

Secondary Traumatic Stress and Help-Seeking Behavior of Human Rights Officer

[*Secondary Traumatic Stress dan Perilaku Mencari Bantuan Pada Human Rights Officer*]

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A human rights officer (HRO) is a human rights institution staff whose job is to receive and handle cases of alleged violations of human rights. They are at risk of experiencing secondary traumatic stress (STS) due to continuous exposure to cases of alleged violations of human rights. Left untreated, secondary traumatic stress (STS) will have an impact on the personal and professional life of the human rights officer (HRO). The qualitative-phenomenological analysis of the four human rights officers (HROs) in this study describes the secondary traumatic stress (STS) experienced and explores risk factors and help-seeking behavior which includes intentions and attitudes. The results of the study showed that the study participants showed symptoms of secondary traumatic stress (STS) in the High and Very High categories. This causes participants to become emotional, often think about work, and tend to avoid complainants. Physical reactions were also identified in human rights officers (HROs) who were still active in handling cases, such as getting tired or fatigued quickly, becoming drowsy or sleepy faster, and often having stomach ulcers. The risk factors for secondary traumatic stress (STS) for them are heavy workload, long working hours, increased frequency of case exposure and contact with complainants, handling of severe cases, factors related to complainants, lack of support from institutions, and difficulty in distancing from emotional involvement. All participants had the intention to seek help by informing third parties to receive support, solutions, and information when it became unbearable.

Keywords: secondary traumatic stress (STS), human rights officer (HRO), help-seeking behavior, attitude toward help-seeking behavior, intention

Human rights officer (HRO) adalah staf lembaga hak asasi manusia (HAM) yang bertugas menerima dan menangani kasus dugaan pelanggaran hak asasi manusia (HAM). Mereka memiliki risiko mengalami *secondary traumatic stress (STS)* karena paparan kasus dugaan pelanggaran hak asasi manusia (HAM) yang terus-menerus. *Secondary traumatic stress (STS)* yang tidak ditangani akan berdampak pada kehidupan personal dan profesional dari *human rights officer (HRO)*. Kajian kualitatif-fenomenologis pada empat *human rights officer (HRO)* dalam studi ini menggambarkan *secondary traumatic stress (STS)* yang dialami dan menggali faktor risiko serta perilaku mencari bantuan yang meliputi intensi dan sikap. Hasil studi menunjukkan bahwa para partisipan studi menunjukkan gejala *secondary traumatic stress (STS)* dalam kategori Tinggi dan Sangat Tinggi. Hal tersebut menyebabkan partisipan menjadi emosional, sering memikirkan pekerjaan, dan cenderung menghindari pengadu. Reaksi fisik juga teridentifikasi pada *human rights officer (HRO)* yang masih aktif menangani kasus, seperti cepat lelah, lebih cepat mengantuk, dan sering sakit maag. Faktor risiko penyebab *secondary traumatic stress (STS)* pada mereka adalah beban kerja yang berat, jam kerja yang panjang, peningkatan frekuensi paparan kasus dan kontak dengan pelapor, penanganan kasus yang berat, faktor pengadu, kurangnya dukungan dari institusi, dan keterlibatan emosional yang sulit berjarak. Seluruh partisipan memiliki intensi untuk mencari bantuan dengan bercerita kepada pihak ketiga untuk mendapatkan dukungan, solusi, dan informasi jika sudah tidak tertahankan.

Kata kunci: *secondary traumatic stress (STS)*, *human rights officer (HRO)*, perilaku mencari bantuan, sikap terhadap perilaku mencari bantuan, intensi

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Work in the humanitarian and human rights fields has a risk of experiencing a psychological impact. In a systematic literature review to provide a broader picture of mental health problems in humanitarian workers, Strohmeier and Scholter (2015) found 14 studies showing experiences of mental health problems, such as post-traumatic stress disorder (PTSD), depression, and anxiety. One of the studies was a study on 398 humanitarian workers from nine organizations working in post-conflict areas in Vanni, Sri Lanka, with the results of the study showing that 19% of the participants experienced post-traumatic stress disorder (PTSD), 58% experienced depression, and 53% experiencing anxiety (Cardozo et al., 2013). Another study was on 277 humanitarian workers from 45 organizations working in South Sudan, which is also a conflict area, with the results of the study finding that 24% of participants experienced post-traumatic stress disorder (PTSD), 38% experienced depression, 58% experienced anxiety, 35% were alcoholic, and 24% experienced burnout (Strohmeier et al., 2018).

One of the parties at risk of experiencing psychological impact due to their work is a human rights officer (HRO). A human rights officer (HRO) is an individual whose job is to receive and handle cases of alleged human rights violations at national, regional, and international human rights institutions. Unlike the national human rights institutions in other countries, the human rights institutions in Indonesia consist of three institutions, namely: (1) the National Commission on Human Rights; (2) the National Commission on Anti-Violence Against Women; and (3) the Indonesian Child Protection Commission. The National Commission on Human Rights was the first institution to be established, followed by two special institutions, namely the National Commission on Anti-Violence Against Women (or better known as the National Commission for Women) which focuses on women's issues and the Indonesian Child Protection Commission which deals with the rights of children.

Human rights officers (HROs) being at risk is in

Pekerjaan di bidang kemanusiaan maupun bidang hak asasi manusia (HAM) memiliki risiko mengalami dampak psikologis. Dalam tinjauan pustaka sistematis untuk memberikan gambaran yang lebih luas tentang masalah kesehatan jiwa pada pekerja kemanusiaan, Strohmeier dan Scholter (2015) menemukan 14 studi yang menunjukkan pengalaman masalah kesehatan jiwa, seperti *post-traumatic stress disorder (PTSD)*, depresi, dan kecemasan. Salah satu studi adalah studi pada 398 pekerja kemanusiaan dari sembilan organisasi yang bekerja pada daerah paska konflik di Vanni, Sri Lanka, dengan hasil studi menunjukkan bahwa 19% partisipan mengalami *post-traumatic stress disorder (PTSD)*, 58% mengalami depresi, dan 53% mengalami kecemasan (Cardozo et al., 2013). Studi lain adalah pada 277 pekerja kemanusiaan dari 45 organisasi yang bekerja di Sudan Selatan, yang juga merupakan daerah konflik, dengan hasil studi menemukan bahwa 24% partisipan mengalami *post-traumatic stress disorder (PTSD)*, 38% mengalami depresi, 58% mengalami kecemasan, 35% menjadi alkoholik, dan 24% burnout (Strohmeier et al., 2018).

Salah satu pihak yang berisiko mengalami dampak psikologis karena pekerjaannya adalah *human rights officer (HRO)*. *Human rights officer (HRO)* adalah individu yang bertugas menerima dan menangani kasus dugaan pelanggaran hak asasi manusia (HAM) pada lembaga hak asasi manusia (HAM) nasional, regional, maupun internasional. Berbeda dengan lembaga hak asasi manusia (HAM) nasional di negara lainnya, lembaga hak asasi manusia (HAM) di Indonesia terdiri dari tiga institusi, yaitu: (1) Komisi Nasional Hak Asasi Manusia (Komnas HAM); (2) Komisi Nasional Anti Kekerasan Terhadap Perempuan; dan (3) Komisi Perlindungan Anak Indonesia (KPAI). Komisi Nasional Hak Asasi Manusia (Komnas HAM) adalah lembaga yang pertama didirikan, lalu diikuti dengan dua institusi khusus, yaitu Komisi Nasional Anti Kekerasan Terhadap Perempuan (atau lebih dikenal dengan sebutan Komnas Perempuan [Komper]) yang memiliki fokus pada isu perempuan dan Komisi Perlindungan Anak Indonesia (KPAI) yang menangani tentang hak anak.

Human rights officer (HRO) merupakan pihak yang

accordance with the statement of Prayitno and Andayani (2023), with the statement that individuals tend to experience stress when faced with sudden situations requiring swift adaptation. The existence of stimulus perceived as dangerous and life-threatening would increase stress faster (Prayitno & Andayani, 2023). Leman and Arjadi (2023) also stated that continuous history with negative experience would worsen the psychological impacts. Infurna et al. (2015) had the opinion that even minor, daily stressors tended to be more reactive and emotional.

The human rights officer (HRO) as the focus of this study are the human rights officers (HROs) who works at the National Commission on Human Rights. The National Commission on Human Rights itself, according to the Constitution of the Republic of Indonesia Number 39 Year 1999 Regarding Human Rights (Pemerintah Republik Indonesia [The Government of the Republic of Indonesia], 1999), is an independent state institution on the same level as other state institutions, and has the function of carrying out studies and research, education and outreach, monitoring, and mediation of human rights. This function is carried out by members of the National Commission on Human Rights and assisted by the human rights officers (HROs) under the Secretary General of the National Commission on Human Rights.

The psychological impact on human rights officers (HROs) occurs due to exposure to traumatic events from victims of human rights violations who complain about their cases. In general, cases of human rights violations are traumatic events (The Office of the High Commissioner for Human Rights [OHCHR], 2011). One of the psychological impacts that is predicted to occur due to continuous exposure to traumatic events is secondary traumatic stress (STS).

The Human Rights Enforcement Support Bureau has duties to provide administrative and technical support for complaints, monitoring, and mediation services. The human rights officers (HROs) in charge of providing technical support are the ones who receive and handle cases, causing them to be continuously exposed to traumatic events. In addition to constant exposure to traumatic events, they also have to deal with heavy

berisiko adalah sejalan dengan ungkapan Prayitno dan Andayani (2023), yang menegaskan bahwa individu cenderung mengalami stres jika dihadapkan dengan situasi mendadak dan membutuhkan adaptasi cepat. Adanya stimulus yang dirasa berbahaya dan mengancam kehidupan akan lebih cepat meningkatkan stres (Prayitno & Andayani, 2023). Leman dan Arjadi (2023) juga mengungkapkan bahwa riwayat pengalaman buruk yang terus-menerus harus dialami individu akan semakin memperparah dampak psikologis yang dirasakan. Infurna et al (2015) mengungkapkan bahwa stresor harian yang walaupun bersifat kecil, cenderung bersifat lebih reaktif dan emosional.

Human rights officer (HRO) yang menjadi fokus pada studi ini adalah *human rights officer (HRO)* yang bekerja di Komisi Nasional Hak Asasi Manusia (Komnas HAM). Komisi Nasional Hak Asasi Manusia (Komnas HAM) itu sendiri, menurut Undang-Undang Republik Indonesia Nomor 39 Tahun 1999 Tentang Hak Asasi Manusia (HAM) (Pemerintah Republik Indonesia [The Government of the Republic of Indonesia], 1999), adalah lembaga negara mandiri yang memiliki kedudukan setingkat dengan lembaga negara lainnya, dan memiliki fungsi untuk melaksanakan pengkajian dan penelitian, pendidikan dan penyuluhan, pemantauan, serta mediasi hak asasi manusia (HAM). Fungsi tersebut dilakukan oleh anggota Komisi Nasional Hak Asasi Manusia (Komnas HAM) dan dibantu oleh *human rights officer (HRO)* yang berada di bawah Sekretariat Jenderal Komisi Nasional Hak Asasi Manusia (Komnas HAM).

Dampak psikologis pada *human rights officer (HRO)* terjadi karena paparan peristiwa traumatis dari para korban pelanggaran hak asasi manusia (HAM) yang mengadakan kasusnya. Secara umum, kasus pelanggaran hak asasi manusia (HAM) merupakan peristiwa traumatik (The Office of the High Commissioner for Human Rights [OHCHR], 2011). Salah satu dampak psikologis yang diduga terjadi karena paparan peristiwa traumatis yang terus-menerus tersebut adalah *secondary traumatic stress (STS)*.

Biro Dukungan Penegakan Hak Asasi Manusia (HAM) bertugas untuk memberikan dukungan administrasi maupun teknis pelayanan pengaduan, pemantauan, dan mediasi. *Human rights officer (HRO)* yang bertugas memberikan dukungan teknis inilah yang menerima dan menangani kasus, sehingga mendapatkan paparan peristiwa traumatis secara terus-menerus. Selain paparan peristiwa traumatis yang terus-menerus, mereka

workload. According to data from the Annual Report of the National Commission on Human Rights, in 2019 they received 5,314 complaint files (Tim Penyusun Laporan Tahunan Komisi Nasional Hak Asasi Manusia (Komnas HAM) 2019 [Yearly Report Authorship Team of the National Commission on Human Rights 2019], 2020). Whereas in 2020, they received 4,794 complaint files (Tim Penyusun Laporan Tahunan Komisi Nasional Hak Asasi Manusia (Komnas HAM) 2020 [Yearly Report Authorship Team of the National Commission on Human Rights], 2021). Out of the total of 371 staff of the National Commission on Human Rights, the submission and handling of the complaint files were handled by 14 complaint submission staff, seven mediator staff, and 13 case monitoring staff, resulting in each staff experiencing a heavy burden. On average, a staff of the Complaint Submission Section receives 380 files per year, while monitoring staff or mediators handle 45-50 cases per year.

Secondary traumatic stress (STS) is defined as the emotional distress experienced by individuals who work with victims of traumatic events, with symptoms similar to those of post-traumatic stress disorder (PTSD; Figley, 1995). Severson and Pettus-Davis (2013) define secondary traumatic stress (STS) as the emotional, cognitive, and physical consequences of providing professional services to trauma victims or perpetrators. Kiyimba and O'Reilly (2016) define secondary traumatic stress (STS) as a consequence of empathy between two individuals, one of whom is experiencing trauma and the other is affected by listening to the storytelling or description of the traumatic event.

Potential risk factors for secondary traumatic stress (STS) are: (1) frequency of exposure to traumatic events; (2) having a history of traumatic experiences; (3) empathy for victims who experience trauma; (4) heavy workload; (5) increased contact with victims; and (6) long working hours (Figley, 1995). Meanwhile, according to Adams et al. (2001), the risk factors are: (1) lack of training and supervision; (2) handling serious cases; (3) low socioeconomic status; (4) having experienced trauma; (5) lack of support from the workplace; and (6) lack of support from family and friends. According to Johansen et al. (2019) and Padmanabhanunni (2020), age and gender factors can also affect the risk of secondary traumatic stress (STS).

juga harus berhadapan dengan beban kerja yang berat. Menurut data Laporan Tahunan Komisi Nasional Hak Asasi Manusia (Komnas HAM), pada tahun 2019 mereka menerima 5.314 berkas pengaduan (Tim Penyusun Laporan Tahunan Komisi Nasional Hak Asasi Manusia (Komnas HAM) 2019 [Yearly Report Authorship Team of the National Commission on Human Rights 2019], 2020). Sedangkan pada tahun 2020, mereka menerima 4.794 berkas pengaduan (Tim Penyusun Laporan Tahunan Komisi Nasional Hak Asasi Manusia (Komnas HAM) 2020 [Yearly Report Authorship Team of the National Commission on Human Rights], 2021). Dari 371 orang keseluruhan staf Komisi Nasional Hak Asasi Manusia (Komnas HAM), penerimaan dan penanganan berkas pengaduan tersebut ditangani oleh 14 staf penerima pengaduan, tujuh staf komediator, dan 13 staf pemantau kasus, sehingga tiap staf memiliki beban yang berat. Secara rerata, seorang staf Bagian Penerima Pengaduan menerima 380 berkas per tahun, sedangkan staf pemantau atau komediator menangani 45-50 kasus per tahun.

Secondary traumatic stress (STS) didefinisikan sebagai tekanan emosional yang dialami oleh individu yang bekerja dengan korban peristiwa traumatik, dengan gejala yang mirip dengan *post-traumatic stress disorder (PTSD)*; Figley, 1995). Severson dan Pettus-Davis (2013) mendefinisikan *secondary traumatic stress (STS)* sebagai konsekuensi emosional, kognitif, dan fisik karena memberikan layanan profesional kepada para korban trauma atau pelakunya. Kiyimba dan O'Reilly (2016) mendefinisikan *secondary traumatic stress (STS)* sebagai konsekuensi dari empati antara dua individu, yang salah satunya mengalami trauma dan yang lainnya terdampak karena mendengarkan paparan peristiwa traumatis tersebut.

Faktor risiko potensial terjadinya *secondary traumatic stress (STS)* adalah: (1) frekuensi paparan peristiwa traumatis; (2) memiliki sejarah pengalaman traumatis; (3) empati terhadap korban yang mengalami trauma; (4) beban kerja yang berat; (5) peningkatan kontak dengan korban; dan (6) jam kerja yang panjang (Figley, 1995). Sedangkan menurut Adams et al. (2001) adalah: (1) kurangnya pelatihan dan supervisi; (2) menangani kasus berat; (3) status ekonomi sosial yang rendah; (4) pernah mengalami trauma; (5) kurangnya dukungan dari tempat kerja; dan (6) kurangnya dukungan dari keluarga dan rekan. Menurut Johansen et al. (2019) dan Padmanabhanunni (2020), faktor umur dan *gender* juga dapat memengaruhi risiko terjadinya *secondary traumatic stress (STS)*.

The symptoms of secondary traumatic stress (STS) are grouped into: (1) intrusion; (2) avoidance; and (3) arousal (or hyperarousal; Bride et al., 2007; Manning-Jones et al., 2016; Susanty et al., 2015). Symptoms identified in intrusion include: (1) recalling the traumatic event; (2) nightmares; and (3) feeling the traumatic event repeating itself. The symptoms identified in avoidance include: (1) becoming unenthusiastic about the future; (2) withdrawing from surroundings; (3) avoiding people or places; (4) becoming inactive (compared to previous or usual self); and (5) having memory gaps for the heard or described traumatic events. Symptoms identified in arousal include: (1) difficulty sleeping; (2) restless; (3) difficulty concentrating; (4) irritability; and (5) wishing bad events to happen. Figley (1995) added that there are physical reactions such as fatigue, headaches, or hypertension in the symptoms of secondary traumatic stress (STS).

To measure secondary traumatic stress (STS), there are several measurement instruments commonly utilized in studies, namely: (1) Secondary Traumatic Stress Scale (STSS); (2) Post-Traumatic Stress Disorder (PTSD) Symptom Scale - Self Report (PSS-SR); (3) Professional Quality of Life Scale (ProQOL); and (4) Compassion Fatigue Self-Test (CFST). Bride et al. (2007) found that the structural difference in several of these measurement instruments is the time frame. Several measurement instruments required respondents to fill in according to the conditions of the last week, but there were also those that asked for the last 30 days.

Initially, secondary traumatic stress (STS) was defined only in clinicians working with trauma victims. There have been numerous studies that prove that secondary traumatic stress (STS) is not only experienced by clinicians, but can also occur in those who work in providing assistance for others (Guskovict & Potocky, 2018), such as parole officers (Severson & Pettus-Davis, 2013), social workers (Gil & Weinberg, 2015), individuals who perform verbatim transcription of qualitative research data (Kiyimba & O'Reilly, 2016), therapists on usage of narcotics, psychotropics, and other addictive substances (Johansen et al., 2019), as well as general counselors (Padmanabhanunni, 2020).

Although there have been numerous studies on the theme of secondary traumatic stress (STS) in various professions that provide assistance to others, in Indonesia there are still very few studies on individuals

Gejala *secondary traumatic stress (STS)* dikelompokkan dalam: (1) *intrusion*; (2) *avoidance*; dan (3) *arousal* (atau *hyperarousal*; Bride et al., 2007; Manning-Jones et al., 2016; Susanty et al., 2015). Gejala yang diidentifikasi pada *intrusion* antara lain adalah: (1) kembali mengingat peristiwa traumatis; (2) mimpi buruk; serta (3) merasa peristiwa traumatis terulang kembali. Gejala yang diidentifikasi pada *avoidance* antara lain adalah: (1) menjadi tidak semangat terhadap masa depan; (2) menarik diri dari sekitar; (3) menghindari orang atau tempat; (4) menjadi tidak aktif (dibanding seperti sebelumnya atau biasanya); serta (5) memiliki celah memori atas peristiwa traumatis yang didengar. Gejala yang diidentifikasi pada *arousal* antara lain adalah: (1) sulit tidur; (2) gelisah; (3) sulit berkonsentrasi; (4) mudah kesal; dan (5) berharap peristiwa buruk terjadi. Figley (1995) menambahkan adanya reaksi fisik seperti kelelahan, sakit kepala, atau hipertensi pada gejala *secondary traumatic stress (STS)*.

Untuk mengukur *secondary traumatic stress (STS)*, ada beberapa alat ukur yang biasa digunakan dalam studi yaitu: (1) *Secondary Traumatic Stress Scale (STSS)*; (2) *Post-Traumatic Stress Disorder (PTSD) Symptom Scale - Self Report (PSS-SR)*; (3) *Professional Quality of Life Scale (ProQOL)*; dan (4) *Compassion Fatigue Self-Test (CFST)*. Bride et al. (2007) menemukan bahwa perbedaan struktural beberapa alat ukur tersebut adalah pada kerangka waktu. Beberapa alat ukur meminta responden mengisi sesuai dengan keadaan seminggu terakhir, namun ada juga yang meminta dalam kurun waktu 30 hari terakhir.

Pada awalnya, *secondary traumatic stress (STS)* didefinisikan hanya pada klinisi yang bekerja menangani korban trauma. Telah banyak studi yang membuktikan bahwa *secondary traumatic stress (STS)* tidak hanya dialami oleh klinisi, namun dapat terjadi juga pada mereka dengan pekerjaan yang melakukan asistensi bagi orang lain (Guskovict & Potocky, 2018), seperti *parole officer* (Severson & Pettus-Davis, 2013), pekerja sosial (Gil & Weinberg, 2015), individu yang melakukan transkripsi verbatim data penelitian kualitatif (Kiyimba & O'Reilly, 2016), terapis penyalahgunaan narkoba, psikotropika, dan zat adiktif lainnya (NAPZA) (Johansen et al., 2019), maupun konselor awam (Padmanabhanunni, 2020).

Meskipun telah banyak studi yang mengangkat tema *secondary traumatic stress (STS)* pada berbagai profesi yang melakukan asistensi pada orang lain, namun di Indonesia masih sedikit studi yang mengangkat tema ini

working in the field of human rights. In 2004, a study was conducted with the themes of secondary traumatic stress (STS), burnout, and compassion satisfaction among 43 non-governmental organization (NGO) staff from six institutions dealing with women and children victims of violence in Jakarta (Sukmaningrum, 2004). In addition, not many studies have raised secondary traumatic stress (STS) in individuals working in the field of human rights as the thematic focus of study.

From an initial interview conducted in January 2021, a human rights officer (HRO) informed that they had cried when they remembered the stories of victims and felt responsible for them. This occurred when they first entered the National Commission on Human Rights. After working for seven years, the same human rights officer (HRO) still often feel that they have to be responsible for resolving victim cases, while also withdrawing from their environment. Although not all human rights officers (HROs) experience this, the human rights officers (HROs) who experience it are still not aware of the psychological impact and ignore the symptoms. As a result, efforts to propose training to manage the psychological impacts were not supported by all staff.

Secondary traumatic stress (STS) that is not handled properly can have an impact on personal, professional, and institution aspects (Lusk & Terrazas, 2015). On physical health, secondary traumatic stress (STS) and exposure to traumatic events are associated with fatigue, insomnia, muscle aches, gastritis, headaches, and difficulty breathing (Colombo et al., 2019). Staff can also become pressured by the cases they handle and feel responsible for resolving the cases (Severson & Pettus-Davis, 2013). In addition, staff can also become apathetic or there is a high turnover rate in the institution (Lusk & Terrazas, 2015).

Weinberg (2014) found that there is a social construction that shapes humanitarian workers into prioritizing the interests of victims above their own interests, causing the psychological impact experienced to be considered a work risk that must be faced. As a result, they tend to rarely seek help from other parties even though they experience psychological impacts, even though help-seeking behavior has an important role

pada individu yang bekerja dalam bidang hak asasi manusia (HAM). Pada tahun 2004, ada studi yang dilakukan dengan mengangkat tema *secondary traumatic stress (STS)*, *burnout*, dan *compassion satisfaction* pada 43 staf *non-governmental organization (NGO)* dari enam lembaga yang menangani perempuan dan anak korban kekerasan di Jakarta (Sukmaningrum, 2004). Selain itu, belum banyak studi yang mengangkat *secondary traumatic stress (STS)* pada individu yang bekerja dalam bidang hak asasi manusia (HAM) sebagai tema kajian.

Dari wawancara awal yang dilakukan pada Januari 2021, salah seorang *human rights officer (HRO)* menginformasikan bahwa mereka pernah menangis ketika mengingat kisah korban dan merasa bertanggung jawab pada korban. Hal tersebut terjadi pada saat awal masuk Komisi Nasional Hak Asasi Manusia (Komnas HAM). Setelah bekerja selama tujuh tahun, *human rights officer (HRO)* tersebut masih sering merasa harus bertanggung jawab atas penyelesaian kasus korban dan juga menarik diri dari lingkungannya. Meskipun tidak semua *human rights officer (HRO)* mengalami hal ini, namun *human rights officer (HRO)* yang mengalaminya pun masih ada yang tidak menyadari dampak psikologis ini dan mengabaikan gejala yang ada. Sebagai akibatnya, upaya untuk mengajukan pelatihan agar dapat mengelola dampak psikologis tersebut tidak didukung oleh semua staf.

Secondary traumatic stress (STS) yang tidak ditangani dengan baik dapat berdampak pada aspek personal, profesional, dan lembaga itu sendiri (Lusk & Terrazas, 2015). Pada kesehatan fisik, *secondary traumatic stress (STS)* dan paparan kejadian traumatis berasosiasi dengan kelelahan, insomnia, sakit otot, gastritis, sakit kepala, dan kesulitan bernapas (Colombo et al., 2019). Staf juga dapat menjadi tertekan dengan kasus yang ditangani dan merasa bertanggung jawab untuk menyelesaikan kasus tersebut (Severson & Pettus-Davis, 2013). Selain itu, staf juga dapat menjadi apatis atau adanya tingkat *turnover* yang tinggi pada lembaga (Lusk & Terrazas, 2015).

Weinberg (2014) menemukan adanya konstruksi sosial yang membentuk pekerja kemanusiaan menjadi lebih mendahulukan kepentingan korban di atas kepentingan diri sendiri, sehingga dampak psikologis yang dialami dianggap sebagai risiko pekerjaan yang harus dihadapi. Sebagai akibatnya, mereka cenderung jarang mencari bantuan kepada pihak lain meskipun mengalami dampak psikologis, padahal perilaku

for individuals in need of help, as it has a positive impact on mental health. (Liang et al., 2005; Nurhayati, 2013).

Help-seeking behavior in mental health is a process of adaptation to mental health problems through individual coping strategies to seek help from other parties (Rickwood & Thomas, 2012). Help-seeking behavior can also be defined as communicating with others to obtain help in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience (Rickwood et al., 2005). As an internal process, help-seeking behavior consists of several stages (Liang et al., 2005; Cornally & McCarthy, 2011), namely: (1) recognition and definition of the problem; (2) the decision to seek a source of assistance; and (3) selection of sources of assistance.

Sources of assistance can come from informal assistance and formal assistance. Informal assistance is assistance obtained from informal social relationships such as family, co-workers, and also friends (Rickwood et al., 2005). Formal assistance is assistance that comes from professionals who have attended education or training, so that they have the role of providing assistance and advice, such as mental health workers, teachers, priests, and others (Rickwood et al., 2005).

Factors that influence help-seeking behavior (Panis et al., 2019) are: (1) attitude, when an individual has a positive or negative attitude toward help-seeking behavior (Nurhayati, 2013); (2) intention, which is the motivation of the individual's behavior (Ajzen, 1991); (3) social support, which can come from professional staff or support groups such as family, community, and colleagues (Sarason & Sarason, 1996, as cited in MacRitchie & Leibowitz, 2010); (4) stigma, which is the fear of social sanctions or embarrassment that hides or prevents certain actions or behaviors, including not reporting mental health problems (Bharadwaj et al., 2017); and (5) literacy about mental health, namely the knowledge and beliefs about mental disorders that help recognition, management, and prevention (Kutcher et al., 2016).

At all stages of help-seeking behavior, intention plays a major role (Rickwood & Thomas, 2012). Intention is a motivational factor that influences behavior, which

mencari bantuan memiliki peran penting bagi individu yang membutuhkan bantuan, karena memiliki dampak positif bagi kesehatan mentalnya (Liang et al., 2005; Nurhayati, 2013).

Perilaku mencari bantuan dalam kesehatan jiwa adalah proses adaptasi terhadap masalah kesehatan jiwa melalui strategi *coping* individu untuk mencari bantuan dari pihak lain (Rickwood & Thomas, 2012). Perilaku mencari bantuan juga dapat didefinisikan sebagai berkomunikasi dengan orang lain untuk mendapatkan bantuan dalam hal pemahaman, saran, informasi, pengobatan, dan dukungan umum dalam menanggapi masalah atau pengalaman menyedihkan (Rickwood et al., 2005). Sebagai sebuah proses internal, perilaku mencari bantuan terdiri dari beberapa tahap (Liang et al., 2005; Cornally & McCarthy, 2011), yaitu: (1) pengakuan dan pendefinisian masalah; (2) keputusan untuk mencari sumber bantuan; serta (3) pemilihan sumber bantuan.

Sumber bantuan dapat berasal dari bantuan informal dan bantuan formal. Bantuan informal adalah bantuan yang didapatkan dari hubungan sosial informal seperti keluarga, rekan kerja, dan juga teman (Rickwood et al., 2005). Bantuan formal adalah bantuan yang berasal dari pihak profesional yang telah mengikuti pendidikan atau pelatihan, sehingga memiliki peran memberikan bantuan dan nasihat, seperti tenaga kesehatan jiwa, guru, pendeta, dan lainnya (Rickwood et al., 2005).

Faktor yang memengaruhi perilaku mencari bantuan (Panis et al., 2019) adalah: (1) sikap, ketika seorang individu memiliki sikap positif atau negatif terhadap perilaku mencari bantuan (Nurhayati, 2013); (2) intensi, yang merupakan motivasi dari individu berperilaku (Ajzen, 1991); (3) dukungan sosial, yang dapat berasal dari tenaga profesional maupun dukungan kelompok seperti keluarga, komunitas, maupun rekan kerja (Sarason & Sarason, 1996, sitat dalam MacRitchie & Leibowitz, 2010); (4) stigma, merupakan ketakutan akan sanksi sosial atau dipermalukan sehingga menyembunyikan atau mencegah tindakan atau perilaku tertentu, termasuk tidak melaporkan masalah kesehatan jiwa (Bharadwaj et al., 2017); dan (5) literasi tentang kesehatan jiwa, yaitu pengetahuan dan keyakinan mengenai gangguan jiwa yang membantu rekognisi, manajemen, dan prevensi (Kutcher et al., 2016).

Pada semua tahapan perilaku mencari bantuan, intensi memiliki peranan besar (Rickwood & Thomas, 2012). Intensi merupakan faktor motivasi yang

indicates the level of an individual's willingness to try, the effort they plan to carry out the behavior (Ajzen, 1991). Help-seeking intention is a function of beliefs or information about a behavior that can lead to specific results (Nurhayati, 2013). In the behavioral theory developed by Ajzen (1991), intention is the most important determinant of an individual's behavior. Related to help-seeking behavior, intention is also a strong predictor for predicting individual help-seeking behavior (Mackenzie et al., 2006).

In help-seeking behavior, help-seeking intention is also influenced by the attitude toward help-seeking behavior. Attitude is an evaluation or assessment that supports or does not support an individual on something (Ajzen, 1991). This evaluation includes evaluation of objects, concepts, or behaviors, which are then assessed to determine whether they support or do not support, like or dislike, consider fun or not fun, and good or bad. (Nurhayati, 2013).

Attitude toward help-seeking behavior influence help-seeking intention (Ajzen, 1991). Individuals with a positive attitude towards help-seeking behavior will have high help-seeking intention (Nurhayati, 2013). Conversely, a negative attitude towards help-seeking behavior will make individuals have low intentions, so that they delay help-seeking or do not seek the help they require. There are numerous factors causing low intention, one of it being the fear of dependence and feelings of incompetence (Lynch et al., 2016).

The absence of support from institutions has resulted in the handling of psychological impacts being the personal concern of each human rights officer (HRO) and a tendency for it to be ignored because they are seen as a consequence of work. There are not many studies on the topic of secondary traumatic stress (STS), making it even more difficult to encourage mechanisms to prevent and treat the psychological impacts. Human rights officers (HROs) have an important contribution in efforts to encourage the fulfillment and protection of human rights in Indonesia. Therefore, it is important for institutions to identify the secondary traumatic stress (STS) that their staff face due to their work (Plakas, 2018) and develop mechanisms for prevention and treatment. The Office of the High Commissioner for

memengaruhi perilaku, yang mengindikasikan seberapa tinggi kemauan individu untuk mencoba, seberapa banyak upaya yang mereka rencanakan untuk melakukan perilaku (Ajzen, 1991). Intensi mencari bantuan merupakan fungsi dari *beliefs* atau informasi mengenai suatu perilaku yang dapat mengarah pada hasil yang spesifik (Nurhayati, 2013). Dalam teori perilaku yang dikembangkan oleh Ajzen (1991), intensi menjadi penentu terpenting individu untuk berperilaku. Terkait dengan perilaku mencari bantuan, intensi juga menjadi prediktor kuat untuk memprediksi perilaku mencari bantuan individu (Mackenzie et al., 2006).

Dalam perilaku mencari bantuan, intensi mencari bantuan juga dipengaruhi oleh sikap terhadap perilaku mencari bantuan tersebut. Sikap merupakan evaluasi atau penilaian mendukung atau tidak mendukungnya individu atas sesuatu (Ajzen, 1991). Evaluasi ini meliputi evaluasi terhadap obyek, konsep, atau perilaku, yang kemudian dinilai untuk menentukan mendukung atau tidak mendukung, suka atau tidak suka, menyenangkan atau tidak menyenangkan, dan bagus atau jelek (Nurhayati, 2013).

Sikap terhadap perilaku mencari bantuan memengaruhi intensi mencari bantuan (Ajzen, 1991). Individu dengan sikap positif terhadap perilaku mencari bantuan, akan memiliki intensi yang tinggi dalam mencari bantuan (Nurhayati, 2013). Sebaliknya, sikap negatif terhadap perilaku mencari bantuan akan membuat individu memiliki intensi yang rendah, sehingga menunda mencari bantuan atau tidak mencari bantuan yang dibutuhkan. Terdapat sejumlah faktor yang menyebabkan rendahnya intensi tersebut, salah satunya adalah rasa takut akan ketergantungan dan perasaan tidak kompeten (Lynch et al., 2016).

Belum adanya dukungan dari lembaga menyebabkan penanganan dampak psikologis menjadi urusan tiap *human rights officer (HRO)* dan adanya kecenderungan untuk diabaikan karena dianggap merupakan konsekuensi dari pekerjaan. Belum banyaknya studi yang mengangkat tema *secondary traumatic stress (STS)* semakin mempersulit upaya mendorong adanya mekanisme pencegahan dan penanganan dampak psikologis tersebut. *Human rights officer (HRO)* memiliki kontribusi penting dalam upaya mendorong pemenuhan dan perlindungan hak asasi manusia (HAM) di Indonesia. Maka dari itu, penting untuk lembaga mengidentifikasi *secondary traumatic stress (STS)* yang dihadapi stafnya karena pekerjaan mereka (Plakas, 2018) dan membuat mekanisme pencegahan dan

Human Rights (OHCHR), as the central organization of the National Commission on Human Rights worldwide, has realized the impact of traumatic events on human rights officers (HROs), thus recommending all human rights institutions to develop a mechanism for preventing and treating psychological impacts on their staff.

This study has the purpose to identify: (1) risk factors and symptoms of secondary traumatic stress (STS) experienced by human rights officers (HROs) who accept and handle cases; (2) help-seeking behavior to deal with secondary traumatic stress (STS); and (4) the intention and attitude towards help-seeking behavior itself. The definition of secondary traumatic stress (STS) as the basis of this study is the definition presented by Figley (1995), namely the consequences on behavior and emotions due to knowing the traumatic event experienced by the victims. As for help-seeking behavior, the definition examined in this study is in accordance with the definition provided by Rickwood et al. (2005), namely related with communicating with others to obtain assistance in terms of understanding, advice, information, treatment, and general support in response to a problem or distressing experience.

By understanding secondary traumatic stress (STS) as a psychological impact on their work, staff can better manage work demands and increase their welfare and performance potential (Hesketh et al., 2015). Descriptions and portrayals of help-seeking behavior, intentions, and attitude toward help-seeking behavior can be utilized to formulate recommendations on forms of support that institutions can provide to their staff to prevent and also treat secondary traumatic stress (STS). It is hoped that the results of this study can be used as a reference in establishing mechanisms for the prevention and treatment of secondary traumatic stress (STS) in other human rights institutions or organizations.

Method

This study is a qualitative research with a number of considerations, namely: (1) the nature of the problem being studied; and (2) the availability of information or data regarding the study target. The approach utilized is

penanganannya. *The Office of the High Commissioner for Human Rights (OHCHR)*, sebagai organisasi pusat Komisi Nasional Hak Asasi Manusia (Komnas HAM) sedunia, sudah menyadari dampak peristiwa traumatis yang dihadapi *human rights officer (HRO)*, sehingga merekomendasikan semua lembaga hak asasi manusia (HAM) untuk membuat mekanisme pencegahan dan penanganan dampak psikologis pada stafnya.

Studi ini bertujuan mengidentifikasi: (1) faktor risiko dan gejala *secondary traumatic stress (STS)* yang dialami *human rights officer (HRO)* yang bertugas menerima dan menangani kasus; (2) perilaku mencari bantuan yang dilakukan untuk menangani *secondary traumatic stress (STS)*; serta (3) intensi dan sikap terhadap perilaku mencari bantuan itu sendiri. Pengertian *secondary traumatic stress (STS)* yang dijadikan dasar studi ini adalah definisi yang disampaikan oleh Figley (1995), yaitu konsekuensi pada perilaku dan emosi karena mengetahui kejadian traumatis yang dialami korban. Sedangkan untuk perilaku mencari bantuan, definisi yang dikaji dalam studi ini adalah sesuai dengan definisi yang disampaikan Rickwood et al. (2005), yaitu sehubungan dengan berkomunikasi dengan orang lain untuk mendapatkan bantuan dalam hal pemahaman, saran, informasi, pengobatan, dan dukungan umum dalam menanggapi masalah atau pengalaman menyedihkan.

Dengan mengetahui *secondary traumatic stress (STS)* sebagai dampak psikologis atas pekerjaan yang mereka lakukan, maka staf dapat lebih mengelola tuntutan pekerjaan dan meningkatkan potensi kesejahteraan dan kinerja mereka (Hesketh et al., 2015). Gambaran perilaku mencari bantuan, intensi, dan sikap dalam mencari bantuan dapat digunakan untuk merumuskan rekomendasi bentuk dukungan yang dapat diberikan lembaga kepada stafnya untuk mencegah maupun menangani *secondary traumatic stress (STS)* yang dialami. Hasil studi ini diharapkan dapat digunakan sebagai referensi dalam membuat mekanisme pencegahan dan penanganan *secondary traumatic stress (STS)* di lembaga atau organisasi hak asasi manusia (HAM) lainnya.

Metode

Studi ini adalah penelitian kualitatif dengan sejumlah pertimbangan, yaitu: (1) sifat masalah yang diteliti; dan (2) ketersediaan informasi atau data mengenai apa yang akan diteliti. Pendekatan yang digunakan adalah

phenomenology, to see the similarity of life experiences experienced by participants as a phenomenon (Creswell, 2013). This study has passed the ethical clearance process from the Ethics Commission of *Universitas Katolik Indonesia Atma Jaya*, number: 0028C/III/LPPM-PM.10.05/07/2021. This study also received approval from the Head of the Human Rights Enforcement Support Bureau of the National Commission on Human Rights.

Participants

Screening Process

The selection of participants was carried out using purposive sampling technique, namely study participants being limited to only from the Human Rights Enforcement Support Bureau of the National Commission on Human Rights, as participants experience stress due to their work and can lead to secondary traumatic stress (STS). The criteria for potential participants are staff from the Human Rights Enforcement Support Bureau who work on accepting and handling cases with a minimum of three years experience (in accepting or handling cases). These staff are in the Complaint Submission and Examination Sub-Section, the Monitoring and Investigation Report Sub-Section, and the Mediation Report Sub-Section. An overview of the divisional structure of the Human Rights Enforcement Support Bureau is available in Figure 1.

In order to recruit prospective participants who are in accordance with the phenomenon being studied, the authors utilized the Secondary Traumatic Stress Scale (STSS) questionnaire from Bride et al. (2007). In the Secondary Traumatic Stress Scale (STSS), a back-translation and review process was carried out before being utilized in the screening conducted by the authors. The competence of the first author is as a human rights officer (HRO) who actively works in the field of human rights education, with in-depth knowledge of human rights. The competence of the second author is as a psychologist who has experience in clinical practice, research in the area of the psychology of trauma, and treatment related to secondary traumatic stress (STS) and other traumatic problems.

The participant screening process was carried out to obtain a general description of symptoms of secondary traumatic stress (STS) in human rights officers (HROs)

fenomenologi, untuk melihat kesamaan pengalaman hidup yang dialami partisipan sebagai sebuah fenomena (Creswell, 2013). Studi ini telah melalui proses *ethical clearance* dari Komisi Etik Universitas Katolik Indonesia Atma Jaya, nomor: 0028C/III/LPPM-PM.10.05/07/2021. Studi ini juga mendapatkan persetujuan dari Kepala Biro Dukungan Penegakan Hak Asasi Manusia (HAM) Komisi Nasional Hak Asasi Manusia (Komnas HAM).

Partisipan

Proses Skrining

Pemilihan partisipan dilakukan dengan teknik *purposive sampling*, yaitu partisipan studi dibatasi hanya berasal dari Biro Dukungan Penegakan Hak Asasi Manusia (HAM) Komisi Nasional Hak Asasi Manusia (Komnas HAM), ketika partisipan mengalami stres karena pekerjaannya dan dapat mengarah pada *secondary traumatic stress (STS)*. Kriteria calon partisipan adalah merupakan staf Biro Dukungan Penegakan Hak Asasi Manusia (HAM) yang bekerja melakukan penerimaan dan penanganan kasus dengan pengalaman minimal tiga tahun (dalam penerimaan atau penanganan kasus). Para staf ini berada di Sub-Bagian Penerimaan dan Pemeriksaan Pengaduan, Sub-Bagian Laporan Pemantauan dan Penyelidikan, dan Sub-Bagian Laporan Mediasi. Gambaran struktur divisi Biro Dukungan Penegakan Hak Asasi Manusia (HAM) tersedia pada Gambar 1.

Untuk mendapat calon partisipan yang sesuai dengan fenomena yang diteliti, penulis menggunakan alat ukur kuesioner *Secondary Traumatic Stress Scale (STSS)* dari Bride et al. (2007). Pada *Secondary Traumatic Stress Scale (STSS)* telah dilakukan proses *back-translation* dan reviu sebelum digunakan dalam skrining yang dilakukan oleh penulis. Kompetensi penulis pertama adalah sebagai seorang *human rights officer (HRO)* yang aktif bekerja di bidang pendidikan hak asasi manusia (HAM), dengan pengetahuan mendalam tentang hak asasi manusia (HAM). Kompetensi penulis kedua adalah sebagai seorang psikolog yang memiliki pengalaman praktik klinis, penelitian untuk area psikologi trauma, dan pendampingan terkait *secondary traumatic stress (STS)* dan permasalahan trauma lainnya.

Proses skrining partisipan dilaksanakan untuk mendapatkan gambaran secara umum gejala *secondary traumatic stress (STS)* pada *human rights officer (HRO)*

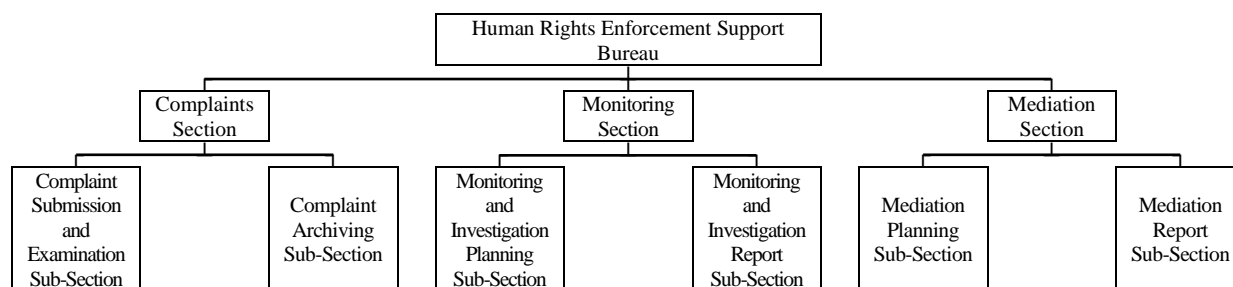
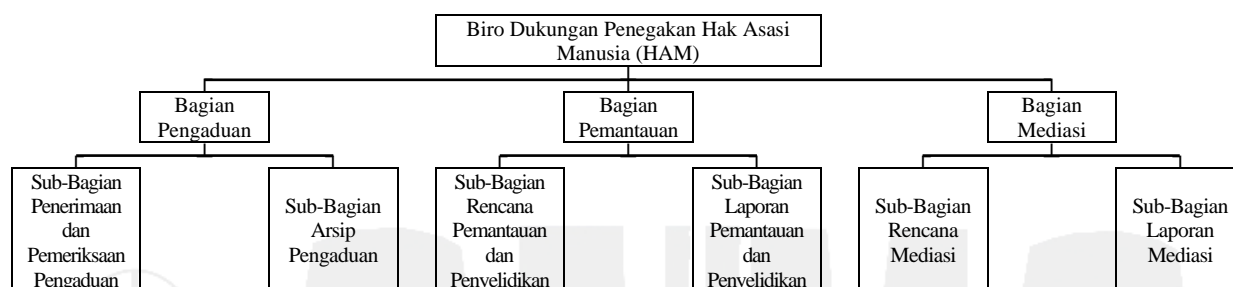


Figure 1. Divisional structure of the Human Rights Enforcement Support Bureau of the National Commission on Human Rights.



Gambar 1. Struktur divisi Biro Dukungan Penegakan Hak Asasi Manusia (HAM) Komisi Nasional Hak Asasi Manusia (Komnas HAM).

who handle cases of alleged human rights violations at the National Commission on Human Rights. Out of the 34 staff assigned to accept and handle cases, there were 24 staff who met the specified criteria and were willing to fill out the adapted Secondary Traumatic Stress Scale (STSS). Table 1 contains demographic information on the human rights officers (HROs) who participated in the screening.

The authors then processed the data to find out the total score of each screening participant. Interpretation is carried out according to the Secondary Traumatic Stress Scale (STSS) scoring guidelines, namely: (1) a score of less than 28 means that secondary traumatic stress (STS) is in the Very Low or None category; (2) a score with a range of 28-37 means that secondary traumatic stress (STS) is in the Low category; (3) a score with a range of 38-43 means that secondary traumatic stress (STS) is in the Medium category; (4) a score with a range of 44-48 means that secondary traumatic stress (STS) is in the High category; and (5) a score of more than 49 means that secondary traumatic stress (STS) is in the Very High or Severe category. The selection of participants to be interviewed further referred to the results of the secondary

yang menangani kasus dugaan pelanggaran hak asasi manusia (HAM) di Komisi Nasional Hak Asasi Manusia (Komnas HAM). Dari 34 staf yang bertugas menerima dan menangani kasus, terdapat 24 staf yang sesuai dengan kriteria yang ditentukan dan bersedia mengisi *Secondary Traumatic Stress Scale (STSS)* yang telah diadaptasi. Tabel 1 berisi informasi demografi *human rights officer (HRO)* yang mengikuti skrining tersebut.

Penulis kemudian mengolah data untuk mengetahui skor total tiap partisipan skrining. Interpretasi dilakukan sesuai dengan panduan skoring *Secondary Traumatic Stress Scale (STSS)* yaitu: (1) skor kurang dari 28 berarti *secondary traumatic stress (STS)* berada dalam kategori Sedikit atau Tidak Ada; (2) skor dengan rentang 28-37 berarti *secondary traumatic stress (STS)* berada dalam kategori Ringan; (3) skor dengan rentang 38-43 berarti *secondary traumatic stress (STS)* berada dalam kategori Sedang; (4) skor dengan rentang 44-48 berarti *secondary traumatic stress (STS)* berada dalam kategori Tinggi; dan (5) skor lebih dari 49 berarti *secondary traumatic stress (STS)* berada dalam kategori Sangat Tinggi atau Berat. Pemilihan partisipan yang diwawancara lebih lanjut merujuk pada hasil skrining

Table 1
Demographic Data of Human Rights Officers (HROs) Who Followed the Participant Screening Process

Variable	Number of Participants	Percentage
Gender		
Male	9	33.33%
Female	16	66.67%
Age		
30-34 Years	9	37.50%
35-39 Years	10	41.67%
40-44 Years	5	20.83%
Length of Service		
3-8 Years	10	41.67%
9-14 Years	9	37.50%
15-19 Years	5	20.83%

Note. $N = 24$.

Table 2
Results of the Participant Screening Process

Screening Results (Category)	Total	Percentage
Very Low	2	8.33%
Low	9	37.50%
Medium	6	25.00%
High	3	12.50%
Very High	4	16.67%

Note. $N = 24$.

traumatic stress (STS) screening. The authors chose participants who had a score of ≥ 44 or had a tendency in the High and Very High categories to be exposed to secondary traumatic stress (STS). Information on the results of the participant screening is available in Table 2.

Interview

Based on the established criteria, there were seven potential participants who were contacted to ask about their willingness to be interviewed further by the authors. There were four participants who agreed to be interviewed further, namely: (1) Participant EN who had a secondary traumatic stress (STS) score of 57; (2) Participant LL who has a secondary traumatic stress (STS) score of 53; (3) Participant TN who has a secondary traumatic stress (STS) score of 47; and (4) Participant TK who has a secondary traumatic stress (STS) score of 48. Participant EN, Participant TN and Participant TK have seven years of work experience, while Participant LL has 13 years of work experience. The other three potential participants did not agree to be interviewed further because they were handling many

Tabel 1
Data Demografi Human Rights Officer (HRO) yang Mengikuti Proses Skrining Partisipan

Variabel	Jumlah Partisipan	Persentase
Jenis Kelamin		
Laki-Laki	9	33,33%
Perempuan	16	66,67%
Usia		
30-34 Tahun	9	37,50%
35-39 Tahun	10	41,67%
40-44 Tahun	5	20,83%
Lama Bekerja		
3-8 Tahun	10	41,67%
9-14 Tahun	9	37,50%
15-19 Tahun	5	20,83%

Catatan. $N = 24$.

Tabel 2
Hasil Proses Skrining Partisipan

Hasil Skrining (Kategori)	Jumlah	Persentase
Sangat Rendah	2	8,33%
Rendah	9	37,50%
Sedang	6	25,00%
Tinggi	3	12,50%
Sangat Tinggi	4	16,67%

Catatan. $N = 24$.

secondary traumatic stress (STS) tersebut. Penulis memilih partisipan yang memiliki skor ≥ 44 atau memiliki kecenderungan kategori Tinggi dan Sangat Tinggi terpapar *secondary traumatic stress (STS)*. Informasi hasil skrining partisipan yang dilakukan tersedia pada Tabel 2.

Wawancara

Berdasarkan kriteria yang ditetapkan, terdapat tujuh calon partisipan yang dihubungi untuk ditanyakan kesediaannya diwawancarai lebih lanjut oleh penulis. Ada empat partisipan yang bersedia untuk diwawancara lebih lanjut, yaitu: (1) Partisipan EN yang memiliki skor *secondary traumatic stress (STS)* 57; (2) Partisipan LL yang memiliki skor *secondary traumatic stress (STS)* 53; (3) Partisipan TN yang memiliki skor *secondary traumatic stress (STS)* 47; dan (4) Partisipan TK yang memiliki skor *secondary traumatic stress (STS)* 48. Partisipan EN, Partisipan TN dan Partisipan TK memiliki pengalaman bekerja selama tujuh tahun, sedangkan Partisipan LL telah memiliki pengalaman bekerja selama 13 tahun. Tiga calon partisipan lainnya tidak bersedia diwawancara lebih lanjut karena sedang

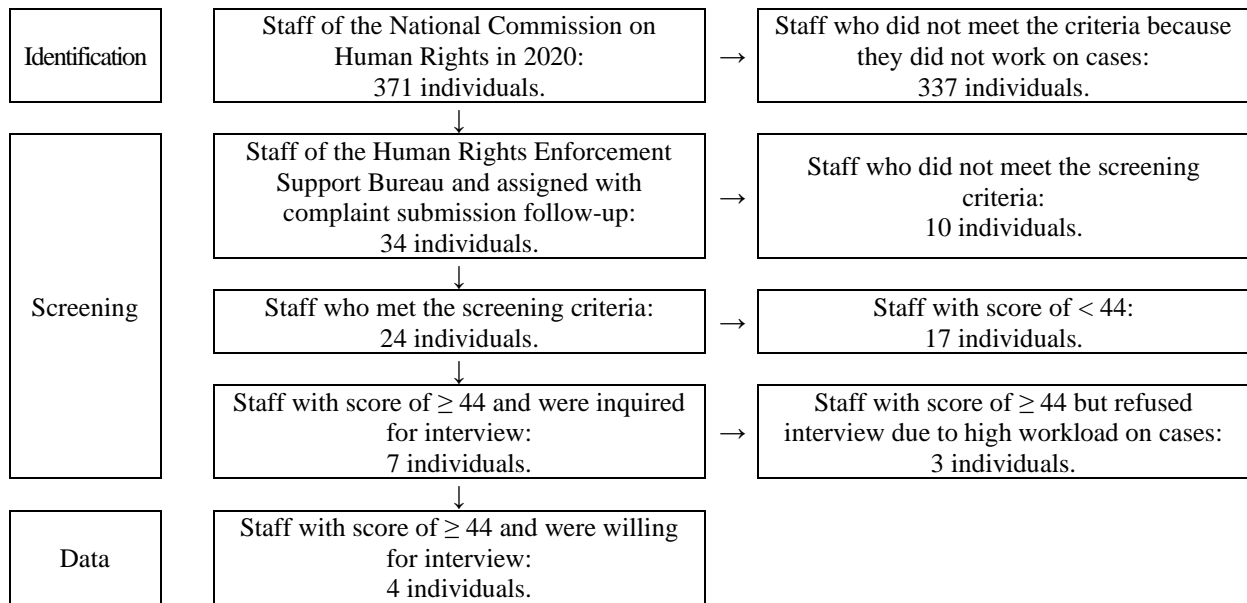
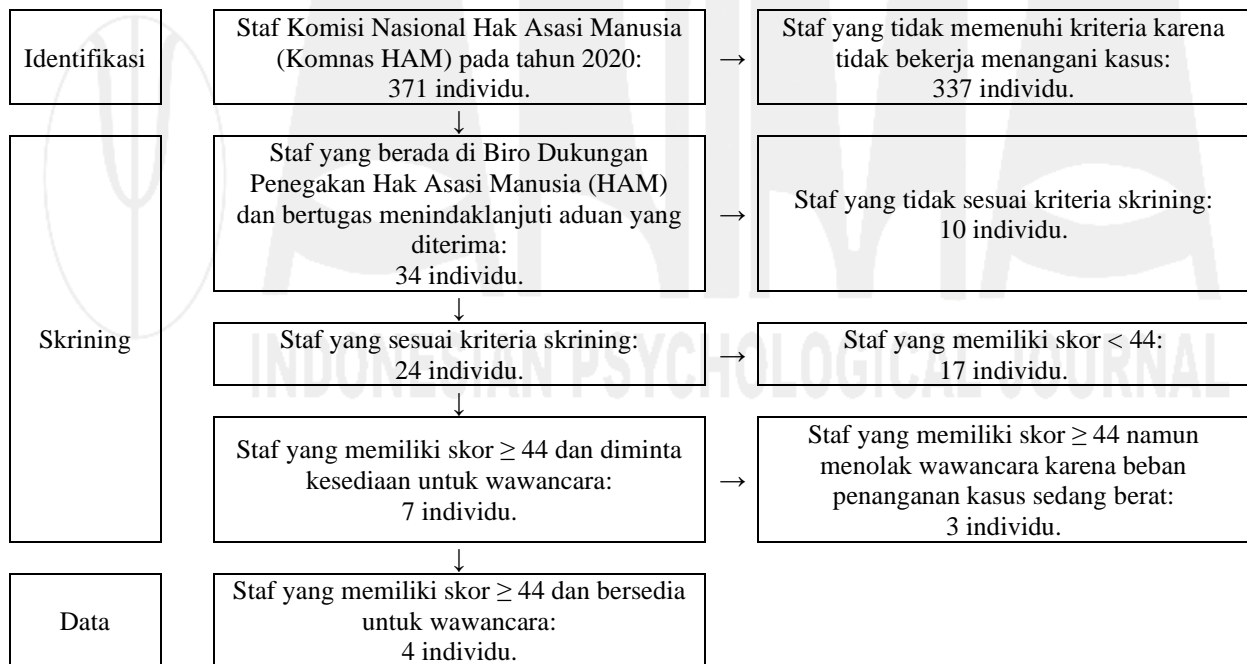


Figure 2. The screening process of study participants.



Gambar 2. Proses skrining partisipan studi.

cases. The schematics of the screening process is provided in Figure 2.

In-depth interviews were utilized by the authors to collect data. During the in-depth interviews, the authors also tried to capture non-verbal expressions from the participants such as intonation, gestures, and eye contact

menangani banyak kasus. Skema proses skrining yang dilakukan tersedia pada Gambar 2.

Wawancara mendalam digunakan penulis untuk mengumpulkan data. Selama wawancara mendalam, penulis juga mencoba menangkap ungkapan non-verbal dari partisipan seperti intonasi, gerak tubuh, dan kontak

which are relevant to this study. The interview process was conducted in July 2021 online due to the high spread of the COVID-19 pandemic, making it highly unlikely to meet in person. A written statement of willingness to interview and recording is signed using Zoho Forms. The authors also reconfirmed the participants' willingness and asked for permission to record audio before the interview began.

The authors utilize the Secondary Traumatic Stress Scale (STSS), a recording device, and an interview guide as study instruments. The interview guide consists of five dimensions to be explored from the participants, namely: (1) work experience; (2) the impact of work; (3) stress experience; (4) help-seeking behavior; and (5) participant recommendation. The first dimension (work experience) is related to the work experience of participants at the National Commission on Human Rights, such as duties and responsibilities, length of service, and others. The second dimension (the impact of work) is related to the description of the work impact felt by the participants. The third dimension (stress experience) is related to the experience of secondary traumatic stress (STS). Questions on this dimension are derived from the risk factors proposed by Figley (1995) and the symptoms of secondary traumatic stress (STS) are based on the symptoms of secondary traumatic stress (STS) summarized by Bride et al. (2007) in the Secondary Traumatic Stress Scale (STSS). The fourth dimension (help-seeking behavior) is related to what kind of help-seeking behavior is obtained from formal and informal sources (Rickwood & Thomas, 2012). The fifth dimension (participant recommendation) is related to the recommendation that the participants wish to convey to the institution regarding the experienced secondary traumatic stress (STS). These recommendations help the authors in compiling practical suggestions for institutions.

In checking the validity of the study data, triangulation was carried out by interviewing the significant other proposed by the participants. This interview was conducted to confirm the description of secondary traumatic stress (STS) risk factors, secondary traumatic stress (STS) symptoms, and help-seeking behavior previously described by the participants. This interview was conducted online due to the high spread of COVID-19 in August 2021. A written statement of willingness to interview and recording was signed using Zoho Forms.

mata yang relevan dengan studi ini. Proses wawancara dilakukan pada bulan Juli 2021 secara daring karena kondisi pandemi COVID-19 yang sedang tinggi penyebarannya sehingga tidak memungkinkan bertemu secara langsung. Pernyataan kesediaan wawancara dan perekaman tertulis ditandatangani menggunakan Zoho Forms. Penulis juga mengkonfirmasi kembali kesediaan partisipan dan meminta izin perekaman sebelum wawancara dimulai.

Penulis menggunakan *Secondary Traumatic Stress Scale (STSS)*, alat perekam, dan pedoman wawancara sebagai instrumen studi. Pedoman wawancara terdiri dari lima dimensi yang ingin digali dari partisipan, yaitu: (1) pengalaman kerja; (2) dampak pekerjaan; (3) pengalaman stres; (4) perilaku mencari bantuan; dan (5) rekomendasi partisipan. Dimensi pertama (pengalaman kerja) terkait dengan pengalaman kerja partisipan di Komisi Nasional Hak Asasi Manusia (Komnas HAM), seperti tugas dan tanggung jawab, lama bekerja, dan lainnya. Dimensi kedua (dampak pekerjaan) terkait dengan gambaran dampak pekerjaan yang dirasakan oleh partisipan. Dimensi ketiga (pengalaman stres) terkait dengan pengalaman *secondary traumatic stress (STS)* yang mereka alami. Pertanyaan pada dimensi ini diturunkan dari faktor risiko yang dikemukakan Figley (1995) dan gejala *secondary traumatic stress (STS)* yang mereka alami berdasarkan gejala *secondary traumatic stress (STS)* yang dirangkum Bride et al. (2007) dalam *Secondary Traumatic Stress Scale (STSS)*. Dimensi keempat (perilaku mencari bantuan) terkait dengan perilaku mencari bantuan apa saja yang dilakukan dari sumber formal dan informal (Rickwood & Thomas, 2012). Dimensi kelima (rekomendasi partisipan) terkait dengan rekomendasi yang ingin partisipan sampaikan kepada lembaga terkait *secondary traumatic stress (STS)* yang dirasakan. Rekomendasi ini dapat membantu penulis menyusun saran praktis bagi lembaga.

Dalam memeriksa keabsahan data studi ini dilakukan triangulasi dengan wawancara pada *significant other* yang diusulkan partisipan. Wawancara ini dilaksanakan untuk mengkonfirmasi gambaran faktor risiko *secondary traumatic stress (STS)*, gejala *secondary traumatic stress (STS)*, dan perilaku mencari bantuan yang sebelumnya diceritakan oleh partisipan. Wawancara ini dilakukan secara daring karena situasi penyebaran COVID-19 yang masih tinggi di bulan Agustus 2021. Pernyataan kesediaan wawancara dan perekaman tertulis ditandatangani menggunakan Zoho Forms.

All four participants from the Monitoring Section submitted Participant ED as the significant other who could be interviewed to confirm the data the author had obtained. Participant ED was willing and welcomed the request for an interview because there had never been a similar study conducted at the National Commission on Human Rights. In this interview, the authors confirmed the description of secondary traumatic stress (STS) risk factors, secondary traumatic stress (STS) symptoms, and help-seeking behavior previously shared by the participants. In the explanation, the participants' name was mentioned by Participant ED regarding the matter that was confirmed by the authors.

All data was transcribed to obtain verbatim interview results. The authors then select the appropriate data and enters it in the coding table. The authors also analyze the data for each participant and between participants to find similarities and differences in their experiences. In the next stage, the authors relate the theory to draw conclusions. The final process is a review by two individual experts (other than the authors) to obtain input on the results of the study conducted.

Results

Description of Secondary Traumatic Stress (STS) in Participants

The four participants showed symptoms of secondary traumatic stress (STS), namely intrusion, avoidance, and arousal, due to exposure to traumatic events that they continuously received. Not all of the symptoms experienced are the same, as Participant EN, Participant LL, and Participant TN admit that they become more emotional. Participant TN also prefers to be alone when working on cases that they find to be difficult or complicated. Participant EN, Participant TN, and Participant TK also often think about bad things that they fear might happen to them and become more alert. The four participants had the same symptoms: they often thought about their work, had trouble sleeping, and avoided complainants who contacted them constantly.

Symptoms of Intrusion

From the interviews, it was found that the symptoms of intrusion that emerged were human rights officers

Dari keempat partisipan yang berasal dari Bagian Pemantauan, semua mengajukan Partisipan ED sebagai *significant other* yang dapat diwawancarai untuk mengkonfirmasi data yang didapatkan penulis. Partisipan ED bersedia dan menyambut permohonan wawancara karena belum pernah ada studi serupa yang dilakukan di Komisi Nasional Hak Asasi Manusia (Komnas HAM). Pada wawancara ini, penulis mengkonfirmasi gambaran faktor risiko *secondary traumatic stress (STS)*, gejala *secondary traumatic stress (STS)*, dan perilaku mencari bantuan yang sebelumnya diceritakan oleh partisipan. Dalam penjelasannya, nama partisipan disebutkan Partisipan ED terkait hal yang dikonfirmasi oleh penulis.

Semua data ditranskripsi untuk memperoleh verbatim hasil wawancara. Penulis kemudian memilih data yang sesuai dan memasukkannya dalam tabel koding. Penulis juga melakukan analisa data tiap partisipan dan antar partisipan untuk menemukan persamaan maupun perbedaan pengalaman yang dimiliki. Pada tahap selanjutnya, penulis mengaitkan dengan teori untuk kemudian menarik kesimpulan. Proses akhir adalah rewiu oleh dua individu ahli (di luar penulis) untuk memperoleh masukan atas hasil studi yang dilakukan.

Hasil

Gambaran Secondary Traumatic Stress (STS) Pada Partisipan

Keempat partisipan menunjukkan gejala *secondary traumatic stress (STS)*, yaitu *intrusion*, *avoidance*, dan *arousal*, karena paparan peristiwa traumatis yang terus-menerus mereka terima. Gejala yang dialami tidak semuanya sama, seperti Partisipan EN, Partisipan LL, dan Partisipan TN mengaku menjadi lebih mudah emosi. Partisipan TN juga lebih suka menyendiri ketika sedang menangani kasus yang dirasa sulit atau berat. Partisipan EN, Partisipan TN, dan Partisipan TK juga sering memikirkan hal buruk yang mereka takutkan dapat terjadi pada diri mereka dan menjadi lebih waspada. Gejala yang sama pada keempat partisipan adalah menjadi sering memikirkan pekerjaan mereka, menjadi susah tidur, dan menghindari pengadu yang menghubungi terus-menerus.

Gejala Intrusion

Dari wawancara tersebut, diketahui gejala *intrusion* yang muncul adalah *human rights officer (HRO)* sering

(HROs) often thought about their jobs and felt annoyed. Participant EN, Participant LL, and Participant TN admit that they become more emotional. Participant EN and Participant LL said that the annoyance or anger at the office often carried over into their household. In the triangulation process, Participant ED confirmed that some of the staff became more emotional and were different compared to when they first entered the National Commission on Human Rights. The following are excerpts from interviews that describe the symptoms of intrusion and the impact of secondary traumatic stress (STS) on the personal life of the human rights officers (HROs):

“Yes, (I) did it before, but not often. So easy to get emotional. Not to the point of snapping. (I) have but not often.” - (Participant LL, 2021).

“But if I am not being ‘sane’, I nag to my husband, too. Or nagging at the child, because I am tired, the child can’t (understand), going around without being clear, so I yell at the child too.” - (Participant EN, 2021).

“So emotionally, about these colleagues, they actually need healing, you know. Actually. I think on some level, actually maybe these colleagues are too. Because there has never been anything like this, for example, making a questionnaire or conducting an interview or just being screened. I think there are some colleagues whose mental health is a bit disturbed. For example, maybe before entering the National Commission on Human Rights, they used to be like, cheerful, and now, just flick them a little, and they get easily emotional.” - (Participant ED, 2021).

Symptoms of Avoidance

Symptoms of avoidance that occur are avoiding complainants, being less active than usual, not wanting to share their feelings or work with others, or even applying for a mutation. Participant TN said that they prefer to be alone when they are handling a case that they feel is difficult or complicated. The following is an excerpt from an interview regarding symptoms of avoidance:

“The load that was too much must have been before the pandemic. Apart from handling regular cases, we also join plenary or ad hoc teams. Uhm... as for emotions, sometimes we get offended quickly, prefer

memikirkan pekerjaan mereka dan merasa kesal. Partisipan EN, Partisipan LL, dan Partisipan TN mengaku menjadi lebih mudah emosi. Partisipan EN dan Partisipan LL bercerita bahwa kekesalan atau kemarahan di kantor tersebut juga sering terbawa dalam rumah tangganya. Dalam proses triangulasi, Partisipan ED membenarkan bahwa beberapa staf menjadi lebih mudah emosi dan tidak seperti pada awal masuk Komisi Nasional Hak Asasi Manusia (Komnas HAM). Berikut beberapa kutipan wawancara yang menggambarkan gejala *intrusion* dan dampak *secondary traumatic stress (STS)* pada kehidupan pribadi *human rights officer (HRO)*:

“Iya dulu pernah sih, tapi ga sering. Jadi gampang emosi. Ga sampai membentak. Pernah lah atau ga sering.” - (Partisipan LL, 2021).

“Tapi kalau lagi ga waras ikut ngomel-ngomel ke suami, juga pernah. Atau ngomel ke anak, karena capek, anaknya ga bisa, muter-muter ga jelas jadi ngebentak anak juga pernah.” - (Partisipan EN, 2021).

“Jadi secara emosi jadinya, gimana ya teman-teman ini ya, sebetulnya temen-temen itu butuh *healing* gitu lho. Sebenarnya. Menurutku pada tataran tertentu, sebenarnya mungkin teman-teman ini juga. Karena belum pernah ada kayak gini, misalnya bikin kuesioner atau bikin wawancara atau diskriming aja. Menurutku ada beberapa teman yang kemudian secara kesehatan mental, jiwanya sudah agak sedikit terganggu. Misalnya mungkin dulunya masuk Komnas HAM biasa begitu, ceria, sekarang apa, disentil sedikit aja emosinya langsung bangkit.” - (Partisipan ED, 2021).

Gejala Avoidance

Gejala *avoidance* yang terjadi adalah menghindari pengadu, menjadi tidak aktif dari biasanya, tidak mau bercerita perasaan atau pekerjaan mereka pada orang lain, atau bahkan mengajukan mutasi. Partisipan TN menceritakan bahwa dia menjadi lebih suka menyendiri ketika sedang menangani kasus yang dirasa sulit atau berat. Berikut adalah kutipan wawancara sehubungan dengan gejala *avoidance*:

“*Load* yang terlalu banyak itu pasti sebelum pandemi ya mbak. Selain menangani kasus-kasus yang reguler kita juga ikut tim-tim paripurna atau *ad hoc*. Eee... untuk emosinya kadang ya kita cepat tersinggung,

to be alone. But it's also important to be alone, part of managing emotions. Sometimes we have coffee first and then come back again. That's me personally when it comes to managing my emotions, it doesn't reach my family, it doesn't come outside of work. It doesn't." - (Participant TN, 2021).

Symptoms of Arousal

Meanwhile, the symptoms of arousal that often occur are human rights officers (HRO) becoming more alert, worrying about bad things happening, and having trouble sleeping. The following are excerpts from interviews regarding symptoms of arousal:

"It's like, ouch, if that lady comes, if the lawyer comes, how about that. What to say later. If they're angry, how about that. There are some complainants who are angry. Pointed or broke a glass. I'm more afraid of how to deal with it later." - (Participant EN, 2021).

Physical Reaction

Participant LL, Participant TN, and Participant TK also experienced physical reactions. The three of them are currently more active in handling cases. Physical reactions that appear include stomach ulcers, easier to feel fatigued, or faster to feel drowsy or sleepy. The following are excerpts from the interview regarding the physical reactions experienced by the participants:

"Even if I feel tired of all kinds, it's more to myself physically. So it's easier to get tired, sleepy." - (Participant TK, 2011).

Risk Factors of Secondary Traumatic Stress (STS)

Based on the analysis of study data, there are eight risk factors for secondary traumatic stress (STS), namely: (1) heavy workload; (2) long working hours; (3) increased frequency of exposure to cases and contacts; (4) burden of consequences on personal security; (5) complainants; (6) support from institutions; (7) difficulty in distancing from emotional involvement; and (8) welfare.

From a number of secondary traumatic stress (STS) risk factors, it can be found that the risk factors come from internal and external. External risk factors consist of heavy workload, long working hours, increased frequency of exposure to cases and contacts, burden of

lebih banyak menyendiri. Tapi penting juga menyendiri, bagian dari mengelola emosi. Kadang kita ngopi dulu kemudian kembali lagi. Itu saya pribadi kalau mengelola emosi, ga sampai ke keluarga, ga sampai di luar kerjaan. Ga sampai." - (Partisipan TN, 2021).

Gejala Arousal

Sedangkan gejala *arousal* yang sering terjadi adalah *human rights officer (HRO)* menjadi lebih waspada, khawatir terjadi hal buruk, dan menjadi sulit tidur. Berikut adalah kutipan wawancara sehubungan dengan gejala *arousal*:

"Kayak aduh kalau ibu itu datang, kalau *lawyer* itu datang, gimana ya. Nanti ngomong apa. Kalau dia marah, dia, gimana. Kan ada beberapa pengadu yang ampe marah. Ampe nunjuk-nunjuk atau ampe memecahin gelas juga pernah. Lebih ke takut gimana nanti ngadepinnya." - (Partisipan EN, 2021).

Reaksi Fisik

Partisipan LL, Partisipan TN, dan Partisipan TK juga mengalami reaksi fisik. Mereka bertiga memang yang saat ini lebih aktif dalam penanganan kasus. Reaksi fisik yang muncul antara lain seperti sakit maag, lebih cepat lelah atau lebih cepat mengantuk. Berikut adalah kutipan wawancara sehubungan dengan reaksi fisik yang dialami partisipan:

"Kalau pun aku merasa capek segala macam, lebih ke fisikku sendiri sih. Jadi lebih gampang capek, mengantukan." - (Partisipan TK, 2011).

Faktor Risiko Secondary Traumatic Stress (STS)

Berdasarkan hasil analisis data studi, terdapat delapan faktor risiko terjadinya secondary traumatic stress (STS), yaitu: (1) beban kerja yang berat; (2) jam kerja yang panjang; (3) frekuensi paparan kasus dan kontak yang meningkat; (4) beban konsekuensi pada keamanan diri; (5) pengadu; (6) dukungan dari lembaga; (7) keterlibatan emosional yang sulit berjarak; dan (8) kesejahteraan.

Dari sejumlah faktor risiko *secondary traumatic stress (STS)* tersebut, dapat ditemukan bahwa faktor risiko berasal dari internal dan eksternal individu. Faktor risiko eksternal terdiri dari beban kerja yang berat, jam kerja yang panjang, frekuensi paparan kasus dan kontak

consequences on personal security, complainants, support from institutions, and welfare. Internal risk factors consist of difficulty in distancing from emotional involvement.

Heavy Workload

The first risk factor is a heavy workload. Based on information from Participant ED, in 2020, the target for cases to be resolved by human rights officers (HRO) were 500 cases, while in 2021 the target were 600 cases. These cases were only handled by 13 human rights officers (HROs) in the Monitoring Section. They also have to be included in a special team formed by the institution during important cases that are in the public spotlight. It's not uncommon for these special teams to drain more of their energy. Participant TK added that having an internal team for an issue adds to the workload they have to do. The following are excerpts from interviews that describe this risk factor:

“Apart from our duties and responsibilities, uhm... on the other hand we have to be members of teams. Plenary formed team or uhm... national priority team. Well, like it or not, it sucks up our uhm... minds. On the other hand, we also have to think about work, for example, uhm... we want to have a consignment meeting, we want to have a meeting like that. On the other hand, uhm... it's like being chased at the same time.” - (Participant EN, 2021).

“Especially now that we also have an internal team. We, what is it called hmm... analyze certain cases, strategic issues such as police violence and so on. Of course, this will add to our workload, right. Apart from us, uhm... the main task is to handle those cases.” - (Participant TK, 2021).

Long Working Hours

The second factor is long working hours. In handling cases, it is possible that Participant EN, Participant LL, Participant TN, and Participant TK will arrive home at night. Participant EN, Participant LL, and Participant TN emphasized that when they are members of a special team, long working hours are often required to complete reports quickly, especially if the case gets a lot of attention from the public. Participant TK added that during the COVID-19 pandemic, meetings via Zoom were often held on weekends, increasing working hours

yang meningkat, beban konsekuensi pada keamanan diri, pengadu, dukungan dari lembaga, dan kesejahteraan. Faktor risiko internal terdiri dari keterlibatan emosional yang sulit berjarak.

Beban Kerja yang Berat

Faktor risiko yang pertama adalah beban kerja yang berat. Berdasarkan informasi dari Partisipan ED, pada tahun 2020, target kasus yang harus diselesaikan *human rights officer (HRO)* adalah 500 kasus, sedangkan pada tahun 2021 targetnya adalah 600 kasus. Kasus ini hanya ditangani oleh 13 *human rights officer (HRO)* di Bagian Pemantauan. Mereka juga harus masuk dalam tim khusus yang dibentuk oleh lembaga saat adanya kasus penting dan menjadi sorotan publik. Tidak jarang untuk tim khusus tersebut menguras lebih banyak energi mereka. Partisipan TK menambahkan adanya tim internal untuk suatu isu menambah beban pekerjaan yang harus mereka lakukan. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Selain tupoksi kita, eee... di sisi lain kita harus jadi anggota tim-tim. Tim bentukan paripurna atau eee... tim prioritas nasional. Nah itu kan mau ga mau juga menyedot eee... pikiran kita. Di sisi lain kita juga harus memikirkan pekerjaan, misalkan mau ada eee... konsinyering, mau ada rapat gitu gitu. Di sisi lain juga eee... kayak dikejar bersamaan gitu sih mbak.” - (Partisipan EN, 2021).

“Apalagi sekarang kita juga ada tim internal gitu lho mbak. Kita, apa namanya hmm... menganalisis kasus tertentu, isu strategis misalnya kekerasan kepolisian dan sebagainya. Ini tentunya kan kita jadi nambah beban kerja kita juga kan. Selain dari kita yang eee... tugas utamanya adalah nanganin kasus-kasus itu tadi.” - (Partisipan TK, 2021).

Jam Kerja yang Panjang

Faktor risiko kedua adalah jam kerja yang panjang. Dalam penanganan kasus, tidak menutup kemungkinan Partisipan EN, Partisipan LL, Partisipan TN, dan Partisipan TK sampai pulang malam. Partisipan EN, Partisipan LL, dan Partisipan TN menegaskan bahwa ketika tergabung dalam tim khusus, jam kerja yang panjang sering dibutuhkan untuk segera menyelesaikan laporan secara cepat, terlebih jika kasusnya mendapatkan banyak perhatian dari publik. Partisipan TK menambahkan bahwa di saat pandemi *COVID-19*,

and working days. The following are excerpts from interviews that describe this risk factor:

“This is because there is *Zoom* and all kinds of things, we can have a meeting anytime. Even on Saturday and Sunday, if possible, meetings, meetings.” - (Participant TK, 2021).

Increased Frequency of Exposure to Cases and Contacts

The third risk factor is the increased frequency of exposure to cases and contacts. After analysis, in 2020 there were 3,084 cases received by institutions and in 2021 there were 2,841 cases, while the number of human rights officers (HROs) who received and handled cases was still limited. Working in a special team increases the frequency of exposure to cases and contact with complainants. Participant LL and Participant TK stated that during the COVID-19 pandemic, they then used their personal contact numbers to make communication easier with complainants. As a result, the human rights officers (HROs) are unable to manage the exposure of cases and contact of complainants which can occur at any time, even outside of office hours. Participant LL and Participant TK admitted that they had been repeatedly contacted by the complainants, and sometimes even in the middle of the night. The following are excerpts from interviews that describe this risk factor:

“Because this is a pandemic, we cannot contact the complainants from the office. Like it or not, we have to contact the complainant from a private number. We are constantly contacted.” - (Participant LL, 2021).

“But sometimes there are also complainants who don't care about the time. I've been contacted via WhatsApp at three in the morning, at five in the morning. Outside office hours. So I reply during office hours.” - (Participant TK, 2021).

Burden of Consequences On Personal Security

The fourth risk factor is the burden of consequences on personal safety when handling cases that get public attention. Participant EN, Participant TN, and Participant TK shared that it was not uncommon for the cases handled to raise support and contradiction in the

pertemuan melalui *Zoom* pun sering dilakukan di akhir pekan sehingga jam kerja dan hari kerja menjadi bertambah. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Ini karena ada fasilitas *Zoom* dan segala macam, kita bisa rapat kapan saja. Bahkan Sabtu Minggu pun kalau bisa rapat, rapat.” - (Partisipan TK, 2021).

Frekuensi Paparan Kasus dan Kontak yang Meningkat

Faktor risiko ketiga adalah frekuensi paparan kasus dan kontak yang meningkat. Setelah dianalisis, pada tahun 2020 ada 3.084 kasus yang diterima lembaga dan pada tahun 2021 ada 2.841 kasus, sedangkan jumlah *human rights officer (HRO)* yang menerima dan menangani kasus masih terbatas. Pekerjaan dalam tim khusus menambah frekuensi paparan kasus maupun kontak dengan pengadu. Partisipan LL dan Partisipan TK menyampaikan bahwa di saat pandemi *COVID-19*, mereka kemudian menggunakan nomor kontak pribadinya untuk mempermudah komunikasi dengan pengadu. Sebagai akibatnya, *human rights officer (HRO)* tidak dapat mengatur paparan kasus dan kontak pengadu yang bisa terjadi setiap saat, bahkan di luar jam kantor. Partisipan LL dan Partisipan TK mengaku berulang kali dihubungi oleh pengadu, dan bahkan terkadang tengah malam. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Karena ini masa pandemi, kita tidak bisa menghubungi pengadu dari kantor. Mau ga mau, kita harus menghubungi pengadu dari nomer privat. Itu kita dihubungi terus.” - (Partisipan LL, 2021).

“Tapi kadang-kadang ada juga pengadu yang ga tahu waktu juga mbak. Aku pernah di-WA jam tiga pagi, jam lima pagi. Di luar jam kantor. Jadi balesnya ntar pas jam kantor.” - (Partisipan TK, 2021).

Beban Konsekuensi Pada Keamanan Diri

Faktor risiko keempat adalah adanya beban konsekuensi pada keamanan diri ketika menangani kasus yang mendapatkan perhatian publik. Partisipan EN, Partisipan TN, dan Partisipan TK menceritakan bahwa tidak jarang kasus yang ditangani menimbulkan

community, so there was concern that someone would harm them because of their involvement in the case. From the issue itself, Participant TN said that cases of violence experienced by fellow activists also raised concerns because they worked in the same field, so they had an appreciation for the experiences of victims and became afraid that someone would harm them. This serious case is not just limited to the issue itself, but also in terms of the settlement process and the parties involved. Participant EN, Participant LL, and Participant TK stated that land dispute cases are serious cases, because many have not been resolved and involve many parties. The following are excerpts from interviews that describe this risk factor:

“Maybe land cases. Because the fall, the ending doesn't exist. The case is complicated, it involves many people and in the end we are also uncertain how it goes.” - (Participant EN, 2021).

This story was confirmed by Participant ED. Land cases are one of the toughest cases staff have to deal with because of the number of parties involved. The following is an excerpt of the verification interview:

“This case is complex because it involves many parties. Local government, central government, police also sometimes when there is violence, companies and other communities. The dimensions of the case are not just the issue with the land itself.” - (Participant ED, 2021).

Complainants

The fifth factor is the complainants. In the interviews conducted, information was obtained that the complainants played a large role in the pressure felt by the human rights officers (HROs). The human rights officers (HROs) try to be in the victims' position, but the attitude of the victims' who always calls without caring about the time and demands makes the human rights officers (HROs) feel disturbed. The four participants said that they had complainants who scolded them. Participant EN and Participant TN added that there were also complainants who threatened them. Sometimes the complainant is represented by a companion or lawyer for the case. The four participants did not like cases being represented because apart from not being able to get complete information directly, lawyers representing victims often demanded a fast

pro dan kontra pada masyarakat, sehingga timbul kekhawatiran akan ada pihak yang mencelakai mereka karena keterlibatannya dalam kasus tersebut. Dari sisi isunya, Partisipan TN menceritakan bahwa kasus kekerasan yang dialami sesama aktivis juga menimbulkan kekhawatiran karena mereka bekerja di bidang yang sama, sehingga memiliki penghayatan pengalaman korban dan menjadi takut akan ada yang akan mencelakai. Kasus berat ini tidak hanya sekedar isunya, namun juga dari sisi proses penyelesaian dan pihak yang terlibat. Partisipan EN, Partisipan LL, dan Partisipan TK menyebutkan bahwa kasus sengketa lahan adalah kasus yang berat, karena yang sudah terjadi dari dulu dan sampai sekarang belum selesai serta melibatkan banyak pihak. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Mungkin kasus-kasus tanah kali ya mbak. Karena jatuhnya, *ending*-nya ga ada. Kasusnya belibet, melibatkan banyak orang dan *ending*-nya kita juga gantung.” - (Partisipan EN, 2021).

Cerita ini dikonfirmasi oleh Partisipan ED. Kasus tanah adalah salah satu kasus berat yang harus ditangani staf karena banyaknya pihak yang terlibat. Berikut adalah kutipan wawancara verifikasi:

“Kasusnya kompleks ini karena menyangkut banyak pihak. Pemerintah daerah, pemerintah pusat, polisi juga kadang kalau ada kekerasannya, perusahaan dengan masyarakat lain. Dimensi-dimensi kasusnya bukan hanya masalah tanah.” - (Partisipan ED, 2021).

Pengadu

Faktor kelima adalah faktor pengadu. Dalam wawancara yang dilakukan, diperoleh informasi bahwa faktor pengadu memegang peranan besar dalam tekanan yang dirasakan *human rights officer (HRO)*. *Human rights officer (HRO)* berusaha berada dalam posisi korban, namun sikap korban yang selalu menghubungi tanpa mengenal waktu dan menuntut membuat *human rights officer (HRO)* menjadi terganggu. Keempat partisipan bercerita pernah mendapat pengadu yang memarahi mereka. Partisipan EN dan Partisipan TN menambahkan bahwa ada juga pengadu yang sampai mengancam mereka. Terkadang pengadu diwakilkan pendamping atau pengacara kasus. Keempat partisipan kurang menyukai kasus yang diwakilkan karena selain tidak bisa mendapatkan informasi utuh secara langsung, seringkali pengacara yang mewakili korban menuntut

settlement process and made the human rights officers (HROs) uncomfortable because of the constant contact. The following are excerpts from interviews that describe this risk factor:

“If represented, it is difficult to get complete information, then sometimes there is a conflict of interest. We also have to realize that they are part of the work, but the National Commission on Human Rights is pressured to issue a letter to support their work. Well, sometimes this is a dilemma. This lawyer seemed to pressure us, us personally.” - (Participant TN, 2021).

Regarding the complainant, Participant ED added information that there was a possibility that the human rights officer (HRO) was reported by the complainant to another institution regarding their performance. The following is an excerpt of the verification interview:

“Or complainants who in any way, in their capacity know related to the mechanism for handling cases and also laws and regulations such as lawyers, they know that it should be done this way it should be like that. What about my colleagues, yes, there is a lot of work to be done, sometimes the target time might go wrong, you know. It should have been finished in a week or two, then it is a bit late, but the lawyers do not care, do they. All of a sudden then reports here and there, here and there. Report to the Supervisory Institution, report to other governmental institutions. Reported because my colleagues were judged to have committed maladministration, so themselves became a case, right. That's what the complainants 'bother' my colleagues. That is what my colleagues avoid.” - (Participant ED, 2021).

Support from Institutions

The sixth factor is related to support from institutions. The specificity of the section that handles cases has not been attended to, making it difficult for the human rights officers (HROs). Human rights officers (HROs) are required to work fast but still have to follow tiered supervision according to the hierarchy. The four participants emphasized that this hierarchy also influenced the time required to handle cases. The following are excerpts from interviews that describe this risk factor:

“Of course we have a hierarchy of superiors and subordinates, coordination, relation to handling cases.

proses penyelesaian dengan cepat dan membuat *human rights officer (HRO)* tidak nyaman karena menghubungi terus-menerus. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Kalau diwakilkan kita sulit mendapatkan informasi yang utuh, kemudian kadang ada konflik kepentingan lah. Kita juga harus menyadari mereka bagian dari pekerjaan, tapi Komnas HAM yang didesak mengeluarkan surat untuk mendukung pekerjaannya. Nah kadang ini jadi dilema mbak. Pengacara ini terkesan mendesak kami lah, kami pribadi.” - (Partisipan TN, 2021).

Terkait pengadu, Partisipan ED menambahkan informasi bahwa ada kemungkinan *human rights officer (HRO)* dilaporkan oleh pengadu ke lembaga lain terkait kinerja yang mereka lakukan. Berikut adalah kutipan wawancara verifikasi:

“Atau pengadu yang secara apa, secara kapasitas mereka tahu terkait dengan mekanisme penanganan kasus dan juga peraturan perundang-undangan kayak pengacara, mereka tahu harusnya selesainya begini harusnya gitu. Temen-temen juga apa, ya banyak banget pekerjaan harus dilakukan, kadang-kadang mungkin kan meleset waktunya gitu loh. Harusnya seminggu atau dua minggu itu sudah selesai, agak lambat, pengacara nggak mau tahu kan. Tahu-tahu kemudian melaporkan kesana- kemari, kesana-kemari. Laporkan ke Ombudsman, dilaporkan ke KIP. Dilaporkan karena dinilai melakukan maladministrasi, jadinya dia sendiri jadinya berkasus kan. Itu yang pengadu 'merepotkan' teman-teman. Itu yang dihindari oleh teman-teman.” - (Partisipan ED, 2021).

Dukungan dari Lembaga

Faktor keenam terkait dengan dukungan dari lembaga. Kekhususan bagian yang menangani kasus belum menjadi perhatian, sehingga menyulitkan *human rights officer (HRO)* itu sendiri. *Human rights officer (HRO)* dituntut bekerja cepat tetapi tetap harus mengikuti supervisi berjenjang sesuai hirarki. Keempat partisipan menegaskan bahwa hirarki ini juga memengaruhi waktu yang diperlukan dalam penanganan kasus. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut:

“Tentunya kita ada hirarki atasan bawahan, koordinasi, kaitannya dengan penanganan kasus. Kita

We are sued by the complainants, or by the law guidance institution office, law offices, lawyers. We are required to quickly work on cases handled. Meanwhile, we also have to look at the situation and position ourselves as civil servants who have superiors to report to.” - (Participant TN, 2021).

They conveyed the importance of having a good managerial team and being able to contribute to the speed of handling a case. Participant TN also added that there was no guarantee of safety if a human rights officer (HRO) was assigned to a conflict area, which also raised concerns for them when handling cases. This was also stated by Participant ED in the triangulation that was carried out.

Difficulty to Distancing from Emotional Involvement

The seventh factor is difficulty to distancing from emotional involvement. The factor of difficulty to distancing from emotional involvement is explained clearly by Participant EN and Participant LL. Participant EN said that they felt sad when they thought of the victims, as illustrated in the following interview excerpt. This was confirmed by Participant ED during the triangulation process. The human rights officers (HROs) at the Human Rights Enforcement Support Bureau often feels sorry for victims and has to help solve problems, even though this is not their authority. The following are excerpts from interviews that describe this risk factor:

“If the complainant looks like very sad. They are such victims. Wow, this is a pity. What. They do not get paid by their company. They asked for their rights but were not given. What a pity. What if I was in that position?.” - (Participant EN, 2021).

“I also tell my colleagues that sometimes the expectations from complainants are so high. Colleagues should also measure themselves too, measure the ability of this institution also to handle cases because it is impossible for the National Commission on Human Rights to then solve all problems, it does not have the mandate to solve problems. On the other hand, we monitor it in the context of finding human rights violations or not in the reported incidents, that's all. Then recommend to related parties. My colleagues, maybe because of involvement in handling cases, chatting with

dituntut oleh pengadu, ataupun itu kantor LBH, kantor hukum, pengacara. Kita dituntut untuk cepat mengerjakan kasus yang ditangani. Sedangkan kita juga harus melihat situasi dan memposisikan diri sebagai ASN yang mempunyai atasan.” - (Partisipan TN, 2021).

Mereka menyampaikan pentingnya memiliki tim manajerial yang baik dan dapat berkontribusi pada kecepatan penanganan suatu kasus. Partisipan TN juga menambahkan bahwa belum adanya jaminan keselamatan jika *human rights officer (HRO)* bertugas ke daerah konflik juga memicu kekhawatiran tersendiri baginya ketika menangani kasus. Hal ini juga dinyatakan oleh Partisipan ED dalam triangulasi yang dilakukan.

Keterlibatan Emosional yang Sulit Berjarak

Faktor ketujuh adalah keterlibatan emosional yang sulit berjarak. Faktor keterlibatan emosional yang sulit berjarak dinyatakan jelas oleh Partisipan EN dan Partisipan LL. Partisipan EN menyampaikan bahwa dia menjadi ikut sedih ketika memikirkan korban sebagaimana tergambar dalam kutipan wawancara berikut ini. Hal ini dikonfirmasi oleh Partisipan ED saat proses triangulasi. *Human rights officer (HRO)* di Biro Dukungan Penegakan Hak Asasi Manusia (HAM) seringkali merasa kasihan dengan korban dan harus membantu menyelesaikan permasalahannya, padahal hal tersebut bukan kewenangan mereka. Berikut adalah kutipan wawancara yang menggambarkan faktor risiko tersebut

“Kan kalau pengadu kayak yang sedih-sedih. Dia korban banget. Wah kasian ya ini. Apa. Dia ga dibayar ama PT-nya. Dia minta haknya tapi ga dikasih. Kasihan. Kalau aku yang di posisi itu gimana.” - (Partisipan EN, 2021).

“Teman-teman ini juga aku kasih tahu bahwa kadang ekspektasi dari pengadu tinggi begitu ya. Teman-teman juga harus mengukur diri juga, mengukur kemampuan lembaga ini juga untuk penanganan kasus karena nggak mungkin Komnas HAM kemudian menyelesaikan semua masalah, nggak punya mandat untuk menyelesaikan masalah. Sebaliknya kita pemantauan itu konteksnya menemukan pelanggaran HAM atau tidak dalam peristiwa yang dilaporkan, itu aja. Kemudian merekomendasikan ke pihak-pihak terkait. Teman-teman ya mungkin karena keterlibatan dalam

complainants, feel pity and so on. We really have to help, that is true, and in the end, sometimes it becomes a burden for my colleagues themselves in the process of handling it.” - (Participant ED, 2011).

Although Participant TN and Participant TK did not state it directly, it can be seen that the factor of difficulty to distancing from emotional involvement also influences the occurrence of secondary traumatic stress (STS) in the four participants. The four participants stated that in general they were required to be in the victim's position. The handling of cases carried out must utilize the perspective of the victim in order to provide justice for the victim. In triangulation with Participant ED, it was also found that the willingness of staff to help complainants was quite high, but often the limited authority meant that not much could be done, and that ultimately made staff feel pressured.

Welfare

The eighth factor is the welfare factor. This factor was stated by Participant LL and Participant TN, but not stated by Participant EN and Participant TK. Welfare relates to the recognition and appreciation of the work done. Until now, there has been no reward in terms of income or the rank of a human rights officer (HRO) who performs well, so there is no difference in income for those who work well or not. Human rights officers (HROs) who handle cases also receive the same salary as other employees, even though they face higher safety risks and psychological impacts due to higher exposure to cases than other staff.

Description of Help-Seeking Behavior, Intention, and Attitude Toward Help-Seeking Behavior

The four participants' help-seeking behavior was the same, namely telling a third party. The intention of the participants to seek this assistance was to obtain support, solutions, or information. However, from the attitude toward help-seeking behavior, there was a difference between Participant EN and the other three participants. Participant EN has a positive attitude towards help-seeking behavior, so they can tell her husband, colleagues, and other seniors about work and feelings. Storytelling is also Participant EN's coping strategy in

penanganan kasus, ngobrol dengan pengadunya, kasihan dan lain-lain begitu ya. Kita harus membantu betul, itu akhirnya yang kadang memberatkan teman-teman sendiri dalam proses penanganannya.” - (Partisipan ED, 2011).

Meskipun Partisipan TN dan Partisipan TK tidak menyatakan secara langsung, dapat dilihat faktor keterlibatan emosional yang sulit berjarak juga berpengaruh pada terjadinya *secondary traumatic stress (STS)* pada keempat partisipan. Keempat partisipan menyatakan bahwa secara umum mereka memang dituntut untuk berada pada posisi korban. Penanganan kasus yang dilakukan harus menggunakan perspektif korban agar dapat memberi keadilan bagi korban. Dalam triangulasi dengan Partisipan ED juga ditemukan bahwa keinginan staf untuk menolong pengadu cukup tinggi, namun seringkali keterbatasan wewenang membuat tidak banyak hal yang dapat dilakukan dan akhirnya membuat staf merasa tertekan.

Kesejahteraan

Faktor kedelapan adalah faktor kesejahteraan. Faktor ini dinyatakan oleh Partisipan LL dan Partisipan TN, namun tidak dinyatakan oleh Partisipan EN dan Partisipan TK. Kesejahteraan ini berhubungan dengan pengakuan dan penghargaan kerja yang dilakukan. Sampai dengan saat ini tidak ada penghargaan dari sisi penghasilan maupun kepangkatan pada *human rights officer (HRO)* yang bekerja dengan baik, sehingga bekerja dengan baik maupun malas-malasan tidak ada perbedaan dalam penghasilan. *Human rights officer (HRO)* yang menangani kasus juga menerima penghasilan yang sama dengan pegawai lainnya, padahal menghadapi risiko keselamatan dan dampak psikologis karena paparan kasus yang lebih tinggi daripada staf yang lain.

Gambaran Perilaku Mencari Bantuan, Intensi, dan Sikap Terhadap Perilaku Mencari Bantuan

Perilaku mencari bantuan yang dilakukan keempat partisipan adalah sama, yaitu bercerita kepada pihak ketiga. Intensi partisipan untuk mencari bantuan ini adalah untuk mendapatkan dukungan, solusi, maupun informasi. Namun, dari sikap terhadap perilaku mencari bantuan ada perbedaan antara Partisipan EN dengan ketiga partisipan lainnya. Partisipan EN memiliki sikap positif terhadap perilaku mencari bantuan, sehingga dia dapat bercerita kepada suami, rekan kerja, maupun senior lainnya tentang pekerjaan maupun perasaannya.

dealing with the stress they feel. Thus, Participant EN received social support to deal with the stress. On the other hand, Participant LL, Participant TN, and Participant TK, who have the same characteristics, will only tell their feelings to those closest to them. Participant TN will only tell stories related to work, and not what they feels. The following is an interview excerpt that illustrates this:

“As for work stress, so far I have never told anyone except my husband. Because it's the closest personally. But never been to work friends, for fear of impacting their psychology as well.” - (Participant LL, 2021).

They try to deal with the secondary traumatic stress (STS) they feel by listening to instrumental music, watching Korean dramas, sleeping, or praying. Positive attitude toward help-seeking behavior in Participant LL, Participant TN, and Participant TK arise when the efforts made are no longer able to help them deal with the pressure they feel, prompting them to require support, solutions, or information from others. However, the option of seeking help from professionals has not been the choice of the majority of participants. The following is an interview excerpt that illustrates this:

“Never. I've never been to a counselor, because there's no access there, right. The office does not provide.” - (Participant TN, 2021).

The four participants shared that although there has been no official policy from the institution, several years ago there was an initiative from the coordinator to insert a relaxation agenda at their annual work meeting. Since that activity, it has never been held again. The following is an excerpt of the verification interview:

”It's more about performance evaluations and other things at the end of the year or at the beginning of the year, then insert agendas that can make these colleagues happy. It's a fun event. There are games and other things, there are walking events and other things, what we can do that includes a small agenda like that.” - (Participant ED, 2021).

Apart from the events initiated by their work units, the three participants said they had never thought of

Bercerita juga menjadi strategi *coping* Partisipan EN dalam menghadapi stres yang dirasakannya. Dengan demikian, Partisipan EN mendapatkan dukungan sosial untuk mengatasi stres yang dirasakannya. Di sisi lain, Partisipan LL, Partisipan TN, dan Partisipan TK yang memiliki karakteristik yang sama, hanya akan bercerita tentang perasaan mereka pada orang terdekatnya saja. Partisipan TN hanya akan bercerita terkait pekerjaan saja, dan bukan apa yang dia rasakan. Berikut kutipan wawancara yang menggambarkan hal tersebut:

“Kalau untuk stres kerja ya sampai saat ini belum pernah menceritakan ke orang lain kecuali ke suami saya. Karena kan yang paling dekat secara personal ya. Tapi kalau untuk ke temen-temen kerja belum pernah, karena takutnya berdampak ke psikologi mereka juga.” - (Partisipan LL, 2021).

Mereka berusaha menangani *secondary traumatic stress (STS)* yang dirasakan dengan mendengarkan musik instrumental, menonton drama Korea, tidur, maupun berdoa. Sikap positif terhadap perilaku mencari bantuan pada Partisipan LL, Partisipan TN, dan Partisipan TK timbul ketika upaya yang dilakukan sudah tidak dapat membantu mereka mengatasi tekanan yang dirasakan, sehingga membutuhkan dukungan, solusi, atau informasi dari yang lainnya. Namun, pilihan mencari bantuan ke tenaga profesional belum menjadi pilihan mayoritas partisipan. Berikut kutipan wawancara yang menggambarkan hal tersebut:

“Ga pernah mbak. Ke konselor ga pernah mbak karena ga ada akses kesana juga kan. Kantor ga ada.” - (Partisipan TN, 2021).

Keempat partisipan menceritakan bahwa meskipun belum ada kebijakan resmi dari lembaga, namun beberapa tahun lalu ada inisiatif koordinator untuk menyisipkan agenda relaksasi pada rapat kerja tahunan mereka. Sejak kegiatan tersebut, sampai saat ini belum pernah diadakan kembali. Berikut kutipan wawancara verifikasi:

”Kan lebih pada evaluasi kinerja dan lain-lain di akhir tahun atau di awal tahun, diselipkanlah kemudian agenda-agenda yang bisa membuat teman-teman ini ceria. Acara *fun* gitu ya. Ada permainan dan lain-lain, ada acara jalan dan lain-lain, yang bisa kita lakukan yang memasukkan agenda yang ringan begitu ya.” - (Partisipan ED, 2021).

Selain acara yang diinisiasi unit kerja mereka, ketiga partisipan bercerita tidak pernah terpikirkan mencari

seeking professional help, even though they had help-seeking intention. Even though Participant TK already has the intention of seeking professional help, they have not yet done so. From the stories of the participants, it was found that the behavior of delaying or not seeking professional help was not due to a negative attitude towards the behavior of seeking professional help, but due to the lack of access provided by the institution and the lack of information they knew regarding mental health services. Until now, participants feel that their help-seeking behavior and other coping strategies that they do can still help them overcome the secondary traumatic stress (STS) they feel. All participants also felt proud to be able to work as a human rights officer (HRO) and were happy when they were able to solve cases, causing psychological impact felt to be considered a job risk that had to be faced.

Discussion

This study shows that human rights officers (HROs) who work on cases of complaints of alleged violations of human rights are also at risk of experiencing secondary traumatic stress (STS). The risk factors described by the participants were the same as those identified by Figley (1995). From the results of the study, it was found that there are external and internal risk factors that influence secondary traumatic stress (STS) in human rights officers (HROs). This study also found that the characteristics of individuals who will only tell their closest people if they feel very depressed, have a great tendency to be exposed to secondary traumatic stress (STS). A number of previous studies indicated the role of individual characteristics (Plakas, 2018) and coping strategies (Powell et al., 2014) in secondary traumatic stress (STS). However, studies on this matter are still limited and cannot explain with certainty the characteristics that have a high risk of exposure to secondary traumatic stress (STS) and have more resilience. (Gray & Rydon-Grange, 2020).

Heavy workload was experienced by all participants, but even though the institution has heavy load, this does not mean that it has to have stressful work management as well (Guskovict & Potocky, 2018). Therefore, institutions need to provide emotional support for staff with ongoing facilitation and support such as counseling and group support (Guskovict & Potocky, 2018).

bantuan profesional, meskipun mereka memiliki intensi mencari bantuan. Partisipan TK meskipun sudah memiliki intensi mencari bantuan ke tenaga profesional, namun juga belum melakukannya. Dari cerita partisipan didapatkan bahwa perilaku menunda atau tidak mencari bantuan profesional ini bukan karena sikap negatif terhadap perilaku mencari bantuan profesional, namun karena tidak adanya akses yang diberikan lembaga dan kurangnya informasi yang mereka ketahui terkait layanan kesehatan jiwa. Sampai saat ini partisipan merasa perilaku mencari bantuan dan strategi *coping* lain yang mereka lakukan masih dapat membantu mereka mengatasi *secondary traumatic stress (STS)* yang dirasakannya. Semua partisipan juga merasa bangga dapat bekerja sebagai *human rights officer (HRO)* dan senang ketika dapat menyelesaikan kasus, sehingga dampak psikologis yang dirasakan dianggap sebagai risiko pekerjaan yang harus dihadapi.

Diskusi

Studi ini menunjukkan bahwa *human rights officer (HRO)* yang bekerja menangani kasus pengaduan dugaan pelanggaran hak asasi manusia (HAM) juga memiliki risiko mengalami *secondary traumatic stress (STS)*. Faktor risiko yang diceritakan partisipan sama dengan faktor risiko yang diidentifikasi oleh Figley (1995). Dari hasil studi, ditemukan adanya faktor risiko eksternal dan faktor risiko internal yang memengaruhi *secondary traumatic stress (STS)* pada *human rights officer (HRO)*. Studi ini juga menemukan bahwa karakteristik individu yang hanya akan bercerita pada orang terdekat jika merasa sudah sangat tertekan, memiliki kecenderungan besar terpapar *secondary traumatic stress (STS)*. Sejumlah studi terdahulu mengindikasikan adanya peran dari karakteristik individu (Plakas, 2018) dan strategi *coping* (Powell et al., 2014) dalam *secondary traumatic stress (STS)*. Walaupun demikian, studi terhadap hal tersebut masih terbatas dan belum dapat menjelaskan dengan pasti karakteristik yang memiliki risiko tinggi terpapar *secondary traumatic stress (STS)* dan yang lebih memiliki resiliensi (Gray & Rydon-Grange, 2020).

Beban kerja yang berat dialami oleh semua partisipan, namun walaupun lembaga memiliki pekerjaan berat, hal tersebut tidak berarti harus memiliki manajemen kerja yang penuh tekanan juga (Guskovict & Potocky, 2018). Maka dari itu, lembaga perlu menyediakan dukungan emosional bagi staf dengan penyediaan dan dukungan berkelanjutan seperti konseling dan dukungan kelompok

The welfare factor was stated by two participants. This welfare factor was also stated by Adams et al. (2001) but not stated by Figley (1995). The absence of welfare support can make staff unwilling to return to work (Hoffman & Wallace, 2018; Ludick & Figley, 2017). With the demands and pressures of a heavy work load as a human rights officer (HRO), the absence of welfare support makes it impossible for them to seek professional assistance when facing secondary traumatic stress (STS) which has affected their personal and professional lives. The absence of welfare support also affects staff in accessing self-care (Catalano et al., 2012), prompting the secondary traumatic stress (STS) they experience to be overcome by themselves in the way they choose, according to their preferences and abilities.

Untreated secondary traumatic stress (STS) can have an impact on staff personally, institutions, and the victims they handle (Lusk & Terrazas, 2015). One of the impacts that has occurred is the decline in the condition and quality of health as experienced by Participant TK and Participant LL. This physical reaction was also stated by Figley (1995), as one of the symptoms of secondary traumatic stress (STS). Rizkalla and Segal (2019) also found that secondary traumatic stress (STS) has a relationship with a decrease in condition and quality of health, increase in physical pain, higher frequency of symptoms, and even decrease in intimacy in personal relationships.

Help-seeking behavior is one of the efforts made by human rights officers (HROs) to obtain social support. This is in accordance with the statement of Rickwood and Thomas (2012) regarding help-seeking behavior in mental health. However, professional help has not been their choice to deal with the stress they are experiencing. This cannot be separated from the individual character and social construction that is formed, that perceive secondary traumatic stress (STS) as part of the risk of work. This is also in line with a study conducted by Weinberg (2014) on social workers who do not want to seek help because they feel that the stress they experience is an unavoidable job risk.

Apart from asking for help, three participants made individual efforts by means of other coping strategies. Coping is the process of managing demands that are

(Guskovict & Potocky, 2018).

Faktor kesejahteraan dinyatakan oleh dua partisipan. Faktor kesejahteraan ini juga dinyatakan oleh Adams et al. (2001) namun tidak dinyatakan oleh Figley (1995). Tidak adanya dukungan kesejahteraan dapat membuat staf tidak ingin bekerja kembali (Hoffman & Wallace, 2018; Ludick & Figley, 2017). Dengan tuntutan dan tekanan kerja yang berat sebagai *human rights officer (HRO)*, tidak adanya dukungan kesejahteraan yang diberikan membuat mereka tidak terpikirkan untuk mencari bantuan ke layanan profesional ketika menghadapi *secondary traumatic stress (STS)* yang telah memengaruhi kehidupan pribadi dan profesionalnya. Tidak adanya dukungan kesejahteraan juga memengaruhi staf dalam mengakses *self-care* (Catalano et al., 2012), sehingga *secondary traumatic stress (STS)* yang dialami diatasi sendiri dengan cara yang mereka pilih, sesuai dengan preferensi dan kemampuannya.

Secondary traumatic stress (STS) yang tidak ditangani dapat berdampak pada diri staf pribadi, lembaga, maupun korban yang mereka tangani (Lusk & Terrazas, 2015). Salah satu dampak yang terjadi adalah penurunan kondisi dan kualitas kesehatan seperti yang dirasakan Partisipan TK dan Partisipan LL. Reaksi fisik ini juga dinyatakan oleh Figley (1995), sebagai salah satu gejala *secondary traumatic stress (STS)*. Rizkalla dan Segal (2019) juga menemukan bahwa *secondary traumatic stress (STS)* memiliki relasi dengan penurunan kondisi dan kualitas kesehatan, peningkatan sakit fisik, frekuensi gejala yang semakin tinggi, dan bahkan dapat menurunkan keintiman dalam relasi pribadi.

Perilaku mencari bantuan merupakan salah satu upaya yang dilakukan *human rights officer (HRO)* untuk mendapatkan dukungan sosial. Hal ini sesuai dengan pernyataan Rickwood dan Thomas (2012) terkait perilaku mencari bantuan dalam kesehatan jiwa. Walaupun demikian, bantuan profesional belum menjadi pilihan mereka untuk mengatasi stres yang dialami. Hal ini tidak dapat terlepas dari karakter individu dan konstruksi sosial yang terbentuk, bahwa *secondary traumatic stress (STS)* yang dirasakan merupakan bagian dari risiko pekerjaan. Hal ini juga sejalan dengan studi yang dilakukan Weinberg (2014) pada pekerja sosial yang tidak mau mencari bantuan karena merasa stres yang dialami adalah risiko pekerjaan yang harus ditanggung.

Selain meminta bantuan, ketiga partisipan melakukan upaya individual dengan cara strategi *coping* lainnya. *Coping* merupakan proses mengelola tuntutan yang

considered to burden or exceed the resources owned by individuals (Lazarus, 1981, as cited in Seaward, 2012). There are various coping strategies, and the choice of coping strategy is based on the options of each individual. A number of previous studies have also stated that coping strategies have a good impact on managing perceived stress (Severson & Pettus-Davis, 2013; Gil & Weinberg, 2015).

The feeling of pleasure for being able to do a task well so that it can help other parties is commonly referred to as compassion satisfaction (Stamm, 2005). Compassion satisfaction is common in professional workers (Jacobson, 2012; Hannah and Woolgar, 2018) and also in the general public with jobs related to helping others, such as general counselors (Padmanabhanunni, 2020). The study by Cummings et al. (2021) found that compassion satisfaction has a negative relationship with secondary traumatic stress (STS), so that high compassion satisfaction can reduce the tendency to be exposed to secondary traumatic stress (STS).

Limitations

Screening was carried out on human rights officers (HROs) who worked in the Submission Section and the Case Handling Section, but based on the results of Secondary Traumatic Stress Scale (STSS) and staff time availability, only participants from the Monitoring Section were interviewed further to explore their experiences of secondary traumatic stress (STS). The presence of staff from the Acceptance Section and other Case Handling Section can deepen information on the dynamics of secondary traumatic stress (STS) experienced by human rights officers (HROs).

The participants in this study were human rights officers (HROs) who had secondary traumatic stress (STS) scores in the High and Very High categories. However, not all potential participants from these two score categories are willing to be interviewed, so the study results have a risk of bias. For future studies, it is required to also explore the experiences of staff who have low secondary traumatic stress (STS) scores, to find out whether there are special characteristics that make individuals vulnerable to exposure to secondary traumatic stress (STS).

Another note is the fact that one of the authors also works at the same institution. However, said author is from a different bureau that is not related to the Case

dinilai membebani atau melebihi sumber daya yang dimiliki individu (Lazarus, 1981, sitat dalam Seaward, 2012). Strategi *coping* ada beragam, dan pilihan strategi *coping* ini berdasarkan pilihan tiap individu. Sejumlah studi terdahulu juga menyatakan bahwa strategi *coping* memiliki dampak yang baik dalam mengelola stres yang dirasakan (Severson & Pettus-Davis, 2013; Gil & Weinberg, 2015).

Perasaan senang karena dapat mengerjakan tugas dengan baik sehingga dapat membantu pihak lain biasa disebut dengan istilah *compassion satisfaction* (Stamm, 2005). *Compassion satisfaction* ini dapat dimiliki oleh pekerja profesional (Jacobson, 2012; Hannah dan Woolgar, 2018) dan juga pada orang awam yang memiliki pekerjaan membantu orang lain, seperti konselor awam (Padmanabhanunni, 2020). Studi oleh Cummings et al. (2021) menemukan bahwa *compassion satisfaction* memiliki relasi negatif dengan *secondary traumatic stress (STS)*, sehingga tingginya *compassion satisfaction* dapat mengurangi kecenderungan terpapar *secondary traumatic stress (STS)*.

Keterbatasan

Skrining dilakukan pada *human rights officer (HRO)* yang bekerja di Bagian Penerimaan maupun Bagian Penanganan Kasus, namun berdasarkan hasil *Secondary Traumatic Stress Scale (STSS)* dan ketersediaan waktu staf, hanya peserta dari Bagian Pemantauan yang diwawancara lebih lanjut untuk menggali pengalaman *secondary traumatic stress (STS)* yang dialami. Adanya staf dari Bagian Penerimaan maupun Bagian Penanganan Kasus lainnya dapat memperdalam informasi dinamika *secondary traumatic stress (STS)* yang dialami *human rights officer (HRO)*.

Partisipan studi ini adalah *human rights officer (HRO)* yang memiliki skor *secondary traumatic stress (STS)* dengan kategori Tinggi dan Sangat Tinggi. Walaupun demikian, tidak semua calon partisipan dari kedua kategori skor ini bersedia diwawancara, sehingga hasil studi memiliki risiko bias. Untuk studi selanjutnya diperlukan studi yang juga mendalami pengalaman staf yang memiliki skor *secondary traumatic stress (STS)* rendah, untuk mengetahui apakah ada karakteristik khusus yang membuat individu rentan terpapar *secondary traumatic stress (STS)*.

Catatan lainnya adalah fakta bahwa salah satu penulis juga bekerja di lembaga yang sama. Walaupun demikian, penulis tersebut berasal dari biro yang

Handling Section, so they have a different working environment. Study participants are willing to share their experiences and feelings more easily because they already know the author. In this study, the second author who has a background in Psychology and does not come from the same work environment has a major role in reducing the bias that may occur in this study. The process of reviewing all data that has been processed for decoding and analysis is carried out by both authors. Furthermore, the review process was carried out again by two expert individuals other than the authors.

Conclusion

From this study it can be concluded that human rights officers (HROs) who work for the National Commission on Human Rights are at risk of being exposed to secondary traumatic stress (STS). Risk factors that can cause secondary traumatic stress (STS) are: (1) heavy workload; (2) long working hours; (3) increased frequency of exposure to cases and contacts; (4) the burden of consequences on personal security; (5) complainants; (6) support from institutions; (7) difficulty to distancing from emotional involvement; and (8) welfare. Common symptoms that arise are intrusion, avoidance, and arousal. Help-seeking behavior by telling third parties is one of the efforts made by human rights officers (HROs) when they are unable to overcome the secondary traumatic stress (STS) they experience. The help-seeking intention is to obtain support, solutions, and information. Apart from telling stories, they also carry out other coping strategies that they feel can help overcome secondary traumatic stress (STS), resulting in human rights officers (HROs) not feeling the need to seek help from professionals. Support in the form of providing access to professional assistance, training in handling complainants, training in stress management, and other support from institutions needs to be provided so that secondary traumatic stress (STS) can be prevented and treated properly, so that it does not have an impact on aspects of personal life, professional, or the institution itself.

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berbeda yang tidak berhubungan dengan Bagian Penanganan Kasus, sehingga memiliki lingkungan kerja yang berbeda. Partisipan studi bersedia bercerita pengalaman dan perasaannya dengan lebih mudah karena sudah kenal dengan penulis. Pada studi ini, penulis kedua yang memiliki latar belakang Psikologi dan tidak berasal dari lingkungan kerja yang sama memiliki peran besar dalam mengurangi bias yang mungkin terjadi dalam studi ini. Proses revidi seluruh data yang telah diproses *decoding* dan analisa dilakukan oleh kedua penulis. Selanjutnya, proses revidi tersebut dilakukan kembali oleh dua individu ahli di luar penulis.

Simpulan

Dari studi ini dapat disimpulkan bahwa *human rights officer (HRO)* yang bekerja di Komisi Nasional Hak Asasi Manusia (Komnas HAM) memiliki risiko terpapar *secondary traumatic stress (STS)*. Faktor risiko yang dapat menyebabkan *secondary traumatic stress (STS)* adalah: (1) beban kerja yang berat; (2) jam kerja yang panjang; (3) frekuensi paparan kasus dan kontak yang meningkat; (4) beban konsekuensi pada keamanan diri; (5) pengadu; (6) dukungan dari lembaga; (7) keterlibatan emosional yang sulit berjarak; dan (8) kesejahteraan. Gejala umum yang timbul adalah *intrusion*, *avoidance*, dan *arousal*. Perilaku mencari bantuan dengan bercerita kepada pihak ketiga menjadi salah satu upaya yang dilakukan *human rights officer (HRO)* ketika tidak dapat mengatasi *secondary traumatic stress (STS)* yang mereka alami. Intensi mencari bantuan tersebut adalah untuk mendapat dukungan, solusi, maupun informasi. Selain bercerita, mereka juga melakukan strategi *coping* lainnya yang dirasa dapat membantu mengatasi *secondary traumatic stress (STS)*, sehingga *human rights officer (HRO)* belum merasa perlu mencari bantuan ke tenaga profesional. Dukungan berupa penyediaan akses bantuan profesional, pelatihan penanganan pengadu, pelatihan pengelolaan stres, maupun dukungan lainnya dari lembaga perlu diberikan agar *secondary traumatic stress (STS)* dapat dicegah dan ditangani dengan baik, sehingga tidak berdampak pada aspek kehidupan pribadi, profesional, maupun lembaga itu sendiri.

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