



## Handling Compassion Fatigue in Complaint and Referral Unit Volunteers: Case Study of Komnas Perempuan

Hana Berliani Adiningsih<sup>1</sup>, Zainal Abidin<sup>2</sup>

*Universitas Padjadjaran Bandung, Indonesia<sup>1,2</sup>*

[hanadiningsih@gmail.com](mailto:hanadiningsih@gmail.com)<sup>1</sup>, [zainal.abidin@unpad.ac.id](mailto:zainal.abidin@unpad.ac.id)<sup>2</sup>

**Abstract:** The spiking exposure of traumatic events faced by workers and volunteers in handling violence against women has the potential to lead to compassion fatigue. This research sought to describe the experience and protective factors of compassion fatigue in Complaint and Referral Unit volunteers who provide services to female victims of violence in Komnas Perempuan. A total of 3 respondents participated in this study through online interview. Thematic analysis is performed to analyze the data. The result suggested that the participants had compassion fatigue symptoms, which included burnout and secondary traumatic stress symptoms. The experience of burnout included physical and emotional exhaustion as well as guilt and helplessness. Whereas secondary traumatic stress was expressed in preoccupation of thoughts about victim's violence case and projection in personal relationships. Nevertheless, these symptoms had been resolved due to protective factors such as personal characteristics (educational background and self-care) and social support (personal and professional support from the organization). This study added to our knowledge on

how to create supportive system for volunteers who provide services for victims of violence against women.

**Keywords:** *burnout; compassion fatigue, secondary traumatic stress, violence against women.*

## INTRODUCTION

The cases of violence against women in Indonesia is still rising over time. Annual Notes on Violence released by Komnas Perempuan showed that there are 299.911 cases of violence against women reported in 2020. According to the relationship of the victim to the perpetrator, the cases are categorized into private, community, and state/political context. The numbers showed the cases that are reported to the court or various institution that provide support for victims of violence against women.<sup>1</sup> It is mandatory for the state to provide protection to victims of violence against women.<sup>2</sup>

Workers or volunteers whose task is to receive and handle violence report on the daily basis are constantly exposed to traumatic experiences. Thus, it is possible to lead to detrimental effects on their sense of security, physical health, and mental health. Furthermore, the impact can extend, not only to occur at individual level, but to larger extent such as their family, or the institution itself.<sup>3</sup>

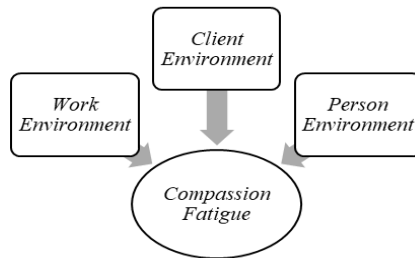
---

<sup>1</sup> Komnas Perempuan, *Perempuan Dalam Himpitan Pandemi : Lonjakan Kekerasan Seksual, Kekerasan Siber, Perkawinan Anak, dan Keterbatasan Penanganan Di Tengah Covid-19*, 2021.

<sup>2</sup> Dian Kurnia Sari, "Kekerasan dalam Pacaran pada Ruang Akademik Studi Kasus Iain Tulungagung," *Martabat: Jurnal Perempuan dan Anak* 02, no. 01 (2018): 51–70.

<sup>3</sup> Fiona Cocker dan Nerida Joss, "Compassion fatigue among healthcare, emergency and community service workers: A systematic review," *International Journal of Environmental Research and Public Health* 13, no. 6 (2016): 1–18.

The negative impact of indirect traumatic exposure is defined as compassion fatigue. It occurred when an individual is in physical and psychological exhaustion causing the diminishing ability to empathize and feel compassion for others. Compassion fatigue can occur from secondhand exposure of traumatic events<sup>4</sup>, usually in context of helping professionals such as nurses, doctors, midwives, trauma workers, social workers, etc.<sup>5</sup> This includes people whose work is to handle cases of violence against women.<sup>6</sup> Even though it is considered as a rewarding job, it is highly stressful and requires emotional work.<sup>7</sup>



**Fig. 1**  
**Theoretical Pathway of Compassion Fatigue <sup>8</sup>**

Theoretically, compassion fatigue consists of burnout and secondary traumatic stress. Burnout is characterized by feelings of fatigue, helplessness,

---

<sup>4</sup> Charles R. Figley, *Treating Compassion Fatigue: Psychosocial Stress Series* (New York: Routledge, 2002).

<sup>5</sup> Claire Sorenson et al., “Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature,” *Journal of Nursing Scholarship* 48, no. 5 (September 2016): 456–465.

<sup>6</sup> Brian E. Bride dan Charles R. Figley, “The fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue,” *Clinical Social Work Journal* 35, no. 3 (2007): 151–153.

<sup>7</sup> Louise Grant dan Gail Kinman, “Enhancing Wellbeing in Social Work Students: Building Resilience in the Next Generation,” *Social Work Education* 31, no. 5 (2012): 605–621.

<sup>8</sup> Beth Hudnall Stamm, “The Concise ProQOL Manual (Second edition),” *ProQOL* (2010): 74.

and difficulty finishing task. Burnout can occur in several aspects of an individual's self, such as cognitive, emotional, behavioral, spiritual, personal relationships, somatic, and work performance. Examples of burnout symptoms are decreased work motivation, anxiety, decreased appetite, etc.<sup>9,10</sup> Burnout is usually triggered by a high workload, value conflicts, low autonomy, lack of rewards and fairness, and an unsupportive environment.<sup>11</sup>

Secondary traumatic stress is characterized by a depressive experience that arises as a result of exposure to individuals who have experienced a traumatic event.<sup>12</sup> Thus, secondary traumatic stress is usually found in the helping professionals. Indicators of secondary traumatic stress have been developed from the diagnostic criteria for posttraumatic stress disorder (PTSD) in DSM 5.<sup>13</sup>

People with secondary traumatic stress feel as if they are experiencing a traumatic event they have heard at work, being preoccupied with the traumatic story, or dreaming of the traumatic event in their sleep. In addition, some people might also try to avoid any stimuli that can remind them to the client's traumatic event, or feeling increased arousal which is characterized by difficulty sleeping, feeling irritable or angry, difficulty concentrating, etc.<sup>14,15</sup> Not everyone with constant exposure to traumatic stories develops compassion fatigue. There are several factors that could increase the risk of developing compassion fatigue, such as the intensity of

---

<sup>9</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

<sup>10</sup> Stamm, "The Concise ProQOL Manual (Second edition)."

<sup>11</sup> C. Maslach dan M.P. Leiter, "Understanding Burnout," in *The Handbook of Stress and Health: A Guide to Research and Practice* (Chichester: John Wiley & Sons, 2017).

<sup>12</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

<sup>13</sup> American Psychiatric Association, *Diagnostic and statistical manual of mental disorders*, 2013.

<sup>14</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

<sup>15</sup> Stamm, "The Concise ProQOL Manual (Second edition)."

the traumatic event being heard or witnessed, lack of support from the work environment, lack of proper training/education, ineffective coping mechanisms,<sup>16</sup> female gender,<sup>17</sup> and lack of work experience.<sup>18</sup>

Previous research on compassion fatigue has been conducted in various groups. A mixed method study conducted on nurses stated that compassion fatigue arises due to various factors, namely factors in the personal realm of staff, organizational conditions, environmental factors and external factors.<sup>19</sup> Another study was conducted on 8 nurses in Africa to describe the experience of compassion fatigue. This study suggested that compassion fatigue is described as emotional exhaustion and loss of boundaries between nurses personally and professionally, and usually followed by acceptance of the challenges of emotional exhaustion they were facing.<sup>20</sup>

Other studies were also conducted to explore the protective factors of compassion fatigue. A qualitative study involving Adult Protective Services social workers showed that there were two themes of protective factors against compassion fatigue, namely personal and professional

---

<sup>16</sup> Sorenson et al., "Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature."

<sup>17</sup> Sue Bell, Gareth Hopkin, dan Andrew Forrester, "Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey," *Issues in Mental Health Nursing* 40, no. 4 (2019): 304–309.

<sup>18</sup> Dara Bourassa, "Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue," *Journal of Interpersonal Violence* 27, no. 9 (2012): 1699–1715.

<sup>19</sup> Katherine Valentine Upton, "An investigation into compassion fatigue and self-compassion in acute medical care hospital nurses: a mixed methods study," *Journal of Compassionate Health Care* 5, no. 1 (2018): 1–27.

<sup>20</sup> Dorien Wentzel, Anthony Collins, dan Petra Brysiewicz, "Describing compassion fatigue from the perspective of oncology nurses in durban, south africa," *Health SA Gesondheid* 24 (2019): 1–7.

factors.<sup>21</sup> Meanwhile, another qualitative study involving social workers in Australian community service organizations showed that the protective factors found were awareness of the complexities of social work, supportive working conditions, efforts to maintain self-psychological well-being, and resilience.<sup>22</sup> Other factors that play a role include support from colleagues, regular consultation and supervision, and belief in self-competence.<sup>23</sup>

To dwell into more specific context of institution that provides service to women who experience violence, intense exposure to violence against women is known to create susceptibility to compassion fatigue, but it has not been widely studied.<sup>24</sup> A qualitative study of violence counselors showed that counselors experienced symptoms of secondary traumatic stress. These symptoms include hypervigilance, withdrawal, and numbing. Counselors feel the negative impact of handling the cases on their personal lives.<sup>25</sup>

These studies showed a close relationship between exposure of traumatic events at work and compassion fatigue, but they have not been studied in groups of volunteers working with women issues in Indonesia. The novelty aspect of this research is to add to our knowledge the experience of compassion fatigue in volunteers handling cases of violence

---

<sup>21</sup> Bourassa, "Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue."

<sup>22</sup> Maryanne Kapoulitsas dan Tim Corcoran, "Compassion fatigue and resilience: A qualitative analysis of social work practice," *Qualitative Social Work* 14, no. 1 (2015): 86–101.

<sup>23</sup> Bell, Hopkin, dan Forrester, "Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey."

<sup>24</sup> Nancy L Beckerman dan Hanni B Flaherty, "Domestic Violence Shelters: Exploring Secondary Traumatic Stress of Female Counsellors," *Journal of Anxiety & Depression* 2, no. 2 (November 2019).

<sup>25</sup> N. L. Beckerman dan Danielle F. Wozniak, "Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support," *Social Work in Mental Health* 16, no. 4 (2018): 470–490.

against women in Indonesia and identifying the factors that helped them to deal with the fatigue. It is important to explore this area because the nature of working and volunteering in trauma issues might differ. Volunteering increases public participation in establishing protection for victims of gender-based violence. But on the other hand, the volunteers are charged with massive responsibility to listen to complaints of violence directly from victims and are required to maintain their psychological health without any financial reward.

Considering their central role of tackling violence against women in with its particular voluntary motivation, it is important to explore compassion fatigue in volunteers and what factors protect them from developing compassion fatigue. By understanding the experience of compassion fatigue and its protective factors, institutions with volunteers can benefit from this study by implementing the best practice in order to handle compassion fatigue in their respective volunteering unit. For the long run, knowing the best practice would enhance institution's capacity in eradicating violence against women. Institutions that provide support for women also contributes in solving violence, economic, and various social issues<sup>26</sup>

This study involved volunteers at Complaint and Referral Unit Komnas Perempuan. Research aims from this study are a) to describe the burnout experienced by the volunteers; b) to describe secondary traumatic stress experienced by the volunteers? c) to identify the protective factors against compassion fatigue.

---

<sup>26</sup> Yuditya Firdauza Yasmin dan Heharero Tesar Ashidiq, "Peran Rumah Aspirasi "TITIS " dalam Mendampingi Perempuan Korban Kekerasan," *Martabat: Jurnal Perempuan dan Anak* 5, no. 1 (2021): 210–239.

## METHODS

The participants in this study were Complaint and Referral Unit volunteers whose task is to receive complaints of violence against women at Komnas Perempuan from all over Indonesia. The researcher sent a research permit and a brief explanation of the research description to Komnas Perempuan. After obtaining permission, information about the research is submitted to the Complaints and Referral Division. Participants in this study were selected by purposive sampling technique. Interviews were conducted using semistructured interviews by video call. The three participants had the full information regarding the purpose of the study, the confidentiality of the data, potential risks, and the duration of the interview. The interview process was recorded and processed into an interview transcript. The results of the interview transcripts were then analyzed using thematic analysis techniques.<sup>27</sup>

**Table 1**  
**Participant's Demographic Information**

<b>Initial</b>	<b>Age</b>	<b>Education</b>	<b>Duration of Volunteering</b>
A	29 years old	Master's Degree	5 years
B	26 years old	Senior High School	1,2 years
C	31 years old	Master's Degree	1,2 years

This research used qualitative approach with the case study method, an approach that involves the process of exploring an issue through one or several cases in a particular system.<sup>28</sup> Researchers conducted a thematic analysis with the following stages, namely familiarization of transcript data, coding, searching for themes, reviewing themes, naming themes, and writing

---

<sup>27</sup> Ahmad Fahrudin, *Dasar-Dasar Metodologi Penelitian: Kompetensi dan Strategi Jitu Riset Peneliti*, 1 ed. (Tulungagung: UIN SATU PRESS, 2020), 36.

<sup>28</sup> John W. Creswell, "Qualitative Inquiry and Research Design: Choosing Among Five Approaches Second Edition" (California: Sage Publications, 2007).



reports.<sup>29</sup> Familiarization was done by reading the transcript repeatedly. Then the researcher gave the coding and grouped the coding into sub-themes. The subthemes found were grouped according to existing theories regarding research variables.

## **RESULT AND DISCUSSION**

To illustrate the background, the three volunteers in the study had served for more than a year. They are part of the Complaints and Referral Unit which currently consists of at least 10 volunteers and a coordinator. Volunteers are recruited annually through a selection process. Requirements for prospective volunteers who register are women aged at least 22 years with a minimum education of high school. The selection consists of administrative selection, written test, and interview. Volunteers who passed the selection were then given training on gender issues and technical case handling. In carrying out their duties, there are four volunteers who are on duty every day. Two volunteers are on duty in the morning, and two other volunteers in the afternoon. The distribution of the shift schedule is arranged by the coordinator according to the volunteers' time availability. The results of this study are described into several major themes, namely burnout, secondary traumatic stress, and protective factors.

### **BURNOUT**

#### **PHYSICAL AND EMOTIONAL FATIGUE**

The general description of the duties of volunteers is to receive and record reports of violence against women, and to refer victims to the closest service institution according to the victim's needs (legal consultation,

---

<sup>29</sup> Virginia Braun dan Victoria Clarke, "Using thematic analysis in psychology," *Qualitative Research in Psychology* 3, no. 2 (Januari 2006): 77–101.

psychological consultation, digital security consultation, etc.). The three participants mentioned that after their shift, usually they felt physically and emotionally tired.

*“I think the immediate impact after the shift is feeling exhausted. I feel like my energy is drained, especially when it is a very difficult, shocking, and depressing violence case.” (Participant C)*

In the process of writing a report, fatigue conditions can arise when the violence complaint received is incomplete. When the reported chronology is incomplete, volunteers will find it difficult to identify the needs of victims. To complete this, volunteers need to contact the victim again. However, if the victim cannot be contacted, the process of completing the report and the search for a referral institution will be hampered. Participant A also revealed that administrative tasks such as preparation of referral letters and other documents were also an additional burden.

Another obstacle also arises when looking for a referral institution. It is more difficult for to find the referral institution for victims from remote areas. Even if there is, usually there is lack of access or facility. Participant C admitted these obstacles are tiring to deal with. Burnout indicators that appeared were physical and emotional fatigue after receiving a case, feeling sad when receiving a complicated violence case with difficult referral process, and burdened with administrative work. These characteristics describe burnout in the emotional and somatic aspect.<sup>30</sup> This finding is in line with previous studies which stated that burnout was associated with feelings of fatigue or decreased energy and the emergence of a sense of ineffectiveness.<sup>31</sup>

---

<sup>30</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

<sup>31</sup> Maslach dan Leiter, “Understanding Burnout.”

## **GUILT AND HELPLESSNESS**

Under normal circumstances, volunteers usually receive complaints of violence from victims who come in person or by telephone. However, during the COVID-19 pandemic, volunteers work from home by receiving complaints of violence by the call center system and online forms. During the pandemic, the number of reports of violence increased quite dramatically. Therefore, they need to call the victims by using waiting-list system.

*“When I called the victim, I knew they had reported the case since last month, so I felt guilty. Maybe this is not my fault but I feel embarrassed and guilty when I call them. Even if they do not blame us. I feel stressed out because as a volunteer, I can’t give the best for them.” (Participant A)*

Participant A, who has been a volunteer there for five years, said that the queue of cases that had to be handled was getting longer, so it took longer to be successfully referred. This had never happened before in all the years he had served. Participant A then felt depressed, embarrassed, and guilty when **she** was unable to provide assistance as quickly as she expected. The state of feeling depressed, embarrassed, and guilty when unable to respond quickly to complaints are also categorized into burnout in the emotional aspect.<sup>32</sup>

## **SECONDARY TRAUMATIC STRESS**

### **PREOCCUPATION REGARDING VIOLENCE CASES**

Participants B and C revealed that there are certain types of cases that are more difficult to deal with. One of the volunteers felt more irritable when receiving cases of violence committed by law enforcement officer. She thought about the case after work, and wondered to whom should the victim

---

<sup>32</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

report if the law enforcers were the perpetrators. Meanwhile, another volunteer said that domestic violence was always challenging for her.

*“Some cases seem to trigger me, especially the domestic violence one because it is usually very complicated. I think it’s challenging that I have to deal with the negative energy.” (Participant C)*

These challenging cases cause impact on their daily live. Participant B said that sometimes she felt angry with the perpetrator, so that she wanted to meet the perpetrator and ask why the perpetrator had the heart to commit violence.

*“After receiving this particular case, I found it difficult to sleep. I don’t feel safe. I had a dream but I didn’t remember the dream specifically, I remembered feeling uneasy, gasping for air. I thought maybe it is the secondary trauma from dealing with the case. It was going on for about at least a month.” (Participant C)*

There are volunteers who feel preoccupied and affected by the case. Consistent with the previous research, it is shown that individuals who experience compassion fatigue have difficulty separating work and personal contexts. Therefore, burdensome thoughts related to work might still linger after work.<sup>33</sup> Having nightmares, the persistent and intrusive thoughts, and negative feelings about the client's problems also characterized secondary traumatic stress.<sup>34,35</sup>

## PROJECTION IN PERSONAL RELATIONSHIPS

In addition to affecting the volunteers themselves, sometimes the cases they face affect the volunteers’ personal lives. Participant C felt more easily annoyed with her husband. She is afraid that her husband will become

---

<sup>33</sup> Wentzel, Collins, dan Brysiewicz, “Describing compassion fatigue from the perspective of oncology nurses in durban, south africa.”

<sup>34</sup> Beckerman dan Wozniak, “Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support.”

<sup>35</sup> Figley, *Treating Compassion Fatigue: Psychosocial Stress Series*.

the perpetrator, and she becomes a victim of violence as in the cases she handled.

*“Sometimes I feel irritated at my husband easily. That is the impact, but my husband understands that it was coming from the case workload as a volunteer. It is the consequences of dealing with the case. I’m glad he understands.”*  
(Participant C)

The irrational fear of experiencing the same violence like the victim they handled also occurs in counselors of victims of violence in the previous study, where compassion fatigue is characterized by feelings of being more irritable by their partner’s behavior.<sup>36</sup>

**Table 2**  
**Summary of Compassion Fatigue Experience**

Compassion Fatigue		Participant		
		A	B	C
Burnout	Emotional and physical exhaustion	✓	✓	✓
	Guilt and Helplessness	✓	✓	✓
Secondary traumatic stress	Preoccupation Regarding Violence Cases	✓	✓	✓
	Projection in Personal Relationship	-	-	✓

## *PROTECTIVE FACTORS*

### **PERSONAL CHARACTERISTICS**

The three participants revealed that they could recognize their physical and psychological conditions. They are able to notice when their energy is drained after receiving a violent complaint. This awareness encourages volunteers to carry out various self-care efforts. Each volunteer has their own preferences, ranging from doing make up, watching movies, drinking coffee, to doing meditation. Participant B tried to give positive

<sup>36</sup> Beckerman dan Wozniak, “Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support.”

affirmations to himself after receiving the complaint. While participants A and C try to focus on the current moment and do the work according to their abilities. According to her, this strategy is useful for maintaining her mental health.

The three participants recognize the importance acknowledging their own condition. They also make self-care efforts and focus practical solution at that time. Self-awareness enables social workers in the field of violence to recognize their own limitations at work.<sup>37</sup> This result is consistent the previous qualitative study which shows that workers who deal with violence against women issue carry out various self-care efforts such as hobbies, physical activities, and maintaining connectedness with family and friends.<sup>38</sup> Self-care is a protective factor because it has been shown to reduce secondary traumatic stress.<sup>39</sup>

The relevant educational background also becomes a protective factor against the psychological condition of the volunteers. Participants A and C have educational backgrounds in the Department of Law and Gender Studies.

*“...I graduated from Gender Studies Department. So, I volunteered here to practice what I learned in college. It was my greatest motivation to volunteer. To meet the victim directly. I didn’t get to meet them when I was studying in college...” (Participant C)*

This background supported the work of the two volunteers in the field of violence against women. They have the competence and were involved in several activities on women's issues before becoming volunteers,

---

<sup>37</sup> E. Molloy, “An exploration of social care workers experiences of emotional labour and professional burnout in domestic violence refuges professional burnout in domestic violence refuges,” *Journal of Social Care* 2, no. 1 (2019): 0–23.

<sup>38</sup> Anja Greinacher et al., “Secondary traumatization in first responders: a systematic review,” *European Journal of Psychotraumatology* 10, no. 1 (2019).

<sup>39</sup> Beckerman dan Wozniak, “Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support.”

so they are quite familiar with the field. In line with previous findings, the relevant educational background helps them to understand the issue and tend to believe in their competence to deal with stressful conditions at work.<sup>40</sup>

In contrast, participant B admitted that she had witnessed domestic violence from her parents and experienced dating violence herself. At present, participant B had resolved from both issues. This experience, instead, motivated her to learn about the issue of violence and women, and to become a volunteer.

*“...My personal experience brought me here. I went to counseling session with psychologist to process the issues. I understand that all that wounds needed to be healed. So, I really wanted to help other people to get through it like I did...”*  
(Participant B)

Participant B mentioned that often times she heard the victim considered herself as worthless because of the violence that had happened to her. She wanted to support her as she has been in a similar position, but managed to survive now because of the support she received. The result is in line with the past studies which concluded that an individual's traumatic experience does not necessarily result in secondary traumatic stress. The traumatic experience was positively related to secondary traumatic stress only if the survivor had not managed to cope with the traumatic event.<sup>41,42</sup> The experience of violence in this research is a protective factor because it helps them understand the victim better, and the participant had already coped

---

<sup>40</sup> Bourassa, “Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue.”

<sup>41</sup> Petrina A. Hargrave, Kate M. Scott, dan John McDowall, “To resolve or not to resolve: Past trauma and secondary traumatic stress in volunteer crisis workers,” *Journal of Trauma Practice* 5, no. 2 (2006): 37–55.

<sup>42</sup> Ineke Way et al., “Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders,” *Journal of Interpersonal Violence* 19, no. 1 (2004): 49–71.

well with the situation. In other studies, relevant personal experiences can make it easier for social workers to understand and handle the case in confidence.<sup>43</sup>

## **SOCIAL SUPPORT**

Not only helped by protective factors in terms of personal characteristics, the three participants also received social support from their families and partners. Participants A and C are married. Married participants get support from families such as husbands, mothers, and children. Participant C said that her husband usually tried to calm her down when she felt more irritated at home after her shift. She also feels that spending time with her child is a calming her after dealing with case of violence.

On the other hand, participant A liked to discuss cases with her husband. Overall, the social support from the family are opportunities to discuss cases, to have fun, and spend time together. While the unmarried participant B said that she usually discussed violence cases with her partner to reduce the burden she felt after receiving complaints. The participants are not allowed to discuss the whole case to other people. So, usually they only discussed the general of the case. Nevertheless, it was able to make the volunteers feel more relieved.

The volunteers have working support system, such as family, spouse, and children. Maintaining social relationships with family and friends can be a strategy to prevent burnout and secondary traumatic stress.<sup>44,45</sup>

---

<sup>43</sup> Bourassa, "Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue."

<sup>44</sup> Shanti Kulkarni et al., "Exploring Individual and Organizational Factors Contributing to Compassion Satisfaction, Secondary Traumatic Stress, and Burnout in Domestic Violence Service Providers," *Journal of the Society for Social Work and Research* 4, no. 2 (2013): 114–130.



Personal connections can make individuals maintain clear boundaries between their personal and professional lives.<sup>46</sup>

In the professional context, the three participants received support from Komnas Perempuan. They get support from the Team, both from the coordinator and fellow volunteers. The three participants mentioned that the coordinator tried to pay attention to the psychological state of the volunteers and helped each other to handle difficult cases.

*“I’m quite happy to volunteer here. They really care about their workers and volunteers, very supportive. We support and strengthen each other, from the coordinator to the fellow volunteers. Even if I had to deal with negativity, such as the depressing stories (from the violence report), everyone in Komnas Perempuan gave positive impact to me.” (Participant B)*

Support is also obtained from the volunteer team members themselves. Support from fellow volunteers appears in the form of emotional support and informational support. If there are volunteers who feel sad or depressed after receiving a particular case, other volunteers will give a hug or encouragement. They also regularly discuss case developments to reduce the stress that arises when there are challenges in handling victims. The emotional connection of the volunteer itself gives the impression of a deeper relationship than mere colleagues or co-workers.

*“...However, I see volunteers not only as colleagues or co-worker. We are bounded by the same concern. We are not here for the money or power. That’s what makes it different than the connection other people usually have in the workplace...” (Participant A)*

---

<sup>45</sup> Anna Kathryn Taylor et al., “We’re all wounded healers’: A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse,” *Health & Social Care in the Community* 27, no. 4 (Juli 2019): 856–862.

<sup>46</sup> Lynn M. Michalopoulos dan Elizabeth Aparicio, “Vicarious trauma in social workers: The role of trauma history, social support, and years of experience,” *Journal of Aggression, Maltreatment and Trauma* 21, no. 6 (2012): 646–664.

The deep connection between volunteers enable them to discuss their concern, exchange knowledge, and emotional support during case handling. This finding is in line with the previous study proving that support from teammates creates a sense of togetherness, where social workers discuss frustration and stress with a team that fully understands the workload at hand.<sup>47</sup>

Komnas Perempuan also appreciated the volunteer work. Participant A revealed that this appreciation has undergone many developments, ranging from incentives for transportation funds, lunch, to psychological treatment assistance. The appreciation provided can act as rewards, where rewards will prevent burnout itself.<sup>48</sup> Usually once a year, a Caring for Caregiver session is held. The session was guided by a psychologist for the volunteers to get to know themselves and manage negative thoughts and feelings.

*“...From the Caring for Caregiver, I learned to understand myself and be grateful for who I am. I can feel more at ease when listening to the victim’s stories now.” (Participant C)*

The institution also provides psychological counseling services for free. The participants appreciated the effort because they believe it is important to be provided by the workplace, thus everyone can deal with the fatigue and burnout. Participant C routinely utilizes the psychological counseling services provided. She found it very helpful to deal with negative emotions such as irrational fears that arise after receiving a case of violence.

*“...The psychologist taught me to heal. She taught how to be mindful, that fears (of having to encounter the same violence in my personal life) are not visible nor certain. So, I learned to focus on the present time and be grateful for what I have now. I think it helped me.” (Participant C)*

---

<sup>47</sup> Bourassa, “Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue.”

<sup>48</sup> Maslach dan Leiter, “Understanding Burnout.”

This is in line with previous studies, the opportunity to process feelings related to traumatic cases handled by professionals can minimize the negative impact felt.<sup>49</sup> In general, research shows that support from the work environment can reduce burnout and vicarious trauma in workers dealing with violence against women.<sup>50</sup>

**Table 3**  
**Summary of Protective Factors**

	Category	Participants		
		A	B	C
Personal Characteristics	Self-awareness	✓	✓	✓
	Self-care practice	✓	✓	✓
	Relevant Education	✓	-	✓
	Personal experience of VAW	-	✓	-
Social Support	Personal Context (family, partner, etc.)	✓	✓	✓
	Professional Context			
	Caring for caregiver	✓	✓	✓
	Discussion with fellow volunteers	✓	✓	✓
	Psychological counseling	-	✓	✓

The unique finding of this study is the benefits of volunteer status. Volunteers at Komnas Perempuan are not required to work every day, but instead only to the agreed schedule. Therefore, volunteers have lower involvement with victims compared to social workers who have to work every day. Social workers with more intense caseloads and working hours are more susceptible to secondary traumatic stress.<sup>51</sup> Volunteers can choose and

<sup>49</sup> Beckerman dan Wozniak, "Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support."

<sup>50</sup> Taylor et al., "'We're all wounded healers': A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse."

<sup>51</sup> Hargrave, Scott, dan McDowall, "To resolve or not to resolve: Past trauma and secondary traumatic stress in volunteer crisis workers."

set their own schedule so they are not directly exposed to daily reports of violence. This autonomy and control serve as factors to anticipate burnout.<sup>52</sup>

The implication of this research is the importance of education related to self-care strategies, and social support for volunteers in violence against women sector. Volunteers need to have adequate competence and practice self-care strategies regularly. The policy regarding operational funds, and facilitating psychological services for volunteers can serve as good practice for other institutions to prevent compassion fatigue for their volunteers and workers.

This research added to our knowledge how compassion fatigue manifested in physical and emotional exhaustion, as well as preoccupation in cognitive aspects. The personal characteristics and social support, both personal and institutional served as protective factors to help the volunteers cope with the compassion fatigue. The unique finding of this study is how the volunteer's status increases the sense of emotional connection and provides flexibility in their volunteering hours.

Although the present findings provide new insights, there are limitations to this study. First, the the two of three participants of this study graduated from master's program in gender study. While it explained how they have the knowledge and capacity to deal with the compassion fatigue from this specific issues, further research can include more participants with no prior relevant education background to represent volunteers who did not have higher education in this specific issue. Second, the two of three participants of this study have been volunteering for a year, and the other participants have been a volunteer for 5 years. In the next research, it is

---

<sup>52</sup> S. H. Abu-Bader, "Work satisfaction, burnout, and turnover among social workers in Israel: A causal diagram," *International Journal of Social Welfare* 9, no. 3 (2000): 191–200.

better to include participants with longer duration of volunteering, considering time can influence how volunteers cope with compassion fatigue. Further research can also explore the experience of compassion fatigue in various contexts of working profession and issues.

## CONCLUSION

The results of this qualitative study indicate that volunteers at Complaint and Referral Unit Komnas Perempuan experience compassion fatigue, which is characterized by symptoms of burnout (emotional and physical exhaustion, guilt and helplessness) as well as secondary traumatic stress (preoccupation of violence cases and projection in personal relationship). However, various protective factors help them to handle compassion fatigue, namely individual characteristics and social support in personal and professional context. This research provides good practice on how protective factors contribute to overcoming compassion fatigue.

## REFERENCES

- Abu-Bader, S. H. "Work satisfaction, burnout, and turnover among social workers in Israel: A causal diagram." *International Journal of Social Welfare* 9, no. 3 (2000): 191–200.
- American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 2013.
- Beckerman, N. L., dan Danielle F. Wozniak. "Domestic violence counselors and secondary traumatic stress (STS): A brief qualitative report and strategies for support." *Social Work in Mental Health* 16, no. 4 (2018): 470–490.
- Beckerman, Nancy L, dan Hanni B Flaherty. "Domestic Violence Shelters: Exploring Secondary Traumatic Stress of Female Counsellors." *Journal*

*of Anxiety & Depression* 2, no. 2 (November 2019).

- Bell, Sue, Gareth Hopkin, dan Andrew Forrester. "Exposure to Traumatic Events and the Experience of Burnout, Compassion Fatigue and Compassion Satisfaction among Prison Mental Health Staff: An Exploratory Survey." *Issues in Mental Health Nursing* 40, no. 4 (2019): 304–309.
- Bourassa, Dara. "Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue." *Journal of Interpersonal Violence* 27, no. 9 (2012): 1699–1715.
- Braun, Virginia, dan Victoria Clarke. "Using thematic analysis in psychology." *Qualitative Research in Psychology* 3, no. 2 (Januari 2006): 77–101.
- Bride, Brian E., dan Charles R. Figley. "The fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue." *Clinical Social Work Journal* 35, no. 3 (2007): 151–153.
- Cocker, Fiona, dan Nerida Joss. "Compassion fatigue among healthcare, emergency and community service workers: A systematic review." *International Journal of Environmental Research and Public Health* 13, no. 6 (2016): 1–18.
- Creswell, John W. "Qualitative Inquiry and Research Design: Choosing Among Five Approaches Second Edition." California: Sage Publications, 2007.
- Fahrudin, Ahmad. *Dasar-Dasar Metodologi Penelitian: Kompetensi dan Strategi Jitu Riset Peneliti*. 1 ed. Tulungagung: UIN SATU PRESS, 2020.
- Figley, Charles R. *Treating Compassion Fatigue: Psychosocial Stress Series*. New York: Routledge, 2002.
- Grant, Louise, dan Gail Kinman. "Enhancing Wellbeing in Social Work Students: Building Resilience in the Next Generation." *Social Work Education* 31, no. 5 (2012): 605–621.
- Greinacher, Anja, Cassandra Derezza-Greeven, Wolfgang Herzog, dan Christoph Nikendei. "Secondary traumatization in first responders: a systematic review." *European Journal of Psychotraumatology* 10, no. 1

(2019).

Hargrave, Petrina A., Kate M. Scott, dan John McDowall. "To resolve or not to resolve: Past trauma and secondary traumatic stress in volunteer crisis workers." *Journal of Trauma Practice* 5, no. 2 (2006): 37–55.

Kapoulitsas, Maryanne, dan Tim Corcoran. "Compassion fatigue and resilience: A qualitative analysis of social work practice." *Qualitative Social Work* 14, no. 1 (2015): 86–101.

Komnas Perempuan. *Perempuan Dalam Himpitan Pandemi : Lonjakan Kekerasan Seksual, Kekerasan Siber, Perkawinan Anak, dan Keterbatasan Penanganan Di Tengah Covid-19*, 2021.

Kulkarni, Shanti, Holly Bell, Jennifer L. Hartman, dan Robert L. Herman-Smith. "Exploring Individual and Organizational Factors Contributing to Compassion Satisfaction, Secondary Traumatic Stress, and Burnout in Domestic Violence Service Providers." *Journal of the Society for Social Work and Research* 4, no. 2 (2013): 114–130.

Maslach, C., dan M.P. Leiter. "Understanding Burnout." In *The Handbook of Stress and Health: A Guide to Research and Practice*. Chichester: John Wiley & Sons, 2017.

Michalopoulos, Lynn M., dan Elizabeth Aparicio. "Vicarious trauma in social workers: The role of trauma history, social support, and years of experience." *Journal of Aggression, Maltreatment and Trauma* 21, no. 6 (2012): 646–664.

Molloy, E. "An exploration of social care workers experiences of emotional labour and professional burnout in domestic violence refuges professional burnout in domestic violence refuges." *Journal of Social Care* 2, no. 1 (2019): 0–23.

Sari, Dian Kurnia. "Kekerasan dalam Pacaran pada Ruang Akademik Studi Kasus Iain Tulungagung." *Martabat: Jurnal Perempuan dan Anak* 02, no. 01 (2018): 51–70.

Sorenson, Claire, Beth Bolick, Karen Wright, dan Rebekah Hamilton. "Understanding Compassion Fatigue in Healthcare Providers: A Review of Current Literature." *Journal of Nursing Scholarship* 48, no. 5 (September 2016): 456–465.

- Stamm, Beth Hudnall. "The Concise ProQOL Manual (Second edition)." *ProQOL* (2010): 74.
- Taylor, Anna Kathryn, Alison Gregory, Gene Feder, dan Emma Williamson. "We're all wounded healers': A qualitative study to explore the well-being and needs of helpline workers supporting survivors of domestic violence and abuse." *Health & Social Care in the Community* 27, no. 4 (Juli 2019): 856–862.
- Upton, Katherine Valentine. "An investigation into compassion fatigue and self-compassion in acute medical care hospital nurses: a mixed methods study." *Journal of Compassionate Health Care* 5, no. 1 (2018): 1–27.
- Way, Ineke, Karen M. VanDeusen, Gail Martin, Brooks Applegate, dan Deborah Jandle. "Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders." *Journal of Interpersonal Violence* 19, no. 1 (2004): 49–71.
- Wentzel, Dorien, Anthony Collins, dan Petra Brysiewicz. "Describing compassion fatigue from the perspective of oncology nurses in durban, south africa." *Health SA Gesondheid* 24 (2019): 1–7.
- Yasmin, Yuditya Firdauza, dan Heharero Tesar Ashidiq. "Peran Rumah Aspirasi "TITIS " dalam Mendampingi Perempuan Korban Kekerasan." *Martabat: Jurnal Perempuan dan Anak* 5, no. 1 (2021): 210–239.