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Evaluating a Digital Mindful Self-Compassion Intervention to Reduce Compassion Fatigue in Violence Service Workers: A Pilot Randomised Controlled Trial

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Evaluating a Digital Mindful Self-Compassion Intervention to Reduce Compassion Fatigue in Violence Service Workers: A Pilot Randomised Controlled Trial

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Abstract: Compassion Fatigue (CF) often occurs among violence service workers, who face victims of violence daily, making them vulnerable to emotional exhaustion, decreased empathy, and burnout. This phenomenon not only affects their personal quality of life but also has the potential to reduce the quality of service they provide. This study aims to evaluate the effectiveness of a digital intervention using the Mindful Self-Compassion (MSC) approach in reducing compassion fatigue among violence case service workers. The research design is a randomized controlled pilot study with a total of 25 participants randomly divided into two groups: intervention (n=12) and wait-list control (n=13). The intervention was conducted over six sessions across six weeks, combining Zoom sessions, self-paced materials accessed via a website, and a WhatsApp group. CF was measured using the Professional Quality of Life Scale (ProQol-V), mindfulness using the Mindful Attention Awareness Scale (MAAS), and self-compassion using the Self-Compassion Scale (SCS), which has been adapted into Indonesian. The study results showed that the MSC intervention significantly reduced CF in the intervention group compared to the control group. Specifically, CF scores in the intervention group decreased from a pre-test mean of 57.17 to a post-test mean of 48.17, $t(11) = 3.270$, $p = .007$, indicating a statistically significant improvement. Meanwhile, the control group did not experience a significant change ($p = .662$). Between-group analysis at post-test confirmed a significant difference favoring the intervention group, $t = -2.573$, $p = .017$. In addition to the reduction in CF, mindfulness scores significantly increased in the intervention group from 56.67 to 61.92 ($p = .009$), and the common humanity subscale of self-compassion showed a notable improvement ($p = .031$). These results suggest that the digital MSC program effectively enhanced emotional resilience and mitigated compassion fatigue symptoms among trauma-exposed service providers. Qualitative feedback from participants indicated significant benefits from social support during the sessions and the accessibility of materials through the website. MSC intervention is effective in improving the psychological well-being of violence case service workers, thus the widespread implementation of the MSC program in this work environment is highly recommended to enhance mental health and service quality.

Key Words: Compassion fatigue; Mindful self-compassion; Mindfulness; Randomised controlled trial; Self-compassion; Violence service providers

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INTRODUCTION

Compassion Fatigue (CF) is an increasingly recognized occupational hazard among helping professionals worldwide, especially those working in trauma-heavy environments. Defined as the cost of caring for others in emotional pain (Figley, 1995), CF manifests as emotional exhaustion, reduced empathy, and diminished professional satisfaction. It is particularly prevalent among frontline service workers who offer direct emotional support to individuals experiencing violence or trauma, leading to burnout and secondary traumatic stress (Stamm, 2010). This phenomenon has gained global attention due to its significant implications for both provider well-being and service quality.

In Indonesia, professionals supporting trauma survivors, including clinical psychologists, social workers, and case managers, are often operate under high stress with limited systemic support. These service providers manage complex caseloads, coordinate across multiple agencies, and face structural challenges such as low staff ratios and limited access to supervision (Furi & Saptatiningsih, 2020). Many works in under-resourced areas where one person may bear the burden of managing an entire district's caseload. Cultural stigma surrounding mental health also makes it difficult for these professionals to seek help, further compounding emotional strain.

The consequences of CF are profound, impacting both the individual and the broader system. Workers experiencing CF may suffer from sleep disturbances, anxiety, emotional numbing, and cynicism (Sukmaningrum & Poerwandari, 2004), which in turn compromises decision-making, reduces empathy toward clients, and may lead to professional errors (Rudolph et al., 1997). If unaddressed, CF not only diminishes personal quality of life but also endangers the integrity of trauma-informed service delivery.

Various psychological interventions have been developed globally to address CF, including Mindfulness-Based Stress Reduction (MBSR), Cognitive Behavioral Therapy (CBT), and emotion regulation programs (Cocker & Joss, 2016; Patole et al., 2023). However, findings on their efficacy for CF specifically remain mixed. More holistic approaches that integrate mindfulness, self-awareness, and emotional self-care are increasingly considered promising alternatives.

Mindful Self-Compassion (MSC), developed by Neff and Germer (2013), offers a novel approach that blends mindfulness with emotional self-kindness and a sense of common humanity. MSC aims to reduce self-criticism, increase emotional resilience, and foster sustainable empathy. It is particularly relevant for trauma-exposed professionals, who often internalize client suffering and struggle with self-judgment (Hamama, 2012; Collins & Long, 2003). Evidence shows that MSC not only improves self-compassion and mindfulness but also reduces symptoms of CF and burnout (Raab, 2014; Germer & Neff, 2019).

Despite this promise, little is known about the effectiveness of MSC for Indonesian service providers supporting trauma survivors, especially in a digital format. With many professionals located in different regions and facing time constraints, an accessible and scalable intervention is crucial. Digital delivery also aligns with recent adaptations of MSC for broader reach and flexibility (Neff, 2023), yet such formats remain under-explored in Indonesia.

This study aims to evaluate the effectiveness of a six-week digital MSC intervention in reducing compassion fatigue among Indonesian professionals working with violence cases. Using a randomized controlled trial (RCT) pilot design, 25 participants were randomly assigned to an intervention or wait-list control group. The program combined live Zoom sessions, self-paced web modules, and WhatsApp-based peer support. Compassion fatigue was assessed using ProQOL-V, alongside measures of mindfulness (MAAS) and self-compassion (SCS). Findings from this pilot suggest that digital MSC significantly reduces CF while enhancing mindfulness and common humanity. This research contributes preliminary evidence on the viability of digital compassion-based interventions for Indonesian trauma service professionals. Its implications are not only practical, highlighting a scalable, low-cost support tool—but also policy-relevant, underscoring the need for systematic well-being strategies in trauma care professions. As one of the first studies to target this population in Indonesia using digital MSC, it lays important groundwork for future trauma-informed policy and intervention design.

METHOD

This study is a quantitative research with a randomized controlled pilot study design. It employs a randomized controlled trial (RCT) on a small scale (pilot) to measure the effectiveness of the intervention (Eldridge et al., 2016). The results from this pilot study can indicate the potential effects of the intervention if applied on a larger scale in a full RCT.

In this study, a wait-list control group was selected instead of a no-treatment control group for ethical reasons. A wait-list control means that participants who want help will still receive the intervention later, while allowing researchers to analyze the results from the main intervention group (Cunningham et al., 2013). Considering the psychological needs of the service workers, a wait-list control group was seen as more suitable. If the intervention successfully reduces compassion fatigue, the wait-list control group will also receive the same treatment.

Participants

This study involved service officers working in violence case services across Indonesia, including clinical psychologists, social workers, psychological and legal counselors, mediators, and administrative staff. To assess eligibility, participants completed an online screening questionnaire using the *Professional Quality of Life Scale (ProQOL)* to evaluate their levels of compassion fatigue. Inclusion criteria required participants to have moderate to high levels of secondary traumatic stress (STS) and burnout, each with a minimum score of 23. Exclusion criteria included current involvement in psychological therapy or use of psychiatric medication, as well as job roles not directly involved in case handling. These methods ensured that participants met all inclusion and exclusion criteria based on their clinical risk for compassion fatigue and relevance to the target population.

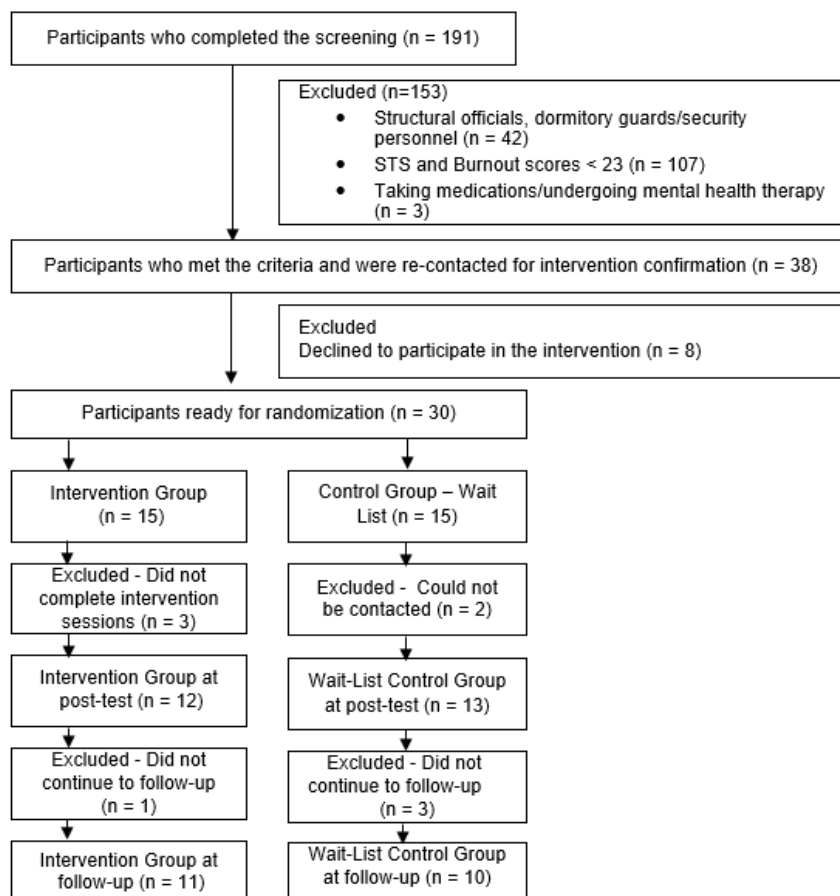


Figure 1. Participant Selection Flowchart

Table 1. Demographic Characteristics of Participants

Demographic Data	Intervention Group		Wait-List Control Group	
	N	%	N	%
Gender				
Male	2	16.7	2	15.4
Female	10	83.3	11	86.6
Job Title				
Legal Counselor/Paralegal	2	16.6	4	30.76
Psychological Counselor	5	41.67	5	38.46
Social Worker	3	25	2	15.38
Administrative Staff	1	8.3	2	15.38
Clinical Psychologist	1	8.3	-	-
Experience (in months)				
8-22	2	16.7	4	30.8
23-36	6	50	4	30.8
37-45	-	-	3	23.1
46-96	4	33.3	2	15.4
Number of Cases Handled (in Week)				
2-3	5	41.7	4	30.8
4-5	4	33.3	3	23.1
6-11	2	16.7	1	7.7
11-50	1	8.3	5	38.5

A convenience sampling method was used in this study. Participants were recruited through the Ministry of Women's Empowerment and Child Protection (Kemen PPPA) and its affiliated provincial and municipal units (UPTD PPPA). Formal letters were sent to these institutions, requesting permission to conduct the study and inviting relevant service officers to participate. Although participants were drawn from diverse regions across Indonesia, the entire intervention and data collection process was conducted online to ensure procedural consistency. This approach minimized location-based differences and enabled equal access regardless of geographical limitations. After eligibility screening based on predefined inclusion criteria, participants were randomly assigned to either the intervention group or the wait-list control group using a computerized random number generator.

Each participant received both an informed consent form and a study information sheet. The information sheet detailed the research procedures and potential benefits of the intervention, including the opportunity to enhance emotional well-being and receive a certificate upon completion. It also outlined the provision of modest financial compensation. The informed consent emphasized participants' rights, including the voluntary nature of participation and the freedom to withdraw from the study at any time without penalty. Those who completed the study were provided with an official certificate and compensation as a token of appreciation for their time and involvement.

Measures

All assessments in this study were conducted using standardized self-report questionnaires, which participants completed independently during the pre-test, post-test, and follow-up phases. To minimize bias, participants were not informed about their group assignment—whether they belonged to the intervention group or the wait-list control group. Three primary instruments were used to measure key variables: compassion fatigue, mindfulness, and self-compassion. Compassion fatigue was assessed using the Professional Quality of Life Scale, Version 5 (ProQOL-V), which evaluates three subcomponents—Compassion Satisfaction, Secondary Traumatic Stress (STS), and Burnout. This scale is widely used among helping professionals and has demonstrated good psychometric properties. Mindfulness was measured using the Mindful Attention Awareness Scale (MAAS), a unidimensional scale that captures the frequency of present-moment awareness and attention in daily life. For self-compassion, the Self-Compassion Scale (SCS) by Neff was employed, which includes six subscales capturing both positive (e.g., self-kindness, common humanity) and negative (e.g., self-judgment, isolation) aspects of self-compassion. These instruments have been previously validated in diverse populations, including Indonesian samples, and were selected for their reliability and cultural adaptability. Their use ensured that changes across the intervention could be accurately tracked and interpreted.

Intervention Structure

This study implemented a structured digital Mindful Self-Compassion (MSC) intervention tailored for Indonesian violence service workers. The program spanned six weekly sessions, drawing from the original MSC curriculum by Neff and Germer (2013, 2018). Each session lasted approximately 90–120 minutes and followed a consistent structure comprising psychoeducation, guided meditation, group reflection, and assigned individual practice tasks. The intervention was delivered entirely online via Zoom every Saturday to accommodate participants from various regions and ensure accessibility. Participants in the intervention group received the full program, while the wait-list control group completed only pre- and post-assessments within the same timeframe and were scheduled to receive the intervention two months later. Ethical clearance was granted by the Research Ethics Committee of the Faculty of Psychology, Universitas Indonesia (Approval No. 284/FPsi.Komite Etik/PDP.04.00/2023).

Cultural and Contextual Adaptation

The standard MSC framework was adapted to align with the cultural and occupational context of Indonesian violence service workers. Sessions 2 and 3 (“Practicing Mindfulness” and “Practicing Loving-Kindness”) were merged to reflect their conceptual complementarity and conserve time. Similarly, sessions 5 and 6 (“Living Deeply” and “Meeting Difficult Emotions”) were combined to integrate value-based reflection with emotional regulation. A psychoeducational segment on compassion fatigue and secondary traumatic stress was added to the first session to contextualize the intervention within the participants’ work realities. This helped bridge the gap between theory and lived experience. Moreover, a theoretical introduction to MSC was provided upfront, in line with Neff & Germer’s (2019) guidance, to improve participant engagement and internalization of core practices.

Delivery and Materials

All materials, including slide decks, scripts, assignments, and audio guides, were hosted on a dedicated, encrypted web platform designed specifically for the study. Each participant received personal login credentials to ensure confidentiality and secure access. The platform was mobile-friendly and tested for usability before launch. The intervention content was not made publicly available but can be shared upon academic request. No changes were made to intervention components or analytic methods after the study began. The digital format enabled asynchronous access to practice tasks and helped participants integrate the exercises into their daily routines.

Monitoring and Engagement

To ensure treatment fidelity, a session guide based on the MSC curriculum was used consistently across all sessions. The researcher, who also served as the facilitator, reviewed all materials in advance. Zoom attendance was recorded each week, and platform activity logs were monitored to track completion of home practices. Participants were required to complete all six sessions and engage with weekly assignments. Engagement was further assessed via the Outcome Rating Scale (ORS), administered at the end of each session to monitor session impact. All intervention materials were standardized and used uniformly across participants to ensure consistency in delivery.

Research Design

This study employed a quantitative randomized controlled pilot study design to evaluate the effectiveness of a digital Mindful Self-Compassion (MSC) intervention in reducing compassion fatigue among violence case service workers. The data analysis utilized both descriptive and inferential statistical methods to comprehensively assess changes over time and differences between groups.

The statistical techniques applied included descriptive data processing, normality testing, independent sample t-tests, paired sample t-tests, non-parametric Wilcoxon signed-rank tests, and Friedman ANOVA. The independent sample t-test was used to identify significant differences in secondary traumatic stress, burnout, compassion fatigue, self-compassion, and mindfulness between the wait-list control group and the intervention group. The paired sample t-test assessed changes between

pre-test and post-test scores within each group. Friedman ANOVA was employed to evaluate significant changes across pre-test and post-test scores within the intervention group for each variable. Furthermore, the Wilcoxon signed-rank test, a non-parametric approach, was utilized to compare scores from the Outcome Rating Scale across the six intervention sessions.

Although the primary focus of the study was quantitative analysis, qualitative observations were gathered during the intervention sessions. These insights were collected by facilitators in the form of field notes, based on participant reflections and group discussions conducted during the sessions. While the qualitative data were not formally coded or thematically analysed, they served as supportive context to enrich the interpretation of the quantitative findings. The follow-up assessment was conducted two weeks after the post-test to evaluate short-term retention of the intervention effects. This time frame was chosen to allow the identification of early sustained benefits while minimizing participant attrition and maintaining relevance to the work context of the population.

RESULTS

Descriptive Analysis of Baseline CF Symptoms

This study presents a two-part overview of Compassion Fatigue (CF) among violence case service workers in Indonesia. The first section analyzes baseline symptoms using screening data from 191 participants, revealing that 28.79% (55 individuals) reported moderate CF, while the remaining 71.21% experienced CF at a low level. CF levels were positively correlated with the number of cases handled per week, $r(191) = 0.270$, $p < .01$, indicating that higher workloads were associated with greater emotional strain. Participants commonly reported symptoms such as anxiety, emotional numbness, sleep disturbances, fatigue, and physical complaints (e.g., headaches, gastrointestinal issues). Several shared feeling “trapped in the victim’s world,” experiencing restlessness at night due to unresolved cases, and struggling to balance work with personal life. Emotional detachment emerged as a recurrent theme, participants found it difficult to feel joy or sadness in real-time and often experienced delayed emotional processing.

Impact of MSC Intervention on Compassion Fatigue

The results from the study reveal that the Digital Mindful Self-Compassion (MSC) intervention significantly reduced Compassion Fatigue (CF) levels in the intervention group compared to the control group. Pre-test CF scores in the intervention group ($M = 57.17$) decreased significantly at post-test ($M = 48.17$), $t(11) = 3.270$, $p = .007$, $d = 0.94$. In contrast, the control group’s change was not statistically significant ($p = .662$). To assess the specific impact of the intervention while controlling for external variables, a between-group analysis was conducted at post-test. This method compared outcomes between the intervention and wait-list control groups to ensure that improvements were due to the MSC intervention rather than natural variation or external factors. The analysis showed a statistically significant difference favoring the intervention group, $t = -2.573$, $p = .017$. These results validate that the intervention group experienced a greater reduction in CF, reinforcing the effectiveness of the structured MSC program.

Mindfulness and Self-Compassion Outcomes

Participants in the intervention group also demonstrated improved mindfulness (pre-test $M = 56.67$, post-test $M = 61.92$), $t(11) = -3.187$, $p = .009$, $d = -0.92$. The control group (post-test $M = 49.85$) showed no comparable improvement. While the increase in overall self-compassion in the intervention group (pre-test $M = 3.24$, post-test $M = 3.53$) was not statistically significant, $t(11) = -2.035$, $p = .067$, the between-group comparison favored the intervention ($p = .024$), and the “common humanity” subscale rose significantly ($p = .031$), highlighting strengthened self-awareness and shared resilience. These findings collectively clarify both within-group improvements and between-group contrasts. Follow-up data collected two weeks after the intervention indicated slight regressions in CF, STS, and mindfulness scores. Participants reported feeling overwhelmed by their caseloads again, suggesting that

without sustained support, the intervention's benefits may diminish over time. This underlines the need for long-term reinforcement strategies, such as booster sessions or community practice groups.

Treatment Fidelity and Adherence

The intervention was delivered by a single facilitator (the researcher) with adherence to a fixed manualized protocol. To monitor participants' engagement and compliance, attendance for each Zoom session was recorded. Participants were required to attend all six sessions and complete assigned home practices between meetings. Independent practice tasks were accessed through a dedicated web platform, which allowed the researcher to monitor whether participants had viewed the materials. This access log served as a proxy measure for task completion and participant engagement with the intervention content. To enhance treatment fidelity, all intervention materials including slides, scripts, exercises, and assignments were standardized and consistently used across sessions. This ensured that each participant received the same structured experience regardless of session dynamics.

Qualitative Insights

Qualitative insights collected during sessions showed emotional shifts among participants, from initial detachment and exhaustion to increased calmness, self-compassion, and group connectedness. These insights were gathered by the facilitator through reflective participant dialogues and verbal feedback during group discussions, as well as informal notes taken throughout the sessions. One participant reflected, "*Saya jadi menyadari pentingnya peduli terhadap diri sendiri sebelum peduli kepada orang lain*" ("I realized the importance of caring for myself before caring for others"), highlighting a core shift in perspective. Another participant shared, "*Adanya pelatihan ini membuat saya merasa tidak sendirian, perasaan saya lebih lega dan juga saya bisa lebih menikmati hidup*" ("This training made me feel less alone, brought me relief, and helped me enjoy life more"). The group's WhatsApp channel also evolved into a space of shared vulnerability and mutual support, reinforcing group cohesion. Although not analyzed through formal thematic coding, recurring narratives across participants were informally interpreted to capture emerging patterns. Participants consistently noted that the intervention filled a critical psychological gap not addressed by professional training, which typically focused on technical case-handling rather than emotional resilience and caregiver well-being.

DISCUSSION

This study offers several notable strengths. First, the use of a randomized controlled pilot study design allowed for a rigorous and reliable evaluation of the effectiveness of the Mindful Self-Compassion (MSC) intervention. Random allocation of participants into the intervention and control groups helped reduce bias and ensured that any observed effects could be directly attributed to the intervention. As a pilot study, it also provides valuable initial insights into the digital implementation of MSC for violence case service workers in Indonesia, serving as a foundation for future research on a larger scale. Second, the digital nature of the intervention enabled participation from service workers across diverse regions, thereby increasing the generalizability of findings and extending support to individuals who might otherwise be unable to attend in-person sessions due to geographical or time constraints.

Additionally, the use of digital platforms such as WhatsApp groups evolved into an effective medium for peer sharing and support. These groups facilitated emotional exchange, coping strategy discussions, and solidarity among participants in real time. Third, the study used well-validated and reliable measurement tools, including ProQol-V for professional quality of life, MAAS for mindfulness, and SCS for self-compassion, thereby strengthening the credibility of the results. These instruments ensured accurate and dependable data for evaluating changes across key psychological variables.

Study Limitations

Nonetheless, several limitations should be acknowledged. The small sample size in this pilot study may not fully represent the broader population of violence case service workers. Although flexible and accessible, the digital format may not fully replicate the emotional depth and engagement often facilitated by face-to-face interaction. Direct interaction between facilitator and participants, as well as among participants, can offer a level of emotional connection that may be challenging to achieve online. Additionally, participants may have been subject to response bias, possibly feeling compelled to provide favorable feedback due to their awareness of the research goals.

Although the MSC intervention yielded several positive outcomes, the overall increase in self-compassion did not reach statistical significance. The client-oriented and trauma-laden nature of their work may make it more difficult for participants to consistently apply self-compassion. A persistent focus on client welfare may hinder the capacity to attend to their own needs. Nonetheless, the significant improvement observed in the “common humanity” subscale suggests that participants developed a deeper understanding of shared human suffering, which can serve as an emotional buffer against compassion fatigue. While this study did not specifically analyze the effect of gender on intervention outcomes, the majority of participants were female. As such, the findings may be more reflective of female workers’ experiences and responses. This limitation is significant, given that gender can influence how individuals engage with and respond to interventions, especially those focused on self-compassion and mindfulness. Future research should consider gender-based analysis to better understand how different genders respond to MSC and ensure the intervention’s applicability across demographic groups.

Another potential concern is the risk of increased burnout following the intervention period, particularly among women. In Indonesian culture, women often assume multiple roles as caregivers, household managers, and professionals. These overlapping responsibilities, when combined with emotionally demanding work, can heighten the risk of burnout in the absence of ongoing support. Therefore, long-term support strategies are necessary to sustain the benefits of MSC and safeguard the well-being of violence case service workers.

Future research is recommended to expand the sample size in order to enhance the generalizability of the findings. A larger sample would increase statistical power and enable more nuanced analyses across different subgroups. In addition, a longitudinal design should be considered to assess the long-term effects of the MSC intervention. Continued evaluation at multiple time points post-intervention would provide a more comprehensive picture of the sustainability of its effects. A more detailed gender-based analysis is also necessary, as the current sample was predominantly female. Follow-up studies with a more gender-diverse participant pool are essential to understand how gender influences responses to MSC interventions and to ensure the program’s effectiveness across all gender groups. Further research is also needed to explore strategies to enhance self-compassion among violence case service workers, given the inherently client-oriented and emotionally demanding nature of their roles.

This study can serve as a foundational reference to describe national-level trends in compassion fatigue among violence case service workers. Scaling this study to involve a broader respondent base and deeper impact analyses would help generate data-driven recommendations for institutions such as the Ministry of Women Empowerment and Child Protection and local PPPA offices. From a practical standpoint, integrating face-to-face sessions with digital components is essential to optimize both interpersonal interaction and flexible access. Combining virtual meetings with ongoing support via digital platforms can provide a holistic and supportive environment for service workers, helping them cope with emotional stress and strengthening positive social bonds. Institutions overseeing violence case workers are encouraged to facilitate regular peer-sharing sessions, whether through in-person meetings or platforms like Zoom and WhatsApp. These social support groups have proven effective in reducing emotional exhaustion and fostering a sense of common humanity. It is also advisable for institutions to implement Training of Trainers (ToT) programs, empowering frontline workers to facilitate future MSC-based training for their peers. Offline training sessions can enhance focus and communication of key concepts. Future implementations of MSC may consider fully in-person or blended (online-offline) delivery models, allowing participants to more effectively grasp meditation practices and informal exercises in a focused setting.

CONCLUSION

This pilot study provides preliminary evidence that a digitally delivered Mindful Self-Compassion (MSC) intervention may be effective in reducing compassion fatigue (CF), enhancing mindfulness, and fostering self-compassion among violence case service workers in Indonesia. As the first digital MSC intervention tested in this population, the study offers a unique contribution by demonstrating the feasibility and relevance of MSC within the context of trauma-related frontline work in Indonesia.

The practical implications of this intervention are considerable. By integrating mindfulness and self-compassion practices into professional routines, service workers may experience improved emotional resilience and better coping mechanisms when handling high-stress, client-centered cases. The digital format further expands access to workers in remote or underserved areas, offering a flexible and scalable model for mental health support within institutional frameworks.

Future studies should expand on these findings by increasing sample size, incorporating a more gender-diverse population, and implementing a longitudinal design to assess long-term impact. Additionally, research into hybrid (online–offline) models or booster sessions could inform best practices for sustaining intervention effects over time.

Overall, this study reinforces the importance of embedding psychological well-being programs within the operational fabric of violence response services. Addressing the emotional needs of frontline workers is not only a matter of occupational health, it also ensures more compassionate, stable, and effective support for the vulnerable populations they serve.

REFERENCES

- Adiningsih, H., & Abizin, Z. (2021). Handling compassion fatigue in complaint and referral unit volunteers: Case study of Komnas Perempuan. *Martabat: Jurnal Perempuan dan Anak*. doi:<https://doi.org/10.21274/martabat.2021.5.2.240-263>
- Asih, D., Setini, M., Dharmamesta, B., & Purwanto, B. (2020). Religiosity and spirituality: Conceptualization, measurement and its effect on frugality. *Management Science Letters*, 4023-4032.
- Beaumont, E. R. (2017). The effects of compassionate mind. *The Journal of Mental Health Training, Education and Practice*, 300-312. doi:<https://doi.org/10.1108/JMHTEP-06-2016-0030> (Emerald Insight).
- Bercier, M. L. (2013). *Interventions that help the helpers: A systematic review and meta-analysis of interventions targeting compassion fatigue, secondary traumatic stress and vicarious traumatization in mental health workers*. Loyola University Chicago.
- Bluth, K. &.-M. (2017). *Response to a mindful self-compassion intervention in*. *Journal of Adolescence*.
- Brown, K. W. (2003). *Journal of Personality and Social Psychology*,. *The Benefits of Being Present: Mindfulness and Its Role*, 822-848.
- Christopher, M. S. (2012). Teaching self care through mindfulness practices: The application of yoga, meditation, and qigong to counselor training. *Journal of Humanistic Psychology*, 43-73. doi:[doi:10.1177/0022167810381527](https://doi.org/10.1177/0022167810381527).
- Cocker, F. & Josh. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*, 618. doi:[10.3390/ijerph13060618](https://doi.org/10.3390/ijerph13060618)
- Cunningham, J. A. (2013). Exploratory randomized controlled trial evaluating the impact of a wait-list control design. *BMC medical research methodology*, 1-7.
- Delaney, M. C. (2018). Caring for the caregivers: Evaluation of the effect of an eight-week pilot mindful self-compassion (MSC) training program on nurses' compassion fatigue and resilience. *PLoS one*, 11-21.
- Eldridge, S. M. (2016). Defining feasibility and pilot studies in preparation for randomised controlled trials: development of a conceptual framework. *PLoS one*.

- Figley, C. (1995). *Compassion fatigue as secondary traumatic stress disorder: An overview*. In C. R. Figley (Ed.). New York: Brunner/Mazel.
- Figley, C. R. (2002). *Treating Compassion Fatigue*. Brunner-Routledge.
- Finlay-Jones, A. K. (2017). Self-compassion online: A pilot study of an internet-based self-compassion cultivation program for psychology trainees. *Journal of clinical psychology*, 797-816.
- Furi, V. L. (2020). Peran UPTD Perlindungan Perempuan dan Anak. *Jurnal Kewarganegaraan*, 122-129.
- Gentry, J. E. (2002). Compassion Fatigue: A Crucible of Transformation. In S. N. Faust, *Trauma Practice in the Wake of September 11, 2001* (pp. 37-61). Haworth Press.
- Germer, C. &. (2019). *Mindful self-compassion (MSC). Handbook of mindfulness-based programmes*. Routledge.
- Germer, C. &. (2019). *The handbook of mindfulness-based programs: Every established intervention, from medicine to education*. London: Routledge.
- Germer, C. K. (2018). *The Mindful Self-Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive*. The Guilford Press.
- Julious, S. A. (2005). Sample Size of 12 per Group Rule of Thumb for a Pilot Study. *Pharmaceutical Statistics*, 287-291.
- Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (Kemenpppa). (2018). *Peraturan Menteri Pemberdayaan Perempuan dan Perlindungan Anak Nomor 4 tahun 2018 tentang Pedoman Pembentukan Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak*. Retrieved from <https://jdih.kemenpppa.go.id/dokumen-hukum/produk-hukum/245>.
- Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (Kemenpppa). (2018). *Profil Perempuan Indonesia 2018*. Retrieved from Kementerian Pemberdayaan Perempuan dan Perlindungan Anak: <https://www.kemenpppa.go.id/page/view/konten/MTI3>
- Keng, S. L. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review*, 1041-1056.
- Khoury, B. L. (2013). Mindfulness-based therapy: A comprehensive meta-analysis. *Clinical Psychology Review*, 763-771.
- Killian, K. D. (2008). Helping Till It Hurts? A Multi-Method Study of Compassion Fatigue. *Traumatology*, 32-44.
- Komnas Perempuan. (2023). *Catatan Tahunan Kekerasan Terhadap Perempuan (CATAHU)*. Retrieved from Komisi Nasional Anti Kekerasan Terhadap Perempuan: <https://komnasperempuan.go.id/download-file/949>
- Lynch, S. H. (2012). Compassion fatigue in family caregivers: a Wilsonian concept analysis. *Journal of Advanced Nursing*, 2125-2134.
- Miller, J. J.-O. (2018). Self-compassion among child welfare workers: An exploratory study. *Children and Youth Services Review*, 205-211.
- Miller, S. D. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. *Journal of Brief Therapy*, 91-100.
- Moore, G. F. (2015). Process evaluation of complex interventions: Medical Research Council guidance. *BMJ*.
- Najjar, N. D.-C. (2009). Compassion fatigue: A review of the research to date and relevance to cancer-care providers. *Journal of Health Psychology*, 267-277.
- Neff, K. &. (2018). *The Mindful Self-Compassion Workbook. A proven way to accept yourself, build inner strength, and thrive*. New York: The gulford press.
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. In *Self and Identity* (pp. 85-101).
- Neff, K. (2023). *Self- Compassion-instrument for researchers*. Retrieved from <https://self-compassion.org/self-compassion-scales-for-researchers/>
- Neff, K. D. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of cross-cultural psychology*, 267-285.
- Neff, K. D. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 28-44.

- Neff, K. D. (2018). The forest and the trees: Examining the association of self-compassion and its positive and negative components with psychological functioning. *Self and Identity*, 627-645.
- Neff, K. D. (2020). Caring for others without losing yourself: An adaptation of the Mindful Self-Compassion Program for Healthcare Communities. *Journal of Clinical Psychology*, 1543-1562.
- Neff, K. D. (2023). Self-compassion: Theory, method, research, and intervention. *Annual review of psychology*, 193-218.
- Neff, K. D. (2023). The development and validation of a scale to measure self-compassion. *Self and identity*, 223-250.
- Nurhayati, E. &. (2018). The Role of Professional Development in Enhancing the Competence of Social Workers in Indonesia. *Indonesian Journal of Social Work*, 45-58.
- O’Cathain, A. (2019). Process evaluation within pragmatic randomized controlled trials: what is it, why is it done, and can we find it? *Trials*, 258.
- Putri, N. G. (2023). Adaptasi Alat Ukur Professional Quality of Life pada Psikolog Klinis di Fasilitas Kesehatan. *Psyche 165 Journal*, 32-37.
- Raab, K. (2014). Mindfulness, self-compassion, and empathy among health care professionals: A review of the literature. *Journal of Health Care Chaplaincy*, 95-108.
- Rudolph, J. M. (1997). *Compassion fatigue: A concern for mental health policy, providers, & administration*. In *Poster presentation at the Annual Meeting of the International Society for Traumatic Stress Studies, Montreal*.
- Shapiro, S. L. (2007). Teaching self-care to caregivers: Effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*.
- Smeets, E. N. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, 798-807.
- Soler, J. C.-S. (2018). Relationship between meditative practice and self-compassion in a Spanish sample. *Mindfulness*, 333-341.
- Stamm, B. (2010). *The Concise ProQOL Manual, 2nd Ed.* Pocatello.
- Stamm, B. H. (1998). Measuring compassion satisfaction as well as fatigue: Developmental history of the Compassion Fatigue and Satisfaction Test. In C. R. Figley, *Treating Compassion Fatigue* (pp. 107-119). Brunner-Routledge.
- Sugianto, D. S. (2020). Reliabilitas dan validitas self-compassion scale versi Bahasa Indonesia. *Jurnal Psikologi Ulayat*, 177-191.
- Utami, S. P. (2023). The Impact of Mindful Attention Awareness Scale on Student Well. *Journal of Educational Psychology*, 123-135.
- Wardani, S. &. (2019). Dedication and Commitment in Humanitarian Missions: A Study on Violence Case Workers in Indonesia. *Journal of Humanitarian Studies*, 89-101.