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Perception of Psychological Support among Gendarmes who Experienced Traumatic Events while Carrying out their Duties in Abidjan (Ivory Coast)

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Abstract

This research examines the perception of psychological support among gendarmes who have experienced traumatic events in the performance of their duties. As the economic capital and most populous city in Côte d'Ivoire, Abidjan faces numerous security challenges (delinquency, terrorism, criminality, etc.) that place the armed forces at the forefront. Through a series of interviews, we collected data from a sample of seven male gendarmes selected using a purposive sampling technique. The interviews were analysed using several methods: content analysis, phenomenological method, and comprehensive method. The results obtained show that the perception of psychological care is strongly influenced by institutional, sociocultural, and individual factors. Masculinity norms, the stigma associated with seeking psychological help, lack of awareness of available resources, and fear of professional repercussions constitute major obstacles to accessing psychological care. Overall, this study highlights the importance of confidentiality, social pressures and satisfaction in the perception of gendarmes towards psychological care services. It also highlights the challenges related to stigma and the need for adapted services for the better psychological well-being of gendarmes.

Key terms: Constable, mental health, perception, psychology, trauma, well-being.

INTRODUCTION

Attacks on physical, moral, and psychological integrity have always existed within societies. Despite efforts to contain them, their multifaceted manifestations have increased significantly in recent decades. This upsurge generally affects the general public, but more specifically, field workers responsible for a public service mission, particularly the police.

In a world where terrorism, delinquency, crime, and many other misdeeds are on the rise every day, the armed forces are tirelessly called upon to ensure the safety of citizens. In Côte d'Ivoire, and more specifically in the city of Abidjan, populated by more than 5 million inhabitants, gendarmes are on the front line in the fight against insecurity. Their involvement in peacekeeping operations or the fight against terrorism constantly leaves them exposed to traumatic events such as demonstrations, riots, and clashes that can have effects on their psychological health.

In 2010, the socio-political crisis that Côte d'Ivoire experienced further tested this elite corps. This unprecedented crisis severely tested the gendarmes. This violent and traumatic experience had an impact on the psychological health of many of them who were sent into combat. Today, with life having resumed, many of them are struggling to regain their former mental balance. Faced with the psychological after-effects that make their daily lives difficult, the issue of psychological care is undeniably pressing. However, as obvious as this may seem, the reality, on the other hand, seems quite different. Indeed, exploratory interviews conducted with several mental health professionals reveal that the psychological care of these gendarmes is hampered by stigma surrounding mental disorders within the army and also in Ivorian society.

Hoge and Castro (2009) indicate that the perception of vulnerability as a weakness is what prevents them from seeking outside help for fear of harming their career or being marginalised by those around them. Based on such an observation, this research raises the following question: what perception do gendarmes in the city of Abidjan, confronted with attacks in the exercise of their duties, have of psychological support, and what are the barriers they face in accessing these services? Faced with such a question, this research aims to understand how gendarmes, particularly those who have experienced traumatic situations, perceive psychological support.

Speaking of psychological care, let us note that it has been the subject of several definitions. In his approach, Pédinielli (2012) presents it as the set of intervention mechanisms put in place by a clinical psychologist to support a person with psychological, relational or existential difficulties, with a view to understanding their problem in depth and helping them achieve a more functional resolution or adaptation. For their part, Bernaud et al. (2015) affirm that it is a profound approach which essentially aims to provoke reflection in the patient to help them build their personal and professional identity, and also to help them engage in a lifestyle which allows them to be in harmony with their aspirations and values.

The concept of psychological support, used in this study, refers to the intersection of these different definitional approaches. It thus brings together all the intervention methods implemented by a mental health professional to support gendarmes who are victims of assault and/or trauma in managing their suffering with a view to readapting to life and work.

LITERATURE REVIEW

Psychological care for armed forces officers who experience trauma while on duty is of crucial importance. This issue is the subject of several studies around the world. The literature review highlighted several factors that explain why officers and soldiers refuse to seek support from mental health professionals. Among other factors, Hoge and Castro (2009) mention stigma within military institutions. In a study of American military personnel following their deployment to Iraq and Afghanistan, these authors indicate that fear of career consequences, judgment from peers or superiors, and a military culture that values firmness are the main obstacles to seeking psychological help. Their research highlights that many military personnel prefer to suffer in silence rather than risk a label that could compromise their advancement or status. In a similar perspective, Roupnel (2018) highlights how cultural and institutional norms inhibit the expression of

psychological vulnerability and therefore dissuade officers and soldiers from seeking support from a mental health professional.

In addition to stigma, the literature reveals inadequacies in access to and adequacy of mental health services. In this regard, Jetly (2011) emphasised the need to implement robust and integrated mental health support programs that range from prevention to treatment and take into account all stages of the military life cycle. Compared to Jetly's study, Shay (2002) highlights the inadequacies in services. Using the example of Vietnam veterans, he shows that simple access to psychotherapy is not enough. He also notes that the effectiveness of support depends on a holistic approach. He also highlights the issue of the uneven distribution of specialists and health structures, making them difficult to access for military personnel stationed in more remote regions.
Further, Nanan (2018), in his approach to violence against national police officers, emphasises the conditions of victimisation of law enforcement officers. For him, violence has multiple causes, including individual, psychological, sociocultural and socioeconomic.

From the review of the above research, we see that, although documented in other military contexts (Grossman, 2008; Shay, 1994), the issue of psychological care remains an insufficiently documented area in Côte d'Ivoire. Indeed, although mental health policies have been put in place for the general population, empirical studies on systems specifically dedicated to the care of gendarmes are rare, if not almost non-existent. This absence or rarity suggests a documentary gap that needs to be filled. Thus, starting from this insufficiency, this qualitative study aims to understand the perception of gendarmes about psychological care. More specifically, it intends to:

- Determine the perception of the gendarmes regarding the effectiveness and quality of the psychological support services currently available;
- Identify the factors that influence the decision of gendarmes to seek or avoid psychological help after being victims of aggression in the exercise of their duties;
- Explore the experiences of gendarmes in order to identify the impact of the trauma suffered on their psychological well-being, their performance at work, their relationships with their colleagues and their quality of life outside of the service.

METHODOLOGY

This study took place in Abidjan, Ivory Coast. This choice is explained by the fact that this city has a high population density, which exposes the armed forces, particularly the gendarmes, to enormous security challenges in the exercise of their functions. In addition, the city contains a high concentration of armed forces and security services, which makes it a favourable terrain for the study and facilitates access to gendarmes who are victims of attacks or trauma. The study population consists of gendarmes who have been victims of attacks and/or trauma in the exercise of their functions.

Due to the sensitivity of the topic and the purely qualitative nature of the study, the purposive sampling technique was used. For the selection of subjects, inclusivity criteria were also established: being a serving gendarme and also being victims of aggression or traumatic events. The characteristics of the sample thus constituted are recorded in the table below.

Table 1: Sample Characteristics

N°	individuals	Age (Ans)	Level of Study	Grades	Marital status	Gender
01	MZC	34	DEUG 2	MDL	Married	M
02	GVZ	40	Terminale	MDL/C	Married	M
03	YDS	43	BAC A2	MDL/C	Bachelor	M
04	ADA	38	1^{RE}	MDL/C	Bachelor	M
05	OZI	39	1^{RE} A	MDL/C	Bachelor	M
06	AZY	39	2^{ND}	Adjudant	Married	M
07	ANA	39	DEUG 2	MDL	Bachelor	M

Source: Survey, 2023

A total of seven gendarmes took part in the interviews. Just like the choice of sampling technique, this size is also justified by the qualitative nature of the study. The saturation principle applied to the data collected shows that beyond this number, there is a redundancy in the information collected. Regarding gender, the choice to limit the study to men takes into account two reasons: the prevalence of men in this profession and the desire to standardise experiences.

Indeed, in Abidjan, the majority of gendarmes are men, making the male sample more representative of the dominant experience in this profession. Accessing a sufficient and relevant female sample could have been more difficult or would require additional methodological considerations to compare experiences. As for the homogenisation of experiences, it should be noted that taking only men into account made it possible to more specifically identify perceptions related to the role of the latter in the face of trauma and seeking help. Indeed, as the study highlights, stigma and social norms of virility can manifest themselves differently among men and women in this profession. This could lead to different points of view.

By interviewing only men, it makes it possible to limit the influence of gender but, above all, to better understand these dynamics specific to men.
Data collection was carried out through a semi-structured interview guide, allowing for an in-depth exploration of the perceptions of the gendarmes. For the processing and analysis of the collected data, several complementary approaches were combined. First, the thematic content analysis, used in this work, follows the principles established by Aktouf (1989). This method consists of deciphering the interviews to identify recurring themes and sub-themes in order to organise the opinions expressed by the gendarmes about psychological care. The recording units were paragraphs, while the context unit was the entire interview. From these elements, several codes were generated and then grouped and named for analysis.

At the same time, the study adopted a phenomenological approach to gain a deeper understanding of the experiences of the gendarmes and how they construct their traumatic experience and perceive psychological care. Finally, a comprehensive approach, inspired by Keller (2024), allowed us to focus on the meaning that the participants gave to their actions and also to their social position. This approach was important in the interpretation of the participants' understanding.

RESULTS AND DISCUSSION

Description of the Perception of Psychological Care

Assessment of the Perception of the Gendarmes

The assessment of the perception of gendarmes regarding the effectiveness and quality of psychological support services currently available focuses on accessibility, confidentiality, relevance and overall satisfaction of members of the gendarmerie.

Perception of the Quality and Effectiveness of Psychological Support Services

The perception of the gendarmes regarding the effectiveness and quality of psychological support

services currently available allows us to better understand the experiences of these professionals in the face of the issue addressed.

Exploring Individual Experiences

Interviews with gendarmes revealed different experiences regarding psychological support services. Some gendarmes described positive experiences with the support services, highlighting the usefulness of the services in dealing with work-related stress and trauma. They discussed the ease of access to services and the importance of the support they received. On the other hand, some raised concerns about the quality of services, stating that waiting for a long time, scarcity of resources, and difficulties in accessing timely psychological support were among the problems they experienced. The interviewee, a 39-year-old MDL named ANA, stated the following:

"I've started the process, but it has not been completed for three years. It's slow. It's very slow, so for the moment, I don't know how it's going to go. Otherwise, for the last time, last month, I was summoned to the Ministry of Defense for a series of questions about my health. That being said, they told me that I would be summoned for a second time. But for the moment, that hasn't happened. I haven't seen that yet."

Emerging Themes

Several emerging themes were identified from the interviews with gendarmes. Among the themes was the stigma surrounding seeking psychological help, which emerged as a common problem. Some gendarmes expressed fears of reprisals or professional harm if they sought help, which led to underreporting of needs. The importance of confidentiality and trust in the relationship with mental health specialists was another common theme. The gendarmes emphasised the importance of feeling safe to share their concerns and emotions. Respondent MZC, a 34-year-old non-commissioned officer, stated:

"When they saw the images, they said they had amputated me. So, the people who were actually calling me weren't actually calling to say hello, but to see if I had really been amputated. It was a trick to check. They talked until it happened. I heard the children in my family. A friend's ten-year-old son came to ask my wife if they had cut off my uncle's hand. You saw, the adults talked until the children heard."

The Variability of Responses

There were differences in opinion on the psychological services. Gendarmes showed differences in their responses to the psychological services. Some were satisfied with the services, while others were dissatisfied. This variability was influenced by factors such as personal experience, rank, geographic location, and perception of the potential benefits of psychological support. A respondent named MZC, a 34-year-old non-commissioned officer, recounted the following:

"I'm starting to get familiar with it. How are we going to do it? Sometimes I thought it was a dream. Today it happened to me. I was telling myself that since the 31st I fell into a coma and then everything I'm saying is in a coma and then all of a sudden I wake up and then they say he came out of the coma and I see that all my fingers are in their place. Often I say that to myself and then I say no it's not a dream, its reality."

Perception of the Accessibility of Psychological Support Services

The perceptions of gendarmes on the accessibility of psychological support services gave insights into the challenges and experiences in this profession. By focusing on accessibility, we can better understand the barriers that may hinder the seeking of psychological help.

Barriers to Accessibility

Findings from the interviews with gendarmes show that there are several obstacles that prevent them from seeking psychological support services. Most of the gendarmes stated that constraints of their busy schedules prevent them from consulting a mental health professional. Irregular and unpredictable work hours, as well as field missions, complicate scheduling appointments. Some also mentioned excessive wait times for appointments, which can make accessing psychological support difficult, even discouraging. ADA MDL/C officer told us the following:

"Well, I don't know about the support itself because my money went into it. So I can't say I was 100 per cent covered. After making inquiries, I was told that I would have to file applications to be reimbursed for all the money I had to spend. But it's a process, which won't succeed, since we know how things are in Africa, so I preferred to let it go. They were going to make me go back and forth."

Role of Stigma

A study found that stigma is another major barrier to psychological support among gendarmes. Some interviewees stated that they experienced fear of professional retaliation or damaging their reputation if they sought psychological help. This fear of stigma led to underreporting of needs and a reluctance to seek support. They mentioned the need for greater confidentiality and guarantees of non-discrimination to facilitate accessibility. The respondent, a 38-year-old MDL/C ADA, responded: "I didn't experience any trauma as such. More or less, these are things we're used to. It can't traumatize you. Maybe if you've just started the gendarmerie school and then they tell you have two days, you haven't had any training and in that situation they take you and put you in the field in that kind of case, it can traumatize you. But, for me in any case, it didn't leave me with any trauma."

The Need for Adapted Services

The study found that there was a need for tailored psychological services in the profession. The gendarmes showed a need for mental health professionals who have an understanding of the challenges they face, including work-related stress, trauma, and safety risks.

Some expressed a need for psychological support services available at their workplace or immediate telephone assistance when needed. A respondent named MZC, a 34-year-old non-commissioned officer, recounted the following:

"It's myself, my friends, my parents. Those are the ones who cheered me up. With my wife, but to say that we're going to put you at the disposal of a psychologist. We also tell ourselves that we're military, the normal military is someone who must have high morale. Well, I tell myself that maybe that's it."

Perception of confidentiality, relevance and overall satisfaction with psychological support services within the gendarmerie.

Gendarmes' perceptions of the confidentiality, relevance, and overall satisfaction with psychological support services within the gendarmerie showed a deep understanding of their experiences and opinions. By examining these key aspects, we can better understand the issues related to confidentiality, the adequacy of services, and the satisfaction of gendarmerie members.

Confidentiality and Trust

Interviews with gendarmes showed that there is an importance of confidentiality in the perception of psychological support services. The gendarmes expressed their need to feel safe to share their concerns and emotions without fear of professional consequences. Some emphasised that the stigma of seeking psychological help could compromise confidentiality, pushing them to keep their problems to themselves. Guarantees of confidentiality and non-discrimination are therefore essential to encourage members of the gendarmerie to seek psychological support services. Interviewee MZC, a 34-year-old non-commissioned officer, stated: 'Since the incident happened, they've been saying that my hand was amputated. So, the people who were actually calling me weren't actually calling to say hello, but to see if I'd been amputated. It was a trick to check. They talked until it happened. I heard the children in my family. A friend's ten-year-old son came to ask my wife if they had cut off my uncle's hand. You saw, the adults talked until the children heard.'

The Relevance of Services

The gendarmes also addressed the issue of service relevance. They emphasised the importance of having services tailored to their professional reality. Some expressed the need for mental health professionals to understand the unique pressures they face, including work-related stress, trauma, and safety risks. Service relevance also implies the availability of resources tailored to the specific issues gendarmes face. The 34-year-old MZC respondent, a non-commissioned officer, stated:

'Well, already at the army level, we have psychologists, but generally they deal a lot with drug addicts. You see, they are very concerned about drug addicts. Yes, there are people who, we don't know the reasons, and then they are not well mentally. It's not necessarily drugs, but there are others who were delusional and they were taken care of.'

Overall Satisfaction

Overall satisfaction with psychological support services varies considerably among gendarmes. Some described positive experiences, praising the quality of listening and support received. Others, however, expressed frustrations related to waiting times, accessibility, and the quality of service. Overall satisfaction is strongly influenced by the effectiveness of the services, their relevance, and also by the perception of confidentiality. The 34-year-old MZC respondent, a non-commissioned officer, stated the following:

"I said to myself, well, if we send some people to Morocco for treatment, why not me? If there was someone of good will who said, well, send him to Morocco, we could leave quietly. The first transplant didn't take, we couldn't do it again, that's why I had my fingers amputated. Besides, the fingers were that long. I said to myself, if I had been evacuated, maybe the transplant could succeed there. Today, I leave it to God."

Identification of Factors

Factors influencing gendarmes' decisions to seek or avoid psychological support after being assaulted in the course of their duties are related to stigma, their knowledge of available resources, and other personal and contextual variables. Taken together, these factors could be categorized as follows: individual factors, sociocultural factors, and institutional factors.

Institutional Obstacles

At the institutional level, difficulties accessing psychological care are most often linked to a lack of awareness and training on psychological support within gendarmerie barracks. Stereotypes rooted in military culture sometimes deter gendarmes from seeking help. Furthermore, fear of being stigmatized by peers or facing professional repercussions also constitute obstacles to seeking psychological help. Adding to these realities is the question of the availability of mental health professionals in gendarmerie barracks.

Stigma and Military Culture

One of the main institutional barriers is the stigma surrounding mental health issues within military culture. Gendarmes may fear being perceived as weak or unfit if they admit to needing psychological care. This fear of stigma can deter them from seeking help, even in cases of emotional distress or trauma. The 34-year-old MZC respondent, a non-commissioned officer, stated: 'If it's a simple injury, we can say, well, it's okay. Since we're soldiers, because I insist on that. It's because we're soldiers, and when we're soldiers, we're supposed to have, we're not very mentally prepared. Otherwise, the military isn't necessarily about strength, it's mainly about mental strength. Because during an intervention, if you're scared and you're psychologically weak, if the situation changes, you can put the life of the group in danger.'

Fear of Professional Repercussions

Gendarmes may also fear that seeking psychological care could negatively impact their careers. They sometimes worry about possible repercussions for their advancement, assignment, or status within the organisation. This fear can be a major barrier to accessing psychological care. The 38-year-old MDL/C named ANA recounts the following:

"Well, personally, we're already in the military. We were trained for the firearms profession. So, we more or less expect that. In the event of a false maneuver, it can happen, but that doesn't mean that, if you're faced with a certain situation and you're asked to use your weapon, you're going to say no, I'm injured, here are the consequences. We put ourselves above that and we move forward. I don't have a problem with that. Because, I tell myself if I have to do it again, I'll be forced to do it. I have no choice."

Lack of Awareness and Training

On several occasions, military institutions lack adequate mental health awareness and training.

Gendarmes' leaders and peers may not be adequately trained to identify signs of psychological distress and refer individuals to mental health professionals. Lack of awareness can also lead to a lack of information about available resources. The 34-year-old MDL MZC, a non-commissioned officer, stated:

"Really, well, I feel a pang in my heart. In any case, well, I can say that they did what they could do, but I think we could have done better, because today the army is in partnership with Morocco. We send some of our patients there. In my case, I thought maybe I could have benefited from that too, but I stayed here. They could have sent me to Morocco for my care. They could have done better in any case."

Limited Resources

Police forces can at times lack adequate resources to provide mental health services. Police officers may face long waiting lists to see a mental health professional, which can make it difficult to receive timely assistance. The MDL/C ADA tells us the following:

"When my files were sent out, there was a military expert who spoke to us, and then there was another group of doctors after the expert. So, we went to the Ministry of Defense where there were two sessions where I was with the expert. Now, the second session was with the group of doctors from the gendarmerie, the air force, firefighters, and other armed forces all together. They asked us a number of questions."

To overcome these institutional barriers, it is imperative to implement large-scale awareness and training programs within the gendarmerie organisation. Furthermore, policies must be developed to ensure that seeking psychological care does not have negative consequences on gendarmes' careers. Access to mental health resources must be improved to reduce waiting lists and ensure timely assistance when needed. A culture of support and understanding towards mental health issues must be promoted within the organisation to break down stigma and encourage access to psychological care.

Sociocultural Obstacles

Ivorian society is heavily influenced by a set of sociocultural values that guide social practices and, in turn, individual behavior. Negative perceptions associated with mental health issues influence gendarmes' decisions about whether or not to consult a healthcare professional. The fear of being perceived as insane makes it difficult to seek psychological help. At the same time, issues related to men's virility also encourage gendarmes to perceive seeking psychological help as a form of weakness. Clearly, gendarmes' seeking psychological help is hampered by several sociocultural barriers that compromise their perception of psychological care.

Norms of Masculinity and Resilience

In many cultures, including within the gendarmerie, traditional norms of masculinity and resilience advocate suppressing emotions and resisting trauma. Gendarmes may fear being perceived as "weak" if they acknowledge mental health problems or express a need for psychological help. This perception can prevent them from seeking care. ANA, 39, an MD, tells us the following:

'It's my duty. It's what I should have done. I didn't have any regrets in any case. We've already suffered many times. So, that means, it didn't scare me. During the accident, what scared me a little was that my colleagues who I was with at the start, when I was looking for them and I didn't see them, I told myself that they had been hit, so that's what scared me. When I found them safe and sound, I was happy.'

Social and Professional Stigmatisation

As members of law enforcement, gendarmes are often held to high standards and are perceived as symbols of strength and trust. This can lead to a fear of social stigma if their need for psychological care becomes public. They may fear being judged by their peers, family, and society at large.

Fear of Repercussions on Career

Some gendarmes are concerned about the impact that seeking psychological help could have on their careers. They fear that it could affect their advancement prospects or their reputation within the organisation. This concern can discourage people from seeking

assistance. The respondent, a 38-year-old MDL/C ADA, responded as follows:

'I didn't experience any trauma as such. More or less, these are things we're used to. It can't traumatise you. Maybe if you've just started the gendarmerie school and then they tell you you have two days, you haven't had any training and in that situation they take you and put you in the field in that kind of case, it can traumatise you. But, for me in any case, it didn't leave me with any trauma.'

Lack of Awareness of Mental Disorders

Gendarmes may lack sufficient information about mental health disorders, their symptoms, and available treatment options. This can lead to a lack of recognition of the signs of psychological distress and a lack of awareness of the resources available to them.

To mitigate these sociocultural barriers, large-scale awareness and education campaigns are needed within the gendarmerie force to eliminate the stigma surrounding mental health and encourage access to psychological care. It is important to promote a culture of openness and support regarding mental health within the organisation so that gendarmes feel confident in seeking help without fear of stigma or career repercussions. Furthermore, lack of awareness about mental health disorders can be reduced by providing information about mental health, available resources, and the signs of psychological distress. A 38-year-old respondent, MDL/C, named ADA, is asked:

'Well, in any case, personally, I don't see it. For me, as I was saying earlier, I can't. Maybe I'm saying that I don't need psychological support. But, if I perhaps consult a psychologist who finds that I need support, there's no problem. Otherwise, I can't refuse, I tell myself that I have nothing, that I don't need it. I say this because I haven't yet consulted a psychologist.'

Individual Factors

Individual barriers may also play a role. Some gendarmes may minimise their symptoms, attributing normal reactions to traumatic events. They may also lack information about available resources or how to access psychological services. Furthermore, a lack of understanding of the nature of mental disorders can delay seeking help. Barriers to gendarmes' access to psychological care also include individual factors that can vary from one individual to another. These individual barriers contribute to the complexity of the decision to seek psychological assistance.

Minimisation of Symptoms

Some gendarmes may minimise symptoms of post-traumatic stress or other mental health problems. They may view these symptoms as normal reactions to the difficult situations they face in the course of their duties, and therefore not feel the need for psychological care. A 38-year-old male respondent, MDL/C, named ADA, must:

'Well, in any case, personally, I don't see it. For me, as I was saying earlier, I can't. Maybe I'm saying that I don't need psychological support. But, if I perhaps consult a psychologist who finds that I need support, there's no problem. Otherwise, I can't refuse, I tell myself that I have nothing, that I don't need it. I say this because I haven't yet consulted a psychologist.'

Lack of Awareness of Available Resources

Lack of awareness about available mental health resources can be a barrier. Police officers may not be aware of support programs or mental health professionals available within or outside their organisation. This lack of awareness can delay seeking help. When asked about your perception of psychological support, the 44-year-old MDL/C YDS told us:

'Psychological support, for the moment no. I think that at the gendarmerie level it's not really that. Because, when you have an accident, for example, you have to be assisted. They have to come from time to time to ask you questions, to see if you have any trauma. Once you've been treated, they leave you. You're left to your own devices. That's what I noticed in my case. I don't know if others have been assisted, personally nothing has been done.'

Personal Attitudes

Personal attitudes toward mental health play a key role. Some gendarmes may be reluctant to share their emotions or acknowledge that they need psychological assistance due to their own attitudes

toward vulnerability and seeking help. Respondent YDS MDL/C, aged 44, told us:

'I was traumatised by the fact that I was shot in the face and then survived. That's not allowed for everyone. So far, I've decided to get assigned to another department where I don't have to deal with weapons... I still have the bullet in my neck. The doctor says that we can't operate, because if we do, it will paralyse my limbs, since the bullet is lodged in the spine. But that over time, the bullet would come out on its own.'

Perception of the Effectiveness of Therapy

The perception of the effectiveness of therapy can influence the decision to seek help. If a gendarme has doubts about the effectiveness of therapy or their ability to open up to a mental health professional, this can become a barrier to accessing psychological care. Respondent GVZ, MDL C, aged 40, said:

'That's a difficulty too, I think it's a difficulty. Because in my case like that, the guys would really have to follow me closely. Because when you see my chin that was torn off and replaced by one of my ribs, it's not normal like before. These are things that have really been welded, welded, so the guys would have to follow me closely.'

To overcome these individual barriers, awareness and education efforts are needed to inform gendarmes about the signs of psychological distress and the benefits of seeking early care. Mental health training can also help reduce stigma and promote a better understanding of mental health disorders. It is important to provide gendarmes with clear information about available mental health resources so they can make informed decisions when needed. Furthermore, fostering a culture of mutual support within the organisation can help overcome personal reluctance toward seeking psychological help.

Discussion

The general objective of our research was to understand the perception of psychological care among defence and security forces who were victims of aggression or violence. In addition, the operational or specific objectives pursued by this study were, first, to describe the perception of psychological care among law enforcement officers who were victims of aggression, then, to analyse the factors that influence the perception of psychological care among defense and security forces, and finally, to examine the social significance of the perception of psychological care among defense and security forces.

The results of our study, in general, give us an overview of the image that emerges through the perception of psychological care among the defence and security forces. This image is strongly determined and impacted by social, personal, and finally, corporate considerations. In other words, the perception of psychological care varies with the social and family environment, with the personality of the victim, and finally with socio-professional affiliation.

The synthesis of the analyses shows that perceptions relating to psychological care are structured by individual, sociocultural and institutional factors. The results obtained are consistent with those of Hoge and Castro (2009). Indeed, these researchers highlight the inhibiting role of fear in the search for psychological help.

The results of this research are also corroborated by those of Roupnel (2018), who highlight the deterrent impact of sociocultural and institutional values on the search for psychological support.

Despite the obstacles identified, it should be noted that some gendarmes still attach importance to psychological support, but not to the point of seeking professional help. It is therefore clear that awareness-raising and training efforts remain to be made to change perceptions about psychological support and promote a better understanding of psychological support within the armed forces. In his study, Jetly (2011) highlights this aspect when addressing the issue of implementing mental health programs to assist military personnel throughout their careers.

The results also highlight the need to implement measures to improve support services in the military environment. Maintaining mental health is crucial for well-being and developing professional performance. More concrete solutions are therefore needed to provide these professionals with adequate support. To

achieve this, a holistic approach to mental health care appears crucial.

Limits and Perspectives

The sample size of this research may have limitations. Indeed, some individuals targeted in the database made available to us did not consent to be interviewed. Furthermore, the small sample size is partly explained by the complexity of the study and, above all, by the sensitivity of the subject addressed. The issue of psychological care is considered almost taboo in the armed forces.

This research is an exploratory study. Hypotheses were not initially formulated given this exploratory nature. However, in light of the results obtained, hypotheses could be formulated in the context of future studies. For example, one could assume that the perception of psychological support among gendarmes who are victims of acts of aggression is determined by a strong corporate culture.

CONCLUSION AND RECOMMENDATIONS

Conclusion: This qualitative research aimed to examine gendarmes' perceptions of psychological support. The results highlight a variability in experiences with the issue of psychological support, revealing various factors (stereotypes related to mental health, masculinity, fear, confidentiality, ignorance, etc.). All of these factors constitute barriers to psychological support. The implications of this research are numerous. For example, stereotypes constructed around mental health call into question the need to implement a mental health program that takes sociocultural values into account. Furthermore, ignorance about the existence of psychological support services underscores the need to implement an awareness program. Overall, this qualitative research highlights the barriers to psychological support from the perspective of gendarmes. Personal, social, and institutional pressures are the main obstacles to providing support for gendarmes.

Recommendations: Based on these elements, several proposed solutions were formulated by the gendarmes to improve accessibility and better meet their mental health needs. These proposals are as follows:

- Reduce stigma and strengthen confidentiality: Anonymous and confidential listening structures must be established to instil trust among police officers. This would reduce the fear of seeking help from a mental health professional;
- Improve access to care and raise awareness among mental health professionals about the specific needs of the security forces : at this level, awareness campaigns, with a view to destigmatising psychological care, must be organized regularly within the barracks in order to deconstruct the negative representations around the notion of psychological help and the fears associated with this reality;
- Improving access to and adequacy of services: Flexible scheduling should be offered to facilitate access to psychologists. A diversification of therapeutic services should be implemented to allow for adaptation to the preferences and needs of each officer. Holistic care should also be implemented to improve the quality of follow-up.

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