat generalization and impaired social cognition (Hall and Werner, 2022). When applied to Eastern African contexts marked by electoral violence and intermittent armed insecurity, these findings suggest that distrust toward security institutions is not solely political but neuropsychologically conditioned by trauma exposure.

Within military settings, resilience emerges as a mediating psychological resource linking team characteristics to organizational commitment and well-being (Kanapekaitė and Bagdžiūnienė, 2024). Soldiers embedded in cohesive teams demonstrate higher organizational identification when psychological resilience operates as an intermediary mechanism (Kanapekaitė and Bagdžiūnienė, 2024). This mediating structure has direct implications for multinational defense operations in Eastern Africa: resilience-enhancing climates may stabilize institutional trust internally before such trust can radiate outward toward civilian populations.

Coping style and regulatory focus further modulate mental health outcomes under prolonged stress conditions. Adaptive coping and promotion-focused regulatory orientation buffer psychological distress among military personnel exposed to pandemic-related uncertainty (Cao et al., 2023). Translating this insight to security operations in volatile environments suggests that trust-building strategies must incorporate structured

coping support and future-oriented motivational framing to counteract defensive withdrawal.

Leadership configuration introduces another psychological variable. Secure Base Leadership during military training increases organizational identification and resilience through work engagement pathways (Navas-Jiménez et al., 2024). Leaders who combine attachment security with performance accountability foster environments where subordinates perceive institutional structures as protective rather than punitive. In contexts such as Kenyan community policing committees, similar dynamics appear when officers engage residents through participatory meetings, transforming communication channels into trust-generating nodes (Mutahi et al., 2024).

Stress research among military gendarmes demonstrates that elevated occupational stress correlates negatively with psychological well-being, underscoring how cumulative strain erodes adaptive functioning (Turliuc and Balcan, 2023). The Tanzanian police data echo this pattern: officers serving 5–14 years showed higher depression risk compared with those serving 15 years and above, suggesting early-career vulnerability before coping schemas consolidate (Njiro et al., 2021). Psychological risk management must therefore differentiate across career phases.

Trauma-coping strategies within police populations show that structured peer support, psychoeducation, and confidential reporting mechanisms mitigate occupational trauma impact (Modula et al., 2024). The presence of community policing committees in Nakuru functions analogously as an intermediary buffering structure. Residents hesitant to report directly to police utilized Community Policing Committees as confidential conduits, reframing communication as relationally mediated rather than institutionally exposed (Mutahi et al., 2024). This reconfiguration of reporting pathways reduces anticipatory anxiety and attenuates perceived retaliation risk.

Electoral security episodes offer acute testing points for institutional trust. During the 2022 general elections, residents described visible patrols and non-aggressive police conduct as reassuring, contrasting with memories of prior violence (Mutahi et al., 2024). Trust gains in such moments appear performance-contingent and temporally bounded. They consolidate when procedural fairness, emotional regulation, and visible neutrality converge.

A structural tension persists between officer rotation policies intended to prevent corruption and the relational continuity required for trust consolidation. Frequent transfers disrupted rapport-building in Karagita, while prolonged tenure in Kaptembwo generated perceptions

of political capture (Mutahi et al., 2024). Psychological risk management at the institutional level, therefore, requires calibrated rotation cycles that balance anti-corruption safeguards with relational stability (Figure 1).

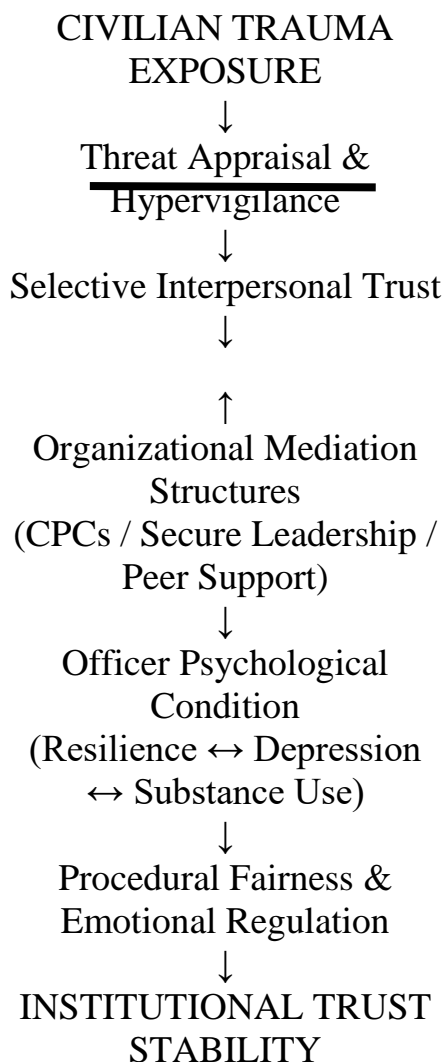


Figure 1. Multilevel Psychological Architecture of Institutional Trust Formation (compiled by the author based on Kanapeckaitė and Bagdžiūnienė, 2024; Navas-Jiménez et al., 2024; Modula et al., 2024; Mutahi et al., 2024)

The model illustrates bidirectional feedback loops between civilian threat appraisal, officer psychological regulation capacity, and leadership-mediated climate stabilization. Solid arrows represent direct psychological influence; dashed arrows represent recursive amplification pathways. Synthesizing across the corpus, institutional trust in Eastern African security operations is best conceptualized as a dynamic equilibrium between

three interacting strata: civilian trauma exposure, officer psychological well-being, and organizational mediation structures. Depression prevalence of 19.8%, suicidality at 15.4%, alcohol use at 31.3%, and low social support as a 28.04-fold predictor of depression collectively indicate that internal institutional fragility mirrors external mistrust (Ndumwa et al., 2023; Njiro et al., 2021) (Figure 2).

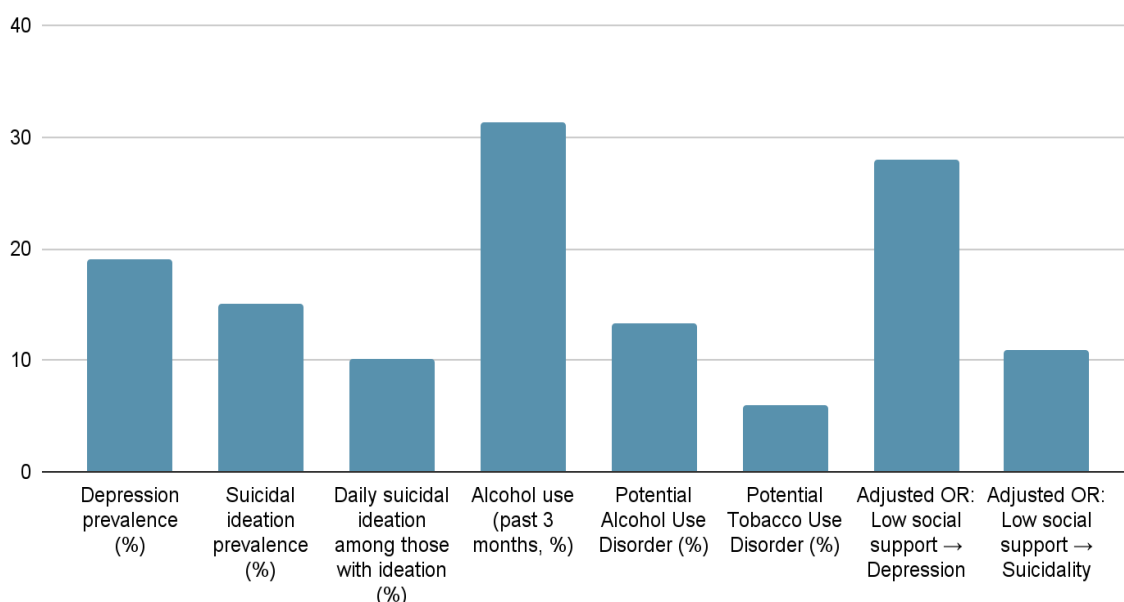


Figure 2. Psychological Risk Indicators among Security Personnel in Urban Tanzania (compiled by the author based on Njiro et al., 2021; Ndumwa et al., 2023)

Community-level violence exposure rates of 55% for violent crime perception and 45% for political violence perception establish a persistent climate of hypervigilance (Mutahi et al., 2024). Under these conditions, institutional trust stabilizes only when psychological risk management operates simultaneously at individual, team, and structural levels. Resilience-building, secure leadership, social support reinforcement, confidential communication channels, and visible operational effectiveness interact as mutually reinforcing protective mechanisms (Navas-Jiménez et al., 2024). Where any layer weakens, trust contracts to individualized relationships and remains vulnerable to disruption.

The resulting configuration does not depict linear reform but an oscillating pattern of contingent confidence. Institutional trust in international security and defense-related operations within Kenya and Tanzania, therefore, rests less on formal mandates than on psychologically informed risk regulation embedded within everyday interactions.

Discussion

Institutional trust within security and defense-related operations in Eastern Africa emerges from a psychological terrain shaped by cumulative exposure to threat, organizational strain, and historically sedimented mistrust. The results demonstrate that trust cannot be treated as a static attitudinal variable; it behaves instead

as a fluctuating psychological state conditioned by perceived safety, procedural predictability, and relational continuity. This reframing has implications for both theory and practice in international security governance.

A first clarification concerns the asymmetry between institutional legitimacy and interpersonal confidence. In high-insecurity environments such as urban settlements in Kenya, distrust toward the police coexists with selective trust in particular officers. Earlier scholarship on community policing in African contexts has emphasized structural impediments-colonial legacies, corruption, politicization, and impunity. The present analysis extends that line of inquiry by demonstrating how such macro-level constraints translate into micro-psychological calculations. Trust narrows when threat appraisal remains elevated. Under conditions of recurrent electoral violence and organized crime, civilians evaluate engagement with security institutions through anticipatory risk models: disclosure of information is weighed against possible retaliation, social exposure, or bureaucratic neglect. In such environments, institutional trust fragments into relational enclaves.

Previous studies of community policing in the Global South have frequently concluded that reform initiatives fail where baseline trust is low. The present findings complicate that conclusion. Incremental improvements were observed when communication channels became mediated through locally embedded structures, such as

community committees. These intermediary bodies reduced the perceived psychological cost of engagement. The effect is consistent with relational theories of trust formation, which propose that predictability and mutual recognition must precede generalized confidence. What appears at first glance as limited progress may in fact represent the early stage of contingent trust consolidation.

The internal condition of security personnel introduces a second interpretive layer. Depression prevalence approaching one-fifth of officers, alongside suicidality affecting more than one in seven, signals that psychological vulnerability is not peripheral but central to institutional functioning. Prior research has documented elevated mental health burdens among first responders globally, often linking trauma exposure and organizational stressors to depressive symptomatology and substance use. The Tanzanian data confirm these associations and sharpen them by identifying low perceived social support as a decisive predictor. When perceived support declines, the odds of depression and suicidality escalate dramatically. Organizational trust outwardly projected to communities cannot be stabilized if internal psychological resources remain depleted.

Substance use patterns reinforce this interpretation. Alcohol and tobacco use disorders were not isolated phenomena but statistically intertwined with depressive states. This co-occurrence suggests a coping-based model in which emotional dysregulation feeds into maladaptive self-regulation strategies. International security operations that overlook these internal risk constellations may inadvertently undermine procedural fairness and impulse control at the street level. The link between officer well-being and civilian trust thus becomes bidirectional: distressed officers may struggle to enact patient, procedurally just engagement, while hostile community environments intensify stress exposure.

Comparative research on military resilience provides further insight. Studies of team cohesion and secure leadership indicate that resilience mediates the relationship between organizational climate and psychological well-being. The present analysis aligns with that literature by suggesting that resilience-enhancing structures-peer support, stable leadership, and transparent communication-operate as trust multipliers. In fragile security contexts, psychological resilience becomes not only a protective factor for individuals but a systemic stabilizer. Where leadership fosters

engagement and emotional security, identification with institutional goals strengthens, potentially radiating outward into community interactions.

The temporal dimension of trust formation deserves attention. Improvements observed during electoral security operations in Kenya illustrate that acute performance episodes can recalibrate perception. Visible patrols, restrained conduct, and proactive prevention were interpreted as signals of reliability. Yet such gains remained temporally bounded. Trust consolidated when behavior aligned with expectations of neutrality and fairness, but it dissipated when political interference or officer rotation disrupted continuity. This oscillation highlights the fragile equilibrium between anti-corruption mechanisms, such as frequent transfers, and the relational stability required for durable trust.

Earlier research has frequently treated officer rotation as administratively necessary. The findings here suggest a psychological trade-off. Rotation interrupts rapport-building and resets relational memory, yet prolonged tenure may generate perceptions of collusion. A calibrated rotation model that preserves relational capital while preventing entrenchment would better align with psychological risk management principles. Such calibration has rarely been foregrounded in the literature on African police reform, which tends to privilege structural analysis over psychosocial nuance.

At the population level, trauma exposure research offers an explanatory bridge. Meta-analytic evidence from conflict-affected regions demonstrates elevated prevalence of depression, anxiety, and post-traumatic stress disorder. These conditions alter threat perception, social cognition, and trust propensity. In communities marked by electoral violence and organized criminal activity, distrust may be partially neuropsychological rather than exclusively political. Hypervigilance and generalized threat appraisal constrain openness to institutional authority. Community policing efforts that neglect this trauma-informed dimension risk misinterpreting distrust as purely attitudinal resistance.

The synthesis of civilian and officer vulnerabilities reveals a recursive dynamic. Civilian mistrust heightens adversarial encounters; adversarial encounters exacerbate officer stress; heightened stress increases the probability of maladaptive responses; maladaptive responses confirm civilian distrust. Breaking this cycle requires interventions at multiple levels. Psychological screening, resilience training, confidential reporting

systems, and structured community dialogue represent interlocking components of a comprehensive risk management architecture. Fragmented reforms are unlikely to alter systemic trajectories.

Several limitations temper the interpretation of these findings. The analysis relies on cross-sectional data for mental health indicators among police officers, which precludes causal inference regarding directionality between psychological distress and institutional performance. Self-administered instruments may underreport stigmatized symptoms, particularly suicidality and substance use, due to social desirability bias. Civilian trust measures derived from localized qualitative accounts may not generalize across rural regions, where security challenges and institutional configurations differ substantially. Furthermore, the absence of longitudinal tracking limits the assessment of whether observed trust improvements persist beyond acute electoral cycles. Political events subsequent to the data collection period could recalibrate trust dynamics in ways not captured here.

Another constraint concerns comparative scope. Although Kenya and Tanzania share structural similarities, variations in governance frameworks, training regimes, and external security threats—such as transnational terrorism or cross-border insurgency—introduce contextual heterogeneity. Future research would benefit from multi-country longitudinal designs integrating psychological metrics, operational performance indicators, and community perception surveys. Mixed-method approaches incorporating physiological stress markers and behavioral observation could further clarify mechanisms linking internal officer well-being to external trust expression.

Despite these limitations, the discussion underscores that institutional trust in international security and defense-related operations cannot be engineered solely through legal reform or structural reorganization. Psychological variables—perceived social support, resilience, trauma exposure, coping style, leadership climate—function as latent regulators of institutional legitimacy. The Eastern African cases illustrate that trust remains contingent, episodic, and relational. When psychological risk management is integrated across civilian and institutional domains, incremental stabilization becomes possible. When such integration falters, distrust reasserts itself with predictable regularity.

The broader implication for international security

cooperation is that external support missions emphasizing technical capacity without embedding psychosocial safeguards may achieve only superficial compliance. Sustainable legitimacy demands alignment between internal psychological health and external relational credibility. In volatile regions, trust does not emerge from declarative reform; it accrues through repeated demonstrations of reliability within psychologically secure environments.

Conclusion

Institutional trust in high-insecurity environments does not expand in a linear trajectory; it contracts, shifts, and reconfigures under pressure. In Eastern African security contexts, prolonged exposure to violence and political volatility alters the cognitive conditions under which trust can even be contemplated. Elevated threat appraisal narrows the field of institutional reliance. Trust becomes selective, situational, and tethered to interpersonal predictability rather than to abstract legitimacy. Where perceived retaliation risk remains salient, mediated communication channels acquire psychological weight: they reduce exposure anxiety and make limited cooperation possible without requiring full institutional endorsement. The stabilization of trust begins there—fragile, partial, conditional.

Yet the civilian side of the equation is only half the structure. Inside security institutions, mental health burden quietly reshapes the behavioral surface through which authority is enacted. Depression prevalence approaching one-fifth, suicidality risk, diminished perceived social support, and substance-related coping do not remain confined to clinical categories. They translate into cognitive fatigue, narrowed attentional bandwidth, and affective volatility. Procedural fairness, patience, and calibrated judgment depend on psychological regulation. When regulation weakens, interactional ruptures multiply, and civilians interpret these micro-failures as confirmation of institutional unreliability. The credibility deficit, therefore, is not reducible to governance architecture alone; it reflects internal psychosocial strain.

At the organizational level, protective configurations alter this trajectory but do not eliminate tension. Resilience-supportive team climates, leadership grounded in relational security, structured peer support, and confidential reporting infrastructures form a multilevel stabilizing frame. Their effect is cumulative rather than instantaneous. They dampen the feedback

loop in which civilian mistrust intensifies officer stress and stress-driven conduct reinforces public suspicion. However, continuity mechanisms must coexist with safeguards against entrenchment. Too much rotation fractures relational memory; too little fosters perceptions of capture. The balance remains delicate.

Institutional trust under these conditions resembles an equilibrium maintained through ongoing psychological regulation rather than a durable state achieved through formal reform. It persists when operational competence aligns with emotionally regulated conduct and when authority is experienced as predictable rather than punitive. Once that alignment weakens, contraction resumes. The scientific novelty of the study lies in formalizing institutional trust as a multilevel psychological risk equilibrium rather than as a static legitimacy outcome. From a management perspective, the findings suggest prioritizing (1) officer mental health screening and social support reinforcement, (2) resilience-oriented leadership development, and (3) mediated communication infrastructures that reduce civilian anticipatory fear.

Future research should employ longitudinal designs to test recursive trust dynamics and quantify the interaction effects between officer psychological indicators and community-level trust trajectories.

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