COMPASSION AMIDST TRAUMA: NURSES' EXPERIENCES IN CARING FOR VICTIMS OF DOMESTIC ABUSE IN CEBU CITY

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Abstract - *This study delved into the lived experiences of nurses in Cebu City who cared for victims of domestic abuse, shedding light on the emotional, psychological, and professional complexities of their role. Employing Hermeneutic Phenomenology as its methodology, the research used purposive sampling to select participants with firsthand experiences in caring for abuse survivors, ensuring that data saturation guided the final sample size. Through in-depth interviews, analyzed using Braun and Clarke's (2006) thematic analysis, the study revealed that nurses served as both caregivers and silent witnesses to their patients' trauma, navigating the fine line between professional detachment and compassionate involvement. While their primary responsibility was to provide medical care, they inevitably became emotional anchors, absorbing their patients' pain while striving to offer a sense of safety and healing. Many nurses initially struggled with the emotional burden but eventually developed coping mechanisms to manage their feelings while maintaining their professional commitment. The findings underscored the significance of emotional resilience, institutional support, and self-care in sustaining the well-being of nurses in such emotionally charged caregiving environments. Despite the challenges, the study highlighted the unwavering dedication of nurses to their patients, emphasizing their critical role in fostering both physical and emotional recovery for survivors of abuse.*

Keywords*: Nurses, Domestic Abuse Survivors, Lived Experiences, Compassionate Care, Emotional Resilience*

Introduction

Nurses stand on the frontlines of healthcare, not only as providers of medical care but as silent witnesses to the pain, fear, and resilience of their patients. Among the many individuals they care for, victims of domestic abuse present unique and often heartbreaking challenges. These patients do not just come with visible wounds; they carry stories of suffering, trauma, and unspoken pleas for help. For nurses, tending to their medical needs is only one part of the role—they also become listeners, protectors, and, at times, the only source of comfort in a system that struggles to address the complexities of abuse. In Cebu City, where cultural norms and societal expectations may shape how abuse is perceived and addressed, nurses often find themselves at a crossroads between duty and emotional burden. They navigate a delicate balance—providing compassionate care while adhering to ethical and legal boundaries. Some face frustration over the lack of resources, while others wrestle with the emotional weight of witnessing repeated cycles of abuse. For many, the question lingers: How do they continue to care for these patients while carrying their unspoken pain?

The role of nurses in caring for patients experiencing domestic abuse has been explored in various studies. Yet, significant gaps remain in understanding their lived experiences, particularly

within the cultural and healthcare context of Cebu City. Existing literature primarily focuses on the medical management of abuse survivors (Campbell et al., 2018) and the psychological impact of domestic violence on victims (Garcia-Moreno et al., 2017). However, limited research examines the emotional and ethical dilemmas nurses face when caring for these patients, leaving a critical gap in the literature regarding their firsthand experiences.

Moreover, Most research on nurses' roles in addressing domestic violence is conducted in high-income countries, where support systems, legal frameworks, and training programs are more established (Bradbury-Jones et al., 2019). Studies in the Philippines focus primarily on domestic violence prevalence (Daguiao & Calayag, 2021) but rarely examine how nurses are involved in managing these cases. There is a need for research that explores the specific challenges faced by nurses in Cebu City, considering the local healthcare system's limitations, the stigma surrounding domestic abuse, and the socio-cultural factors influencing victim disclosure.

In addition, many nurses often struggle with ethical dilemmas when providing care to abuse victims, especially when legal and institutional policies are unclear (McLindon et al., 2020). Many nurses report feeling underprepared to handle such cases due to inadequate training (Sharps et al., 2018). In the Philippines, hospital policies regarding domestic violence reporting and intervention remain inconsistent, creating further uncertainty for nurses (Gonzales et al., 2021). There is a gap in research examining how these systemic challenges affect nurses' ability to provide effective care and support to victims.

The existing literature provides a foundational understanding of domestic abuse and healthcare responses; however, gaps remain in exploring the lived experiences of nurses caring for these patients, particularly within Cebu City's healthcare system and cultural landscape. Addressing these gaps is crucial not only for enhancing nurses' well-being but also for improving the quality of care provided to domestic abuse survivors. This study seeks to illuminate the challenges, emotions, and coping mechanisms of nurses caring for domestically abused patients, giving voice to their silent struggles while acknowledging their resilience. By highlighting the need for greater institutional and emotional support, this research aims to contribute to policies and interventions that empower both nurses and the patients they serve.

Methods and Materials

The study adopts Hermeneutic Phenomenology. This methodology prioritizes personalized interpretations to delve into the nuanced experiences of female nurses involved in the care of women and children affected by domestic abuse. The emphasis on personalized interpretations facilitates a comprehensive analysis and justification of the life experiences of both the female nurses and the victims.

This study employed purposive sampling, a non-probability sampling technique commonly used in qualitative research to ensure the selection of participants with relevant experiences and insights. Given the study's focus on the lived experiences of female nurses caring for women and children affected by domestic abuse, purposive sampling facilitated the deliberate inclusion of individuals who met specific criteria. Participants consisted of female nurses working in healthcare

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facilities across Cebu City who had direct experience managing patients who had suffered from domestic abuse.

The sample size was determined based on data saturation, the point at which no new themes or significant insights emerged from additional interviews. This ensured that the findings comprehensively captured the depth and complexity of the phenomenon under study. Inclusion criteria considered factors such as years of experience, frequency of exposure to domestic abuse cases, and willingness to share their experiences. To enhance diversity, nurses from different healthcare settings—including hospitals, community clinics, and women's shelters—were included.

Ethical considerations were strictly followed during participant recruitment, including obtaining informed consent and ensuring confidentiality. Participants were assured that their identities and responses would be anonymized to protect their privacy. By employing a rigorous sampling approach, this study aimed to provide rich, authentic narratives that contributed to a deeper understanding of the challenges, emotions, and coping mechanisms of nurses caring for victims of domestic abuse.

Data Analysis

The data collected from the interviews with female nurses was analyzed using Braun and Clarke's (2006) thematic analysis, a method well-suited for capturing the complexity and richness of qualitative data. This approach allowed for a systematic examination of patterns within the nurses' lived experiences while caring for domestic abuse survivors. Thematic analysis was employed in six phases: first, the researchers familiarized themselves with the data by transcribing and reviewing the interview transcripts multiple times. Next, initial codes were generated to identify meaningful segments of data, followed by the search for broader themes by grouping related codes. These themes were reviewed and refined to ensure they accurately reflected the data. Once finalized, each theme was defined and named, encapsulating the core aspects of the nurses' challenges, emotions, and coping mechanisms. The analysis also incorporated both semantic and latent levels of meaning, allowing for an exploration of surface-level experiences as well as deeper, underlying emotional and institutional factors. Through this rigorous data analysis process, the thematic analysis provided a comprehensive and nuanced understanding of the nurses' experiences, which helped to highlight critical issues related to support systems and the emotional resilience required in their roles.

Results

The act of caring for patients who have endured abuse is undeniably one of the most challenging roles a nurse can undertake. It requires not only clinical expertise but also deep emotional engagement, empathy, and resilience. Throughout providing care, nurses often found themselves navigating complex emotional landscapes while working to deliver patient-centered care. The following themes explore the journey of nurses as they engaged with abuse survivors, from their initial encounters to the ongoing challenges of maintaining professionalism while processing personal emotions. These themes reflect the delicate balance that nurses must strike between offering compassionate care and managing their emotional well-being

Theme 1. Opening the Heart: Nurses' First Encounters with Abuse Survivors

The initial encounter between a nurse and an abuse survivor is often characterized by a deep emotional response, both from the patient and the healthcare provider. In these early interactions, nurses frequently found themselves grappling with shock, sadness, and a sense of helplessness as they learned of the trauma their patients had experienced. These emotions, while natural, presented a challenge as nurses had to swiftly transition from emotional reactions to providing empathetic and non-judgmental care.

> "*Usa na kanang pag first gyud nako kuan normal lang gayud siguro nato nga you will feel kanang maluoy ka sa patients or maluoy ka sa the way, the way nga kanang unsa gani ngan ani kanang maminaw gani ka nila but as I go along like I have a situation different situation everyday so murag na used to nalang ko*" – (**At first, it was really just normal for me to feel compassion for the patients or to feel sorry for them, the way they are, the way they share their stories. But as I went along, having a different situation every day, I kind of became used to it.)** – Participant 1

Theme 2: Compassionate Listening: Nurses Providing Safe Space for Stories

As nurses spent more time with their patients, their connection deepened beyond the usual caregiver role. They became more than just medical professionals administering treatments; they became compassionate listeners, offering a safe and non-judgmental space where abuse survivors could unburden their pain. Many patients, hesitant to share their trauma with others, found solace in the presence of a nurse who listened not only with their ears but with their heart. In quiet moments between procedures, through gentle reassurance and unwavering patience, nurses became trusted confidants. Their presence alone provided comfort, their empathy a silent promise that these survivors were not alone on their healing journey.

> "Naga-practice ko og self-regulation. Kung magpaminaw ko sa ilang istorya, kinahanglan nga magpabilin ko nga kalmado. Masakit pero kinahanglan ko nga buhaton ang akong trabaho. **– (I practice self-regulation. When I listen to their stories, I need to stay calm. It's hard, but I have to do my job.)** – Participant 4

Theme 3: Navigating Personal Boundaries: Managing Emotional Overload in Abuse Care

The emotional intensity of working with abuse survivors often took a toll on the nurses themselves. As they listened to painful stories and witnessed the aftermath of trauma, nurses found it increasingly difficult to separate their emotions from their professional roles. This theme delves into the emotional strain that nurses experienced as they navigated the fine line between empathy and emotional overload. Many nurses reported feeling emotionally drained after caring for abuse survivors, and at times, they found themselves struggling to maintain objectivity. The ability to establish personal boundaries became critical during this phase, as nurses had to learn how to

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protect their emotional well-being while still offering care. Engaging in reflective practices, seeking support from colleagues, and adopting self-care strategies were key components of coping during this challenging stage.

> Importante kaayo. Kung magpaminaw lang ka sa ila, makahatag kini og dakong kalipay. Apan kinahanglan ko nga magpabilin nga propesyonal, kay dili ta angay nga magsagol ang atong emosyon sa pasyente. – (**It's very important. Just listening to them can bring great comfort. But I need to remain professional, as we shouldn't let our emotions mix with the patient's.)** – Participant 3

Theme 4: Resilience in the Face of Trauma: Nurses Coping with the Impact of Patient Stories

This theme explores how nurses, after facing the cumulative emotional weight of their patients' stories, began to employ methods for processing their feelings. Nurses who engaged in regular debriefing sessions, sought supervision or participated in counseling found that these practices helped them to make the emotional toll on their work. They also learned to draw strength from their commitment to the well-being of their patients, recognizing that their role was not only to provide physical care but to offer emotional support as well. This resilience did not imply emotional detachment, but rather the ability to balance empathy with professional detachment, ensuring that their emotional responses did not compromise the quality of care they provided.

> "Mao na we do diri sa pink room we are given twice in a year mag stress debriefing jud mi so mandatory jud siya nga shoulder by the hospital so mao na mag Kuan mi like stress debriefing mi na mag island hopping na murga outing ba as a group, mao na as much as possible di jud nimo siya ikuan kay grabe jud ang negativity diri nga area as in unlike sa ward nga more on medical jud siya diri kay more on emotions, physic ah less sa physical more on emotions jud siya nya intellectual". – (**This is what we do here in the pink (room). We are given stress debriefing twice a year, and it is mandatory and fully covered by the hospital. So, we have activities like island hopping, which feels like a group outing. This is important because the negativity in this area is overwhelming—unlike in the ward, which is more medically focused. Here, it's more about emotions rather than physical aspects. It's emotionally and intellectually demanding**). – Participant 6

Theme 5: Continuing the Healing Journey: Nurses Helping Abuse Survivors and Themselves

The final theme centers on the long-term growth and emotional healing that both nurses and patients experience. As nurses grew more adept at managing their emotions and boundaries, they also began to see the healing journey as a mutual one—while they were caring for their patients, they were also healing themselves. Many nurses reported that their work with abuse survivors led to a deeper sense of professional fulfillment and personal growth. Their capacity for empathy expanded, and they became more attuned to the emotional and psychological needs of their patients. This mutual journey of healing was not only beneficial for the patient but also reinforced the importance of self-care and emotional resilience for the nurse.

"Nalipay ko nga nakatabang sa uban, bisan pa sa akong kaugalingong kalisod. Kini usa ka padayon nga proseso sa pagkat-on ug pag grow.". – ***(I'm happy I've been able to help others, even with my own struggles. It's an ongoing process of learning and growth****). – Participant 4*

Discussion

The journey of nurses caring for abuse victims begins with an essential act of empathy, the willingness to listen. Nurses offer what some patients might never have had: a compassionate ear. As they interact with these survivors, they create a safe space for individuals to express their deepest traumas. In their study, Baumann et al. (2017) emphasized the role of nurses in providing emotional support and a sense of validation for abuse victims. Nurses' ability to listen actively and attentively helps foster trust, which is a critical component of healing (Derasin et. al., 2024; Derasin, 2024). Likewise, Stiegelbauer and Edgley (2019) pointed out that healthcare providers, particularly nurses, play a pivotal role in building trust with patients through active listening. By making the patient feel heard, nurses serve not just as caregivers but as emotional anchors, offering comfort in an otherwise chaotic experience of trauma. Similarly, the research by Alfonzo and Valente (2021) highlights the therapeutic value of empathetic listening in nursing, noting that providing such emotional support can have a lasting impact on the healing process of abuse survivors.

Nurses recognize the importance of being present for abuse survivors but often face the challenge of balancing their emotions with their professional responsibilities. They must set aside personal struggles, ensuring the focus remains on the patient. Maintaining professionalism is essential for providing effective, patient-centered care. Smith et al. (2020) noted that nurses frequently encounter situations where they can personally relate to their patients' experiences, making it difficult to separate their emotions from their work. Similarly, Williams (2018) highlighted that the emotional complexities of nursing, particularly in trauma care, often require healthcare workers to compartmentalize their feelings to deliver the best possible care. Furthermore, Green et al. (2019) found that while nurses empathize deeply with abuse victims, they often grapple with their emotional responses and must prioritize their mental health to prevent burnout.

In addition, As nurses continue their work with abuse survivors, the emotional cost can become overwhelming. Internalizing the pain of patients, many nurses reported experiencing emotional exhaustion and compassion fatigue. This phenomenon has been widely studied, with Stamm (2010) defining compassion fatigue as the emotional strain of exposure to others' suffering. Moreover, Hinderer et al. (2014), identified emotional exhaustion as a common struggle among healthcare providers who care for trauma victims. The emotional toll of continuously bearing witness to such painful stories can erode a nurse's sense of well-being, ultimately leading to burnout if not managed properly. Nurses, however, continue to navigate this emotional burden by finding ways to cope and seek support. Similarly, research by Lown et al. (2015) suggested that compassion fatigue is a serious concern in nursing and highlighted the importance of support systems to mitigate its effects.

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Despite the emotional toll, nurses consistently find ways to build resilience and manage the weight of their work. They lean on peer and family support (Beduya et. al., 2023; Reyes et. al., 2023), engage in self-care practices, and establish professional boundaries to preserve their well-being. Collie et al. (2018) found that healthcare professionals who regularly participate in reflective practices and emotional support from peers report lower levels of emotional exhaustion and greater satisfaction in their caregiving roles. Additionally, in their study, Thomas and Keene (2017) emphasized that cultivating resilience through professional support networks and self-care strategies plays a pivotal role in helping nurses manage the emotional demands of their work.

Finally, Nurses often evolve from being passive caregivers to passionate advocates for abuse survivors. Through their personal experiences with patients, many begin to see the systemic gaps in healthcare and advocate for better support and trauma-informed care. Finkelstein et al. (2016) noted that nurses who work with abuse victims frequently become strong voices for social change. Their advocacy extends beyond the patient room, pushing for better policies and practices that prioritize trauma-informed care. McKinney et al. (2018) explained that advocacy is not just an extension of care, but a natural progression of the emotional bond nurses form with their patients.

Conclusion

Caring for abused patients was an emotionally complex journey for nurses, one that required both professional detachment and deep compassion. At the heart of their role was the act of listening, bearing witness to pain, fear, and resilience—while striving to provide a sense of safety and healing. Over time, they learned to balance their emotions, setting aside personal struggles to prioritize their patients' needs, yet the weight of these stories inevitably lingered. Some found strength in their calling, while others silently carried the emotional toll of their work. Despite these challenges, their commitment never wavered; they remained steadfast in their duty to provide not just medical care, but also understanding, support, and hope to those who had endured unimaginable suffering.

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