

Background

Practitioners, counselors, and advocates who interview and counsel victims with severe traumatic experiences may exhibit stress reactions similar to those of the vic-

Hypothesis 3 Compassion satisfaction negatively influences compassion fatigue and burnout.

Methods

Design, participants, and settings

($r(248) = -0.53, p < .01$). Table 4 presents the results of the association of advocates' history. The group that had experienced sexual victimization had slightly significantly higher psychological distress levels than the group that had no experience ($U = 8857.5, Z = 2.13, p = .033$). Those who experienced IPV victimization had significantly higher psychological distress levels than those who did not experience IPV ($U = 9217.5, Z = 3.89, p < .001$). A significant difference was found between the scores of the group that experienced crime victimization ($M = 20.82, SD = 5.3$) and the group that did not experience it ($M = 19.18, SD = 5.3$), $t(248) = 2.05, p = .041$. No significant associations were found with the other variables.

Path analysis

Figure 2 presents the results of the path analyses via the hypothesized model. The fit of the hypothesized model was $\chi^2(2, N = 250) = 1.1, p = .574, AGFI = 0.983, CFI = 1.000, RMSEA = 0.015$ and $SRMR = 0.004$.

traumatic stress symptoms ($r(248) = 0.60, p < .01$) and psychological distress ($r(248) = 0.44, p < .01$). The correlation coefficient between compassion fatigue and burnout was $r = .61$. Burnout was also positively correlated with traumatic stress symptoms ($r(248) = 0.46, p < .01$) and psychological distress ($r(248) = 0.40, p < .01$). Compassion satisfaction was significantly negatively correlated with compassion fatigue ($r(248) = -0.18, p < .01$) and burnout

symptoms and psychological distress. Stress resulting from assisting traumatized victims may exacerbate traumatic stress symptoms among advocates. This result was consistent with the results of Jenkins and Baird [6], who reported on Japanese advocates for victims of sexual assault. Furthermore, the finding that compassion fatigue also affected psychological distress was consistent with the results of Samios et al. [35], who found an association between compassion fatigue and depression. Advocates and their supervisors should understand that compassion fatigue affects both psychological distress and traumatic stress symptoms.

Hypothesis 2: burnout positively influences traumatic stress symptoms and psychological distress

Maslach and Leiter [36] concluded that the effect of burnout on psychological symptoms remained unclear. However, burnout exerted a significant effect on psy

advocates had experienced some form of abuse [19, 29]. These advocates' experiences of sexual victimization may have motivated them to become advocates for victims of sexual assault, which may be akin to the idea of peers trying to use their experiences to provide support [65]. On the other hand, studies have reported that individuals who have experienced sexual assault or IPV victimization generally exhibit higher rates of psychological distress

[66, 67] and that past victimizations are risk factors for STS [68]. In this study, experiences of sexual assault and IPV victimization were also associated with psychological distress but not with psychological traumatic stress. Additionally, individuals who had experienced criminal victimization demonstrated higher compassion fatigue. However, the reasons for these associations could not be clarified in this study; thus, leaving them open for further

investigation. Given these findings, RCC administrators should not only recognize that an advocate's own experience of some form of victimization may be a risk factor for compassion fatigue and mental health problems but also pay careful attention to the mental health of advocates.

Regarding the prevalence of ProQOL among Japanese RCC advocates, compassion fatigue scores did not differ significantly from those reported in previous studies [2, 35]. However, the burnout prevalence of 65% in the present study was higher than the 30% reported in a previous study [3]; nevertheless, strict comparisons could not be

Conclusions

This study examined the hypothesized model using path analysis and revealed that compassion fatigue affected traumatic stress symptoms, psychological distress, and burnout. Furthermore, burnout was associated with psychological distress. In addition, compassion satisfaction could reduce compassion fatigue and burnout. Thus, the results indicate that increasing compassion satisfaction among advocates for victims of sexual assault may indirectly prevent psychological distress and the worsening of traumatic stress symptoms.

Abbreviations

CFI	comparative fit index
DSM-IV	Diagnostic and Statistical Manual, Fourth Revision
GFI	goodness of fit index
IES-R	Impact of Event Scale-Revised
IPV	Intimate partner violence
K6	Kessler Psychological Distress Scale
PTSD	post-traumatic stress disorder
ProQOL	Professional Quality of Life Scale
RCC	Rape Crisis Center
RMSEA	root mean square error of approximation
STS	secondary traumatic stress
SRMR	standardized root mean square residual

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Author contributions

NH: Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Visualization, and Writing. YO: Conceptualization, Data curation, Formal analysis, Methodology, and Supervision. MS: Conceptualization, Data curation, and Formal analysis. JM: Conceptualization and Investigation. MM: Formal analysis and Visualization. MI: Formal analysis. NO: Conceptualization, Methodology, Project administration and Supervision. All authors reviewed and approved the final manuscript.

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Data availability

Data is provided within the manuscript file.

Declarations

Ethics approval and consent to participate

This study, approved by the Medical Research Ethics Committee of Tokyo Medical and Dental University (approval number M2021-214), was conducted as human subject medical research in accordance with the Declaration of Helsinki. A written informed consent was obtained from all individual participants included in the study. Furthermore, they were informed that participation was voluntary. Consent was obtained by checking the first item on the questionnaire, "I agree to participate in the survey."

Consent for publication

N/A.

Competing interests

The authors declare no competing interests.

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