

# BREAKING SILENCE

## Interpreting for Victim Services

*A Training Manual*

*by*

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# PREFACE

This training manual supports a four- to five-day training program for interpreters that was created for the Emergency and Victim Services Interpreter Bank in Washington, DC. Each module in this manual corresponds to a half-day workshop. The manual can, therefore, be used to support the delivery of shorter programs or independent workshops based on the themes of each half-day module.

The training program that is supported by this manual and also by a companion workbook of exercises and role plays was created for Ayuda. Ayuda is a 501(c)(3) nonprofit organization in the Washington, DC, metropolitan area that advocates for low-income immigrants through legal, social and language services, as well as through the delivery of training and outreach programs.

This interpreter training manual will help to prepare qualified, professional interpreters for a specialized area: interpreting for victim services. It addresses how to interpret for any victim of violent crime. *Breaking Silence* has a particular focus on interpreting for victims of domestic violence, sexual assault and child abuse. The key service areas that are addressed here include medical, mental health, legal, court and social services interpreting (whether for government and nonprofit agencies or large health care institutions) as well as interpreting for law enforcement, emergency services and disaster response.

This interpreter training manual comes with a companion workbook (*Breaking Silence: A Workbook of Role Plays and Exercises*) and a specialized glossary (*Breaking Silence: An Interpreter's Glossary of Victim Services Terminology*). These materials have been made public domain, which means that any qualified interpreter trainer or training agency should feel free to make good use of them. These materials are also part of a larger project that was funded by the District of Columbia Office of Victim Services (OVS) to create and run an Emergency and Victim Services Bank.

From the inception of this project, OVS intended to involve trauma-informed interpreters in the delivery of interpreting services to its local network of victim service providers. After determining that OVS was unable to locate a training program for victim services interpreting of adequate depth, this program was commissioned by OVS and created for Ayuda by Cross-Cultural Communications, a national interpreter-training agency based in Maryland. Originally, the program was created to train a local corps of trauma-informed interpreters who would specialize in victim services interpreting. It can, however, be used anywhere, not only in the Washington, DC, area.

It is important to make the following points clear, because these materials are entering the public domain:

- This program, its manual and any companion training materials are intended for the use of *trained, professional interpreters and professional trainers of interpreters*.
- This program is specialized training, not general or introductory training.
- If you are an interpreter without basic interpreter training, please do not use this manual until you have acquired basic training.
- This manual does not teach basic interpreting. For resources about where to get basic interpreter training in the United States, please visit resource lists or training directories, including <http://www.imiaweb.org/education/trainingnotices.asp> and <http://ww.thecommunityinterpreter.com> or local resources.

In short, this program is intended for interpreters who have had basic training in community, general and/or legal interpreting, whether for spoken or sign language interpreting. The reason that novice interpreters should first seek basic interpreter training of adequate quality before undertaking this program or reading this manual is that it will confuse them to read advanced material of this kind without knowing the basic principles of interpreting. Basic interpreter training is *essential* for this program.

This program does not address remote (telephone or video) interpreting, although the techniques addressed here may be invaluable for interpreters who perform remote interpreting. The manual also does not address interpreting for perpetrators; however, the techniques taught here will still be useful for almost anyone who interprets for perpetrators of violent crime.

The training that is supported by this manual is an intensive program with deep emotional impact. *Interpreters who take the program or read this manual should be warned that it includes content related to violent crime. This content could be difficult or possibly distressing to read or interpret, even in practice settings.* Pilot sessions of this program suggest that the traumatic content can affect interpreters even without their knowledge while they take this program.

In particular, survivors of violent crime who become interpreters (such as refugees or survivors of sexual assault, domestic violence, torture or war trauma) should carefully consider whether it is truly advisable for them to take this program or read this manual; the content may include role plays, case studies or narrative that evoke past trauma for the *interpreter*. In particular, the authors have found that interpreters who are survivors of domestic violence, sexual assault or child abuse—and many interpreters are survivors of these crimes because they are such common crimes—may be emotionally affected by the content of this training manual.

Interpreters who take such training sometimes report that the traumatic content can cause them to:

- Cry
- Feel shaken or disturbed
- Feel angry and upset
- Have physical symptoms (e.g., shortness of breath)
- Experience intrusive memories or flashbacks.

This manual is intended for the use of both spoken language and sign language interpreters. Most of this manual and corresponding activities in the notebook (with the exception of Module 4: Note-Taking for Consecutive Interpreting) is highly relevant for signed-language interpreting, and examples from American Sign Language (ASL) interpreting are provided. The role plays, terminology, general and legal content, and even most of the interpreting techniques that are taught here will apply equally well to spoken or signed-language interpreting. Some exceptions are noted in the text.

This training and its manual are made possible through the funding provided by OVS. Ayuda and the authors wish to thank OVS for its support for victim services and for quality interpreting for victims of violent crime. The program offers valuable guidance for interpreters who are working in almost any victim service setting.



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Marjory spent four years as the pro bono executive director of The Voice of Love, a national 501(c)(3) nonprofit organization that supports interpreting for survivors of torture, war trauma and sexual violence.

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Katharine Allen, MA and co-president of InterpretAmerica, LLC, specializes in community and health care interpreting and translation. She works nationally and internationally as an interpreter trainer, curriculum developer, language access consultant, public speaker and event organizer. She has helped develop interpreter training and train-the-trainer curricula for organizations such as Kaiser Permanente, the Middlebury Institute of International Studies at Monterey (formerly the Monterey Institute of International Studies), the Department of Defense, Cross-Cultural Communications, CyraCom and the recently launched Indigenous Interpreting + (II+) language service. She is currently an instructor for the Glendon College of Translation's Masters in Conference Interpreting program. Katharine remains an active interpreter and translator for health care, social service and education. She also works for state and local governments, courts, environmental groups and language services. She is an author and licensed trainer for *The Community Interpreter*, the leading international training program for community interpreters. Katharine has owned and directed Chatterbox, LLC (formally Sierra Sky Interpreting and Translation), since 1994.

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Lois served for five years as coordinator of the Translation and Interpreting Studies Program at New York University SCE, where she also taught German-to-English translation. She is certified by the American Translators Association for German-to-English translation. She was one of the developers of the New Jersey German Court Interpreting Exam and has been a grader for New Jersey since 1998. She served three terms on the NAJIT Board of Directors and was recently elected to the Board of the American Translators Association, where she also chairs the Honors and Awards Committee. She served two terms on the Oregon Governor's Commission on Healthcare Interpreters, the body charged with establishing a certification process for medical interpreters in Oregon. She is a frequent presenter and consultant on topics relating to court interpreting, interpreter ethics and legal translation and has presented at both national and international conferences in the United States, Germany, Mexico, Canada, Australia and Belgium.

**Carola E. Green**

Carola E. Green, originally from Guatemala, is federally certified by the Administrative Office of the U.S. Courts, maintains a medical interpreter certification in California and was a former California court-certified English/Spanish interpreter working in the California State and Federal courts. She served as key staff for the Federal Court Interpreter Certification Examination (FCICE) and the Consortium for Language Access in the Courts (CLAC) programs at the National Center for State Courts and was involved in all aspects of test development, test administration and test-rating activities. She has more than 20 years of experience in professional interpreting and teaching and training interpreters, having received her professional certificate in legal interpretation and translation at the University of California, San Diego. Carola serves on multiple boards and committees related to the interpreting profession and has presented at more than 50 international, national and local interpreter educational conferences. Carola has co-authored several publications about interpreting in the legal and medical fields.

# LEARNING OBJECTIVES

**After completing this training program, the interpreter will be able to**

## **MODULE 1** An Overview of Victim Services

### **Learning Objective 1.1**

*Discuss victim services, victimology and victimization.*

### **Learning Objective 1.2**

*Differentiate among common settings for victim services and the characteristics of those settings.*

### **Learning Objective 1.3**

*Explore the impact of crime on victims of crime.*

## **MODULE 2** Vicarious Trauma and Self Care

### **Learning Objective 2.1**

*Compare and contrast stress and vicarious trauma for interpreters.*

### **Learning Objective 2.2**

*Practice wellness techniques to manage the interpreter's emotional responses before, during and after victim services encounters.*

### **Learning Objective 2.3**

*Write a self-care plan for interpreting in victim services.*

## **MODULE 3** Interpreting Skills and Modes

### **Learning Objective 3.1**

*Identify and practice the appropriate use of consecutive, simultaneous and sight translation modes in victim services through mode-switching activities.*

### **Learning Objective 3.2**

*Apply basic sight translation guidelines to common forms and documents that are used in victim services.*

**Learning Objective 3.3**

*Identify and practice the appropriate use of summarization as a last-resort technique in victim services.*

**MODULE 4** Note-Taking for Consecutive Interpreting

**Learning Objective 4.1**

*Explore the rationale and Rozan's steps for consecutive note-taking in victim services settings.*

**Learning Objective 4.2**

*Develop symbols and abbreviations for consecutive interpreting note-taking.*

**Learning Objective 4.3**

*Practice note-taking techniques for consecutive interpreting in victim services.*

**MODULE 5** Sexual Assault and Domestic Violence (SA/DV)

**Learning Objective 5.1**

*Discuss the challenges of interpreting for sexual assault and domestic violence cases.*

**Learning Objective 5.2**

*Adapt ethical principles when interpreting for survivors of sexual assault and domestic violence.*

**Learning Objective 5.3**

*Explore appropriate interpreting protocols for sexual assault and domestic violence cases.*

**MODULE 6** Techniques to Promote Survivor Autonomy

**Learning Objective 6.1**

*Demonstrate and practice effective strategic mediation techniques when interpreting for crime victims.*

**Learning Objective 6.2**

*Compare and contrast strategic mediation techniques in legal vs. non-legal community settings.*

**Learning Objective 6.3**

*Practice interpreter decision-making that supports survivor autonomy.*

**MODULE 7** Cultural Mediation

**Learning Objective 7.1**

*Discuss the impact of overprotectiveness, unconscious bias and undermining victim autonomy when interpreting for crime victims.*

**Learning Objective 7.2**

*Identify cultural concerns in victim services interpreting.*

**Learning Objective 7.3**

*Identify and practice effective cultural mediation techniques for victim services interpreting.*

**MODULE 8** Terminology in Victim Services

**Learning Objective 8.1**

*Examine and practice setting-specific terminology for victim services.*

**Learning Objective 8.2**

*Identify effective strategies to enhance knowledge of setting-specific terminology in victim services.*

**Learning Objective 8.3**

*Review three specialized victim services and relevant terminology: emergency services, homicide survivor services and disaster behavioral health.*



# INTRODUCTION

## The Trauma-Informed Interpreter

This training manual introduces the interpreter to a young specialization: interpreting for victims of violent crime, including mass disasters and emergency services.

A particular focus of this manual is interpreting for sexual assault, domestic and dating violence, and child abuse, whether those crimes were recent or took place in the distant past. This manual also addresses interpreting for victims of any violent assault, including attempted murder, human trafficking, torture, and other crimes and emergency services, as well responses to mass disasters and interpreting for homicide survivors (i.e., the loved ones of a homicide victim).

Interpreting for victims of violent crime is typically more intense and complex than general interpreting. It poses a number of specific challenges, such as not allowing one's feelings to become visible and developing strategies to avoid re-traumatizing the survivor during situations that develop, including the involvement of an interpreter. Yet interpreting in victim services can also provide a deep sense of satisfaction due to making a positive difference.

Whether the crime victim is an immigrant, a Deaf individual, an indigenous person, a tourist or business traveler, each case is unique, and so is the response of every individual to the crime. The interpreter plays a critical role from the moment the crime victim first seeks help to the last stages of finding healing, justice or restitution. At each stage, the interpreter is needed to help ensure that everything the victim wishes to say is clearly communicated to victim service providers, including law enforcement, health care providers and the judiciary.

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### Advice for Interpreters

**Question:** What sensitive areas are you most concerned about with Limited English Proficiency (LEP), and Deaf individuals that you serve?

**Victim service provider (clinical social worker):** I guess making sure that language is always mirroring the client's language and is not victim-blaming or makes them feel like they're being judged or watched. All these areas are so sensitive—it is very important to be very mindful of your word choice and the things you're saying.

---

To help support the creation of a quality program, the authors of this curriculum conducted a local-needs assessment. It included a focus group for DC victim service providers and 20 interviews with service providers and interpreters for this program who are part of the District of Columbia Victim Assessment Network. The interviewees included

- Nonprofit executive directors
- Attorneys
- Advocates
- Clinicians, such as clinical social workers and therapists
- A sexual assault forensic examiner
- A director of disaster behavioral health services
- A lieutenant fire chief
- A police commander and language access coordinator
- A manager with DC Fire and Emergency Medical Services
- A domestic violence hotline counselor

A consistent message that emerged from these interviews was this: There is a deep need for *trauma-informed interpreters who do not undermine the survivor's voice or take control, but instead allow the service provider and the survivor to communicate clearly and transparently.*

Trauma-informed care in general is a relatively new concept and area of service. “Trauma-informed clinician” is now an accepted term that usually describes a therapist who specializes in services to survivors of trauma. In general, mental health and health care providers who are trauma informed have received special training to help them provide sensitive services that do not re-traumatize an individual, but rather allow the individual to feel respected, safe and empowered.

**In trauma-informed services, we stop asking**

**What is wrong with this person?**

**and begin asking**

**What has happened to this person?**

— Adapted from [http://freedomnetworkusa.org/wp-content/uploads/2012/05/Trauma\\_Informed\\_Care\\_Powerpoint.pdf](http://freedomnetworkusa.org/wp-content/uploads/2012/05/Trauma_Informed_Care_Powerpoint.pdf)

Here is how the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma-informed services:

*A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.*

— SAMHSA, 2012, p. 4

“Trauma-informed interpreter” is a new term. This manual is devoted to helping interpreters understand what that term means and how to become a trauma-informed interpreter.

## The Big Lesson

Here is the most important lesson in this manual, and the one that we hope its readers take to heart. It is the lesson that will help one become a truly trauma-informed interpreter. It is also the message that came up countless times in needs assessment and community-based input as the authors developed this program.

*The lesson is this: Give voice. In other words, do not add, change or omit anything in the communications between the survivor of a crime and the service provider. Honor the message: Do not explain it, but instead make sure it is clearly understood. Respect your role boundaries. You may want to “help” the victim: Resist that temptation. Victim service providers are trained to provide services to survivors of crime: You are not trained to provide such services. You are trained to interpret.*

Victim service providers use methods of communication and language in ways that are carefully chosen. Their choices are based on methodology that is designed to best provide effective services that empower the client. Victim service providers are trained and qualified to provide these services; you, the interpreter, are not. You are qualified to *interpret*.

Furthermore, if you go beyond your role as an interpreter, then neither the survivor nor the provider will know what to expect from professional interpreters. It is important that they understand how a professional interpreter will work with them to support the survivor’s autonomy and help to ensure the survivor’s control over his or her own choices and messages.

This whole manual is based on the concepts contained in the paragraphs above. To help you, the interpreter, understand the lesson clearly, consider the following conversation, which took place between a social worker in victim services and a language access coordinator at her nonprofit organization:

**Social worker:** *It is really important to have that trauma-informed perspective [in victim services interpreting], because there are many things that can be triggering, and so many things in sexual assault and domestic violence are related to power and control—and the interpreter also. A lot of trauma is about power and control [but] especially domestic violence and sexual assault. Any sort of issue can re-trigger a client into falling back into the same feelings that they had. An interpreter can trigger those feelings again because there is a control issue. The interpreter has control over the clients’ words and how they are conveyed and has control over the service provider’s words and how they are portrayed to the client. So establishing trust is important, both in terms of confidentiality and in terms of obvious nonverbal ways of communicating that [show] you’re being an honest communicator.*

**Language access director:** *That’s really interesting! Have you witnessed where an interpreter was not being sensitive enough to the power dynamic, and the client felt a sense of loss of control or powerlessness?*

**Social worker:** *I haven’t seen a client put words around that, but when we have a good interpreter, the meeting goes smoothly, and I get more information from the client. We’re doing better work. I think one of the examples would be that the client talks a long time and then you get two words from the interpreter. In situations where the interpreter is not doing a good job, I see the client shut down. They no longer trust that person to convey the meaning, so they shut down. So I can’t provide the services: [Survivors] are going to protect themselves by not giving the interpreter*

*control. I haven't seen anyone burst into tears because someone was not interpreting properly, but I definitely see [that] when I have good interpreters who "get" what we're doing and seem to have that trauma-informed perspective, my work with the client is a lot easier.*

We hope that by the end of the training program that is supported by this manual, you will be a trauma-informed interpreter who helps service providers and survivors of crime to work effectively together.

Thank you for reading this manual; thank you for caring. By engaging in this program as an interpreter, you make an active contribution toward advancing the profession of interpreting. You also make a difference in the lives of survivors of violent crime.

Finally, please remember that, as an interpreter, the greatest gift you can ever give to a survivor of violent crime is empowerment through the gift of voice. Use that gift wisely. Honor the voices of the survivor and the provider, and your voice can become a gift for healing and justice.

---

## **Victim Services Interpreting**

**Question:** In your opinion, what makes interpreting for victim services different from interpreting for other community services?

**Nonprofit Executive Director of a domestic violence center (former interpreter):**

Victimization touches everybody, so the maturity and the ability of the interpreter . . . is very important. And it's different than going to landlord tenant court or [for an appointment about disability] insurance because there are no emotions about the other person.

It's good that we all have compassion for each other, but the ability to separate oneself is very important. Otherwise the translation can be clouded and inaccurate.

---

# **MODULE 1**

## **AN OVERVIEW OF VICTIM SERVICES**



## MODULE 1 AN OVERVIEW OF VICTIM SERVICES

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 1.1

*Discuss victim services, victimology and victimization.*

#### Learning Objective 1.2

*Differentiate among common settings for victim services and the characteristics of those settings.*

#### Learning Objective 1.3

*Explore the impact of crime on victims of crime.*

### Key Terms and Definitions

#### Why Modules Include “Key Terms and Definitions”

Every module in this training manual begins with a few key terms and definitions, all of which are also included as part of a broader victim services glossary in Appendix 1. The purpose of listing certain terms at the beginning of each module is to help you understand them. In some cases, such listings will also alert you to the fact that you will need to find effective translations for these terms so that you may interpret them accurately—which, for some languages, can be a difficult task.

Consider the first four terms, which are used on a daily basis in victim services. How would you interpret them? Can you adequately capture the distinct nuances and connotations of *victim vs. survivor* in your other working language(s)?

#### Victims

*Persons who have been injured by the criminal acts of perpetrators.*

— U.S. Office for Victims of Crime

#### Victim of crime

*Person who has suffered physical, sexual, financial or emotional harm as a result of the commission of a crime.*

— U.S. Office for Victims of Crime

#### Survivor

*Individual who has been raped, sexually assaulted or abused.*

— Adapted from U.S. White House definition (see below)

#### Victim Advocate

*A professional or volunteer who has received special training in how to aid and support victims of crime and/or survivors of intimate partner abuse when they are provided services in medical, legal or social service settings. Advocates may, for example, provide information and emotional support, help fill out forms, go to court with the victim, help find alternative housing and assist in preparing safety plans.*

— Authors

For further clarity on the critical differences between “victim” and “survivor,” here is what the U.S. White House says about both of these terms:

*The terms “survivor” and “victim” are both used to describe individuals who have been raped or sexually assaulted. Many of these individuals and the advocates who work with them have come to prefer “survivor,” as they regard the term as more empowering. The term “victim,” however, is still in widespread use in research studies and in the criminal justice context. In this report, the terms are used interchangeably and always with respect for those who have suffered from these crimes.*

— The White House Council  
on Women and Girls  
(2014, p. 8)

### “Victim” vs. “Survivor”

Sometimes if an interpreter isn’t well versed in the terms that they use, then the terms I would want them to use can cause problems. Like the term *survivor*, if they [interpret it as] the term *victim*. I am using very specific language, because in the criminal cases it’s a legal term of art, so I have to make a distinction. If I call them one thing and [the interpreters] don’t, that can be a bit of a challenge.

—Victim services attorney

*The term “victim” has legal implications within the criminal justice process and generally means an individual who suffered harm as a result of criminal conduct. “Victims” also have particular rights within the criminal justice process. Federal law enforcement agencies often use the term “victim” as part of their official duties. “Survivor” is a term used by many in the services field to recognize the strength it takes to continue on a journey toward healing in the aftermath of a traumatic experience.*

— President’s Interagency Task Force (2013, p. 8)

Here are a few more important terms for this module:

### Victim services

*Those efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after a victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety and security such as boarding-up broken windows and replacing or repairing locks.*

— <http://www.ovc.gov/vocal/vaguide.htm>

### Victimology

*A branch of research, study and learning that focuses on the relationships between victims and perpetrators. It also addresses how victims interact with the justice system, including law enforcement and courts, and how victims interact with social groups and institutions.*

— Authors

### Victimization

*A crime as it affects one individual person or household. For personal crimes, the number of victimizations is equal to the number of victims involved. The number of victimizations may be greater than the number of incidents because more than one person may be victimized during an incident. Each crime against a household is assumed to involve a single victim, the affected household.*

— U.S. Bureau of Justice Statistics

The following definitions come from the U.S. Office of Violence Against Women (OVW):

**Domestic violence**

*A pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.*

**Sexual assault**

*Any type of sexual contact or behavior that occurs by force or without consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, and attempted rape. It includes sexual acts against people who are unable to consent either due to age or lack of capacity.*

**Dating violence**

*Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim, and where the existence of such a relationship shall be determined based on a consideration of the following factors:*

*The length of the relationship*

*The type of relationship*

*The frequency of interaction between the persons involved in the relationship*

**Stalking**

*A pattern of repeated and unwanted attention, harassment, contact or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.*

— <http://www.justice.gov/sites/default/files/ovw/legacy/2011/07/08/about-ovw-factsheet.pdf>

**Overview**

The purpose of Module 1 is to introduce you to interpreting for victim services as a specialization of interpreting. You will also explore techniques to help you effectively manage your response to the often challenging situations that you may face.

Victim services is a specialized field with complex and often painful content. It is made up of a confusing array of agencies, services and institutions that can take the interpreter from police interviews to the courtroom, from the hospital to victim advocacy agencies, among many other services.

Interpreters who work in this field need a solid mastery of the following:

- An understanding of crime, trauma and vicarious trauma in general
- Knowledge of domestic violence, sexual assault and child abuse in particular (due to frequency of interpreting requests in those services)
- The core interpreting skill sets, such as modes of interpreting, consecutive interpreting with note-taking skills, sight translation and simultaneous interpreting

- Interpreter ethics and protocols to navigate the often challenging situations where the interpreter must make swift decisions
- Knowledge about the agencies, laws and services that affect crime victims
- Self-awareness and a willingness to examine one's own biases
- Effective self-care knowledge and practices

In Part 1.1, you will explore the professional world of victim services and learn basic information about victimization.

In Part 1.2, you will be introduced to the most common victim services and what they offer to victims of violent crime. This will give you an understanding about each service and also how they interact with and support each other in a complex service network.

In Part 1.3, you will study the impact of crime on victims. Because the service providers for whom you interpret are accustomed to that impact, but perhaps you are not, this information can help you prepare, both psychologically and logistically, to interpret for victims of crime.

For interpreters, it is important to be aware of both the negative impacts of crime and the transformative opportunities that these experiences can bring. Working in this area is not all negative. You may be witness to the darkest sides of human interaction, but you will also see strength, resilience, healing and the personal growth that many survivors engage in after an experience of unimaginable trauma. Your opportunity to provide a vital service alongside others who are deeply committed to supporting people during highly vulnerable times will often bring you personal growth and healing. Great joy can be found in accompanying people through transformative journeys to better their lives and heal from traumatic experiences.

### Do You Say “Victim” or “Survivor”?

I will use: *survivor*. There are a few other [terms] that really resonate with the survivor: one is the term *thriver*. That is the person who moves beyond. But generally *survivor* is the word I hear and use. I think within the [victim services] context . . . I take on the language of *victim* because that's the common language that [people in victim services] are referring to, but in the context [of providing services myself] the word I would . . . use is the word *survivor*. It's kind of a strengths-based approach.

—Sexual assault therapist

## Part 1.1 Victim Services, Victimology and Victimization

### Learning Objective 1.1

After completing this objective, the interpreter will be able to

*Discuss victim services, victimology and victimization.*

### Introduction

This section introduces foundational concepts in victim services, with a particular focus on victim services: what they are, who provides them and why they matter. It also explores the field of victimology and addresses how victims relate to perpetrators, law enforcement, courts, social groups and institutions. Finally it considers victimization, particularly the impact of crime on the victim and how each victim responds to a violent crime in a unique way.

### Victim Services: Assistance for Victims of Crime

Victim services in the United States is a specific area of community service with its own professional culture. Governed by federal and state laws, the field of victim services involves a broad range of nonprofit and publicly-funded service organizations and law enforcement. Victim services typically receive substantial federal and state support.

According to U.S. law, “victim services” or “victim service provider” refers to

*... a nonprofit, nongovernmental organization that assists domestic violence, dating violence, sexual assault or stalking victims, including rape crisis centers, domestic violence shelters, faith-based organizations and other organizations, with a documented history of effective work concerning domestic violence, dating violence, sexual assault or stalking.*

— 42 USCS § 13925 [Title 42. The Public Health And Welfare; Chapter 136 Violent Crime Control And Law Enforcement Violence Against Women]

Many areas of community interpreting expose interpreters to difficult and even traumatic experiences. Interpreting in the emergency room, for families with children with disabilities in school districts or for those in financial difficulty who seek food and housing benefits is not easy work. As the interpreter, you interact with people during some of the most difficult moments of their lives.

Interpreting for victims of crime can take the interpreter’s own work trauma to another level. Few experiences in life mark a human being more than being the victim of a violent crime. The initial trauma of the crime itself, whether being raped, robbed, assaulted or beaten, is difficult enough (for both the victim and the interpreter). The long weeks and often months of interacting with service providers in government, nonprofit, law enforcement or judicial agencies who are responsible for assisting the victim with the aftermath of the violent crime can add new levels of trauma for the survivor, in spite of the efforts by the service providers to provide efficient and sensitive care. These layers of trauma can and do affect interpreters.

To cope with this working environment, interpreters need effective, proactive self-care strategies. One of the most effective strategies is knowledge about the field.

## History

The crime victim movement's modern origins date back to the 1960s. This movement forms part of larger social changes that took place at that time. According to the U.S. Office for Victims of Crime (OVC), the victims' movement in the United States involved.

- The development of a field called victimology
- The introduction of state victim compensation programs
- The rise of the women's movement
- The rise of crime and a parallel dissatisfaction with the criminal justice system
- The growth of victim activism (Young & Stein, 2004, pg. 4).

By the early 1980s, momentum toward formalizing services for victims of crime culminated in the passage of the Victims of Crime Act (VOCA). The Office for Victims of Crime was established, "charged by congress with administering the Crime Victims Fund...which supports a broad array of programs and services that focus on helping victims in the immediate aftermath of crime and continuing to support them as they rebuild their lives."<sup>1</sup>

These programs include financial compensation and assistance to victims of crime across all 50 U.S. states and territories, as well as comprehensive technical assistance, training and demonstration projects to train and support those who provide services to victims of crime. Again, according to the OVC, "the common goal of OVC and VOCA is to reach out with a compassionate, skilled and effective response to victims who have suffered physical, sexual, emotional and financial harm as a result of crime."<sup>2</sup>

In addition to the establishment of the OVC and specific financial compensation for suffering from a crime, important nonprofit, law enforcement and legal aide organizations began to proliferate in the 1980s, including

- The National Center for Victims of Crime
- The National Center for Missing and Exploited Children
- The Victims Assistance Legal Organization (VALOR)
- International Society of Traumatic Stress Studies.

Organizations like these have deepened our understanding of what victims need when coping with the aftermath of violent crime. Of particular importance for victim services during the 1980s was expanding our understanding of the impact of trauma and its aftereffects (Young & Stein, 2004).

Today, victim services is a specific area of governmental service with its own professional culture. It involves a complex interplay between public and private groups. Interpreters who work in victim services need to be familiar with the main players and "professional subcultures." In fact, some District of Columbia victim service providers who were interviewed for this curriculum have complained that interpreters who are unfamiliar with local victim service agencies and their protocols have caused communication breakdowns and other problems for survivors.

For example, nonprofit agencies that provide counseling, shelter and other support services for crime victims (such as domestic violence and sexual assault agencies, and child and community advocacy

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1 <http://www.ovc.gov/about/index.html>

2 OVC Fact Sheet [http://www.ovc.gov/publications/factshts/what\\_is\\_OVC2010/intro.html](http://www.ovc.gov/publications/factshts/what_is_OVC2010/intro.html)

groups) are typically deeply concerned with not blaming survivors of crime or increasing their trauma and instead finding ways to empower survivors so that each of them finds his or her own path to healing.

Law enforcement and courts, on the other hand, have their own distinct culture and expectations. They are typically concerned with victim safety, due process and access to justice. Nonprofit legal services have elements of both these cultures, with a strong focus on empowerment and providing appropriate legal options.

These different professional cultures, and the legal requirements under which they operate, have a direct impact on what you, the interpreter, should and should not do when interpreting. Several modules in this book will guide you through some of the more specific expectations and requirements related to these services.

In general, however, it is critical to understand the *context* in which these services are provided, not only to guide your own behavior but to interpret accurately. For example, the authors have heard complaints that interpreters in victim services who did not understand the resources did not correctly interpret them, and in some cases did not interpret the resources at all. Here is an example:

A counselor or advocate refers a client to a service, Crime Victims, in Washington, DC, which offers many wonderful resources, such as 30 days in a safe house, transitional housing, \$1,500 toward expenses for moving into an apartment or out of state, etc. However, to gain access to these resources, the crime victim must show up in person with certain documents, such as a police report or a Temporary Protection Order. Sometimes, however, after an interpreted session, survivors have gone to a Crime Victims office without the documents and then were told to come back. The survivors then had a family member call the first counselor or advocate to find out what they had misunderstood, only to learn that the interpreter had not correctly interpreted the requirements. In other cases, the survivors never learned about such resources in the first place because the interpreter simply omitted them.

The following list is a sampling of some of the main players you should be aware of as an interpreter in victim services:

- OVC, <http://www.ovc.gov/>
- U.S. Office for Victims of Crime Training and Technical Assistance Center (OVC TTAC), <https://www.ovcttac.gov/>
- National Organization for Victim Assistance (NOVA), <http://www.trynova.org/>
- National Center for Victims of Crime, <http://www.victimsofcrime.org/>
- Victim services offices that are embedded within state and local attorney general offices
- District of Columbia Office for Victims of Crime, <http://ovs.dc.gov/>, or a similar government office in your city or county
- Legal self-help and low-income legal service centers, often nonprofit but partially funded by the state and/or federal government

- The local domestic violence and sexual assault service infrastructure. In the District of Columbia, for example, those resources include hotlines, court advocacy and accompaniment services, shelters, outreach and direct services to help crime victims access a wide array of public and community services
- Services for the mentally ill
- Child abuse and welfare organizations, which typically include:
  - State and/or local Child(ren's) Protective Services agencies
  - Court-appointed counsel for crime victims and/or children, including attorneys and Court Appointed Special Advocates (CASA) programs
  - Nonprofit services for abused children
- Services for individuals with mental illness
- Hospitals and medical clinics
- Emergency medical interactions with emergency medical technicians (EMT)
- Sexual assault forensic exams in hospitals
- Mental health departments, institutions or counseling services

### Interpreters and Danger

Sometimes clients call us in the midst of an act of domestic violence, while the abuser is still in the home, and you can kind of hear them banging on the door. At times like that you ask [the telephone interpreter], "Can you please let her know to call the police." I have had a time where the interpreter, rather than trying to tell her to call the police, is asking her questions. It is time sensitive. If she is in imminent danger, we need to advise her to call the police. If she feels she is in any immediate danger, she should hang up with us and dial 911. I had to keep explaining that to [the interpreter] and then I could hear him [interpret]. This was after a maybe three-minute transaction of him asking questions!

—Hotline counselor

Each of these service areas has its own specialized terminology, policies and procedures, as well as professional culture and expectations. You will need to become familiar with all of the above to successfully interpret in these settings. This manual will help prepare you for both the terminology and professional cultures of many of these victim service agencies, their programs and their resources.

## Victimology

### What is victimology?

Victimology is a branch of research, study and learning that focuses on the relationships between victims and perpetrators. It also addresses how victims interact with the justice system, including law enforcement and courts, and how victims interact with social groups and institutions.

*Victimology is, in effect, a sub-discipline of criminology, the only discipline even remotely attentive to victims, the discipline that sired victimology despite itself. Like criminology, it is an empirically driven science, a rendezvous science defined by its attention to all things associated with victims, rather than a science unified by a common theory, practice, profession, or institution. Like criminology, it may be described as diffuse, synthetic and loosely integrated.*

—Rock, 1994, p. xvi

### Why Doesn't She Leave Him? When Victims Stay With Abusers

The relationship between the victim and perpetrator of a crime can be perplexing to many people, including interpreters. On the surface, we may take it for granted that the victim will be angry, hurt,

betrayed or maybe sad. But less obvious for many of us is how a crime victim has bonds of affection, love and domestic ties with the perpetrator.

While this phenomenon is particularly well-known for cases of domestic violence and other intimate partner abuse (like dating violence), it is less commonly known that such relationships can occur between other victims of crime and the criminal:

- The frail mother, age 72, is abused by her daughter and suffers deeply after each beating, yet never reports the crime.
- Parents discover that their child has cleaned out the parents' bank account to purchase drugs and then, as parents, face a terrifying choice: Report the crime to the police, or stay silent.
- A person is mugged and robbed, only to learn he knows the person who assaulted him.
- A college student is raped by a friend or acquaintance.

Most victims are traumatized by a violent crime whether or not they report it. Many seek help without ever reporting the crime to police. Many other victims maintain their ties with the perpetrator of the crime; domestic violence is, of course, the case in point.

Studies suggest that three-quarters of intimate partner homicide victims had tried to leave their abusers (Block, 2003). Services that provide assistance to survivors of domestic violence widely report that an abused woman makes an average of six to eight attempts when trying to leave a batterer. According to a large study, nearly half of abused women who sought professional help returned to their abuser (Strube, 1988).

## **The Interpreter's Role in Victim Services Interpreting**

### **Becoming a Voice**

This training program focuses on a simple fact: Your job is to help the survivor of a violent crime by becoming the voice of both the survivor and provider, and conveying with accuracy and transparency all messages to and from the survivor. Getting involved in any other way as an interpreter is at best counterproductive, and at worst dangerous.

### **Community vs. Legal Interpreting**

Victim services interpreters cross many specializations. Within community interpreting, they perform medical, mental health and social services interpreting. Within legal interpreting, they perform court interpreting and depositions; they also interpret for law enforcement and in non-court legal settings (with private attorneys, nonprofit attorneys, paralegals, immigration representatives and others).

Here are definitions that address these two key specializations of interpreting:

#### **Community interpreting**

*Bidirectional interpreting that takes place in communicative settings ... among speakers of different languages for the purpose of accessing community services*

— ISO, 2014, p. 1

*A specialization of interpreting that facilitates access to community services for individuals who do not speak the language of service.*

— Bancroft *et al*, 2015, p. viii

## Legal interpreting

*Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecution/victim-witness interviews, and law enforcement communications.*

— Framer *et al*, 2010, p. ix

There is a great deal of confusion on this distinction because court interpreters in victim services end up performing community interpreting, and community interpreters perform legal interpreting, yet such interpreters are not always cross-trained. In countries like the United States, where legal and community interpreting have different ethics, standards, protocols and requirements, victim services interpreting can be a special challenge.

As a result, the distinction between community and legal interpreting is mentioned in different parts of this manual, in particular modules 5 and 6, to help provide clear guidance for victim service interpreters about how to conduct themselves in certain situations depending on whether they are performing community vs. legal interpreting. Always, however, the particular focus is victim services interpreting.

## Managing One's Emotional Responses

You will have many difficult feelings when you interpret for crime victims. Those feelings may distress and surprise you. They can even include such feelings as contempt, disbelief or scorn for victims (for example, victims who seemed like they were going to escape a dangerous, abusive partner but instead go back to him). This program will teach you to manage and conceal your feelings and conduct yourself with impartiality.

Providers working with interpreters have reported many times that some interpreters have reacted emotionally in front of victims or even through their language. Some interpreters actually speak out and question why the victim would return to an abuser. One provider reports that when she was advising a victim of domestic violence about her options (available shelters), the interpreter, apparently dismayed at the lack of choices, told her, "Is that all you can do?"

One provider reports:

*We learned of some practices on the part of [trained, professional interpreters in victim services] that we found unsettling:*

- 1) One ... interrupted a case management session to ask "Are there really no other resources available to her (referring to the client)?"*
- 2) One ... trained interpreter interrupted to explain to a case manager that, in Ethiopia, the father's first name becomes the child's last name, and so, if four children of one woman have four different last names, then the children have four different fathers. The case manager felt that the information was irrelevant and that the interpreter was trying to shame the client for having children with multiple different men.*

Other interpreters have allowed their emotional reactions to show while they are interpreting, in their facial expressions, gestures or other body language. Some interpreters even overstep their role and try to convince the crime victim that he or she should make a different choice. In other cases, interpreters have intervened in the opposite way: to urge the victim to return to her abuser. (This problem may be especially common in small cultural communities and cultures where marriage, family, religious and/or community ties are very strong.)

In all of those cases, interpreters can have a negative impact on a situation that is already difficult and painful. Your ability to maintain a neutral stance is *critical when interpreting for victims of crime*. *Your interpreting ethics may never be more important than when you interpret in victim services. Interpreters must not amplify the trauma that the victims are experiencing in any way, even with good intentions.*

### **Trust and the Interpreter**

The trust that a victim services provider builds with a client is extremely important and can be delicate. Damaging that trust could mean that the victim goes away and never comes back, even if the victim is still in danger.

One trafficking survivor was asked by her Russian interpreter an innocent conversational question: “Where are you from?” The survivor then shut down. It turned out that the interpreter’s question had triggered terror that the interpreter intended to convey to global traffickers the location of the survivor’s family so they could punish them. No longer trusting the interpreter, the survivor fell silent to protect her family overseas.

### **Cardinal Rule: Do Not Amplify the Trauma**

Crime victims often experience an immediate initial trauma after a violent crime—or it can be delayed. The long-term aftermath of that experience can also have repercussions that ripple through all aspects of the victim’s life. But the first trauma is often aggravated over and over while crime victims move through the legal and social service system that is designed to help them.

### **Navigating the System**

Crime victims have to navigate new and usually complex service systems. These services may be culturally foreign and bewildering to immigrants, refugees, the Deaf and indigenous survivors. At each stage, and for each new service provider, the survivor might have to retell the story and relive the crime. Retelling the story often triggers the same feelings of helplessness, extreme fear, and shame or guilt that was experienced during the crime itself.

For example, if a sexual assault victim reports rape soon after the assault, she will probably be sent to the hospital for a sexual assault forensic exam to collect evidence of the assault before it disappears. The victim must, therefore, not shower or take refuge in an emotionally safe place (at home or with family members, for example) to help her recover from the rape—not yet. First she or he has to endure a physical exam *and* a long interview. The victim will also have to recall what happened during the assault in excruciating detail. Any police interview requires detailed questioning to uncover every bit of information about what happened.

### **Triggering Trauma**

Telling that story—right after it happened or even years later—can be incredibly painful. Even survivors who receive mental health services often find out that months, years or decades after the crime, they can again relive the pain and traumatic experience itself—just by telling the story in graphic detail. Yet if a rape victim calls 911 to report a crime, she will be asked to tell her story right after it happened, with sexual details. Police officers and health care providers must often ask questions that most of us are not typically raised to discuss, even with our intimate partners and family members—far less to police officers, detectives, advocates, health professionals and/or lawyers.

Another source of trauma for crime victims is the media. If the crime is reported on the local news (or even national news), and especially if the victim’s identity is made public, it may feel like there is

nowhere to hide. While survivors of sexual assault are typically not reported by name in most U.S. media, that is not true for all or even most crime victims.

### The Interpreter and Re-traumatization Risk

As the interpreter, *you must do everything in your power not to re-traumatize the survivor*. You will need to avoid behaviors that could do so; instead, you can engage in behaviors that reassure and empower the survivor. Such behaviors are the heart of what “trauma-informed interpreting” means. This manual and program will show you how to do so.

Of course, the interpreter’s own ethical principles can be a guide to help avoid re-traumatizing survivors. For example

- To maintain *impartiality*, you actively learn how not to show an emotional response to the situation, whether you feel sympathy, disgust, sorrow, horror, personal investment or judgment.
- To maintain *confidentiality*, you are careful not to discuss your work in any way that allows others to guess about whom you are speaking. Even for public court cases, where a lot of information is known already in the media, you will remain discreet and not discuss details of the case with anyone outside of it.
- To maintain proper *role boundaries*, you refrain from becoming overly involved with the victim. It is not your job to advocate for victims or to remind providers about other services that may exist.<sup>3</sup>
- To maintain *accuracy*, you must interpret everything that is said in the session without adding or omitting content. This means that even when you are with a client who has told his or her story multiple times and is asked yet again about some key detail you know by heart, you *cannot* answer for the victim. Despite the repetition, you cannot speak for the victim. You do not know what he or she may say the fifth time through, and you absolutely cannot do anything to take away the victim’s personal autonomy to behave in the way he or she wants to during a session.

In Module 5, you will look at your interpreting ethics in more detail and how to apply them to the especially challenging area of sexual assault and domestic violence.

## Victimization

### What Is Victimization?

Victimization is part of the study of victimology and refers to the process of becoming a victim. The National Institute of Justice defines *crime victimization* as

*Victims of crime may be any gender, age, race, or ethnicity. Victimization may happen to an individual, family, group, or community; and a crime itself may be to a person or property. The impact of crime on an individual victim, their loved ones, and their community depends on a*

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3 At least not during the session: It *might* be appropriate, in rare cases, for interpreters to inform providers about specialized services available, for example, to a specific minority group—but only outside the session. Also, as a general rule, the interpreter who works as a contract interpreter should not provide referrals without the explicit knowledge and prior permission of the agency that sent that interpreter to the assignment.

*variety of factors, but often crime victimization has significant emotional, psychological, physical, financial, and social consequences.*

— <https://www.crimesolutions.gov/TopicDetails.aspx?ID=94#Overview>

The study of victimization includes research that studies the prevalence, incidence, types of crime, how people react to becoming victims and what programs are more or less effective in helping lessen the negative impact of crime. Major groups for which research is regularly conducted include women, youth and immigrants. Major crime areas include domestic violence and sexual assault, juvenile crime and drug-related crime.

### Consequences of Victimization

Victims of crime can suffer injury to their bodies, their finances and their emotional well-being. According to the National Center for Victims of Crime, the aftermath is not always as obvious as we might think:

*The physical injury suffered by victims may be as apparent as cuts, bruises or broken arms and legs. However, it is not uncommon for victims to be fatigued, unable to sleep, or have increased or decreased appetites. Many victims believe that the stress caused by victimization endangers them to physical problems later in life. Victims and survivors suffer financially when their money or jewelry is taken, when their property is damaged, when their medical insurance does not cover all expenses, and when they must pay funeral costs. The primary emotional injuries of victimization cause both immediate and long-term reactions to victims, their loved ones, and sometimes their friends.<sup>4</sup>*

Additional emotional symptoms can include

- Shock and numbness
- Denial and disbelief
- Anger
- Post-traumatic stress disorder
- Many other emotional responses.

### How Victims React to Crime

Interpreters are often surprised by the emotional reactions of crime victims. The reason is that often victims do not react in predictable ways to a crime. Some victims become stoic: They get through the situation and seem emotionally intact. Others experience a broad range of physical and emotional symptoms. Some may giggle, weep or fall silent. Some lose their emotional affect; in other words, they speak in a monotone and show little or no feeling. Their emotions are hidden.

Victims who discuss their crime shortly after the crime (or even months or years later), can go through fluctuations in mood and suddenly veer from calm to angry in a matter of moments. You will need to be aware of the broad range of survivors' emotional states. You will also need strategies in place to handle the expression of extreme distress or unnatural calm. You will try hard to observe professional boundaries even if a client breaks into heavy sobs, clutches your arm, starts shouting or falls quiet and stops speaking. You will need to interpret the appropriate tone without weeping,

<sup>4</sup> <http://www.victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/trauma-of-victimization>

shouting or escalating the situation while still conveying the survivor's emotions. That said, it is not necessary to mirror the victim's emotional state to convey the meaning of the message.

Remember above all: It is first and foremost the provider's job to manage the emotional content. If there is a cultural or linguistic barrier to communication that only you, the interpreter, notice—such as a colloquial term that connotes danger when that connotation gets “lost in the translation”—then you can intervene to identify what is causing the communication barrier.

Still, it is not your job to explain or fix a misunderstanding. It is your job to facilitate clear, direct communication.

### Types of Violent Crime

The U.S. Office for Victims of Crime lists the most common crimes that lead to victimization:

- Adults molested as children
- Adult sexual assault
- Aggravated assault
- Arson
- Assault
- Child physical abuse (for minors under 18 years of age)
- Child sexual abuse
- Domestic violence
- DUI/DWI crashes
- Elder abuse
- Gang violence
- Human trafficking
- Robbery
- Sexual offense
- Stalking
- Survivor of a homicide victim (a family member or friend of a murder victim),
- Terrorism
- Victims of crime with a physical or mental disability

— <http://www.ovc.gov/library/glossary.html#typeofvictim>

### Definition

In the FBI's Uniform Crime Reporting (UCR) Program, *violent* crimes are defined in as those offenses that involve force or threat of force. The four UCR-listed offenses include

- Murder and non-negligent manslaughter
- Rape
- Robbery
- Aggravated assault.

In 2013, the UCR Program collected rape data under a *revised definition*. The term “forcible” was removed from the offense name (in other words, this crime was formerly called “forcible rape”). The definition of rape was also changed to, “penetration, no matter how slight, of the vagina or anus with

any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.”

However, a full transition to data collection under this new term and definition for rape will take time. The FBI UCR data below reflect the original, or “legacy,” term and definition.

**FBI Overview of Violent Crime<sup>5</sup>**

In 2013, more than one million (1,163,146) violent crimes were reported nationwide.

- Aggravated assaults accounted for 62.3 percent of violent crimes that were reported to law enforcement.
- Robbery offenses accounted for 29.7 percent.
- Rape (legacy definition) accounted for 6.9 percent.
- Murder accounted for 1.2 percent.

Information that was collected regarding types of weapons that were used in violent crime showed that firearms were used in 69 percent of the nation’s murders, 40 percent of robberies and 21.6 percent of aggravated assaults. (Weapons data are not collected for rape.)

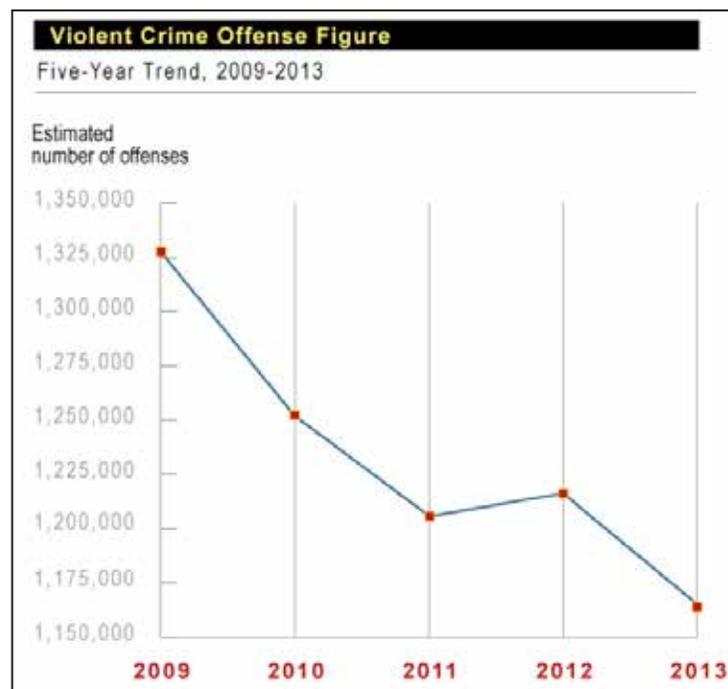


Figure 1: Violent Crime Rates in the United States, 2009–2013<sup>6</sup>

5 Excerpted from [https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/violent-crime-topic-page/violentcrimemain\\_final](https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/violent-crime/violent-crime-topic-page/violentcrimemain_final)

6 [https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/1tabledatadecoverviewpdf/table\\_1\\_crime\\_in\\_the\\_united\\_states\\_by\\_volume\\_and\\_rate\\_per\\_100000\\_inhabitants\\_1994-2013.xls](https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/tables/1tabledatadecoverviewpdf/table_1_crime_in_the_united_states_by_volume_and_rate_per_100000_inhabitants_1994-2013.xls)

### Repeat Victimization

There is a phenomenon known as “repeat victimization,” where victims are targeted for the same or similar crime more than once. Studies have shown various causes for this trend. In the case of burglary, for example, thieves often return to the same property that they have robbed before. In the case of domestic violence, sexual assault and attacks based on race, once an initial victimization has taken place, the likelihood of the victim’s experiencing additional attacks increases.

In fact, one of the best predictors for being victimized in the future is that the person has been victimized in the past. According to research compiled for the National Center for Victims of Crime

- Four percent of victims suffer about 44 percent of the offenses.
- Compared to women who have not been assaulted, the odds of experiencing a new assault over a two-year period were doubled for women with one assault, quadrupled for women with two assaults, and elevated ten-fold for women with three or more prior victimizations.
- Women who experienced sexual abuse as a child are two to three times more likely to be sexually assaulted later in life.
- Forty-three percent of domestic violence incidents occurring over a 25-month period involved only about 7 percent of 1,450 households.
- Child sexual abuse victims have been found to be three to five times more likely to experience subsequent adult victimization than respondents who had not experienced any type of child abuse.

— National Center for Victims of Crime, *Repeat Victimization Fact Sheet*

Repeat victims of crime tend to suffer higher rates of mental health concerns, including post-traumatic stress disorder, depression, anxiety and hostility. Interpreters who regularly work for victim services should be aware that crime victims may seek help from the service provider for a second, third or fourth time—or, instead, the interpreter might be interpreting for the victim’s first interaction with the victim service network or the justice system.

Survivors’ ability to process trauma and cope with the service system may be severely challenged if they are survivors of repeat victimization. Their trauma, emotional fatigue and distress may be severely challenged. Interpreting for such events can also take a toll on the interpreter.

### Stalking Crimes

In my experience with stalking, 99.9 percent of stalking clients are women, so just based on societal conditioning they are afraid they’re making a big deal out of nothing. Stalking clients come to us when it’s become physical or to the point where they are being called a 100 times a day. Women are told not to make a big deal about things like that it’s when the stalker entering personal space and/or physically assaulting [that they seek help].

—Victim services attorney

## Review of Part 1.1

This section offered an introduction to foundational concepts in victim services and how they relate to interpreting in those settings. In particular Part 1.1 focused on

- Victim services: what they are, who provides them and why they matter
- Victimology: how victims relate to perpetrators, law enforcement, courts, social groups and institutions, including
  - The importance of not re-traumatizing crime victims
  - Why interpreters should respect role boundaries
- Victimization
  - The impact of crime on the victim
  - How victims respond to crime in unpredictable and individual ways
  - What interpreters need to know about victimization.

Interpreters who work in victim services need a sound understanding of the field itself. The provision of victim services is regulated or influenced by a number of key pieces of federal legislation and provided by a large array of judicial, government, nonprofit, and community agencies. This section served as the interpreter's introduction to victim services.

## Part 1.2 Common Settings for Victim Services

### Learning Objective 1.2

After completing this objective, the interpreter will be able to

*Differentiate among common settings for victim services and the characteristics of those settings.*

### Introduction

Victim services is such a broad area of service that it can be confusing for many interpreters. This section will provide some clarity by listing the most common victim services that interpreters are likely to encounter. This section also describes some of these services in more detail, because for interpreters, it is important to understand both the nature of the service and the context in which it is provided to prepare adequately for assignments.

Finally, it will be helpful for interpreters to see how various victim services and service providers interconnect and interrelate. As an example, the District of Columbia's Victim Assistance Network is explored as an up-to-date, effective model of a complex network of victim services.

### Common Settings for Victim Services

#### A Broad Array of Services

Many different kinds of services and organizations are involved in victim services. An interpreter in victim services should be aware of the main settings where he or she will be expected to work. Each setting has its own professional culture, set of expectations, terminology and jargon. How to apply interpreter ethics appropriately also depends greatly on the requirements of each setting.

This complexity makes victim services interpreting a fascinating field but poses certain challenges. Of course, medical, legal and community settings also bring challenges for the interpreter. However, interpreting for crime victims in these settings can be a greater challenge still. For example, coming in for a medical appointment with a virus or a chronic illness is stressful for the "average" patient. Being rushed into the emergency department with a bleeding gunshot wound or escorted in by police just after a sexual assault tends to lead a higher degree of trauma, fear, anger, shock and shame than for most health care patients.

Interpreters in victim services will need to monitor their own reactions, as well as the highly charged and sometimes chaotic settings where they interpret. Imagine, for example, coming into the Office of the Chief Medical Examiner (the city morgue) to interpret for a mother who has just come to identify the body of her murdered son. Be prepared.

Here is an overview of some of the most common settings for victim services. Knowing them will help you to prepare mentally, emotionally and logistically for some common victim service encounters.

## Medical Services

Crime victims often arrive in hospital emergency rooms soon after the crime. They may be rushed to the emergency department to treat physical injuries after an assault or robbery. Sexual assault victims are often brought into the hospital by police officers for forensic examinations, evidence collection and interviews with police detectives. Victims of domestic violence, child abuse and human trafficking are also often brought in to treat injuries, but unless they were brought in by the police, the cause of their injuries may be hidden. Sometimes it might be the abuser or trafficker who brought the victim in.

Mentally disturbed individuals might be put into a psychiatric facility for their own safety or for the safety of others.

Medical centers such as hospitals are highly structured settings with complex care systems in place. Hospital providers and other staff members are trained to handle traumatic situations with empathy but also to keep appropriate emotional distance to help them cope with the drama and sheer numbers of patients.

For medical interpreters, keeping professional poise and conduct in the face of major trauma or violence can be challenging. You have to manage your own human reaction to what you witness, maintain accuracy, apply professional ethics and standards, and monitor your emotional responses. This takes a level of practice and awareness that is rarely easy for less experienced interpreters: If you are new to this field, be patient with yourself.

One of the authors volunteered for five years as a hospital advocate for sexual assault survivors. Once, she arrived to meet with a Latina victim who had been taken over state lines by a young man. The police and health care staff both asked the author (though she was an advocate at this time and not trained as an interpreter) to interpret in Spanish even though she was not qualified to do so. While she was interpreting for police

- A police detective arrived.
- Calls were made to the young woman's father in the other state.
- The father apparently exploded in anger at the situation.
- The police clearly began to suspect the sexual relationship might be consensual, not forced.
- The health care staff, meanwhile, prepared for the sexual assault forensic exam.
- The "interpreter" (trained only as a hospital advocate) was quickly overwhelmed.
- The gentle young victim remained calmer than the "interpreter."

In fact, advocates should not interpret (due to conflict of interest), and even professional interpreters in hospitals should ideally not interpret for police officers or detectives in hospital settings if they were brought in to interpret for health care staff and advocates. Some hospitals, in fact, have policies in place to prevent their own health care interpreters from agreeing to interpret for police officers or detectives within hospitals.

## Legal Services

### Examples of Legal Services

Legal settings in victim services are far more numerous than the familiar courtroom scene with a judge, two lawyers, defendant and jury. Other legal settings that involve crime victims and interpreters include

- Victim service offices
- Prosecutor and public defender offices
- Private attorney offices
- Self-help and legal aid facilitator offices
- Mediation services
- Detention centers for juveniles
- Jails
- Private investigator interviews in homes and workplaces
- Depositions.

### What Makes Legal Interpreting Different

Victim service settings cross several interpreter specializations—medical, mental health, legal and social services—even in the same assignment. If you interpret for crime victims (sometimes the same victims) across community service and legal settings, you may find that legal interpreting frustrates you.

Legal interpreting is discussed in more detail in Part 5.2 of Module 5 and is mentioned in other parts of this manual. For now, keep in mind that if your goal is to see the victim get help and support, sometimes legal interpreting can feel frustrating. The judicial system can appear cold and strange at times. Ethical requirements in legal settings also limit your ability to intervene, even (in some cases) to clarify something that you do not understand. You should certainly not get involved in clarifying cultural misunderstandings yourself in legal interpreting in the United States and in many other countries. (See Modules 6 and 7 for effective and appropriate ways of intervening to address cultural and other misunderstandings in victim services interpreting.)

In addition, a number of interpreters often want to help out if they see problems and misunderstandings arise and are frequently prohibited from doing so in legal interpreting.

In Module 5, we will give you special guidance on how to provide legal interpreting in a way that respects

### A Typical Crime Victim Intake Process For a Nonprofit Legal Service

[The survivor] would speak either on the phone or in person with case managers/advocates before she could get referred to the legal side.

[The advocate/counselor] would have to do a conflicts check, ask the name, date of birth and offender's same info and get her vital contact information, see if she has reported it to the police, if she is on campus. Does the opposing part go to school with her? What services legally is she seeking?

The advocate during that conversation will be screening for any non legal situation, so if it's crime victim compensation she might need to get her locks changed or might want counseling referrals: the advocates could help with things like that. We do a holistic model, and that would be a short 15-20 minute conversation.

Then the person would get referred to the legal section. Referral usually happens the same day, and the policy is to contact the client in 48 hours but usually same day if I am not stuck in court.

—Nonprofit attorney

ethics and protocols while allowing you a certain leeway, at least in collaborative settings, to facilitate understanding. However, the three-day program, *The Language of Justice*, is dedicated to that topic, and studying that program could also benefit any interpreter in victim services.<sup>7</sup>

## Community Services

A variety of community services organizations help crime victims access the benefits and assistance to which they may have rights. Their work often overlaps with legal and medical services. The Office for Victims of Crime lists the following types of service assistance that crime victims frequently receive:<sup>8</sup>

**Assistance in filing compensation claims:** Making victims aware of the availability of crime victim compensation (see definition below), helping victims complete required forms and gathering needed documentation. May also include followup contact with the victim compensation agency on behalf of the victim.

**Criminal justice support/advocacy:** Support, assistance and advocacy provided to victims at any stage of the criminal justice process, including postsentencing services and support.

**Crisis counseling:** In-person crisis intervention, emotional support, and guidance and counseling provided by advocates, counselors, mental health professionals or peers. Such counseling may occur at the scene of a crime or immediately after a crime or be provided on an ongoing basis.

**Crisis hotline counseling:** Operation of a 24-hour telephone service, 7 days a week, which provides counseling, guidance, emotional support, and information and referral.

**Emergency financial assistance:** Cash outlays for such needs as transportation, food, clothing and emergency housing.

**Emergency legal advocacy:** Filing of temporary restraining orders, injunctions, and other protective orders, elder abuse petitions, and child abuse petitions. Does not include criminal prosecution or the employment of attorneys for such nonemergency purposes as custody disputes and civil suits.

**Follow-up contact:** In-person contacts, telephone contacts and written communications with victims to offer emotional support, provide empathetic listening and check on a victim's progress.

**Group treatment:** Coordination and provision of supportive group activities, which include self-help, peer and social support.

**Information and referral (in-person):** In-person contact with crime victim to identify available services and support.

**Information and referral (telephone):** Telephone contact with crime victim to identify available services and support.

**Other, referring to services provided:** Other services and activities allowed under the 1984 Victims of Crime Act (VOCA).

<sup>7</sup> This training program is offered by Ayuda ([www.ayuda.com](http://www.ayuda.com)) and Cross-Cultural Communications ([www.cultureandlanguage.net](http://www.cultureandlanguage.net)). The training manual and workbook for the program are also available from Cross-Cultural Communications.

<sup>8</sup> <http://www.ovc.gov/library/glossary.html>

**Personal advocacy:** Assisting victims in securing rights, remedies and services from other agencies; locating emergency financial assistance and intervening with employers, creditors and others on behalf of the victim; assisting in filing for losses covered by public and private insurer programs, including workers compensation, unemployment benefits and public assistance; and accompanying the victim to the hospital.

**Safety plan:** Guidelines for stalking victims that, if implemented, may reduce the odds of physical or emotional harm from a stalker.

**Shelter/safe house:** Short- and long-term housing and related support services for victims and families following a victimization.

**Supervised visitation:** Contact between a noncustodial party and one or more children in the presence of a third person, either paid or unpaid, who is responsible for observing and, to the greatest extent possible, providing a safe environment for those involved.

**Therapy:** Intensive professional, psychological, psychiatric or other counseling-related treatment for individuals, couples and family members to provide emotional support in crisis arising from the occurrence of crime. Includes the evaluation of mental health needs and the delivery of psychotherapy.

**Transportation:** Transport service either to or from a victim service agency.

**Victim compensation:** Payment or reparations made to a crime victim.

In addition to the medical and legal settings already mentioned, community services are provided to crime victims by (among others)

- Sexual assault and rape crisis centers
- Domestic violence centers or shelters
- Crisis intervention and emergency services
- Homeless shelters
- Mental health services
- Trafficking programs
- Torture treatment programs
- Immigrant services
- Refugee resettlement programs.

Community service settings are often small, less formally structured settings. As you interpret in nonprofit human and social services, for example, you might hear crying babies, children running around, family disputes or other distractions. (This should not be true in mental health services.)

In non-medical and legal settings, the pace and tone of the interaction with survivors can be more empathetic, with providers often showing more kindness and patience with the victims. However, the content of the conversations and interviews can be shocking to the interpreter, causing surprise, confusion, bewilderment and even vicarious trauma, an issue that will be discussed in Module 2.

In addition, the greater flexibility for interpreters who work in community settings may increase the challenges of decision-making and the temptation to help out the “poor survivor.” Sometimes, the more rigid environments of legal and hospital settings can help to protect the interpreter from poor or risky decisions. The very freedom in community-based settings can require more vigilance

for the interpreter to help you restrict your work to facilitating communication and not crossing role boundaries.

## A Victim Service Network

### Victim Assistance Network: The Case of the District of Columbia

The United States has many cities with sophisticated victim service networks. Because this curriculum was created for and funded by the District of Columbia Office of Victim Services (OVS), it is a matter of concern here that interpreters in victim services understand the professional landscape and the context in which these services are provided.

Washington, DC, also has one of the finest victim service networks in the country. Any interpreter in the United States—and many in other countries—will benefit from reading about this network because

- The professional cultures of victim services are increasingly similar across the United States and in many other countries.
- The same types of services that are listed below as part of the DC network can be found in many other places.
- It is important for interpreters to understand the complex interconnections among these types of services.

In 2012, OVS proudly launched an initiative called the Victim Assistance Network (VAN). The purpose of VAN was to bring together nonprofit community-based victim service organizations and government-based partners to collaborate on policies and programs that would benefit crime victims in the District.

Some providers that were interviewed for this curriculum emphasized the importance for interpreters of understanding the array of victim services: what they are, what they do and how they work. Here are a few examples. Most cities of any size in the United States have comparable services, though not always in a tightly organized network.

### Broad-spectrum Victim Services

One agency, the Network for Victim Recovery of DC (NVRDC), offers services to all DC victims of crime. NVRDC addresses “the impact of victimization by providing holistic, comprehensive services to all crime victims in DC . . . . NVRDC staff provides civil and criminal legal services, advocacy and case management. NVRDC also runs the Sexual Assault Crisis Response Project in providing advocacy and case management to all sexual assault survivors in the District.”<sup>9</sup>

Note the three guiding principles of NVRDC, which will help interpreters to grasp the professional culture of many victim services:

1. The belief that survivors of crime must have a welcoming place to go to learn their rights and enjoy a supportive and empowering environment as they process their experiences and determine how to respond to the crime;

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<sup>9</sup> <http://www.nvrdc.org>

2. The commitment to a holistic model of victim services to assist victims of **all types of crime**; and
3. The understanding that research has affirmatively shown that legal services provided with supportive counseling and case management services provide a greater benefit to survivors who are participating in the civil or criminal justice process.

NVRDC is a comprehensive victim services organization. Their biggest program is the sexual assault crisis response, and the agency sends out advocates 24 hours a day to the hospital to remain with the survivor throughout the forensic exam. NVRDC also serves victims of armed robbery, burglary, assault, stalking, identity theft and other crimes.

### Law Enforcement

Law enforcement deals with almost every kind of crime. To enhance its response, the District of Columbia Metropolitan Police Department (MPD) has a victim services Branch and its own Language Access Unit. “Language access” refers to the ability of an agency to respond to the needs of individuals or consumers who need language assistance to access public and publicly-funded services, usually by providing interpreting and translation.

MPD’s Victim Services Branch is comprised of three units to provide support and advocacy to victims of crime. Each unit works with a telephonic interpreter service to assist where language may be a barrier to services. The following describes the work of each unit:

*The policy of the Metropolitan Police Department (MPD) is to treat all victims in a respectful, responsive and compassionate manner. To that end, the department’s Victim Specialists Unit provides support, information and referrals to victims and survivors of domestic violence and sexual assault. The Victim Specialists in the unit act as a support system and conduit for victims/ survivors with hope of empowering victims. Moreover, the Victim Specialists Unit aims to enhance the quality of life for the citizens of the District of Columbia by establishing relationships with the community and being a resource for victims and their families.*

*The Family Liaison Specialists Unit (FLSU) is committed responding to the critical needs and concerns of the family members (survivors) of homicide victims. The FLSU provides support services to survivors of homicide victims throughout the investigative process. Specifically, members of this unit support survivors by acting as a liaison between the detective investigating the case and survivor. FLSU specialists establish relationships throughout the community and provide information about government and community-based resources to better serve the unique needs of survivors and their family. Specialists also provide survivors with ongoing emotional support, case updates, information concerning victim’s rights, referrals for grief counseling, information regarding funeral expenses and other related services.*

*The Major Case Victims Unit (MCVU) serves victims of unsolved homicides and violent felony offenses. In the cases of unsolved homicides, a victim specialist acts as a liaison between family members and the detectives who are reinvestigating the unsolved cases and provides support and education. In the cases of violent felonies, victim specialists ensure that survivors have information concerning their rights as victims of crime, access to on-going support, case updates and referrals to government and community-based resources.*

*The MPD Language Access Unit works with the support of the Asian Liaison Unit, the Deaf and Hard of Hearing Unit, the Gay and Lesbian Liaison Unit, and the Latino Liaison Unit. Together*

*they provide outreach services to victims of crime and interpreting services for interrogation interviews, consensual interviews and other interviews. The Language Access Unit tests bilingual officers for language proficiency and then certifies them internally to provide interpreting. It also has contracts for spoken and sign language interpreting, including telephone and video relay interpreting.*

Here, for example, is how a sexual assault case might begin and the police role in responding to that case and the victim:

- The victim calls 911.
- Once the call is dispatched, it goes to a patrol officer to respond.
- A field supervisor is required to respond to any major felony offence and will try to make contact with the victim.
- If the victim is female, MPD will do its best to have a woman make contact with the victim so that the victim is not unduly re-victimized if a male has just assaulted her.
- The police will also make every effort to preserve the evidence as much as possible.
- MPD will call in a detective to assist and try to make the determination about whether an assault occurred (because false reports exist).
- The victim will then be taken to the hospital for a forensic examination with the Sexual Assault Nurse Examiner (SANE nurse).
- The interpreter and advocate will typically show up at the hospital for the victim.

Interpretation prior to the hospital visit would typically be offered by a bilingual officer or a telephone interpreter.

Domestic violence incidents follow a somewhat similar process. MPD does its best to send a bilingual officer to the scene to make contact with the complainant and conduct an on-scene field investigation to get information about what occurred and how the injuries were sustained, including the method used to injure the victim (for example, punching, hitting, slapping or being hit with an object). MPD will then determine whether the abuse victim needs to be taken to the hospital.

### **General Victim Services**

A number of nonprofit organizations in the District of Columbia provide victim services that address many different types of crime. As one example, the Person Center is a young nonprofit organization that works with African survivors of violence and war trauma, domestic violence, sexual assault and other traumatic experiences of crime. In addition, college campuses here and across the country increasingly have opened offices to serve students who have experienced crimes on campus. Many of these offices and general services work with a focus on particular crimes, such intimate partner violence, sexual assault and stalking.

### **Domestic Violence Service Providers**

#### **A Broad Array of Services**

In great part thanks to support by OVS, the District of Columbia has 11 domestic violence centers or services with at least five more in various stages of development. Some of these services operate shelters and hotlines. Most of them provide case management and wraparound services. (Wraparound services are community-based interventions that emphasize the strengths of individuals, children

and families and coordinate the delivery of highly individualized services to address their needs and achieve positive outcomes in their lives.<sup>10</sup>)

Most of these domestic violence centers and services accept clients of any cultural group, while some focus on a particular underserved population, such as Asian or African survivors. The following agencies are only a sampling of the domestic services provided in the city.

### **Domestic Violence Unit of the Office of the Attorney General**

This key unit within the DC government provides victim-focused criminal legal services, civil legal services and emergency/crisis services for victims of intimate partner violence, sexual violence and stalking victims.

The Domestic Violence Unit serves 201 to 500 victims per year. All staff members are victim-focused lawyers.

### **My Sister's Place**

My Sister's Place is the largest and oldest domestic violence program in the District of Columbia, with a broad continuum of services. A nonprofit agency, My Sister's Place

- Coordinates with DC Volunteer Lawyer's Project
- Provides crisis counseling
- Manages a 90-day safe house program that can shelter up to 15 families and 45 people at a time
- Offers transition to a permanent housing program
- Provides access to subsidy assistance
- Operates a 24-hour crisis hotline.

My Sister's Place is preparing to add a new resource hotline. The agency also provides supportive programs, counseling, education and advocacy to all survivors of domestic violence to empower survivors to take control of their own lives.

### **Asian Pacific Islander Domestic Violence Resource Project (DVRP)**

DVRP is a nonprofit organization that provides services to the Asian/Pacific Islander community in the District of Columbia with a mission to prevent and end domestic violence and sexual assault in this community. DVRP

- Operates a helpline
- Offers interpretation/translation
- Provides case management
- Accompanies survivors to court

### **Interpreting Makes a Difference**

**Question:** Can you describe how interpreting makes a meaningful difference in your services?

**Answer:** Interpreting *empowers* victims greatly. They can finally speak in their own language. When you talk about domestic violence, to be able to use all their own language is much more empowering and from the legal standpoint we get a lot more details. That communication barrier can be vital when you are talking about different types of abuse: if you are not getting the words they want to speak in in their own language, it makes a difference [to the case].

—Executive Director of a nonprofit domestic violence service

10 Adapted from CA Welfare and Institutions Code §18251(d)

- Helps with access to domestic violence shelters
- Obtains emergency transportation
- Assists with applications for public benefits
- Engages in survivor advocacy
- Manages crisis intervention services
- Facilitates applications for financial or medical assistance, and referrals for legal services.

DVRP is particularly proud that its bilingual staff and advocates can offer direct services in many languages, including Arabic, Bahasa Indonesia, Bengali, Cambodian, Cantonese, Hindi, Japanese, Korean, Lao, Mandarin, Mongolian, Pampango, Punjabi, Shanghainese, Sinhala, Tagalog, Thai, Urdu and Vietnamese.

### **District Alliance for Safe Housing (DASH)**

DASH provides access to safe housing and services for survivors of domestic and sexual violence and their families. The goal is to help survivors rebuild their lives. DASH seeks to make safe housing more accessible in the short term and less necessary in the long term.

DASH facilitates placements in emergency, transitional, and permanent housing through a Housing Resource Center. DASH also provide education for women and community advocates about housing protections available under local and federal law.

### **District of Columbia Forensic Nurse Examiners (DCFNE)**

DCFNE supports the health and outcome of victims of violence in the District of Columbia through comprehensive, patient-centered medical forensic care.

DCFNE’s specialized nurses perform medical forensic evaluations to collect DNA, photographs and other legal evidence for victims of intimate partner violence and sexual assault. Exams are available free of charge for those 16 and older who have experienced physical violence by an intimate partner.

Sexual assault examinations and evidence collection (“rape kits”) are provided in a hospital setting. DCFNE is planning to expand services to treat those suffering from elder abuse and other types of assault or major trauma.

### **Legal Help for Survivors of Sexual Assault**

As an attorney, I wear a lot of hats. The three main areas are representation in CPOs [civil protection orders for domestic violence], or to survivors of sexual assault/intimate partner violence and stalking. We also provide representation and legal advocacy for student survivors: college, high school and elementary school survivors of sexual harassment (which is really sexual assault), intimate partner abuse, stalking etc. Plus representation during the criminal phase, and during the prosecution phase we can actually enter our appearance and represent our victim.

—Nonprofit victim services attorney

## Sexual Assault Service Providers

### DC SANE

The DC Sexual Assault Nurse Examiner (DC SANE) program is a collaborative initiative among four agencies and community-based organizations. They are

- OVS
- MedStar Washington Hospital Center
- DC Forensic Nurse Examiners (DCFNE)
- Network for Victim Recovery of DC (NVRDC).

DC SANE provides free and confidential services to victims who arrive at a local hospital after a sexual assault. Forensic nurses and professional victim advocates will meet the victim there and provide immediate services, including sexual assault forensic examinations and crisis advocacy. If the assault occurred within 96 hours of arrival, forensic nurses will also collect evidence and

- Assess the victim for physical injuries and other immediate medical or psychiatric needs
- Complete assault-specific documentation
- Use an alternate light source to look for injuries not visible to the naked eye
- Take forensic photographs of injuries and findings
- Provide prophylaxis medication to prevent pregnancy
- Provide medication to prevent the transmission of sexually transmitted infections, including HIV.

After the initial hospital visit, advocates remain as the victim's case manager. They help to

- Manage the victim's case in the criminal justice system
- Connect the victim with long-term mental health care
- Refer the victim to criminal or civil legal assistance
- Help the victim get safe housing or access to public benefits.

### Other Sexual Assault Services

Victims of sexual assault are not required by police to file a report to access services like the one above. They can find help in a number of community-based organizations that offer various services to victims of crime and/or low-income residents. For some of these agencies, sexual assault services are the exclusive focus, for example, the DC Rape Crisis Center. For other agencies, sexual assault services are part of a broader spectrum of services they provide.

A growing number of college campuses offer programs for sexual assault survivors, such as American University Sexual Assault Prevention Program, which provides sexual assault prevention services and direct victim advocacy for victims of sexual assault, domestic violence and stalking on the campus of American University.

## Trafficking

### The Polaris Project

Human trafficking—“modern-day slavery”—is when individuals are coerced into labor or forced to be sex workers. Typically physical, sexual and psychological force, abuse and coercion make this type of modern-day slavery possible. Many people, even interpreters, are not aware that “slavery” of this kind still exists.

The Polaris Project (<http://www.polarisproject.org>) provides holistic, comprehensive services for trafficking survivors. When a trafficking victim is rescued or escapes, Polaris arranges for shelter through the Transitional Housing program. It also provides case management, referral to legal services, medical services, education, therapy, training and job searches.

Polaris clients come from all over the world. (For a lovely video about their services, see <http://www.polarisproject.org/what-we-do/client-services>.)

### DC Superior Court Crime Victims Compensation Program

This program provides reimbursement to qualified crime victims for certain out-of-pocket expenses that are related to a crime. Fines and fees that are paid to the DC Courts fund the Crime Victims Compensation Program. Victims of crime can apply to this program for monetary assistance. For example, victims could ask for financial assistance to

- Change their locks
- Move to a safer location
- Replace clothes that were taken from them with the purpose of being used as evidence in a potential court case
- Pay for burial of a loved one
- Get medical care
- Visit a therapist.

Crime victims can request compensation for any other approved expense caused by being the victim of a crime. In many cases, including homicide, immediate family members of the crime victim may also be considered victims of that crime. The application records and any related documents are strictly private and confidential, with three exceptions: the claimant, his or her authorized representative or a physician treating or examining the claimant would have access to the files.

The only other individuals who may inspect a claimant’s files and records are those persons who render assistance to the court on a matter related to administration of the claim.

### Nonprofit Legal Services

There are dozens of nonprofit legal services in Washington, DC. A number of other nonprofit agencies offer legal services as part of their larger array of services. A considerable number of nonprofit legal services support crime victims. Each service has its own distinct focus. Here are two examples:

- The DC Volunteer Lawyers Project provides free legal services to low-income District of Columbia residents in family law cases, including a significant number of survivors of domestic violence. They have a large caseload of civil protection orders.

- Ayuda offers legal and social services to low-income immigrant residents, many of whom are victims of domestic violence, sexual assault, trafficking, stalking, assault, robbery and other violent crimes. Ayuda also provides language assistance, including a Community Legal Interpreter Bank and the Emergency and Victim Services Bank, which is a victim-centered, trauma-informed victim services interpreter service. Ayuda also organized the creation and delivery of the interpreter training program for which this manual was prepared.

## **Grief and Loss**

### **The Wendt Center**

The Wendt Center for Loss and Healing (<http://www.wendtcenter.org>) is an agency that specializes in grief work around loss—for example, the death of a loved one. It also works with survivors who experience traumatic loss, which is a bit different because such loss affects aspects of our lives that we may feel we have lost after a severe crime trauma—for example, if we lose our sense of safety at night or our ability to let our children go out alone.

Because they work with survivors of trauma, Wendt Center staff members have a number of grief counselors (grief therapists) who see many crime victims, particularly for survivors of domestic violence, sexual assault, victims of violent crime in general and family survivors of homicide.

The Wendt Center provides mental health counseling, training and education, crisis response and case management services. Their staff and advocates focus on easing the impact of illness, loss and traumatic events. They have garnered national respect for their expertise in grief and the pain of loss.

## **Other Victim Service Providers**

### **A Collaborative Initiative**

In 2013, OVS announced a dedicated prevention initiative at the Marine Barracks, Washington, DC. A collaboration between the Command of the Marine Barracks, OVS, NVRDC, DCFNE and Men Can Stop Rape, the purpose of this new initiative is to “introduce and train the stationed marines in bystander intervention and to educate the stationed marines on the responses available in DC.”

### **William J. Kellibrew Foundation**

The William J. Kellibrew Foundation was established by William J. Kellibrew after his mother and brother were killed in front of him. The Kellibrew Foundation provides mentorship opportunities for young people who have been victimized.

### **Other VAN Members**

Other members of the DC Victim Assistance Network include

- Children’s National Medical Center
- Men Can Stop Rape
- DC Center for the LGBT Community
- CARECEN
- US Attorneys’ Office
- The Women’s Center
- Fair Girls
- Legal Aid Society of DC

- Legal Aid Society
- DC Coalition Against Domestic Violence
- DC Bar Foundation
- Ethiopian Community Services and Development Council
- Ramona's Way
- Asian Pacific American Legal Resource Center (APALRC)
- Safe Shores
- House of Ruth
- Deaf Abused Women's Network
- Break the Cycle
- DC Superior Court.

## The Victim Assistance Network: A Gift to the Community

The 20 victim service providers from VAN who were interviewed for this curriculum and other VAN providers who attended a focus group showed a degree of dedication, interrelatedness and awareness of each other's services, coupled with a deep concern for the well-being of victims of crime. Interpreters should be aware of the services that these individual agencies provide and also of their extraordinary degree of collaboration.

For example, some providers noted that interpreters simply did not know to interpret referrals for specific services, programs and agencies because they were not familiar with the victim service network itself. In addition, interpreters for crime victims often lacked an understanding of the contextual information so critical for providing informed interpreting.

A victim assistance network is a gift to the community at large because it strengthens the social fabric of the community and helps its resident victims of crime to find safety, justice and healing.

### Review of Part 1.2

This section offered an introduction to common settings in victim services and described key characteristics of those settings. The first part of this section addressed three broad categories within victim services: medical services, legal services and community-based services, in particular

- How medical services are involved in serving crime victims, including differences between medical services in general and providing victim services in health care settings
- How legal service providers work with crime victims
- Common community services provided to victims of crime, such as crisis counseling, emergency financial assistance, safety planning, shelter and safe housing, therapy, transportation and victim compensation

### Empowering Survivors

**Question:** Can you describe how interpreters make a meaningful difference in your services?

**Answer:** Someone who speaks the victim's language is helping them. There is basically a cultural way you have to speak about this. Certainly the ability to understand and make decisions, the full understanding of decisions, is really empowering, as opposed to just being a pinball bouncing off options and seeing where they land.

—A sexual assault advocacy director

- The types of organizations that typically provide these services, such as domestic violence and sexual assault centers, crisis intervention services and trafficking and torture treatment programs
- Concerns that interpreters might have about working in such services, including sometimes chaotic or stressful environments and greater decision-making power that leads to greater risks for the interpreter.

The next part of this section focused on a specific example of a victim service network: the District of Columbia Victim Assistance Network (VAN), a collaborative initiative involving dozens of victim service providers. This section described specific examples of

- Broad-spectrum victim service providers (serving nearly any victim of crime)
- Law enforcement services to diverse victims of crime who experience language barriers
- Domestic violence service providers
- Sexual assault service providers
- Trafficking
- Grief and loss services
- Disaster behavioral health services
- Other victim services.

Overall, this section focused on providing interpreters with a broad overview of the many types of victim service providers and their services.

## Part 1.3 Impact of Crime

### Learning Objective 1.3

After completing this objective, the interpreter will be able to

*Explore the impact of crime on victims of crime.*

### Introduction

Interpreters who first interpret for a victim immediately following a violent crime can be surprised, shocked or disturbed. While there is often some consistency in how victim services are provided within a given geographical area, there is no consistency in how victims respond to a violent crime.

Interpreters who seek to prepare effectively for assignments in victim services need a general understanding of how such crimes impact the survivors.

### Overview

#### Context is Everything

“Context is everything” is a mantra for all interpreters, regardless of specialization. For trauma-informed interpreters to be effective in their work, they will want to acquire a solid understanding of common violent crimes and how those crimes typically impact victims.

Here is an incomplete list of common violent crimes that victim service interpreters will be exposed to:

- Adult molested as child
- Arson
- Assault
- Child physical abuse
- Child sexual abuse
- Domestic violence
- Elder or vulnerable adult abuse
- Gang violence
- Human trafficking (sex or labor trafficking: “modern-day slavery”)
- Robbery
- Sexual assault or sexual abuse
- Stalking
- Survivor of homicide (family member or loved one of a murder victim)
- Terrorism
- Victims with disabilities.

Now here are some descriptions for those crimes provided by the U.S. Office for Victims of Crime:

- **Adult molested as child:** Adult age 18 or older who was sexually abused as a child.
- **Aggravated assault:** Unlawful, intentional causing of serious bodily injury with or without a deadly weapon, or unlawful, intentional attempting or threatening of serious bodily injury or death with a deadly or dangerous weapon.
- **Arson:** Any willful or malicious burning or attempt to burn, with or without intent to defraud, a dwelling, house, public building, motor vehicle or aircraft, or personal property of another.
- **Assault:** An unlawful attack by one person on another, with or without a weapon, that inflicts, or attempts or threatens to inflict, physical injury.
- **Child physical abuse:** Non-accidental injury to a child by a parent or other adult that may include severe beatings, burns, strangulation, or human bites.
- **Child sexual abuse:** Sexual offense against a child by a parent or other adult.
- **Domestic violence:** Violent acts involving a current or former spouse or domestic partner.
- **DUI/DWI crash:** Accident involving one or more motor vehicles in which at least one driver was under the influence of alcohol and/or drugs (DUI) or was legally intoxicated (DWI) at the time of the crash.
- **Elder abuse:** Abuse perpetrated by a caretaker on an elderly individual who depends on others for support and assistance.
- **Gang violence:** Criminal acts committed by a group of three or more individuals who regularly engage in criminal activity and identify themselves with a common name or sign.
- **Human trafficking:** Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision or obtaining of a person for labor or services, through the use of force, fraud or coercion, for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.
- **Robbery:** Taking or attempting to take anything of value from the care, custody or control of a person or persons by force or threat of force or violence.
- **Sexual offense:** Forcible rape, attempted rape, statutory rape, sexual harassment, prostitution or other unlawful sexual contact and other unlawful behavior intended to result in sexual gratification or profit from sexual activity.
- **Stalking:** Any unwanted contact between two people that directly or indirectly communicates a threat or places the victim in fear.
- **Survivor of homicide victim:** Family member or loved one of a murder victim.
- **Terrorism:** Use of violence or intimidation to coerce a government or civilian population to further political or social objectives.
- **Victims with disabilities:** Victims of crime who have a physical or mental disability.<sup>11</sup>

In addition, a victim services interpreter might be called up to interpret for a mass disaster. While mass disasters can have natural causes (typically extreme weather or earthquakes), acts of terrorism, mass shootings and other crimes that result in more than eight or nine direct victims typically are treated as mass emergencies or mass disasters. See Module 8, Part 8.3, for details.

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<sup>11</sup> <http://ovc.ncjrs.gov/findvictimservices/glossary.html>

As you review the crimes discussed here and throughout the module and this manual, start thinking about how you will handle interpreting them into your non-English language. These crimes, and the earlier-listed services that address them, constitute core terminology and concepts in the field of victim services. It is essential that you not only find accurate and correct equivalents for these crimes in both languages: You must also understand what the terms mean.

## Common Impacts of Crime

### Why Interpreters Need to Understand the Impact of Crime

Again and again, victim service providers interviewed for this curriculum emphasized your need as an interpreter to understand and be prepared for the impact of crime on survivors and on their behaviors. There are many reasons that you need to understand the impact of these crimes:

- To help you prepare psychologically
- To better equip you to handle an emotionally charged session
- To help you avoid judging the survivor
- To reduce your inclination to cross role boundaries
- To assure your ability to find the right terms as needed without emotional distress slowing you down
- To prevent your unconscious body language from becoming visible (which could distress the survivor)
- To help you prevent or reduce possible vicarious trauma (see Module 2)

### How the Impact of Crime Affects Interpreters

**Question:** Are there any issues of particular concern to you when you work with interpreters?

**Disaster behavior health specialist:** I do think they tend not to be prepared for their own emotional involvement and they are not necessarily prepared for the impact and how long it's going to stay with them after the event.

## Defining and Understanding Trauma and Its Impact on Crime Victims

Trauma can be defined as follows:

*Trauma is the unique individual experience of an event or enduring condition in which the individual experiences a threat to life or to her or his psychic or bodily integrity, and experiences intense fear, helplessness or horror. A key aspect of what makes something traumatic is that the individual's coping capacity and/or ability to integrate their emotional experience is overwhelmed. Trauma often impacts individuals in multiple domains, including physical, social, emotional and/or spiritual.<sup>12</sup>*

Trauma is caused not only by crime:

*Individual trauma results from an event, series of events or set of circumstances that experienced by an individual as physically or emotionally harmful or threatening and that has a lasting adverse effect on the individual's functioning and physical, social, emotional or spiritual well-being.<sup>13</sup>*

<sup>12</sup> [http://www.vawnet.org/special-collections/DVTraumaInformed-Overview?utm\\_source=NCDVTMH+Updates+Email+List&utm\\_campaign=d0998bb9ae-AnnouncementTISC2013&utm\\_medium=email#206](http://www.vawnet.org/special-collections/DVTraumaInformed-Overview?utm_source=NCDVTMH+Updates+Email+List&utm_campaign=d0998bb9ae-AnnouncementTISC2013&utm_medium=email#206)

<sup>13</sup> <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

For the victim of a violent crime, trauma includes the event (or events), as well as how that event is experienced and the short- and long-term effects that the crime has on the victim. In other words, how traumatic an experience is has as much to do with the makeup of the individual person as it does with the crime itself. Differences of language and culture, of course, add even more complexity.

**Remember:** The impact of a crime on a survivor is unique. Some people may go through a horrific car wreck or experience being robbed or survive torture, war or watching loved ones killed, and although that crime may upset them very much, they may not suffer deep or long-term emotional consequences from the crime. For other survivors, the impact of a much smaller crime can last a lifetime.

The response to trauma can be immediate and clear, when shock and denial responses are very typical, or it can be long term and even hidden. Long-term responses can be emotional or physical. They can lead to flashbacks or disturb relationships. Some people get over the trauma quickly while, for others, the response can last for decades. It is quite common that people experience long-term extreme symptoms of profound trauma without even knowing the crime has affected them in any way. (This problem is particularly common in cases of child abuse, sexual assault and domestic violence.)

The effects of trauma on crime victims can include a long list of psychological problems, such as

- Fear
- Anxiety
- Self-blame
- Anger
- Shame
- Difficulty sleeping
- Post-traumatic Stress Disorder (PTSD)
- Trouble with intimacy
- Difficulty with close relationships
- Overeating or under-eating
- Many other painful consequences.

Self-blame is one of the most common responses to a crime. For the rest of the world, a man who is assaulted and robbed on the street by a stranger bears no blame in the situation. But for the man himself, the crime may unleash a ripple effect of psychological damage. He may question why he couldn't stop the attack, which can sow seeds of self-doubt about his ability to protect himself and his loved ones. He may feel shame and embarrassment. He may struggle with sleep and withdraw from those around him.

As recently as 2015, a rock singer named Chrissie Hynde, aged 63, stated that it was her fault that she was gang-raped by a group of bikers at the age of 21. Here are some of the things that Chrissie Hynde said in blaming herself for the assault—and other victims:

- This [the sexual assault] was all my doing and I take full responsibility. You can't \*\*\*\* about with people, especially people who wear I Heart Rape badges... those motorcycle gangs, that's what they do.
- Don't wear high heels so you can't run from him. If you're wearing something that says Come and \*\*\*\* me, you'd better be good on your feet.

- If I'm walking around in my underwear and I'm drunk? Who else's fault can it be?
- If I'm walking around and I'm very modestly dressed and I'm keeping to myself and someone attacks me, then I'd say that's his fault. But if I'm putting it about and being provocative, then you are enticing someone who's already unhinged don't do that. Come on! That's just common sense.
- You can't paint yourself into a corner and then say whose brush is this? You have to take responsibility. I mean, I was naive...<sup>14</sup>

Victim service organizations have quite a different perspective. We are all responsible for our behavior, but dressing in a short skirt is not crime. Rape and abuse are crimes. Trauma-informed services maintain with vigor that no victim of crime is responsible for the crime and should never be made to feel that way. Victims should not be blamed. Furthermore, blaming oneself and/or hearing social comments that blame the victim discourages the victim from reporting.

You may feel differently. Consider your own reactions. Service providers would feel very concerned about having an interpreter in victim services who believes that crimes like sexual assault or domestic violence are the fault of the victim. If you believe this to be true, please do not interpret in victim services.

Here is another perspective, from the authors of this manual: Blaming the victim is dangerous for society. One of the authors of this manual was raped in a foreign country where she would have needed an interpreter to file a report. Blaming herself, feeling culturally overwhelmed by the idea of reporting the rape (and also threatened with her life by the rapist if she did so), she did not report the crime. Three weeks later, the same man was in jail for raping a young woman who was a native of that country.

Victim blaming is not only factually incorrect, damaging for society and painful for the survivor: It is simply dangerous.

When a violent crime is perpetrated by someone we know and even love (a more common scenario than many people realize), these self-blame effects are often magnified. If a boyfriend punches his girlfriend in a fit of jealousy, or a mother beats her child for misbehaving, or an adult child physically manhandles his elderly parent, and these crimes are repeated over time, their impact burrows deep. This impact can affect a person's overall emotional health and physical well-being for years or even decades.

Many victims have trouble focusing and working after the assault. They may withdraw from social opportunities. The cost of crime-related trauma in legal and medical costs can also leave many victims with serious financial problems. In severe cases, victims may suffer a permanent physical disability or mental illness caused by the crime.

The life that victim had before the crime is gone forever, and the survivor faces a new, unknown life ahead. The interpreter is often a companion on this new journey—sometimes for the same survivor over a long period of time in multiple service settings.

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<sup>14</sup> <http://www.dailymail.co.uk/femail/article-3215909/Chrissie-Hynde-slammed-charity-saying-victims-sexual-assault-responsibility-happened.html#ixzz3kWNNEQaS>

### Reluctance to Disclose

In the immediate aftermath of a violent crime, it is difficult for many (and perhaps most) victims to speak about the crime coherently. Imagine how much harder it might be if you come from a small village in Central America, Africa or Asia. Let's say you are the victim and you do not speak much English. Perhaps you have been here only a year or two, or even less. You do not know the system. You do not understand what is happening to you. You may associate government services with repression or worse. Police officers might seem terrifying.

Now, suddenly, people are asking you direct, explicit questions—in a hospital, a police station or on the street. You feel lost. These people asking you questions want to know exactly what happened. They ask you for facts and details. Worse, they ask you to describe what happened in a simple, chronological way and may not understand that your sense of time was different from theirs to begin with—never mind right now. The order of events related to the crime does not matter to you: What you are *feeling* matters.

So you are confused. Perhaps you're crying. The police officer wants your story. The detective wants your story. The nurse and doctor want your story. The advocate is trying to help you navigate this mess. The social worker wants to link you to resources. And you just want to go home! You want peace and rest.

This is a common situation after a crime that plays out every day, and it is stressful for everyone involved. The providers, too, report that they often find it more difficult serving a crime victim who does not speak fluent English and comes from another culture. The service provision takes longer and is typically less smooth.

Here is a true story that took place a few years ago. A woman from a small Asian community in Maryland was stabbed. The police arrived at the same time as the paramedics and the interpreter (who had been trained to interpret by the Red Cross). The woman told the police that a stranger came to rob the house and stabbed her. Yet as the paramedics were treating her room she turned to the interpreter and said, "You are my sister [meaning "my friend"]. I will tell you the truth. My husband did it."

The poor interpreter was horrified. She told the woman that the police needed to know. The woman burst out crying and begged the interpreter not to tell the police. The interpreter wasn't sure what to do. If she disclosed the truth, would she be violating confidentiality? Also, if this woman told their small cultural community that the interpreter had betrayed her, perhaps no one would trust this interpreter again, and she would lose her work.

Then the interpreter set eyes on the woman's two-year-old daughter. Now the interpreter realized she had no other choice: She must disclose the crime to protect the child. She told the survivor what she was going to do and informed the police. Immediately, officers fanned out through the neighborhood looking for the husband. They found him nearby, almost around the corner, hiding with the bloody knife still in hand, waiting for the police to go away so that he could go back to kill her.

When the truth came out, the victim did not blame the interpreter: Instead, she told everyone that the interpreter had saved her life. A happy ending, yes, but imagine the stress for the interpreter.

## Physical Injuries

As an interpreter, you will need to be prepared to see blood, horrific injuries or photographs of a mutilated corpse being shown to a surviving spouse, among other possible horrors. Almost every physical impact is possible. In a potential mass disaster such as a bomb, it is conceivable that you could be called to a scene that is a visual catastrophe. The injuries can be something that you know in advance, like being called to interpret for a survivor of gunshot wounds in a hospital emergency room, or you may be sent in without a real warning.

Even in common scenarios, any bad bruising that makes a person's face or limbs swell up and look distorted can be difficult for many interpreters to witness. Often, the injuries seen in victims of domestic violence have an emotional impact on interpreters. There may be other surprises, too. Perhaps you were called in for a forensic medical exam. At a certain point, even though perhaps no one intends it to happen, you see a man's torso with evidence of extreme torture injuries. This can shock you deeply.

Gender-based violence and torture among immigrants can occur before they reach this country, but you may hear about it during a session with a health care professional, a therapist, an advocate, an attorney or a caseworker, among others. Such traditional practices as the mutilation of sexual organs or sexual assault during war in assaults so violent that they cause ruptures between the vagina, bladder or rectum—known as *traumatic fistula*—can be shocking. Just to hear and interpret physical consequences such as HIV infection, a shattered jaw, broken bones that have never properly reset due to torture or an unwanted pregnancy caused by rape can deeply distress interpreters.

Be prepared to witness and hear anything. Interpreters, like health professionals and therapists, do develop tolerance to trauma over time, but witnessing or hearing about the physical impact of a violent crime is often unforgettable.

## Psychological Responses

Someone has been raped. You think she will be upset, crying, distraught.

She giggles.

As we discussed earlier in this module, each of us has a unique response to a crime, and no one's response can be predicted. It is important to understand that unexpected emotional responses to a crime are to be expected. How someone responds to trauma depends on many variables, including that person's life history, personality, recent circumstances, support network (of family, friends and colleagues), previous history of crime or trauma and many other factors.

Violent crime very often leads to trauma, including anxiety, mental illness and even suicide attempts. But both the short-term and long-term effects vary enormously for each individual. One of the authors of this curriculum was a volunteer advocate called to the hospital for a 16-year-old female victim of sexual assault. The victim spoke in churlish, rude ways. When the Sexual Assault Nurse Examiner arrived after she had been called in from a party (because the nurse on call was not available), she still wore makeup, and the girl survivor, behind the nurse's back, made scathing insults about the nurse's mascara and eye makeup. Baffling behavior—but real.

So try not to be concerned about the survivor's emotional responses. Let the professionals and advocate work for the survivor's well-being. Your job is to interpret—a very important job indeed—so if possible, try not to be distracted by unexpected emotional responses.

### **Fear, Shame and Guilt**

Silence about the crime itself is difficult to break—yet also often necessary to prevent or avoid severe trauma. In fact, the ability to speak about the crime to a safe person can even prevent post-traumatic stress disorder—or help to end it.

The victim's silence about a crime tends to stem from fear, shame and guilt, as discussed earlier. For domestic violence and sexual assault, silence about the crime has been ingrained into us all since our earliest childhood in most cultures around the world, including the United States.

It is no accident that the title of this curriculum is called *Breaking Silence*. To break silence about a crime is a huge step on the path to healing, justice and restitution. It is certainly distressing that cultural complexities in both immigrant/refugee and Deaf communities, as well as the fears of many undocumented immigrants that they will be deported for reporting crimes, only compound the pressures to maintain silence.

As a result, you might be called to interpret for a survivor of abuse, trauma or torture who, in fact, experienced the crime decades earlier. (One sexual assault center in Maryland reported seeing a woman in her 70s about something that happened to her as a very young woman.)

To complicate matters, in many cultures, secrecy and the belief that such matters should be kept within the family compound the pressures on the victim to remain silent. Several service providers who were interviewed for this curriculum mentioned that survivors, especially refugee survivors, had been pressured by the elders or cultural leaders of their community not to report a crime, or even to withdraw the crime report of their abuse or assault.

Remember, too, that many violent crimes take place in secrecy, with threats. As a victim advocacy director puts it:

Part of healing is creating that story of what has happened to me and putting words to this. While someone is processing what just happened, I think at its best interpretation has to be a part of that .... If you think of it from the healing perspective and then more broadly, translating that narrative into, "This is what happened to me, and now I'm going to take this [story], and it will make me more credible, and then they will understand me and afford me certain rights and protections."

And if that gets caught up somewhere, because the survivor doesn't have the information or understanding or trust that they are going to be heard, on multiple levels they're not going to try. And particularly if what they have been told by their abuser is that no one's going to believe you. "You're not credible," "No one's even going to listen to what you say," "No one understands, no one cares." That just feeds into the abuser's narrative.

### **The Consequences of Silence**

The survivor often needs to speak to heal. And therefore, she needs help from you, the interpreter, to share her story. Here are some of the potential consequences of silence after a violent crime:

- Sexually transmitted infections (unless treated within 72 hours)
- Unwanted pregnancy
- Failure to get care for injuries
- Increase in distressing psychological consequences

- Increase of fear, shame and stigma
- Difficulty to seek services later
- Continued abuse or exploitation
- Giving up
- The assumption that, “This is it. I’m stuck. I can’t get out.”

### **Constructing a Narrative**

Breaking silence is difficult for another reason: It is difficult to tell that story if you happen to come from a culture where things are not usually narrated in a linear way. As a result, it is often difficult for many immigrant crime victims to make a clear statement in A–Z format.

However, the fact that you, the interpreter, notice this problem *does not* mean that you should help the survivor break her silence by telling the survivor how to tell the story—or making that story sound more clear and linear when you interpret it. As one sexual assault advocate reports,

In situations of crisis, if the survivor hasn’t had time to construct their own narrative ... I feel like a lot of interpreters are helping out in the construction of the narrative [and sometimes it’s conscious and sometimes it’s not but] they are trying to make the story linear and understandable and therefore kind of constructing a narrative for that person.

Providers who were interviewed for this training manual emphasized often that *it is not the interpreter’s role to make the survivor’s statements coherent or to reconstruct a story*. The advocate or other provider needs to hear exactly what is said: Perhaps the victim isn’t ready to construct a narrative, and the interpreter who stitches a “clean story” together out of bits and pieces is essentially both taking away the survivor’s voice and taking over the provider’s role.

### **Emotional Volatility During the Session**

Whether the crime happened an hour, a day, a year or a decade ago, the session that you interpret could be an emotional rollercoaster. One moment, the victim is calm; the next he is weeping, shouting, smashing something or otherwise behaving in what might seem to you a strange or random way. This emotional liability (moving from one emotion to another, often quickly) can be both startling and distressing for you. It also can interfere with your ability to remember and interpret what you hear. Intense emotions can interfere with accurate interpreting.

### **Dependency on the Interpreter**

Trauma is deep. If you are experiencing trauma yourself and surrounded by people who do not speak your language or know your culture, and then someone walks in from your own country—how do you feel? You might feel that person is sent from heaven to comfort you and help you.

But interpreters are not trained to provide that help. As interpreters, you are language specialists. *Communication* is your field of expertise. If the survivor clings to you, it can be difficult for you. You want to help. You don’t want to see that person suffer. But becoming dependent on you is not helpful for the survivor—or for you.

Providers who were interviewed for this program report that some interpreters

- Comfort the survivor
- Give out their personal information, business card and/or telephone number
- Get into side conversations with the survivor and not interpret them
- Are alone with the survivor and tell the provider who walks in, “Let me fill you in”
- Give emotional, logistic and even legal advice to survivors
- Tell the service provider what to do
- Refer the survivor to other services, such as shelters or nonprofit agencies
- Educate the survivor, e.g., by lecturing her on what domestic violence is
- Get emotionally involved
- Question the provider’s judgment or advice
- Tell the survivor to stay with the abuser
- Tell the survivor to leave the abuser
- Tell the survivor to “be strong.”

These acts, each and every one, are a violation of your professional role as an interpreter. Most interpreters know that. But please do not underestimate what happens to your mind and heart when you interpret for the survivor of a violent crime. To witness that level of suffering does something to one’s mind and body. One very professional, sophisticated court interpreter in Maryland interpreted for an acquaintance who was experiencing domestic violence with her boyfriend. The interpreter, in a moment of human weakness, gave this woman her personal phone number. The victim, however, went back to her abuser, who got the interpreter’s number. The abuser then called the interpreter and made threats.

Another interpreter in the District also gave a personal number to a survivor of domestic violence—and then got calls day and night and soon burned out. The interpreter called the domestic violence center, essentially “referring the client back,” as the provider reported.

Try not to underestimate the impact of the crime on the survivor and on you. Yet never imagine that “helping” the survivor is the right thing to do. Service providers want you to support—*always, and without exception*—the survivor’s right to make her own decisions without your influence.

This concern for the self-determination of the client is not just an important part of victim services “culture.” That concern lies at the heart of all the work that victim service providers do. Control has been taken away from victims of crime. Healing comes from supporting survivors as they retake control of their own lives. The interpreter who promotes dependency and tries to “help out” is, in reality, taking control of that victim’s life at a vulnerable moment. As one provider in a focus group for this program put it:

### The Psychological Importance of Terms

**Question:** Why would an interpreter interpret *survivor* if you say *victim* or vice versa?

**Answer:** Maybe because they are not versed in the issues that our client is going through, and they might not be sensitive to how things are phrased and might not have the patience. It takes a long time to develop that sensitivity. So just general training on what survivors of crime are going through [is important].

—Victim services attorney

We're not just talking about survivors of domestic violence, not just this power and control piece, but anyone who's been a victim has been taken over and controlled in some way. So allowing them to make decisions even if you don't agree with them [is critical] because it's giving them a safe place to make decisions. When they come to a safe place, it's important for interpreters to understand that their piece and their role, the way they inflect and control what they say, can make the client feel safe or stable [or the opposite].

Consider some commonly held myths about violent crime<sup>15</sup> including:

**Myth:** No one I know has experienced a violent crime.

**Fact:** Current rates of robbery, sexual assault and domestic violence make it likely that you do have a personal relationship with a crime victim.

**Myth:** Violent crime doesn't happen to people like me.

**Fact:** Anyone can be the victim of a violent crime, but crime survivors disproportionately come from poor communities and communities of color.

**Myth:** I have to report the crime to get help.

**Fact:** Most violent crimes are not reported to the police. Yet many survivors still seek and receive help from counseling, shelter, transportation, hotline and other services. In most countries where these types of services exist, there is no requirement to report the crime.

## Recovery

Fortunately, there is good news for survivors. Recovery is real. Most victim service providers are remarkably skilled and dedicated individuals who work with time-tested, evidence-based techniques that support crime victims through a safe process to recovery.

Below you will find an overview of recovery from U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). While this overview applies to mental disorders and substance abuse, it is helpful to consider the relevance of concepts of recovery to recovering from trauma. Note the focus on hope and on the individual's strengths and supports.

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15 Adapted from <http://www.safetyandjustice.org/our-work/crime-survivors/myths-and-facts>

## SAMHSA'S WORKING DEFINITION OF RECOVERY

### **Working definition of recovery from mental disorders and/or substance use disorders:**

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

### 10 GUIDING PRINCIPLES OF RECOVERY

#### **Recovery emerges from hope**

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them...

#### **Recovery is person-driven**

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice ... In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

#### **Recovery occurs via many pathways**

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery... Recovery pathways are highly personalized...

#### **Recovery is holistic**

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. ... The array of services and supports available should be integrated and coordinated.

#### **Recovery is supported by peers and allies**

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery...

#### **Recovery is supported through relationship and social networks**

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks...

#### **Recovery is culturally-based and influenced**

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

#### **Recovery is supported by addressing trauma**

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

— SAMHSA, 2012

## Resilience

A key factor that determines how people respond to experiencing a crime is their level of resilience. Resilience is the “power to cope with adversity and adapt to challenges or change.” It is the mix of traits and resources that we all have that allow us to move past the traumatic event and come out on the other end wiser and stronger.<sup>16</sup>

Resilience includes

- The ability to make realistic plans
- Being capable of taking the steps necessary to follow through with those plans
- A positive self-concept and confidence in one’s strengths and abilities
- Communication and problem-solving skills
- The ability to manage strong impulses and feelings.

For crime victims, resilience is a critical component to healing. Victims might have to overcome serious physical injury or permanent disability. They can endure the effects of post-traumatic stress disorder, lingering fear and shame, as well as an impact on their financial, work and family life. They need strength and persistence coupled with the ability to think proactively and creatively on their own behalf.

Providers (and interpreters as well) also need resilience. Victim service providers are trained to help survivors of crime tap into their own resilience. Providers have to be strong in the face of tragedy and daily exposure to the darker side of humanity. They need to find an inner stability to keep on working with each new survivor and bring a positive energy and focus to that situation. When survivors experience setbacks, so do their providers, and when they succeed, providers take pleasure in their success.

Interpreters are no different from other professionals who work with crime victims, except that most interpreters get very little training about how to be resilient in victim services. You, too, are exposed to the darkness and violence that humans can inflict on other humans. Over time, those experiences *will* impact your ability to remain impartial. They will make it difficult to protect your own emotional balance. How resilient you are will support your own success as a trauma-informed interpreter.

## Post-traumatic Growth in Crime Victims

Related to resilience is the idea of post-traumatic growth. This concept refers to the positive change that survivors can experience as a result of having been through a major life crisis or traumatic event.

As human beings, we all suffer difficulties, and we all find ways to move through them and go beyond—some more than others. This is a defining characteristic of the human race and certainly not a new idea. What is more recent is the research on human resilience that helps us understand how it works and what we can learn from it.

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<sup>16</sup> From the National Center for Victims of Crime: <http://www.victimsofcrime.org/docs/2006%20Kit/resilience-page.pdf>

According to the Posttraumatic Growth Research Group, post-traumatic growth generally occurs in five areas:<sup>17</sup>

1. The sense that new opportunities have been created as a result of the trauma that weren't there before.
2. Changes in our relationships with others, with those we already know and an increased sense of connection to others who suffer.
3. An increase in one's sense of personal strength. Having survived something challenging helps victims believe they can survive future challenges.
4. A greater appreciation for life overall.
5. For some, a deepening of spiritual practice, which can lead to significant changes in belief systems.

So just as survivors of a violent crime—and their providers—find strength and comfort in the ability to learn from trauma, and to grow and become stronger, interpreters can do the same. Post-traumatic growth has even been documented in interpreters (Splevins *et al*, 2012).

Yes, this is stressful work. It takes a toll. But knowledge and preparation will arm you against harm. Module 2 is devoted to helping you gain a better understanding of how to protect yourself against vicarious trauma so that you can continue to perform this wonderful work.

### Review of Part 1.3

Part 1.3 focused on helping interpreters to gain a better understanding of specific crimes. This section began with an overview of common violent crimes. It then explored the following areas:

- Why interpreters need to understand the impact of crime, in order to
  - Prepare psychologically
  - Avoid judging the survivor
  - Reduce possible interpreter vicarious trauma (discussed in detail in Module 2).
- A discussion of the impact of crime on the survivor addressed
  - Common symptoms and consequences
  - Reasons for a survivor's reluctance to disclose, including:
    - Social and cultural pressures
    - Consequences of revealing the crime
  - The difficulties of constructing a linear narrative of the crime for cultural, emotional and social reasons—and why the interpreter shouldn't make this narrative sound “cleaner” or clearer than it is
  - The risks of the interpreter getting emotionally involved
  - Myths and facts about crimes

The last part of this section focused on recovery, specifically

- The resilience of crime victims
  - How the most common result of trauma is resilience
  - How victims, providers and interpreters can all show and develop resilience

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<sup>17</sup> <http://ptgi.uncc.edu/what-is-ptg/>

- The importance for interpreters of focusing on this positive side, which is beneficial both for interpreters and those they serve
- Post-traumatic growth
  - How crime victims can have positive experiences of personal growth as a direct result of the crime
  - How these positive responses can include enhanced relationships, deeper compassion, a greater appreciation for life and a deepened sense of meaning.

In addition to providing information about the impact of crime, this section gave the interpreter an overview of how to conduct oneself when exposed to violent crimes. It also explored why it is so critical that victims be allowed to take the path of self-determination without guidance or advice from the interpreter.

## **Review of Module 1**

Module 1 examined in detail the “big picture” of victim services. It provided the interpreter with an overview of

- Crime victims, the field of victimology and victimization
- A history of victim services in the United States
- Common victim service settings where interpreters work with victims of crime
- Specific types of crime and their impact both on survivors and interpreters
- What interpreters should know when they work with victims of a violent crime
- The impact of crime on victims
- Trauma and recovery
- Victim reactions to trauma within victim service settings
- The importance of recovery, resilience and post-traumatic growth for crime victims.



## **MODULE 2**

### **VICARIOUS TRAUMA AND SELF CARE**



## MODULE 2 VICARIOUS TRAUMA AND SELF CARE

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 2.1

*Compare and contrast stress and vicarious trauma for interpreters.*

#### Learning Objective 2.2

*Practice techniques to manage the interpreter's emotional responses before, during and after victim service interviews.*

#### Learning Objective 2.3

*Write a self-care plan for interpreting in victim services.*

#### Wise Words from a Therapist for Sexual Assault Survivors

It's important to note that trauma is subjective, and the threshold is different and unique for each individual. In other words, what one person considers to be traumatic may not be traumatic to someone else.

### Key Terms and Definitions

#### Stress

*A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.*

— Oxford dictionaries

*In a medical or biological context stress is a physical, mental, or emotional factor that causes bodily or mental tension. Stresses can be external (from the environment, psychological, or social situations) or internal (illness, or from a medical procedure). Stress can initiate the “fight or flight” response, a complex reaction of neurologic and endocrinologic systems.*

— <http://www.MedicineNet.com>

#### Trauma

*An emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer-term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Psychologists can help these individuals find constructive ways of managing their emotions.*

— American Psychological Association, <http://www.apa.org/topics/trauma/>

#### Causes of trauma

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional or spiritual well-being.*

— U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

### **Vicarious trauma/secondary trauma**

*A buildup of exposure to clients' trauma.*

— Jeanette David and April Naturale, SAMHSA, <http://beta.samhsa.gov/sites/default/files/podcasts-selfcare-dbhresponders-presentation.pdf>

### **Self care**

*The ability to maintain physical, emotional, relational and spiritual health in times of stress.*

— Jeanette David and April Naturale, SAMHSA, <http://beta.samhsa.gov/sites/default/files/podcasts-selfcare-dbhresponders-presentation.pdf>

### **Post-traumatic stress disorder (PTSD)**

*A mental health condition that's triggered by a terrifying event—either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.*

— Mayo Clinic, <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/definition/con-20022540>

*A psychological disorder that can occur in an individual after s/he has suffered a traumatic event (such as domestic violence) and is characterized by flashbacks, avoidance of things that may trigger a memory of the traumatic event and a significantly heightened state of alert.*

— DC Coalition Against Domestic Violence (DCCADV), <http://www.dccadv.org/img/fck/Frequently%20Used%20Terms%20Glossary.pdf>

## **Overview**

Module 2 explores the relationship between stress, trauma and vicarious trauma. It shows you how to reduce or prevent the impact of vicarious trauma.

In this module, you will specifically explore the impact of trauma on interpreters in victim services. As needs assessments have shown,<sup>18</sup> this topic is of critical importance for interpreters. Every community and legal interpreter encounters stress, and almost every one of them has experienced trauma while interpreting. Yet even the difference between stress and vicarious trauma is not clear to most interpreters.

Interpreters also need to know how to protect themselves from vicarious trauma, or at least how to reduce its impact when it occurs.

In Part 2.1, you will learn the difference between stress, compassion fatigue (burnout) and trauma.

In Part 2.2, you will learn and practice specific techniques to help you interpret in the emotionally intense environment of victim services. This section also addresses immediate, short-term and longer-term strategies for interpreter self care.

In Part 2.3, you will learn how to build a step-by-step self-care plan that will help you whenever you interpret in victim services and in all of your other interpreting assignments that are potentially stressful or traumatic.

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<sup>18</sup> See for example, Bambarén-Call *et al*, 2012.

*Please do not underestimate the importance of this module.* If you interpret for a five-year-old victim of sexual abuse by a stepfather, or for a gunshot victim who lies bleeding in a hospital emergency room, or during a sexual assault forensic exam, or for a severely beaten victim of domestic violence, or for a victim who weeps so uncontrollably that you find yourself crying too, you *will* be affected emotionally. This module will help you handle all these types of situations and others in ways that are helpful for the victim and beneficial to you.

## Part 2.1 Stress and Vicarious Trauma

### Learning Objective 2.1

After completing this objective, the interpreter will be able to

*Compare and contrast stress and vicarious trauma for interpreters.*

### Introduction

If you have already looked at the impact of trauma on interpreters, you might have found terms that confused you, such as compassion fatigue, burnout, secondary traumatic stress, vicarious trauma and post-traumatic stress disorder. Clearly, this is a specialized area for interpreters.

What do you, as an interpreter, really need to know about all these things? First, be aware that therapists and other health professionals often experience stress and trauma in their work, and you may too. The difference is that health professionals are trained to address the stress and trauma of their jobs, and most interpreters are not.

Furthermore, even though therapists and other clinicians know how stressful working with victim services can be, they tend to forget about the interpreter. They may not realize that the interpreter often suffers when she sees a woman go back to her abusive spouse, or interprets for a child who has been repeatedly raped or listens to a woman tell the story of the horrific things that happened to her when she crossed the border to the United States.

This section will help you understand what you, the victim services interpreter, need to know about stress and vicarious trauma.

### Meaning and the Messenger

#### You Are a Human Being

An effective interpreter helps to convey meaning from one language to another. A skilled interpreter also succeeds at not conveying any personal emotion or opinions (and only those of the speakers and signers). For these reasons, ironically, the better you are at your job, the easier it is for a service provider to forget that you, too, are a human being and not just a bilingual language machine.

The service provider is not being insensitive by discounting your feelings, but rather is encouraged to do so by the very nature of your professional skills and conduct.

You are, however, a human being. Never forget your own humanity. You deserve respect and understanding for the important work you do and compassionate care after stressful or traumatic days—even if that care may have to come from you. (The curious thing about receiving compassionate care is that it helps us no matter who offers it—even if it comes from us.)

#### Why Interpreting Trauma Can Impact Interpreters More Than Other Providers

Interpreting traumatic content can be *more* stressful and traumatic for interpreters than for many doctors, nurses, therapists and first responders (like police officers or firefighters) who hear traumatic stories. Why is that so? The reason is simple.

Look at the image below. Now think what happens each and every time an interpreter interprets a traumatic statement such as, “And then they took turns raping me in the corner of the garage,” a process that works like this takes place:

1. First, the interpreter has to **listen** very, very carefully: Attentive listening is critical for accuracy.
2. Then the interpreter must **extract the meaning** of the message, because, of course, we don't interpret word for word: We interpret meaning for meaning. However, extracting meaning is a highly complex cognitive skill that requires intense focus and higher-level reasoning skills.
3. Then the interpreter needs to **select an equivalent conceptual meaning** among possible mental alternatives in the target language, which can be difficult if the two working languages are not closely related or in the same language family.
4. Then the interpreter has to **deliver** the meaning in the target language respecting the same register (level of language), tone, spirit and intent of the original message.

What do those four steps mean? They mean that the interpreter is the only person in the room who is *cognitively processing the traumatic content at least four times for each and every statement made*. (If the interpreter is taking notes, one could argue that that would be a fifth stage of cognitively processing the traumatic content.) This multi-level processing of meaning can leave a tremendous impact on the interpreter's mind and feelings, and that impact can be quite distressing.

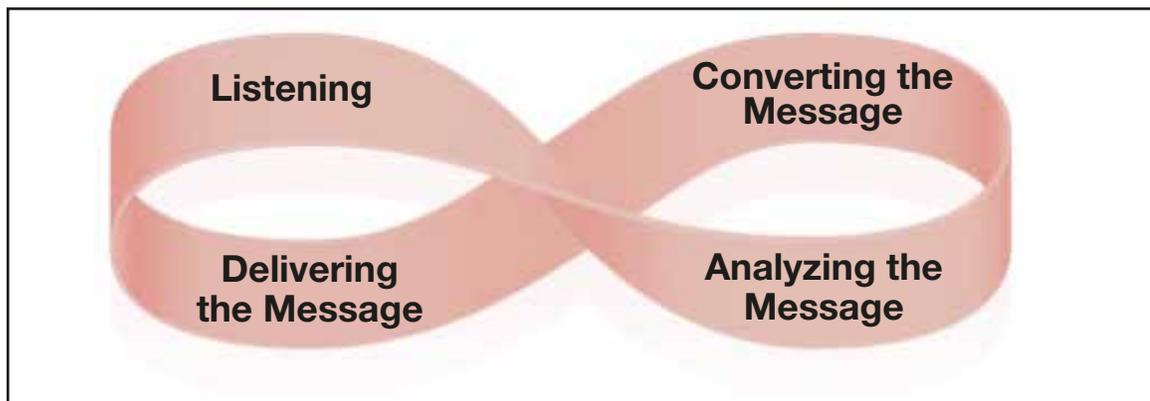


Figure 2: The Process of Interpreting<sup>19</sup>

In addition, the interpreter is interpreting in direct speech—first person. That means that for neurological as well as linguistic reasons, the interpreter can start to feel as if the traumatic content that s/he is interpreting happened to him or her—or at least, the trauma can feel “too close for comfort.”

In short, interpreters often do experience stress and trauma when they interpret, and more so when they interpret for victims of violent crime. Let's try to break down some of the basic concepts about stress and trauma to make it clear how these concepts apply not only to the victim, as we saw in Module 1, but to you.

<sup>19</sup> This figure is © Cross-Cultural Communications and used by permission. It forms part of the instructional materials used in the delivery of *The Community Interpreter*<sup>®</sup>, an international foundation program for training community interpreters.

## Stress

*Stress refers to any state of mental or emotional strain or tension resulting from adverse or demanding circumstances.*

— Oxford dictionaries

Stress is a part of everyday life. Any time that something unexpected or out of the routine takes place, it can stress you because you have to adapt to that event. Of course, stress happens all the time. You can have a “normal” or typical level of stress in your environment, your home and on the job, and you may find it quite tolerable.

Sometimes, however, stress is distressing. For example, if you show up at an encounter and another interpreter claims that this assignment belongs to her, not to you, and tries to argue with you about it, that can be a challenging and painful situation. If a client snaps at you for misinterpreting something (and yes, clients—including crime victims—do sometimes lash out at interpreters), that response can be hurtful. If the provider repeatedly won't let you finish what you are trying to interpret, or the assignment doesn't finish on time and interferes with your next assignment, you might feel irritated or even angry.

Here is what the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) reports about stress:

### The Physiology of Good Stress

- Stress allows us to perform better—it alerts us to the need to **fight, flee or freeze**.
- Stress produces cortisol, which improves memory and enhances immune function.
- Stress increases the level of adrenaline in the body, which increases strength and endurance.
- Stress provides a spike in blood pressure, flooding our muscles and brain with oxygen.

### The Physiology of Bad Stress

- The allostatic system (controls hormones that mediate the effects of stress—especially on the cardiovascular system) becomes too charged, with no chance to vent the buildup of energy.
- Increases in cortisol, endorphins, adrenaline and other hormones can become harmful.
- The overload can damage memory, hurt your immune system and enlarge your stomach.<sup>20</sup>

None of the stressors that we have mentioned so far involve another person's trauma: They are everyday, typical stressors that one would expect any interpreter to face. You can probably think of many examples yourself.

Stress can be beneficial, too. There is evidence to suggest that we actually perform better under stress than with little or no stress, perhaps because a moderate level of stress stimulates and drives us to work harder to perform well. Adapting to change is also part of life itself—and part of interpreting. No two encounters are ever alike, and interpreters are constantly surprised by new terms, situations and challenges.

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20 <http://beta.samhsa.gov/sites/default/files/podcasts-selfcare-dbhresponders-presentation.pdf>

However, past a certain point stress is no longer beneficial. Finding the “sweet” spot where an interpreter feels positively challenged and not too stressed is an everyday challenge for interpreters everywhere, including community and legal interpreters.

## Compassion Fatigue (Burnout)

### What is Compassion Fatigue?

The U.S. Substance Abuse and Mental Health Services Administration defines compassion fatigue as a “syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout” (SAMHSA, 2012, p. 199). The DC Coalition Against Domestic Violence defines compassion fatigue as “a state of exhaustion, where one feels depleted, helpless and hopeless about work, life and the state of the world.”<sup>21</sup>

Compassion fatigue is different from stress. It takes place over the long term and drains you of feeling and caring. Let’s say you have been interpreting in a hospital emergency room or for law enforcement for a year, and you hear so many horrific stories that you stop caring any more what happens to the patients or crime victims. In that case, you may be burning out: Burnout is a symptom of compassion fatigue.

### Two Aspects of Compassion Fatigue

When experiencing burnout, you may feel exhausted and overwhelmed, like nothing you do will help make the situation better. For some responders, the negative effects of this work can make them feel like the trauma of the people they are helping is happening to them or the people they love. This is called secondary traumatic stress. When these feelings go on for a long time, they can develop into “vicarious trauma.”

—SAMHSA, 2014, p. 1

### Burnout and Secondary Traumatic Stress

Research has focused on two aspects or components of compassion fatigue:

- Burnout
- Secondary traumatic stress.

Burnout can occur among those who work often with those who suffer. Such work can wear you down mentally, emotionally and physically. You may become more sensitive to the feelings of the survivors for whom you interpret, and you might even start to feel guilty because you did not experience those crimes. Yet you may not notice how the work is affecting you.

Secondary traumatic stress can be more serious than burnout because it can lead to secondary or vicarious trauma (which is discussed below).

### Causes of Compassion Fatigue

Compassion fatigue is often the result of working in a helping or healing profession that involves many distressing encounters with people who are deeply suffering. Compassion fatigue may be caused by your need to insulate yourself from so much suffering. If you feel less compassion than you used to and start to grow apathetic about the clients or patients you interpret for—you may be suffering from compassion fatigue.

21 <http://www.dccadv.org/img/fck/Frequently%20Used%20Terms%20Glossary.pdf>

### Signs or Symptoms of Compassion Fatigue

Here are several signs or symptoms that you may be experiencing compassion fatigue. Watch out for these signs or symptoms in yourself. When you experience burnout, a symptom of compassion fatigue, you may notice some of the following feelings (adapted from SAMHSA, 2014, p. 2):

- Tired and overwhelmed
- Like a failure
- As though you are not doing your job well
- Helpless—as if nothing you do will help
- Frustrated
- Cynical
- Disconnected from others
- Numb, indifferent
- Depressed
- Feeling a need to use alcohol or drugs to cope

If you experience any of these signs or symptoms because of your interpreting work, you probably need to focus on your self-care plan, which is the subject of Learning Objective 2.3. You should also prioritize four key activities that will support your resilience, sometimes called “the big four” of health and wellness:

1. Adequate sleep
2. Sound nutrition (eat well)
3. Exercise and activity
4. Relaxation (for example meditation, prayer, deep-breathing exercises or progressive relaxation)

### Compassion Satisfaction

If you take care of yourself and improve your resilience through focusing on the “big four,” as well as self-care activities like those discussed in Part 2.3 of this module, you may well experience compassion satisfaction. For interpreters this feeling is also known as “interpreter’s high,” which is the great feeling you can have after an encounter, or over the long term, because you made a meaningful difference in the lives of others. You feel that your work has contributed to their well-being.

It’s important to note that working with survivors of crime is hard work and can be stressful or even traumatic, but it can also be rich work that is filled with satisfaction and meaning for interpreters and others who work with victims of crime.

### Trauma

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional or spiritual well-being.*

— SAMHSA, 2012

As you saw in Module 1, any interpreter who works with victims of violent crime will need to develop an understanding of trauma: what it is, how it affects victims of crime and how it can affect interpreters, as well. The rest of this manual will address trauma from many different perspectives.

In the United States, the quality of victim services tends to be high and is focused on helping survivors of trauma recover. While modern Western medicine has historically been criticized for treating symptoms and not people, victim services usually is more holistic. As you will see in this module and the remainder of this manual, most emergency and victim service providers do understand trauma, and they work for the healing of the survivor, as well as the survivor's ability to pursue justice. You will be part of that process—a very important part. In fact, in many cases, without you, healing from trauma may be difficult or impossible. Your role is vital.

The following information gives you a background in what trauma is and its impact on the survivor; this information comes from the U.S. Substance Abuse and Mental Health Administration.<sup>22</sup>

### What Do We Mean by Trauma? The Three Es<sup>1</sup>

*Events and circumstances* may include the actual or extreme threat of physical or psychological harm or the withholding of material or relational resources essential to healthy development. These events and circumstances may occur as a single occurrence or repeatedly over time.

The individual's *experience* of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another (e.g., one child removed from an abusive home may experience this as traumatic, whereas another may not; one refugee may experience fleeing one's country as traumatic, another may not; one military veteran may experience deployment to a war zone as traumatic, another may simply take this in stride). How the individual labels, assigns meaning to and is disrupted physically and psychologically by an event will determine whether or not it is experienced as traumatic. In many situations, a sense of humiliation, betrayal, or silencing often shapes the experience of the event. How the event is experienced may be linked to a range of factors including the individual's cultural beliefs (e.g., the subjugation of women and the experience of domestic violence), availability of social supports (e.g., whether isolated or embedded in a supportive family or community structure), or to the developmental stage of the individual (i.e., an individual may understand and experience events differently at age five, fifteen or fifty)...

The long-lasting adverse *effects* on an individual are the result of the individual's experience of the event or circumstance. These adverse effects may occur immediately or over time. In some situations, the individual may not recognize the connection between the effects and the events. Examples of adverse effects include an individual's inability to cope with the normal stresses and strains of daily living; to trust and benefit from relationships; and to manage emotions, memory, attention, thinking, and behavior. In addition to these more visible effects, there may be an altering of one's neuro-physiological make-up and ongoing health and well-being. Advances in neuroscience and an increased understanding of the interaction of neurobiological and environmental factors have documented the effects of such threatening events. Traumatic experiences may lead to a hypervigilant, constant state of arousal which eventually wears a person down, physically, mentally, and emotionally. Survivors of trauma have also highlighted the impact of these events on spiritual beliefs and the search for meaning.

In short, trauma is the sum of the event, the experience, and the effect.

<sup>1</sup> Adapted from Griffin, E., 2012. Presentation at the NIDA/ACYF experts meeting on trauma and child maltreatment.

<sup>22</sup> <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

## Post-traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a disorder that is typically caused by experiencing or witnessing a traumatic event (or events) and being unable to fully process the experience. As a result, for months, years or even decades, a survivor might consciously or unconsciously have some or many symptoms of PTSD related to that experience such as

- Intrusive thoughts and memories or flashbacks
- Nightmares
- Self-blaming
- Feeling detached or disconnected from others
- Hyper-vigilance
- Problems sleeping or concentrating.

Many other symptoms are possible. Without professional support, it can be difficult to heal from PTSD.

## Vicarious Trauma

Vicarious trauma (VT) means that you can start to experience some of the trauma symptoms of the people whose stories you hear. One example is an interpreter who was interpreting for a refugee. Then the interpreter started having nightmares about the refugee's experiences. "It's like I was having her own nightmares for her!" the interpreter reported.

### A Note for Sign Language Interpreters: "Visual Trauma"

Sign language interpreters can experience vicarious trauma in a somewhat different way than spoken language interpreters.

The fact that the story being told by the survivor about the violent crime is visual (in signs) means the impact is visual too. The sign language interpreter is not usually hearing the story but seeing it.

In addition, the interpreter is responding with his or her body and not only voice, changing the dynamics of the impact of trauma on the interpreter.

If you interpret for victims or survivors of major trauma, even though you must listen to their stories, you will also need to avoid empathizing too much. Even so, you can start to have the following responses related to your work—and if you do, it could mean that you are experiencing vicarious (or secondary) trauma:

- Intrusive or distressing thoughts
- Anxiety
- Depression
- Insomnia
- Recurring health problems like infections
- Fear for your own safety (e.g. fear of parking lots or dark places)
- Fear for the safety of your loved ones.

In other words, you may suffer from many of the same kinds of trauma responses that the survivors you interpret for display. If you do have responses that suggest you are experiencing VT, it does not mean you are a poor interpreter. It probably means you are a caring person who needs special techniques and strategies to help you to reduce the impact of trauma on yourself when you interpret. This module will help you do so.

The following list of signs of vicarious trauma comes from SAMHSA.<sup>23</sup>

## Secondary Traumatization Signs

The following are some indicators that counselors may be experiencing secondary traumatization.

### Psychological distress

- Distressing emotions: grief, depression, anxiety, dread, fear, rage, shame
- Intrusive imagery of client's trauma
- Numbing or avoidance: avoidance of working with client's traumatic material
- Somatic issues: sleep disturbances, headaches, gastrointestinal distress, heart palpitations, chronic physiological arousal
- Addictive/compulsive behaviors: substance abuse, compulsive eating, compulsive working
- Impaired functioning: missed or canceled appointments, decreased use of supervision, decreased ability to engage in self-care, isolation and alienation.

### Cognitive shifts

- Chronic suspicion about others
- Heightened sense of vulnerability
- Extreme sense of helplessness or exaggerated sense of control over others or situations
- Loss of personal control or freedom
- Bitterness or cynicism
- Blaming the victim or seeing everyone as a victim
- Witness or clinician guilt if client re-experiences trauma or reenacts trauma in counseling
- Feeling victimized by client.

### Relational disturbances

- Decreased intimacy and trust in personal/professional relationships
- Distancing or detachment from client, which may include labeling clients, pathologizing them, judging them, canceling appointments, or avoiding exploring traumatic material
- Overidentification with the client, which may include a sense of being paralyzed by one's own responses to the client's traumatic material or becoming overly responsible for the client's life.

### Frame of reference

- Disconnection from one's sense of identity
- Dramatic change in fundamental beliefs about the world
- Loss or distortion of values or principles
- A previous sense of spirituality as comfort or resource decreases or becomes nonexistent

<sup>23</sup> <http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>

- Loss of faith in something greater
- Existential despair and loneliness.

—Figley, 1995; Newall & MacNeil, 2010; Saakvitne *et al*, 1996.<sup>24</sup>

**Stress vs. Vicarious Trauma**

Here are just a few real-life examples of what you may feel as an interpreter when you are stressed on the job vs. what you might feel if you are suffering VT. Note that this is an informal classification, and some symptoms of stress overlap with symptoms of vicarious trauma. However, this list may help you to grasp some of the differences between them.

Interpreter Stress vs. Vicarious Trauma		
	Job stress	Vicarious trauma
Immediate response (during the session)	Irritation	Dizziness/light-headedness
	Impatience	Nausea
	Feeling “fed up”	Heart pounding
	Fantasies of revenge	Distress or sadness
	Anger	“Spacing out”
	Frustration	Inability to continue
Short-term response (right after the session)	Taking it out on colleagues	Shaken or shaking
	Venting to friends/family	Confusion
	Problem-solving	Emotional numbness
	Revisiting job description	Flashbacks
	Reporting problems	Intrusive thoughts of the crime
	Desire to quit	
Longer-term response	Desire to make changes	Insomnia or nightmares
	Re-evaluating the job	Disruption of eating patterns
	Changing jobs	Depression
		Anxiety
		Fear for safety of self/family

**\*Note:** Extreme job stress could lead to some of the responses that are seen in the “vicarious trauma” column and vice versa. This table is intended only as a general snapshot for interpreters; it is not clinical guidance.

**Figure 3: Comparison Table of Stress and Vicarious Trauma Responses**

**Empathy**

Empathy is the ability to feel, understand or imagine the feelings or the emotional experience of another person or another being. Empathy is a two-edged sword for the interpreter. On the one hand, empathy gives you great insight into the meaning of a message. The better you understand

<sup>24</sup> <http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>, p. 199.

the message, the more accurately you may be able to interpret it. Yet empathy can lead to VT. Why is that?

First, it's important to understand that as an interpreter you are not just engaging in "regular" or typical empathy when you interpret for a victim of violent crime. Like the police officer, the hospital nurse, the therapist, the advocate, the paralegal or the attorney, you are engaged in a helping profession, which means that to *help the survivor effectively, you must control your empathy.*

Our everyday empathy is called automatic empathy. If you see a dove with a broken wing on the sidewalk, you may cringe and feel distress to see this innocent creature suffer. You can't help it: You are identifying with the dove or even vicariously experiencing what you think may be the pain of the poor dove even if you are wrong, and the dove feels something quite different than what you imagine. It appears that we are born with the ability for empathy. Even babies as young as 18 hours old display distressed reactions if they hear another baby crying (McDonald & Messinger, 2011).

Controlled empathy is different. It actually works in a different part of your brain. When we listen to someone describe an event, part of our brain that includes "mirror neurons" can actually recreate the experience as if, to some degree, we are living it ourselves. Because of its social function, language is a critical part of that process "to imbue words with meaning requires a fusion between the sound of words and the shared meaning of the experience of action" (Gallese 2007, p. 13).

So you, the interpreter, are recreating the story in your mind while struggling to focus on interpreting it accurately and impartially without ever showing in your voice, body language or facial expressions what you really feel. In this sense you are behaving just like other service providers for victims of violent crime, who must also not show their real emotions to provide effective services for the victim.

*As the listener hears the revolting story, he or she begins to visualize it in the mind as if it is actually happening. The brain is struggling with another's upset. In this process, called controlled empathy, the helper has to rev up his or her internal resources to remain calm ... the helper has to hold back because he or she needs to remain controlled. Imagine yourself setting a top spinning and then, needing to immediately interrupt its gyrations. It's like going against a force of nature.*

— Izzo & Miller, p. 11.

### **A Note for Sign Language Interpreters: Managing Your Responses**

Sign language interpreters have an additional challenge: The story of a violent crime is being told in body language, and the interpreter is responding with body language (because gestures, expressions and other movements are an integral part of sign language). Yet the interpreter will need to find a way not to reveal, through his or her own almost instinctive body language, the emotional impact of the story on the interpreter.

Maintaining control of one's emotional response so that it isn't reflected in one's body language is essential for sign language interpreters.

## How Interpreters Can Be Traumatized

Here are examples taken from real-life services to victims of violent crime such as advocacy, therapy and legal services. They will give you a sense of why you may be deeply affected by interpreted sessions in these fields.

- The subject matter could include, for example
  - An experience of strangulation during sex
  - Getting gang-raped right after crossing the border
  - A child hit and killed by a drunk driver
  - A rapist discovering during the assault that the victim is transgender (aggravating an already violent situation)
  - A torture survivor and refugee who thinks she is safe in the U.S. and is then mugged and perhaps even sexually assaulted
  - “Sex slaves” (sexual trafficking of adults and minors).
- Situations that you interpret could include
  - The client crying, the therapist crying and the interpreter crying
  - Utter silence
  - Finding yourself judging the victim (even if you don’t want to)
  - A male interpreter being assigned to a female rape survivor
  - Preparing for a court case where the victim must testify about horrendous acts that seem unspeakable and is distraught to imagine doing so
  - A therapy session where the survivor seems to be spiraling out of control (even the therapist is watching and “regulating” the survivor—prepared to bring her back to a state of equilibrium).
- The stress or trauma may be aggravated for you by
  - Terms you have never heard
  - The need to interpret obscenities and other crude language
  - The requirement to interpret the names of intimate body parts and sexual acts
  - Having had a similar experience yourself
  - Having a past trauma of your own that is not resolved
  - Being a refugee and interpreting for another refugee with a similar experience
  - Having many other stressors and pressures in your life.
- Stressful pressures on you may come from other sources, for example
  - Therapists, case managers or attorneys who appear to behave coldly or strangely for reasons you don’t understand (but they do)
  - Clients who expect you to help them outside the session because you are from the same culture or community
  - Pressure from the community itself or from elders or mediators within that community
  - Providers who give out your cell number to survivors; or clients who see your number on their caller ID because you forgot to block it when you called to confirm an appointment
  - Your desire to help someone who has suffered deeply
  - Your grief over your inability to reduce a survivor’s suffering.

Some interpreters report being asked to interpret for the perpetrator and the victim of the same crime. While court interpreters are often able to distance their emotions from that type of work, many community interpreters find it emotionally difficult to interpret for perpetrators of a violent crime.

In addition, emergency and victim services is an area of interpreting that can seem strange and stressful in itself, at times. For example, a therapist may sit with silence for two minutes or longer while a survivor simply cries. For the therapist, silence and crying are not a problem. It's a question for the therapist of being *present*: staying attuned and helping the survivor to realize that she is not alone and has her therapist's attention. The therapist may seem to be sitting very still, but in reality she is alert and ready to engage with the survivor when the survivor is ready. For the interpreter, silence can feel bizarre.

### Your Own Past History

If you have a history of domestic violence, sexual assault, torture, war trauma or other violent crimes, you may be re-traumatized in this type of work. As a result, you are at particular risk for developing vicarious trauma.

In fact, many interpreters who work in this field have themselves been victims of crime. If you have experienced domestic violence or sexual assault, which are among the most common crimes in the world, it might feel almost impossible to interpret for survivors who have similar experiences without your own memories and feelings resurfacing.

The reality is that most interpreters in the United States (and probably most other countries) are women who come from nearly any country in the world. According to statistics from the United Nations World Health Organization (WHO) and Amnesty International, one woman in three has experienced abuse or sexual assault. In addition, a growing number of U.S. interpreters are refugees or asylum seekers, who almost by definition have experienced trauma.

We can therefore safely assume that many interpreters in the field of victim services have their own past history of trauma.

If you have been a victim yourself, you will need to manage not only your emotional reaction to what the victim is experiencing, but also your processing of your own past experience. It is possible that you did not receive any help when you suffered an assault. You could experience stress symptoms that come on without warning while you are interpreting, such as sweating, a racing heart or a fear reaction. Such symptoms can make it difficult for you to stay focused. Strategies to manage these reactions will be explored in Part 2 of this module. The key is first becoming aware of them.

Also: Think hard and deeply about whether or not you should interpret for victim services. Over the course of this training program or while simply reading this manual and its companion workbook,

### If You Have a Personal History of Trauma—Should You Interpret?

I've seen people with a past history [of sexual assault, domestic violence or other major crime-related trauma] who do a really excellent job because they come from that background. They've been able to process it. You can never really move past that but you can live with it in a way that makes them such an amazing person, and they're able to provide those services to other people. And I've seen others go into this field to help other and really they weren't ready. They're being retriggered and they're not doing as good a job. So I think it really depends on the person, and I've seen both sides.

—Clinical case manager in  
a nonprofit legal service

you will have the opportunity to observe yourself and your reactions to the content, role plays and activities. If you find that you are feeling distressed or show any of the vicarious trauma symptoms that are discussed in this module—especially if you cry or begin flashing back to your own trauma—then please notify your trainer at once or, if you are reading this manual or workbook, close it. Please, then, reconsider whether you are ready right now to interpret for emergency or victim services.

### Interpreter Resilience and Post-traumatic Growth

Fortunately, even if you have a history of personal trauma that is triggered by interpreting in victim services, the good news is that you are unlikely to experience permanent harm, though in the short term you may undergo distress.

It is commonly said, and research shows it to be true, that the most likely result of human trauma is an increase in resilience. The resilience effect is also true for interpreters. Resilience was discussed near the end of Module 1. Now consider the same subject from your own point of view.

Here is information about resilience adapted from a SAMHSA publication by a nonprofit organization called Rhode Island Hope:<sup>25</sup>

**Resilience is the ability to**

- Bounce back
- Take on difficult challenges and still find meaning in life
- Respond positively to difficult situations
- Rise above adversity
- Cope when things look bleak
- Tap into hope
- Transform unfavorable situations into wisdom, insight and compassion
- Endure

*Resilience refers to the ability of an individual, family, organization or community to cope with adversity and adapt to challenges or change. It is an ongoing process that requires time and effort and engages people in taking a number of steps to enhance their response to adverse circumstances.*

*Resilience implies that after an event, a person or community may not only be able to cope and recover, but also change to reflect different priorities arising from the experience and prepare for the next stressful situation.*

Those who work in victim services typically have a wealth of compassion and caring for the suffering of all, which is part of what brought them to the profession. So you are benefiting, in a way, from being part of a larger picture that is devoted to health and healing. This is a healthy area of service—if you take care to protect yourself.

There is even evidence that interpreters, like survivors of trauma, can and do experience post-traumatic growth (Gomez, 2012, and Splevins *et al*, 2010). Helping a survivor of violent crime go through the process of recovering from trauma may bring you great joy and a sense of personal accomplishment and fulfillment, as it does for many interpreters.

<sup>25</sup> <http://www.rihope.ri.gov/documents/pdf/Resilience.pdf>

## Review of Part 2.1

It is important for all interpreters in emergency and victim services to understand the impact of trauma on survivors and interpreters. This section examined the differences between

- Stress
- Compassion fatigue (burnout)
- Trauma
- Vicarious trauma.

This section also considered empathy: what it is and how it can help or hinder the work of the trauma-informed interpreter. It offered strategies for engaging in “controlled” or professional empathy, allowing you to be warm and compassionate without experiencing burnout or vicarious trauma.

Doing so means understanding and paying careful attention to your emotional responses, particularly if they suggest you maybe experiencing vicarious trauma. Now we will turn to what you can do to prevent or reduce both stress and vicarious trauma.

Finally this section looked at how interpreters may be traumatized by

- The content or subject matter of the encounter.
- Emotional situations and their intensity, for example
  - Times when everyone is crying and/or the situation appears out of control
  - Utter silence
  - Finding yourself judging the victim (even if you don’t want to).
- Specific challenge such as
  - Having to interpret unfamiliar, crude, obscene or anatomically explicit terms
  - The interpreter’s past similar experience of crime (especially if unresolved)
  - Being a refugee interpreting for another refugee.
- Pressures from external or other sources, for example
  - Survivors or community members who expect the interpreter’s assistance outside the session
  - Survivors who obtain the interpreter’s personal contact information.

The section concluded with a focus on the interpreter’s opportunities in this field for increasing resilience and experiencing post-traumatic growth.

## Part 2.2 Techniques for Reducing Stress and Trauma

### Learning Objective 2.2

After completing this objective, the interpreter will be able to:

*Practice wellness techniques to manage the interpreter's emotional responses before, during and after victim services encounters.*

### Introduction

The first section of this module focused on information that you need to know to understand stress, trauma and your own emotional responses. Now the question is what you do about it: How do you manage stress and prevent vicarious trauma when interpreting in victim services?

In most interpreter training programs, interpreter self care (if it is addressed at all) is often an add-on, a few minutes tacked onto the last part of the program as if it were an afterthought. In this program, we consider interpreter self care to be so important that it is addressed on the first day of the training program, in detail.

In order to help you, this section will focus on practical techniques and strategies for interpreters that come from a variety of sources, including the needs assessment for this project; Bambarén-Call *et al* (2012); Bancroft *et al* (a) (in press); Bancroft *et al* (b) (in press); and the experiences of many interpreters in the field that were culled from oral communications, interpreting listservs, conferences and other sources, including therapists, advocates, social workers and case managers who were involved in this training project.

The next section, which focuses on your self-care plan, will include wellness practices that affect your general health and well-being. This section, however, focuses on three categories of concrete, specific and helpful activities that you can practice to reduce stress and vicarious trauma:

- Before the encounter
- During the encounter
- After the encounter.

The victim services encounter that you interpret for could take place in a hospital emergency room, a fire site, a street where paramedics are treating a victim of mugging or anywhere that you are assigned to interpret. The techniques discussed in this section can benefit you in almost any emergency or victim service setting.

### Techniques, Part 1: Before the Encounter

#### Preparing vs. Setting Boundaries

The goal of preparing yourself mentally for a potentially traumatic encounter is to reduce surprise and stress and also set boundaries around the event. So let's look at each of these concerns.

Preparing means two things: preparing for the assignment itself, and preparing yourself emotionally. Setting boundaries means drawing a line between your personal life and the professional encounter.

### Preparing for a Victim Services Interview

In general, services to victims of violent crime may be quite different from the usual medical, legal or general interpreting assignments that you may have had. So it is very helpful to be prepared by knowing as many details as possible concerning what the interview will be about so that you can adjust your emotional expectations and research the terminology. (See Module 8 of this training manual and its companion glossary called *Breaking Silence: A Glossary of Terminology for Victim Services Interpreting*.)

Inform yourself. Contact the language service that assigns you and/or the victim service provider ahead of time if you can. Gather as many details as possible before the assignment.

### What Victim Service Providers Do

Here are a few examples of what you might hear if you have the chance to speak ahead of time with service providers. You can see how helpful this information would be in real life if you knew what the encounter was about before arriving.

- Therapist: *[During] the first encounter, we have a set list of questions to ask, but I usually don't ask them. It's about building rapport and getting them to get through their symptoms and build on their strengths. I can sometimes meet with someone five or six times [before we discuss the assault]. So much is about building the rapport or regulating their affect, so it's something to tell the interpreters.*
- Paralegal: *Something like three-quarters of women crossing the border are sexually assaulted, and some will take contraception and preventive HIV meds, and they know they will be sexually assaulted, and that is the price they have to pay. That is horrifying. That is one of the more horrific things I have heard, unfortunately too often.*
- Hospital advocate: *Some [rape victims] at one moment seem perfectly fine, cracking jokes and even through the exam, and others start that way and melt down, and other people say hardly anything. Always, as an interpreter, you have to take it all in before you react.*
- Counselor: *I think the thing I would point out with the recent survivors, many of them froze, so they didn't fight back during the assault, even though they were very clear they were not willingly consenting. And that comes up early on, a sense of guilt and blame early on—they [feel they] should have done more. So a lot of work is kind of normalizing their response and digging into the past. I haven't seen a lot of anger initially, but as they begin to process that they were not responsible, anger does start to come up. It's a kind of turning inward—depression, unease and a lot of responsibility on them. [And we see] flashbacks and nightmares, at least initially for the first months.*

### Coordinating with the Provider

In addition to phoning the agency where you will interpret to see what general information you can collect about the assignment and the service organization itself, you can also

- Collect brochures from the organization, in print or online
- Do Internet searches specific to that session, both for terminology and the process
- Talk to other interpreters who have interpreted for that type of encounter
- Build a computer file of materials that you have collected about that type of service
- Watch television shows, YouTube videos, films or documentaries about that service.

### Arranging Signals

When you check in with the provider ahead of time to see if there is anything that you should know about the encounter, especially in mental health settings, try to agree on a pre-arranged hand signal (a discreet one) so that you can alert the provider that you need a break if

- You are having a hard time dealing with the content and trauma of the session
- You are overwhelmed by the intensity and speed of the victim's statements.

When the provider sees your discreet gesture s/he, not you, can interrupt the encounter.

Sign language interpreters would need to find some other technique other than a hand signal to alert the provider that the interpreter is distressed or overwhelmed and needs a break.

### Setting Boundaries

Techniques for setting boundaries are a specialty of many interpreters. You will have to find what works best for you, but here are a few creative ideas that interpreters have found helpful.

#### *Objects*

- Bring a special object to have with you that you use *only* during stressful or potentially distressing and traumatic assignments—for example, a stone, a special necklace or a memento. During a break in the session, you can also bring the object out and touch it.
- Have a bracelet or elastic band for these types of interviews. Put it on before the encounter and take it off afterwards. You can touch it during the session (some interpreters snap the elastic) to bring you back to yourself and away from the distressing content that you are interpreting.

#### *Visualization*

- Plan an image of a safe place: a peaceful scene like a mountain, a lake, a meadow or the sea.
- A “safe place” could also be a calming piece of music in your mind, a beloved person's face or the memory of a comforting touch.
- Practice imagining this image or sensory impression a few times so you can be ready to visualize it during the encounter if you need to calm yourself or distance yourself from the traumatic content.

#### *Rituals*

- Have a ritual that defines the point when you leave your car or home or enter the building where you will interpret.
- The ritual could be a word or phrase that you recite; a prayer; a little song; a set of movements or anything else that feels right to you.
- It could also be putting something on that you will later take off.
- Your ritual might be easy to perform afterward, as well, to set a clean boundary around the encounter. For example, a little mantra or soothing phrase that you tell yourself going in and again on coming out of the assignment, or an object that you put into your pocket or purse or wear during the encounter.

*Mental preparation*

- Some interpreters simply imagine in their minds what they are going to do during the assignment and how professional, yet compassionate, they intend to be.
- Plan to be *present*: if possible, prepare yourself to tune in, not out.
- Have a plan about positioning, even if the plan is to ask the provider and client where they would prefer you to position yourself in order to help them communicate most directly to each other. (However, be prepared to avoid positions that in your experience could intrude on direct provider-survivor communication and have an idea what to say to justify your concern.)

**The Relaxation Response**

If you have time before the assignment, at home or in a quiet place, it can be very helpful to engage in a breathing or relaxation exercise that will prepare you emotionally to remain calm. Good breathing practices all by themselves can elicit a relaxation response.

There is a large and growing body of research suggesting that the relaxation response is healthy and beneficial. Here is what SAMHSA suggests as a basic relaxation routine to practice.

**Elicit the Relaxation Response**

1. Sit quietly in a comfortable position.
2. Close your eyes.
3. Deeply relax all your muscles, beginning at your feet and progressing up to your face. Keep them relaxed.
4. Breathe through your nose.
5. Become aware of your breathing.
6. As you breathe out, say the word, “one”\* silently to yourself. For example, breathe in ... out, “one”; breathe in ... out, “one”, etc.
7. Breathe easily and naturally.
8. Continue for 10 to 20 minutes.

You may open your eyes to check the time, but do not use an alarm.

When you finish, sit quietly for several minutes, at first with your eyes closed and later with your eyes opened. Do not stand up for a few minutes.

Do not worry about whether you successfully achieve a deep level of relaxation.

Maintain a passive attitude and permit relaxation to occur at its own pace. When distracting thoughts occur, try to ignore them by not dwelling upon them and return to repeating “one.”

With practice, the response should come with little effort. Practice the technique once or twice daily, but not within 2 hours after any meal since the digestive processes may interfere with the elicitation of the Relaxation Response.<sup>26</sup>

<sup>26</sup> <http://www.integration.samhsa.gov/health-wellness/wham/relaxation-response>

Today there are countless resources to explore relaxation techniques of all kinds. Here is a set of relaxation techniques from Harvard:

### RELAXATION TECHNIQUES: BREATH FOCUS

JUL 2008

Deep breathing is the foundation of breath focus, which is quite simple to do.

Find a comfortable, quiet place to sit or lie down. Start by noting the difference between breathing normally and breathing deeply. First take a normal breath. Now try a deep, slow breath. The air coming in through your nose should move downward into your lower belly. Let your abdomen expand fully. Now breathe out through your mouth (or your nose, if that feels more natural). Alternate normal and deep breaths several times. Pay attention to how you feel when you inhale and exhale normally and when you breathe deeply. Shallow breathing often feels tense and constricted, while deep breathing produces relaxation.

Now practice deep breathing for several minutes. Put one hand on your abdomen, just below your belly button. Feel your hand rise about an inch each time you inhale and fall about an inch each time you exhale. Your chest will rise slightly, too, in concert with your abdomen. Remember to relax your belly so that each inhalation expands it fully. As you exhale slowly, let yourself sigh out loud.

Once you've taken the steps above, you can move on to regular practice of breath focus. As you sit or lie comfortably with your eyes closed, blend deep breathing with helpful imagery and a focus word or phrase that will help you relax. Imagine that the air you breathe in washes peace and calm into your body. As you breathe out, imagine that the air leaving your body carries tension and anxiety away with it. As you inhale, try saying this phrase to yourself: "Breathing in peace and calm." And as you exhale, say: "Breathing out tension and anxiety." When you first start, 10 minutes of breath focus is a reasonable goal. Gradually add time until your sessions are at least 20 minutes long.

#### Relaxation techniques: Mini-relaxations

Mini-relaxations can help allay fear and reduce pain while you sit in the dentist's chair or lie on an examining table. They're equally helpful in thwarting stress before an important meeting, while stuck in traffic, or when faced with people or situations that annoy you. Here are a few quick relaxation techniques to try.

#### When you've got 1 minute

Place your hand just beneath your navel so you can feel the gentle rise and fall of your belly as you breathe. Breathe in slowly. Pause for a count of three. Breathe out. Pause for a count of three. Continue to breathe deeply for one minute, pausing for a count of three after each inhalation and exhalation.

Or alternatively, while sitting comfortably, take a few slow deep breaths and quietly repeat to yourself "I am" as you breathe in and "at peace" as you breathe out. Repeat slowly two or three times. Then feel your entire body relax into the support of the chair.

#### When you've got 2 minutes

Count down slowly from 10 to zero. With each number, take one complete breath, inhaling and exhaling. For example, breathe in deeply saying "10" to yourself. Breathe out slowly. On your next breath, say "nine," and so on. If you feel lightheaded, count down more slowly to space your breaths further apart. When you reach zero, you should feel more relaxed. If not, go through the exercise again.

#### When you've got 3 minutes

While sitting down, take a break from whatever you're doing and check your body for tension. Relax your facial muscles and allow your jaw to fall open slightly. Let your shoulders drop. Let your arms fall to your sides. Allow your hands to loosen so that there are spaces between your fingers. Uncross your legs or ankles. Feel your thighs sink into your chair, letting your legs fall comfortably apart. Feel your

shins and calves become heavier and your feet grow roots into the floor. Now breathe in slowly and breathe out slowly. Each time you breathe out, try to relax even more.

#### **When you've got 5 minutes**

Try self-massage. A combination of strokes works well to relieve muscle tension. Try gentle chops with the edge of your hands or tapping with fingers or cupped palms. Put fingertip pressure on muscle knots. Knead across muscles, and try long, light, gliding strokes. You can apply these strokes to any part of the body that falls easily within your reach. For a short session like this, try focusing on your neck and head.

Start by kneading the muscles at the back of your neck and shoulders. Make a loose fist and drum swiftly up and down the sides and back of your neck. Next, use your thumbs to work tiny circles around the base of your skull. Slowly massage the rest of your scalp with your fingertips. Then tap your fingers against your scalp, moving from the front to the back and then over the sides.

Now massage your face. Make a series of tiny circles with your thumbs or fingertips. Pay particular attention to your temples, forehead, and jaw muscles. Use your middle fingers to massage the bridge of your nose and work outward over your eyebrows to your temples.

Finally, close your eyes. Cup your hands loosely over your face and inhale and exhale easily for a short while.

#### **When you've got 10 minutes**

Try imagery. Start by sitting comfortably in a quiet room. Breathe deeply for a few minutes. Now picture yourself in a place that conjures up good memories. What do you smell—the heavy scent of roses on a hot day, crisp fall air, the wholesome smell of baking bread? What do you hear? Drink in the colors and shapes that surround you. Focus on sensory pleasures: the swoosh of a gentle wind; soft, cool grass tickling your feet; the salty smell and rhythmic beat of the ocean. Passively observe intrusive thoughts, and then gently disengage from them to return to the world you've created.

#### **Relaxation techniques: Meditation**

Sit quietly and breathe deeply for a minute or two.

- Choose a mental device to help you focus. Silently repeat a word, sound, prayer, or phrase (such as “one,” “peace,” “Om,” or “breathing in calm”). You may close your eyes if you like or focus your gaze on an object.
- Adopt a passive attitude. Disregard distracting thoughts or concerns about how well you're doing. Any time your attention drifts, simply say, “Oh, well,” to yourself and return to silently repeating your focus word or phrase.
- Now slowly relax your muscles, moving your attention gradually from your face to your feet. Breathe easily and naturally while using your focal device for 10 to 20 minutes. After you finish, sit quietly for a minute or so with your eyes closed. After you open your eyes, wait another minute before standing up.

Try to practice this meditation daily for 10 to 20 minutes or longer, preferably at a specific time each day.<sup>27</sup>

<sup>27</sup> [http://www.health.harvard.edu/newsletters/Harvard\\_Womens\\_Health\\_Watch/2008/July/relaxation\\_techniques\\_breath\\_focus](http://www.health.harvard.edu/newsletters/Harvard_Womens_Health_Watch/2008/July/relaxation_techniques_breath_focus)

## Techniques, Part 2: During the Encounter

### Special Techniques to Help You

During the victim service interview, your goal is to maintain sufficient internal calm to reduce your emotional responses to any distressing information you might hear. Four techniques recommended by therapists can help you. Be especially sure to remember them if you notice that you are having some difficulties. Two other techniques come from interpreters. The six techniques are

- Grounding
- Breathing
- Visualization
- Relaxation techniques
- Taking a break
- Interpreter self-calming strategies.

Let's examine each of these techniques in turn.

#### Grounding

Grounding refers to a set of techniques to stop you from re-experiencing a trauma, even if it is someone else's trauma. Grounding is a professional technique that is used by therapists to help their clients, particularly traumatized clients.

If you notice yourself tuning out or feeling anxious or vulnerable, try to focus on something in the room. Use all your senses: sight, smell, hearing, taste and touch. For example, you might notice a smell of fresh air through a window, the sound of air conditioning or the sight of a flower in a vase. Feel your physical presence in the chair, your feet on the floor. Wiggle your toes. Notice your eyelids open and close each time you blink. Even say to yourself, "I am Miriam, the interpreter, sitting with therapist Saira and her client Aster."

#### Breathing

If you practice breathing techniques before the encounter often enough, they become second nature. Then they may become so automatic that you can actually engage in deep breathing while you interpret. Yes, this is a challenge. But it is important at the very least to *breathe from the diaphragm—not from the throat or upper chest*.

Breathing from deeper down will help your throat and ease your interpreting voice in any case, in particular because it will cause less strain on your voice for longer interpreted encounters (which are frequent in victim services interpreting).

Also, breathing deeply from the diaphragm can have a calming effect on you, even if you cannot engage in a full-blown breathing exercise.

#### Visualization

Remember that visualization technique we mentioned above? During the encounter, if you feel a need to distance yourself from details of a sordid or violent act that is being described, or other distressing information, avoid deliberately visualizing the content. Some interpreters like to visualize what they interpret to help enhance their memory. Usually this technique enhances your accuracy. However, visualizing the message is not a wise technique when you interpret details about violent crimes.

Instead, if you wish to, visualize the calm and peaceful scenery or any other soothing image, as we mentioned earlier. (It might even be the face of a family member or loved one.) Doing so can even reduce your blood pressure and allow you to remain calm internally no matter how distressing the content of the messages you interpret.

If you find (and this is common) that you can't help visualizing what you hear, then consider the following strategies:

- Focus on your note-taking and symbols (unless you are a sign language interpreter). By creating visual symbols, you are substituting one visual input that is relatively neutral for the more distressing one. See Module 4 for details about how to take notes.
- If you must visualize, think of stick figures—and perhaps draw the stick figures.
- See what you visualize as a stylized cartoon.

In short, there is no one answer here. Find what works best for you. Share it with other interpreters and see what they have to suggest, as well.

### **Relaxation Techniques**

If you have a particular relaxation technique that has become second nature, and you can find a moment to ask for a break, practice your relaxation technique when you leave the room. Just find a quiet place to sit, if one is available. Then close your eyes and perform the exercise. See the examples listed above in the section called “Techniques, Part 1: Before the Encounter” for suggestions.

Another argument for doing certain breathing and relaxation exercises regularly is that, like deep breathing, they can become automatic enough that you can even perform them in unfamiliar places.

### **Taking a Break**

It is very important that you manage the flow of communication in a way that does not disrupt it.

If you are so distressed that you need a break, it can be critical to have that pre-arranged signal with the service provider that we mentioned earlier. If so, use it to alert the provider that you are feeling overwhelmed.

Then the *provider* can wait for the earliest feasible opportunity to take a break. When that happens, you may wish to leave the room to get a drink of water or engage in a relaxing activity away from the survivor and provider to help you decompress and calm yourself.

If you find that this break does not reduce your signs of stress or even secondary trauma—for example, if you are still experiencing a symptom as serious as nausea or dizziness, or find you are in tears—you may wish to ask the provider to cut the meeting short. However, because doing so could have a negative impact on the survivor, leaving the session before it concludes is something to avoid if at all possible. Some survivors have blamed themselves for distressing the interpreter, which would be a sad outcome and one that victim service providers work hard to avoid.

### Interpreter Self-Calming Strategies

When you are interpreting traumatic content, you may wish to consider the following techniques:

- Switch from first person (direct speech) to third person, at least temporarily. Therapists support this idea: It removes the burden of your speaking as if these horrific events are happening to you. (The latter can affect you deeply: therapists also report seeing interpreters instinctively and even unconsciously switching to third person when the content becomes very traumatic, which shows how self-protective this act can be.)
- Focus on the linguistic envelope: the syntax (word order) and chaining of ideas, the linguistic variations and so forth to distance yourself from the content.
- Observe yourself interpreting and monitor your performance: This practice may seem counterintuitive but, again, doing so focuses you on the act of *interpreting* and not on the content.
- Pay attention to note-taking; it can be very concrete and grounding. Perhaps you don't really need to take notes at that particular time, but doing so can, again, refocus you on the act of interpreting and not the content. (This suggestion, of course, will most likely not apply to sign language interpreters.)

### Techniques, Part 3: After the Encounter

#### Debriefing and Self Care

After you leave the encounter, it is time to have your self-care plan in place. While all the techniques above can also be useful immediately after the encounter—including setting boundaries and creating rituals—it is important to have a full self-care plan in place in case you need something more substantive than the techniques listed in this section.

So “Techniques, Part 3: After the Encounter” is very simple:

- Debrief with the provider, if possible.
- Use any of the techniques in Part 1 and Part 2 that may help you, including boundary rituals and deep breathing, in particular.
- Refer to your self-care plan (discussed in the next section, Part 2.3).
- Consider your social support system: family, friends, acquaintances and colleagues in particular, but also
  - Congregants in a church, temple or mosque
  - Other groups you may belong to
  - Social activities you may engage in.

As a special note: Sometimes when we least feel that we want to socialize, it can actually be beneficial to do so, even for introverts who enjoy their solitude. If you are deeply distressed after an interpreting encounter, reconsider the idea that you might want to be alone that day or evening. Instead, carefully think about trying to be with other people who usually relax you and bring you pleasure, safe people whom you trust (whether or not you decide to talk about your feelings).

#### Debriefing

Case managers, therapists, medical providers and even law enforcement typically have formal mechanisms established in their workplaces to debrief staff who have been exposed to traumatic events or who work with individuals coping with trauma.

The missing piece, typically, is helping service providers understand that *interpreters* need access to debriefing mechanisms, as well.

Getting a debriefing with the service provider can be especially difficult for the freelance interpreter. If you are a staff interpreter or a bilingual employee who interprets, try to educate your workplace about the need to include interpreters in debriefing. If you are a freelance interpreter, speak to the agencies that give you victim service assignments. Debriefing is such an important part of your self care that there is a role play in this program's workbook to help you understand how effective debriefing is and how it works. (The workbook example builds on a debriefing between a therapist and an interpreter. See Activity 2.2(b) in the workbook.)

**Note:** If you have the good fortune to debrief with a counselor or therapist, be careful not to turn that person into *your* therapist. The survivor's therapist can guide you and help you address your immediate psychological reaction to the trauma for which you have just interpreted. Debriefing sessions are also good opportunities to address cultural mediation issues that may have come up. But a debriefing with a therapist is never your personal therapy session.

### Using Techniques Taught in Parts 1 and 2 of This Section

Over time, you will find out which techniques (such as breathing exercise or comforting object to hold) work best for you. Some of these techniques may then be useful after the session too. Carefully experiment with the techniques taught in this module and learn more by talking to other victim service interpreters. Find out what works and use those techniques after the session, where feasible.

### Refer to Your Self-Care Plan

In the next section, you will learn how to write an effective self-care plan. Don't let it collect dust.

After any stressful or traumatic encounter, use the knowledge you gain from your experience(s) to build a basic strategy for interpreting in victim services.

In order to consult a self-care plan, first you have to write one. And that is exactly what you will do in the next section. You may find that your self-care plan becomes a solid foundation on which to build many enjoyable, healthy practices for yourself that can help you in all areas of interpreting—and even other areas of your life.

## Review of Part 2.2

This section discussed a variety of techniques to help interpreters reduce their stress and trauma when interpreting for victim services. It focused on very specific techniques that you, the interpreter, can practice before, during and/or after a stressful session with traumatic content to prevent or minimize the risk of vicarious trauma (VT).

Techniques that you can practice before the session include

- Preparation
- Pre-briefing/coordination
- An arranged signal with the provider
- Boundary-setting
- Practice in relaxation techniques.

The six techniques to practice during the session, where possible and feasible, are

- Grounding
- Breathing
- Visualization
- Relaxation techniques
- Taking a break
- Interpreter self-calming strategies.

Techniques to consider practicing after the session include

- Debriefing (especially in mental health interpreting)
- Boundary rituals
- Consulting a self-care plan (discussed in Part 2.3)
- Social supports.

## Part 2.3 Writing a Self-care Plan

### Learning Objective 2.3

After completing this objective, the interpreter will be able to

*Write a self-care plan for interpreting in victim services.*

### Introduction

The goal of developing a self-care plan is not only to protect yourself from vicarious trauma, but also to support your general health and wellness.

This section will help you develop a self-care plan that can help you not only in victim services interpreting but all areas of your work. It will help only if you write down the plan. See the companion workbook (Section 2.3) for a self-care activity that will help you to develop your own plan.

### Components of a Self-Care vs. a Wellness Plan

Do you remember our definition of self care from the beginning of this module? It came from SAMHSA: *The ability to maintain physical, emotional, relational and spiritual health in times of stress.* Here are a few other important points that SAMHSA makes about self care.<sup>28</sup>

Components of self care include setting up and maintaining support systems, both personal and professional; taking time off (for example, breaks for lunch or relaxation time, personal days off and vacations). It is also important to be able to recognize when we are stressed and what helps us relax when we are stressed. For some of us, techniques for de-stressing could include exercise, reading, listening to music, taking a bath, talking to loved ones or sharing a meal.

However, this training manual makes a special distinction between a self-care plan and a wellness plan. Your *self-care* plan will focus on interpreting and strategies to help you remain calm while interpreting and also reduce or prevent vicarious trauma. A *wellness* plan is more generalized and addresses self care in *all* areas of your life.

### Developing your Self-Care Plan

#### Long-Term Wellness vs. Immediate Self Care

Any general wellness plan should include objectives that focus on some or all of the following areas, if possible:

- Physical well-being
- Emotional balance
- Social connections
- Relaxation (e.g., breathing, meditation, prayer, progressive relaxation or any other activity that is designed to produce calm)
- Spiritual growth, the search for meaning and fulfillment in our lives.

<sup>28</sup> [http://www.health.harvard.edu/newsletters/Harvard\\_Womens\\_Health\\_Watch/2008/July/relaxation\\_techniques\\_breath\\_focus](http://www.health.harvard.edu/newsletters/Harvard_Womens_Health_Watch/2008/July/relaxation_techniques_breath_focus)

The “big four” elements of health to watch for, as mentioned in the previous section, are simple:

1. Adequate sleep
2. Exercise and activity
3. Eating well
4. Relaxation.

If you can focus on just those “big four” in your long-term self-care plan, you will support and promote your own resilience.

However, a self-care plan will ideally focus on interpreting itself: what you can do before, during and after the encounter. So the interpreter’s self-care plan will incorporate elements of a wellness plan but will be more targeted to what you can do before, during and after the encounter.

A wellness plan addresses all areas of your life. If you do not have a larger self-care plan in place, you may find that a “before, during and after the encounter” self-care plan is not as effective for you as it might be. So let’s consider both elements as you build your plan.

### **Why You Need to *Write* Your Plan**

Self-care plans are a lot like business plans. Everyone knows they should be done, but so many people never get around to doing one.

Some interpreters don’t feel the need to write self-care practices down. “It’s all in my head anyway,” they think. But research in many areas of psychology and health shows quite the opposite. *If we write down our plans, especially if we write them in the form of specific, measurable objectives, we are much more likely to act on them.*

Writing it is concrete. Writing is specific. It pins you down to achievable and realistic plans, especially the kind of self-care plan you are about to write in this program.

### **SMART Objectives**

Before you write your plan, you should learn how to write objectives. In your workbook you will find the following template, and you can use it to build and write your own self-care plan. As you do so, keep in mind what SMART stands for:

<b>S</b>	<b>Specific</b>
<b>M</b>	<b>Measurable</b>
<b>A</b>	<b>Appropriate action</b>
<b>R</b>	<b>Realistic</b>
<b>T</b>	<b>Time-bound</b>

Let’s look at a long-term wellness activity. For example, “I will spend more time with my family,” is not a SMART objective. It’s vague, it can’t be measured and it has no time attached. Let’s try something else.

*“I will spend every Saturday with my significant other.”*

Do you mean all day? What will you do? Will everyone in your family be involved? The objective has a time attached, but the time is vague.

*“I will go to a social event or restaurant once every weekend with my significant other.”*

Is this realistic? If your spouse works overtime and is too tired, maybe that objective won't really happen. How do you assess the likelihood? The answer is simple: Imagine a scale of 1 to 10. If you think that it's less than 70 percent likely (7 on your scale of 10) that you can accomplish your objective, then you probably aren't being realistic.

Try again. Scale your objective down:

*“Every weekend, I will go to a fun event like a theater performance, a restaurant meal or a baseball game with my significant other.”*

Voilà: You have a SMART objective.

### **Be Kind to Yourself**

If your objectives focus on things you don't like (but that you think are good for you), they may not be effective. Again, consider your long-term wellness goals. If you are concerned about things like exercise, be sure to include what you really enjoy. Instead of starting off with the gym, for example, maybe you'd sooner go roller-skating, play golf or go for hikes in the woods. In other words, be realistic not only about the objectives themselves but how much they will feel like “self care” vs. punishment.

We all feel the pressure to perform—to do better than we all do now, even in the private areas of our life. Don't let that pressure “infect” your interpreter self-care plan!

### **Self-Care for Interpreters in Victim Services**

Wellness objectives are excellent, but interpreters often need to focus on the encounter itself. So in addition to looking at the larger picture of your life and building a general wellness plan, try to focus on specific activities that can help you in the short term.

Below is an example of elements to consider in building your self-care plan. Note, however, that the bullets below are only an *example* of items you might include—every interpreter is unique. Our fictional interpreter below might engage in the following activities selected from his or her self-care plan prior to interpreting for a victim of violent crime as follows:

#### *Before the Encounter*

Before each victim services encounter, I'll try to get as much information as possible from the interpreter service and/or the service agency or provider.

To prepare, I will type that information into a file that I can also consult for similar assignments.

For new specialties, I'll look up and practice relevant terminology for each assignment twice, for 20 minutes each time.

I will review my self-care plan by reading it once on my laptop, tablet or phone before arriving at the encounter (see Objective 2.3 below).

The night before the assignment, I will go to bed early and read a humorous book in bed to help me have a good night's sleep.

The morning of the assignment, I'll wake up in time to have a relaxed and nutritious breakfast.

I'll try to have a pre-briefing with the victim service provider and set up a pre-arranged signal with him or her in case I get overwhelmed.

I'll carry my favorite soothing object to each potentially traumatic encounter: a smooth stone with LOVE engraved on it.

I'll engage three times in my favorite nasal deep breathing exercise in my car before going in.

I'll sing something soft (my favorite prayer or a gentle song) before leaving the car for a potentially intense assignment.

### *During the Encounter*

If I find myself “tuning out” due to traumatic content, I'll practice my grounding exercises to focus on the “here and now” (like feeling the chair underneath me or the floor at my feet, fixing my gaze on a clock on the wall or listening to the sound of the air conditioning, etc.).

During an intense session, when the opportunity arises, I'll engage in deep breathing either during the encounter or during a break.

While interpreting, I will try to breathe from my diaphragm and avoid speaking from my throat.

I will mentally be ready to sit with silence: no rustling papers, coughing, clearing my throat, moving around or trying to get the provider's attention.

If I get distressed, I will focus on my note-taking<sup>29</sup> and the act of interpreting.

For very traumatic content, I will be ready switch to third person temporarily.

If I find myself in distress—nauseated, short of breath, hyperventilating or trembling—I will be prepared to give the provider my distress signal and wait for an appropriate moment to take a break.

If I have to leave to recompose myself, I will have a plan about what to say, like needing to get a glass of water for my voice so that I don't make the victim feel that he or she is causing me distress.

While on break, I will practice self care and assess whether I can return and continue the session.

### *After the Encounter*

After leaving the session, if I am distressed I will review my self-care plan as soon as possible.

I'll select three or four special items from my plan in which I can reasonably engage as soon as possible after the assignment and which will probably soothe me, e.g.

I might go for a walk before my next assignment.

I might take a hot shower when I get home to “wash away the thoughts.”

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<sup>29</sup> This suggestion is probably not relevant for sign language interpreters.

I'll assess my social supports and decide who might help me feel better soon (e.g., by having lunch with a friend, a debrief with a trusted colleague, a restaurant dinner with my spouse or going to see a movie with an acquaintance).

I will write down any notes and/or terminology that could help me prepare both psychologically and logistically for a similar encounter.

I might consider consulting another interpreter who has performed similar assignments to learn what self-care methods s/he finds helpful.

### **Why Do You Need *Two* Plans?**

As we mentioned, general wellness plans protect you over the long term. A specific “before, during and after” self-care plan helps you to address the stressful or traumatic effects of that one encounter.

If you neglect the long-term plan, you may not develop the stamina you need to engage in victim services interpreting. If you neglect the short-term plan, you may get overwhelmed by a particularly stressful or traumatic encounter.

Make the effort to invest in two plans: a wellness plan and a short-term self-care plan.

<b>MY SELF-CARE PLAN for Victim Services Interpreting</b>			
<b>Long term</b>	<b>Short term</b>		
<b>Wellness objectives</b>	<b>Before the encounter</b>	<b>During the encounter</b>	<b>After the encounter</b>
1. Activity & exercise SMART objective:	SMART objective:	SMART objective:	SMART objective:
2. Adequate sleep SMART objective:	SMART objective:	SMART objective:	SMART objective:
3. Eating well SMART objective:	SMART objective:	SMART objective:	SMART objective:
4. Relaxation (e.g., meditation, prayer, deep breathing, etc.) SMART objective:	SMART objective:	SMART objective:	SMART objective:
5. Other SMART objective:	SMART objective:	SMART objective:	SMART objective:

### Review of Part 2.3

This objective focused on how to write a self-care plan that includes two key components:

- Long-term wellness activities to support the interpreter's physical and mental health and well-being
- Short-term strategies to address interpreter stress and potential trauma before, during and after the encounter.

This section looked at why writing a plan matters: Because it makes it far more likely that you will act on the plan. It also showed how to frame self-care objectives in a way that makes them specific, realistic and actionable.

Finally, this section offered an example of a self-care plan and a table format on which to write one, as well as suggestions about how to put a self-care plan into action after a potentially distressing or traumatizing encounter.

### Review of Module 2

In this module we looked at one of the most challenging aspects of interpreting in victim services: the impact of trauma on interpreters. This section clarified the difference between stress and vicarious trauma and looked at the following topics:

- Distinguishing job stress and compassion fatigue (burnout) from vicarious trauma
- The capital importance of preparing for the encounter
- The need to engage in and practice both long-term wellness activities and specific short-term (immediate) self-care techniques before, during and after intense sessions
- Why and how to build an effective two-prong self-care plan (long-term wellness objectives and short-term self-care objectives)
- How to write self-care plan objectives that are specific, measurable, action-oriented and appropriate, realistic and time-bound
- How to put a self-care plan into action before, during and after the encounter.



## **MODULE 3**

### INTERPRETING SKILLS AND MODES



## MODULE 3 INTERPRETING SKILLS AND MODES

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 3.1

*Identify and practice the appropriate use of consecutive, simultaneous and sight translation modes in victim services through mode-switching activities.*

#### Learning Objective 3.2

*Apply basic sight translation guidelines to common forms and documents that are used in victim services.*

#### Learning Objective 3.3

*Identify and practice the appropriate use of summarization as a last-resort technique in victim services.*

### Key Terms and Definitions

#### Consecutive mode

*In consecutive interpreting, the interpreter waits until the speaker has finished before rendering speech into another language. Consecutive interpreting is a true and accurate interpretation of one language to another, spoken in brief sound bites successively, without omissions or embellishments, so that the parties can understand each other slowly and deliberately.*

— National Association of Judiciary Interpreting and Translation (NAJIT)  
2006, p. 1

#### Simultaneous (mode)

*Simultaneous interpreting is the rendering of one spoken language into another when running renditions are needed at the same time as the English language communication. The interpreter speaks virtually at the same time as the LEP person. When done properly, it is a true and accurate interpretation of one language to another, done without omissions or embellishments, so that the parties can understand one another quickly.*

— *Ibid.*

#### Sight translation (mode)

*Sight translation is the rendering of material written in one language into spoken speech in another language. It is a true and accurate verbal translation of written material into the spoken form so that the parties can understand what documents written in foreign languages say.*

— *Ibid.*, p. 2

#### Summarization (not accepted as a mode)

*Summarization is the partial rendering of a message intended to convey the important portions of content that is read, heard or understood.*

**Note:** Interpreters typically resort to summarization mode when they cannot keep pace with the speaker or when the concepts expressed are beyond their understanding. The

interpreter must decide which content to leave in and which to leave out. For this reason, summarization is generally prohibited in legal interpreting and strongly discouraged in community interpreting.

## Overview

Victim services interpreting is made complex by the demanding and extremely varied nature of the settings in which interpreters work. From hospital emergency departments to refugee resettlement centers, domestic violence shelters and mental health clinics, interpreters have to navigate multi-layered bureaucracies and service cultures while coping with traumatic content and the limitations of the service system. Interpreters in these settings must constantly make difficult decisions.

One important decision is which interpreting mode you should interpret in. There are three widely accepted modes of interpreting: consecutive, simultaneous and sight translation. In addition, although summarization is not usually accepted as a mode of interpreting, interpreters in victim services interpreting (and community interpreting more broadly) often have to summarize if none of the three accepted modes of interpreting is feasible.

Just as there are special considerations for adapting basic interpreter protocols to victim services, the same is true for interpreting modes. This chapter will help guide you about how to make decisions about which mode to interpret in, when to switch modes and how to summarize effectively when you have no other choice.

Part 3.1 examines how to select the most appropriate interpreting modes in victim service settings. In particular, you will explore strategies for how to switch between modes during the session. The sensitivity and dynamic flow of victim service provision often requires interpreters to shift modes. Maintaining focus, preserving transparency and ensuring accuracy when mode-switching are the key points for this section.

Part 3.2 examines sight translation in victim services. As a hybrid oral/written mode, sight translation involves a complex skill set. Furthermore, more than one kind of document needs to be sight translated in victim services settings, including question and answer forms, descriptive narratives and consent documents. Finally, this section provides guidelines for how to decline inappropriate sight translation requests.

Part 3.3 explores summarization as a formal technique in victim services interpreting. Summarization is a last-resort strategy that almost all interpreters have had to use at times. For example, sometimes a speaker is communicating too rapidly for the interpreter to keep up; sometimes the interpreter is facing a side conversation between two specialist doctors that is difficult for the interpreter to understand, much less interpret. Although summarizing is usually prohibited in legal settings, its use is sometimes unavoidable. This objective provides concrete strategies for how to maintain ethical practice if the interpreter has to resort to summarization.

### **A Note for Sign Language Interpreters: Modes in Victim Services**

In this section, practices recommended for sign language and spoken language interpreters will diverge somewhat.

In general, for example, sign language in the United States is performed most often in simultaneous mode without taking notes. In some cases, including legal interpreting, consecutive interpreting might be needed, and even note-taking (most often performed by the team interpreter who is not interpreting at that time).

In short, all three modes are used in sign language interpreting, but their usage will differ somewhat compared to spoken language interpreting.

## Part 3.1 Mode Switching

### Learning Objective 3.1

After completing this objective, the interpreter will be able to

*Identify and practice the appropriate use of consecutive, simultaneous and sight translation modes in victim services through mode-switching activities.*

### Introduction

This manual guides interpreters who have already received basic training and have some working experience in the field. Beyond providing a general description, it does not teach the interpreting modes per se. Instead, this module focuses on how each mode can be employed most effectively in victim service settings.

The modes used in victim services interpreting are

- Consecutive interpreting—dialogue and long consecutive with note-taking
- Simultaneous interpreting—both whisper interpreting and with portable equipment
- Sight translation.

#### **A Note for Sign Language Interpreters: Mode Switching**

The special requirements and protocols required by signed language interpreting are not addressed in detail in this section. The sign language field has many variations in modal use that differ significantly from spoken-language interpreting, including finger spelling, transliteration, contact signing, tactile interpreting, low vision interpreting, working with another interpreter who is a Certified Deaf Interpreter, trilateral interpreting (ASL, Spanish, English) and video relay interpreting.

However, sign language interpreters often have to switch modes in victim services, just as spoken language interpreters do. They may, therefore, find value in this section for its general information.

### Modes in Victim Service Settings

#### Consecutive Interpreting

On the surface, how consecutive interpreting is performed appears to be straightforward. One person speaks, and the interpreter waits until he or she is finished. Then the interpreter interprets what was just said. Then that speaker<sup>30</sup> communicates again, or another person does, and when he or she pauses, the interpreter interprets, creating a back-and-forth dialogue where only one person is communicating at a time.

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<sup>30</sup> In this manual, persons who are deaf or hard-of-hearing and communicate in sign language are referred to as “speakers” in the context of interpreting.

In reality, this basic scenario can play out in many different ways. You will need to adjust the approach to consecutive interpreting accordingly. Consecutive interpreting can be broken down into several categories:

- Long consecutive
- Short/dialogue consecutive
- Consecutive interpreting with note-taking.

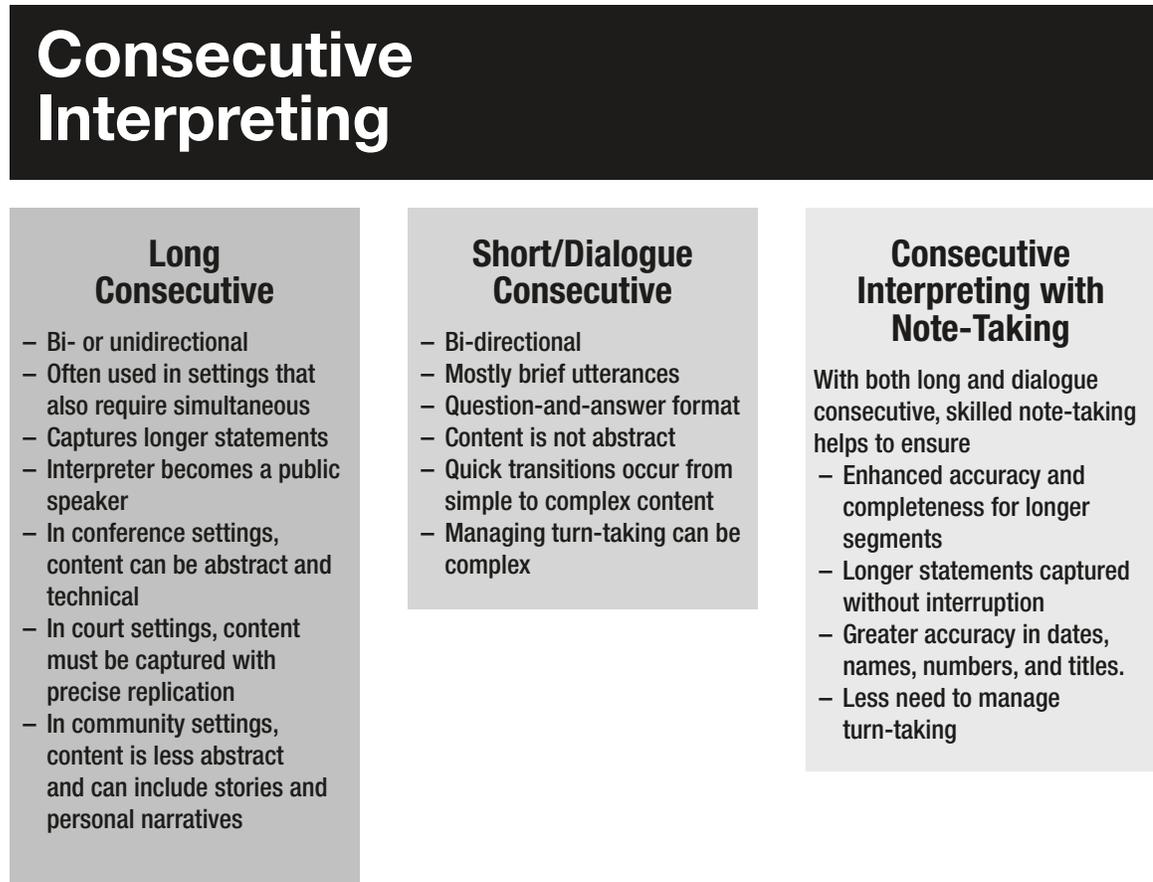


Figure 4: Consecutive interpreting

Long consecutive is used most typically in conference and legal settings where one speaker may speak for an extended time. The interpreter captures the speech using a combination of active listening and specialized note-taking techniques that are unique to interpreting. In conference, a delegate may speak for an extended time. In legal settings, defendants may provide long answers on the witness stand or when being cross-examined.

There is also a great need for interpreters in victim service settings to have this skill in their toolbox. It is very delicate to interrupt an emotional outpouring because the interpreter has exceeded his or her memory load. It is inappropriate and could be harmful to interrupt an emotional speaker often.

For example, survivors of domestic violence often have to make long statements recounting abusive incidents. A sexual assault survivor may go to meetings with a counselor or therapist for

months without describing the assault—and then suddenly burst out with the whole story at once. Participants in mental health sessions and support groups often have long accounts to share, and the fewer times they are interrupted, the better.

For interpreters in community service settings such as victim services, short or dialogue consecutive interpreting is the more frequently used mode. Most often, interpreters work without the aid of notes, usually due to lack of training. It would be more helpful for them to develop the skill to perform long consecutive when it is needed.

### **A Note for Sign Language Interpreters: Consecutive Interpreting**

In most victim service settings, sign language interpreters will not perform in consecutive mode (whether dialogue or long consecutive) nearly as often as spoken language interpreters.

Consecutive skills are still important. In court interpreting, for example, certain specific situations such as witness testimony require consecutive interpreting even for sign language interpreters.

## **Simultaneous Interpreting**

The simultaneous mode could more accurately be titled the “one-step-behind” mode, because it is not truly simultaneous. Interpreters listen to speakers and follow them in their speech with a slight lag or delay. Both the speaker and interpreter are speaking at the same time (or one may be speaking orally while the interpreter is signing, or vice versa), but the interpreter is converting the content into the other language *after* the other speaker has spoken long enough for the interpreter to capture the first concept. An interpreter might lag a full sentence or completed idea behind the speaker. This gap between listening and starting to interpret is called *décalage* or *lag time*.

### **A Note for Sign Language Interpreters: Simultaneous Interpreting**

Sign language interpreters work primarily in simultaneous mode, even in victim services. Typically, sign language interpreters in the United States work in teams of two interpreters for encounters lasting longer than 1.5 to 2 hours, without the interpreter being able to take notes.

However, in victim services, because of the sensitivity and complexity of the services, depending on the nature of the assignment, two interpreters might be sent no matter what length the assignment is.

In addition, at times a Certified Deaf Interpreter (CDI) is also engaged to help ensure clear communication in a sensitive service and support meaningful access to that service. This process creates a relay interpreting situation, where the Deaf consumer signs to the CDI, who signs in ASL to the ASL interpreter, who then interprets the signs into English, a process that is reversed when the service provider answers. This relay process may take place in simultaneous mode, or there may be periods of simultaneous alternating with consecutive interpreting. However, as discussed later in this module, consecutive may be preferred in relay interpreting, especially for spoken language interpreters.

Simultaneous interpreting can be performed with or without equipment. Conference interpreters usually interpret meetings simultaneously from inside a soundproofed booth with electronic equipment that allows the interpreter to hear the speaker outside the booth. (Some courtrooms today also have interpreting booths). Conference interpreters for both spoken and sign language interpreting work in teams and trade off every 15 to 30 minutes to maintain their interpreting at peak performance for the listener.

Simultaneous interpreting can also be performed with the aid of portable equipment. The spoken language interpreter has a portable transmitter with a headset and microphone. Audience members have a portable receiver and headset to listen to the interpreter. Because this kind of equipment has come down in price and become more accessible, its use is spreading into courtrooms, hospitals, schools, libraries and other service settings.

#### **A Note for Sign Language Interpreters: Interpreting Equipment**

Sign language interpreters also work with specialized equipment. For example, with hard-of-hearing consumers, the interpreter may work with equipment that amplifies sound.

In victim services, for spoken interpreting, simultaneous is most frequently performed in whisper form, without the aid of any equipment. The interpreter sits or stands very close to the survivor and interprets what is being said in a low voice. The interpreter may be switching off between simultaneous and consecutive, capturing the survivor's statements in consecutive and switching to simultaneous to capture proceedings or conversations between providers.

# Simultaneous Interpreting

## In the Booth

- Interpreters work in teams inside a permanent or portable booth.
- Most interpreting is uni-directional into one language.
- The interpreter hears the speaker’s voice through headphones, and the audience hears the interpretation through a headset and receiver. Interpreters typically receive written materials (slides and speeches) ahead of time to prepare the terminology.
- Interpreters are almost “invisible” in this setting, having no direct interaction with the speaker.

## With Portable Equipment

- Interpreters can work in teams or solo.
- Interpreting can be uni- or bi-directional between languages.
- The interpreter is in the same room as the audience, but off to the side out of the way.
- The interpreter relies on ambient sound to hear the speaker, but the audience hears the interpreting through a headset and receiver.
- The interpreter may or may not receive written materials beforehand to prepare for the assignment.
- Simultaneous mode is often mixed with consecutive when audience members ask questions.

## Whisper with No Equipment

- Interpreters mostly work alone.
- The interpreter sits right next to the person(s) for whom he or she interprets.
- The interpreter must be able to hear the speaker over the interpreter’s own voice, usually without amplification.
- The interpreter likely has not received any materials to prepare with before interpreting.
- Simultaneous is often mixed with consecutive, especially when interpreting for small groups.

Figure 5: Simultaneous Interpreting

## Sight Translation

Sight translation is a hybrid mode between interpreting and translation. The interpreter must interpret the written word into spoken language. Instead of listening to the speaker in one language and converting his or her speech into another, the interpreter translates text that is written in one language into speech or sign language in another language. Many specialists consider sight translation to be the most complex mode to master because of its hybrid nature.

In victim service settings, interpreters are asked to sight translate a broad range of documents, ranging from basic brochures about services to complex legal documents that advise victims of their rights or secure formal consent for a medical procedure.

## Hybrid Sight Translation—Consecutive Interpreting

Many services that are designed to benefit victims of crime require the victims to navigate complicated bureaucratic procedures. Many states have moved their official court and legal process documents online, where individuals, with or without the helpful guidance of an attorney or service

provider, must fill them out and submit them, or more typically, print them, sign them and then send them to several government addresses.

A typical legal aid or victim services meeting can include a victim, interpreter and program officer in an office. The program officer is seated behind the desk in front of a computer with forms pulled up on the screen. The interpreter and victim sit on the other side of the desk. The form is slowly worked through, with the program officer reading the questions out loud, or, for more involved questions, with the interpreter leaning over to see the written questions on the screen and sight translating them. Then, as the victim responds, the interpreter switches to consecutive mode.

And so the appointment goes, with the interpreter switching back and forth between sight translation and consecutive interpreting. For each switch, the brain has to adjust to what it is analyzing—written text vs. spoken messages, leading to “switch fatigue.” The appointments can be long and grueling, and the constant switching can add to interpreter exhaustion. It can also lower performance and reduce accuracy.

Solid note-taking skills for spoken language interpreters are highly desirable in this kind of encounter. The forms often have sections that ask for detailed declarations about abusive incidents. The mixture of tedium brought on by the asking, answering and completing forms that can include very personal questions, with the victim having to recount in painstaking detail multiple abusive incidents, can feel overwhelming for everyone, but especially the victim. If the interpreter can handle long statements and explanations without needing or requesting too many pauses to interpret, the experience can become a bit less stressful.

The document on the next page provides a clear example of how difficult the sight translation content can be on just a single page. It is taken from a U visa Form,<sup>31</sup> a commonly used form that immigrant victims of domestic violence in the United States can use to apply for a legal resident visa. The complete form is *32 pages long* and typically takes multiple appointments to fill out. On the next page you can examine an excerpt from this form.

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31 U.S. Citizenship and Immigration Services Form I-918, Petition for U Nonimmigrant Status.

<b>Part 3. Processing information.</b> (Continued.)		
g. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Soliciting money or members or otherwise providing material support to a terrorist organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
6. Do you intend to engage in the United States in:		
a. Espionage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
7. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
8. Have you, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
9. Have you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that involved:		
a. Torture or genocide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Killing, beating, or injuring any person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Limiting or denying any person's ability to exercise religious beliefs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.		
<hr/>		
10. Have you EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If you answer "Yes," describe the circumstances on a separate sheet(s) of paper.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
		
Form I-918 (Rev. 11/23/10) Y Page 5		

## Choosing and Switching Modes in Victim Services Settings

Sometimes it is not always clear which mode is the most appropriate mode for the setting. Though dialogue consecutive is recommended as the default mode for victim service settings in spoken language interpreting, it is not always the best choice. (As mentioned above, most signed language interpreters interpret primarily in simultaneous mode.)

When deciding which mode to use, consider the following criteria:

- Does the mode you have chosen best facilitate direct communication between the survivor and service provider?
- Does it promote the greatest possible degree of accuracy?
- Which mode will ensure that the person listening to the interpreting has the best chance of understanding the interpreted message?
- What abilities do you have? Are you trained in simultaneous? Can you take notes? Is sight translation a strength?
- Which mode will best promote the survivor's autonomy and minimize any further re-victimization?

Interpreters in all settings are given the fundamental task of helping two or more people who don't share the same language to communicate in the most direct way possible. For decades, conference interpreters touted the concept of interpreter "invisibility." The goal, it was said, was to be so invisible in the communication process that the parties would forget an interpreter was there.

That concept may make sense when you are interpreting from a booth and your only contact with the people you are interpreting for is through your disembodied voice over a headset. In community service settings, such as courts, domestic violence agencies, hospitals and victim services offices, everyone—including the interpreter—is typically in the same room and physically close. The interpreter is as visible as everyone else. And of course, in sign language interpreting, the interpreter *must* be clearly visible to the Deaf consumer.

Victim services interpreters, then, must use other techniques to help the parties communicate directly with each other when they speak. The goal is to ensure that the interpreter is using the best mode to facilitate understanding. Interpreting protocols such as interpreting in first person, avoiding eye contact while interpreting (except for sign language interpreters), correct positioning (including good sight-lines for sign language interpreters) and effective mediation are all part of the tool kit that interpreters use to achieve this goal. Selecting which mode to use is another key tool.

### Which Mode Would an Attorney Choose for an Emotionally Charged Situation?

**Question:** Would you prefer consecutive or simultaneous when a survivor is speaking about the crime?

**Answer:** I would prefer if it's stream of consciousness [simultaneous] just because I want to make sure my client is remembering, but I also appreciate the reality of how difficult that can be, especially if the client [is speaking quickly]. I would prefer to do it in real time without the pauses. But accuracy is above timeliness or efficiency.

—Victim services attorney

Consider the following scenario:

*You are interpreting for a victim of crime who is seeking financial aid from the local victim services program in the District Attorney's office. You sit next to the victim in a small office across the desk from the program officer. Which interpreting mode(s) will best promote direct communication, accuracy and understanding?*

In this case, the best mode is consecutive interpreting. Dialogue settings are best served when only one person speaks at a time. Everyone can hear each other clearly. The victim has the opportunity to formulate ideas and questions fully before the interpreter breaks in to interpret. The program officer can do the same. The interpreter also gets to hear the entire idea that is being expressed before starting to interpret.

### Stay Away from “Consecutive”

Spoken language interpreters in dialogue settings are often under extreme time pressure to get through their interpreting quickly. As a result, they frequently resort to a hybrid consecutive – simultaneous mode that some call “consecutive.” This hybrid mode involves the interpreter listening to one party for a while, then starting to interpret simultaneously before the speaker has finished speaking. This “mode” may be faster, but it can have many negative consequences:

- It's very difficult to understand what someone is saying when two people are speaking at once. The victim, especially, may not have the ability to tune out what the provider is saying in English to focus on the interpretation in their language. *This approach negatively impacts understanding.* (Note that in sign language, signs are silent and speech is not usually heard by the Deaf survivor, so the same level of distraction in simultaneous or consecutive interpreting does not apply to sign language.)
- Parties with spoken language interpreters often rush through what they are saying once the interpreter starts to interpret simultaneously. *This habit negatively impacts direct communication.* (Since simultaneous is the primary mode for sign language interpreting, this problem does not typically arise in sign language.)
- It's much harder for interpreters to monitor understanding or mediate to clarify terms or a cultural issue while engaged in simultaneous. *This lack of reaction time for the interpreter negatively impacts accuracy and direct communication.*
- Because of being in close physical proximity, the listener has to choose which person to watch and focus on, making it more likely that the interpreter becomes the center of the dialogue. *This focus negatively impacts direct communication.* (Again, in sign language the provider and survivor know who to focus on even in simultaneous interpreting.)

*During that same appointment, let's say that the program officer calls in her supervisor to discuss the victim's eligibility criteria. The program officer and supervisor start discussing the victim's case in a side conversation. Now which interpreting mode best promotes direct communication, accuracy and understanding?*

At this point, the spoken language interpreter should switch to whispered simultaneous to fully interpret the discussion that is taking place between the two program officers. If the interpreter is sitting next to the victim, the victim can still focus on the officers while keeping track of what they are saying and will have the opportunity to add to the conversation. When the program officer starts speaking directly to the victim again, then you will switch back to consecutive interpreting.

### **A Note for Sign Language Interpreters: Mode Switching**

Like spoken language interpreters, sign language interpreters will need to switch modes at times to promote direct communication. They might also need to switch techniques. In the example above, for instance, the sign language interpreter is probably already interpreting in simultaneous mode and would not engage in whisper simultaneous. But the sign language interpreter typically interprets in first person and sometimes switches to third person, as needed. In the example above, when interpreting for the Deaf survivor what two service providers are saying to each other, the interpreter might switch to third person.

But what if you can't yet interpret simultaneously? You still have options! One option would be to intervene to remind the program officers that you must interpret everything being said and request they give you the time to interpret consecutively. A last resort would be to summarize the conversation between the program officers for the victim and then to report your summarization for the program officer to maintain transparency and give the parties a chance to discuss any relevant points.

*Finally, near the end of the appointment, the program officer hands the interpreter a long, detailed document describing the services the victim is about to receive. The document is written in legal language and has three separate places where the victim must sign to show her understanding of the service terms and conditions. Now which interpreting best promotes direct communication, accuracy and understanding?*

In this case, you must make a choice as to which mode works best. Is this a document that you are qualified to sight translate? Do you have adequate mastery of the terminology and the ability to sight translate the contents smoothly and accurately so that the survivor will understand the content? If so, you can sight translate the document as requested, making sure the program officer stays present in the room to answer any questions the survivor may have.

But what if the document is too long, too complex or too unfamiliar for you to competently sight translate? Or perhaps you know you can sight translate it, but you fear it is too long and dense for the survivor to be able to absorb its meaning. In this case you can decline to sight translate, requesting instead that the program officer go over the document verbally with the survivor while you interpret the explanation. This option promotes more direct communication and often better understanding by the survivor.

Finally, through all these moments, you should be monitoring the situation to make sure that your choice of mode in no way further victimizes, re-traumatizes or disempowers the victim. Are you positioned where the victim can see you and will not feel threatened? Are you giving the victim the time to formulate what he or she wants to say? Can you observe body language and monitor for signs of misunderstanding or distress?

## Settings and Choosing the Right Interpreting Mode

There are additional criteria to selecting the correct mode beyond determining which one will best support direction communication, accuracy and understanding. As an interpreter working in victim services, you may find yourself in a variety of settings and agencies, which can include

- Law enforcement interactions—at crime scenes or in police stations and court rooms
- U.S. Offices for Victims of Crime
- Victim services embedded in state and local attorney general offices
- District of Columbia Office for Victims of Crime (<http://ovs.dc.gov/>)
- Legal self help and low-income legal service centers, often nonprofit but partially funded by the state and/or federal government
- The local domestic violence and sexual assault service infrastructure: In the District of Columbia, for example, those resources would include hotlines, court advocacy and accompaniment services, shelters, outreach, and direct services (especially case management and legal services) to help crime victims access a wide array of public and community resources and programs
- Child abuse and welfare organizations
  - Child Protective Services, usually housed within a local Department of Social Services
  - Court-appointed counsel for crime victims and/or children, including CASA programs (Court Appointed Special Advocates)
  - Nonprofit services for abused children.
- Services for individuals with mental illness
- Hospitals and medical clinics
- Emergency medical interactions with EMT (emergency medical technicians) such as paramedics, fire fighters and emergency rooms
- Sexual assault forensic exams in hospitals
- Mental health departments, institutions or counseling services
- Advocacy and community-based domestic and sexual violence organizations
- Home settings.

Service provision in these settings can range from formal court proceedings and program hearings to meetings in offices to less formal interactions during home visits. When deciding which mode to use, consider these criteria:

- *Is it a court or legal setting?* These settings often impose strict guidelines for which mode the interpreter is supposed to use. Consecutive is used for the victim's testimony and for direct conversations between the judges, lawyers and victims. Simultaneous is used to report the speech of others who speak but who are not directing their remarks to the victim. Sight translation is required for legal consent documents. Do everything you can to not be left alone with the victim to fill out these forms, asking instead for the attorney to stay present.
- *Who is present?* A direct dialogue between the victim and one or two services providers requires consecutive. But if there are several service providers or family members, switch to whispered simultaneous to make sure the victim hears everything being said.
- *What is the main purpose of the meeting?* For an educational session where the victim is listening to an informational presentation, whispered simultaneous or simultaneous

using portable equipment would be the best choice. For a meeting to discuss financial compensation with a victim services provider, consecutive interpreting is indicated.

- *What are the physical working conditions you are facing?* The most important condition is *sound*. Can you hear the judge from the bench or the program officer sitting at the head of the table? Where should you be sitting or standing? Near or next to the victim? Will you be standing to the side? What are the time limitations? Sometimes you must use simultaneous because there isn't enough time for consecutive, or you might ask the provider to summarize a document for you to interpret consecutively instead of sight translating it to save time.

### Special Considerations

Finally, mode choice can be dictated by additional special considerations that need to be taken into account.

### Interpreting for Child and Adolescent Crime Victims

Interpreting for child and adolescent crime victims can be very challenging for interpreters on a personal level. It is important to be able to set aside any personal reactions you may be having and to focus on the following:

- *Monitor for confusion and lack of understanding:* Children may be in the court and victim services settings for the first time. They will have less knowledge of and context for what they are experiencing. Thus their confusion levels may be high.
- *Stay in the consecutive mode:* Simultaneous and sight translation modes require a higher level of focus by the listener. To the degree possible, stick to consecutive mode. If the parties enter into a side conversation, consider reporting it in third person or as a complete summarization to make it easier to understand.
- *Follow the instructors of the victim service provider:* Strict protocols often apply to interviews of children, especially in cases of physical and sexual abuse. If they are not followed, it can impact whether the information obtained can be used in the justice process. Be sure to render as precisely as possible the questions and answers as they are stated.

### Interpreting for Elderly Crime Victims

Many of the same considerations that apply to children also apply to the elderly, including

- *Adjust your use of mode if abstract concepts are difficult:* Practices such as interpreting in first person or speaking directly to the provider require the ability to process abstract concepts. The same is true for tracking two audio sources during simultaneous for spoken language interpreting. Switch to third person and consider staying in consecutive if elderly victims are showing signs of confusion.
- *Consider summarizing side conversations:* Often, interpreting the back and forth between two people in a side conversation can be confusing. Considering summarizing the conversation or reporting it in third person to help facilitate the listener's understanding.
- *Slow down:* In dialogue settings, there is pressure for the interpreter to render ideas quickly. But anyone who has been traumatized, and especially the elderly, may have trouble absorbing what is being said to them. Adopt a moderate pace to promote understanding.

### Interpreting in Relay Situations

Indigenous language speakers are increasingly common among immigrant populations and qualified interpreters can be hard to find. Sometimes relay interpreting is needed, which requires two interpreters: one from English into a common language, such as Vietnamese or Spanish, and one from Vietnamese or Spanish into the indigenous language. Relay interpreting can also be required for Deaf/hard-of-hearing clients who do not speak ASL. Consecutive interpreting is really the only viable mode for relay situations, at least for spoken language interpreting. If you find yourself doing relay interpreting, focus on the following:

- *Maintaining accuracy:* Remember the telephone game? The more people who filter a message before it gets to its intended recipient, the more likely the message will distort. Do everything possible to stay accurate to the content you are interpreting, especially for information that could end up in a court setting. Keeping statements brief helps reduce distortion and inaccuracy as well.
- *Avoid sight translation:* Beyond the obvious difficulty of interpreting off someone else's rendition of a written text, indigenous people often come from cultural backgrounds profoundly different from U.S. service settings. Furthermore, their language may not have a written form. If necessary, perform cultural mediation to encourage the parties to verbally discuss the content of the document.

### Emergencies

The first point of contact you may have with a victim might be at a crime scene or in a hospital ER. You may be in a scene of controlled chaos, with many responders coping with the aftermath of a crime, accident or abuse incidence. In emergency situations, be sure to

- *Ensure accurate understanding.* Top priority should be given to helping the providers and victims understand the nature of any injuries or harm to the victim.
- *Use simultaneous.* If you are able to interpret using the simultaneous mode, then do so. Time may be of the essence. For example, you may be needed to accurately capture witness statements that could help an officer of the law in immediate pursuit of the person who committed the crime.
- *If necessary, summarize.* If simultaneous is not in your skill set, then resort to summarization and, as soon as possible, alert the parties that you have summarized what was said. Prioritizing the victim's safety, especially after a trauma, is paramount. Maintaining transparency is also important. See below for more detailed information on summarization.

### Interpreting for Victims Who Are Disoriented or Confused

Victims are often disoriented or confused from what they have experienced. The session may start out rough or start calmly and escalate into agitation. The victim may start speaking rapidly or incoherently. In these cases, remember to:

- *Switch to simultaneous or summarization.* As with emergency situations, if consecutive becomes impossible, switch to simultaneous or summarization to stay up with the victim.
- *Interpret accurately.* What you are hearing may not make sense, but do not try to bring meaning to incoherent speech. Interpret or summarize (as a last resort) everything that the victim is saying. Their speech may provide diagnostic information for the providers' treatment or service decisions.

## Review of Part 3.1

This section focused on the many ways in which interpreting modes can be applied in victim service settings and how to switch back and forth between them. Far from being a static skill, how, when and where we use each mode are part of a constant decision-making process that must be made every time we interpret.

The important thing to remember is that there are no black-and-white rules for making these decisions (except when simultaneous or consecutive interpreting is specifically required, typically in court settings). It is up to you to choose the best mode for facilitating clear, complete and direct communication between the parties. You may plan ahead of time for consecutive interpreting, only to have to switch midstream when it becomes clear that you will need to interpret simultaneously to keep up with the session, a frequent occurrence in victim service settings. You might be technically able to sight translate the long document on victim rights, but will the client understand it? The better choice for everyone might be your declining the sight translation and requesting that the provider explain the document instead while you interpret the explanation.

Each session is distinct. The more expertise you can develop with each mode, the more flexible and powerful your interpreting tool kit becomes.

## Part 3.2 Techniques for Sight Translation

### Learning Objective 3.2

After completing this objective, the interpreter will be able to

*Apply basic sight translation guidelines to common forms and documents used in victim services.*

### Introduction

Sight translation is frequently required of interpreters in victim services settings. The information that is found in a wide range of documents needs to be communicated to victims and their families. These documents can be broken down into two main categories:

1. Question-and-answer forms
2. Descriptive/informational narrative forms

In addition to basic sight translation techniques, these categories can require different strategies to facilitate communicating content.

Finally, not all forms should be sight translated. Interpreters are often asked to sight translate documents that are too long, overly technical or legal in nature. It can be just as important to know how to decline an inappropriate request for sight translation as knowing how to sight translate an appropriate one.

### The Need for Sight Translation in Victim Services

#### Why Forms Are Not Translated

Sight translation is a critical skill for victim services interpreters. Ideally, the most commonly used forms will be translated into the most frequently encountered languages. Likewise, forms that have not been translated are better explained to victims by the service provider and not read to them by the interpreter. But neither situation is what interpreters most often find to be reality.

There are many reasons why frequently used documents do not get translated into the most in-demand languages, even when doing so would provide the most benefit to all parties. They include

- Financial constraints. It's difficult to get dedicated funds for ongoing translation needs.
- Required forms are often produced by other entities. The users of the forms and victim services may have no control over the quality of the translations, the terminology used, and whether the translations are updated when forms are revised.
- Forms may not be uniform, even within the same jurisdiction.
- The English language forms may be updated, but no notice is given to the department that tracks the translation and updating of forms into other languages.
- Forms are unlikely to be translated into rare languages, primarily because of the lack of qualified translators and because many rare languages, especially indigenous languages, lack a written form.
- Victims may be illiterate and unable to read the forms.

Given these realities, it is essential that interpreters are familiar with the most common forms and documents used in victim services.

### **Common Documents in Victim Services**

Paperwork abounds in victim service settings. Whether accessing financial aid, seeking a protective order or completing an intake form for medical or counseling services, many documents are needed for the service to be provided. Here are some of the most common documents you may work with in victim services:

- Protection orders
- Applications for protection orders
- Police reports
- Domestic violence shelter forms
- Medical records
- Applications for crime victim compensation
- Informed consent forms
- Hospital admitting and discharge forms
- Authorizations to share information
- Forms informing victims of their rights
- Legal filings for court hearings
- Informational brochures with program information
- Personal statements written by victims in the non-English language.

### **Informational/Descriptive Narrative Forms**

Many forms and documents are straightforward narrative descriptions. They may be informational brochures describing a service, a consent form that outlines the services or actions being agreed to with a place for the victim and/or provider to sign at the end, or statements written by victims or family members in the non-English language.

Sight translation of this kind of form goes in one language direction only. The interpreter reads the information to the victim or provider from the source language into the target language.

### **Question-and-Answer Forms**

Many of these forms are made up of a series of questions that the victim or survivor will answer. These forms echo a kind of dialogue, where the form asks the victim a question, and the victim writes down the answer.

This kind of form requires the interpreter to sight translate the question in one language direction and then consecutively interpret the victim's answer into the other language. (This assumes that the interpreter is *not* writing the answers for the victim, but rather interpreting the answers for the provider to write down.) The previous discussion on mode-switching describes in detail how the interpreter can handle switching back and forth between modes when asked to work with this kind of document.

## Sight Translation Techniques and Strategies

### The Legal Nature of Forms

Most forms in victim services, whether in question-and-answer or narrative format, are legal in nature. (Almost any form that has to be signed could be considered a legal form.) Such forms often have a lot of legal jargon and technical language that you must know how to sight translate accurately and in the correct register. Most of these forms require signatures at the bottom, which carry with them legal consequences for the victim. Interpreters need practice and time to be able to sight translate this kind of content competently and in a way that the listener can understand. Fortunately, sight translation can be approached systematically and strategically, using techniques that can be practiced and learned over time.

### Basic Strategies

When given a form to sight translate, the following strategies will help you master the text:

- Determine whether it is a *simple form or longer text*. For longer texts that you feel qualified to sight translate, request time to review the content.
- *Read (or at least skim) through the entire text* before starting to sight translate. Note any problem areas. If you have an electronic dictionary on a smartphone or tablet, take a moment to look up terms that you are unfamiliar with or unsure of how to translate. Write down the translations in your notepad so you can reference the terms when you do the sight translation.
- *Focus on concepts (chunks of meaning)* rather than isolated words. You do this automatically when you listen to oral speech or process signs. Your brain clicks with understanding, not of each individual word it processes, but the way words combine with other words, or signs with signs, to create meaning. So it is with reading. Read each sentence until its full meaning clicks in your mind. A single sentence might have just one concept or several. For example:

*The policeman drove his car. (One concept/chunk of meaning)*

*The policeman drove his car/more than 200 miles/during his evening shift. (Three concepts)*

### Specific Techniques

Here are other important points to consider when you perform sight translation.

*Don't start sight translating until you have understood and analyzed at least the first concept in the sentence.* The only way to do so correctly is to read through to the end of the sentence *before* you start your sight translation. The most common error that both new and experienced interpreters make when sight translating is to start sight translating right away without absorbing the full meaning of the sentence that they are orally translating. This error leads to hesitations, having to start over or very awkward sentence structures. The end result is that the listener will have a difficult time understanding what the interpreter is saying, even if what they manage to sputter out is technically correct. Practice this habit of reading to the end of the sentence before sight translating it until that habit is automatic.

*Pay attention to the context and logic of the text.* Just as with other interpreting modes, sight translation requires its own form of “active listening.” Your mind may not be absorbing meaning by hearing the words, but it is still listening through your eyes. As you read the text, focus on *what* it is trying

to communicate, not *how*. Some texts are very structured, separated into logical sections and bullet-pointed information. But many are complex legal documents with that have sentences with multiple clauses. For the longer sentences, go clause by clause to piece together the meaning. Always track what the subject and verb are and which prepositions carry meaning. For example, in the following sentence, there are multiple clauses and prepositions:

*The policeman, a detective with 30 years' experience on the job, drove his car on patrol during an overnight shift, being careful to stay alert and awake to avoid an accident.*

This sentence subject and verb of this sentence are: The policeman/drove. The prepositional phrase “during an overnight shift” tells you the time and duration of his driving. If you know what the subject and verb are, and how actions are modified, it is much easier to grasp the full logic and thus meaning of the text.

*Break long sentences with multiple clauses into several shorter sentences.* The above sentence can also be tackled by turning it into several shorter sentences. The trick to this technique is to repeat the subject at the beginning of each shorter sentence and add verbs where necessary.

The policeman **was** a detective with 30 years' experience on the job.

**He** drove his patrol car during an overnight shift.

**He was** careful to stay alert and awake to avoid an accident.

While this strategy does distort the original sentence structure to a minor degree, neither the content nor the meaning is lost. This technique can also help the listener more easily understand what is being read. It is difficult to understand a sentence when it has many clauses and is being read aloud, especially when the listener can't read the text to follow along.

*Deliver the sight-translated message smoothly*, focusing on the concepts (chunks of meaning) that you have identified. It is difficult to overstate the critical importance of a good, smooth delivery in sight translation. You can translate every word and concept correctly, but if your delivery is full of hesitations, pauses, fillers (um, like, eh), and your speed is uneven, the listener will not be able to understand what you are saying. Likewise, a flat, monotone delivery makes it more difficult to extract meaning from the text. Try it yourself. Read this paragraph in monotone, with no inflections, pauses or expression. Next read it to yourself with stops and starts and pauses with fillers. You'll see how poor delivery makes what you are saying difficult to understand.

### **Additional Sight Translation Strategies**

Finally, there are strategies that can help you handle challenging terminology for specific topics such as

- Legal
- Court
- Medical
- Violence
- Weapons
- Clothing
- Epithets/insults.

Before your assignment:

- Find out as much as you can about what will be discussed.
- Ask for any documents that will be used during the session. If you can't access them, search for similar documents online or ask coworkers for any sample documents they have.
- Research the terminology and create a glossary of terms with definitions and translations into the non-English language.
- Practice sight translating your sample documents until you can provide a smooth, error-free delivery.

During the session:

- Use permitted dictionaries and other search tools, such as dictionary apps on mobile phones and print dictionaries, or consult with a colleague if one is available.
- Ask the service provider or user to provide a plain-language phrase to define the unknown term and then interpret the explanation.
- Leave the unknown term in the original language and ask for clarification or wait for parties to ask for clarification of the term.

### **How to Say “No” to a Sight Translation Request**

The three-step procedure for how to decline a request will be taught in Module 5. The same procedure can be used when you are asked to do a sight translation that is either inappropriate or beyond your skill level. This is especially true for non-court interpreters who have inadequate training in sight translation.

Take a moment and evaluate the document. Reject documents that are

- Too long or complex
- Legal in nature and too complex (for non-court interpreters)
- Full of terminology you do not understand or know how to sight translate (complex or slang register or both).

If you need to decline the request to sight translate, try this instead:

- Ask the provider to review the document and offer to interpret the provider's explanation, or
- Use the “how to say no” script taught in Module 5.

For example, the service provider hands you a three-page document with small font outlining the victim's rights and responsibilities when enrolling for a temporary housing benefit. He tells you: “Please read this document to Mrs. Sanchez and have her sign it at the end.”

You realize that the document is both too long and complex for the time you have left for the encounter. You are also concerned that the document is legal in nature and contains information that it is important for the survivor to understand before signing. You decide that you shouldn't sight translate the document.

You say to the provider:

- Validate the concern: “Excuse me, as the interpreter I know this is a very important document, and I can see how important it is for the victim to understand her rights and responsibilities.”
- Offer choices: “Would you please review the document with the client, and I’ll interpret what you say? If you’re busy now, perhaps you could send in someone else, or we could wait in the reception area until you’re free.”
- Give reasons: “This document has a lot of complex legal terms. It might be hard to understand when it’s read out loud, and it’s too long to sight translate with the time left for this appointment.”

(See Part 5.3 of this manual for an explanation of the three steps above.)

Ideally, the provider will choose to verbally review the contents of the document and check that the victim understands their rights and responsibilities before asking for a signature.

## Review of Part 3.2

Many trainers in community interpreting settings like to say that sight translation is the second most frequently used mode after consecutive. With the exception of certified court interpreters who use simultaneous more than any other mode, this may well be the case.

Sight translation requires both translation and interpreting skills. It is an advanced mode that takes diligence and practice to master, yet providers typically don’t give a second thought to what they are asking when they hand complicated documents over to interpreters to “read” to the victim.

Fortunately, as with all the modes, sight translation can be broken down into elements and strategies that are used to systematically master each element. With training and practice, sight translation can become a solid tool you use to successfully fulfill your role in helping to facilitate communication between victims and service providers. This section explored techniques that can help victim services interpreters perform successful and effective sight translation.

## Part 3.3 Summarization

### Learning Objective 3.3

After completing this objective, the interpreter will be able to

*Identify and practice the appropriate use of summarization as a last resort technique in victim services.*

### Introduction

While summarization is generally seen as a poor interpreting technique (and often the hallmark of untrained interpreters) it can be necessary. In community interpreting in general, and victim services interpreting in particular, sometimes situations veer out of control.

It is important for interpreters in victim services to know if, when and how to perform summarization. This section offers guidance and some recommendations about summarization in this field.

### Summarization in Legal and Community Settings

#### General Considerations About Summarization

Summarization is not generally considered a mode. Indeed, in most interpreter training programs for medical and legal, summarization is considered taboo, and interpreters are trained not to summarize.

There are good reasons for this. Summarization can violate many core interpreter practices and ethics. It is impossible to be completely accurate when summarizing as the interpreter is deliberately, by necessity, leaving content out. Summarizing adds additional decision-making steps to the process of interpreting, impacting memory, listening and delivery skills, which in turn can also negatively impact accuracy and completeness.

It can be difficult to maintain transparency with all parties when summarizing, both for alerting them to the fact you are summarizing and adequately indicating which information is being left out. Role boundaries get confused because to summarize, the interpreter chooses which content to include and exclude and can unintentionally step into decision-making areas that belong to the parties. Direct communication is compromised because the interpreter is again making choices about what content is important and what can be left out. Finally, summarization is viewed as an unprofessional practice that can undermine your credibility as a professional and competent interpreter.

Nonetheless, summarization is still a strategy of last resort that the majority of interpreters find themselves using from time to time. Though interpreters are discouraged from using this tool regularly, you still need concrete protocols and criteria to use when you do summarize. When and how to use summarization, in addition to what has already been covered in this section, depends greatly on whether you are interpreting in a legal or community setting, and which interpreter ethics you are following.

### A Note for Sign Language Interpreters: Summarization

Sign language interpreters in the United States often refer to summarization as “interpreting on the objective level.” As for spoken language interpreting, summarization for sign language interpreters is typically prohibited in court settings and considered a last resort in other settings.

### Summarization in Legal Settings

Summarization in legal settings is prohibited by most legal interpreting requirements, ethics and protocols. Legal interpreting exists as a profession out of concern for due process and access to justice. In general, under nearly any circumstance, if you cannot understand something well enough to interpret it, you will need to request a repetition.

The National Association of Judiciary Interpreters & Translators (NAJIT) states in its position paper, *Summary Interpreting in Legal Settings*, that, “Modern professional standards forbid summary interpreting in the courtroom and other legal settings in almost all instances” (NAJIT, 2006, p. 1) and provides the following rationale (*Ibid*, pp. 1–2):

*Why is summary interpreting unacceptable in legal settings?*

*By its very definition, “summary” implies condensing and necessarily omitting some of what is said. The nature of summarizing goes against the grain of standard rules and canons of judiciary interpreting. The judiciary interpreter’s duty is to convey accurate and complete messages between or among parties. Summarizing, whether from spoken or written communication, requires an interpreter to participate in creating part of the message. With the very few exceptions noted below, summary interpreting does not enter into the acceptable practices of a professional judiciary interpreter. When an interpreter is allowed to summarize, she is being permitted to decide or evaluate what portion of testimony or statements given by the parties is relevant. An interpreter is not qualified to make such determinations. A defendant or litigant has the right to hear everything taking place. Finally, by using summary interpretation, an interpreter is no longer an impartial communicator but becomes a participant in the proceedings.*

*The landmark decision deeming summary interpreting inadequate to ensure due process arose from the case: *US ex rel. Negron v. New York*, 434 F.2d 386 (1970).<sup>32</sup> During a murder case, the prosecution’s interpreter provided the Spanish-speaking defendant with summaries of witness testimony in sessions lasting from ten to twenty minutes. “However astute [the interpreter’s] summaries may have been, they could not do service as a means by which Negron could understand the precise nature of the testimony against him.”<sup>33</sup>*

*Interpreters working in legal settings run the risk of compromising their code of ethics and canons of professional conduct if they opt to summarize the message from one party to the other. An interpreter has no personal knowledge of the events leading up to a lawsuit or criminal case. Moreover, an interpreter does not have access to all documents or written information surrounding*

<sup>32</sup> *Federal Reporter*, second series, Volume 434 F.2d: Cases Argued and Determined in the United States Courts of Appeals, United States Court of Claims and United States Court of Customs and Patent Appeals (St. Paul, MN: West Publishing Co., 1971), pp. 386–391.

<sup>33</sup> *Ibid.*, p. 389.

*a case. If an interpreter evaluates the weight of any statements, he becomes a party to the case and assumes a role far beyond that of the professional interpreter. If this occurs, adherence to the tenets of neutrality and impartiality is compromised.*

### **Summarization in Community Settings**

Summarization in community interpreting ethics is also prohibited because of the collaborative nature of most service settings and the different situations that arise. Summarization can be necessary when

- You are in a chaotic emergency or crime scene with multiple parties present.
- The victim is speaking rapidly or incoherently and will not pause for interpreting.
- The victim is recounting such a painful experience that an interruption by the interpreter might be distressing and damage the flow.
- There are multiple parties present speaking between themselves.

If you need to resort to summarization under such circumstances, do the following:

- Always interpret the last thing said.
- Make the switch to summarizing only when no other feasible choice remains.
- Limit your summarization to the briefest time possible and revert to consecutive or simultaneous mode as appropriate.
- At the first possible moment, practice transparency. Alert all parties that you switched to summarization.
- Monitor the parties' response to your use of summarization for understanding or confusion.

### **Summarization Skills**

While summarization is not considered a mode and should always be seen as a last resort, it does share many elements with other interpreting modes, such as the following:

#### **Active Listening**

You must listen just as actively for summarizing as for interpreting. Indeed, summarization can require even more focus and concentration, because you are listening for understanding to someone who is either speaking very rapidly and who won't pause, or for someone who is highly emotional and/or irrational. Processing the full meaning of rapid or emotionally charged speech is difficult under any circumstance. In addition, to summarize effectively, you must both listen *and* decide what content is the most relevant and what is not. An added layer of analysis and decision-making is inherent to summarization.

#### **Message Analysis**

You must analyze the meaning of message in the same way you do for other modes to transfer it to the other language. But in circumstances that require summarization, you may be trying to analyze meaning where there is none, for an incoherent speaker, or you may have to extract meaning from a very rapid flow of information. Your short-term memory is highly taxed. In addition, you may be hearing coherent but unconnected pieces of information, so that extracting meaning can be like understanding and remembering bullet points of information that don't necessarily lead to a coherent whole.

## Delivery Skills

In summarization, you are mimicking simultaneous interpreting, most likely in whisper form without the help of any equipment. You must be able to interpret rapid speech using a tone, speed and clarity of delivery that the listener can understand while filtering out the voice of the other party. In addition, during your delivery you make the final choices of what you are keeping in and leaving out. You have the additional task of keeping the overall content coherent and understandable, even with missing information.

In addition to the elements that make summarization similar to other modes, summarization requires several more decision-making steps:

*Intervention:* When using summarization, you must layer in the additional step of intervening to maintain transparency. At the first opportunity, you will use mediation techniques, taught in Module 6, to say something like this:

“Excuse me, as the interpreter I need to inform you that I summarized what the survivor just said. Now I am interpreting again.” Or “The interpreter will continue to summarize until the speaker can slow down or pause more often.”

Whereas in many settings, whom the interpreter chooses to mediate with first is not critically important, in victim services it often is. When you intervene to clarify what you have just summarized, speak first with the provider if you just summarize a victim’s outpouring, especially if the victim is in emotional distress or experiencing mental health issues. The provider can then decide how to handle your disclosure and may guide you in informing the victim about the summarization, or may request that you not interrupt until after the session.

In these moments of summarization and disclosure, you are balancing the need to promote direct communication with your mandate to maintain transparency. You are not a service provider and lack the formal training for how to handle someone in emotional distress. To serve the goal of a positive outcome, follow the caregiver’s lead.

## Direct or Indirect Speech: Summarizing in First or Third Person

First-person interpreting is the default practice for consecutive and simultaneous modes. For summarization, however, you must decide which voice you will summarize in, first or third.

- *Side conversations:* If you are forced to summarize a side conversation, consider switching to third person and cutting out the verbatim back and forth between two speakers. It can be difficult enough to both interpret and understand rapid back and forth between two speakers. If you are falling behind even though you are summarizing, report the content in third person.
- *Direct summarization:* If you are summarizing an individual who is speaking too rapidly or incoherently to interpret, maintain the first person voice if you can and capture as much of the tone and content of their speech as possible.

As you see, even though summarization is routinely thought of as the hallmark of an untrained and unprofessional interpreter with lower-level skills, it is more challenging to perform it well than many might imagine. That is especially true under the demanding circumstances of victim services interpreting.

### Practice Summarization Skills

If you find yourself in situations where you are resorting to summarization on a regular basis, that should be a red flag to you that you may not be qualified for the assignment. If you do not have training in simultaneous, for example, then it may be time to call in an interpreter who does.

But even the most highly trained interpreters resort to summarization when circumstances require it. And when that happens, it is important to use the strategy intentionally as described above. Good summarization requires practice, just like any other interpreting technique.

To practice summarization, try the following:

- Listen to a minute or so of a favorite radio show, podcast or television program, then pause the show and summarize what you just heard. Record yourself so that you can compare what you said to the original recording. Summarizing news reports is good practice because of the speed with which newscasters deliver information.
- Practice summarizing stories. Record yourself or someone else reading a story out loud, then listen to the recording and summarize the story's main points.
- Most of what we interpret in community settings is narrative in nature: clients telling program providers the story of what brought them to the service, providers describing the story of how services are delivered, etc. It is concrete information, with a beginning, middle and end.
  - Listen to a recorded story. Try to capture the most important information from the beginning, middle and end.
  - As you listen to a recorded story, use your fingers to count the main points and try to repeat them.
  - After practicing this exercise consecutively, try summarizing the main points of the story while the speaker is still telling it.
- Listen to talk shows where two or more people are in a dialogue, such as short interviews or panel discussions. Practice summarizing the conversation in third person.
- Practice with role plays in the workbook. Have someone record them, or record them yourself, and practice summarizing them.

### Review of Part 3.3

This section focused on reconsidering the use of summarization as a last-resort strategy in victim services interpreting. Rather than view it as simply taboo and then floundering when you are forced to do it, as eventually happens to all interpreters, summarization can be practiced and applied strategically when the need arises. Because victim services interpreting is a specialization where summarization might be needed more often than in others, this section reviewed why, when and how to perform summarization.

## Review of Module 3

Module 3 provided information and practice for how to apply your basic interpreting modal skills in victim services settings. The diversity of settings and situations to which you can be exposed requires that you develop an intentional and flexible use of the consecutive, simultaneous and sight translation modes. In court, the strategies that are available to you are more limited, as you must adhere as closely as possible to the exact form that people use to communicate. But when you are in a meeting with the lawyer and victim, or helping a survivor receive domestic violence services, you have more latitude to use and switch between your modes to promote understanding.

This module also offered in-depth instruction on how to perform effective sight translation in victim services settings. The sheer variety and diversity of documents that are used can be challenging for the interpreter. In reality, they can be categorized as either question-and-answer forms or narrative forms, with strategies for how to best approach each document category. Module 3 also acknowledged that some documents shouldn't be sight translated at all and provided guidance on how to decline an inappropriate sight translation request.

Finally, this module brings summarization out of the shadows and treats it as a necessary, if last-resort, strategy available to interpreters, who sometimes have to function in highly chaotic and rushed situations. When the paramedic needs to cut through everything to find out what happened, or a police officer has to find out precise details of a sexual assault quickly to pursue the perpetrator, summarization may prove to be the most efficient and effective choice.

However, whenever you summarize, you must practice transparency and let all parties know as soon as possible that you have summarized and that some content was missing.

Interpreting modes—far from being a static skill that is always employed in the same way in all settings—are flexible, fluid tools that can help the interpreter navigate the often unpredictable and changing circumstances that are found in victim service settings.



# **MODULE 4**

## NOTE-TAKING FOR CONSECUTIVE INTERPRETING



## MODULE 4 NOTE-TAKING FOR CONSECUTIVE INTERPRETING

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 4.1

*Explore the rationale and Rozan's steps for consecutive note-taking in victim services settings.*

#### Learning Objective 4.2

*Develop symbols and abbreviations for consecutive interpreting note-taking.*

#### Learning Objective 4.3

*Practice note-taking techniques for consecutive interpreting in victim services.*

### Key Terms and Definitions

#### Consecutive interpreting note-taking

*A language-neutral, symbols-based, visual and spatial method to capture meaning using the minimum number of pen strokes possible.*

— Socarras-Estrada & Allen, 2015, p. 179.

#### Automaticity

*The ability to do things without occupying the mind with the low-level details required, allowing it to become an automatic response pattern or habit. It is usually the result of learning, repetition and practice.<sup>34</sup>*

### Overview

In Module 3, you explored how victim services interpreters can deepen their expertise in consecutive, simultaneous and sight translation modes. This module focuses exclusively on note-taking for consecutive interpreting. Note-taking is widely acknowledged as one of the most difficult skills for any interpreter to master, and even more so in community interpreting settings.

Yet a few basic note-taking skills are easy to practice and can make all the difference in victim service settings.

For spoken language interpreters in particular, note-taking is a key skill for fully mastering the memory, analysis and delivery skills that make up consecutive interpreting. Note-taking skills will also help you achieve a greater degree of accuracy and completeness. As with the modes in general, how and when to use note-taking varies according to the setting and situation.

Unfortunately, it is often difficult for community and legal interpreters to find effective training in note-taking. Few trainers teach the skill and fewer still have applied it to community settings, rather than conference or court.

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<sup>34</sup> <https://en.wikipedia.org/wiki/Automaticity>

This module will introduce participants to J.F. Rozan's (1956) original conception of note-taking for consecutive interpreting, which came from conference interpreting. It provides a concrete set of steps for how his seven core principles can be adapted for community interpreters.

*"We are firmly convinced that note-taking is, like a lot of things, a skill whereby the more effort you put into it, the more you will get out of it. We are also convinced that it is worth all the effort you can afford to give it. ... To this day, we still get a thrill every time one of our students exclaims, 'It really works. I never thought I'd say it but it really works.'"*

— Heimerl-Moggan & John (2007)

One key takeaway from this module: *Always destroy your notes before leaving the session or, if appropriate, hand them to the service provider* (especially attorneys). While probably no one can read them but yourself, interpreters' notes have been subpoenaed in those cases when an interpreter is required to testify about a session that he or she interpreted. (It is not rare, in the United States, for interpreters to be subpoenaed to testify in court.)

### **A Note for Sign Language Interpreters: Note-taking**

Sign language interpreters in the United States most often do not take notes, for several reasons. First, they generally need to make eye contact. Second, they are using their hands to sign. Third, they usually perform in simultaneous mode. As a result, this module will not be as applicable to sign language interpreters.

That said, there are indeed situations where sign language interpreters take notes, and the techniques explored in this module might help them. One example is court settings, where the team interpreter who is not interpreting notes down dates, times, addresses, numbers and other information that is critically important and easy to make mistakes with. The goal of taking these notes is to support the partner who is actively interpreting.

## Part 4.1 Note-taking Techniques

### Learning Objective 4.1

After completing this objective, the interpreter will be able to

*Explore the rationale and Rozan's steps for consecutive note-taking in victim services settings.*

### Introduction

Most interpreters know about note-taking for consecutive interpreting, and many have received some training in the technique, but few have been given a broader understanding of its purpose, function and how to do it correctly. This section introduces basic techniques that were developed for conference interpreters and adapted here to victim service settings.

### What Is Consecutive Interpreting Note-taking?

#### History of Note-taking for Interpreters

Interpreting as a modern profession is young by most standards, getting its formal start after World War II with the advent of the Nuremberg War Crime Tribunals. Up until that time, consecutive interpreting was practiced by a very few skilled linguists who were circulating in international diplomatic arenas. In many ways, interpreting was still more an art form than a defined professional skill set.

At Nuremberg, simultaneous interpreting with the use of supportive technology was used for the first time in a comprehensive and sustained way. Afterwards, simultaneous quickly eclipsed consecutive as the most used mode. Interpreting as a whole began to formalize as a profession.

In the process, consecutive interpreting also began to evolve into a professional skill. In 1956, Francois Rozan, a veteran conference interpreter, published *Note-taking in Consecutive Interpreting*. This publication documented something new: a way to take notes specifically for capturing and then converting meaning into another language that was almost the opposite of existing note-taking systems, such as dictation and short-hand. Traditional note-taking systems attempt to capture what is said verbatim, word for word. Consecutive note-taking trains the interpreter to capture the meaning embedded in the words, and not the words themselves. Because interpreters are also listening, analyzing and speaking, the note-taking system has to put as small an extra burden as possible on overworked brains. Therefore, note-taking has to capture meaning using the fewest number of pen strokes.

In the end, what Rozan created was a note-taking system that

- Captures meaning extracted from words
- Encapsulates the interpreter's analysis of that meaning
- Helps to put that meaning into language neutral symbols ready to be interpreted into the other language.

So in Rozan's system, *words are the least important aspect of note-taking.*

The result, even though it sounds counterintuitive, is a method for taking notes rapidly and efficiently when listening to someone talk. The notes help interpreters anchor key points in their short-term memory so that they can listen for a longer period of time before interrupting the speaker. The notes can be used to support smooth, full interpreting.

### **Rationale for Note-taking in Community Settings**

Many interpreters and interpreter trainers still argue that consecutive note-taking is difficult to learn and not really needed in dialogue consecutive interpreting, the primary mode in victim services. Most conversations are brief, concrete statements in question-and-answer formats and so, the nay-sayers insist, an interpreter can provide accurate interpreting on the strength of short-term memory and mastery of relevant terminology.

These arguments are incorrect. Note-taking skills are important and needed because they

- Support the core listening, analysis, converting and delivery skills that are essential for good consecutive interpreting
- Allow the speaker to go for longer periods without being interrupted, which is especially important for victims who are making difficult statements
- Support greater accuracy when interpreting names, dates, numbers and other information that is provided in list form.

### **How Note-taking Supports Core Consecutive Interpreting Skills**

There are four key component tasks in consecutive interpreting: listening, message analysis, message conversion and delivery. Note-taking is a final task that supports all other core consecutive interpreting skills:

- *Listening:* Taking notes on what you are listening to sharpens your focus on what you are hearing. It helps to screen out distractions—including the emotional impact of traumatic content.
- *Message analysis:* Ideally, you wait to write down your notes until after you have understood the meaning of the utterance or message. Taking notes helps you to focus on the meaning quickly and distill it into a simple symbol or abbreviation on paper.
- *Message conversion:* The use of symbols and abbreviations helps you take the first steps in converting meaning between two languages. Symbols are largely language neutral and represent extracted meaning that is ready to be rendered into the other language.
- *Delivery:* Your notes act as written anchors of what you have just heard. They free you from having to hold everything in your short-term memory and allow you to focus more completely on what is said next. When you go back to deliver the message, you can pay more attention to a smooth delivery.



Figure 6: The Importance of Note-taking

### Minimizing Interruptions During Difficult Statements

Dialogue interpreting includes both long and short statements that range from very simple to extremely complex. Many victim services programs require victims to make detailed statements about the crime. Victims of domestic violence have to retell their stories in multiple settings, from the District Attorney’s office to the courtroom to the therapy session. An attorney who is reviewing a legal settlement has to communicate complex legal concepts that might take more than a sentence or two to express.

***Example of simple to complex:***

**Domestic Violence Aid Case Worker:** In order to get a temporary restraining order, I need you to tell me exactly what happened when your husband attacked you, step by step, with as many details as you can remember.

**Victim:** Well, last night my husband came home from work in a bad mood. Then he realized our daughter was still not home from her evening study session, and it was after her curfew. He got really angry with me and starting screaming and yelling at me, telling me I was a horrible mother, that our daughter was a whore just like me, that she was probably out sleeping with some boy. He grabbed my hair and pulled me into the bedroom and then shoved me onto the bed. I tried to get away, but he pushed me back down and sat on me so I couldn’t move and he took a pillow and covered my face. I couldn’t breathe and I panicked but I wasn’t strong enough to get him off me. I thought I was going to die when his knee slipped off the bed and he lost his balance a bit. I was able to push him off. I ran out of the house and to the neighbor’s next door and she called the police.

***Example of simple to complex:***

**Victim:** My case is in court, but I don't understand what that means. How do I know what's going on? What kind of protection will I receive?

**Victim services case worker:** As your case makes it through court, you have a lot of rights outlined in the law. Let me review them with you. You have the right to play a meaningful role in the criminal or juvenile justice process. That means you are to be treated with dignity and respect, to receive fair and impartial treatment, and to be entitled to reasonable protection from the offender. Some of the rights are given to you automatically, others you have to request. Automatic rights include your safety needs being considered by the judge, the right to refuse to speak to the defendant's attorney and your right to be notified of court proceedings related to your case. Rights that must be requested include being notified of the defendant's release from jail prior to his release, the right to request no media being present during the trial for sexual offense cases like yours, and to be part of any plea dealing or arrangements proposed for the offender.

In the first example in particular, an interpreter who does not know how to take notes would have to interrupt the victim on multiple occasions as she recounts an extremely traumatic experience. A typical interpreter might ask the speaker to pause four or five times for the interpreting, so that the retelling would look like this:

**Victim:** Well, last night my husband came home from work in a bad mood. Then he realized our daughter was still not home from her evening study session, and it was after her curfew.

*Interruption by the interpreter*

He got really angry with me and starting screaming and yelling at me, telling me I was a horrible mother, that our daughter was a whore just like me, that she was probably out sleeping with some boy.

*Interruption by the interpreter*

He grabbed my hair and pulled me into the bedroom and then shoved me onto the bed. I tried to get away but he pushed me back down and sat on me so I couldn't move and he took a pillow and covered my face.

*Interruption by the interpreter*

I couldn't breathe and I panicked but I wasn't strong enough to get him off me. I thought I was going to die when his knee slipped off the bed and he lost his balance a bit.

*Interruption by the interpreter*

I was able to push him off. I ran out of the house and to the neighbor's next door and she called the police.

An interpreter who knows how to take notes could listen to the entire story and repeat it accurately and smoothly with no interruptions. The benefits to the victim are potentially tremendous. The fewer times she has to relive the abuse or recount the story to strangers, the less the risk of re-traumatization. The victim may be able to get through the retelling without breaking down or becoming emotionally overwhelmed, which will help her to obtain the services she needs.

The service provider also benefits from hearing the story in a single smooth retelling. Any interruptions to the telling can be limited to the service provider's need to clarify details, and not the interpreter's short-term memory abilities.

The following graphic compares long consecutive to dialogue consecutive, showing where note-taking is needed in short consecutive, as well.

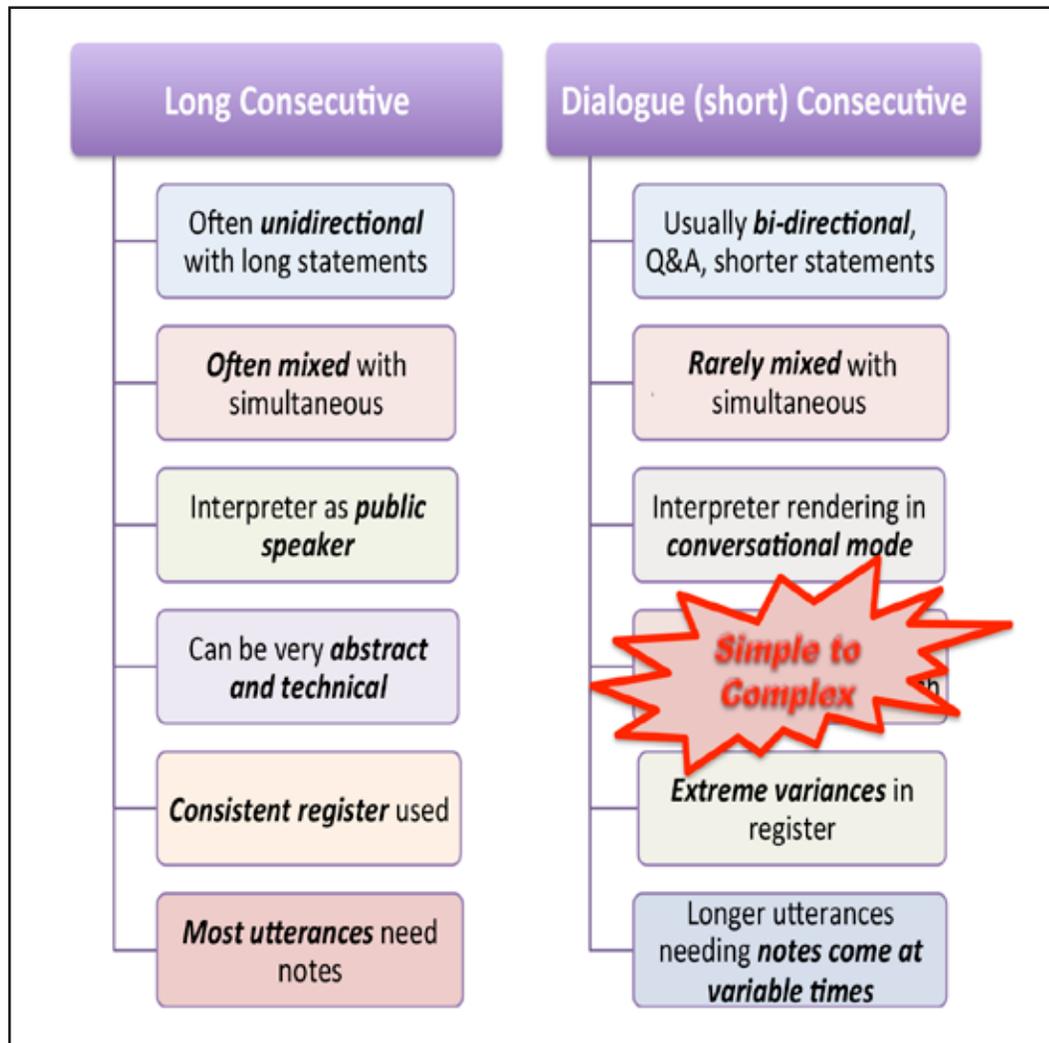


Figure 7: Long vs. Short Consecutive

## Capturing Important Details

Victim services interpreters need note-taking skills for other reasons, as well. It is critically important that they capture names, dates, the names of legal, medical and program procedures and the sequence of service provision correctly.

Even if you only ever take notes to write down case numbers, dollar amounts, dates, names, procedures or any other precise term, it's important that you have your notepad and pen ready at all times.

The idea that consecutive note-taking is too difficult to learn without access to a formal academic program is not true. It is possible to adapt Rozan's method to victim service settings, making it simpler to learn with less training.

## Rozan's System for Note-taking

### The Seven Steps

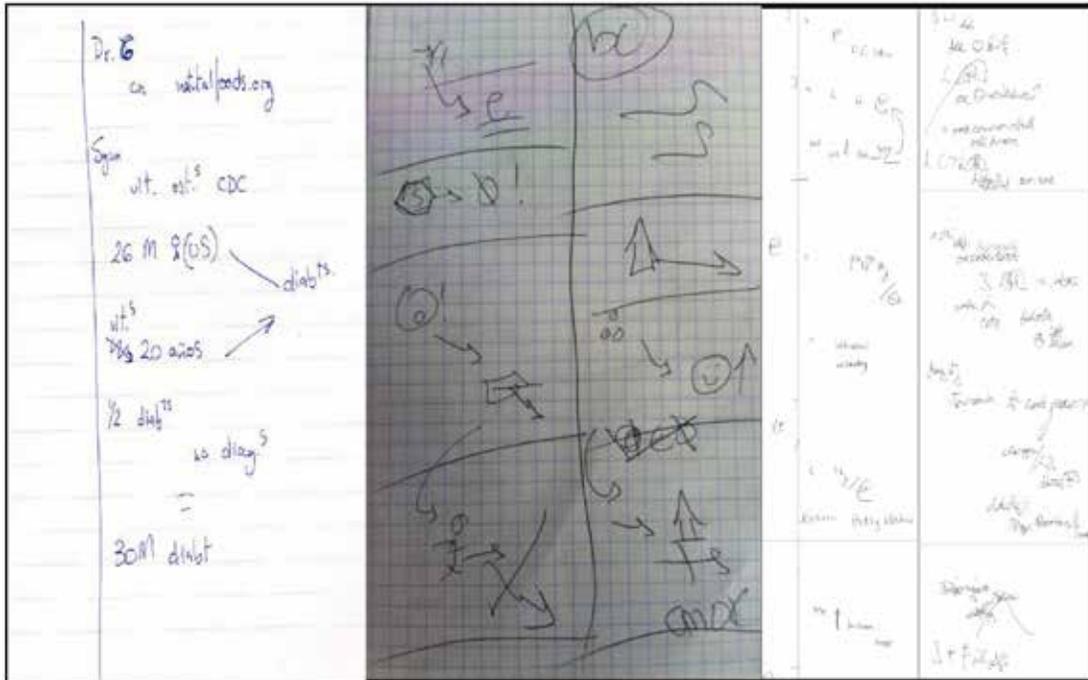
*Although it is very difficult to remember a large number of words, it is not so difficult to remember a series of ideas.* (Garretson, 1981, p. 244.)

Rozan created a system with seven core principles for his note-taking system that helps interpreters do what the above quote suggests: remember a series of ideas rather than words. The seven principles are

1. Note the idea, not the word.
2. Abbreviate words (indicating gender/tense).
3. Use links between ideas (prepositional/time).
4. Indicate negation.
5. Indicate emphasis (a lot, very, wonderful, terrible, etc.).
6. Take notes vertically (groups ideas/eliminates links).
7. Shift (physical placement of words/symbols on the page to indicate their relationship to each other).

When it is done correctly, consecutive interpreting notes look like no other note-taking system. Indeed, because they are meant to capture meaning temporarily, only as long as is needed for the interpreter to deliver the message, before being discarded, they only need to make sense for a few minutes. Most interpreters could not interpret off their notes just a brief time after making them.

Check out these examples of consecutive interpreting notes:



### Adapting Rozan to Community Settings

Learning consecutive note-taking as taught in conference and legal interpreting courses can be a long-term process for several important reasons:

- The content is often very abstract and dense, involving diplomatic, political and/or legal concepts that are difficult to put into symbols.
- Abstract information is difficult to anchor in the memory, making it necessary to master linking concepts and noting tense, preposition and causality with precise symbols.
- Legal interpreters must reproduce every utterance that is made by defendants in the course of proceedings, including fillers such as *uh*, *um*, *hesitations* and *repetitions*.

Rozan's technique can be adapted in a simplified form for community service settings because the great majority of communication that takes place there is concrete, not abstract. Victims have stories to tell. Service providers are working with specific program benefits and requirements. Police follow concrete procedures, and judges lay down specific rulings. The language that is used may be complex and high register, but it still describes something that is tangible.

### Everything Is a Story

Almost any kind of information that is communicated in these settings can be turned into a story with a beginning, middle and end, which makes capturing and remembering what victims and providers say much easier. Human brains have been hardwired over several millennia to hear, understand, remember and retell stories (Hsu, 2008). Stories have logical sequences that interpreters can anticipate, often with repeated and identifiable steps. Those steps can then be used to anchor our short-term memory.

When an interpreter hears a victim's story, the way the human brain is wired provides an unconscious aid to memory because the structure of that story is so familiar. The same can be said even for the complex, high-register, technical language that doctors, educators, police and therapists use. The important thing to note is that what providers and survivors are talking about is *not* abstract.

A police officer may describe a complicated legal procedure to a victim. The police may use visual aids or brochures to help the victim understand, but he is still describing something real, something that has identifiable and predictable elements and steps. A trained interpreter who is familiar with the procedures that are common to victim services can anchor this understanding in story form.

### **Note-taking for Stories**

These two factors, the concrete nature of the information being communicated and the ability to hear it in story form makes it possible to teach victims services interpreters a more straightforward note-taking technique. It's easier to develop a symbol-based system for tangible concepts, and because communication emerges as a story, it's easier to remember the causal links between the ideas expressed.

## **Practicing Consecutive Interpreting Note-taking for Victim Services**

As we move into the practice section of this objective, it can be very helpful to establish a baseline for your current level of note-taking skill. So before moving on, please do the following:

### **Establish a Baseline**

Have a colleague, friend or family member tell you a brief story about something visual and sequential (1 to 1 ½ minutes), such as the first time they traveled on an airplane, visited the mountains or cooked a specific recipe. On a piece of lined notepad paper, take notes as best as you can. When the story is finished, "interpret" it back either in the same language it was told or in your other working language. Then ask your partner for feedback. Did you miss anything? How was your delivery? Did you get stuck on your notes? Did your notes help you or distract you?

Now review your notes. What do they look like? Are they taken horizontally across the page? Vertically? Did you use only words? Did you use any symbols such as lines and arrows, or faces to express emotion? What seemed to work? What did not?

### **A Simplified Version of Rozan's Method**

The next step is to start making a conscious effort to include elements from Rozan's method. Ask your friend to tell you the same story again. It doesn't matter if it's not retold exactly. The important point is that you already know what's coming, so you can focus on the notes and not worry about the content you are about to hear. Before starting, think about the main ideas that were expressed before and then have your friend or colleague repeat the same story. How might you express those on the page? Are there simple symbols you can adopt, such as a picture of an airplane or arrows to indicate time or movement?

Now, during the second retelling, try to follow these steps:

- Listen long enough to understand the first concept that you want to capture with your notes.
- Focus on key words that represent the main ideas.
- Write your notes vertically, one idea per line.
- Use outline form to show relationships (for example, if your friend says the airplane was huge, old and uncomfortable, draw a picture of the airplane and write down “huge, old, not cftle” or something similar in a list below the image of the plane).
- Use symbols and simple drawing with as few words as possible.
- Use abbreviations.
- Use lines and arrows and other graphic symbols such as crosses, circles with a line through them or exclamation points.
- *Trust your memory!* This is a story. Your brain is hardwired to remember the sequence. Trust that a few simple notes will jog your memory.

Now interpret the story to your friend. Compare your second set of notes to your first set. Were you able to integrate any of the steps above? Are your notes vertical? Did you use fewer words this time, and more abbreviations and symbols?

### Review of Part 4.1

This section introduced you to the importance of note-taking for consecutive interpreting and Rozan’s basic seven-step method. Note-taking is not just for conference interpreters at international diplomatic meetings. Even though victim services interpreters primarily interpret dialogues, “dialogue” does not necessarily mean short and simple.

At any time, the victim or provider might need to go on for a certain length of time to explain clearly what needs to be communicated. Or the interpreter may need to capture numbers and lists that specify different service requirements or benefits. Knowing how to take notes can greatly expand how much you can listen to before needing to ask for a pause. The potential benefit for the provider, but most especially the survivor, can be huge.

You were also introduced to Rozan’s basic seven-step note-taking technique. Unlike other note-taking systems, the purpose is to help interpreters jot down memory place-holders for key points, rather than capturing what is being said verbatim. The seven steps allow interpreters to capture meaning and quickly capture it in writing through symbols, abbreviations, lines and arrows and using the space on the page strategically.

## Part 4.2 Develop Symbols and Abbreviations

### Learning Objective 4.2

After completing this objective, the interpreter will be able to

*Develop symbols and abbreviations for consecutive interpreting note-taking.*

### Introduction

As soon as you become more comfortable taking notes vertically and using fewer words, you can start focusing on developing symbols for your note-taking.

We all wish that there were a single, magical set of symbols that could be memorized and used for all interpreting assignments. Unfortunately, developing your own symbols will require an investment of time and effort at the beginning.

The point of using symbols and abbreviations is two-fold:

- They can capture entire concepts in less space than words. For example, “two years ago” in words could be represented as “←2yr” using fewer letters and less time.
- Symbols, especially, are language neutral. They represent distilled meaning. By the time you write down a symbol to represent an idea, you have heard what the speaker says, understood it and started thinking about how to convert it into the other language.

While there is no universal set of symbols that we can all learn in the same way, it is still possible to develop and use symbols in a systematic way until you find a process that works for you.

### Developing Symbols and Abbreviations

#### Creating Your Own Symbol System

To develop your own symbol system you need to

- Gather and/or create a set of base symbols that apply to the topics and settings you regularly interpret for.
- Practice the symbols while note-taking until they come to you automatically.
- Learn how to create “ad hoc” or temporary symbols that cover a specific topic being addressed during an interpreting encounter.

#### Building a List of Base Symbols

One easy way to start finding core symbols is to look at the world around you, and particularly the settings where you work. Symbols are everywhere.

These images are examples of the kinds of symbols that you might see in victim services settings.

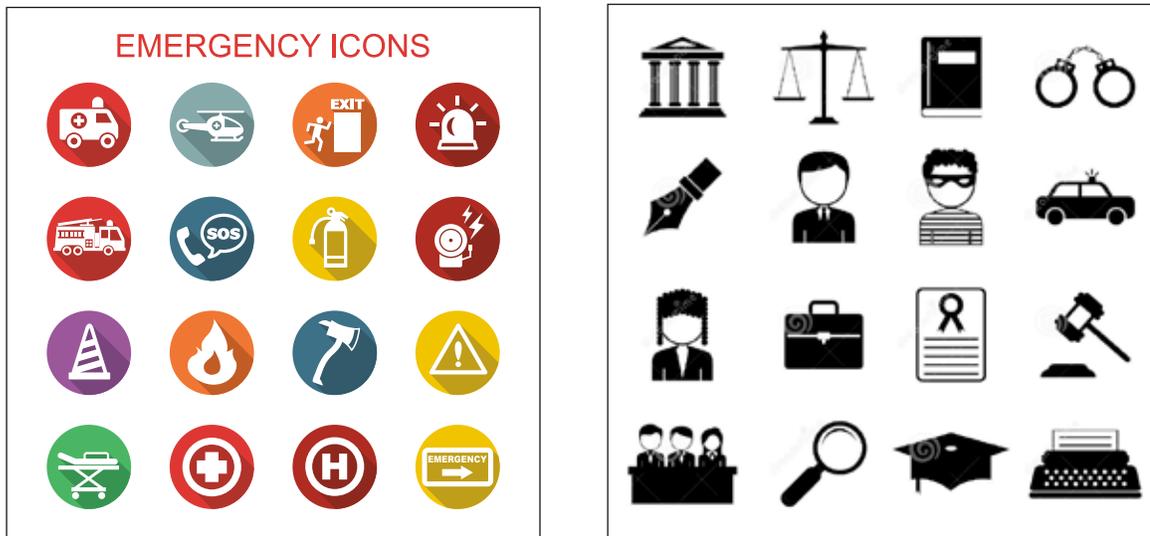


Figure 8: Symbols

Here is an example of how these common symbols can be converted into note-taking symbols.

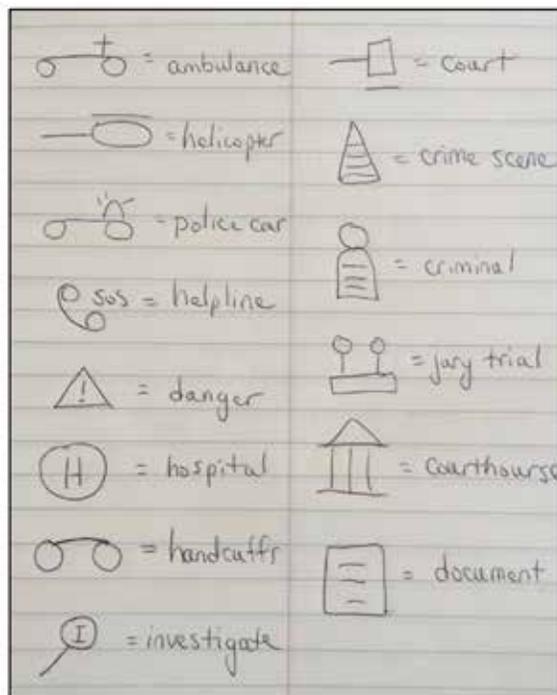


Figure 9: Sample Note-taking Symbols

You can also borrow symbols from math, science, texting or any other area with which you are familiar.

Another way to create symbols is to assign meaning to a symbol that can be used to indicate many variations on a similar theme. For example, the following images are symbols that cluster concepts under categories such as “time” and “verbs” and use similar mechanisms to express similar ideas. A single way to express “past, present, future” can be adapted for “yesterday, today, tomorrow” or “last year, this year, next year,” etc.

Similarly, many interpreters use the simple square to indicate “country.” Then they mark up that box in multiple ways to capture more complex meaning. So a box with “U.S.” inside could mean “United States,” or with a “B” inside could mean Brazil. An arrow going into the box can mean, “went to the U.S.,” or an arrow leading out of the box can mean, “left Brazil.”

### Note-taking Symbols - Time

<i>Time</i>			
	time// time, moment		future
	time (vez) e.g.: 6 times		now
	today		this x x-year, month, week, Monday, etc. e.g.: year
	tomorrow		next x x-year, month, week, Monday, etc. e.g.: year
	yesterday		last x x-year, month, week, Monday, etc. e.g.: year
	at the same time		2 years ago
	time span, time period		in 2 years
	long run		over the last 2 years

Courtesy of Ellen Whigo – Spanish-English Translator and Interpreting <http://ellenwhigo.com/homeen.htm>

Figure 10: Sample Note-taking Symbols for Time

### Note-taking Symbols - Verbs

<i>Verbs</i>			
	want		return, go back, revert
	think		continue
	change		establish, found
	know		explode
	understand, comprehend		approve
	recognize		stop

Courtesy of Ellen Whigo – Spanish-English Translator and Interpreting <http://ellenwhigo.com/homeen.htm>

Figure 11: Sample Note-taking Symbols for Verbs

## Abbreviations

Abbreviations, when done well, essentially work as symbols too. If you are not a visual person or have difficulty drawing images, abbreviating might work well for you.

When developing abbreviations, keep the following in mind:

- Include the beginning and end of words. Writing *com* for an abbreviation can be “communication,” “community,” “common” or even “complex.” Try “comctn,” “cmty,” “cmn” or “cmpx” instead.
- Take out vowels.
- Use the same abbreviation each time.
- Incorporate numbers, lines and arrows to increase the flexibility of your abbreviations as in “←2yr” for “two years ago.”
- Take advantage of texting symbols such as “OMG” to indicate shock, ASAP for “immediately, right now,” and BTW for “by the way, for your information.”

Over time, interpreters develop a set of core symbols to express commonly repeated content for the settings they interpret in and that they use over and over. Once these symbols become automatic, it is easier to layer on new symbols for ideas or concepts that you may use only occasionally. For example, if you interpret for a sexual assault forensic examination from time to time, you might designate a capital R to mean rape.

## Making Symbols Automatic

Once you’ve created your symbols and listed them in a glossary or other table document, you need to take additional steps to integrate them into your note-taking practice. It’s not enough to have created a set of symbols: You need to practice with them to make them into a useful tool for you.

To make using your symbols automatic, try the following strategies:

- Write each symbol over and over while you repeat out loud what it means in your working languages. This repetition will help anchor that symbol to the meaning you want it to have by creating muscle memory in your hands and brain.
- Before an assignment, brainstorm symbols you think that you will need (even if only a few minutes before your appointment). Write these symbols down several times to activate them in your memory.
- Practice using the symbols for similar stories repeatedly until those symbols come to you automatically. The next time you are in a similar session, they will be there for you.

## Practicing With Symbols

As a final practice exercise, let's return to the earlier story told by the victim of domestic violence.

**Victim:** Well, last night my husband came home from work in a bad mood. Then he realized our daughter was still not home from her evening study session, and it was after her curfew. He got really angry with me and starting screaming and yelling at me, telling me I was a horrible mother, that our daughter was a whore just like me, that she was probably out sleeping with some boy. He grabbed my hair and pulled me into the bedroom and then shoved me onto the bed. I tried to get away, but he pushed me back down and sat on me so I couldn't move and he took a pillow and covered my face. I couldn't breathe and I panicked but I wasn't strong enough to get him off me. I thought I was going to die when his knee slipped off the bed and he lost his balance a bit. I was able to push him off. I ran out of the house and to the neighbor's next door and she called the police.

Before listening to the story, brainstorm some of the symbols and abbreviations you could use to capture the story. Remember to use all the space on your sheet of paper to write vertically downward and diagonally across the page. Using all that space will help you to capture the sequence of the story and anchor it in your memory.

Then have your partner read you the story. As you listen, take notes, then interpret from your notes and evaluate your progress.

## Review of Part 4.2

Using symbols is a vital skill in note-taking for consecutive interpreting. Symbols are distilled meaning. To use a symbol to capture meaning means that you have already processed it. However, there is no one list or set of symbols that works for all interpreters. You will need to develop symbols that help *your* note-taking.

Doing so can improve your performance in victim services interpreting because using symbols *will* enhance your ability to take good notes instead of interrupting the speaker at a sensitive moment.

That said, some interpreters have trouble visualizing or using symbols. Part of the challenge is that many interpreters who study note-taking focus too much on developing a set of symbols right away. Yes, symbols are a key part of this note-taking technique. They allow you to quickly note in as few strokes possible the key points of the message. They help you become a better listener, analyzer, message converter and deliverer.

But by themselves, symbols won't necessarily help your note-taking or your consecutive interpreting. The symbols and abbreviations you choose will work for only after you have practiced them in context and made them automatic. Make sure you work to get them off your symbols list and into your daily practice so that you become better at performing consecutive interpreting accurately for longer periods of time.

## Part 4.3 Practice Consecutive Interpreting Note-taking

### Learning Objective 4.3

After completing this objective, the interpreter will be able to

*Practice note-taking techniques for consecutive interpreting in victim services.*

### Introduction

Many interpreters and trainers in community settings complain that note-taking is a distraction and makes it more difficult to listen, remember and interpret—not easier.

This complaint means that note-taking has not yet been integrated as an automatic skill. Anytime that we learn a new skill, we feel awkward and slow when we practice what we are learning. As we learn a new language, we often mentally translate from one language into another. Over time, thinking and speaking directly in another language becomes an automatic skill that we no longer have to consciously think about. Similarly, when we learn to drive, cook, or use our new tablet or smartphone, every early step takes mental effort and extra time at first. But soon, the actions become automatic, and these skills become tools that support our lives.

The same is true for note-taking. With sufficient, focused practice, note-taking becomes integrated into your consecutive interpreting skill set and you no longer think about *how* you are doing it. You just do it.

### Putting It All Together

Let's return once again to the domestic violence story you practiced with earlier. The graphic below in Figure 12 shows notes that one interpreter took for that story.<sup>35</sup>

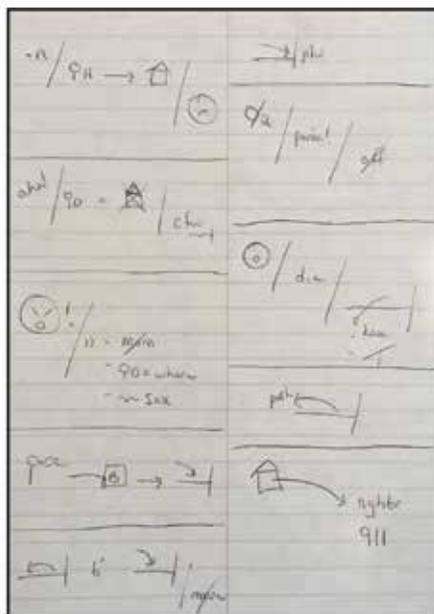


Figure 12: Sample Interpreting Notes

<sup>35</sup> For this training manual, the notes have been written neatly and slowly. In real life, they would probably look more scribbled and “messy.”

Next, let's see how Rozan's seven steps plus developed symbols are reflected in the notes by examining Figure 13. By matching up the numbers with the relevant parts of the story about domestic violence, you can see which notes belong to which parts of the story.

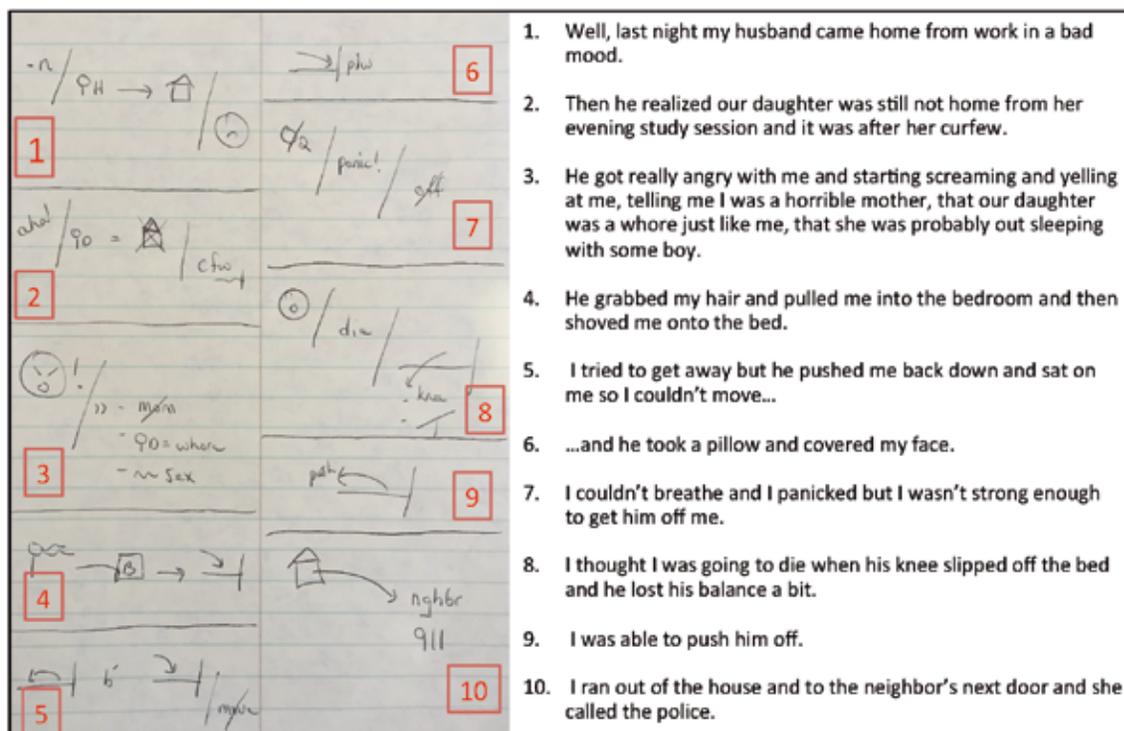


Figure 13: Sample Interpreter Notes With Annotations

In this example, Rozan's seven steps are clear:

- Concepts are captured with the symbols and abbreviations, **not words**.
- There are several **abbreviations**, such as “cfw” for “curfew” and “nghbr” for neighbor.
- There are arrows and lines to **indicate links** between ideas.
- **Negation** is indicated in several places by a line drawn through the symbol, word or abbreviation. For example, through the house symbol to indicate the daughter wasn't at home and through the symbol for air—“O2”—to indicate not being able to breathe.
- **Emphasis** is indicated by the exclamation point next to the angry face at the beginning of the page.
- Notes are taken **vertically**, and there is a line between each major chunk of meaning.
- The notes have “**shift**,” that is, they use the space on the page to enhance the meanings of the symbols used. For example, inside each block, the notes move across and down the page to help reflect movement, the progression of a sentence, or to indicate a list.

This is just one example of how this interpreter has developed the skill of capturing speech using this note-taking technique.

### Review of Part 4.3

Your notes will look different from those in this section and from everyone else's. The uniqueness of your notes is not a problem. What is important is that you take the time to practice with similar texts until the skill becomes automatic.

This section explored why you need to practice these skills and how to bring them all together. It reviewed the basic techniques that will help you do so and looked at examples of note-taking for consecutive interpreting to guide your practice.

### Review of Module 4

Note-taking is not a luxury. It is a mandatory skill set for community interpreters, and a particularly vital technique for interpreters in victim services. It is a core skill that allows you to fully master consecutive interpreting. It supports your listening, analysis and memory skills, as well as improves your delivery and allows you to listen for a longer period before needing to ask the speaker to pause.

The value of not interrupting the speaker is often acute when interpreting for trauma survivors and their providers.

By developing strong note-taking skills, you can strengthen your ability to support several key ethical principles. When you incorporate note-taking into your practice you

- Allow the speaker to express complete ideas, supporting direct communication.
- Limit the number of times you need to interrupt speakers, saving time.
- Allow the listener(s) to better understand the speaker's ideas.
- Conserve your mental energy because the notes support your short-term memory.
- Reduce the risk of communication errors made by you *and* the speakers, because fewer interruptions means they can maintain their train of thought and express it fully.

Finally, particularly in victim service settings, interpreters with note-taking skills can provide relief to the communication process for victims. Note-taking can significantly reduce the need for victims to pause when recounting their traumatic experiences or repeat the most painful parts of their story. Victims can better retain their composure and not have to deal with the added stress of having the interpreter ask them to pause every two or three sentences.

Your note-taking skills can be a boon to the provider, and a gift to the survivor. Invest the time. You will be proud of your new skills.



## **MODULE 5**

### SEXUAL ASSAULT AND DOMESTIC VIOLENCE



## MODULE 5 SEXUAL ASSAULT AND DOMESTIC VIOLENCE

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 5.1

*Discuss the challenges of interpreting for sexual assault and domestic violence cases.*

#### Learning Objective 5.2

*Adapt ethical principles when interpreting for survivors of sexual assault and domestic violence.*

#### Learning Objective 5.3

*Explore appropriate interpreting protocols for sexual assault and domestic violence cases.*

### Key Terms and Definitions

#### Gender-based violence

*Violence that targets individual or groups on the basis of their gender . . . . This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty.*

— United Nations

#### Domestic violence

*A pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.*

— U.S. Department of Justice, Office of Violence Against Women

#### Sexual assault

*Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.*

— U.S. Department of Justice, Office of Violence Against Women

#### Community interpreting

*Interpreting that supports access to community services.*

**Note:** The key areas of community interpreting specialization are medical, social services, educational and faith-based interpreting.

#### Legal interpreting

*Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecutor-victim/witness interviews, and law enforcement communications.*

— Framer *et al*, 2010, p. ix.

### Scope of practice

*Professional activities deemed acceptable under ethical requirements for the relevant profession.*

**Note:** Most professional codes of ethics provide guidance for practitioners of the profession regarding what they, based on their training and skills, are permitted to do or not permitted to do. Professional boundaries help practitioners decide what behaviors they may engage in and what behaviors lie outside of their training and expertise.

### Conflict of interest

*A set of circumstances where a primary interest might be influenced, or perceived to be influenced, by a secondary interest that could lead to the risk of inappropriate acts.*

**Note:** A conflict of interest arises in a situation that jeopardizes an individual's ability to remain impartial. The conflict may be the result of the possibility of monetary gain, personal advancement or providing an advantage to friends, relatives, associates or anyone else with whom one feels a special bond.

### Confidentiality

*A requirement to protect and not disclose information that is private and often personal where the unauthorized disclosure could cause harm.*

**Note:** Broadly speaking, confidentiality refers to the duty of non-disclosure of private and personal information regarding another person or persons, as well as certain information about companies, organizations or entities. The duty of confidentiality is especially strict in the case of victims of violent crimes and intimate partner violence because of the severe and potentially dangerous consequences that may result from the disclosure of such information.

For domestic violence service providers, advocates are federally mandated to protect a survivor's confidentiality. This unique and important legislation is discussed in Part 3 of this module.

### Overview

This module offers an overview of interpreting for survivors of sexual assault and domestic violence. In keeping with needs assessment, it focuses on helping you understand the services that are provided to survivors of these crimes and the paramount need for the interpreter to support the intent and delivery of those services by interpreting without getting involved.

In the field of victim services in general, but domestic violence and sexual assault in particular, it is extremely common for interpreters (especially community interpreters) to involve themselves either emotionally and/or by intervening inappropriately, for example, by giving advice or questioning what service providers do.

Such actions by interpreters can be harmful. In some cases, the interpreter can re-traumatize the survivor.

In Part 5.1, you will examine general information about interpreting for domestic violence and sexual assault survivors and analyze the similarities and differences between interpreting for them in legal vs. community (medical, mental health and social services) settings.

In Part 5.2, you will explore how to apply and adapt your ethical requirements to sexual assault and domestic violence cases. You will explore specific and typical ethical challenges in this field of service services. Special attention will be paid to the ethical canons of confidentiality, scope of practice, accuracy and impartiality.

In Part 5.3, you will learn and practice specific protocols to follow when you are interpreting for survivors of sexual assault and domestic violence. You will learn what special things to consider saying when you introduce yourself and exploring how positioning, eye contact, direct speech, conflicts of interest and the appearance of partiality impact interpreting in these services. By the end of this module, you will ideally have a clear sense of how to conduct yourself as a professional interpreter in these specialized services.

Finally, whether for survivors of sexual assault and domestic violence in particular, or victim services interpreting in general, it is important to note that legal interpreting is much broader than the specialization of court interpreting. Any encounter, examination, treatment or proceeding that has a possible impact on the outcome of a legal case, the grant of legal rights and access to victim compensation or any other benefit should be regarded as legal interpreting.

*As discussed below in Part 5.1, if you are in doubt about whether the service you are interpreting for involves legal or community interpreting, treat it as legal interpreting. Apply the relevant ethical requirements and protocols for legal interpreting.*

## Part 5.1 Interpreting for Survivors of Sexual Assault and Domestic Violence

### Learning Objective 5.1

After completing this objective, the interpreter will be able to

*Discuss the challenges of interpreting for sexual assault and domestic violence cases.*

### Introduction

This section introduces you to interpreting for survivors of crimes that involve sexual assault and domestic violence. You will focus on how to respect role boundaries while balancing professionalism and compassion.

This is a particularly sensitive area where interpreters can easily, even with good intentions, engage in conduct or behaviors that could re-traumatize a survivor, jeopardize a beneficial outcome and put a legal case at risk. This section will help you instead to interpret effectively for survivors of sexual assault and domestic violence.

### An Overview of Sexual Assault and Domestic Violence

#### Gender-based Violence

Worldwide, the most common umbrella term for crimes that include sexual assault and domestic violence is “gender-based violence” (despite the fact that men, boys, gays and lesbians also can be victims of such crimes in their own relationships). The concept of gender-based violence is embedded in national and international legal frameworks. While specific definitions vary, the United Nations defines gender-based violence as, “violence that targets individual or groups on the basis of their gender .... This includes acts that inflict physical, mental or sexual harm or suffering, the threat of such acts, coercion and other deprivations of liberty.”<sup>36</sup>

In general, gender-based violence includes domestic violence and sexual assault, as well as other abuse that is often more culturally specific, such as child marriages, forced marriages, widow burning, dowry crimes, female genital mutilation and other gender-based crimes. However, unless you work extensively with refugees and asylum seekers, you are likely to interpret far more often for cases of domestic violence and sexual assault.

#### Sexual Assault (SA)

Sexual assault can include the following acts:

- Sexual harassment
- Molestation
- Attempted rape
- Rape
- Marital rape

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<sup>36</sup> <http://www.irinnews.org/indepthmain.aspx?InDepthId=20&ReportId=62847>

- Child sexual abuse
- Incest
- Forced sodomy/anal rape
- Sexual exploitation, including forced prostitution
- Sexual violence as a weapon of war and torture
- Trafficking and sex slavery.

— <http://www.irinnews.org/indepthmain.aspx?InDepthId=20&ReportId=62847>

### Domestic Violence (DV)

The Office on Violence Against Women (OVW), part of the U.S. Department of Justice, defines domestic violence as “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.”

Domestic violence can be physical, emotional, social, economic or psychological in nature. It includes actions that are designed to help one person gain and maintain control and influence over another person. Abusers will use intimidation, isolation, fear, manipulation, humiliation, terrorization, threats and violence to exert control over their partner.

Domestic violence is one of the most prevalent violent crimes committed in the United States and around the world. Interpreters who are working in victim services are very likely to work with domestic violence survivors (perhaps more than survivors of other crimes) in many settings, including

- Hearings before a judge for civil protection orders
- State victim services offices
- Nonprofit attorney offices
- Legal self-help centers
- Domestic violence programs and shelters
- Housing, transportation and social agencies
- Education (such as registering for English classes).

OVW describes physical and sexual abuse with graphic precision:

**Physical Abuse:** *Hitting, slapping, shoving, grabbing, pinching, biting, hair pulling, etc. are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.*

**Sexual Abuse:** *Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.<sup>37</sup>*

For a perspective on how domestic violence affects immigrant women in particular (although many of the facts noted can also apply to Deaf victims), see the “Immigrant Power and Control Wheel” on the next page. For a more specific example of this famous diagram as it relates to Deaf victims of these crimes, see the following page.

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<sup>37</sup> <http://www.justice.gov/ovw/domestic-violence>

## Myths and Facts About Sexual Assault

Our society holds many stereotypes and mistaken beliefs about sexual assault and domestic violence and how they relate—or don't relate—to the average person. Interpreters need to be aware of these myths to avoid believing them and to become self-aware of their own attitudes and feelings so that they don't impact impartiality. Research on sexual offenses that was compiled by the New York State Division of Criminal Justice Services shows the following:

**Myth:** Most sexual offenses are committed by strangers.

**Fact:** Most sexual offenses are committed by family members or acquaintances.

**Myth:** Only males commit sex offenses.

**Fact:** Although most offenders are male, females commit sex offenses, too.

**Myth:** Children who are sexually assaulted will grow up to sexually assault others.

**Fact:** A percentage of sex offenders were abused as children, although certainly not the majority. (Conversely, the majority of children who were sexually abused do not grow up to become sex offenders.)

**Myth:** Adolescents do not commit sex offenses.

**Fact:** Adolescents represent a fair number of sex offenders.

**Myth:** Child molesters spontaneously attack when they see a vulnerable potential victim.

**Fact:** Many child molesters and pedophiles spend years positioning themselves into a place of authority and trust within the community, and can spend a long time “grooming” one child.

**Myth:** The majority of sex crimes are reported.

**Fact:** Most sex crimes are not reported and, therefore, are not prosecuted.

# IMMIGRANT POWER AND CONTROL WHEEL



Produced and distributed by:

Adapted from original wheel by:  
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**Figure 14: The Immigrant Power and Control Wheel**  
 Available through the National Center on Domestic and Sexual Violence  
[http://www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html)

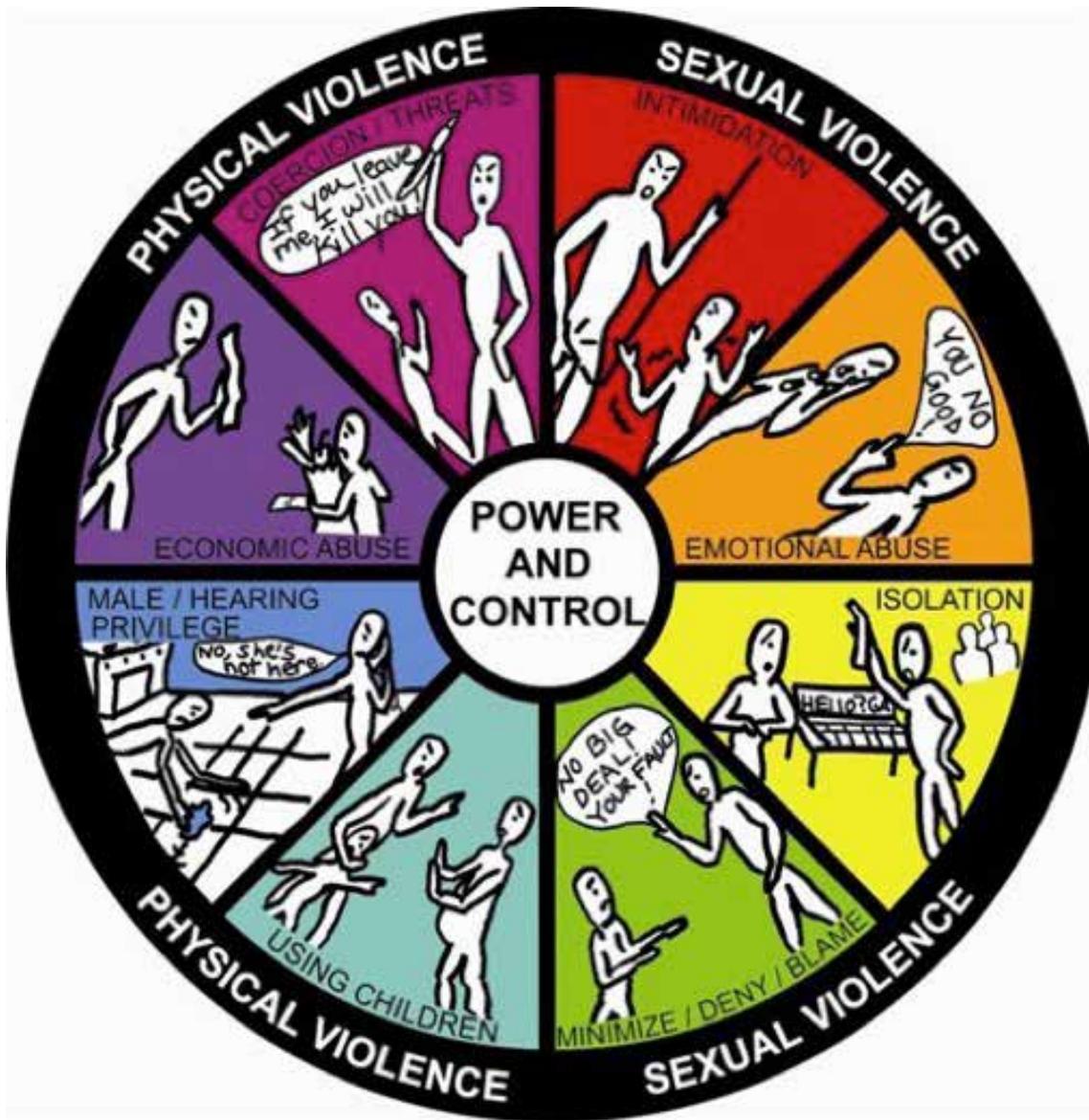


Figure 15: The Deaf Power and Control Wheel

Available at DeafHope, <http://www.Deaf-hope.org/domestic-violence/power-and-control-wheel/>.

DeafHope credits the Domestic Violence Intervention Project of Duluth, Minnesota, for the contents of this image.

## Key Lessons About SA/DV for Interpreters

Interpreters are often distressed when victims stay with abusers or other perpetrators of crime, or if victims fail to report a major crime, such as sexual assault. Yet there are many emotional reasons why it can be hard to report an assault and many logistic reasons why it can feel impossible leave an abuser, such as:

- A lack of economic resources
- No housing
- The abuser’s hiding of the victim’s immigration documents, making travel out of the country impossible
- Threats to have the victim put in detention
- Threats to deport the victim
- Threats take the children
- Fear of what the abuser will do to the victim if she leaves.

Those fears are often well-founded. Crime victim services have also found that the single most dangerous moment in an abusive relationship is right after the victim leaves. One study found that for highly controlling abusers, the risk of the abused woman’s being killed increases nine-fold (900%) if the couple separated after living together.

Among the reasons that survivors of crime stay with the perpetrators are also feelings of love, a shared history and, if children are involved, concern for “taking away” a parent. Many victims of abuse will voluntarily choose and even fight to return to abusive relationships once the immediate crisis is over. They may believe their perpetrators’ apologies and promises to “never do it again.” They may mistakenly believe that they can change their behavior. Or they may simply not be able to imagine moving forward independently and alone. Disentangling long-term relationships, in particular, is difficult even under the best circumstances.

Immigrants are often unaware of how the U.S. immigration and justice system works. Victims fear being arrested and deported. In other cases, they fear that reporting a spouse or partner with a job will lead to the abuser’s being deported, so no one will provide for the victim and her children.

Immigrant victims may also be linguistically isolated, without access to information and services in their language about the resources that can help them leave abusive relationships. Others may be dependent on a small community of immigrants from their home country; this small community might disapprove of, or at least be disrupted by, a victim’s decision to leave an abusive relationship. These are just a few examples of why victims might choose to stay in abusive relationships.

For interpreters who interact with victims of crime, the deepest problem and the greatest challenge is often watching a victim suffer and continue to be unsafe. In general, community interpreters come to the profession wanting to help others. To witness suffering, and—worse—to watch a victim return to the person who perpetrated the abuse, can be baffling and painful for interpreters. This is also true for service providers, but typically the service providers receive special training on how to manage their feelings on this issue.

Finally, if you interpret for survivors of domestic violence, take note of the increased vulnerability, both for Deaf and immigrant victims, that is caused by their common situation of social isolation (which the abuser exploits), the victim’s legal status or vulnerability due to disability, threats to take

the children away because the abuser often speaks English and is more acculturated and/or has more access to custody lawyers, the difficulty of the survivor's accessing resources and the better legal representation often available for the abuser because of having more money. In fact, interpreters are often shocked to learn that the *victim* is in a batterer's program, because the abuser speaks good English and has a better lawyer—and claimed that the victim was the abuser.

## Challenges in SA/DV Interpreting

Victim services interpreting poses many challenges, especially ethical challenges, for interpreters, and perhaps most often of all in sexual assault and domestic violence services. Again and again, the victim service providers who were interviewed for this curriculum identified common ethical concerns for interpreters about these cases. Most of the incidents that they mentioned involved face-to-face interpreters, but also phone or video interpreting. For example, providers report that some interpreters

- Filter or edit what the survivor says
- Try to explain things to the survivor
- Get emotionally involved
- Comfort the survivor.

For more examples of common ethical violations when interpreting for sexual assault and domestic violence survivors, see Part 5.3 in this module.

## The Importance of the Survivor's Feelings and Responses for Interpreters

One point discussed in Module 1 must be repeated here due to its critical importance: The interpreter must take into consideration the victim's mental state. There is no single response that you can expect from victims. This unpredictability is a particular concern when interpreting for sexual assault and domestic violence survivors.

Individual victims respond in many different ways. They can seem agitated, confused or intensely disturbed. Or you may notice that they seem distracted, detached or numb. They may show insecurity, vulnerability, depression, anxiety, hyper-vigilance or even full-blown PTSD.

Of course, as you saw in Module 2, vicarious trauma and even PTSD<sup>38</sup> might also affect interpreters in victim services, since many interpreters are drawn to this specialty as the result of their own experiences of trauma. As you saw in Module 2, not all interpreters with a trauma history have fully processed their own trauma. Thus, sometimes the act of interpreting descriptions of violent SA/DV events may trigger unexpected responses in the interpreter.

### Accuracy and the "Rape Exam" (A Sexual Assault Forensic Examination)

We had a sexual assault victim in the middle of the night. The telephone interpreter was not translating word for word. They were kind of cleaning up language, which as you can imagine is quite detrimental for both medical and legal services.

—Sexual Assault Nurse Examiner

38 It is important to note that PTSD and experiencing trauma are not the same thing. Symptoms of someone who has experienced trauma are often the same as someone who has PTSD, but they should not be confused or used interchangeably. Recurring traumatic experiences can lead to PTSD, but a client who has experienced trauma might not have PTSD. One can suffer traumatic symptoms without having the diagnosed condition known as PTSD.

As a result, it is important for interpreters with their own history of SA/DV to be open to self-examination and give careful consideration in advance to whether they are likely to be affected and suffer symptoms of trauma, as well as to what measures they can undertake to minimize this likelihood.

### **Interpreting for SA/DV Survivors in Medical Settings**

Many interpreted encounters for SA/DV take place after hours in an emergency room (ER) setting. A scheduled office appointment is different than an unplanned visit to the ER, both for the victim and the interpreter. For example, in the ER there may not be any opportunity for the normal introduction that you might give.

Positioning is also unpredictable and difficult in many SA/DV medical encounters for a number of reasons, including the presence of medical and other personnel (e.g., police officers, a detective or two, a doctor, nurses, a medical assistant and an advocate), the size of the rooms and the medical equipment used, as well as issues of proximity, audibility, ambient noise, medical procedures that may be performed during the interpreted event and the sheer length of the encounter: Often, for example, forensic ER appointments for SA/DV can last two to four hours. *These issues, including positioning in small medical examination rooms, can sometimes be even more complicated when sign language must be interpreted.*

As in all interpreted events in health care settings, interpreters must be aware of their duty to protect patient health information, not just for ethical reasons but also under the requirements of U.S. laws such as HIPAA (Health Insurance Portability and Accountability Act).

### **Interpreting for SA/DV Survivors in Mental Health Settings**

Interpreting in mental health settings adds on a layer of special concerns. For the interpreted message, the terms and descriptions may not be easy to interpret due to cultural and linguistic differences. In addition, the survivor may be upset, almost agitated, dissociative, inaudible, shouting, hallucinating or totally out of control. Conversely, the survivor may show no feeling at all (exhibit no affect), be monosyllabic or even catatonic. The victim may ramble, lose focus or speak in disjointed fragments. Incoherent speech is incredibly difficult to interpret. All of these possibilities increase the challenge for the interpreter.

Because of this, a pre-encounter with the provider and making good use of your professional introduction are especially important for SA/DV interpreting. The pre-encounter or pre-brief is important so that you are aware of the general situation and the patient's mental state. Knowing how to manage your introduction can help to ward off possible fear, concern or mistrust from the survivor, who might already be fearful, ashamed, upset or aggressive.

Because trust is so important to the therapeutic alliance, it is also extremely important to ensure a direct and consistent communication process between the therapist and the survivor. For this reason, the same interpreter is generally asked to come back for any ongoing therapeutic sessions, and most therapists seem to prefer this.

That said, most mental health sessions proceed smoothly, and interpreters do not need be nervous. Simply consider the key issues in advance and, if necessary, request what you need to be calm and professional and concentrate on the job. Providers who were interviewed for this curriculum have made it clear that while your *tone* may reflect the emotions of the speaker, *you*, the interpreter, need

to remain as calm as possible in all areas of victim services interpreting, and especially mental health interpreting. If you are affected, conceal your own emotions. Reflect the feelings of the speakers, not your own.

In mental health settings, it is important to understand the therapeutic alliance so that you can support it, not interfere with it. The therapeutic alliance (which can also be called the working alliance or the helping alliance in health care) simple means the special relationship that exists between the clinician and client. It is a delicate, and even fragile, relationship that needs your support.

This means, although it can be difficult for you, that you will need to learn to *trust* the therapist, even if s/he speaks in ways that puzzle or upset you. Do not interfere or second-guess the therapist (just as you wouldn't intervene in the medical treatment prescribed by a medical doctor). Be sure to follow the therapist's lead. If, at any time s/he leads you into social interaction with the survivor (it will be superficial), trust that there is a good reason.

There is however some confusion and/or contradictions among therapists and service providers regarding the interpreter's role. Some therapists correctly want the interpreter to facilitate good understanding but otherwise not to participate in the therapeutic relationship; others occasionally draw the interpreter in. In general, victim service therapists in the United States tend to be a bit more clear than in some other countries that the interpreter is not a "co-therapist" and should not be consulted as such.

Still, be sure to discuss the therapist's expectation of your role during the pre- or debriefing, though of course not during the session itself.

If the therapist does ask you a question during the session, remind him or her of your role before interpreting that question for the survivor, which will also give the therapist time to consider whether your interpreting the question might be risky or even dangerous for the survivor's mental state. Even therapists sometimes say things to you, the interpreter, that they do not imagine you will ever interpret.

As you will see below, in both your pre-encounter and during your professional introduction you will always want to emphasize that you will interpret everything that is said or signed during the session.

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### **Should the Interpreters be of the Same Gender for DV/SA Services? One Attorney's View**

As a service provider whose goal is to empower my clients, I am happy when a client feels empowered enough to state what she or he wants and take this as a good sign. However, there are times when I, as the attorney, may get a sense that my client is not comfortable [with the interpreter] and may ask my client if she or he would be more comfortable with an interpreter of his or her same gender and would also like the interpreter to know they should not take it personally.

—Victim services attorney

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### **Interpreting for SA/DV Staff and Advocates**

Working in this field is quite different because of the intense nature and immediacy of the narratives and traumas described. In some ways it may resemble some experiences in mental health interpreting, such as seeing clients who exhibit dissociative symptoms or other classic behaviors during the session. The interpreter may find the strange or discordant responses puzzling; for example, the therapist may seem cold or distant, or a survivor might smile or even giggle while recounting a horrific sexual assault. The interpreter must be prepared to navigate the strangeness with a professional demeanor and not show, in tone of voice or body language, his or her surprise or dismay.

## The Interpreter's Personal Beliefs About SA/DV

### Cultural and Social Beliefs

*There are many cultural issues that surround gender-based violence. The interpreter might need to set aside some personal beliefs when interpreting for SA/DV survivors.*

The interpreter's own view on the place of women, the appropriateness of certain punishments for crimes of SA/DV in the United States or whether reporting domestic violence could bring shame upon the interpreter's community should never affect the encounter. *The interpreter will need to overcome any personal emotional responses to these cultural issues and interpret accurately, without adding any shaded meaning.* Doing so can be difficult for some interpreters because it involves a degree of honest self-examination. (See Module 6, Part 6.1, for a detailed discussion of these issues and the interpreter's self examination.)

The significance of interpreter gender (such as male interpreters for survivors who are female or vice versa) is another area of concern. The DC Victim Assistance Network has noted problems of mismatched gender to be a frequent problem for SA/DV survivors. Typically, it is not the interpreter who is in a position to influence this decision, and judging from occasional postings on interpreter listservs, some interpreters take it a bit personally when a survivor requests an interpreter of the same gender. It may be difficult to be gracious in the face of such rejection, but it is important to give survivors the choice.

Debriefing with the provider is important because the provider might not be aware of specific cultural issues that you face as an interpreter for SA/DV assignments.

### The Interpreter's History of SA/DV

In addition, if you have any history of violent trauma and in particular a past history of domestic violence or sexual assault, that experience could affect you in many ways if you interpret for SA/DV survivors. As discussed in Module 2, you might find that the session re-triggers your own trauma and that you are not yet ready for this type of interpreting. In some cases, however, your history may make you want to intervene, help out and give advice, *even if typically as a professional interpreter you never do so.*

### The Interpreter's Desire to "Help"

Do not underestimate your desire to help. During the first hour of the first pilot of this program, one interpreter cheerfully recounted to the whole group how she, as the interpreter, had told the domestic violence client her own experience of domestic violence and advised her what to do to escape it. She was quite unaware that this behavior was a violation of her professional duties.

Helping the survivor by sharing your experience, explaining the service or giving advice is not helpful because you undermine the client-provider relationship, violate well-established victim services procedures and disempower the survivor. You also risk triggering or re-traumatizing the survivor with such behaviors.

“Helping” the survivor carries other risks. As a clinical social worker puts it,

*“Our gut may say, throw all the resources and service you have at that person, but that can also be disempowering at times if you do something that can they can do for themselves. We’ve talked about interpretation as a system that can trigger and re-traumatize a client but there’s also all sort of other systems that can trigger and re-traumatize: in court, speaking to a judge, going to a doctor’s office. It can be really simple things, and part of our job is to remain nonjudgmental in our response and moralize the feelings and having that language for an interpreter and an understanding of where we’re coming from and why we’re saying the things we’re saying.”*

In other words, your role is to interpret. The situation for SA/DV survivors is difficult enough. Do not make it more difficult for them by getting involved, even to “help” them.

## Collaborative vs. Adversarial Settings

### Why This Section Matters

In this section, it is important to make clear that interpreting for survivors of sexual assault and domestic violence (and victim services interpreting in general) often crosses a line from community to legal interpreting. Community interpreting is generally collaborative: Everyone involved wants the survivor to be well. Legal interpreting can be collaborative or adversarial.

In general, *any* sexual assault or domestic violence service could potentially be deemed, or become, legal in nature or have a legal component or dimension. It is important to err on the side of caution here and assume that the encounter could be legal.

As a result, this section will examine what it means for you, the interpreter, to interpret in collaborative or adversarial settings for survivors of SA/DV. We will start with the difference between them.

### Adversarial Settings

Court interpreting, which is one key part of legal interpreting, is usually adversarial. In a legal case, one side typically wins, and the other loses. While that statement is an over-simplification, it summarizes the basic concept that the interests of the crime victim and the defendant are competing interests.

Typically any adversarial settings when interpreting for SA/DV survivors *outside* court would be legal and could in principle include

- Depositions (which can be seen as an extension of court interpreting)
- Police interrogations (although contract interpreters are not often called for this)
- A DV victim who self-petitions to get her own lawful permanent residency independent of her abusive spouse
- Applying for disability benefits after a crime (including the exam for SSDI, Social Security Disability Insurance)
- Appealing a denial of benefits (e.g., crime victim compensation)
- Administrative hearings
- Eligibility hearings

- Child custody disputes and divorce proceedings (e.g., when a DV victim leaves the abusive spouse or partner)
- Legal proceedings related to DV victims who are accused of being the abusers (an increasingly common trend).

All of these options involve “winners and losers”—and all of them might require legal interpreting.

### **Collaborative Settings**

In community interpreting, usually the situation is collaborative. A service provider seeks to offer services or care.

Yet non-courtroom legal interpreting for SA/DV survivors (and other crime victims as well) can be collaborative, such as an attorney, paralegal or immigration representative who seeks to help the victim. Many legal services provided to SA/DV survivors are collaborative, for example

- Attorney-client interviews
- Intakes by a paralegal
- Safety planning by a legal service provider
- Victim compensation services
- Preparation for court (performed by advocates, not attorneys).

### **The Overlap**

Community interpreting with a legal component (such as a sexual assault forensic exam or a caseworker doing an intake for a U-Visa petition) could be collaborative or adversarial, or even both.

This type of overlap between legal and community interpreting and between adversarial and collaborative encounters can be a confusing situation for both court and community interpreters.

Very often, interpreting sessions for sexual assault and domestic violence survivors involves a legal service provider such as an attorney, paralegal or immigration representative, or a non-legal victim service provider such as an advocate, therapist/clinician, case manager, caseworker or health care provider. They may work separately, together or consecutively with the same victim, whether in the same building, for the same organization or in two unrelated services.

### **Hybrid Collaborative/Adversarial Encounters**

A common example of a hybrid situation would be sexual assault forensic exams or intimate partner violence (IPV) forensic exams. These exams are carried out in hospitals, usually by trained, specialized nurses called Sexual Assault Nurse Examiners or Forensic Nurse Examiners. *These sessions can combine community (medical) interpreting focused on providing appropriate medical care for the survivor with legal interpreting because the nurses are also collecting evidence.* Such evidence is typically collected using a “rape kit” such as a Physical Evidence Recovery Kit (PERK); the evidence collected can then be used in a potential court case.

Other hybrid examples of legal/medical or legal/community interpreting include

- Forensic medical exams for asylum seekers (for example, to establish if a former political prisoner's story of being tortured is supported by medical evidence, such as torture scars)
- Victim advocacy involving court accompaniment (which may involve the provider's offering both emotional comfort and legal information about how the trial will proceed)
- Identifying a body at the morgue (the Office of the Chief Medical Examiner), where a therapist or advocate may provide emotional support while the survivor identifies a loved one's body, which is part of a legal process
- Therapist sessions that gather information that is intended to help support a court case that is being prepared by the victim's attorney
- Sight translation forms for informed consent and interpreting the informed consent procedures. (**Remember:** Informed consent is not just a form, but a legal process.)

### So How Do I Know If This Is Legal or Community Interpreting?

There is often confusion and overlap between adversarial and collaborative settings, particularly when you interpret for SA/DV survivors. But there is also great confusion about whether an encounter is considered legal or community interpreting, which would affect the ethical requirements you apply to the situation.

*For victim services interpreting in general and SA/DV victims in particular, it is extremely important that you are aware of which ethics you should apply, as the temptation to apply community interpreting ethics in legal interpreting may overwhelm you. Applying community interpreting ethics inappropriately when you should be guided by legal interpreting ethics can potentially damage a case.*

How, in fact, can you identify which services are “legal” interpreting and which are “community” interpreting? The short answer: Do not worry too much about these distinctions. In victim services interpreting, for many reasons, if you are in the slightest doubt, it is better to treat the interaction as legal interpreting. First, the ethical requirements for legal interpreters are more strict; these stricter boundaries will help you to protect the best interests of the survivor. Second, and more important, *almost any interpreted interaction in victim services interpreting has potential legal consequences.*

As a result, the best advice to keep in mind here is “when in doubt, go legal”—in other words, always err on the side of caution. If you are at all uncertain about whether an encounter involves legal and/or community interpreting, conduct yourself like a legal interpreter. This section will discuss how to do so.

Also, consider the examples above: They are relatively clear-cut adversarial, collaborative or “hybrid” situations. However, if you run into other situations you can ask yourself these questions:

- What is the purpose of the “service” being provided (e.g., providing medical care vs. collecting evidence—or both)?
- What is the hoped-for outcome (e.g., is this meeting about supporting the safety of a domestic violence victim, helping her make a decision about whether or not to file charges, or both)?
- Is the appointment intended to determine eligibility for or to revoke eligibility for a certain benefit? (If so, then there is a legal element to the encounter, and it is potentially adversarial.)

- Is the service provider seeking to establish whether a crime has been committed? (If so, this is a case of legal interpreting.)
- Does the interview indicate that injuries have been suffered? (If so, a legal case could result from this interview.)
- Do all the parties involved hope for the same, or a similar, outcome? (If not, and the situation is adversarial, an adversarial encounter almost by definition has a legal component.)

Finally, please remember that almost any encounter that falls under the victim services umbrella could potentially have an impact on the victim's future legal rights and benefits.

## Review of Part 5.1

This section looked at some of the specific concerns that face interpreters in sexual assault and domestic violence services. It first explored what domestic violence and sexual assault are and what interpreters need to know about the impact of these crimes on survivors. It then addressed many of the common challenges that interpreters encounter in these settings.

One challenge for victim services interpreting in general, and especially for SA/DV interpreting, is that the encounters often cross lines between community and legal interpreting to a degree that makes it often unclear to the interpreter which ethics, standards, protocols and requirements apply to a given session—those for legal interpreters or community interpreters?

The answer given in this section is that, when in doubt, the interpreter should always follow the ethics, standards, protocols and requirements for legal interpreting. The next section explores what these are and how to apply them to SA/DV interpreting assignments.

## Part 5.2 Strategies for Adapting Ethics

### Learning Objective 5.2

After completing this objective, the interpreter will be able to

*Adapt ethical principles when interpreting for survivors of sexual assault and domestic violence.*

### Introduction

This section also introduces a valuable document developed in the United States: a code of ethics that is designed for interpreters who work with survivors of domestic violence and sexual assault outside the courts.

In this section, you will also explore how you can adapt the basic ethics and protocols for community and legal interpreters to encounters that involve sexual assault and domestic violence cases, whether in medical, mental health, social services or legal settings. The particular focus is guiding interpreters how to apply basic community and legal interpreting ethics and requirements to SA/DV assignments with appropriate sensitivity to the risk of re-traumatizing the survivor or undermining the provider-survivor relationship.

## A Code of Ethics and Standards for Domestic Violence Interpreting

### National Ethics for Legal Interpreters

The key principles in the code of ethics used by most legal interpreters in the United States include 10 principles from the national code for legal interpreters in state courts disseminated by the National Center for State Courts:<sup>39</sup>

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<sup>39</sup> <http://www.courtethics.org/CA%20Interp%20Ethics%20Code.pdf>

## **Model Code of Professional Responsibility for Interpreters in the Judiciary**

### **Canon 1: Accuracy and Completeness**

*Interpreters shall render a complete and accurate interpretation or sight translation, without altering, omitting, or adding anything to what is stated or written, and without explanation.*

### **Canon 2: Representation of Qualifications**

*Interpreters shall accurately and completely represent their certifications, training, and pertinent experience.*

### **Canon 3: Impartiality and Avoidance of Conflict of Interest**

*Interpreters shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. Interpreters shall disclose any real or perceived conflict of interest.*

### **Canon 4: Professional Demeanor**

*Interpreters shall conduct themselves in a professional manner and should be as unobtrusive as possible.*

### **Canon 5: Confidentiality**

*Interpreters shall protect the confidentiality of all privileged and other confidential information.*

### **Canon 6: Restriction of Public Comment**

*Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are or have been engaged, even when that information is not privileged or required by law to be confidential.*

### **Canon 7: Scope of Practice**

*Interpreters shall limit themselves to interpreting or translating, and shall not give legal advice, express personal opinions to individuals for whom they are interpreting, or engage in any other activities which may be construed to constitute a service other than interpreting or translating.*

### **Canon 8: Assessing and Reporting Impediments to Performance**

*Interpreters shall assess at all times their ability to deliver their services. When interpreters have any reservation about their ability to satisfy an assignment competently, the interpreter shall immediately convey that reservation to the person or entity retaining the interpreter.*

### **Canon 9: Duty to Report Ethical Violations**

*Interpreters shall report to the legal service provider any effort to impede their compliance with any law, any provision of this code, or any other official policy governing legal interpreting and translating.*

### **Canon 10: Professional Development**

*Interpreters shall continually improve their skills and knowledge and advance the profession through activities such as professional training and education, and interaction with colleagues and specialists in related fields.*

### **National Ethics and Standards for Interpreting for DV/SA Survivors**

These same 10 principles, or canons, also appear in a special code of ethics and standards of practice in a document called *Serving Limited English Proficient (LEP) Battered Women: A National Survey of the Courts' Capacity to Provide Protection Orders*.

The code for domestic violence interpreters in legal settings *outside* the courtroom is called *Code of Professional Responsibility for Interpreters Serving Limited English Proficiency Victims of Domestic Violence outside of the courtroom and judicial settings*. Because this document was developed with sexual assault cases in mind, as well, it should also be used for interpreters who perform legal interpreting for survivors of sexual assault.

Here, again, are the NCSC canons but now followed by the special guidance for domestic violence interpreters taken from that code. Interpreters working with sexual assault survivors are also encouraged to adhere to this code.<sup>40</sup>

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<sup>40</sup> <https://www.ncjrs.gov/pdffiles1/nij/grants/216072.pdf>, pp. 180–186.

## Code of Professional Responsibility for Interpreters Serving Limited English Proficiency (LEP) Victims of Domestic Violence outside of the courtroom and judicial settings

*These Canons apply to interpreters who are serving limited-English proficiency (LEP) victims of domestic violence in non-judicial settings such as intake and meetings with service providers, interviews with police, and communications with advocates and medical personnel. For judicial proceedings, interpreters are governed by, and must strictly observe, the provisions of the Code of Professional Responsibility for Interpreters in the Judiciary.*

### **CANON 1: ACCURACY AND COMPLETENESS**

***Interpreters shall render a complete and accurate interpretation or sight translation, without additions or omissions.***

#### ***Commentary:***

The interpreter has a threefold duty: 1) to ensure that conversations and discussions in English are interpreted accurately for an LEP individual; 2) to ensure that information and discussions in the LEP person's language are interpreted accurately for English speaking individuals; and 3) to place the LEP person on an equal footing with those who understand English.

Therefore, interpreters are obligated to apply their best skills and judgment to preserve faithfully the meaning of what is said, including the style or register of speech. Verbatim, "word for word," or literal oral interpretations are not appropriate if they distort the meaning of the source language, but every spoken statement, even if it appears non-responsive, obscene, rambling, or incoherent, should be interpreted. This includes apparent misstatements. The interpretation of all spoken statements will help the interviewer more clearly understand the LEP speaker's limitations, philosophy, attitude, or lack of understanding.

Interpreters should convey the emotional emphasis of the LEP speaker without re-enacting or mimicking the speaker's emotions or dramatic gestures.

Interpreters should not interject their own words, phrases, or expressions as a substitute for what is actually said. If the need arises to explain an interpreting problem or a linguistic barrier in order to facilitate communication between the LEP person and the interviewer, the interpreter should ask for the interviewer's permission to provide an explanation. If a discussion of the problem or barrier becomes necessary, the interpreter should be careful to include the LEP individual in the entire discussion. The interpreter must refrain from acting as a cultural expert and must never attempt to explain "cultural differences" or provide culture-based advice.

### **Let the Speaker Clarify the Meaning**

Please do not try to "make sense" of utterances that may not be clear. Listen to this Sexual Assault Nurse Examiner:

*I see interpreters really trying to clarify, and this is certainly difficult when you have patients either with limited understanding or psychiatric or mental disabilities, where interpreters try to clarify on their own as opposed to engaging the provider to help with clarification if the [victim's] answer doesn't seem to make sense.*

***CANON 2: REPRESENTATION OF QUALIFICATIONS***

***Interpreters shall accurately and completely represent their certification, training, and pertinent experience.***

***Commentary:***

Acceptance of a job by an interpreter conveys linguistic competency and interpreting skills. It is therefore essential that interpreters present a complete and truthful account of their training, certification and experience prior to providing interpreting services. Persons providing services to victims of domestic violence should always seek a competent, trained interpreter to insure that the interpretation is accurate and complete. No bilingual court employee should be coerced or forced to act as an interpreter. If a non-qualified interpreter is interpreting for a LEP victim in a non-judicial setting, the interpreter must convey his/her limitations to the English speaking person for whom the services are provided.

***CANON 3: IMPARTIALITY AND AVOIDANCE OF CONFLICT OF INTEREST***

***Interpreters shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. Interpreters shall disclose any real or perceived conflict of interest.***

***Commentary:***

The interpreter should avoid any conduct that presents the appearance of bias against or favoritism toward any of the parties. The interpreter should strive for professional detachment. Verbal and non-verbal displays of personal attitudes, prejudices, emotions, or opinions should be avoided at all times.

An interpreter must preserve a strictly professional relationship with the LEP victim for whom he or she is interpreting. An interpreter must neither encourage nor discourage an LEP victim with regard to the case. The interpreter must not engage in conversations with the LEP victim, except as required in the discharge of interpreting duties. An interpreter should prudently and with sensitivity discourage an LEP victim's personal attachment or dependence upon the interpreter.

During the course of the case, interpreters should not converse with other parties, potential witnesses, attorneys, or with friends or relatives of the LEP victim or any other part, except as required in the discharge of interpreting duties.

If the interpreter is serving a dual role and is also acting as a LEP victim's advocate, or if the LEP individual develops a personal dependence on the interpreter, the interpreter should not accept any other interpreting assignments related to the case, including interpreting for the court or for any other party in the case. Such advocacy and dependency creates a conflict of interest for the interpreter and the interpreter must reveal that conflict to other persons providing services to the LEP victim.

***CANON 4: PROFESSIONAL DEMEANOR***

***Interpreters shall conduct themselves in a professional manner and should be as unobtrusive as possible.***

***Commentary:***

Interpreters should know and observe the established protocol, rules, and procedures relating to interpreting services, including the ethical requirements of the organization for which those services are rendered. Interpreters should work without drawing undue or inappropriate attention to themselves and should dress in a manner that is consistent with the nature of the assignment.

Interpreters should avoid personal or professional conduct that discredits the interpreting profession.

***CANON 5: CONFIDENTIALITY***

***Interpreters shall protect the confidentiality of all privileged and other confidential information.***

***Commentary:***

The interpreter must protect the confidentiality of communications that are protected by a legal privilege, such as the attorney-client, doctor-patient or victim-advocate privilege. Interpreters must not disclose information deemed confidential by statute, case law, or court rule or policy.

In domestic violence cases, the interpreter must not reveal information that may jeopardize the safety of the victim, including safe shelter information or the whereabouts of the victim.

***CANON 6: RESTRICTION OF PUBLIC COMMENT***

***Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are or have been engaged, even when that information is not privileged or required by law to be confidential.***

***Commentary:***

Interpreters must avoid speaking to the media or any other person or entity about the facts of a case and should not voice an opinion about the veracity of the parties or evidence in the case.

Interpreters providing services in a domestic violence or sexual assault case or any case wherein an order for protection is being sought should refrain from repeating or disclosing any information about the case, including the names of the parties and the nature of the case, regardless of whether that information is privileged or otherwise deemed confidential.

***CANON 7: SCOPE OF PRACTICE***

***While serving as an interpreter, interpreters shall limit themselves to interpreting or translating, and shall not give legal advice, express personal opinions to individuals for whom they are interpreting, or engage in any other activities which may be construed to constitute a service other than interpreting or translating.***

***Commentary:***

Because the interpreter's only role is to enable others to communicate, the interpreter's activities are limited to interpreting or translating. Interpreters should refrain from initiating communications while interpreting unless such communications are necessary to ensure an accurate and faithful interpretation. Interpreters may be required to initiate communications when they find it necessary to seek assistance in performing their duties. Examples of such circumstances include seeking clarification if the interpreter is unable to understand or express a word or thought, requesting permission to clarify an unfamiliar regionalism, seeking permission to consult a bilingual dictionary or other resource, requesting speakers to moderate their rate of communication or repeat or rephrase a statement, correcting interpreting errors, or notifying the interviewer if the interpreter has reservations about his/her own ability to satisfy an assignment competently. To signify that the interpreter is speaking personally and not interpreting the LEP individual's words, the interpreter should refer to himself or herself in the third person; e.g. "The interpreter requests ...." The interpreter must also include the LEP individual by interpreting the entire discussion.

An interpreter should not independently explain the purpose of forms, services, or otherwise act as counselors or advisors. The interpreter may sight translate language on a form for a LEP individual, but may not explain the form or its purpose for the individual.

The interpreter is a conduit for communication and is not an attorney, an anthropologist, a linguist, a counselor, or a psychiatrist. Therefore, the interpreter should refrain from providing services outside the scope of interpreting and translating services. If the interpreter is performing a dual role and is acting as an advocate for the LEP victim, that dual role should be explained to the LEP victim and the interpreter should not accept interpreting assignments for the case in any other setting.

**CANON 8: ASSESSING AND REPORTING IMPEDIMENTS TO PERFORMANCE**

*Interpreters shall assess at all times their ability to deliver their services. If an interpreter has any reservation about his/her ability to satisfy an assignment competently, the interpreter shall immediately convey that reservation to the person or entity retaining the interpreter.*

**Commentary:**

If the communication mode or language of the non-English-speaking person cannot be readily interpreted, if the subject matter is likely to exceed the interpreter's skills, or if, after starting an assignment, the interpreter believes he/she cannot perform competently for any reason, the interpreter should notify the person or entity retaining the interpreter.

Interpreters should also report any environmental or physical limitation that impedes the ability to deliver interpreting services adequately (e.g., the environment is not quiet enough for the interpreter to hear or be heard by the LEP person, more than one person at a time is speaking, or individuals are speaking too rapidly). Whenever possible, interpreters are encouraged to inquire into the nature and topic of the interpreting assignment before accepting the assignment. This enables interpreters to match more closely their professional qualifications, skills, and experience to potential assignments and more accurately assess the interpreter's ability to perform interpreting duties competently.

Interpreters should notify the person or entity that retained him/her of any perceived or actual personal bias relating to any aspect of the assignment. For example, an interpreter who has been the victim of a sexual assault may wish to be excused from interpreting in cases involving similar offenses, and a person convicted of domestic abuse should not interpret for any party in a domestic violence case.

**CANON 9: DUTY TO REPORT ETHICAL VIOLATIONS**

*Interpreters shall report to the proper authority any effort to impede their compliance with any law, any provision of this code, or any other official policy governing interpreting and translating.*

**Commentary:**

Users of interpreting services may ask or expect interpreters to perform duties or engage in activities that violate the provisions of this code or other laws, regulations, or policies governing interpreters. It is incumbent upon the interpreter to inform such persons of an interpreter's professional obligations. If, having been apprised of these obligations, the person persists in demanding that the interpreter engage in prohibited behavior, the interpreter should turn to a supervisor, a judge, or another official with jurisdiction over interpreter matters to resolve the situation.

***CANON 10: PROFESSIONAL DEVELOPMENT***

***Interpreters shall continually improve their skills and knowledge and advance the profession through activities such as professional training, education, and interaction with colleagues and specialists in related fields.***

***Commentary:***

Interpreters must continually strive to increase their knowledge of the languages they interpret [sic], including past and current trends in technical, vernacular, and regional terminology as well as their application.

Interpreters should keep informed of all statutes, rules of courts and policies that relate to the performance of their professional duties.

An interpreter should seek to elevate the standards of the profession through participation in workshops and professional meetings, interaction with colleagues, and reading current literature in the field.

Interpreters providing services to LEP victims of domestic violence are encouraged to engage in training specific to the vocabulary, procedures, and dynamics of such cases.

***Additional considerations when language interpreters are needed for a Limited English Proficiency (LEP) Protection Order Petitioner or domestic violence victim:***

1. For jurisdictions that use volunteer interpreters for LEP protection order petitioners during case processes that take place outside the courtroom (meetings, interviews, intake process, etc.), before beginning any interpreting services, the volunteer should be provided with a copy of these Canons, required to read this document in its entirety, and to sign an oath agreeing to abide by the canons.
2. The intake officer or interviewer requesting the services of an interpreter for processes that take place outside the courtroom should read these canons in their entirety in order to better understand the function of an interpreter and to better utilize the interpreter's expertise.
3. The intake officer or interviewer should ensure that the LEP individual is fully informed about the responsibilities of an interpreter and the role that the interpreter plays.
4. In no case and under no circumstance should a minor, a family member, friend, relative, minister, police officer, or other bilingual individual who has a connection of any kind to the case be allowed to serve as interpreter for an LEP protection order petitioner, and no such individual should be coerced into acting as an interpreter or substituting for an interpreter.

***These canons are excerpted from the Model Code of Professional Responsibility for Interpreters in the Judiciary and are modified somewhat to help interpreters better understand their role when interpreting outside of the courtroom in a protection from abuse or sexual assault proceeding. These canons are only applicable outside of the courtroom and judicial proceedings—when interpreting for the judiciary, the interpreter is governed by the Model Code of Professional Responsibility for Interpreters in the Judiciary (or a similar Code that has been adopted by the state in which the interpreter works).***

## Medical vs. Legal Interpreting: Key Distinctions

### Two National Codes of Ethics

In the United States, most community interpreters adhere to the *National Code of Ethics for Interpreters in Health Care* (NCIHC, 2004). The main reason for doing so is that no national standards exist for community interpreting as a whole. (The field of community interpreting includes medical, social services, educational and faith-based interpreting.) The NCIHC code of ethics also adapts well to other community interpreting services.

Most U.S. legal interpreters, on the other hand, are familiar with the *Model Code of Professional Responsibility for Interpreters in the Judiciary* that is disseminated by NCSC and discussed above, which is the most widely used code of ethics for interpreters in U.S. courts. A national Council of Language Access Coordinators that represent all U.S. states and territories allows each state to slightly adapt this code. (Although the code has 10 ethical principles, for example, the Maryland state courts added an eleventh principle.) Other codes of ethics for legal interpreters include the short code that is used in federal courts and the *Code of Ethics and Professional Responsibilities*<sup>41</sup> published by the National Association of Judiciary Interpreters and Translators.

### National Ethics for Medical Interpreters

The key principles of the medical code from the National Council on Interpreting in Health Care are as follows:<sup>42</sup>

#### A National Code of Ethics for Interpreters in Health Care

- The interpreter treats as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
- The interpreter strives to render the message accurately, conveying the content and spirit of the original message, taking into consideration its cultural context.
- The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.
- The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- The interpreter continuously strives to develop awareness of his/her own and other (including biomedical) cultures encountered in the performance of their professional duties.
- The interpreter treats all parties with respect.
- When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must only be undertaken after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem.
- The interpreter strives to continually further his/her knowledge and skills.
- The interpreter must at all times act in a professional and ethical manner.

41 <http://www.najit.org/about/NAJITCodeofEthicsFINAL.pdf>

42 <http://www.ncihc.org>

## Comparing Legal and Medical Ethical Principles

Points that the two codes have in common include

- They share many of the same ethical principles and perspectives
- They are intended to be applied to a broad array of settings
- Both are influenced by those settings and the needs of practitioners in those settings.

The two codes, however, are far from identical. Let's take a closer look. Here are the principles that are addressed in both the code for court interpreters and the code/standards for medical interpreters:

- Accuracy
- Confidentiality
- Impartiality
- Scope of practice
- Professional demeanor
- Professional development.

Some principles that are addressed in the court interpreter code that are not mentioned in the code for medical interpreters include

- Restriction of public comment
- Impediments to performance
- Duty to report ethical violations
- Representation of qualifications.

Three points addressed in the medical code that are not mentioned in the court interpreter code are

- Respect
- Cultural awareness
- Advocacy.

U.S. legal and community (medical) interpreting ethics and standards of practice differ in a few key ways, specifically

- Legal interpreting ethics focus on due process and equal access to justice; medical interpreting ethics focus on enhancing equal access to health care.
- Legal ethics<sup>43</sup> are prescriptive; medical ethics are strategic.
- Legal ethics are derived from federal and state law, case law, statutes and legal requirements; medical are derived from concerns for patient safety, quality of care and best practices.
- Legal ethics are stricter; medical are more flexible.
- Legal ethics are concerned with the impartial administration of justice whereas medical interpreting ethics focus on supporting beneficial health outcomes.
- Violations of legal ethics have more consequences, such as being stripped of one's certification.

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<sup>43</sup> For concision, we use "legal ethics" and "medical ethics" in this section to refer to "legal interpreting ethics" and "medical interpreting ethics." We are referring here only to the conduct of interpreters and not other professionals.

- Legal ethics do not condone cultural mediation; medical ethics do.
- Legal ethics do not promote and support advocacy; medical ethics do. Advocacy, in legal settings, is the job of the attorney or other legal service provider.
- The professional ethical cultures of court and legal interpreting differ greatly from the professional ethical cultures of biomedicine and thus medical interpreting.

## Sign Language Interpreter Ethics

Both the NCSC legal and NCIHC medical codes of ethics apply in the United States to sign language interpreters, as well as to spoken language interpreters. It is important to point out, however, that in general, those who developed these two codes of ethics were primarily specialists in spoken language interpreting. While sign language interpreters were consulted in the creation of both ethical codes, sign language interpreters have felt the need to create their own ethics for general interpreting.

On a national level, the sign language interpreter code of ethics that is most widely consulted by and adhered to is the *Code of Professional Conduct* that was developed by the Registry of Interpreters for the Deaf (RID) in collaboration with the National Association of the Deaf (NAD), a code revised in 2012. The full document is available at [https://drive.google.com/file/d/0B\\_HBAap35D1R1MwYk9hTUpuc3M/view?pli=1](https://drive.google.com/file/d/0B_HBAap35D1R1MwYk9hTUpuc3M/view?pli=1). Here are its basic principles:

### Tenets

- Interpreters adhere to standards of confidential communication.
- Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
- Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
- Interpreters demonstrate respect for consumers.
- Interpreters demonstrate respect for colleagues, interns and students of the profession.
- Interpreters maintain ethical business practices.
- Interpreters engage in professional development.

## Interpreter Conduct in Adversarial vs. Collaborative Settings

### Adversarial Victim Service Settings

This section will move from general observations about ethical codes to practical application in the field of SA/DV interpreting. In victim services interpreting in general, the overlap between legal and community interpreting is often great; as a result, you may feel confused and wonder what your ethical obligations are in such encounters. This is especially true for SA/DV encounters, including sessions that relate to child abuse.

If you are interpreting for an adversarial victim services encounter and find that you are uncertain about whether the session is medical, community or legal interpreting, or whether it is primarily adversarial or collaborative, try to observe the following:

- Restrict your activities as much as possible to interpreting.
- Ask for clarification as needed rather than provide any clarifications yourself.
- If the term or phrase has no conceptual equivalent in the target language, do not use more than a few words to interpret it; if a longer explanation is required, ask the speaker to explain it, and interpret the explanation.

- If you intervene, *always interpret or report everything that you say to one party for the other party.*
- Do not intervene for any other reason than to address a problematic term, concept or phrase unless there is a complete communication breakdown.
- If there is a complete communication breakdown, and you see the reason for it and decide to intervene, focus on the *linguistic* basis for the misunderstanding. (See Modules 6 and 7 for guidance about how to do so.)

### Collaborative Victim Service Settings

If you are interpreting for a collaborative encounter, you have more freedom for intervening. (What we mean by this statement is discussed in detail in Modules 6 and 7.) However, that flexibility to intervene when you wish to address misunderstandings, cultural concerns or other communication barriers is much smaller in victim services interpreting than in other areas of community interpreting. When in doubt, simply interpret. Do not intervene. If you truly must intervene, first think carefully about your reasons and what you will say.

If you do intervene in collaborative settings, try to restrict your intervention to a sentence or two to help the survivor and provider speak to each other. Don't explain anything yourself. Point out what they need to know to solve their miscommunication. Modules 6 and 7 will give you simple, effective techniques to do exactly this kind of intervention quickly and effectively.

Again, remember: If you are in doubt about whether the appointment is a case of community or legal interpreting, *act as if the encounter were legal interpreting.*

### Ethical Violations When Interpreting for SA/DV Survivors

The service providers and interpreters who were interviewed for this curriculum were candid that, while most professional interpreters conduct themselves reasonably well in victim services, many problems related to ethics do arise, especially in SA/DV cases. Common ethical challenges for interpreters include

- Confidentiality
  - Some interpreters have broken confidentiality, especially in smaller cultural communities.
  - Interpreters do not always state that they strictly observe confidentiality.
  - Interpreters in small communities often know the survivor and have even interpreted for him or her in other settings—a disclosure that *must* be stated from the start by the interpreter.
- Accuracy
  - A number of interpreters have engaged in side conversations with the survivor.
  - Interpreters too often summarize in SA/DV encounters.
  - Some interpreters show lack of knowledge of the SA/DV services context, terms, services and interrelationships among services, for example
    - Nuances like “clinician” (meaning therapist), advocate or even victim vs. survivor are not often understood by the interpreter.
    - Unfamiliar terminology in this field can be difficult.
    - The resources and often complex network of services, if incorrectly interpreted, have caused confusion for survivors.

- Lack of proficiency
      - Native speakers of one country cannot always handle terms used by survivors from a distant country or region (e.g., Spanish, Arabic, Chinese).
      - Heritage speakers (those who grow up in this country with parents from another country) can lack adequate proficiency to interpret for SA/DV survivors.
    - Cultural filtering
      - Rephrasing/revising what a survivor says is unacceptable. Sometimes the interpreter does so due to personal discomfort, and sometimes because the interpreter does not agree with the survivor.
      - Failing to clarify cultural misunderstandings can leave the provider confused or frustrated or can derail the session.
    - Terms in SA/DV services can be emotionally difficult or simply very difficult to interpret. Some interpreters were unable, or refused, to interpret words or phrases referring to
      - Intimate body parts
      - Sexual acts
      - Certain acts of violence
      - Coarse or obscene language.
  - Impartiality
    - Cultural assumptions
      - Interpreters often assume (or the provider assumes) that because the interpreter speaks language X, they are cultural experts on everyone from all the countries (e.g., for Spanish or Arabic) or regions (e.g., parts of China) where that language is spoken.
      - Interpreters sometimes give cultural information that is not specific to the survivor, misleading the provider.
      - Interpreters often do not see the survivor as culturally unique and are too willing to over-generalize or speak for the survivor.
    - Getting emotionally involved. Interpreters in some cases
      - Comfort the survivor
      - Cry (whether or not the survivor cries)
      - Tell the survivor not to cry
      - Urge the survivor to tell his or her story to the provider
      - Have an incongruous emotional reaction that is distressing or distracting (like giggling when a rape survivor tells her story).
    - Judgmental attitudes are sometimes quite visible in the interpreter's body language and/or tone of voice when interpreting certain information such as
      - Sexual behaviors
      - Sexual orientation (including same-sex sexual violence)
      - Human trafficking
      - Domestic violence survivors who choose to stay with the abuser
      - Word choice—which can be highly sensitive in victim services interpreting.
  - Violations of scope of practice/role boundaries. Interpreters sometimes
    - Try to give explanations, e.g., explaining what domestic violence is
    - Give referrals—even for domestic violence shelters

- Fail to understand the legal implications of the services being provided and thus the interpreter’s inappropriate conduct within those services
- Give advice, for example
  - Legal advice about immigration status
  - Urging a survivor to stay with an abusive spouse.

## Confidentiality

### Ethical and Legal Requirements About Confidentiality

Fears by survivors about confidentiality are huge in many cultural communities, especially due to the sensitivity of SA/DV experiences. This concern is even more common in smaller cultural or linguistic communities, such as a new group of incoming refugees or a small community of Deaf residents.

Various cultural complexities in any of these groups, discussed in Module 7, can add to these fears that interpreters, in particular, will break confidentiality. Such factors include the stigma and shame surrounding issues like sexual assault and child abuse.

Of course sometimes, it is with the interpreter that survivors choose to share information privately. Sometimes they then inform the interpreter, “Please don’t tell the doctor [therapist/social worker/ etc.]”

### Reporting a Confidence That Was Shared With the Interpreter

You should be aware that in the United States, medical interpreters are ethically permitted (unless other workplace or legal restrictions apply) to share confidential information—including information they learn about a patient outside the session—with *anyone in the treatment team who works directly with that patient*. Even so, interpreters should disclose such information to the treatment team only in cases where that information

- Is medically important
- Is relevant to the service
- May have an impact on the health outcome or the patient’s well-being.

In addition, it is recommended (NCIHC, 2004) that the interpreter first try to have the patient disclose it herself before sharing any sensitive information with the treatment team.

However, in victim services, sharing *any* information that was disclosed privately by a survivor is a supremely sensitive situation.

### Building Trust if the Survivor Has Fears About Interpreter Confidentiality

The way to address the question [of building trust in confidentiality] is to:

- Ask the client to the best of your ability to understand what they are saying, if they can understand whether they feel safe with that interpreter interpreting for them; or
- Have the interpreter sign confidentiality agreements or disclosure agreements if they know the victim, if they feel that this [interpreter] is someone close to the community and would somehow get involved in it.

—African interpreter and licensed clinical social worker

### Confidentiality in Legal Interpreting

Legal interpreting is different. Do not share any identifying details that you learned during a legal interpreting encounter with *anyone* except the legal services provider or an agent of that provider. If the client somehow catches you alone and shares any information at all, *immediately* bring the client back to an agent of the legal service provider and interpret the information at once to close the loop and keep you out of the middle—especially if you were interpreting for an attorney-client interview.

### Confidentiality in Mental and Behavior Health Services

For survivors with mental health issues, confidentiality requirements are even more strict than in other medical services. Therefore, consult the therapist if you have questions that are related to confidentiality in a mental health setting. However, if you learn something about the survivor's safety outside the session, you may need to report it to the therapist. For example, if a survivor approaches you outside the session to say that her husband was threatening her again (but did not disclose this during the session), do not try to assess her danger: Instead, report this information to the service provider or another service provider in the same organization who works directly with the client. (To repeat: Doing so is permitted under medical interpreting ethics unless there are other legal or workplace restrictions in place that govern your conduct.)

However, as discussed in Module 2, sharing your feelings after an emotionally intense encounter may be beneficial and even necessary for your own well-being. **Remember:** There is nothing confidential about your feelings unless you choose to keep them private. As long as you trust the person you share your feelings with and that person is safe, it could be helpful for you to consider discussing what you feel. Just make sure to leave out any personally identifying information about the provider and survivor; doing so could be a breach of federal law and potentially put the survivor at risk.

### Breaking Confidentiality

If the survivor catches you alone and tells you about a situation of actual imminent danger (risk of homicide or suicide), consider reporting it immediately, whether to the provider or by calling 911. You could be required to do so by law, but laws on this issue as they regard interpreters are not very clear. It remains that clearly life-threatening situations constitute a moral duty to any citizen to take action.

Regarding reporting the suspicion of child abuse, please study the requirements of the geographical area where you interpret. For example, you are not required in the District of Columbia or Virginia (unless you are a health care worker or health professional) to report child or vulnerable adult abuse or domestic violence, and if there is not imminent danger you should not disclose. In Maryland, however, you are technically required to disclose suspicion of child or vulnerable adult abuse, typically by calling Child Protective Services or Adult Protective Services. (A vulnerable adult could be a frail elder, or an adult with major mental or physical disabilities.)

If you are concerned because the survivor disclosed something to you in private, ask the provider for guidance on reporting policies concerning elder and child abuse or domestic violence to be sure of your legal reporting requirements. If you want to know if interpreters in other states are mandatory reporters of child abuse, consult the report by National Health Law Program, *Health Care Interpreters: Are They Mandatory Reporters of Child Abuse?*<sup>44</sup>

44 2009, available at <http://www.healthlaw.org/issues/health-disparities/health-care-interpreters-are-they-mandatory-reporters-of-child-abuse#.VBhUnFZd3jQ>

If a survivor discloses to you in private that she is experiencing domestic violence, unless there is imminent danger, in most states you would not break confidentiality or disclose this information. However, some interpreters in such situations have consulted their conscience. If you have grave concerns about the safety of the victim, you can consider advocating for the survivor—but not in legal interpreting.

Before engaging in advocacy in victim services, you might wish to consult a lawyer.

### **Avoid Being Alone With the Survivor!**

All said, the old rule remains: Try diligently never to be alone with the survivor. This is true, of course, for all areas of victim services and even general community and legal interpreting, but critically important for SA/DV interpreting.

It is also an impossible rule to observe in reality. Still, make every effort to avoid such contact if you can. If providers try to leave you alone with a survivor, for example, inform them of the risks that survivors will build a relationship with you and often disclose sensitive information to interpreters that they ask interpreters not to share.

You can also inform the provider, as needed, that if the provider leaves the session even for a few moments, you will leave, too, until the provider returns. State this calmly and without shyness: You are asserting your professional role.

The reasons for not being alone with the survivor include the following. The survivor may

- Disclose information that has not been shared with the provider
- Ask you personal questions or questions about the service
- Want you to explain what the provider has said so far
- Try to build a personal relationship with you.

Also remember: In legal interpreting it is a liability for you to be alone with the survivor. In some cases, anything you say or hear could be used against you, the attorney or the survivor if you are seen speaking alone with the survivor. Such private client-interpreter conversations, if reported, could even lead to the rupture of attorney-client privilege, or to the interpreter's or provider's being sued or getting a subpoena to testify in court. This type of contact could potentially contribute to a disastrous legal outcome for the survivor.

Interpreters, however, are creative. They have found many strategies to avoid private conversations with survivors. For example, if you are left in a waiting room with the survivor prior to a first appointment, you can

- Walk over and introduce yourself to the survivor
- Point out where you will be waiting for the appointment (i.e., a different area of the same waiting room)

### **Confidentiality in Small Communities**

**Question:** Do you have ideas about how to avoid confidentiality concerns for interpreters in small cultural communities?

**Answer:** The way to address the question is for the provider to ask the client . . . whether they feel safe with that interpreter interpreting for them or to have the interpreter sign confidentiality agreements or disclosure agreements.

—African therapist/interpreter

- Inform the survivor that if s/he needs anything, s/he can find you there
- Go to that place, sit down alone and busy yourself, e.g., with your computer or tablet.

One interpreter who was left alone with the patient in a medical setting jumped up, stated that she was delighted by the medical posters in the room because they had excellent terminology and then busied herself writing down those medical terms—to avoid engaging in a private conversation with the patient.

### **Confidentiality and Victim Service Providers**

Certain categories of crime victims are covered by special legislation that requires service providers to protect the confidentiality of survivors. The following excerpts of an overview of this legislation are taken from the website of the National Network to End Domestic Violence speaking about the U.S. Violence Against Women Act (VAWA) and the Family Violence Prevention and Services (FVPSA) Program.<sup>45</sup>

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<sup>45</sup> <http://nnedv.org/policy/issues/vawaconfidentiality.html>

### **1. How do federal VAWA and FVPSA provisions protect victim information?**

The U.S. Congress has legally codified the importance of victim confidentiality in two sections of VAWA and in FVPSA:

#### VAWA

- Universal Grant Conditions: Nondisclosure of Confidential or Private Information (VAWA 2013 Section 3: 42 U.S.C. 13935 (a)(20) & (b)(2))
- VAWA amended the McKinney-Vento Homeless Assistance Act at (42 U.S.C. 11383) (VAWA 2005, Section 605)

#### FVPSA

- 42 U.S.C. 10406(c)(5)

### **How do the VAWA Section 3 and FVPSA confidentiality provisions protect victim information?**

VAWA Section 3 and FVPSA prohibit sharing personally identifying information about victims without informed, written, reasonably time-limited consent. These confidentiality grant conditions also prohibit programs from asking survivors to share personally identifying information as a condition of service. Additionally, no program can share personally identifying information to comply with Federal, Tribal, or State reporting, evaluation, or data collection requirements.

These provisions allow survivors to request that their personal confidential information be shared by a victim service provider for a specific purpose through a time-limited, informed, and written release. The release of information (specific and time-limited) must be for services requested by the survivor and they must be fully informed of all possible consequences of disclosure, as well as alternative ways to obtain the service they are requesting. [...]

### **5. How is “victim service providers” defined in McKinney-Vento, as amended by VAWA?**

Victim service providers include nonprofit organizations whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault or stalking, such as rape crisis centers, domestic violence shelters, and transitional housing programs. This also includes faith-based programs and homeless shelters that have specific victim services programs or umbrella organizations that have specific victim services programs as a part of its organization. In those programs, confidentiality protections only extend to the specific program in question, unless the larger organization receives VAWA or FVPSA funds and is therefore subject to those protections.

### **6. Who gets the benefit of these confidentiality protections?**

The confidentiality protections set forth in these federal laws and grant conditions apply to any survivor who (1) requests services (regardless if they are provided services or not), (2) is receiving services, or (3) has received services in the past.

VAWA 2013 further clarified that a minor or a person with a legally appointed guardian who is permitted by law to receive services without the parents’ or guardian’s consent may release information on her/his own without additional parental or guardian consent.

## Confidentiality and the Survivor

Survivors who are deeply traumatized by SA/DV may have issues with trust. If they have emigrated from countries where the government did not protect them, trusting anyone in victim services can be difficult. If survivors are emotionally triggered, they might scan the room looking for signs of danger. How do they know if you, the interpreter, are safe to trust?

By emphasizing during your introduction that you observe strict confidentiality, you may help to reassure the survivor.

## Accuracy

### Interpret Everything

As providers who were interviewed for this curriculum said often, accuracy is *essential* in victim services interpreting. Many providers reported seeing problems with accuracy, including specifically in cases of domestic violence and sexual assault. As one provider put it: “Another [problem] was talking about using strong language and sexual language and actually interpreting those terms .... It seems like there is a gap and that not everything is necessarily interpreted.”

**Remember:** There is no accuracy in interpreting without completeness.

### Summarize or Intervene in Mental Health?

Yet the question of “interpreting everything” in mental health care is a special case, especially during emotional outpourings. One of the trickiest decisions for an interpreter in victim services is what to do in situations where suddenly—perhaps after months of not sharing his or her story—the survivor suddenly speaks up about the SA/DV trauma but speaks too fast or too inaudibly for the interpreter to keep up.

This situation is common. Often, it is the result of good work between survivors and their therapists. For the interpreter, the sudden revelation may come as a surprise. (Sometimes a therapist might guess what is coming and be able alert the interpreter beforehand, but this is unlikely to happen often.)

So what do you do as the interpreter: summarize or intervene to request a pause or repetition? That is delicate when survivors are sharing details of SA/DV. Summarizing is discussed in detail in Module 3, Part 3.3. For the time being, please be aware that summarizing is prohibited in legal interpreting, but not prohibited (though strongly discouraged) in community interpreting. Even in community interpreting, summarization is used only as a last resort. Opening the door to summarization is very dangerous. Let’s look at this issue as it relates to mental health interpreting for revelations about SA/DV.

Some of the apparent advantages of summarizing at such times are that you do not interrupt or damage the flow of communication, that you remain in the background and that you do not intrude or make the survivor feel self-conscious about your presence during the outpouring. The

## Accuracy, Sensitivity and Word Choice

**Question:** What sensitive areas are you most concerned about with LEP and/or Deaf individuals that you serve?

**Victim service provider:** I guess making sure that language is always mirroring the client’s language and is not victim-blaming or makes them feel like they’re being judged or watched. But I guess all these areas are so sensitive, it is very important to be very mindful of your word choice and the things you’re saying.

disadvantages are that you will be less accurate and may not have the presence of mind to interpret what is most important.

In general, therapists want to hear everything the survivor has to say. So unless a situation is entirely out of control, do not summarize. Interpret everything—even if you must interrupt to request a pause or repetition. Here are some other suggestions:

- Try to have everyone accustomed to your “pause” signal so that all you have to do, for example, is raise your hand or lean forward and the speaker will automatically pause, almost without thinking.
- You could switch into simultaneous.
- Pay special attention to Module 4 of this manual and/or take note-taking classes so that you can interpret much longer segments, perhaps even three to five minutes—by taking excellent notes.
- Discuss ahead of time with your provider how to handle situations like this one.

Finally, an exploratory study in the UK (not published) suggests that survivors can be disturbed when interpreters interrupt them during emotionally charged sessions. Therefore, do everything in your power to maintain accuracy for longer stretches without interruptions to avoid disturbing the survivor.

### Paraphrasing

In legal interpreting, avoid paraphrasing. That said, many concepts in victim services interpreting, and many cultural terms for beliefs and practices in the survivor’s language, may have no equivalent in the target language. (See Module 8.) How should you handle that?

In general, if a few words will convey the concept, use them. If you find you are taking a full sentence or more to convey the meaning, request a clarification from the speaker, then interpret the clarification. You may also state that the term or phrase in question has no exact equivalent (that you are aware of) in the target language.

Avoid explaining proper nouns, practices, political groups, terms for violence or any other terms; instead, request clarifications. The providers interviewed for this program made clear that they want the interpreter to refrain from providing explanations.

### Ambiguity

In some languages, “brother” could refer to a cousin, friend or acquaintance. “He or “she” could refer to sexual organs. Or “he” could mean “she.” The use of pronouns is vague and fluid in some languages or situations, even with respect to gender in some languages. A personal pronoun like “he” or “she” could refer to something that is not directly stated, like a weapon.

### The Importance of Accuracy

**Question:** In your opinion, what makes interpreting for victim services different from interpreting for other community services?

**Answer:** I would say the biggest difference is the need for exactness in language. And the need to not have communications or conversations outside of interpretation. ... There needs to be recognition that yes, this is word for word, and not someone’s interpretation of what the patient said.

—Sexual Assault Nurse Examiner

In general, examples like these are so important for SA/DV cases that in cases of obvious ambiguity, you should request clarification, but there is one exception. If the term refers to anything that could potentially re-traumatize a survivor during the session, such as an intimate body part, act of violence or sexual act, wait until after the session or a break, alert the provider and suggest that the provider ask the survivor about it an appropriate moment. The provider is in the best position to make that decision—not you.

If, on the other hand, you see the session is hitting a “brick wall”—in other words, communication is breaking down because of the ambiguity—you may intervene (see Module 6 for guidance). However, remember to address the provider first so that, if the material is sensitive, the provider can decide how to handle it without re-traumatizing the survivor.

Here is an example. You might tell the LCSW-C (clinical social worker), “The interpreter wants to point out that ‘he’ or ‘she’ may refer to body parts.” The therapist in this case probably will see at once that this is about private body parts and may choose not to address that topic directly. Instead of letting you report your mediation, she may tell the survivor, “The interpreter was just clarifying something I didn’t understand about what you said,” to avoid mentioning intimate body parts at that point in therapy. This approach lets the provider rephrase your mediation for both transparency *and* the survivor’s emotional safety.

### Accuracy: An Ethical Concern

I recently had a [telephone interpreting] experience that was very negative, where the interpreter was not interpreting essentially. He was saying, “The client said. . . . He said this.” Not at all using taking the first person and repeating exactly what the person said.

And there were all these side conversations, to the point where I had to say to the interpreter, “I need you to interpret, and you need to repeat back to the client what I’m saying, not adding things in.” And it continued! And I eventually decided to end that session and call back [for another interpreter].

—Victim services paralegal

### A Note for Sign Language Interpreters: Pronouns and Ambiguity

Note that pronouns in sign language can be a particular challenge, because in some signed languages, a pointing gesture may be used instead of a pronoun. In such cases, no gender-related pronoun is involved.

However, sign language interpreters often receive more training about how to handle some of the tricky issues surrounding ambiguity.

### Fillers and Details

Except where it might upset the survivor, include hesitations, fillers, odd speech patterns, repetitions, pacing, unusual stress or emphasis and so forth, even in non-legal settings and especially in mental health. Note that in court and most legal settings, it is required to interpret all such language.

Remember, too, that in most victim service appointments, you are not interpreting simultaneously, so the provider needs to know where these pauses, hesitations and so forth fall. Even the voice’s dropping or rising can carry meaning. In situations like SA/DV in particular, providers are keenly alert to nuance and detail. And while something basic like stuttering might be clear to a provider for

a Spanish speaker, it might be inaudible when listening to a Thai speaker—or, specifically, it will be unclear to the provider *which* words or phrases are being stuttered.

In short, every detail of a message carries meaning. You interpret for meaning, because literal, accurate word-for-word interpreting is impossible. So the details matter.

## Impartiality

### Why Impartiality is Critical

Impartiality is vital in SA/DV interpreting. It helps to foster the therapeutic alliance in therapy, safeguard legal considerations and reduce the interpreter's temptation to "help out" the survivor (when doing so will instead most likely bring the survivor harm, not good).

You cannot change your feelings—but you can conceal them. You are responsible for your behavior and conduct. Module 6, Part 6.1, examines the challenges of impartiality, for in fact we are all human and therefore biased. So how do you behave in an impartial manner?

### Avoid Intervening

First, *avoid intervening during the session when at all possible and especially in SA/DV encounters.* (See Module 6, which focuses on intervening and mediation.) Intervening interrupts the flow. It puts the spotlight on you and risks getting you more emotionally involved. It encourages everyone, even after just one intervention, to look at you and talk to you instead of each other. The intervention fosters a relationship with you instead of direct communication.

### Stay Warm—but Professional

Interpreting for survivors of SA/DV and child abuse and their providers is a balancing act: The goal is to try to maintain warmth without bonding with the survivor. Your job, instead, is to help the survivor bond with the provider.

Have a warm introduction with a ready smile and a kind voice. Avoid eye contact and focus intently on interpreting the message. These strategies will help you to remain both warm and professional.

### Touching Survivors

Do not touch, kiss or hug the survivor of any violent crime and, in particular, SA/DV survivors.

If the survivor does not extend a hand at first or subsequent meetings, do not even try to shake hands with the survivor. **Remember:** In addition to any relevant cultural considerations regarding touch, this person is the victim of a particularly painful, sensitive violent crime that carries a heavy load of stigma and shame, as well as deep trauma in many cases. Even the lightest touch may not feel safe. Make no assumptions.

### **A Note for Sign Language Interpreters: Touching Survivors**

Because the interpreter might need to get the attention of the Deaf and hard of hearing and speech would not be heard, a number of sign language interpreters resort to a gentle touch (e.g., on the Deaf consumer's arm) to get attention.

Touch is a sensitive issue in victim services, however. Ideally at the beginning of the session or the relationship, the interpreter might bring this question up with both the provider and the survivor, to find out whether the survivor chooses to be touched at such times. Perhaps the survivor (and provider) would prefer that the interpreter find another way to get the survivor's attention.

The reason to be so careful on this issue is that touch is often associated with trauma. In addition, victim service providers are keenly sensitive to offering survivors choices as part of the therapy, treatment plan or service provision.

If you are a survivor of sexual assault, domestic violence or child abuse in particular (but really after any violent crime), choice has been taken away. Therefore, many providers are intent on allowing survivors to make their own decisions about sensitive matters.

### **If the Survivor Touches You**

What do you do if the survivor touches *you* during an emotionally charged session? Especially if s/he is a survivor of SA/DV? Here is one strategy from a psychiatrist who serves torture survivors and trains interpreters:

- First, gently put your free hand on the survivor's hand or arm where it is touching you.
- Very slowly, disengage your bottom hand.
- Pay close attention to the survivor's body language as you do so and avoid brusque movement.
- When it seems appropriate, let your top hand slip away from the survivor's hand or arm.

### **If You Cry**

Interpreting for SA/DV survivors leads to many emotionally intense sessions. We have heard stories where the client, therapist *and* the interpreter were all crying.

Is it bad for you to cry? Yes; in general, it is not ideal. If at all possible, do not cry while interpreting and especially for survivors of SA/DV, child abuse, and torture or war trauma. If you do so, your tears may make the survivor feel as if s/he is a burden on you. Your crying may escalate an already intense session.

However, even therapists occasionally cry during a session, so it is almost inevitable that some interpreters will cry, too. Do not "beat yourself up" if it happens to you. You are only human. Instead, reread Module 2 and look for strategies that may help you before and during the session to detach from the traumatic content so that you do not dwell on it. Doing so will take practice.

And remember to breathe. Deep breathing can have a wonderfully calming effect.

## Pressure From Your Cultural Community

In refugee communities and small cultural communities, it is common for someone in the community to approach the interpreter and try to get the interpreter to “help out” the survivor. Such requests can be even more sensitive if you interpret for SA/DV survivors. If you get such a request, what should you do?

First, clarify your role as a professional interpreter. If the community member or group insists that you are the lucky one and owe it to your community to help those less fortunate, you are in a difficult position. Under almost no circumstance, however, should you “help” the survivor out. The legal and emotional repercussions for the survivor—and for you, and/or the legal case—are far too risky.

## Scope of Practice

### Professional Boundaries

Professional boundaries are a challenge in all areas of community and legal interpreting. However, if the authors of this manual had just one piece of guidance about the advice given again and again from victim service providers to interpreters for SA/DV survivors, that advice would be

#### **RESPECT PROFESSIONAL BOUNDARIES.**

In a nutshell, the problem is this: We are human. We witness deep suffering and hear horrific stories in SA/DV services. We see tears and heartbreak. We want to help, to soothe, to make things better.

This desire to help when we witness suffering is not only a challenge for the interpreters, but also for providers. One executive director of a domestic violence center reports: “I literally have the boundary conversation with my staff on a weekly basis. It’s a healing profession, but I have to draw a very hard line between helping and fixing. Helping and enabling. Some people just have a hard time drawing an appropriate boundary because they want so much to help.”

Other providers interviewed for this program have reported

- *There really needs to be boundaries [training] incorporated into everything: every aspect of the interpreter training. When I think about challenges just with my own staff... I’m thinking the chef of our shelter, she is not trained as a social worker, so it was challenging, especially at first, helping her to realize [her boundaries].*
- *It takes managing your own emotions. Anyone who get [sic] into this business, most people are doing it for all the right reasons, but it takes a while to figure out the boundaries.*
- *Explain the boundaries, help [interpreters] to create the boundaries.*
- *I was at this training for advocates. I was the only social worker, and they were angry with me. We were talking about relationships. Say the person discharges from the program, and you see them in the supermarket: What do you do? So I was like the only person in this boat [saying maintain your boundaries, don’t chitchat, don’t have a social relationship].*
- *Especially if they are going to have that same person [interpreter] over and over, I give a lot of examples from Latin America. We are so happy, and people are invited to weddings and baby showers, and you are driven by life: sharing meals, “Come over to his birthday party,” being able to say thank you so much ....*

Victim service providers encourage you to decline a request that is inappropriate. Survivors may want to know your life story and what brought you here. They may ask you to visit their church or temple. They may ask if you are married and have children (or why not) and want to discuss your family. Resist the temptation to get involved with the survivor.

### **Bilingual Staff**

Bilingual staff who are tested for language proficiency and receive professional interpreter training can and do interpret in victim services. Sometimes, however, the boundaries are blurred for them even more than for contract interpreters, especially in SA/DV.

If you are a bilingual employee, remember these points:

- When you enter the encounter, remove your “job hat” and put on your “interpreter hat.” For the rest of the session, adhere to community/medical and/or legal interpreting ethics.
- If at all possible, do not perform your regular job while interpreting. Doing so is both a conflict of interest and too difficult because interpreting requires all your concentration. It is a very demanding cognitive task.
- If there is role confusion, ask which role the service provider prefers you to perform (interpreting or your job).
- Do not be an advocate and an interpreter at the same time.
- As soon as you leave the session, of course put your “job hat” back on and do for the client whatever you would normally do as part of your regular job.

### **Identifying With the Survivor**

If you have a past history of SA/DV trauma and/or victimization, especially if the survivor’s history mirrors yours, impartiality and respecting professional boundaries might prove a challenge. It could even lead to flashbacks. Or you might find you are being overly “helpful,” getting involved and/or finding it difficult to say no to survivors.

Blurred boundaries are common in SA/DV services, but they may create a conflict of interest or impede your ability to do your job.

Finally, handling your own emotional response to difficult situations will be much more difficult if you have not resolved your own trauma history and victimization. Please reread Module 2 carefully if you have a past history of trauma.

### **Requests That Exceed Your Scope of Practice**

Sometimes providers may ask you to perform tasks that exceed your skills or scope. For example, if you are a community interpreter, and you are asked to interpret for a police officer or a sexual assault forensic exam when you have had no legal interpreter training, perhaps you are not ready (or do not feel ready) for this request.

In such cases, weigh your decision with care based partly on what will happen if you say no. What if your language is less common, and few trained interpreters who speak it are available? Perhaps the victim service provider will call the telephone or a video relay service—is that appropriate or advisable for this survivor? Perhaps you have valuable cultural knowledge, or the survivor is fragile and doesn’t

want you to leave. It is difficult to do, but make the best decision you can—with full transparency about why you made that decision. If you do withdraw, try to offer reasonable alternatives.

As you have seen, there are many different victim service settings and they all have interpreting needs. A “*trauma-informed interpreter*” will need to be able to interpret in all the different settings, so it is important to consider what those settings might be. It is also important to remember how the protocols and ethics that are reviewed in this module will impact your performance as an interpreter. Again, the key point to keep in mind is how you, as the interpreter, will adapt the ethical principles to the victim services situation in legal settings.

## Review of Part 5.2

This section began with a code of ethics for interpreters who work with survivors of domestic violence and sexual assault. That code is based on the 10 ethical canons that court interpreters are required to follow in U.S. state courts, together with commentary on how to apply those canons in non-courtroom legal settings when you are interpreting for SA/DV survivors.

This section also addressed the important distinction between adversarial and collaborative encounters and between legal vs. medical/community interpreting ethics. It focused on the critical importance of establishing professional boundaries. A comparison of the code that is used for domestic violence legal interpreting and the national code for medical/community interpreting in the United States followed, noting similarities and some key differences between them, including the following:

### Areas of agreement

- Accuracy
- Confidentiality
- Impartiality
- Scope of practice
- Professional demeanor
- Professional development.

### Areas of difference

Ethical canons that are found in the domestic violence *legal* interpreters’ code of ethics but not in the *medical* interpreting code include

- Restriction of public comment
- Impediments to performance
- Duty to report ethical violations
- Representation of qualifications.

Points that are addressed in the *medical* interpreting code but are not mentioned in the domestic violence *legal* interpreter code include

- Respect
- Cultural awareness
- Advocacy.

Although both of these legal and medical code of ethics apply equally to spoken and sign language interpreters, a code of ethics that was developed by RID and NAD for sign language interpreters was also cited.

This section emphasized the critical importance for interpreters of staying within their role in SA/DV interpreting, though doing so can be a challenge even for victim service providers. In this way, interpreters for survivors of SA/DV can be a faithful voice for survivors and providers, who will also know what to expect from professional interpreters.

Although the guidance given here was specific to SA/DV services, much of it is valuable when interpreting for survivors of any violent crime.

## Part 5.3 Interpreting Protocols for Sexual Assault and Domestic Violence

### Learning Objective 5.3

After completing this objective, the interpreter will be able to

*Explore appropriate interpreting protocols for sexual assault and domestic violence cases.*

### Introduction

A professional interpreter knows that basic protocols (like using direct speech or making a professional introduction) are tools. They make the interpreter's work easier and more transparent. They also help to clarify the interpreter's role and keep the session on track so that everyone is focused on what is being communicated and not on the interpreter.

The particular protocols that are identified as important when interpreting for SA/DV survivors are

- Introductions
- Positioning
- Direct speech
- Eye contact
- Tone of voice
- Conflicts of interest
- Gender concerns
- Interpreting for the same survivor.

We will look at each of these protocols in turn.

### The Interpreter's Professional Introduction

#### Elements of an Effective Introduction

An effective introduction for victim services interpreting in general, and SA/DV interpreting in particular, includes personal warmth to put the survivor at ease and build trust. You will also want to include

- The interpreter's name (first and/or last as appropriate—if you are not sure, ask the provider)
- A brief explanation of the interpreter's role in the session
- Clear statements showing how you will perform your job—with a strong emphasis on the fact that you will interpret *everything* (even more than usual) and for the participants to address each other, not you
- Language that establishes a professional, yet compassionate, rapport
- A reference that your notes will be destroyed.

**Example**

- Hi, my name is Maikhou, and I will be your interpreter today.
- Please be aware that I will be interpreting *everything* you say [or sign].
- I will keep everything strictly confidential.
- Try to speak to [the provider/the survivor] directly as if I weren't here.
- But please feel free to ask questions if anything I say [or sign] isn't clear.
- If I take any notes, it's just to be sure I remember and interpret everything you say [or sign], but I will destroy my notes at the end of the session.
- Please pause if I make this signal [show the signal] to give me time to interpret. (Note that sign language interpreters may have their own ways of handling this issue with Deaf clients.)
- I'm going to sit here if that's all right—or is there anywhere else you would prefer me to go?

**Note:** Interpreting positioning will be discussed shortly.

**Emphasize That You Will Interpret *Everything***

In addition, you will need to emphasize right away that *everything* spoken or signed will be interpreted accurately and completely, *even if one of the parties requests that something said not be interpreted.*

### **Sign Language Interpreters and Accuracy/Completeness**

Occasionally, some sign language interpreters and certified Deaf interpreters express concern that Deaf consumers (assuming two or more are present) should be allowed private comments. In some cases, they might be accustomed to having such privacy.

Therefore, in victim services interpreting appointments, please emphasize as clearly as possible that you really will interpret everything that is said or signed.

Make it clear from the start that you will interpret everything that is stated. In part, this statement is for clarity and full disclosure of your role, but also so that no one says something to you that could be upsetting or offensive when it is interpreted for the other party.

In victim services, as elsewhere, often the provider or survivor will speak to you thinking you will not interpret the “private” remark. While victim service providers more than other providers tend to be keenly sensitive about how they speak in the presence of their clients, sometimes even they forget; and survivors are not always clear that you really do intend to interpret *everything*. Be clear from the start.

**Confidentiality**

Note that in SA/DV interpreting, your confidentiality is crucially important, and it should be deeply emphasized at or near the start of your introduction. To know that everything that is said will be kept *strictly* confidential by you (as well as by the provider) is critical for the survivor's well-being and ability to trust and open up. Many providers who were interviewed for this curriculum expressed their concerns that survivors of SA/DV feared that some interpreters might not maintain confidentiality, especially in small language communities. (Unfortunately, in some cases the survivors' fears were

founded: Certain interpreters—even court interpreters—*did* share confidential information about survivors in their communities.)

### **Speaking Directly to Each Other**

In your introduction, also let the survivor and the provider know they should always speak directly to each other and not you. A number of providers and survivors in victim services still address interpreters rather than the survivors. (Even when they know better, some of them forget.)

### **Encouraging Questions**

Encouraging questions is a two-edged sword. *You do not want the provider or survivor to ask you questions in general*, only questions related to your interpreting. However, you do want the survivor and provider to ask questions the moment that something you have interpreted isn't clear, whether because of interpreting issues or because the speaker was not clear. Be careful how you phrase any remark that encourages the survivor or provider to ask questions.

### **Note-taking**

Your note-taking is another sensitive piece that should be addressed. Note-taking is essential in victim services interpreting to avoid interrupting survivors who find it hard to share their story. However, make sure that the survivor knows that notes will be destroyed at the end of the session or given to the provider. If appropriate it may be helpful to physically destroy the notes in front of the survivor, as reassurance.

Of course, as stated earlier, this point will not usually apply to sign language interpreters.

### **Hand Signals**

Your introduction may also mention the hand signal that you will use to request a pause, ask for a slower rate of speech or invite a clarification.

If you are alone with the provider before the encounter, suggest establishing a second signal (e.g., raising your hand in a different gesture): This will be a specific signal to indicate to the provider, "I must stop now or *very* soon!" The reason is that you may hear specific, graphic details about crimes like stabbings, domestic violence, sexual assault, murder or attempted murder. In some cases, you may be interpreting for survivors who are recounting these details for the first time. If you are overwhelmed by the traumatic content, you may need to have a planned signal in place so that the provider can find the earliest appropriate moment to call a break.

Try not to initiate a break yourself because doing so could damage the flow of the session or re-traumatize the survivor in some cases (particularly if the survivor guesses that you are distressed).

### **A Note for Sign Language Interpreters: Hand Signals**

It would probably not be wise for sign language interpreters to try to have any sort of “private signal” with the provider. Deaf survivors are likely to perceive even the most subtle movements of interpreters.

For example, if the survivor sees the interpreter signing something to a clinician that is unknown or incomprehensible to the survivor, that signal may undermine the survivor’s trust in the interpreter.

In victim service settings that involve trauma, the survivor typically needs to feel comfortable. It is not helpful if the survivor is concerned for your well-being or feels that he or she has to care for you. Interpreting is not a personal relationship but a professional service. Try to avoid calling for a break yourself or drawing attention to your own distress if at all possible.

### **Asking Questions of the Interpreter**

You also want to make clear that the provider and client shouldn’t ask you questions about the session or about you. They can ask questions if they don’t understand what you have said or signed, but not about what is going on in the session or about you personally. You are there to provide a professional service, not bond over a traumatic experience. Let them know, if necessary, that they do not need to worry about you.

### **Providers Who Introduce You**

In SA/DV sessions, you may encounter service providers who are accustomed to working with interpreters and may wish to handle the introduction themselves. This gives them more control of the flow and can help to establish an atmosphere that puts the survivor more at ease with the interpreter’s presence. If the provider does perform such an introduction but leaves out something important, you can add this information when the provider has finished. You don’t have to repeat anything that the provider has made clear.

### **What If There Is No Time for an Introduction?**

Sometimes you may have no chance to introduce yourself at all: Perhaps it’s an emergency, there is no time or the provider has jumped right into the encounter. In such cases, have a backup plan to introduce the key information during the session itself—especially the fact that you will interpret everything.

### **A Sample Introduction for Victim Services Interpreters**

Here is a sample introduction. Note that it emphasizes key points that both interpreters and victim service providers have found important:

- Everything I interpret for you is *strictly* confidential.
- Everything that you say is important, and I will interpret EVERYTHING exactly as you say it. Please say only what you want me to interpret.
- Please speak to the [*provider/survivor*], not to me. It’s okay to act as if I’m not here.

- Sometimes I take notes to interpret more accurately, but I will destroy any notes I take immediately when I leave [*or give them to the service provider—especially attorneys*].
- If I make this signal, please pause to let me finish interpreting.

Sign language interpreters will need to adjust this sample introduction to meet their own needs.

## Positioning

### The “Rule”

There is only one rule about positioning for victim services interpreting in general and SA/DV interpreting in particular: Adopt the safest, most appropriate position that is **unobtrusive** and promotes **direct provider-survivor communication**. While this point holds true for all community and legal interpreting, it is even more important when you are interpreting for SA/DV survivors.

For example, many survivors can exhibit trauma responses, hyper-vigilance (scanning the room for safety, for example), a startle response (e.g., jumping at a slight noise), or they may make unexpected movements during the session. Because survivors can react in so many unpredictable ways, interpreter positioning may be more delicate than in many other services. Be alert and ready to change position as needed and always with a view to promoting direct communication while remaining unobtrusive—and of course, protecting your own safety (discussed below).

### Positioning and Survivors

In medical interpreting in the United States, spoken language interpreters are often trained to sit behind and slightly to the side of the recipient. (In Europe and some other countries, a triangle position is favored.) This “beside and a little behind the patient” position often helps to overcome the strong temptation on the part of all the parties to look at and to focus on the interpreter rather than on each other. This position can also help to make the patient feel supported and more trusting because it changes the power dynamics and can help the patient to feel the interpreter is “on her side.”

However, because of past experiences, victims of crime, and in particular survivors of sexual assault and domestic violence, may be extremely sensitive to positioning.

Survivors are often uncomfortable, anxious and even fearful when someone is positioned behind them just out of their line of sight, looming over them from a higher position or placed aggressively in front of them. Because any of these positions may be trauma-inducing for a particular survivor, permitting the survivor to choose her or his own preferred positioning best supports the survivor’s physical and emotional comfort level.

It is ideal to discuss the issue with the provider ahead of time, if possible, and to find out the survivor’s preference and how to balance that preference with promoting direct provider-survivor communication.

### **A Note for Sign Language Interpreters: Positioning**

Positioning in sign language interpreting requires having clear sight lines so that the Deaf consumer and the interpreter see each other clearly.

Appropriate positioning is crucial. You will need to face the Deaf survivor yet be close enough to the hearing service provider that his or her speech is audible to you.

Because of the sensitivity of positioning and the need to promote the survivor's sense of safety and trust, you may wish to bring up the issue of positioning at the start of the session or the relationship to ensure that everyone is aware of and comfortable with your positioning.

### **Positions to Avoid**

It is important when possible to avoid sitting in a triangle position (again, setting aside sign language interpreting), because providers and survivors will tend to look at you, drawing you into the conversation. The triangle position can also encourage eye contact and distract you from accurate interpreting—at a time when accuracy can be at risk due to the emotional intensity of the session.

It is important to avoid creating emotional triggers that might re-traumatize the survivor through poor positioning decisions. It may be particularly difficult to make that assessment in certain settings and situations, e.g., gynecological exams as part of the Sexual Assault Forensic Examination or a female asylum-seeker's Forensic Medical Exam. Sometimes a decision is made for you: One moment, you are standing near the survivor; the next moment, someone is drawing a curtain to shut you out. (Of course, a sign language interpreter cannot interpret from behind a curtain!)

In general, at least in the District of Columbia, victim advocates are usually professional staff members who know just when to draw the curtain or adjust the positioning in medical service so that you are not witnessing anything private or inappropriate—though it is to be hoped that they know how to handle sign language interpreting.

For other medical exams, however, providers are often not at all sensitive to where the interpreter should be positioned during sensitive exams, and especially with gender issues like a male interpreter for a female survivor or vice versa. In non-medical settings, often your position may be dictated by the provider (for example, when interpreting for law enforcement or in courts).

Positioning, in short, is a highly complex protocol in victim services interpreting. Think carefully about positioning.

### **Sound Quality and Sightlines**

Another aspect of positioning is quality of sound—and, for sign language interpreters, clear sightlines. It is impossible to interpret accurately if we cannot clearly hear the speakers, and sign language interpreters must also clearly see the parties who are speaking and signing.

To add to this concern, survivors may speak softly, especially when describing the abuse or severe trauma that they have endured. It is important that you position yourself where you can hear and see well. Every time that survivors have to repeat themselves, it can be further traumatizing and

can negatively affect the communication flow. Changing positioning mid-stream might also have a negative impact on the survivor. Always try to consider the survivor as you plan positioning.

## Body Language

Body language is another important point to consider, because gestures, body movement and facial expressions provide important visual clues that help you to interpret accurately. (In sign language, of course, body language *conveys* the message.)

However, your *own* body language should not be visible or reflect your feelings while you interpret. When you interpret traumatic content, you might find it difficult to suppress your body language, such as tensing limbs, tightening lips or distressed facial expressions, so you might want to position yourself so that the survivor cannot see you. Of course, doing so is impossible for sign language interpreters, and in general you will need to learn to manage your emotional responses.

Also, even spoken language interpreters should be vigilant to observe the body language of all those who are present for victim services interpreting, where body language can be a crucial determinant of meaning. Cultural factors can add to the complexity of capturing the meaning of a message where body language is involved.

All that said, if you are a legal interpreter, do not address body language explicitly. In medical interpreting, for example, if a Spanish-speaking patient points to her leg and says *pie* (the Spanish word for foot), you could—if you choose—interpret *leg* instead of foot, but in legal interpreting you would have to say *pie*. If this leads to a misunderstanding, and clarification is necessary for due process and access to justice (because now an error of meaning is in the written record), you can intervene to suggest that the word *pie* can mean *foot* or *leg* and request a clarification from the survivor which meaning was intended. This type of information is usually easier to manage in victim services interpreting than in a courtroom, but professional legal interpreters do have strategies and plans in place to address this type of problem.

The bottom line is that whether you are in community or legal interpreting, you can always use body language to help you understand the *meaning* of a message, but when you perform legal interpreting, you must refrain from changing what is said when you interpret based on gestures or body language.

## Safety

Safety is sometimes a critical concern for victim service interpreters, especially in mental health settings, mass disasters or crisis response. Interpreters report being left alone with psychiatric patients, getting hit, being positioned far away from the door when interpreting for a violent detainee and so on. These examples suggest that not everyone considers the interpreter's safety in such settings.

Although safety can affect all parties involved, it is especially acute for the interpreter because you are the person who usually sits closest to the survivor. In domestic violence incidents or in custody situations (such as custodial interrogations of perpetrators), law enforcement typically should watch out for your safety—but be vigilant in case the situation abruptly changes, and the service providers are not able to watch out for you.

The size and configuration of the room (especially in law enforcement and medical or psychiatric facilities) and the nature of the encounter are other factors to be taken into account when

you are making decisions about positioning, and in some instances may even dictate the only feasible position.

In short, always consider your safety, the well-being and preferences of the survivor, and the provider's experience of "what works" on a case-by-case basis when you make decisions about your positioning.

## Direct Speech

Clear communication is absolutely essential in victim services in general, and crucial in SA/DV services. Without it, the survivor may never find healing or justice. You may have to calmly and patiently redirect providers and survivors to use direct speech (first person) rather than indirect speech (third person, usually when they address the interpreter).<sup>46</sup>

**Direct speech:** "When did your ex-boyfriend start stalking you?"

**Indirect speech:** "Ask her when her ex-boyfriend started to stalk her."

Here are three strategies to help redirect the speakers to each other:

1. In your introduction, emphasize the importance of providers and survivors addressing each other (and not you).
2. If direct speech breaks down, intervene to remind the speakers what you asked.
3. Wave your hand to one party (in a gesture to remind the other party to speak directly to that person, not to you).

### A Note for Sign Language Interpreters: Direct Speech

Promoting direct survivor-provider communication can be a challenge for sign language interpreters. The Deaf consumer will be looking at the interpreter, not the provider. Clinicians, in particular, often report having a difficult time speaking directly to a survivor who is never looking at them.

This is an example that you might wish to address in a pre-encounter or pre-brief with the provider.

If these strategies fail, speak with the provider alone to explain the reasons why direct speech is so important. Try to use reasons they will understand:

- Survivors need to build a relationship with the service provider, not the interpreter.
- Direct speech promotes accuracy.
- Direct speech is much faster.
- With direct speech, professionals in victims services report that better quality work is done, and more efficiently, because first person involves direct provider-survivor communication—not a three-way conversation with the interpreter.

<sup>46</sup> See *NAJIT Position Paper: Direct Speech in Legal Settings*, <http://www.najit.org/publications/DirectSpeech200609.pdf>

As we saw in Module 2, there are circumstances when it may be necessary for you to temporarily switch to third person to help you protect your own well-being. For trauma-related content, using indirect speech can help distance you from the trauma.

However, barring special circumstances, the default should be direct speech that promotes direct communication between the survivor and provider. Interpreting in first person is much less intrusive than indirect speech and helps you to prevent miscommunications and delays. Treat indirect speech as the special exception, not the rule.

Other exceptions to the default of using direct speech could include interpreting for

- Very young children (who get confused by first person)
- Elderly, disoriented or mentally ill patients who may be confused
- Emergency or chaotic situations where you have no choice but to summarize
- Cases where multiple parties speak at once, and you must clarify who is speaking.

As a reminder, in legal interpreting, when you intervene, you should refer to yourself as the interpreter, especially if you also perform court interpreting where doing so is required. Referring to yourself in the third person is not required in community interpreting but in victim services interpreting you will often cross the line into legal interpreting. In other words, instead of saying, “As the interpreter, can I ask you to clarify what PERK means,” if you are performing legal interpreting you should say, “The interpreter requests a clarification of PERK.”

## Eye Contact

This section applies to spoken language interpreters only. *Sign language interpreters typically need to maintain eye contact while interpreting.*

Try to maintain direct eye contact with the victim or survivor (if doing so is culturally appropriate) when introducing yourself, or when you intervene or leave the session. However, for spoken language interpreters, it is best to avoid eye contact while interpreting because eye contact promotes and encourages a relationship between you and the other parties.

For spoken language interpreting, eye contact also distracts you and can interfere with the complex cognitive skills that interpreting requires, which can reduce your accuracy. Please note, however, that avoiding eye contact does NOT mean looking at the floor. On the contrary: You will want to observe body language. As soon as the provider and survivor are focused on each other, you can look at them. The moment they notice and look at you, however, cut off eye contact.

If you feel uncomfortable avoiding eye contact while interpreting, use your notepad as a diversion. Pretend to take notes, even if you do not need to do so. Then, when the speakers have forgotten you, you can look up again. Taking notes will help make avoiding eye contact feel more natural and less rude.

Finally, if there is any cultural sensitivity or chance that the survivor might be offended or confused by your avoiding eye contact, add to the introduction that you are doing so to help yourself be more accurate and faithful to their message (which is true). An example to illustrate this complexity is a provider who reported that a survivor’s family was trying to make eye contact with an interpreter who actually closed her eyes while she was interpreting. The provider reported that it was almost like the interpreter was cutting herself off from the family, while the family wanted her to be present. This

provider did not feel that a trained interpreter who could effectively avert eye contact would have the same off-putting feeling as this one who closed her eyes. However, she added that it might be helpful to train providers about this issue: She suggested that interpreters tell therapists and other providers that many interpreters are trained to avert eye contact.

In short, avoiding eye contact can be an effective strategy to help manage the flow of communication, but it should be handled with cultural sensitivity and tact.

## Tone of Voice

As a professional interpreter, you already know that your voice should *not* be neutral when you interpret. Rather, it should reflect the emotions of the speakers. This is also true for sign language, which, like spoken language, exhibits tone and affect.

SA/DV services can be very emotional sessions. You were likely taught in interpreter training that if someone shouts or weeps, you do not need to shout or weep. However, your voice should rise somewhat in volume and reflect anger in the case of someone shouting, whereas if a survivor weeps, you would not cry but would allow your voice to reflect sadness.

However, when interpreting for SA/DV survivors, use caution. It is important to convey the feelings that are expressed, but also to be careful not to heighten or aggravate an already sensitive or emotionally charged session. Victim service providers are usually aware of emotional nuances. Just be sure that your interpreting reflects those nuances without overemphasizing them.

For legal interpreting, accuracy requires that you interpret all pauses, hesitations, repetitions and so forth. If there is a speech impediment, whether in signed or spoken language, be careful how you render it so that it does not make a survivor feel ashamed. (Speech or sign impediments tend to be aggravated under conditions of emotional stress and distress.)

That said, it is very important to avoid a cold or monotonous “wooden” tone of voice. Some service providers have complained about interpreters who interpret in a flat voice, and doing so could potentially be offensive or hurtful to survivors.

Finally, if *you* are distressed, you can “downgrade” the emotions in your rendering to avoid feeling overwhelmed, but please avoid a flat monotone.

All these concerns above apply to both sign language and spoken language interpreters.

## Gender Concerns

### General Concerns Regarding Gender

Remember that the gender of the interpreter can be a concern, especially in certain cultures and certain cases, such as domestic violence and sexual assault. Hopefully the provider is aware of this when requesting an interpreter, but use your best judgment when you arrive about whether you sense unease with a survivor, and you are an interpreter of another gender.

All interpreters need to have a prepared statement that is culturally sensitive and offers to withdraw if you suspect that the survivor feels uncomfortable with your gender. (Actually, the same problem can be true for other things that can make the survivor uncomfortable, such as your ethnicity, nationality, tribal affiliation or coming from a country that colonized the survivor’s country. In some cases, the

interpreter's ethnic group may have attempted genocide of the survivor's ethnic group. These are sensitive situations.)

That said, both in signed and spoken language interpreting, female interpreters tend to predominate heavily, and a male interpreter might not be available, even if the survivor prefers one.

### **LGBTQ<sup>47</sup> Victims**

LGBTQ is a common acronym that used to describe persons of certain sexual orientations, specifically, “Lesbian, Gay, Bisexual, Transgender and Questioning.” (Additional variations exist.)

“Transgender” is a common term that refers to individuals who do not identify with their birth gender and may appear to be of their birth gender or another gender, may have had surgery and hormones to help them transition to the other gender and/or may have acquired legal status as an individual of the gender with which they identify.

“Questioning” refers to individuals who are not yet certain of their sexual orientation, which is not uncommon.

Because violent crimes are often committed against members of minorities, including gay and transgender individuals, it is important to be aware of certain linguistic and other concerns. First, providers who were interviewed for this program stated that while younger interpreters largely show neutral behavior when interpreting for LGBTQ victims of crime, sometimes older interpreters show discomfort in their face and body language that can be distressing for survivors and can potentially re-trigger their trauma.

Second, linguistic protocols exist regarding individuals who identify as transgender. Specifically, if they dress and behave as members of a different gender, whether or not they have acquired legal status as that gender, typically their strong preference is to hear linguistic terms that reflect the gender they now identify with. In other words, such clients usually prefer to be referred to as “she” and “her” if they dress as females even if you, the interpreter, can clearly see that their birth gender is male. This linguistic distinction can be even more important to remember in languages where gender distinctions occur for verb endings, adjectives and so on.

Victim service providers want you to be aware of these facts and also want you to remember that it is *very important to address the survivors' preferences if they are victims of a violent crime that has traumatized them.*

This problem might not always arise for sign language interpreters because the sign for pronouns is a pointing gesture that does not allude to gender.

### **Interpreting for the Same Survivor**

There is no official policy about whether or not you should interpret for the same survivor over multiple sessions. However, let the provider and survivor make that decision. Please do not suggest it yourself.

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<sup>47</sup> For an excellent overview of LGBTQ terminology that you should ideally become familiar with, see a terminology sheet prepared by Eli R. Green and Eric N. Peterson for the LGBT Resource Center at UC Riverside, available at <http://www.lgbt.ucla.edu/Portals/38/Documents/LGBTTerminology.pdf>.

In general, many clinicians (therapists) prefer to have the same interpreter where possible over multiple sessions because it can help the work go smoothly. However, other victim services do not necessarily have that need for continuity. In fact, it may be helpful for the survivor to build trust and learn that *any* interpreter who comes to interpret for victim services is supposed to be competent, professional and sensitive.

## Three Stages of Each Interpreted Encounter

### Before, During and After the Encounter

The three stages of each interpreted session are simply “before, during and after” the encounter. This is true for both spoken and sign language interpreters.

Community interpreters receive basic training on protocols that guide them through the interpreted encounter. Victim services assignments bring their own unique challenges that interpreters should take into account from this perspective. We will examine them one by one.

### Before the Encounter

#### Assignment Preparation

Given the multitude of potential victim service settings, assignment preparation is a critical skill for this area of interpreting. Interpreters don't always have the chance to fully prepare for the assignments they receive, especially staff interpreters who work onsite and receive clients as they come. Still, whenever you have the chance to prepare ahead of time (which is ideal), you should cover the following steps:

- Determine the nature of the session, e.g., a hearing, interview, counseling session or application for victim compensation.
- Confirm the date, time, location, travel details and contact number for the person onsite that you will report to.
- Confirm the length of the appointment. This is particularly important in victim services because you do not want to leave before the session is finished and victim service appointments can be long ones—even two to four hours.
- Check traffic conditions and calculate travel time *before* you depart. You want to arrive in a timely fashion so that a survivor is not waiting alone, unable to communicate until you arrive.
- For the same reasons, allow time for parking and walking to the appointment, as well as finding the office within the building itself.
- Determine which mode or modes are most appropriate for the setting. (See Module 3.) Will you primarily interpret in dialog consecutive? Or is simultaneous expected or needed? Will you have to sight translate challenging documents? Are you prepared and equipped to do so?
- Identify work conditions issues such as sound, positioning, whether you will be sitting or standing, and whether the encounter is indoors or outdoors. Victim services appointments are so sensitive that you want them to proceed as smoothly as possible.
- Determine any safety concerns that are relevant to the setting. Will you be physically safe? Is there a need for anonymity and/or confidentiality about your presence as the interpreter?
- Determine whether there are special health or hygiene considerations, and take necessary precautions ahead of time. If you have not worked in hospitals before, learn what you are expected to wear there and how you are expected to behave. For example, perhaps you are not

permitted to carry a water bottle around with you, but you might be expected to wash your hands and wear gloves, mask and a gown.

### **Briefing**

The more context that you have before the session begins, the better you can prepare yourself. In most community settings, it is difficult to insist on being briefed. However, in SA/DV interpreting in particular, it is important to ask for pre-brief (or pre-encounter) whenever possible. You are working in emotional situations with victims who are processing traumatic events. You could hear about beatings, assaults, egregious sexual violence, child abuse and the many other ways that human beings harm each other. You will need to be mentally and emotionally prepared.

In legal settings, it can be difficult to access precise information about the session ahead of time. Lawyers may not be willing to share information about the case due to attorney-client privilege. However, the legal advocate, self-help legal facilitator or mediator might be willing to fill you in.

Therapists, social workers, counselors and case managers should definitely understand your need for information about the session. It's part of their professional practice, and a pre-session or pre-brief is a familiar concept for most or many of them.

Even knowing more about the particular domestic violence and sexual assault services you interpret for can help you plan. For example, in the District of Columbia, if the organization DC SAFE calls you to a hospital called MedStar Washington Hospital Center, that request would almost certainly involve your interpreting for a forensic exam for a victim of domestic violence and her advocate and health care staff, including a forensic nurse.

If a DC nonprofit organization called NVRDC calls you to interpret at the same hospital, however, that appointment would likely involve a forensic exam for a victim of sexual assault.

Strategies for getting information in advance include

- Informing the client that you will maintain confidentiality, that all documents will be returned or destroyed after the session and that any notes you take will also be destroyed
- Asking for a 10-minute verbal briefing
- Establishing a good rapport with a key person in the agency that is requesting your services and emailing them ahead of each assignment to ask for available information
- Asking for 10 minutes after the session to debrief
- Engaging in client education to help providers understand that the more context they give you, the better able you are to communicate their ideas accurately.

### **During the Encounter**

During the interpreted encounter, professional protocols can help you navigate complicated and difficult situations. These are the protocols we discussed above:

- Give a professional introduction that clearly defines your role in the session. (See Part 1 of this module for a sample introduction.)
- Position yourself where you are safe, can best promote direct communication between the parties and will not interfere with the service that is being given.

- Be aware that in some cases, such as forensic exams, for part of an interview you may be separated from the speakers by a curtain (unless you are a sign language interpreter).
- For spoken language interpreters, avoid eye contact to promote direct communication between the parties. When interpreting, simply look at your notebook or below the speaker's face until speakers are engaged, then monitor body language and expression without directly engaging the speaker's eyes. (Sign language interpreters typically need to maintain eye contact while they interpret).
- Use direct speech (first person) when you interpret as a general rule to promote direct communication. Exceptions to this requirement include
  - When the speaker is elderly, very young or confused, incoherent due to substance abuse or medical conditions, and cannot grasp that you the interpreter say "I" when speaking (interpreting) as the voice of the other person
  - During medical emergencies or at chaotic crime scenes when it is critical that the providers/law enforcement understand exactly who is talking or when you must summarize
  - If the content of what you are interpreting is distressing, you can revert to third person as a *temporary* strategy to avoid traumatizing yourself. For example, if the survivor is describing torture, rape or an attempted murder, with graphic details, that could be a time to switch briefly to third person
  - If many people speak at once or someone is out of control, you may have to summarize in third person as a last resort
  - In languages where direct speech is not the usual or polite way of speaking.
- Use consistent intervention techniques to maintain transparency and accuracy if you need to suspend the session in order to
  - Clarify a linguistic term you are unfamiliar with
  - Identify a possible break in understanding between the parties
  - Identify a possible cultural misunderstanding between the parties
  - Address any other issue that is a barrier to clear, direct communication.

Intervention techniques will be discussed in Module 6.

## **After the Encounter**

### **Debriefing**

See Module 2, Part 2.2, for a discussion of debriefing. Ask for a debriefing whenever possible if (a) critical or sensitive issues arose that you have questions about or could not communicate about to the provider during the session; or (b) if you yourself were traumatized by the session. Many victim service providers have debriefing sessions built into their professional practice.

### **Post-encounter Analysis**

How do you feel? Why? What went well? What did not? How would you do things differently if you could? What did you learn?

### **Self Care**

Remember the wellness plan you developed in Module 2, Part 2.3, of this training and refer to it.

## How to Say No

This manual and this section would not be complete without addressing how to say no to requests that come to you from survivors or providers and that you know are problematic. While such requests can come to you in any area of community, legal or victim services interpreting, when you interpret for survivors of sexual assault or domestic violence, saying “no” can be especially delicate.

The following three-step model for saying no, from Bancroft *et al* 2015 (pp. 100–103), is quoted here by permission and has proved a popular and valuable tool for community (and legal) interpreters.

### The SAY NO Model

One of the best things that a community interpreter can ever learn to do is how to say no effectively. This is especially the case when someone asks you to do something that would violate your professional ethics. The CHIA ethical decision-making process gives you a step-by-step tool to evaluate an ethical challenge and decide which action to take. Sometimes however—and probably often—the best course of action is to decline the assignment or request.

In other words, you will need to say, “No.” Now, it is often hard to decline a request from to a colleague, service provider or service user. Some interpreters have naturally strong boundaries and find it easy to say no. Many interpreters have such a hard time saying no that it seems almost impossible. Most of us fall somewhere in between. Some of us have cultural backgrounds that make it harder to say no, and many women (most interpreters are women) are raised to say yes rather than no to most requests.

Yet it is incredibly common for community interpreters to be asked to perform tasks that go beyond your competence or scope of duties, such as interpreting beyond your skill level, performing written translations (when you have no qualifications as a translator). Just saying, “No, I can’t do that, it’s not in my ethics,” or, “I’m not qualified to do that,” can be difficult to say and rarely has the effect you want. In fact, you may end up irritating or angering the people you say “no” to, even though you have good reasons.

Fortunately, there is a way to decline inappropriate requests and still provide a solution. The following three-step approach typically produces a more positive outcome for everyone:

### The SAY NO Model

1. Be gracious.
2. Offer choices.
3. Give reasons.

Let's take a common example. You have been asked to perform an assignment that exceeds your skill set, a family conference in a hospital intensive care unit, an assignment related to surgery for spinal bifida (a congenital defect of the spine that can cause paralysis of the lower limbs and also mental handicaps). What would you do?

1. **Decline graciously**, e.g., smile and say warmly, "I would love to interpret for that special meeting—I know it's important for the family to have a qualified interpreter so everyone can understand what's going on."
2. **Offer choices**. "This would be a great assignment for Miranda. As a staff interpreter she's very familiar with the terminology. Or we can call our telephone interpreting vendor and ask for an interpreter trained in medical interpreting." **Note: It is critical that you offer at least two solutions when you say no.** Offering choices gives the person options to focus on. It redirects attention toward problem solving and away from that feeling of being annoyed. The person no longer looks at you as a problem. Instead, the focus is on solutions.
3. **Give reasons**. "I'm afraid I'll make mistakes that could create misunderstandings for the family and hospital staff. The hospital might be liable for my mistakes. I've never interpreted for a family conference in intensive care before. This child has a lot of complicated medical and developmental issues that I don't know well."

Now, the order of these steps is very important. Do not change the order. You will find that almost instinctively you want to change the order by giving your reasons before the choices. Resist that temptation. **The model will ONLY work well if you (a) follow the order of the three steps; and (b) offer at least two solutions (choices) in step 2.**

By the way, if you have any doubts, first try these three steps on anyone that you need to say "no" to, including children as young as one year old! If you try it first on family members, friends, colleagues or even supervisors, observe the difference between doing it this way and your usual way. You will most likely find that this model works better. Test it! (This way you will also find the key phrases that work best for you and be able to adapt them culturally.)

Also, when you have to decline a request, put yourself in the shoes of the person making that request. This person needs something from you. You won't do it. You seem to be the problem. But what does that person really need? How can you support the best possible outcome? By providing at least two solutions before you give reasons, this person will likely already be more relaxed because solutions have been identified. You will be remembered for your helpfulness in solving the problem and not for having caused one. Most important, the service user and provider are more likely to experience a positive service outcome when you conduct yourself as a professional.

This three-step technique is deceptively simple and actually requires practice to make the skill automatic. For example, we really mean it when we say you will want to provide your choices or solutions before giving your reasons to decline. People automatically tend to say, "I can't do X, because of Y." It may feel odd at first when you practice this new model. Unlearning your mental habits takes conscious practice and can feel awkward. This is normal—but the effort will pay off.

The following examples are requests that community interpreters often must or should decline for ethical reasons. They can be helpful for practicing this new skill of saying “no.”

• *Request #1*

**Service provider:** “Could you please translate these discharge instructions for the patient? Thanks.”

**Community interpreter** (following the three-step **SAY NO** model):

1. **Decline graciously:** I would love to be able to translate these discharge instructions.
2. **Offer choices:** This is a job that Abdul is qualified to do. I know he’s here today and he has been authorized by the hospital to do written translations into Arabic. If he is not available we could call the language services company he works with to see if they can find a qualified translator.
3. **Give reasons:** I’ve qualified to provide oral interpreting in English and Arabic, but I’ve never formally studied the written language. I’m afraid I could make mistakes that lead to the patient not following the instructions correctly. I don’t want to do anything that would make you or me liable or harm the patient.

• *Request #2*

**Service user** (as she leaves the building with three young children in the pouring rain and sees the interpreter): “Oh, you were so kind when you interpreted for me today! We’re all so tired. I need to get the kids home to give them dinner but I don’t have any more bus passes. Do you think you could give me a lift into town?”

**Community interpreter** (following the three-step **SAY NO** model):

1. **Decline graciously:** I really wish I could give you ride home, I know that would make your life easier.
2. **Offer choices:** Let’s go back inside. I think they still have some bus passes available. Or they may help you call someone who could pick you up.
3. **Give reasons:** I’m not allowed to drive clients in my car. If we got into an accident I could be personally liable for the medical and repair bills. I could also get into trouble at work if I took you home—I might even lose my job.

Many service users and providers are unclear about the proper role of the interpreter. They will often ask you to step in and “help out” in ways that seem reasonable to them, but which give you an ethical “headache.” Knowing how to say no professionally and proactively is a critical skill for community interpreters.

### Review of Part 5.3

In this section you looked at a number of important protocols for community and legal interpreting. You learned how you can adapt these protocols to victim services interpreting. Issues related to your introduction, positioning, use of direct speech, eye contact, tone of voice, conflicts of interest, gender concerns and interpreting for the same survivor are all important. Some of them can be a bit different for sign language vs. spoken language interpreting.

This section also showed you how to be aware what you can do before, during and after the session to show professional conduct while interpreting for victim services. It emphasized the importance of using these protocols to help you stay within your role and support direct communication.

Above all, please remember that everything you do or say can have an impact on the survivor, with the potential to do great good or possible harm. Watch your behavior closely. When in doubt, follow the recommended protocols in this section and restrict your professional activities to interpreting and requesting any needed clarifications.

### Review of Module 5

This module covered many topics that are related to interpreting for sexual assault and domestic violence:

- The first section explored sexual assault and domestic violence: what they are and their impact on survivors—and interpreters.
- It also examined a code of ethics for domestic violence interpreting in non-courtroom legal settings (that is also useful when interpreting for victims of sexual assault) and compared it to a national code for medical interpreters, examining the two codes for similarities and differences.
- This module noted how ethical requirements overlap when interpreting for SA/DV because so often you are called on to perform medical, mental health and legal interpreting—and sometimes these overlap somewhat, even within the same session (such as forensic exams).
- You also explored the differences between adversarial and collaborative encounters.
- You learned what to do if you were not sure whether a given situation involved legal or community interpreting (in short, when in doubt conduct yourself like a legal interpreter).

Next, you studied strategies for applying interpreter legal and medical/community ethical codes effectively and appropriately to interpreting for SA/DV survivors. The goal of focusing on those principles was to help avoid triggering or re-traumatizing the survivor or engaging in interpreter behaviors that avoid making the survivor feel judged. Instead, the interpreter's professional conduct can actually help the survivor achieve a sense of control and autonomy over what is communicated and how decisions are made.

Finally, this section explored basic interpreting protocols adapted for SA/DV interpreting, with detailed guidance and recommendations about

- Introductions
- Positioning
- Direct speech
- Eye contact
- Tone of voice
- Conflicts of interest
- Gender concerns
- Whether to interpret for the same survivor (across multiple appointments or services)
- How to say no to inappropriate requests.

It also looked at how protocols play out before, during and after the encounter.

## **MODULE 6**

### TECHNIQUES TO PROMOTE SURVIVOR AUTONOMY



## MODULE 6      TECHNIQUES TO PROMOTE SURVIVOR AUTONOMY

### Learning Objectives

*After completing this module, the interpreter will be able to*

#### **Learning Objective 6.1**

*Demonstrate and practice effective strategic mediation techniques when interpreting for crime victims.*

#### **Learning Objective 6.2**

*Compare and contrast strategic mediation techniques in legal vs. non-legal community settings.*

#### **Learning Objective 6.3**

*Practice interpreter decision-making that supports survivor autonomy.*

### Key Terms and Definitions

#### **Intervening**

*The act of intervening, i.e., interrupting, an interpreted session.*

— Bancroft *et al*, 2015, p. ix

#### **Strategic mediation**

*Any act or utterance of the interpreter that goes beyond interpreting and is intended to remove a barrier to communication or facilitate a service user's access to the service.*

**Note:** The term *mediation* is a widely used term with many meanings, some of which are relevant for community interpreting.

— Bancroft *et al*, 2015, p. x

#### **Linguistic mediation**

*Any interpreter mediation that addresses only the linguistic content of the message and does not include cultural explanations, client support, role clarifications, advocacy or any other types of mediation.*

#### **Cultural mediation**

*Any interpreter mediation that addresses the cultural content of the message, the cultural context or cultural concerns, typically with the intention of addressing an apparent cultural barrier that impedes understanding.*

#### **Strategic Mediation Model**

*A set of simple steps for engaging in effective mediation and respecting role boundaries.*

## Overview

It is critical to understand how interrupting the session in victim services for any reason is a two-edged sword. On the one hand, your intervention may help the session. On the other hand, you may harm it.

You can help the session if you intervene only to enhance clear, direct communication. You can harm the session if your intervention undermines or gets in the way of direct communication between the survivor and the provider. This module will therefore focus on

- The importance of promoting direct communication, survivor autonomy and non-intrusive mediation in both legal and community interpreting
- The concept of “strategic mediation” and the Strategic Mediation Model
- The difference between general and linguistic mediation
- Techniques for linguistic vs. general mediation.

In Part 6.1, you will learn and practice simple techniques for effective strategic mediation in victim services.

In Part 6.2, you will learn how these techniques can be applied differently depending whether the situation is legal—for example, interpreting for law enforcement, a sexual assault forensic exam or a victim compensation office—vs. community interpreting.

Part 6.3 will help you practice making good decisions about how to mediate when the session is emotionally intense or sensitive.

This module will help you to intervene effectively by giving you a simple, clear plan about how to perform strategic mediation in victim services. The module will also offer several practical tools to help you promote the survivor’s autonomy while enhancing clear, direct communication.

**Note:** Module 6 is adapted from and based extensively on Bancroft *et al*, 2015, Chapter 3, pp. 191–258.

## Part 6.1 Techniques for Mediation

### Learning Objective 6.1

After completing this objective, the interpreter will be able to

*Demonstrate and practice effective strategic mediation techniques when interpreting for crime victims.*

### Introduction

One of the most important skills that any community or legal interpreter can ever learn is how to intervene effectively when a communication barrier arises. This complex skill is generally taught to entry-level interpreters, but not at a time when they can easily absorb all the lessons involved or get adequate practice.

In this module, we will guide you through that process step by step and make it as clear, simple and easy to remember for you as possible. The three areas we will focus on first are

- Why to intervene
- When to intervene
- How to intervene.

### Why, When and How to Intervene

#### Why to Intervene

Community interpreters in some other countries might surprise you: Many of them believe that interpreters should never intervene at all except to request clarification. Instead, they believe that interpreters should simply *interpret*.

In the United States, most interpreters generally find that never intervening during the session isn't feasible. For example, what if the interpreter hasn't heard or understood something that was interpreted? What if failing to intervene could lead to a major problem, like a victim showering shortly before a sexual assault forensic exam or taking the wrong dosage of a critical medication? Sometimes the interpreter needs to speak up as the interpreter.

Sometimes. Not often, however—and you should intervene only with good cause. Reasons to intervene when interpreting for victims of crime could include the following:

- A linguistic misunderstanding
- A cultural misunderstanding (but be careful if legal interpreting is involved)
- Confusion about the interpreter's role
- A system barrier.

#### The Need for Intervention

Something that is interesting about our clients is that they are at a very basic level when it comes to understanding anything, and that is something that is very interesting to us. We have to repeat things.

Now, every time you work with a survivor you have to repeat things, and they will forget it and mix things up and that's normal, that's all a part of trauma. But we have to repeat it a lot more often [here]. I don't know if it's cultural or being a new immigrant.

—Domestic violence advocate/administrator

Examples of a linguistic misunderstanding might include

- You didn't hear or understand part of a message.
- The provider or survivor didn't understand part of a message.
- Certain terms or phrases have caused confusion.
- Certain terms or phrases have no exact equivalent in the target language.

Examples of a cultural misunderstanding might include

- The client has no idea who an advocate or case manager is, or what work they do.
- After misreading a survivor's cultural cues, the provider might think that the survivor is developmentally delayed when that is not the case.
- A female rape survivor, for cultural reasons, sometimes can't bear to speak about sexual assault to a male service provider.

Examples of a system barrier could include

- The concept of "next steps" has left the survivor confused, but the provider doesn't seem to notice the survivor's lack of understanding.
- The provider is bigoted and is mistreating the survivor.
- You have been sent to the encounter for a survivor who doesn't really speak or understand your language very well.

So why should you intervene at all? For one simple reason: consequences. *If you feel that consequences of your NOT intervening could cause a grave misunderstanding or undermine the victim's safety, well-being or human dignity*, you may have to intervene to improve clear communication between the victim and the service provider—or the victim and the system (if the service system or the provider is the problem).

### **When to Intervene**

So when will you intervene? In general, only when you are worried. The simple rule of thumb is: "When in doubt, stay out." That way you can monitor the situation to see if you really should intervene.

If you intervene too early, or without sufficient cause, you may

- Interrupt the flow of communication
- Get in the way
- Cause a problem
- Disturb, trigger or re-traumatize the crime victim
- Annoy (or even anger) the provider
- Get into a side conversation
- End up giving advice or opinions
- Be seen as someone who interferes instead of interpreting.

The biggest complaint from all service providers about interpreters, including victim service providers, is about interpreters who get into side conversations with the client or victim. *A side conversation is a non-transparent, inappropriate form of mediation. Always be transparent.*

One way to decide how worried you are about the consequences of *not* intervening is to look at the CHIA guidelines for ethical decision-making. CHIA stands for the California Healthcare Interpreting Association. In 2002 it published standards of practice that include this decision-making protocol, which contains six points (CHIA, 2002: 55–60):

1. Ask [yourself] questions to determine whether there is a problem.
2. Identify and clearly state the problem [in your mind], considering the ethical principles that may apply and ranking them in applicability.
3. Clarify personal values as they relate to the problem.
4. Consider alternative actions, including benefits and risks.
5. Decide to carry out the action chosen.
6. Evaluate the outcome and consider what might be done differently next time.

In the end, the answer to the “when to intervene” question is really the same as the “why to intervene” question. In short, intervene only *if and when you feel that consequences of your NOT intervening could cause a grave misunderstanding or undermine the victim’s safety, well-being or human dignity.*

## **How to Intervene**

### **The Strategic Mediation Model**

The Strategic Mediation Model (Bancroft *et al*, 2015, Chapter 3) is a time-tested model for interpreters. It was developed for a program called **The Community Interpreter**<sup>®</sup>. The technique itself is brief, simple and easy to execute. It helps you by showing you how to intervene in the safest possible way to perform any kind of mediation that is needed. The model works like this.

First, as a community or legal interpreter you have two tasks or “roles.” Either you are interpreting or you are mediating. If you can interpret, then interpret. If communication breaks down and you need to intervene to perform any act of mediation to redirect the flow of communication, follow the five steps below—*regardless of the reason for intervening or the type of mediation you perform.*

The five steps are

1. Interpret what was just said or signed.
2. Identify yourself as the interpreter.
3. Mediate briefly.
4. Report your mediation to the other party.
5. Resume interpreting.

Now let’s look at one of the most common examples of the need to mediate: The victim doesn’t appear to understand something important that the provider said, and the provider hasn’t noticed this problem.

Let us assume for purposes of this example that the problem has a potentially serious consequence; the victim, for example, could get HIV from a rapist.

**Advocate or Nurse:** So everything about the medication is clear?

**Victim:** Yes.

Let's say that you, the interpreter, are 95 percent sure that the victim didn't understand the instructions for the anti-retroviral (ARV or "PEP") medication that is intended to prevent HIV transmission. This medication *must* be taken within 72 hours, or it will not work. Also, it must be taken for 28 days, and the patient cannot drink alcohol during that time. You are afraid that she didn't understand all that important information.

Should you let the situation go—or intervene? It is probably safer for the victim if you intervene to address the possible misunderstanding. After all, the stakes are very high. Perhaps you are mistaken; perhaps the survivor did understand the instructions. But if not, you would never want her to get HIV after a sexual assault. So here, for example, is what you could say:

**Interpreter:** (to the victim) Excuse me, as the interpreter, I'm afraid what I interpreted about the PEP medication instructions wasn't clear.

**Interpreter:** (to the provider) Excuse me, as the interpreter I'm afraid what I interpreted about the PEP medication instructions wasn't clear.

This type of mediation is

- Brief
- Clear
- Polite
- Transparent
- Non-intrusive.

What do we mean by "non-intrusive"? We mean that the mediation did not undermine the patient's autonomy by speaking for her (for example, by saying, "She didn't understand what you told her about the PEP medications") or taking over the provider's role (for example, by explaining to the victim how to take the medications).

This style of intervention is also polite. It doesn't condescend to the patient (for example, telling the provider, "She doesn't understand because she comes from a community where people are not very educated, and they don't have good health care. I'm not sure she even knows what this kind of medication is."). That intervention would be an example of inappropriate mediation.

### **Whom to Address First**

In community interpreting, there is no rule about whom to address first when you intervene. However, because the victim is likely traumatized, it might be helpful to address the victim first when you intervene, or at least say something like, "Just a moment," to alert the victim you are going to speak to her very soon and not engage in a side conversation with the provider.

**The exception is mental health. Due to the risk that you may say something inappropriate that could trigger a traumatic reaction in the client (for example, "As the interpreter I wanted to mention that the term 'his stick' refers to penis"), you would instead address the therapist first and then mention that you are about to interpret your mediation to the survivor. If the therapist**

**says no, s/he will still find a way to be transparent about your intervention *without* triggering or re-traumatizing the client.**

However, in legal interpreting, particularly with an attorney, it is preferable to always address the legal service provider first. Here are the reasons:

- The attorney or agent of the attorney (such as a paralegal or immigration representative) is legally responsible for the case.
- The attorney is legally liable for your conduct, because you are acting as the attorney’s agent.
- The attorney is the client’s advocate and always trying to act in the client’s interest.
- The attorney is aware of legal protocols that you may not know.
- The attorney or agent may change strategy based on what you say.

In summary, these are key points for intervening in victim services interpreting:

- In legal interpreting, address the provider first.
- In mental health interpreting, address the provider first.
- For other areas of community interpreting, use your best judgment. (For example, you could first address the person who is *not* going to provide the clarification.)
- When in doubt, address the provider first.

### **Sample “Scripts” for Mediating/Intervening in Victim Services**

Here a few examples of what you might say:

*Excuse me, as the interpreter I’m concerned that what I just interpreted for the survivor isn’t clear.*

*The interpreter requests clarification of “scrapping.”*

*The interpreter senses a break in communication around the meaning of Alford plea.*

*As the interpreter, I believe the meaning of “dirty” here is colloquial, not literal.*

Finally, here is a true story to explain the last example. It took place at a nonprofit legal service. The person telling the story is a clinical social worker who works as a case manager for sexual assault, domestic violence and stalking cases.

*A client was really in a bad situation, and she had not shared it with me. She was being really shy about it and insinuating things that were not being translated, and then we got a good translator who was able to translate—sorry, interpret, who was able to help me figure out that I needed to probe that more, that was kind of a euphemism.*

*It was a situation basically of sexual assault on the job. And the client had lost her job and lost her immigration status because her immigration status was based on her employment, so she no longer had the legal ability to work in the U.S. and she has several children. And because of the sexual assault and other issues, she had applied for immigration status, which takes forever. And she was trying to make ends meet.*

*It was an asylum case. She worked at an embassy, the sexual assault took place there and there were other political issues. She doesn’t have a job but she does have an apartment, she does have children. So I kind of checked in with her, “How are you able to afford the apartment?” The good*

*interpreter interpreted the response to that question, “The way I keep my apartment is dirty,” and [the survivor had said something like this a few times before]. I asked a question like, “Are you able to afford cleaning supplies?” and the interpreter said, “Not dirty as in messy, but colloquially.” I can’t remember what she actually but she meant not literally dirty but a euphemism.*

*It turned out the survivor was engaged in sex work as a way to pay for the apartment. That was a huge thing to know. There are things we could do, and this raised a whole new level of issues for her emotional health. There were times before with the other interpreter when she didn’t [get that message across]. There were so many more services that were so much more needed. Immediately upon learning the client was doing this, I got her the services. Had the interpreter not stopped and said this was a euphemism, I would totally have missed that.*

This story is an excellent example of *why to interpret, when to intervene and how to do it well.*

## Review of Part 6.1

This section explored the need to intervene and how to perform a mediation if it is needed. First, this section examined why, when and how to intervene, looking at legitimate reasons why it might be necessary to interrupt the session to address a communication barrier while also noting the risks of doing so.

You then looked at the five steps of the Strategic Mediation Model, which show interpreters how to intervene briefly and effectively without disrupting the session or taking it over.

This section also explored the need to develop basic scripts for mediation, that is, simple statements that you can make when you intervene. These basic scripts can be adapted to common communication barriers that you may encounter in victim services interpreting.

Being prepared to address a communication barrier can make the action of intervening to perform strategic mediation easy and smooth—but it takes focus, planning and a great deal of practice to make it feel like second nature. The next section will focus on techniques for practicing strategic mediation in victim services.

## Part 6.2 Strategic Mediation Techniques in Legal and Community Interpreting

### Learning Objective 6.2

After completing this objective, the interpreter will be able to

*Compare and contrast strategic mediation techniques in legal vs. non-legal community settings.*

### Introduction

Now that you know why, when and how to intervene in victim services, we will look at examples of what to say when you intervene to help you perform effective strategic mediation in legal vs. community interpreting.

The good news is that although the techniques that we suggest here will be slightly different depending on whether you perform legal or community interpreting, the Strategic Mediation Model is actually permissible and effective in both legal and community interpreting. So you will practice the same technique, but with a few more limitations in legal interpreting.

While in some countries, such as Canada, the protocols and requirements for legal and community interpreters are the same, in countries like the United States, the distinction is important.

The first thing that you will need to understand is the difference between the two specializations: legal vs. community interpreting. Next, you will need to know how to make a decision about whether your encounter is a case of legal or community interpreting. Finally, you will need to know what to say, and what is different precisely, when you intervene in legal vs. community settings.

### Legal vs. Community Interpreting

#### Legal interpreting

*Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecution/victim-witness interviews, and law enforcement communications.*

— Framer *et al*, 2010, p. ix

Legal interpreting is a broad field. Court interpreting is only a small—though very important—part of that larger field. In victim services, legal interpreting would include

- Sight translation of legal forms (including consent forms, Civil Protection Orders, immigration documents and almost any form that the victim signs)
- Intake by a paralegal
- Attorney-client meetings or any other meetings with an attorney
- Meeting with an immigration representative
- Petitioning for a U-Visa or T-Visa (in cases of domestic violence or trafficking)
- Depositions
- Applying for Victim Compensation Program funds
- Any nonprofit legal service, including Legal Aid, landlord-tenant services, employment assistance, legal aid clinics at universities, immigration clinics, etc.

- Meeting with district or state's attorney staff
- Questioning by police officers or detectives
- Court hearings and trials.

These are only some examples. Victims of crime may be involved in receiving or trying to access other legal services.

### Community interpreting

*Bidirectional interpreting that takes place in communicative settings ... among speakers of different languages for the purpose of accessing community services*

— ISO, 2014, p. 1

*A specialization of interpreting that facilitates access to community services for individuals who do not speak the language of service.*

— Bancroft *et al*, 2015, p. viii

Many people describe community interpreting as interpreting in “health care, education and human services.” However, around the world, the emerging consensus is that the purpose of community interpreting is to facilitate access to public and private community services.

No one seems perfectly clear about where that line is drawn around community interpreting. For example, when an immigrant who needs an interpreter opens a bank account at a local bank, is that an example of business interpreting, community interpreting or both? If an advocate accompanies a rape victim to the hospital for a forensic medical exam, is that legal or community interpreting? (We will argue shortly that it is both.) In particular, it is unclear for many people in many countries—including the United States—whether certain encounters are legal or community interpreting, or both. However, it appears that the very heart and core of community interpreting, its *raison d'être* so to speak, is to facilitate access to local services.

### How to Tell the Difference

The first important point to note is this: You may often be unsure if the assignment you are sent to in victim services is legal or community interpreting. When in doubt, act as if the appointment is legal. That way, you will always err on the side of caution.

The reason for acting as if legal interpreting ethics, requirements and protocols are your default practice in victim services assignments is the survivor's safety and well-being. When you act like a legal interpreter, your conduct will generally be limited primarily to interpreting and clarifying linguistic misunderstandings. You are less likely to act in any way that could cause harm to the victim or the victim's case.

Second, keep in mind that a community setting like health care, education or social services does not automatically mean that the appointment is “just” community interpreting. An interview with a caseworker or social worker sounds like community interpreting, right? But if someone is denied custody of their children, or access to an important social service benefits like food stamps (aid from the U.S. Supplemental Nutritional Assistance Program) or is being investigated by a social worker for child neglect, then the situation has so many legal implications, documents, procedures and protocols that you, the interpreter, should treat those situations as legal interpreting.

If you find you are still not really sure about the differences between community and legal interpreting, here are a few points to indicate that you should consider the interview or meeting as a case of legal interpreting:

- The results of the meeting could become part of a case
- The appointment involves legal forms
- The victim is making and signing formal statements
- Law enforcement is involved
- The victim may be denied an important benefit or service after the meeting
- There are potential legal consequences to the interview.

On the other hand, an assignment at a church, mosque or temple (or any other house of faith), or a domestic violence shelter, or a sexual assault/rape crisis center, or a crisis intervention organization of some kind is *probably* a community interpreting assignment—unless an attorney or a legal service or process is involved.

## Intervention Scripts for Legal vs. Community Interpreting

### What Is the Same in Legal and Community Interpreting Mediation

Remember: Whether you intervene for legal or community interpreting scenarios, you want your mediation to be

- Brief
- Clear
- Polite
- Transparent
- Non-intrusive.

Here is why:

- You want to be *brief* when you intervene, or you will get stuck in a side conversation.
- You want to be *clear* so that you can solve the problem and not have to mediate it again.
- You want to be *polite* so that your mediation does not offend, upset or re-traumatize anyone (see the below for an example of an upsetting mediation).
- You want to be *transparent* because transparency is an ethical requirement under accuracy.
- You want to be *non-intrusive* so that you neither undermine the victim's autonomy nor interfere with the provision of a sensitive service.

### What Is Different

In legal interpreting, you can perform only linguistic mediation—not cultural mediation or advocacy. What does this mean? What, exactly, is “linguistic mediation”?

Linguistic mediation is a term referring to any interpreter mediation that addresses only the linguistic content of the message. In other words, this type of mediation does not include cultural explanations, client support, role clarifications, advocacy or any other types of mediation.

So the steps are exactly the same as for the Strategic Mediation Model, but they are more limited in scope. Your intervention *must address the linguistic envelope of the message—the words.*

Let's look at a real-life example. (**Note:** This example is from spoken language interpreting.) Imagine that the sexual assault survivor is from a culture where the words “him” and “her” can refer to sexual organs as a way to be polite and less explicit. You understand the victim, but the attorney is getting confused. So you can say, for example, “Excuse me, the interpreter senses a misunderstanding about the meaning of ‘him’ and ‘her’—you may wish to ask the client what they mean.”

A community interpreter who is working with a therapist could say more. “Excuse me, as the interpreter I wanted to point out that ‘him’ and ‘her’ do not refer to people.” (You could go even and say, “The use of the pronouns ‘him’ and ‘her’ can refer to body parts,” but that would not be wise in victim services; saying so could potentially trigger a traumatic reaction in the survivor, so as we discussed earlier you probably should *not* say that. The therapist will likely be sensitive to the distinction and follow up gently.)

Now there may be a cultural element in the message. For example, in several African cultures and other cultures in the world, it is very common for the survivor to say, “My brother so-and-so,” or, “Cousin so-and-so,” when the person referred to is not an actual family member. The provider may not realize this difference, which has potentially serious legal consequences, for example, in asylum cases or for trials.

A community interpreter who is 100 percent sure of the meaning might say, “friend,” instead of, “brother,” but a legal interpreter should not do so. Nor should you say, “She means friend, not brother,” but for legal interpreting you could say instead, “The interpreter senses a break in communication about what brother means,” or, “The interpreter notes a misunderstanding about whether brother refers to a blood relative or not.”

If that is not clear enough, you can go into a little more detail to be sure the provider understands. For example, you could say, “As the interpreter I wanted to point out that brother does not always refer to a blood relation but a friend—you may wish to explore that with the survivor.” You can do this even in legal interpreting because you are referring to issues of *language and meaning* rather than culture, per se. When you mediate for legal interpreting, you will need focus on the *linguistic* confusion, not cultural issues. We will talk more about this concern in the next section.

*But remember, no matter what you say, report your mediation to the other party.*

## Review of Part 6.2

Whether you intervene in legal interpreting or community interpreting, the steps for intervening are the same: It is suggested here that you follow the five steps of the Strategic Mediation Model. You typically have more latitude about what you can say when you intervene in community interpreting.

In legal interpreting, perform only linguistic mediation. That means your intervention must focus on the “linguistic envelope”—the words of the message. You also have an additional step: addressing the legal provider first.

In community interpreting, you can offer more details when you perform mediation—but doing so is dangerous in victim services even for community interpreting, because the more details you give

and the longer your mediation, the greater the risk that you will disempower the survivor, trigger a traumatic reaction, be inaccurate or cross boundaries.

Therefore, when in doubt, restrict your intervention and behave like a legal interpreter. Focus on the parts of the linguistic message that seem to be causing the misunderstanding and point them out. Refrain from adding details.

Also, whether you are a legal or community interpreter, do not explain anything. Restrict your role to pointing out what is causing the misunderstanding.

## Part 6.3 Decision-making and Survivor Autonomy

### Learning Objective 6.3

After completing this objective, the interpreter will be able to

*Practice interpreter decision-making that supports survivor autonomy.*

### Introduction

Again and again, the authors who developed this training manual heard a plea from victim service providers for you, the interpreter, *not* to intervene too often, *not* to become helpers and *not* to cross role boundaries.

Victim service providers *do* want you to intervene if needed, but only to clarify misunderstandings. This section of Module 6 focuses on how to help you do so. Use these techniques and this guidance to help you avoid triggering and re-traumatizing survivors with your interventions. These techniques will also help you not to interfere with a therapeutic alliance, direct communication and the provider-survivor relationship.

To support what you learn in this section, please limit your role to addressing misunderstandings. Victim service and emergency providers are there to help survivors, and they need your help. The question is how you can be most effective when you intervene. You will need to make wise decisions. You can use the CHIA ethical decision-making tool to help you (discussed in Part 6.2 of this module), always focusing on the possible result of your intervention.

When you do decide to intervene, remember above all: What will the *consequences* be if you do *not* intervene? Think of that possibility and make your decision about if and how to mediate based on possible consequences.

### The Importance of Victim/Survivor Autonomy

Because survivors of violent crimes and SA/DV in particular have suffered the loss of control over their own lives in the course of those traumatic events, interpreters who are working in this area must be particularly sensitive to the importance of autonomy and control for these victims.

For this reason, it is especially important for trauma-informed interpreters to observe and respect their professional boundaries. On the one hand, respecting boundaries helps the interpreter to support the victim's autonomy. On the other, it also helps the interpreter to avoid doing anything that might interfere with the therapeutic alliance and other provider-survivor relationships.

#### When Intervention Goes Wrong...

There was a situation where there was DV [domestic violence] and there was this unknown variable at play. They were Asian... So we had an interpreter come, and she decided to do this whole education piece on DV and what this person needed to do and it was—in the end was the last 30 minutes of the interpreter talking to the individual but it was no longer me communicating with the person, it was the interpreter doing psycho-education.

Everything she was saying was helpful but from my vantage point I didn't sense the emotional receptiveness. [The interpreter] came from a very genuine place, but they were no longer interpreting: they were doing their own version of therapy.

—Domestic violence advocate

An interpreter who takes on an overly active or intrusive role can hamper, undermine or even destroy the therapeutic aspects of the encounters. This can be true whether the provider is a therapist, a case manager, a nurse, a paralegal, an advocate or a hotline counselor.

Strict adherence to the interpreter's scope of practice and professional boundaries is found in virtually all interpreter codes of ethics. However, this requirement is even more vital in victim services interpreting to help restore the balance of power and to support the victim's post-trauma recovery and growth. Guidance for the survivor must come from the provider, not the interpreter, no matter how much the interpreter may empathize with the survivor and long to help out.

### Creating a “Safe Place” for the Survivor

Helping the survivor feel as safe as possible in the post-trauma period is vital, but the concept of a “safe” (or safer) environment includes more than the mere physical aspects. Service providers are well-trained in how to foster a safe environment, and most interpreters are not. It is important that interpreters find the delicate balance between presenting themselves as professionals who perform their job with unbiased competence and remaining caring human beings.

There is a fine line between restrained empathy and detached impartiality; the interpreter must find it. Understanding the scope of practice restrictions in this section will help you to avoid prohibited personal involvement with the victims for whom you interpret. The best way to support victims and survivors is to give them their own voice.

### What Is Your Role?

As discussed throughout this manual, challenges often arise when there is a lack of awareness of the boundaries that circumscribe the role of the interpreter, depending on the setting. Additionally, victim behaviors can exert undue influence on the interpreter, often unconsciously. Providers have consistently observed that issues of boundaries and lack of clarity about the role are of particular concern for interpreters.

Your role in victim services interpreting is a very simple one: to give authentic voice through accurate interpreting without undermining survivor autonomy or taking over the provider's responsibilities. That is especially true when working with survivors of domestic violence and sexual assault. Remember the Big Lesson mentioned at the beginning of this manual:

*The lesson is this: Give voice. In other words, do not add, change or omit anything in the communications between the survivor of a crime and the service provider. Honor the message: Do not explain it, but instead make sure it is clearly understood. Respect your role boundaries. You may want to “help” the victim: Resist that temptation. Victim service providers are trained to provide services to survivors of crime: You are not trained to provide such services. You are trained to interpret.*

While it is important to have empathy for the victim who has suffered so much, as interpreters we also have to remember that we need to convey, as best we can, all the possible nuances of the message. Therefore, interpret without any exaggeration the emotional conflict that the victim is experiencing, such as sadness, despair, anxiety or similar emotions, because they are important factors during the interpreting session. Yet also be careful not to escalate an emotionally charged session.

## Navigating Your Role

You, as the interpreter, will have to take special considerations to ensure that you adhere to your role when you interpret for survivors—especially when you interpret for survivors of sexual assault, domestic violence and child abuse. The role plays in your workbook for this module (and throughout the workbook) showcase common survivor behaviors. Take the time to practice how you would remain in the role of the interpreter as you address these situations and become familiar with any terms specific to the setting.

Although interpreting in court may protect you from some of the greatest challenges to your role—simply because the courts themselves are a very structured, and even rigid, environment—even there, the judges may ask you do something that violates your professional ethics (such as a request for you to summarize). Outside the court, victim service settings pose a wide array of challenges. Typical challenging victim behaviors may include

- Sharing personal information with the interpreter while requesting that you not interpret this information or share it. Sometimes, this will happen because of the sensitive nature of events. However, it is important not to encourage confidences with the victim.
- Expecting special treatment because the interpreter and victim come from the same country. Cultural norms vary across the world, as Module 7 explores, and it is challenging to be responsive without crossing boundaries.
- Asking for advice that does not fall within the interpreter’s scope of practice (or within the interpreter’s expertise). Often the survivor wants your advice, but the importance of victim autonomy cannot be overemphasized. The victim might ask you questions like
  - Do I have to tell the provider everything?
  - Should I go back to my husband?
  - Will my boyfriend find out where I live now?
  - Should I report to the police that he called me even though I have a protection order?
  - Will they deport me?
  - Will they take my children away?

At no time should you offer such advice. Simply inform or remind the survivor that answering such questions lies outside your role and offer to interpret them to the appropriate provider. If this is a client with an attorney you have interpreted for, report back to the attorney.

- Asking for assistance that falls outside of the interpreter’s scope of practice. Similarly, you may have victims who request services such as these:
  - Can you pick up my daughter from daycare for me?
  - Just this once, could you please give me a ride home?
  - Would you call my sister on your cell phone to say I’ll be late?

### The Interpreter Who Gave Legal Advice

I had an interpreter once who thought the client was a U.S.-born citizen. Both her children were born in the US and she was not, and the interpreter was trying to tell her XYZ because the kids were citizens and told me basically that the client is eligible for XYZ. I said, “I don’t think you have the full story of what’s going on and I can’t share information with you about the client.” But [the interpreter] kind of broke character and shared information with [the client]. They talked for five minutes!

—Clinical social worker at a nonprofit legal service

- Would you call my mother in Guatemala for me? She's very worried about me.
- Can you pick up a prescription for me and bring it to the next appointment?

Again, inform or remind the survivor of your role and offer to interpret the request for help, if appropriate, to a provider who might assist and be sure to report back to the legal services provider if this type of request follows a legal interpreting appointment.

Whenever you have one of these situations, or similar ones, remember to apply the skills that have been discussed in all the modules of this manual and make decisions that support survivor autonomy. Consider the exercises in the workbook for this module to help you navigate such situations.

As a “trauma-informed interpreter,” you will be constantly placed in challenging situations. The effective application of the skills outlined in this manual will help you navigate them.



**MODULE 7**  
CULTURAL MEDIATION



## MODULE 7 CULTURAL MEDIATION

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 7.1

*Discuss the impact of overprotectiveness, unconscious bias and undermining victim autonomy when interpreting for crime victims.*

#### Learning Objective 7.2

*Identify cultural concerns in victim services interpreting.*

#### Learning Objective 7.3

*Identify and practice effective cultural mediation techniques for victim services interpreting.*

### Key Terms and Definitions

#### Unconscious bias (implicit bias)

*Attitudes or stereotypes that affect our viewpoints, decisions and acts without our awareness.*

#### Cultural competence

*Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.<sup>48</sup>*

**Note:** Although cultural competence is the term that is most broadly used around the world to refer to a set of practices and skills for communicating effectively across cultures, whether at the level of the individuals or organizations, other terms have emerged and are mentioned in this module.

#### Culturally responsive services

*The ability of individuals and [service] systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, and religions in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.<sup>49</sup>*

### Overview

In victim services, promoting direct communication is capital. The interpreter can risk re-traumatizing the survivor by interrupting the flow of communication, even for a good reason. The best way to avoid causing harm is to focus on conveying exactly what is said with sensitivity to cultural nuance, fidelity to the intended message and a conscious concern for not displaying the interpreter's own emotions, cultural bias or cultural judgment when intervening.

<sup>48</sup> Cross, Bazron, Dennis & Isaacs, 1989.

<sup>49</sup> Although this definition is widely cited online as a definition of cultural competence, though without consistent attribution or a clear source, it constitutes an effective definition of culturally responsive services.

In this module, we hope to show you that *explaining* cultural issues yourself could create problems and re-traumatize the survivor. Instead we will show you more effective techniques for addressing cultural misunderstandings. You will use all the techniques you learned in Module 6. Then, instead of *explaining* your perception of the cultural problem, you will *identify* what you think is causing cultural miscommunication so that the service provider can ask the right questions, and the survivor can give answers. In this way, you will avoid giving inaccurate information or stereotyping anyone.

Part 7.1 explores a deep and complex topic: how you and your own cultural complexity impact the encounter and how you can make that impact a positive one that promotes direct communication and survivor autonomy.

In Part 7.2, you will explore the most common cultural concerns and issues that are seen by providers in the victim service network of the District of Columbia. These same concerns are to be found across most of the United States.

In Part 7.3, you will focus on specific techniques to help you perform effective cultural mediation, exploring how to adapt the techniques you learned for strategic mediation in Module 6 to cultural misunderstandings. By learning a few basic techniques for facilitating communication when there is a cultural misunderstanding, you will be of great assistance to survivors and victim service providers.

## Part 7.1 Unconscious Bias<sup>50</sup>

### Learning Objective 7.1

After completing this objective, the interpreter will be able to

*Discuss the impact of overprotectiveness, unconscious bias and undermining victim autonomy when interpreting for crime victims.*

### Introduction

This section will help you better understand how you and your own life experience and cultural worldviews can affect communication barriers.

The impact of cultures on the encounter—not only the victim’s culture(s) but that of the provider(s), the geographic area where the service is provided and the service system culture—can be huge. These factors can lead to misunderstandings.

Cultural misunderstandings may be simple or complex. They arise often or rarely. In this section, we will discuss how to enhance your cultural competence as an interpreter in victim services by exploring the negative impact of over-protectiveness, unconscious bias and undermining victim autonomy when you are interpreting for culturally diverse crime victims.

#### Each Client Is Culturally Unique

The safety and security and confidentiality of the client is most important because we do not want to create any more harm to the person in the process of helping them. We do not expect the client to fit into our mode. We have no mode. We understand that each client is different regardless of the cultural group that they belong to and each client is *different*.

—African interpreter and clinical social worker (LCSW-C)

### What Is Cultural Competence?

First it is important to understand what cultural competence means, because as professional community and legal interpreters working in a specialized, sensitive area, you are expected to follow cultural competence principles and be familiar with the concepts in this field.

The definition of cultural competence that was selected for this module (because there are many such definitions) was adopted by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) as follows:

*Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.*

*Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.*

<sup>50</sup> This section is based, with permission, on Bancroft *et al*, 2015, parts of Chapter 3 and in particular pp. 194–212.

*Competence implies having the capacity to function effectively as an individual and an organization within the context of cultural beliefs, behaviors, and needs presented by consumers and their communities.*<sup>51</sup>

There are many other terms for cultural competence, and some providers prefer them. Such alternative terms include “cultural proficiency,” “cultural humility,” “quality care for diverse populations” and “cross-cultural communications,” among others.

However, “cultural competence” (or “cultural competency”) is the most widely used term to address the concepts discussed in this module.

### **Culturally Responsive Services**

Another term you might hear is “culturally responsive services.” This term typically refers to the health care, social and educational services that have policies and practices in place to promote understanding and appreciation of cultural differences and similarities; they also foster the development of interpersonal skills that allow providers to work effectively with diverse individuals while avoiding stereotypes and bias.

Culturally responsive services emphasize awareness and perception of the positive characteristics of all groups.

It is fair to say that victim service providers in community-based organizations, especially those in the areas of domestic violence, sexual assault, trafficking, refugee resettlement and services to immigrants or specific cultural communities (including the Deaf and persons with disabilities) try hard to provide culturally responsive services. Most therapists, social workers, advocates and case managers are keenly sensitive to the impact of cultural misunderstandings. They do want interpreters to help out, but they don’t want you to interfere with the relationships that they are building with their clients, whether in community, legal or emergency services.

This need to address cultural misunderstandings without crossing role boundaries creates a delicate balancing act for interpreters.

### **The Risks of Explaining Culture**

Be careful. If you get involved in *giving* cultural explanations yourself, you could

- Get into a side conversation
- Make the survivor feel that you are “taking over”
- Violate the trust of the survivor and/or service provider
- Give incorrect cultural information
- Give cultural information that might be broadly accurate—but not for the survivor
- Lead the survivor to shut down instead of opening up
- Interfere with survivor trust of the provider
- Impel the survivor not to come back.

These risks are real. This section will help you to avoid them.

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<sup>51</sup> Based on Cross, Bazron, Dennis & Isaacs, 1989.

## Unconscious Bias and the Interpreter

### “Why Can’t I Just Say She Won’t Talk to a Male Interpreter?”

Cultural decision-making places a heavy burden on you. The idea that you, as the community interpreter, should facilitate cultural communication is a common challenge. Yet how to make effective decisions in such cases is often unclear. In fact, the profession around the world is very conflicted about the issue. Many researchers, educators and interpreters feel that you should not intervene at all about culture, while others insist it is a key part of your work.

For victim services, to make that decision about whether or not to perform cultural mediation often involves examining your own cultural assumptions. *Why* do you want to help? *Why* do you want to explain the cultural issue? Once you tackle the “why,” Part 8.3 can help you with the “how” (how to perform cultural mediation).

In a nutshell, the reason *not* to say that the survivor doesn’t want to talk to a male interpreter is that you are disempowering and perhaps re-traumatizing the survivor each and every time you speak on her behalf.

Instead, let the words flow from the survivor and provider *through* you and not come *from* you. So for example, instead of saying that the survivor needs a female interpreter, simply suggest, “The interpreter is concerned that a male interpreter might not be appropriate for this session. You may wish to explore this with the client.” This strategy allows the provider to ask questions and the client to answer them; you have not robbed anyone of his or her own voice, her sense of control or her ability to speak up for herself and her own needs.

### What Research Tells Us

First, bias is simple a personal attitude or perspective that is not fair or impartial, a viewpoint that you take consciously or unconsciously. Bias can affect our decision-making without our knowledge.

Let’s take a common example. A service provider asks you to do something that you know you shouldn’t do, like sight translate without the provider present. Instead of giving the provider other options, you agree to perform the sight translation alone with the survivor. Why? Perhaps because you come from a country where it is difficult to say no to doctors, lawyers and other figures of authority. Unconsciously, you cringe at saying “no” to them; this is an example of how unconscious bias can affect your professional performance.

Research tells us that unconscious human bias is universal. It has an impact on all aspects of our lives, including community services and clinical decision-making (Dovidio and Fiske, 2012). As human beings, we are affected in every decision we make by our unconscious assumptions, bias and social filters (Ambady *et al*, 2001; Dovidio and Gaertner, 2004; Contreras *et al*, 2011).

### Avoiding Bias

To the extent that any human can work through their own biases, positive or negative biases: it is a process and [interpreters] just become a sort of medium. Somebody says something and they just say it in different language, and that is the work of an interpreter to my best understanding: to be a medium for what [the survivors and providers] say, nothing more and nothing less, without engaging in any mental bias.

—African interpreter and clinical social worker (LCSW-C)

Think about this a moment. Whenever someone asks or expects you to “help out” (including you) by solving a cultural problem or offering a cultural explanation, the operative assumption here by some or all parties present is that you, the interpreter, know better than anyone what the cultural problem is and how to fix it. This could happen even if the problem is based on problems related to the victim service system, such as the common idea of providers that everyone has the same sense of time and chronology, which is a culturally false assumption, or the way the justice system can make a victim of sexual assault feel battered, bruised and broken by the way it treats and interrogates the victim.

You yourself may also feel that you know the best course of action for a survivor because you come from the same culture—and you could be right or you could be mistaken. People look at you, the interpreter, as a cultural expert. But no one is a cultural expert on the survivor—except the survivor.

Be careful about that assumption that you are the expert decision-maker on cultural misunderstandings. Research does not support it. As interpreters we are not psychologists, mind-readers, cultural experts or conflict mediation specialists. Most of us are not even trained social workers or therapists, so as interpreters, we usually lack important training on professional boundaries in victim services. Often, we want to rescue the poor victim by explaining the cultural issues that we see. We want to protect the sexual assault survivor from further harm. But we fail to see that we, too, can inflict harm by setting ourselves up as cultural experts.

So our first job as the community interpreter when we face a communication barrier that involves a service user and provider is learning *how to become conscious about our unconscious assumptions*.

The difficulty for interpreters is that often they may perceive this imbalance of power and want to fix it by helping the survivor. As interpreters, we are mostly unaware that actions of this kind lead us to pity and paternalism. *These types of bias can also be harmful for survivors*. Again and again the providers consulted for this curriculum advised or pleaded to have interpreters respect the autonomy of survivors.

In short: Let survivors speak for themselves and make their own decisions, even if you think there is a cultural misunderstanding. You can intervene to point out or describe the possible basis of that misunderstanding—but avoid giving advice or influencing the survivor.

*People have to be aware of the complex nature of bias, understand that various emotions (e.g., pity) and orientations (e.g., paternalism) are forms of bias, and recognize that they may have implicit biases that may be manifested subtly. Awareness of these elements is not sufficient, however; efforts simply to suppress bias can ironically activate stereotypical thoughts and interfere with effective communication across social boundaries.*

— Dovidio and Fiske, 2012: 949

### **Ingroup vs. Outgroup**

The first job we have in a cultural context is to examine our own bias. In basic terms, we tend to look at people in one of two ways: as part of our own social group (ingroup) or not part of it (outgroup). If we feel that someone is “ingroup,” we tend to look at that person in more positive ways and see him or her as safer than those we perceive as “outgroup” (Mahahan *et al*, 2011).

In short, we often see the world in terms of “us vs. them.”

As interpreters, we will need to make an effort to see everyone as “us.” In community interpreting there is no “other”: There is only us. In victim services interpreting in particular, survivors need to feel they are not judged by anyone, including the interpreter—whether or not the interpreter is aware of passing judgment in his or her body language or tone of voice.

### **We Are ALL Biased**

Yet many people do view you, the interpreter, as the cultural expert. Right? Be careful. Ask yourself: Is a native-born American a cultural expert on *all* Americans? Of course not. The cultural complexity of the United States is phenomenal. In fact, so is the cultural complexity of a single city, such as the District of Columbia. Who could possibly be a cultural expert on all the subcultures of this extraordinary city, from the White House and congress to local government, arts and culture, inner city projects, crime, the vibrant food culture and so much more.

Yet the moment we turn to Ethiopia or China, suddenly we look at the interpreter as a “cultural expert” on a whole country or even, in the case (for example) of Arabic or Spanish interpreters, many countries. (This type of perception may be true for minorities in general: An African American cultural competence trainer once reported that when she speaks in public, people often walk up to her afterward and ask her questions about black culture as if she could speak for all African Americans.)

Here is the problem: If you intervene about culture even with good intentions, you may do the survivor and the encounter more harm than good. If you violate transparency when you mediate in victim services (a common complaint from victim service providers), it is probably a sign of paternalism, the idea that you know best what to do. Otherwise you would report to both parties exactly what you say to each.

Instead, use your voice to help everyone present communicate questions, concerns and cultural perceptions with each other. Part 8.3 will show you how.

### **Avoiding Bias**

#### **When in Doubt, Stay Out**

Let it be your motto: “When in doubt, stay out.” Simply interpret. Do not perform a cultural mediation unless you are sure that the risks of *not* intervening exceed the risks of whatever you will say when you intervene. If you are unsure, just monitor the situation and intervene later to perform cultural mediation, and only if it seems necessary.

If you do perform cultural mediation, ask yourself why you are doing so. But how do you become aware of your own unconscious bias? How do you know the real reason you want to perform cultural mediation? Here are a few strategies.

#### **Project Implicit**

Go to <https://implicit.harvard.edu/implicit/>, the website of a project run through Harvard University. It based on extensive research about implicit bias. You can take simple tests to assess your implicit (unconscious) bias and stereotypes. These tests are well-validated, so the margin for error is low. You can take tests to assess your implicit attitudes toward people of different skin color, religion, age, sexual orientation, level of disability as well as gender and other stereotypes. Each test takes

a few minutes. Most people are surprised by the results. These tests have opened many eyes to unconscious bias.

### **Type 1 and Type 2 Thinking**

Researchers in psychology speak about two types of thinking sometimes called “Type 1 and Type 2” (Stanovich, Meserve and West, 2012). Type 1 is quick. You do this thinking on your feet. It’s fast, and efficient, but it doesn’t allow much time to think. In victim services interpreting you do Type 1 thinking all the time because you have to make decisions on the spot. But are they always good decisions?

Type 2 thinking is slower. It involves deep thinking and analysis. Type 2 thinking takes time and conscious effort, so you would usually do Type 2 thinking *outside* the encounter.

So here’s what you can do. Assess the most common cultural concerns that you often see when you interpret. Use your Type 2 thinking to plan how to handle those situations so you are not caught by surprise. You have a mental plan. For example, you are aware that

- Survivors in my language often say “sister” when they mean a female friend.
- Most women from the survivor’s country have never had a vaginal exam; such an exam could be emotionally and culturally terrifying even without the added complication of a sexual assault or domestic violence.
- When a survivor says, “I went to a meeting,” this could actually mean she asked the elders in her community what do about her situation of abuse and threats from her spouse.

If you come from, or interpret often for, a particular cultural community, you quickly become aware of cultural issues that a provider might not know about. So you make a *plan* about how to handle these issues if they should arise in victim services, using the techniques you learned in Module 6 and that you will adapt in Part 7.3 of this module.

### **Assess Consequences for the Survivor—Not Yourself**

Outside the encounter, try to assess *why* you might want to intervene—and what the possible impact could be if you do. Maybe you want to “rescue” the person by explaining the cultural issues. That is not a good motivation because it’s based on making *you* feel better.

But if you’re afraid that by not mentioning that “a meeting” might refer to a meeting with community elders, a fact that could affect the outcome of the legal case, the survivor’s safety plan or the progress of therapy, then that possible consequence might justify intervening to perform cultural mediation.

### **Assess Your Motivations and Ethics**

Ask yourself hard questions. Consider cultural mediation from the point of view of your ethical obligations as an interpreter.

***Impartiality:*** Are you being impartial about the cultural issue in question, or do you have strong emotional feelings about it? Strong emotional feelings are a sign that you are probably reacting from your bias and perhaps not on objective grounds. Also, will you be seen as taking sides if you address the cultural issue? Do you feel tempted to give the survivor advice because she doesn’t understand the culture of the service system?

**Professional boundaries:** Are you overstepping your role boundaries for cultural reasons? Many victim service providers report this as a common problem and wish the interpreter would focus on clear communication, not “getting involved.”

**Accuracy, completeness and transparency:** Are you omitting information that makes you culturally uncomfortable? Getting into side conversations with the survivor? Failing to report your intervention with one party to the other party? Such behaviors are a huge red flag. Often they indicate unconscious bias and even paternalism.

**Professionalism:** Is performing cultural mediation professionally appropriate just now, or is your desire to perform it arising more from a response of compassion and concern? Focus on your professional role and the needs of the survivor, not your feelings.

In general, yes, it is part of your responsibility as a community interpreter to consider and address cultural differences. But do you have a responsibility to intervene *right now*? Perhaps just interpreting is safer.

Performing cultural mediation crosses many ethical frontiers and entails deep risks for undermining survivor autonomy. It also puts pressure on the interpreter to act as a “cultural expert.” For these reasons it is a prohibited practice for community interpreters in some countries, such as Canada.

## The Cultural Role of the Interpreter in Victim Services

### The Need for Cultural Communication

You are the communication specialist. The survivor needs a voice. If you ignore a serious cultural misunderstanding, you may contribute to the imbalance of power that often exists between a survivor who needs services and a system that can easily re-traumatize the survivor.

Yes, performing cultural mediation intrusively might do more harm than good. But sometimes *not* performing cultural mediation can cause real harm, as well. A cultural misunderstanding that grows serious and is left unaddressed cries out for mediation, for example if the misunderstanding might

- Lead to danger (for example, in safety planning for a victim of domestic violence)
- Cause a medical error or lead to a medication overdose or failure to take medication
- Put a legal outcome at risk
- Frustrate the service provider and client
- Damage the relationship with the provider.

### Try Not to “Fix” Things

Still, as mentioned earlier, you can cause problems when you try to explain a cultural misunderstanding yourself or fix it. For example, you might

- Be mistaken
- Re-traumatize the survivor
- Undermine the survivor’s autonomy
- Damage her relationship with the service provider
- Stereotype the survivor or the provider
- Encourage the provider to adopt cultural stereotypes
- Damage the outcome.

Instead, you want to promote direct communication and survivor self-determination, which are the essence of communicative autonomy.

What is communicative autonomy? It means the capacity of each party to be in control of and responsible for his or her own communication, without interference by anyone—including the interpreter. So direct communication is a tool to support communicative autonomy. To do so effectively when you are faced with a cultural misunderstanding, you will need to understand the difference between *explaining* culture and *facilitating a cultural dialogue*.

### **Facilitating a Cultural Dialogue**

The goal of cultural mediation is simple. Instead of explaining a cultural concern, you can mediate to help service users and survivors communicate their cultural differences, questions or concerns directly to each other.

For example, let's say the survivor said, "So I went to a community meeting last night." You know (or at least, you are fairly sure) that she means she consulted the community elders about her situation of abuse because that phrase carries heavy cultural meaning that the provider doesn't understand. But instead of telling the provider what this "community meeting" probably refers to, if the provider doesn't ask about it, you could tell the provider something like, "The interpreter suggests you ask what a 'community meeting' means." That way the provider can ask, and the survivor can tell her story about what took place at the meeting without your explaining it for her.

In addition, if you are wrong, and it was a cultural festival or some other meeting that had nothing to do with the victim's situation of abuse, you will not have misinformed the provider.

If what you first say when you perform a cultural mediation is not clear or specific enough for the provider and survivor to address the misunderstanding effectively, you can be a little more detailed. For example, "The interpreter suggests you ask what this community meeting was about and what was discussed." Techniques for being more specific are usually needed if the survivor is not very articulate or if the provider needs more guidance about what to ask.

### **Review of Part 7.1**

In this section you focused on what cultural competence is and how you can support culturally responsive services by enhancing your own cultural competence. You looked at the universal impact of unconscious bias and saw how interpreters need to engage in cultural self-examination, especially if they serve crime victims. You learned that the goal is to allow survivors and providers to make informed decisions together, even when cultural barriers exist.

You, the interpreter, play a critical role, and you also walk a tightrope as you balance the need to point out a potentially serious cultural barrier without explaining it, and without engaging in side conversations or undermining provider-survivor rapport. Interpreters who explain cultural issues may rob the survivor and the provider of their voices.

Remember, too, that cultural competence is not a set of cultural facts: It is a way to provide responsive, effective services by communicating clearly across cultures. True cultural competence means allowing the client to express his or her own cultural beliefs and not having the interpreter speak for the client. Understanding these differences will also help you to respect professional boundaries.

## Part 7.2 Cultural Communities and Cultural Concerns

### Learning Objective 7.2

After completing this objective, the interpreter will be able to

*Identify cultural concerns in victim services interpreting.*

### Introduction

In this section, you will explore broad cultural concerns as they relate to victim services interpreting; then you will turn to the interpreter's own cultural issues and concerns; finally you will look at the impact of certain specific cultural concerns on individual survivors and their interpreters.

### What Do “Cultures” Mean?

As an interpreter, you may believe that it is important for you to know the cultures of the immigrant or Deaf survivors who need your services. In fact, culture is never quite this simple. For example, if you speak Spanish, there are (depending how one makes this assessment) at least 22 to 24 Spanish-speaking countries, each with hundreds or more sub-cultures. “Chinese” culture covers a vast, almost incalculable array of cultures and sub-cultures.

The question of which “cultures” you as the interpreter in victim services are responsible for understanding is, in fact, also far deeper and broader than the survivor's culture. “Culture” in this context extends to

- Victim services culture in general, including the culture of trauma-informed services
- Western models of psychotherapy
- The cultures of law enforcement and the judicial system, including courts
- Biomedical culture (which can be a “foreign” culture to many survivors)
- Cultures of the “hearing” in contrast to Deaf cultures
- The professional cultures of a specific organization that provides services
- Cultural worldviews in the immediate geographic area (very different in Washington, DC, vs. nearby rural areas, for example, yet also quite different within and across different parts of Washington, DC, itself).

Then there are the cultural communities of the survivor: communities with beliefs and practices and worldviews that can and do often differ from the survivor's, even if the survivor nominally or actively belongs to and takes part in that community. Take the case of a young man who is seeking asylum because he was persecuted in his country of origin for being gay. The local cultural community to which he nominally belongs might generally consider that gay behavior is a sin that is against religion and perhaps even deserving of the death penalty.

Many cultural communities exist in a single small geographic area today, both in the United States and many other countries. Consider the case of Washington, DC. Here are just a few of the “cultures” that victim service providers have reported encountering often here:

- Latino communities (especially Central American—El Salvador in particular—and Mexican)
- African communities, especially Ethiopians, Eritreans and French speakers, but also Sudanese and many others
- Asian communities, especially Chinese and Vietnamese, but also Korean
- Other immigrant communities
- LGBTQ communities (Lesbian, Gay, Bisexual, Transgender and Questioning)
- The Deaf communities, which can include native-born Americans and, less often, immigrants or refugees with other signed languages and who may or may not know ASL.

Smaller cultural communities in the District of Columbia included Japanese, Thai/Indonesian, indigenous residents from Latin America and African immigrants who speak languages such as Swahili and Wolof.

Yet some interpreted encounters cross other cultures in complicated ways. One advocate at a sexual assault center reported providing services to a Deaf Latina transgender crime victim in relay interpreting for Mexican Sign Language, American Sign Language and English. Surely this was a challenge for the interpreters involved, who included a Certified Deaf Interpreter (CDI). CDIs often occupy a special cultural role within both the Deaf community and the professional interpreting community. This was a situation of great cultural complexity.

Here is another example: One day a transgender sexual assault survivor was taken to the hospital for an exam. The DC advocate already knew that the survivor, who looked like a woman, was biologically male, and that the sexual assault forensic exam would soon make this fact clear. However, there was no appropriate moment for the advocate to say so. Imagine the surprise of the nurse examiner when that fact became clear. Such events can be a cultural concern for interpreters, because any reactions of surprise, disgust, judgment or dismay from the interpreter could have a painful impact on the transgender survivor. Culture is not just about immigrants from other countries. There are many cultural aspects to a single encounter that go far beyond race, ethnicity or country of origin.

This section will now examine some of the cultural issues that you may face in victim services interpreting. (The next section will explore techniques to navigate effectively between and among cultures.) Below, you will find specific examples of cultural concerns raised by victim service providers in the metropolitan area of the District of Columbia. However, most of these cultural concerns are quite common across the United States and in other countries, and many interpreters are aware of them.

## Examples of Cultural Concerns

*Trauma does not occur in a vacuum. Individual trauma occurs in a context of community, whether the community is defined geographically as in neighborhoods; virtually as in a shared identity, ethnicity, or experience; or organizationally, as in a place of work, learning, or worship. How a community responds to individual trauma sets the foundation for the impact of the traumatic event, experience, and effect. Communities that provide a context of understanding and support self-determination may facilitate the healing and recovery process for the individual. Alternatively, communities that avoid, overlook, or misunderstand the impact of trauma may often be re-traumatizing and interfere with the healing process (e.g., a sexually abused individual subjected to restraints and seclusion in a treatment facility; a maltreated child forcibly removed from the home with little comfort from an adult; a victim of domestic violence harshly interrogated in a shelter). Individuals can be re-traumatized by the very people whose intent is to be helpful. This is one way to understand trauma in the context of a community.*

— U.S. Substance Abuse and Mental Health Services Administration  
(SAMHSA)<sup>52</sup>

The following examples of common cultural concerns are just that: examples. Stereotypes can quickly develop. At the same time, *awareness* that certain cultural issues arise often can be helpful both for interpreters—who may have to perform mediation to address them—and providers.

The key is to consider each survivor culturally unique.

## Common Cultural Issues That Interpreters Encounter

### Eye Contact

Many clients from countries in Latin America, Asia and Africa may avoid making eye contact as a way to show respect, which can be perceived by some providers as indicative of lying, discomfort or being untrustworthy. That perception can affect, for example, a police officer's willingness to file a report about an incident of domestic violence, or an attorney's sense that her client is honest.

Some providers feel it might be helpful for interpreters who observe a survivor avoiding eye contact with a provider to intervene (for example, by telling the service provider, "The interpreter is concerned there may be a misunderstanding about the cultural meaning of avoiding eye contact," and then reporting what you said to the client).

In Deaf communities, by contrast, making eye contact is so important that you might be considered rude if you did *not* make eye contact. Yet providers report that it can be difficult at times to make and maintain eye contact with Deaf survivors because they are focused on watching, and communicating with, the interpreter.

### Deference

Victims of violent crime need to make their own decisions. This sense of autonomy is important both for healing and obtaining justice. Yet in some cultures, a polite deference to authority among certain survivors could lead to the survivor's expectation that the provider should make key decisions. The provider might not understand this perspective. It might be, therefore, helpful for some interpreters to discuss this type of concern outside the session—see Part 7.3—but only if the interpreter is extremely careful not to over-generalize.

<sup>52</sup> <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

One big risk for interpreters of addressing such issues is that the provider walks away from this type of conversation believing (for example) that all or most Latinos prefer to defer to authority and avoid making personal decisions, which is false.

### **A Note for Sign Language Interpreters: Deference and the Deaf Community**

Issues of deference can play out somewhat differently in the Deaf community. Vernon and Greenberg (1999) describe how police do not identify hearing-impaired suspects, treating them just as they would other suspects when they report a crime or incident, which can be problematic. At other times, however, police officers do recognize the disability, then over-sympathize with the Deaf suspect or offender. Neither reaction has a subsequent positive outcome for the Deaf individual.

### **Gender Relations**

Different concepts of gender relations might prevail. For example, regarding older men and young girls, there appears to be sometimes a greater tolerance of parents from some countries to allow their young daughters to date—or even live with—older men, without an understanding that in the United States this type of contact can be illegal. However, *no broad generalizations can be made*. The parents who condone such behavior could be investigated and charged with child neglect or other charges.

Interpreters who observe this type of behavior might be tempted to intervene to explain it to providers, but it would be legally risky to do so except as a broad generalization outside the session and never in regard to a particular client.

### **Sexual Assault**

Undocumented Latino female immigrants report huge incidences of sexual assault when they cross the border—so common, in fact, that many women take contraceptives in advance to avoid pregnancy from rape. There is a subculture of *expectation* of sexual violence when crossing the border.

Often the problem is that the “coyotes,” or other persons who help undocumented migrants to cross borders, work with gangs or groups that have the opportunity to assault the vulnerable. This huge risk doesn’t mean that Latino women accept sexual assault as a cultural norm. Yet it would be easy for the interpreter to miscommunicate such a stereotype about Latino women by saying something like, “She’s okay with it. She expected to be raped. They all expect it when they cross the border.”

### **Crossing the Border**

For example I had a client—and it could be any of my clients, several have experienced this. They were crossing the border, and someone that was dressed as immigration officer stopped the whole party, tied the women up, beat the men up and raped the women. Four of the guys raped all the women, and the women had to watch the men being beaten; the men had to watch the women being raped, right after crossing the border to the U.S. And right after, they drove them back across the border to Mexico.

—Victim services paralegal

## The Role of Elders

### Elders in the Community

The cultural issue that providers who were interviewed for this program mentioned most often regarding domestic violence is the presence of elders and other cultural leaders within the community. Often, victims of violent crime or their families have consulted with the elders or senior community members for guidance.

A particular concern often raised is the degree to which survivors of domestic violence are counseled by community leaders, elders and/or religious leaders to stay with abusive husbands or partners. This concern extends to immigrants from many cultures around the world. Such pressures also exist within religious institutions of a number of native-born Americans to this day.

### Accuracy

Some providers are concerned that the trauma that was endured by so many abused women (in part because, for cultural reasons, the violence may have grown to be severe and even life threatening before they dare seek help) leads interpreters to be less accurate. That is, instead of simply interpreting, the interpreters may converse with the client, trying to help out but in fact interfering with accuracy, clear communication and the provider-survivor relationship of trust.

Other accuracy concerns relate to linguistic concerns. Because a number of African and Asian languages are distant from the language family that includes English (Indo-European languages), interpreting them can be a challenge in victim services. For example, emotions. In a clinical setting, a person might say, “I throw up all the time,” or, “I can’t get the thing to put down my throat,” so this could be easily interpreted into a phrase suggesting perhaps this person has an eating disorder, a digestive disease or panic attacks. But if an Ethiopian woman says that phrase, one interpreter reports that she would interpret it in English as, “I have knots in my stomach.” This interpreter explains: “It’s emotion that one has to understand to interpret directly. It’s because of the way the language is constructed: There are certain words [and concepts] that exist in Amharic that do not exist in English.” The same is true of many other languages around the world.

Another problem with languages that are linguistically distant from each other has emerged in provider interviews for this curriculum: the way that expressions of emotion can affect accuracy. If a statement interferes with the interpreter’s own cultural or individual beliefs, for example, one provider reports seeing that interpreters are often reluctant to interpret it: “I do have a concern based on the interpreter’s ability to understand and accurately translate emotions. In that clinical setting, to interpret what a person is feeling in the way they are expressing it could take a different turn, a different meaning.”

### Vulnerability

Refugees often come from countries where English was not spoken and have very weak understanding of the service systems. They need competent interpreters who are skilled at cultural facilitation and mediation. Here are some reasons why:

*... [These refugees] have not studied English, they don’t understand what American people say and they cannot explain themselves accurately, so I have lot of concerns. The Arabic-speaking Africans who came here since 9/11, the Muslim women ... I had a meeting with the women from the Islamic congress the past Friday, and I was talking to a group of women in the Sudan and Somalia, and they speak English but you can’t really understand what they are saying, or you have*

*to interrupt and ask questions. I don't believe they understand what was being said in the room. So I have many concerns about the different cultural groups.*

### **Language for Family Relations**

In many languages, as discussed in Module 6, it is quite common to describe a friend, cousin or even acquaintance as a *brother* or *sister*. This can also be the case in Deaf communities. For mental health and legal encounters in particular, this use of language must be clarified.

### **Key Cultural Issues**

#### **Trust**

Issues of trust were cited by service providers as being a very significant barrier to services for many cultural communities. Some providers have found that certain populations are even more private than others, although there are wide variations within and among groups. As a result, it has been noticed that where a survivor can be matched with a service provider of the same nationality, ethnicity, language and/or culture, there tends to be a higher level of trust.

#### **Confidentiality**

Concerns about confidentiality affect many cultural groups. The fear of breaking confidentiality is actually seen as a barrier to accessing victim services. In one case, a provider reported that such fears were founded: One or two court interpreters for a particular language have actually shared private, sensitive information from a criminal case within the community.

#### **Cultural Ease**

In some communities, having a provider or interpreter from the same culture can provide a level of ease of communication that appears to be highly valued, according to some service providers in the District of Columbia.

*“When you are working with someone from the same culture, some things don't need a ton of explanation. We're talking about how they need to take their parents with them to go to the shelter: we don't need them to explain further, there's a lot of respect for the elderly, you're supposed to take care of the elderly. [We know that.] Whereas we've had to intervene to tell the shelter, “This is a cultural issue. It's not that she wants to take whoever she wants: she won't enter the program [without her parents.] And to have her parents stay at a hotel down the street would be culturally disrespectful.”*

#### **Cultural Dependency**

The possible disadvantage of having an interpreter or service provider from the same culture as the survivor is a greater risk of client dependency on the interpreter. As one service provider reports

*“Survivors perceive that person to become a friend and helper long term. We have that problem [with a government bilingual employee]. He doesn't want to be a helper, but in the eyes of our clients he is, because he is Vietnamese. The clients call him now and then to say, ‘Can you come and interpret for so and so?’”*

## The LGBTQ Community

### Interpreter Discomfort

As mentioned in Module 6, LGBTQ stands for “Lesbian, Gay, Bisexual, Transgender and Questioning,” where questioning refers to those unsure of or exploring their sexual orientation. In this sensitive area of service, some providers have reported that interpreters, especially older interpreters for immigrant Deaf survivors, sometimes seem ill at ease. Interpreters are often not accustomed to issues related to those with other sexual orientations, and this discomfort can show up in body language or tone of voice. The discomfort often stems from cultural and religious beliefs and expectations.

Many interpreters also seem unaware that domestic violence and sexual assault can be quite common in the LGBTQ community, as it is in all cultural communities, and show their surprise when they arrive for an SA/DV assignment and encounter a gay or lesbian survivor.

### Terminology

Whether LGBTQ clients are refugees seeking asylum or survivors of domestic violence, the survivors’ cases are likely to bring up many unfamiliar terms. These terms are often invested with complex nuances that reflect LGBTQ culture. The interpreter will need to prepare, not only the terms themselves, but the larger cultural context to interpret them accurately.

### Psychological Preparation

Interpreting for a survivor of male-on-male sexual assault, for example, can be so culturally new and foreign for the interpreter that it poses difficulties for an interpreter who is not adequately prepared.

## The Deaf Community

### Cultural Complexity and Dual Cultures

The Deaf community includes native-born Americans and, though far less often, immigrants or refugees. Indigenous Deaf survivors also exist, although it appears they are not seen in the District of Columbia.

As a result, increasingly in the United States, it is becoming clear that many Deaf individuals and survivors are “dual culture”—participating in both ethnic and Deaf cultural communities. It may be that Deaf individuals from other countries are navigating extra layers of complexity. One Deaf person of an Asian language didn’t want to receive services from the local nonprofit agency for Deaf survivors of domestic violence. She said that the agency should help people out in worse situations than her own.

To add to the cultural complexity of this situation, the survivor may know some Mexican Sign Language, a little American Sign Language or no sign language at all. Growing up with hearing parents, as most Deaf children do, means that each Deaf individual has a unique relationship with communication that is both linguistically and culturally complex.

### Cultural Expectations

Just like small immigrant and refugee communities that may place expectations on the interpreter to “help out” and exceed their role boundaries, many sign language interpreters report that—due to a long history of intense discrimination against Deaf minorities in the United States and in other countries around the world—the sign language interpreter may feel pressured to perform extra

services to help the client during and outside the session. This practice is dangerous for all interpreters at any time, but these cultural expectations pose a huge risk in this field, as we will see.

It is striking the degree to which the cultural challenges and expectations that face sign language interpreters are often similar or identical to those facing spoken language interpreters.

### **Confidentiality**

Large immigrant groups with a long history in the United States, such as Hispanics/Latinos, the Irish and Koreans, over time develop a national identity but retain local cultural identities that are specific to a small or large local cultural community.

The same can occur within Deaf communities, which often share some connection to a national sense of culture but also to local cultural realities. One of these local cultural concerns can be confidentiality, including trust for the interpreter's confidentiality, just as one sees with other cultural communities.

### **Culture, Disability and Vulnerability**

Unlike immigrant or indigenous communities, however, the Deaf community is considered a “community with a disability,” which automatically catapults the Deaf into a maximum vulnerability status. For example, according to Sullivan and Knutson (1998), a child who has a disability (when compared to children without disabilities) is

- 1.8 times more likely to be neglected
- 1.6 times more likely to be physically abused
- 2.2 times more likely to be sexually abused.

### **Culture and Sign Language Interpreters**

Most sign language interpreters did not grow up Deaf (except, of course, Deaf interpreters). Some are more familiar with the Deaf community either because they are Children of Deaf Adults (CODA) or interacted with the Deaf community at a young age, e.g., through Deaf friends.

Conversely, the Deaf who grow up with hearing parents—the great majority—might not have parents or family members who sign, meaning their emotional/cultural affiliations will be largely with the Deaf community and not the local hearing community.

As a result, just like native-born Americans who become interpreters for a cultural community that is not their own, the interpreter in this case will need to make every effort to become “culturally informed.” For example, various Deaf cultures have particular ways of referring to family members. In addition, in a point extremely pertinent for sexual assault survivors, a number of Deaf individuals might not be taught the signs that relate to sex.

### **The Global Impact of Community on Healing**

It is important to note that the interpreter in victim services is navigating a cultural space where the individual survivor may not be as isolated or even protected from the cultural influence of a community as most native-born Americans. There can be a very complex relationship between the survivor and his or her cultural community that impacts healing.

All these challenges affect crime victims in the Deaf community quite as much—and sometimes even more—as they do individuals who live in small cultural communities in the United States and do not speak English. As SAMHSA puts it,

*Recognizing that many individuals cope with their trauma in the safe or not-so safe space of their communities, it is important to know how communities can support or impede the healing process. Many people who experience trauma readily overcome it and continue on with their lives; some become stronger and more resilient; for others, the trauma is overwhelming and their lives get derailed. Some may get help in formal support systems; however, the vast majority will not. The manner in which individuals and families can mobilize the resources and support of their communities and the degree to which the community has the capacity, knowledge, and skills to understand and respond to the adverse effects of trauma has significant implications for the well-being of the people in their community.<sup>53</sup>*

## Culture and the Interpreter

### The Interpreter's Cultures

You do not come from one culture. You come from many. To illustrate this point, let's consider an African interpreter named Mariane. She is from Ethiopia, but she has a mother from Ivory Coast. Mariane has been living in the United States for 20 years, took her Argentinian husband's surname and is raising two boys. In this country, she lived in Minnesota for 18 years before moving to Washington, DC. She was a lawyer in her country, but here she is a court interpreter who also does medical interpreting. She attends a large church and is a woman of faith with deep ties to the Ethiopian community.

What is Mariane's "culture"? There is no single answer. Yet all the cultures that are represented in the paragraph above could impact her interpreting for victim services:

- Mariane's cultural views could be influenced by those of her close-knit Ethiopian community and its elders.
- Mariane might assume that government, law enforcement, health care and nonprofit services in the District of Columbia work the same way—with providers who share the same professional expectations and behaviors—as service providers in Minneapolis, which might not be the case.
- Due to her community involvement, Mariane might personally know some of the survivors for whom she is asked to interpret. They might fear that she would speak to the community about the session, reducing trust.
- Because of her Spanish last name and knowledge of Spanish, Mariane might be called to interpret for a Spanish survivor who is culturally very different from Mariane.
- Due to the views of her church, Mariane might find herself blaming a rape victim and feeling that the victim's drinking and dressing habits "caused" her rape. Even if she tries to be nonjudgmental, her body language might betray her, and the survivor might then feel judged and blamed, which could lead the survivor not to come back for services.

<sup>53</sup> <http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx>

These are just a few examples. How this diversity of culture in the interpreter affects you will be different for every single interpreter. Ideally, you will engage in a process of self-examination that allows you to reflect on and identify some of your own beliefs and biases.

We are all human; we are all biased. This reality in itself is inevitable, part of the human condition. However, if our bias has an impact on interpreting, and especially interpreting in this sensitive area of service, we need to examine how that bias affects performance, as you saw in the previous section. That said, many cultural issues affect interpreters of all or many languages. Here are a few examples.

### **Gender of the Interpreter**

Issues of violence, and of sexual violence or domestic violence in particular, can be difficult—for cultural or religious reasons—to discuss in the presence of an interpreter of the other gender. Some providers report that opposite-gender interpreters can be especially difficult for survivors who hold certain religious beliefs. However, a same-gender interpreter might not be available.

### **Cultural Expectations on the Interpreter**

Many interpreters feel that their communities expect them not only to interpret for the survivor but to assist that survivor in any way possible. This is risky—legally, therapeutically and in many other ways. The interpreter must take guidance from the service provider and not cross role boundaries, even for cultural misunderstandings.

Some providers report that they found out after the encounter that the interpreter had given clients information about other shelters and resources.

### **Strong Language**

Many providers report that some interpreters, for cultural reasons, are unwilling to interpret strong, coarse, obscene or sexual language, including terms for intimate body parts. It is critical for interpreters to master interpreting with accuracy exactly what is said. For example, lawyers in this field must routinely speak about penises entering vaginas and other orifices. The interpreter may want to practice interpreting such terms aloud at home.

### **Completeness**

Some providers report that if what is said during the session becomes culturally uncomfortable for the interpreter, sometimes interpreters omit some parts of the message.

At such times, as one provider said, “it seems like there is a gap and that not everything is necessarily interpreted.”

Cultural assumptions also play a role. If the interpreter has decided that he or she knows what is important and begins to filter, the interpreter is summarizing. Again and again, providers reported the problem of the survivor who speaks for two paragraphs or longer, and then the interpreter interprets only one or two words.

### **Talking About Sex and Violence**

In Asian cultures, sex is a taboo topic, so recognizing sexual assault in terms of the narrative: we don't necessarily have the language to know what is going on. [The survivors] may not know it's domestic violence or sexual assault, but they know something is going wrong. They don't always have the words.

Sometimes the first couple of meetings, it's really about providing the cultural care and support before we can even get them the services. Something is wrong but they don't even know what it is.

—Asian service provider and cultural competence trainer

### Knowing the Survivor and Confidentiality Concerns

Many providers expressed concerns about several smaller cultural communities and the ever-present fear among many survivors that the interpreter will breach confidentiality. As one provider said (for example): “I’m thinking of the Sudanese women. Some of them don’t like to use interpreters because it’s such a small community, and confidentiality can be understood in different ways in different cultures.”

### Avoid Victim Blaming

Many providers in this field expressed to the authors their concern that the interpreter needs to be vigilant at all times to ensure that his or her conduct, tone of voice and body language do not convey victim-blaming. For many interpreters of diverse cultural backgrounds, it is easy to say, “Don’t engage in victim blaming”—but very difficult to do.

One provider suggests, “It is important to be very mindful of your word choice ... Definitely anything with sexual assault, it’s just such a culturally difficult issue to approach in a way that’s sensitive and respectful of the survivor.”

### Relationships With the Interpreters

The fact that the interpreter is often of the same nationality and/or race and ethnicity as the survivor can help the survivor to trust the interpreter. As one Asian service provider said, there is “a sort of power when you have someone who is from your culture and language sitting across the table from you. It helps the client to lower their guard and be honest, very honest, about what’s going on.” However, if this cultural connection leads to the survivor’s building a strong relationship with the interpreter and *not* the service provider, that cultural bonding can work against the survivor’s needs and best interests.

Yes, you want the survivor to feel comfortable with you and trust you. But make sure the survivor builds a strong relationship with the service provider rather than with you.

### Sex as a Taboo Topic

In many if not all cultures, sex can be a difficult topic to address in almost any setting, and it is rarely discussed in professional settings. This is a challenge for both the survivor and the interpreter. Discussions about sex can create a level of cultural discomfort that adds to the urgent need for the interpreter to consciously avoid displaying any nonverbal cues that signal distress, horror, judgment or discomfort.

### Stigma and Shame

Some issues, including sexual issues, also carry a stigma that brings the survivor shame, and this problem is particularly common for survivors of sexual assault and domestic violence. Religious and cultural beliefs can contribute to that stigma. Providers have reported that some interpreters—even during the session—advise the domestic violence survivor to stay with the abuser to avoid bringing shame to the family or the religious or cultural community. Issues of transparency, side conversations with interpreters, omissions while interpreting, inappropriate behavior (like giggling or making faces)

### Stay with Him

There is obviously a huge stigma around domestic violence. Before our Ethiopian clients come in, they have already had a meeting with their elders, and typically that entails a meeting with a religious body with their church and they almost always say, “They told me to stick it out and stay with the person.”

—Victim services paralegal

or interpreters who cross professional boundaries seem to arise more often with culturally intense topics that carry stigma.

### **Family Relationships Across Cultures**

The interpreter may need to step in when misunderstandings develop regarding the role that family relationships can play for both the survivor and the cultural community at large. Not only are extended families more prevalent in immigrant communities, as the U.S. Census Bureau shows, but the relevance for crime victims can be real.

For example, in many families it is expected that critical medical or legal information should be communicated directly to a certain family member (an elder for example). Sabotaging a relationship with that key family member might be a disaster for therapy or pursuing a legal case. Providers may need your help to clarify such concerns and better understand how these types of relationships can affect how the victim make choices and decisions, e.g., about whether or not to press charges.

Do not, however, when asked such questions, give in to the temptation to play “cultural expert.” You could give information that is wrong and that does not at all apply to this particular survivor. The problem of playing “cultural expert” is discussed in more depth in Part 7.2 of this module.

### **Cultural Pressures on the Interpreter**

Conversely, the role that elders play when crime strikes a cultural community can affect not only the survivor and the services accessed but the interpreter. Cultural pressures from an extended family or community on the interpreter to “help out” the victim should be mentioned to the provider so that the provider can address them realistically and in a way that supports the best outcomes for the survivor without allowing the interpreter to cross boundaries.

### **Professional Culture**

It is critical to understand that the victim services is a network of many complex professional cultures, some of them very similar to each other (the cultures of nonprofit organizations that serve domestic violence and sexual assault survivors, for example) and some of them very different from others (such as the culture of law enforcement compared to nonprofit legal service culture). As the interpreter, you need to become just as familiar with the relevant professional cultures as the cultures of the survivors.

This module and the training manual as a whole introduces you to many of these cultures, as do the exercise and role plays in your workbook. By the time you complete this program, ideally you will have a better understanding of the many professional cultures within victim services.

Next, consider the culture of the various *service providers* within the victim service network, including all those who work in government services like victim compensation offices, emergency medical services, courts, mental health, hospital systems, disaster response, grief services at the morgue, nonprofit legal services, nonprofit social services, domestic violence shelters, rape crisis centers and more. Any victim service represents its own complex array of professional cultures.

Doctors, social workers, police officers, government workers, disaster behavior health specialists and so forth of course have their own professional cultures. Yet even within those areas of expertise, a SANE nurse has quite a different specialization compared to a pediatric nurse. The professional cultures *within* victim services vary widely: Compare, for example, corporate, nonprofit and government attorneys.

The list goes on. Do these cultures impact your work as much as the cultures of the survivors do? Yes. We have a tendency to look at culture as something that belongs to the immigrant or refugee. Our own culture and the impact of our personal and professional cultures on the encounter—including those of the interpreter and the service provider—are easy to forget.

### **A Note for Sign Language Interpreters: Deaf Cultures**

Deaf culture is deep and complex. For example, because most Deaf survivors are American born, providers often forget that English is usually not their native language. Providers may therefore write notes to the survivors thinking that written English is easy for the Deaf to understand, but that might not be the case.

Such cultural complexities are compounded by the increasing numbers of Deaf survivors who come from other countries. Another cultural challenge involves Certified Deaf Interpreters (CDIs) who work together with ASL interpreters. While some ASL interpreters are the Child of a Deaf Adult (CODA), most are not. That is, most ASL interpreters are not “culturally” from the Deaf community the way CDIs are. Thus, CDIs and hearing ASL interpreters often work together to provide relay interpreting across a cultural divide. They do so in a culturally bewildering context (victim services) and with survivors who may or may not be born in the United States. Such cultural challenges merit their own book!

### **Western Legal Culture**

Most legal service providers want and need accurate chronological statements about the crime. If you have been through a traumatic crime, you may have trouble making such a statement yourself—even if you speak the language of the justice system fluently—because trauma has such an impact on our awareness and understanding of time and events. It affects our memory in complex ways.

Now imagine survivors who come from very different cultures, with varying levels and kinds of education, life experience and acculturation. Perhaps the crime happened long ago, as is often the case for asylum seekers. To state what month or year the crime took place can be quite difficult, and if the survivor is asked to put the whole story into the coherent structure that the provider wants, this request may expand the amount of time it takes to do the interview.

Depending on the language, including signed languages, it may not be easy or natural for the victim to express a straightforward chronology of events as requested in victim services, even at the best of times, without the added layer of trauma.

Unless the provider has experience with other cultures, he or she may grow frustrated. (Some providers who were interviewed for this project reported that this issue was a common problem.) Furthermore, getting a *consistent* timeline may be difficult. In the provider’s mind, the date and time are critical. In your mind, as the survivor, what you were thinking as you walked down the street where the mugging took place might be more important. You may not be a linear thinker, or you may come from a culture with quite different cultural concepts of time. Yet the provider doesn’t see that the service culture is the problem: The victim’s culture is often seen as the problem.

Next, imagine that the survivor must go back 30 years in time to describe the crime. There may be many aspects of the crime that must be addressed. One interpreter reports seeing survivors who are completely overcome by emotion, and then everyone has to postpone the session and come back again. This interpreter says that everyone's intentions seem quite sensitive, and everyone is clearly trying to do the right thing, but getting a clear chronology is simply difficult.

## **Culture and the Survivor**

### **The Cultural Impact of Shame**

Being a victim leads to a nearly universal experience of shame. That shame is particularly severe in the case of survivors of domestic violence and sexual assault. In the case of immigrants, it is compounded by a possible past history of violence, which may encompass a degree of cultural complexity that is huge in scope. Here are a few examples:

- Female genital cutting/mutilation
- Female infanticide
- Widow inheritance
- Forced/early marriage
- Dowry-related abuse
- Wife sharing
- Honor killings.

In most, if not all, cultures around the world, there is a tendency to blame the victim for certain types of violent crimes. The shame and stigma that results leads to a common consequence: silence.

Silence about certain types of violent crime, in particular child abuse, sexual assault and domestic violence, is common in most or all cultures. In addition, in many societies the view exists that "such matters should be discussed at home." Certain types of problems are not to be made public. Many acts of violence within families or small social groups are carried out in secret, or as part of a cultural tradition (like wife sharing or female genital mutilation).

While cultural issues of shame and silence affect survivors who do not need interpreters, the cultural obstacles often increase or become more complex in cases that require interpreters. Here, then, is what providers across the United States advise you when you are addressing violent crimes that carry stigma:

- Manage your own emotions. Do not display them.
- Navigate the delicate balance between compassion and professionalism with care: you can use body language and empathy to show you care while still respecting professional boundaries.
- If you are uncertain what to do, take your cues from the providers, especially in legal services and mental health.
- As discussed in Module 5, consider addressing the provider first each time you intervene, especially in mental health or legal interpreting.
- Emphasize that you strictly follow requirements for confidentiality.
- Prepare to detach emotionally from what you are about to hear.
- Bring a copy of your self-care plan with you before the session and review it.
- Make sure you know the terms for all body parts, including intimate body parts.

## Cultural Concepts of Domestic Violence

The service providers who were interviewed for this training program mentioned their sadness that some cultures not only condone domestic violence but seem to see a certain amount of general or domestic violence as normal. In one chilling story, a provider reported this: An African survivor said that the night before her marriage, her mother and family members sat the young bride down. They told her that if she ever disobeyed her husband, she would be beaten not only by him, but by her own mother, too.

In addition, other factors that relate to culture can have an impact on domestic violence. For example:

- Acculturation to a new country can be difficult, and these stressors may aggravate a situation of domestic violence.
- Poverty is a culture of crisis. Many refugees, asylees and asylum seekers spend years in poverty.
- If you witness a survivor of domestic violence who finds the violence to be culturally acceptable, you may find that this cultural view affects your impartiality.
- Sexual assault by a spouse may be viewed as legitimate behavior.

In addition, while it may difficult for you to understand the cultural factors that prevent a survivor from fleeing her abuser, try not to let your inability to understand affect your interpreting. Especially, try not judge.

In short, culture is complex, and it can have a big impact in this field. Particular issues that have a cultural impact on crime victims include family and community relationships, stigma regarding sexual assault, personal and community cultural pressures on the victims and cultural secrecy about certain types of crime.

## Review of Part 7.2

This section explored the impact of culture on interpreting in victim services. Here are a few key points to keep in mind:

- No survivor is only from “one” culture; each survivor is culturally complex and unique.
- That is also true for the interpreter—and the service provider.
- Many cultural issues that affect interpreters are common to many or most cultures.
- Shame, secrecy and silence about certain violent crimes are common across virtually all cultures.
- It is critical for you to learn more about the cultures of the survivor and of the victim service network and its providers.

## Part 7.3 Effective Cultural Mediation

### Learning Objective 7.3

After completing this objective, the interpreter will be able to

*Identify and practice effective cultural mediation techniques for victim services interpreting.*

### Introduction

In this section, you will explore how to practice effective techniques that are based on the Strategic Mediation Model as they apply to culture. The goal is to assess and take into account what might be *causing* a cultural barrier and then—instead of explaining the issue itself—you would point out or mention the source of the confusion to the provider and the client.

In short, this section will show you how to avoid *explaining* a cultural belief that might be causing a communication barrier. Instead you can intervene to state instead something like, “The interpreter is concerned there might be a cultural misunderstanding about why providers would ask questions about sexual partners,” or, “As the interpreter I sense a possible break in communication about the meaning of ‘school’ in the survivor’s country.”

In this way, you will facilitate a cultural dialogue between the provider and the survivor. They can explain things to each other and ask each other questions without the interpreter’s interfering or taking over the provider’s role.

### The Need for Cultural Mediation

First, let’s take a real-life example from a nonprofit legal service provider in the District of Columbia:

*Not knowing much about the Ethiopian culture, we’ve had some times where we’ve felt there were gaps in the story or in how it was being told and then retold, but I wouldn’t be able to say with certainty. I know that one time we’ve had an interpreter insist that in her culture, an abuser said something that to you or I would sound not harmful at all, something like, “You’ll see,” but even that has connotations. Or, “The day will come,” or something I can’t remember and the interpreter insisted that in her culture this is actually a threat that means, “I’m going to kill you.” Or, “If you hit the ground,” that means you’re going to die tomorrow.*

This type of cultural misunderstanding could arise in any area of victim services. How would you address it? What are the consequences if you don’t address it?

First, there are safety-planning issues to consider, especially in domestic violence services, and *any* victim service provider wants to know if there is a cultural issue that affects a survivor’s safety.

Second, there may be legal consequences if a threat of violence or suicide that is culturally opaque for a provider is not clarified by the interpreter. In this example, such language—if construed to

### A Cultural Misunderstanding

We currently have a client in a shelter in DC, and the provider staff called and said, “Your client has developmental disabilities.” But it wasn’t. They interpreted her cultural and trauma reactions as being slow, but it’s misinterpreting signals.

—Victim service provider

constitute a legal threat, e.g., by the judge in a Civil Protection Order hearing—could well provide grounds for granting the protection order, or at least help to make the case that such a threat could cause a reasonable person in that culture to have concern for his or her safety.

Here is another example from an interpreter in the District of Columbia:

*A court interpreter was interpreting at a hospital once with a patient that had just been told that he was going to be released. And the patient, who was Ethiopian, began kissing the service provider. She had a cross on her neck and he began kissing it, [which] made her think he might not be mentally stable. [But] that was a cultural sign of respect: You see a cross and you begin kissing it, so the interpreter has a really delicate [challenge].*

## Survivor Autonomy vs. Appealing to the Interpreter as a “Cultural Expert”

Promoting direct communication and survivor autonomy are principles that are clearly understood by victim service providers in nonprofit services. Increasingly, law enforcement, emergency services (including first responders such as firefighters, police officers and Emergency Medical Technicians or paramedics), the judiciary system and other government agencies have become sensitized to these issues, too.

However, when cultural barriers arise and an interpreter is present, it is easy to appeal to the interpreter to ask what is going on “culturally.” Just as often, if not more often, the interpreter sees the barrier and wants to explain it.

Here is a real-life example from emergency services. Someone has just been mugged. The paramedic arrives and needs to perform a physical assessment—an exam—to make sure that the victim does not need to go to the hospital. This assessment involves touching the victim. The victim may be from a culture where he or she does not want to be touched by someone of the opposite gender, or by a stranger.

You might be tempted to say something like, “This person won’t want to be touched, let me tell you why.” Please don’t. Instead, we will suggest that you say something like this to the paramedic: “The interpreter is concerned that there may be sensitive cultural issues about being touched. If you explain what you’re about to do, I’ll be happy to interpret your explanation.” (And then, of course, you would report what you just said to the victim.) You could even be more precise if this is needed, for example, by mentioning, “sensitive cultural issues about being touched by the opposite gender.”

Now let’s look at some practical ways that the interpreter can address these kinds of challenges.

### Respect Your Boundaries

**Question:** Is there anything you advise an interpreter NOT to do?

**Answer:** Really stick to boundaries. We’ve had this problem in the past couple of years, back when they were called advocates—sometimes they still are. They would overstep their boundaries, take [clients] home, things that are against [our] policy. They would refer them to their own law firm for services, they kind of became a helper. We had to let those people go. We can’t have you taking people home!

—Executive director of a domestic violence center

## Strategic Mediation Model and Cultural Mediation

The Strategic Mediation Model that you examined in Module 6 allows you to perform non-intrusive cultural mediation. “Non-intrusive” means simply that your act of mediation does not interfere with clear communication but instead enhances it. The way to do so is by alerting all parties to what might be causing the misunderstanding without giving your opinions or advice or any detailed information about that cultural issue.

The concept underlying the idea of non-intrusive cultural mediation is that you need to intervene as little and as quickly as possible while still clearly identifying what has caused the misunderstanding. In this way, the service user and provider can explore the cultural issues with each other.

## Techniques for Non-intrusive Cultural Mediation

### Basic Steps

To perform effective cultural mediation while interpreting

- Follow the steps for strategic mediation.
- Decide what the cultural misunderstanding is.
- Describe the cultural barrier without explaining it.
- *Never give an opinion about the survivor.*
- Avoid overgeneralizations or cultural stereotypes.

### Technique #1: Follow the Steps for Strategic Mediation

Do you remember your basic steps for strategic mediation? If not, review them now!

The five steps from the Strategic Mediation Model are

- Interpret what was just said.
- Identify yourself as the interpreter.
- Mediate briefly.
- Report your mediation to the other party.
- Resume interpreting.

Remember that *before* performing basic mediation, first you will monitor the situation for mutual understanding. The same is true for cultural mediation. When you do decide to intervene, you do so because the possible consequences of *not* intervening are too serious to ignore. But at that time it is important to remember all five steps for strategic mediation because the cultural issues will distract you.

### Technique #2: Decide What the Cultural Misunderstanding Is

Your goal is to find the words that will let the provider and survivor explore the cultural issue with each other. To do so, you will need to articulate in your own mind just what the problem is.

Let’s look at our example from above. The survivor reports that her abuser said, “The day will come.” You know that phrase means a death threat. The provider doesn’t know that. So the issue is a cultural-linguistic misunderstanding that is causing the provider to miss that the survivor is reporting a probable death threat from her abuser.

**Technique #3: Describe the Cultural Barrier Without Explaining It**

**You do not want to tell the provider, “‘The day will come,’ means, ‘I’m going to kill you.’”** If you did, you would be putting words in the survivor’s mouth that could come back to haunt you. For example, if the abuser heard about your intervention and insisted he meant nothing of the kind, you could be subpoenaed to testify in court about what you said to the provider.

Instead, *identify* the issue for the provider. For example you could say, “Excuse me, *The day will come* can have a special meaning. You may wish to ask about it.” (Then, of course, you would report this mediation to the survivor.) The provider can now ask what the phrase means *to the survivor*.

To give another example, you would never want to say to an investigator, a social worker or attorney, “The client has no idea that child abuse is illegal in this country because back home you are supposed to discipline your child physically hard enough to leave bruises.” Not only could saying so be harmful for the parent; perhaps you’re wrong. Perhaps this is a solid case of child abuse. Instead, you could say something like, “The interpreter notices a possible misunderstanding about the meaning of child abuse and child discipline norms.” (Notice how you are focusing on the linguistic envelope of the message. For legal situations, you will want to avoid using the word “culture” when you mediate.)

If a mediation like this one doesn’t clear up the misunderstanding, it may be permissible to add, “If you explain the difference between spanking and child abuse, then I can interpret the difference more clearly.” However, in cases such as these, remember to address the provider first in case your cultural mediation is too risky for the legal, therapeutic or other victim service you are in. The provider may need the authority to make decisions that are based on the survivor’s legal needs or personal safety and well-being.

**Technique #4: Never Give an Opinion About the Survivor.**

**Your job is to interpret—not read minds.** You are not a psychologist, a fortune-teller or a cultural anthropologist who is specialized in knowledge about the village where the survivor comes from. You are an interpreter.

The moment you say anything like, “She means he’s going to kill her,” you are making assumptions that show your unconscious bias. The survivor and provider need to speak for themselves. Countless community interpreters around the world have said things like, “She won’t sign this without her husband.” “He can’t understand that, he’s not even literate in his own language.” “She doesn’t understand what you are saying; you need to explain it in really simple language.” Typically the interpreter says these things to the provider but does not report them to the service user. It is easy to see why. Imagine how it sounds if the interpreter tells the client, “I just told the provider you don’t understand what she is saying, and she needs to explain it to you in really simple language.”

**Technique #5: Avoid Overgeneralizations or Cultural Stereotypes.**

*Interpreters, therefore, have the task of identifying those occasions when unshared cultural assumptions create barriers to understanding or message equivalence. Their role in such situations is not to ‘give the answer’ but rather to help both provider and patient to investigate the intercultural interface that may be creating the communication problem.*

*Interpreters must keep in mind that no matter how much 'factual' information they have about the beliefs, values, norms, and customs of a particular culture, they have no way of knowing where the individual facing them in that specific situation stands along a continuum from close adherence to the norms of a culture to acculturation into a new culture.*

— MMIA/IMIA, 1995:15–16

There are many ways to avoid stereotyping. First, try to make a conscious decision to avoid over-generalizing when you mediate. Here are examples of basic cultural mediation scripts that avoid overgeneralization:

- *You may want to ask what she means by . . . .*
- *The interpreter senses a possible misunderstanding about the meaning of. . . .*
- *The interpreter is concerned that there may be a cultural misunderstanding about what social workers do.* (Let the social worker clarify her job and what she's there for.)
- *The interpreter is unaware of a linguistic or cultural equivalent for . . . .* (a term or concept that is causing confusion)
- *The interpreter suggests inquiring about how men view obedience in marriage.* (This mediation opens a door to find out how this particular survivor looks at gender roles and violence.)

### Review of Part 7.3

In Part 7.3, you examined techniques for applying the Strategic Mediation Module to cultural misunderstandings. Using specific, effective cultural mediation techniques can avoid some of the most common problems that victim service providers complain about: interpreters who cross professional boundaries by getting involved as cultural brokers.

Instead, you can use the techniques described in this section to help the survivor and provider to overcome cultural misunderstandings and support direct communication and survivor autonomy.

## Review of Module 7

In this module, you explored the impact of culture on interpreting in victim services. Part 7.1 examined the importance for victim services interpreters of engaging in self-examination so that our own unconscious bias as human beings does not have a negative impact on the encounter. In particular, it is important for interpreters to respect survivor autonomy and avoid getting involved for cultural reasons.

Part 7.2 explored some of the most common cultural concerns that arise in victim services interpreting. It also addressed some of the ways that interpreters must be vigilant to respond appropriately to those concerns, with a focus on promoting direct communication and not interfering. It showed the breadth of culture and the way that many types of culture affect the session—the survivor's cultures, the provider's cultures and the interpreter's cultures, as well as the cultures of the service, the service agency and the service system, for example.

In this last section of this module, Part 7.3, you looked at how strategic cultural mediation can help to overcome cultural misunderstandings and miscommunications. Specific techniques for cultural mediation can support direct communication and survivor autonomy. Engaging in such techniques also helps to avoid the many risks that can accompany cultural mediation.

To perform effective cultural mediation while interpreting

- Follow the steps for strategic mediation.
- Decide what the cultural misunderstanding is.
- Describe the cultural barrier without explaining it.
- *Never give an opinion about the survivor.*
- Avoid overgeneralizations or cultural stereotypes.

By following the techniques for cultural mediation that are taught in this module, you can help to overcome cultural barriers effectively and support best outcomes for the survivor.



## **MODULE 8**

### TERMINOLOGY IN VICTIM SERVICES



## MODULE 8      TERMINOLOGY IN VICTIM SERVICES

### Learning Objectives

After completing this module, the interpreter will be able to

#### Learning Objective 8.1

*Examine and practice setting-specific terminology for victim services.*

#### Learning Objective 8.2

*Identify effective strategies to enhance knowledge of setting-specific terminology in victim services.*

#### Learning Objective 8.3

*Review three specialized victim services and relevant terminology: emergency services, homicide survivor services and disaster behavioral health.*

### Key Terms and Definitions

See the companion *Victim Services Glossary* for this program, which comes in two parts: a setting-specific set of terms divided into the following nine categories followed by an alphabetic listing of all the same terms in a separate section:

- Acronyms in Victim Services
- Child Advocacy Services
- Courts and Depositions
- Domestic Violence
- General Legal Services
- Law Enforcement and Crime
- Mental Health
- Sexual Assault
- Victim Services Offices

### Overview

Interpreters in victim services need to master acquiring terminology as a core skill set, not an add-on. While terminology is important in any area of community or legal interpreting, the sensitivity of providing victim services means that the interpreter will need to know the appropriate interpretations of a multitude of terms that are specific to the field for the following reasons:

- The terms in this field are not easy to interpret
- The interpreter's stress level, interruptions or disruption of the flow as they related to terminology problems can distress the survivor
- The frequent high levels of emotional distress can also disrupt the interpreter's memory
- There are many new terms to learn
- Interruptions by the interpreter (e.g., to request clarification or consult a resource) are costly—they can disrupt the encounter, take valuable time, undermine trust in the interpreter and otherwise throw into jeopardy the quality of the service and its outcomes.

For these reasons, a specialized glossary has been prepared for this program as a separate publication. The terms in it were specifically selected by the authors as terms that victim services interpreters will need know and be able to interpret in both or all their working languages.

In addition, a core principle of this module is that the professional interpreter always seeks to engage in professional development that includes expanding the terminology of any area where he or she may be called upon to interpret.

## Part 8.1 Setting-specific Terminology

### Learning Objective 8.1

After completing this objective, the interpreter will be able to

*Examine and practice setting-specific terminology for victim services.*

### Introduction

Interpreters in victim services face terminology challenges on a daily basis because of the common lack of linguistic equivalence for technical terms and for emotionally charged everyday words like rape.

In addition, when the subject matter is emotionally difficult, it can be difficult to find the right terms to convey precise emotional nuances. In other words, an emotionally charged session can interfere with your accuracy.

Having a solid grounding in specialization-specific terms also builds your confidence and sense of mastery, which can help to reduce some of the stress or even trauma that you might experience in the encounter. Interpreting well and accurately gives you a sense of confidence and self-assurance.

Mastery of terminology helps build that confidence. Confidence in victim services interpreting helps you to stay calm, think clearly and focus on interpreting rather than on the emotions involved or any traumatic content that is shared during the encounter. For these reasons, the activities for Module 8 in the companion workbook for this manual are critically important.

### Overview

Interpreting for victim services requires knowledge of the specific setting, including terms related to the following categories. Here are the categories that are identified in the glossary that accompanies this manual as a separate publication. Note that terms that are included in many of these categories overlap and so are repeated in the glossary document itself in more than one category.

- **Acronyms:** Acronyms are used in many victim services, such as SAFE and SANE, IPV, PTSD and many more.
- **Child advocacy services:** Terms for the persons involved in child abuse cases and the various child abuse and neglect charges.
- **Courts and depositions:** Legal charges such as first-, second-, third- and fourth-degree felonies, felony assault, sexual assault and all other assaults, bodily injury and terms related to legal representation such as guardian ad litem (GAL).
- **Domestic violence:** Terms for the violence and common injuries, concepts related to intimate partner violence, terms related to shelters, forensic exam kits, chain of custody (for evidence) and the work of advocates, including safety plans, accompaniment and follow-up/wraparound case management services.
- **General legal services:** U.S. terms for many charges and crimes such as abuse, assault, battery, incest, domestic violence, female genital mutilation, hostage situations, peonage, prostitution, sexual abuse/assault/exploitation/harassment, stalking, torture, trafficking, etc. This section also includes terms that address changes of legal status including T-Visas,

U-Visas, T and U petitions, use of the term “undocumented [alien]” vs. “illegal [immigrant],” foreign born and immigrant (a term that legally refers to a Lawful Permanent Resident—i.e., someone who holds a green card). **Note:** These terms are used across victim services and not just by legal service providers.

- **Law enforcement and crime:** Terms that are likely to be used at the scene of a crime, including those for domestic violence and sexual assault but also Driving Under the Influence (DUI), hostage situations, prostitution slang terms and many other terms.
- **Mental health:** Terms that are related to diagnosis, competency, psychological evaluations and many challenging terms to interpret, such as flashbacks and PTSD.
- **Sexual assault:** Technical terms such as prophylactic antibiotics, PEP and ARV medications as well as charges like sodomy or fellatio, terms referring to the assailant, such as perpetrator, and terms that address evidence collection, including head-to-toe exam and fingernail scrapings, and many terms that are related to various kinds of sexual assault, including unwanted sexual experience.
- **Victim services offices:** Terms that are related to applications for compensation and financial qualification, and terms related to the crimes that may lead to compensation or referrals to other services.

The victim services glossary comes in two parts. The first part is organized by the areas listed above; the second part is a combined a list of all the terms in the glossary in a single list in alphabetical order.

Each part has its value. The first part will allow you to focus on, prepare and practice terminology based on a certain type of assignment. The second, the global listing, will make it easier for you to look up a specific term.

## Common Challenges in Victim Services Terminology

### Three Key Challenges

Common challenges and concerns with setting-specific terminology in victim services interpreting result from the following:

- Lack of familiarity with the setting-specific terminology
- Lack of linguistic equivalence for setting-specific, legal and culture-specific terminology
- Emotionally charged terminology.

### Lack of Familiarity With the Setting-specific Terminology

A common occurrence, especially when you are interpreting in victim service settings, is a lack of familiarity with the terms and their definitions as they are used within the setting. (Even common terms like assault, parole and harassment can be tricky to interpret and used differently in victim service settings than in other settings.)

Interpreters are expected to have high levels of language proficiency; however, an interpreter cannot always know all the terms that could arise during an interpreted session. Lack of basic familiarity with important terms could result in potential delays, discomfort for the survivor and possible misinterpretations that could negatively impact the outcome, particularly because of the sensitive nature of the situation.

It behooves you, as the interpreter, to actively seek information about the case before you interpret, at least whenever possible. One of the expectations of professional development is that the interpreter prepares for the session in advance. Applying the research strategies in this module can increase your knowledge of the common terms and definitions in your working languages.

Ways to familiarize yourself with the terms and definitions as they are used in victim services, besides the ones contained in the glossary that accompanies this manual, are

- Contact the offices of your local victim services network and ask for their publications (print or online)
- Contact any refugee or resettlement agencies in your area and ask for their publications
- Access your local library for publications on specific victim service topics (Reference librarians are typically well-informed and eager to help—they are also very familiar with the library’s electronic services.)
- Contact local community centers to obtain information on outreach programs and other victim services information
- Visit victim services websites to find terminology in the appropriate context
- Contact local or national interpreter listservs and ask other interpreters for suggestions on specific areas or topics, and ask if specialized glossaries exist for your language
- Watch media coverage of relevant topics.

### **Lack of Linguistic Equivalence for Setting-specific, Legal and Culture-specific Terminology**

#### ***Setting-specific Terminology***

In the United States, there are many available services that do not exist in other countries. While the glossary for this program is a helpful resource, the sheer number and scope of victim services presents a significant challenge for terminology. Because the services do not exist in all countries, the terms that are used by those services may not exist in many languages.

For example, there are many instances where there is no linguistic equivalent for the service itself or the job title of the service provider, particularly in victim services (for example, advocate, case manager, sexual assault nurse examiner, income support specialist or victim compensation office clerk). Additionally, one must consider not just the linguistic variables and the inherent grammatical aspects, but also the cultural variables that are present in any message.

It is important to first understand the term intralingually, i.e., in the same language or source language, before making the interlingual transfer, i.e., the conversion between the two languages, to come up with the corresponding interpreted rendition.

When you face this challenge of finding a good linguistic equivalence, even a bilingual dictionary may not be enough. Developing your own setting-specific glossary comes in handy. Every interpreter should have dictionaries in both or all the working languages. Additionally, however, one can find bilingual dictionaries and published glossaries (or electronic applications) that are geared toward the subject matter and not just the general usage of the terms.

One good tip to keep in mind is that interpreters interpret “meaning for meaning” and NOT “word for word.” As a result, whenever there is no direct equivalent term or direct translation, search for the equivalent meaning.

For example, the word *felony* in English has a different meaning than *felonia* in Spanish. Be careful about introducing cognates. Just because two words sound the same across two languages is never a guarantee that they mean the same thing. This trap is common for interpreters but especially risky in victim services.

Once you have identified terminology for which there is no immediate or direct linguistic equivalence in the target language, you can work on determining meaning, both intralingually and interlingually. It is important that you have the necessary tools to determine linguistic equivalence, such as

- Comprehensive source language dictionary
- Comprehensive target language dictionary
- Comprehensive bilingual dictionary, setting-specific whenever possible
- Setting-specific glossaries from reputable sources, such as the victims services glossaries or terms and definitions that are located on their websites.

### ***Legal Terminology***

It is extremely important not to try to rephrase or paraphrase the meaning of legal terms simply because no exact equivalent exists in your language, whether it is a spoken or a signed language.

The reason not to do so is that *you are not an attorney* (and even if you are, and even if you are legally licensed to practice law in the jurisdiction where you interpret, *you are not that survivor's attorney*). Only the legal service provider has the authority to explain a legal term—not the interpreter.

Furthermore, paraphrasing or explaining a legal term that has no equivalent in the survivor's language could be considered “giving legal advice,” or Unauthorized Practice of Law. *Unauthorized Practice of Law is a crime in many U.S. states.*

### ***Culture-specific Terminology***

The survivor, too, may speak in ways that have no direct linguistic or conceptual equivalent in English. Whether the problem is a word that has complex religious meaning; a phrase that refers to a cultural tradition, belief or practice; or any vocabulary that doesn't exist in English (or that you do not know how to say in English), the challenge can be great.

In some languages, good bilingual dictionaries may also not be available to assist you.

In these cases, however, the best resource you have is the survivor. Avoid trying to paraphrase or explain the difficult term, especially if a paraphrase would take more than a few words. In fact, in legal interpreting, avoid paraphrasing at all.

Instead, request that the survivor clarify the meaning of the difficult term and interpret the clarification. That way, you can be sure of accurate meaning that the survivor intends. If she says, “He touched me,” and uses a colloquial word in that language for *touch* that implies forced touch, and you interpret the statement as, “He molested me,” but she actually has another intended meaning, your assumption and your incorrect interpretation could cause medical, legal, mental health or other problems.

Instead you could interpret into English, “He touched me,” then say to both parties, “The interpreter requests that the client clarify the meaning of *touch*.” (However, if you do so in mental health or legal

interpreting, be sure to address the provider first, and take the provider's lead on what to do next to avoid potentially triggering or re-traumatizing the survivor.)

### Emotionally Charged Terminology

Words are used to convey meaning, as well as emotion. When interpreting for victim services, it is likely that you will interpret some very emotionally charged terminology. Interpreters, however professional they may be, are not machines. At times, you will find it difficult to maintain professional detachment when you interpret graphic, obscene or painfully descriptive messages.

In addition, if you have had any difficult life experience yourself, as you saw in Module 2, interpreting emotionally charged terminology for a victim can bring to mind your own experiences. If you find certain terms are triggering or upsetting you—and this does happen for interpreters—reread Module 2 carefully and decide if you are truly ready to interpret in this particular type of assignment.

While at no time is the goal to desensitize yourself completely to the painful connotations and nuances of terminology in victim services, do try to become familiar with the more common terms, phrases or descriptions that provoke an emotional reaction in you and learn to work through that response by practicing those terms. Simply repeating terms for intimate body parts, violence, colloquial insults (e.g., for women or gays and lesbians), certain types of assault and/or torture in both languages while facing a mirror, and then perhaps practicing them with a fellow interpreter, may help to desensitize those words and phrases for you—at least enough to ease the job.

This kind of gradual desensitization may also increase your accuracy when you interpret. Not reacting emotionally to such terms frees up “cognitive real estate” in your mind to focus on accurate message transfer. You don't want your emotional responses to certain terms to undermine your accuracy.

Increased exposure will also enhance your familiarity with the terms themselves and prevent a situation where you might be unable to complete your assignment because you are too emotionally involved or upset to continue—which has happened to many victim services interpreters in real life, even in court.

Remember that if you have to leave the session because the terms and content that you are interpreting are too graphic or painful, you may have a negative impact on the well-being of the survivor. Leaving the session

### A Word of Advice to Victim Service Interpreters: Study Your LGBT Terms

On other thing I would say [to tell interpreters] is LGBT terms: getting them comfortable with the fact that a lot of clients are refugees who are seeking asylum because they identify as LGBT or queer, and maybe even familiarize themselves with the appropriate terms. [Interpreters] might not know the appropriate term. Prepare them for the fact that someone might need to tell us about sexual assault they are experiencing. If they are male and experienced [same-sex] sexual assault, or [if] they need to talk about their LGBT relationship [of domestic violence] for purposes of immigration, they may need to go into very deep detail about their transition and their pronouns.

—Paralegal in a nonprofit legal service

### Words Matter!

To a certain degree, I felt like there might have been a misunderstanding in live interpretation in court if I had a client from El Salvador but the interpreter was from Spain. The interpreter might use a word my client used differently.

That's the hardest thing in terms of the cultural differences. I totally understand the lack of resources: so much better than having no interpreter! But in different regions where the language is used, the words can have a different meaning.

—Victim services attorney

should be a last resort. Desensitizing yourself to common but brutal terminology in this field is an effective strategy that can help you avoid this last resort.

## **Review of Part 8.1**

This section discussed the importance of learning relevant terminology in victim services interpreting. It explained the organization and structure of a glossary that accompanies this training manual and how and why this glossary could be useful for interpreters in this field.

This section also explored three key terminology challenges for victim services interpreting and how to manage them. The challenges were

- Lack of familiarity with the setting-specific terminology
- Lack of linguistic equivalence for setting-specific, legal and culture-specific terminology
- Emotionally charged terminology.

## Part 8.2 Strategies to Enhance Terminology

### Learning Objective 8.2

After completing this objective, the interpreter will be able to

*Identify effective strategies to enhance knowledge of setting-specific terminology in victim services.*

### Introduction

A critical key to successful interpreting in victim services is learning the standard victim services terms and phrases that are discussed in the previous section, as well as building your own individual victim service glossaries that are specific to a particular area of service of specialization.

This module explores glossary-building strategies for expanding one's terminology in this critical field.

### Building Glossaries

#### Why Building Your Own Glossaries Matters

One effective way to address the terminology challenges of victim services interpreting and improve your knowledge of the field is to develop a glossary (or several glossaries) of setting-specific terms. The glossary that accompanies this manual, discussed in Part 8.1, will certainly help you.

However, there is no substitute for building your own glossaries that are specific to the interpreting you actually provide. Not only will building them make the interpreting itself easier, but you will become a smoother and more confident interpreter.

#### Research

Do you know how to interpret some of the terms for violence such as *hit, slapped, smacked, whacked, cuffed, kicked, beat, punched, choked, stifled, strangled, knocked around, pounded, bashed* and *battered*?

What about terms for pain like *sore, tingling, pricking, aching, jabbing, throbbing* or *piercing*?

Sometimes basic words, not professional jargon or cultural expressions, get in your way because you don't hear or interpret them every day. One interpreter for torture survivors reporting freezing when she heard, in French, the term *steel-toed boots*, because she had never had to interpret such a term before.

Research is one of the ways to enhance and practice your terminology for victim service settings and increase your knowledge. Ideally, you will research any interpreting assignment ahead of time when possible so that on the assignments where you have no time, you can mentally activate prior preparation. ("Okay, it's an investigation of child abuse at a child advocacy center. Where did I put that glossary on my smartphone? What was the word that tripped me up last time—oh, right, *fondled*. What are the words that child was using to refer to her private parts last time?")

### Get the Words Right

One case in particular, the opposing party had used a word that means pushed but the court interpreter interpreted it as *side-stepped*. So I had to get clarification, especially because in DC our Spanish-speaking populations are either from El Salvador or Guatemala or sometimes Mexico, but culturally very different. And the words are very different, obviously, within those countries and regions.

—Victim services attorney

### Specific Research Strategies

Generally speaking, your research will provide information on relevant terminology and the environment where the interpreted session will take place. It will prepare you both linguistically and emotionally for the session. Consider which of the following research strategies may be most helpful to you, depending on your service setting:

- Collect publications, forms, sample documents to sight translate and any other documents (whether in print or online) for any victim service where you have interpreted or may soon interpret.
- As mentioned earlier, consult listservs and other interpreters of your working languages for their suggestions of terms you need to know and/or glossaries, dictionaries and other resources that may help you.
- Watch television crime shows, courtroom dramas, hospital or other medical shows and interpret simultaneously what you hear. Record these shows for later practice in consecutive interpreting (by pausing the recording to interpret).
- Ask victim service providers that you work with often—especially attorneys, advocates, clinicians (therapists), law enforcement and case managers—for their suggestions of key terms that you need to know for their specific services.
- Create specialized glossaries and test yourself to see if you can interpret them in both directions (by covering up one column at a time). See the next section for details about how to build such glossaries.
- Attend specialized conferences and workshops.

#### A Note for Sign Language Interpreters: Attending Workshops

Sign language interpreters might benefit, even more than spoken language interpreters will, by attending in-person workshops and conferences.

Sign language is not as static or as easy to encapsulate in print form as spoken language terminology, because sign language is visual and gesture dependent. Hands-on workshops make new concepts easier to visualize and learn.

### Familiarize Yourself With Specific Settings

Start your process by familiarizing yourself with the specific service setting. In the case of victim services, unless that service is already in your area of expertise, you will need to understand the protocols, processes and expectations of outcomes. Study this manual carefully. Then study your glossary and its list of acronyms.

Once you become familiar with the specific setting, work on identifying key terms, i.e., the often used and common terms that are applicable to that setting. It is important to understand how changing register, paraphrasing or lack of equivalence can impact the interpretation, so prepare for it accordingly. Consider whether the term is used in a difference context, especially between legal vs. community interpreting.

If you encounter unfamiliar terminology during a session, apply the intervention for clarification techniques that you learned in Module 5.

Even if you think that you understand a term, it is important that you do not explain that term yourself, either for the provider or the survivor.

### **Use Dictionaries and Glossaries**

- Use monolingual dictionaries first to understand the meaning of term in each working language.
- Use bilingual dictionaries to look up terms and cross-check the definitions for context congruity (e.g., *parole* means something different when referring to an abuser's coming out of jail than for an asylum seeker who needs advance parole to leave the country).
- Use monolingual glossaries to learn more about the meaning in the context of specialized services (e.g., a sexual assault glossary).
- Use bilingual glossaries to help you learn those terms in both languages.

### **Your Specialized Glossaries**

Now you are ready to consider your own victim services glossaries. The glossaries that you develop yourself are like those you might already be building for other types of encounters. They are essentially terminology lists, usually in alphabetical order, of key terms and their definitions as they are used in a particular domain or field of expertise.

For interpreters, these lists of terms are usually developed to include both the source and target language definitions. Often, you will add comments to clarify context-specific usage.

However, it is important to remember that a glossary (whether you purchased it or created it yourself) is *not a substitute* for a same-source language dictionary. For the purposes of this training, the terms and definitions are provided only in English.

A sample glossary often looks a bit like this:

English	Definition	Your language	Definition	Comments
Abuse	to insult, hurt, injure, rape and/or molest another person. Such behaviors may include, but are not limited to: physical abuse, emotional abuse, financial abuse, spiritual abuse and/or verbal abuse.			
Batterer	a person who uses coercive and abusive tactics and behaviors to establish and maintain power and control over another person with whom the batterer is in an intimate, dating or family relationship. Such behaviors may include, but are not limited to: physical abuse, emotional abuse, financial abuse, spiritual abuse and/or verbal abuse.			
Crime Victims Compensation Program (CVC)	a government fund established to assist qualifying victims of violent crime and their families with crime-related expenses, including, but not limited to: costs related to counseling, funeral and burial, medical and mental health, emergency/temporary shelter and other costs as permitted by statute.			

Figure 16: A Sample Glossary for Terminology

As you prepare for a specific assignment

- Pull out the relevant specialized glossary that you created, found online or purchased
- Cover up one column, perhaps starting with the column for your weaker language
- Test yourself: See if you can interpret each term into the other language
- Mark every term that you can't remember how to interpret
- At the end, study the marked terms
- Go back and try those terms again, putting a double mark beside the ones you missed the second time
- Continue in this way until you have mastered all the terms in your specialized glossary: You are ready for that assignment!

### Study and Practice Using Victim Services Role Plays

Go through every role play and activity in your workbook. The role plays are based on real dialogues that were used by victim service providers and law enforcement in the District of Columbia, typical for the United States victim service context and with authentic terminology.

Underline *and* make a running list of terms in these activities and role plays that are new to you and/or that you are unsure how to interpret accurately. These are all terms that you should know. Add these terms to the specialized glossaries that you are building and/or circle them in the companion glossary for this program.

### **Expand Your Knowledge of Victim Services**

Go to the websites of victim assistance networks like the DC Office of Victim Services (<http://ovs.dc.gov/release/dc-office-victim-services-announces-victim-assistance-network>) and the Metropolitan Police Department's victim services page (<http://mpdc.dc.gov/page/victim-assistance>). Look at the many services available. Do you know all of them?

### **Learn Terms That Are Specific to the Cultural Communities**

If you come from the cultural community you serve as an interpreter, perhaps you know the cultural and other terms that are used frequently within that community that might be a challenge to interpret.

If you are a native-born American, such as a Spanish interpreter who spent a semester in Mexico, or an ASL interpreter who did not grow up in the Deaf community, then there are terms and expressions that are used by survivors that you might not know well or understand.

In addition to such terms, there are the terms *about* the communities to be aware of, especially in cases of dual culture, where a Spanish interpreter, for example, might be working with an ASL and a Mexican Sign Language interpreter, but the Spanish interpreter might not know (in English and/or Spanish) important historical distinctions and evolutions in terms, e.g., *handicapped* vs. *disabled*; or *Deaf and/or hard of hearing* vs. *dumb and mute*.

## **Review of Part 8.2**

In this section you reviewed and practiced specific strategies to enhance your knowledge of setting-specific terms in victim services. These strategies included

- Researching the specific service
- Familiarizing yourself with specific settings
- Using dictionaries and glossaries
- Developing specialized glossaries
- Studying and practicing victim service role plays
- Expanding your knowledge of victim services.

## Part 8.3 Specialized Victim Services

### Learning Objective 8.3

After completing this objective, the interpreter will be able to

*Review three specialized victim services and relevant terminology: emergency services, homicide survivor services and disaster behavioral health.*

### Introduction

Most interpreters will need to research other areas of victim services that have not been discussed in great depth or at all in this manual. They will need to pay special attention to areas of victim services where the interpreter is unlikely to get advance notice that is sufficient to research terminology for the assignment.

In other words, the interpreter will rely on long-term preparation, instead. Here are three examples of interconnected areas of victim services that are typically not familiar to interpreters, largely because the opportunities to interpret for these services are occasional, not regular, and requested on an emergency basis.

The three service areas are

- Emergency services, including response to mass disasters (such as a bombing or a hurricane)
- Homicide survivor services, those that are provided to the family and loved ones of homicide victims (in the immediate aftermath of the homicide, the interpreter has little time to prepare)
- Disaster behavioral health services (mental health services) for survivors of disasters.

### Emergency Services and Disasters

#### Interpreting for the Worst

Every day, somewhere in the United States, disasters strike. Some types of emergencies are routine. Others, like bombings, are rare. Some emergencies are occasional but recurrent, such as hurricanes and tornadoes. Yet who thinks about the interpreter for these scenarios?

Disasters and emergencies can have natural causes (such as hurricanes, earthquakes, wildfires or extreme weather in general) or result from man-made disasters. Mass emergencies could be non-violent (for example, a public health emergency) or criminal. Criminal disasters could result from causes such as terrorism, bombs or bioterrorism. What they all have in common is that interpreters for such services have little time to prepare terminology prior to the assignment.

After an emergency or a disaster occurs, the immediate actions that are taken by disaster management or emergency management agencies are critical. Specific protocols apply. The efforts that are undertaken are intended to help communities recover from natural or man-made disasters as quickly as possible.

The result is that communication often—or usually—takes place in a highly emotionally charged setting with many new and unfamiliar terms, settings and contexts. These conditions affect you, the

interpreter, yet few of the survivors or providers around you will pause to give thought about how those conditions affect *you*.

For example, in some cases, the emergency could affect your own neighborhood, and you might be worried about your street, your home—or even the safety of your family members—*while* you interpret. Such stress can have a quite significant impact on both your performance and your ability to interpret or remember less familiar terminology.

Secondly, it is difficult enough to interpret for one survivor of crime. To work right after a mass disaster takes a different toll on the interpreter.

### **A Note for Sign Language Interpreters: Changes in the Real World**

Communications about major events evolve. In 2014 and 2015, during televised announcements about major events in New York City such as storms, a hurricane and an Ebola outbreak (events that affect or concern all or most citizens), Certified Deaf Interpreters have recently been engaged to interpret for the Mayor’s announcements. That is an encouraging trend.

### **The Emergency Management System**

*Emergency management is defined as the governmental function that coordinates and integrates all activities necessary to build, sustain and improve the capability to prepare for, protect against, respond to, recover from or mitigate against threatened or actual natural disasters, acts of terrorism or other man-made disasters.<sup>54</sup> More recently the Federal Emergency Management Agency (FEMA) introduced the “Whole Community” approach to emergency management that: reinforces the support of the collective management team<sup>55</sup>; leverages all of the resources of the collective team<sup>56</sup> in preparing for, protecting against, responding to, recovering from and mitigating against all hazards; and that collectively meets the needs of the entire community in each of these areas.*

— RID, 2012, p. 1

After a disaster or mass emergency, local government agencies and community-based organizations (CBOs) typically have an emergency plan in place that they have partnered to create. Even many private enterprises, such as nursing homes, religious organizations and others, may be responsible for adhering to that emergency plan.

### **HSEMA**

Each jurisdiction in the United States should have its own emergency management agency. In the District of Columbia, for example, that agency is Homeland Security Emergency Management Agency, HSEMA.

<sup>54</sup> Post-Katrina Emergency Management Reform Act of 2006 (Public Law 109–295)

<sup>55</sup> Collective emergency management team includes federal, state and local government; tribal and territorial partners; non-governmental organizations (faith-based and non-profit groups, including disability and Deaf service providers); the private sector industry; and individuals, families and communities.

<sup>56</sup> This larger collective emergency management team includes the federal, state, local, government, tribal and territorial partners, non-governmental organizations, the private-sector industry, individuals, families and communities, all of whom continue to be the nation’s most important assets as first responders during a disaster. Both the composition of the community and the individual needs of community members, regardless of age, economics or accessibility requirements, must be accounted for when planning and implementing disaster strategies.

Here, from the HSEMA website ([www.hsema.dc.gov](http://www.hsema.dc.gov)) are the four phases of emergency management clearly explained:



Figure 17: Phases of Emergency Management from the HSEMA website (<http://hsema.dc.gov/page/emergency-management>)

**Mitigation – Prevents future emergencies and minimizes the effects of disaster.**

Mitigation activities are designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often developed in accordance with lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard-related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

**Preparedness – Planning to handle an emergency or disaster.**

Preparedness involves a range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government and private sector and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources.

**Response – Actions taken to save lives and protect properties.**

Response activities address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes the execution of emergency operations plans and of incident mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and

other information to lessen the effects or consequences of an incident; increased security operations; continuing investigations into the nature and source of the threat; ongoing public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity, and apprehending actual perpetrators and bringing them to justice.

### **Recovery – Efforts initiated after an emergency to return the community to normal.**

Recovery involves the development, coordination, and execution of service- and site-restoration plans for affected communities and the reconstitution of government operations and services through individual, private-sector, nongovernmental, and public assistance programs that identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.

HSEMA, like many emergency management agencies, engages in many critical activities:

- Developing emergency preparedness plans and procedures in coordination with District agencies, service providers and private businesses
- Training and exercising District emergency operations plans
- Delivering emergency preparedness exercises, trainings, seminars and conferences to local first responders, city employees, and public and private stakeholders
- Maintaining ongoing situational awareness of potential threats and hazards
- Serving as the central communications point for District agencies and regional partners before, during and after an emergency
- Leading the District's public safety planning efforts for events requiring interagency coordination, such as festivals, parades, marathons, and other local or special events
- Keeping the public informed through AlertDC, the HSEMA Mobile App, and community outreach and training programs.

**Question:** What kinds of violent events have your residents been victims of?

#### **HSEMA staff member in Washington, DC:**

Tornadoes and hurricanes and consequences to natural disasters and terror threats. Regular emergencies are handled by police and fire, and they won't stop during a disaster. We've seen the August 2011 earthquake that caused a shutdown in the system during the Blizzard of '96 or Snowmageddon [a snow emergency] that caused large weather-related events. We have to continuously be able to plan and respond. And then District of Columbia being the nation's capital, we are also participating with federal agencies regarding the President and Congress.

## **Where Interpreters Get Involved**

State and local governments are required to protect residents and even tourists and visitors during and after emergencies and disasters. Emergency management is a broad field that requires detailed advance planning by a large number of agencies that also needs to be well-coordinated during and after the emergency event itself.

Before, during or after a disaster or mass emergency, an interpreter could be involved. Here are the typical stages of emergency management with examples of how an interpreter might be involved in each stage added in parentheses:

- Advance planning (outreach programs, interpreting for group presentations)
- Testing of preparedness (communications to the community)
- Community evacuation and transportation (mass alerts, telephone interpreting, in-person/face-to-face interpreting)
- Emergency shelter programs (interpreting at family reunification centers, recreation centers or schools turned into shelters)
- Temporary lodging and housing (interpreting for applications for housing, processing of paperwork for families settling into housing)
- Social services and emergency- and disaster-related benefit programs (interpreting for applications, appeals and service provision)
- Emergency medical care and services (interpreting for hospitals, paramedics or doctors in the street running to an emergency)
- Crisis intervention counseling through responders who are trained in disaster behavioral health responses (perhaps following the responder as s/he makes the rounds at a family reunification center)
- Long-term therapy (interpreting for clinics, nonprofit mental health services, hospital outpatient mental health services).

These are only a few examples of service areas that might involve an interpreter.

In an ideal world, qualified emergency management interpreters would be specially trained to participate in a community emergency response. In reality, most interpreters have received no such training and are not familiar with the specialized terminology.

### Interpreting Realities in a Mass Emergency

Most of the interactions that emergency management professionals and volunteer responders provide are very quick. They often take place in situations that are chaotic, sometimes with many people milling about. Many other conversations may be going on, and a number of distractions are present that can affect your ability to focus, concentrate and interpret—or even understand what is taking place or what the service provider’s goal is.

### An ASL “Emergency Management Interpreter” Speaks Up

**[Interviewer]:** What are some of the challenges you face?

**[ASL interpreter]:** There are different dangers, different responses and different resources depending upon your location. Therefore, there can be no one response. You can’t take a mechanism from one part of the country and expect it to be successful in another part of the country. Developing national best practices is full of challenge and struggle because of the emergency management mantra, “All solutions are local.” Also, it’s hard to take still-developing hearing metrics and consider deaf individuals and interpreters within the solution.

**[Interviewer]:** Do you have any advice for interpreters interested in working in emergency management?

**[ASL interpreter]:** We need to organize. Practitioners will have to bump up their game. This is not business as usual. We need to all put on our boots (not the heels). We need to drill together. We need to realize this may be a definition of our profession and that adversarial relationships will not work. We also need to be prepared for the intensity of emergency management situations.

—RID (2012)

All these situations make it difficult to prepare for, hear, understand and interpret unfamiliar terms.

If the emergency is a mass disaster (involving more than eight to nine deaths for example—remembering that each death has an immediate impact on about eight to 10 other individuals), the chaotic element, shock and trauma can be even more severe, especially right after the disaster.

Depending on the event and how soon after the event the interaction is, the interpreter might be shadowing the responder in case the responder needs language assistance at any moment. Responders, whether professional or volunteer, work with all ages. Because their interventions occur soon after a disaster or family loss, they use “psychological first aid.” In other words, they’re not doing therapy or crisis counseling but are allowing individuals to say what they need to express.

Just as with other trauma survivors, the responses of victims of mass disasters can be unpredictable. There may be crying, calmness, hysteria, anger or nearly any emotional response that one can imagine.

The responders are also performing a basic assessment of these individuals’ or families’ needs. Responders are trying to empower the survivors by mobilizing them to connect with helpful resources within the first four or five days. As a result, the responders are not diagnosing these individuals. Instead, the responders are acting as more of a presence and trying to validate survivors’ experiences and build their resilience.

If the responder is speaking with an individual in the hallway, the two of them (or a whole family) might need to go to a private room to speak in peace. The flow of services can appear random to an interpreter because responders tend to approach people based on the issues that responders have noticed. Responders make such contact by, for example, passing out water or blankets.

People do not usually come up and ask for a responder, so responders tend to go out to find those who need help.

Needless to say, this setting can create additional challenges beyond all the previously mentioned ones in this and other modules. Not only might the interpreter have personal safety concerns; in addition, the added stress from witnessing the aftermath of a disaster on human beings can take a severe emotional toll.

## Emergency Management Interpreting and Sign Language

In general, spoken interpreters in the United States lack the resources and specialized training to address emergency management interpreting. Sign language interpreters have at least discussed this issue in some depth and are exploring the development of training and credentialing for sign language interpreters in this field. Here, for example, is information from the website of the Florida Registry of Interpreters for the Deaf:<sup>57</sup>

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<sup>57</sup> <http://www.fridcentral.com/page-1315170>

### **FRID Emergency Management Interpreter (EMI) Training & Credentialing**

FRID is working with the Florida Division of Emergency Management (DEM) to develop a credentialing process. The proposed qualifications are listed below. ...

#### **Proposed Qualification Requirements**

1. Certified CI and CT, NIC, or CSC
2. At least five (5) years experience as a community interpreter including legal, medical, and mental health interpreting experience
3. Willingness to be called during an emergency

#### **Onsite Trainings (updated 12/16/2013)**

##### Interpreter Courses:

- FIST 101 – Emergency Management 101 for Interpreters: The Incident Command System and Interpreter Strike Teams, 3 hrs.
- FIST 200 – Emergency Management Interpreter: Public Information Officer – Press Conferences and Family Briefings, 3 hrs.
- FIST 300 – Emergency Management Interpreter: Self Care and Trauma Mitigation, 3 hrs.
- FIST 400 – Emergency Management Interpreter: Deployment Readiness, 3 hrs.
- FIST 500 – Emergency Management Interpreter: Table top exercise, 3-5 hrs.

##### Other Courses:

- American Red Cross – First Aid/CPR/AED, Shelter Training
- CERT Training – <http://www.citizencorps.gov/cert/>

##### **FEMA online trainings** – <https://training.fema.gov/IS/crslist.asp>

- IS-7: A Citizen’s Guide to Disaster Assistance
- IS-100.b: Introduction to the Incident Command System, ICS-100
- IS-200.b: ICS for Single Resources and Initial Action Incident
- IS-403: Introduction to Individual Assistance
- IS-700.a: National Incident Management System (NIMS), An Introduction
- IS-800.b: National Response Framework, An Introduction
- IS-806: Emergency Support Function (ESF) #6: Mass Care, Emergency Assistance, Housing, and Human Services

To summarize, interpreters in emergency victim services should be aware of the emergency management cycle that is discussed above (preparedness, response, recovery and mitigation) and their role in emergency management, as well as some of the specific challenges that face them, including their own risk of physical harm or potential immediate or vicarious trauma. They should research relevant terminology well ahead of time if they perform victim services interpreting because it will be almost impossible to research the terminology on the spot or have advance notice of the assignment.

**Remember:** If the mass emergency or disaster affects where the interpreter lives and works, the interpreter, too, is a member of that community and may be affected deeply, no less than any other community member.

## Homicide Survivor Services

One homicide survivor speaks:

*The trauma from a murder or attempted murder can affect so many who had a connection to our loved one; it's very much like a stone thrown into a pond. There is the initial splash and then the ripples that go out from there .... When our Kevin was killed on May 19, 1999, not just Wayne and I were severely traumatized, but so were our daughters, our parents, his aunts and uncles, his cousins, his friends and his classmates. Also traumatized were our church family, our neighbors, the neighbors of Sandia Park where the boys were killed, and Albuquerque as a whole felt threatened and afraid .... Murder is not a private affair.*

— Joan Shirley, in a letter posted by the Resource Center for Victims of Violent Death<sup>58</sup>

A homicide survivor is an immediate family member or loved one of a victim of homicide (and is not the actual survivor of an attempted homicide).

Different services within a victim services network respond to survivors of homicide. These include law enforcement; grief and bereavement clinicians (therapists) such as those at the Wendt Center for Loss and Healing in the District of Columbia; the Victim Compensation Program; and various case managers, therapists, attorneys and other staff at many organizations within a victim services network.

However, the immediate aftermath is when interpreting is at its most challenging. Some of the common responses to a violent loss of a loved one include

- Shock or denial
- Numbness
- Sadness and tears
- Fear (especially if the murderer is still at large)
- Anger and sense of betrayal
- Silence about the murder or the opposite, telling the story of the death repeatedly
- Feelings of helplessness and loss of control
- Insomnia (which can lead to agitation) or fear of sleep
- Nightmares
- “If only” feelings (“If only I had done this or that”) about wanting to have prevented the death.

<sup>58</sup> <http://www.bridgesforvictimsofviolentdeath.org/wp-content/uploads/Victim-to-Victim-May-14-The-ripples-of-murder.pdf>

Yet there can be many other responses. Just as with any other kind of trauma, there is no “right way” or “wrong way” to respond to the death of a loved one. The death of an immigrant can be complicated by other factors about which the service provider may or may not be aware and that involve cultural terms and concepts about which the interpreter might have to intervene (either because the interpreter doesn’t know them or because the service provider or homicide survivor does not know them). Examples include terms and concepts for

- Mourning rituals
- Religious or spiritual beliefs about the sanctity of the body in which cremation or organ harvesting would be absolutely devastating for the survivors
- Other beliefs related to the loved one’s body (such as the need to return it to the country of birth)
- Funeral homes and rites
- Formal procedures that are common in the United States as they relate to death and homicide, including autopsies and the need to legally identify the body or remains.

## Disaster Behavioral Health Services

Disaster behavioral health involves the provision of mental health, substance abuse and stress management services to disaster survivors and responders. Disaster behavioral health is involved any time there are a number of victims, survivors or consumers who have been affected by or involved in any emergency situation that directly impacted more than eight or nine persons.

Very specific services might be available in this field. For example, the District of Columbia’s Department of Disaster Behavioral Health has a mobile crisis unit for smaller services. The mobile unit is run out of a community psychiatric emergency program. It provides several teams of two to three professionals who respond to incidents around the city.

After an emergency event, it is typical for individuals and families nearby to go through distress and anxiety about their safety, health and recovery. Some common consequences after a large emergency event or mass disaster can include

- Emotional distress
- Difficulty making decisions or following directions
- Physical symptoms (for example, headaches, stomach pain or difficulty breathing);
- Substance abuse
- Displacement (not being able to stay in one’s home), for example, some residents might be living in temporary emergency shelters, and thus feel isolated.

### What Interpreters Should Know About Disaster Behavioral Health

**Question:** What would you most want an interpreter to know or learn about your services?

**Answer:** That it is low key, that it is non-threatening, that it is at the pace of the survivor—but that it is not a medical intervention. It is more of a community-based approach. Very different from a medical or therapy model. It is based in real-time problem solving and accessing resources. We give a lot of training on not getting involved, whether it be that someone’s crying or issues of complicated grief. But we also do triage: a system of looking at what indications are that might lead to issues down the road. And we do a lot of education.

—Behavioral health professional (therapist)

Disaster response responders (behavioral health professionals) work in shelters, medical and psychiatric institutions and outreach programs or assistance centers within communities. They facilitate resiliency and recovery of survivors and responders through

- Education and information
- Supportive listening
- Screening for longer-term adverse reactions
- Providing referrals to medical, psychological or other services.

For more information see <http://www.phe.gov/Preparedness/planning/abc/Pages/disaster-behavioral.aspx>.

### Review of Part 8.3

This section offered information and terminology that is related to three emergency and victim services because the need for these services can arise rarely, yet they can be challenging for the interpreters who are called to perform at those times. There is usually little to no time to prepare terminology for this type of service. Therefore, victim service interpreters who might be called to perform them should make every effort to research and prepare for them in advance, before they receive an assignment, particularly because much of the terminology involved may be new or unfamiliar.

The three services are

- Emergency services and disaster response services
- Homicide survivor services
- Disaster behavioral health services for survivors of disasters.

### Review of Module 8

In this module, you reviewed relevant terminology in victim services interpreting, explored a glossary that accompanies this training manual and identified terminology-related challenges that you might face in victim services interpreting, including common linguistic and emotional challenges, as well lack of familiarity with the terminology.

You also explored why terminology is so important in victim services and how interpreters can effectively expand their knowledge and mastery of relevant terminology. In particular this module focused on how to

- Identify resources to acquire new setting-specific terminology
- Identify ways to determine meaning and context congruity
- Learn and practice strategies to memorize the terminology in context
- Continue practice on terminology by going back to the role plays in the workbook for this module and in the manual as a whole
- Use the role plays in this book to expand your knowledge
- Create new glossaries by specific service area.



## A PARTING WORD

The demands placed on you in this field are often huge. In victim services interpreting, you face pressures that exceed even the usual challenges of community interpreting. Those pressures may be inherent in the setting or may come directly from the survivor or provider.

Remember that all professions have boundaries, and part of being a professional interpreter involves understanding the limitations of your scope of practice and how to remain within the boundaries of your role.

Self-care is critical, too, because of the stress involved and the potential to experience vicarious trauma. Often, your physical and emotional needs as an interpreter are not recognized. Remember to apply the skills and techniques you learned (especially in Module 2) to protect yourself and take care of yourself. You are a precious resource. Survivors and victim services providers need you. Without you, sometimes the service cannot be effectively provided.

Remember, too, the importance of your professional development. A professional interpreter is a lifelong student and never stops learning, honing skills and increasing knowledge.

Finally, we hope that you enjoy the journey. Victim services interpreting brings pain and joy, for it is a field focused on healing and justice after acts of violence. For those interpreters who find a way to balance their professionalism and caring hearts, the rewards of interpreting in this field are deep and real.



## BIBLIOGRAPHY

Bambarén-Call, A., Bancroft, M.A., Goodfriend-Koven, N., Hanscom, K., Kelly, N., Lewis, V., Roat, C., Robinson, L., & Rubio-Fitzpatrick, L. (2012). *Interpreting compassion: A needs assessment report on interpreting for survivors of torture, war trauma and sexual violence*. Columbia, Maryland: The Voice of Love.

Bancroft, M.A., Bambarén-Call, A. Berthold, S. Megan, Chevalier, A., Goodfriend-Koven, N., Hanscom, K., Kelly, N., Lewis, V., Piwowarczyk, L., Roat, C., Robinson, L. and Rubio-Fitzpatrick, L. (in press). *Healing Voices: Interpreting for Survivors of Torture, War Trauma and Sexual Violence*. Columbia, Maryland: The Voice of Love.

Bancroft, M.A., Beyaert García, S., Allen, K., Carriero-Contreras, G. and Socarrás-Estrada, D. (2015). *The Community Interpreter®: An International Textbook*. Columbia, Maryland: Culture & Language Press.

Block, C.R. (2003). How can practitioners help an abused woman lower her risk of death? *NIJ Journal* 250, pp. 4-7.

Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C., Campbell, D., Curry, M.A., Gary, F., Glass, N., McFarlane, J., Sachs, C., Sharps, P., Ulrich, Y., Wilt, S. A., Manganello, J., Xu, X., Schollenberger, J., Frye, V., Laughon, K. (2003). Risk factors for femicide in abusive relationships: Results from a multisite case control study. *American Journal of Public Health*, 93(7), pp. 1089–1097.

Cross, T.L., Bazron, B.J., Dennis, K.W. & Isaacs, M.R. (1989). *Towards a Culturally Competent System of Care* (Volume 1). Washington, DC: Georgetown University, Child Development Center, Child and Adolescent Service System Program, Technical Assistance Center.

Erickson, A. (2006). NAJIT Position Paper: *Modes of Interpreting: Simultaneous, Consecutive, & Sight Translation*, 2006, available at [http://www.najit.org/publications/Modes\\_of\\_Interpreting200609.pdf](http://www.najit.org/publications/Modes_of_Interpreting200609.pdf)

Framer, I., Bancroft, M., Feuerle, L. and Bruggeman, J. (2010). *The Language of Justice: Interpreting for Legal Services*. Washington, DC: Ayuda.

Gallese, V. (2007). Mirror neurons and the social nature of language: The neural exploitation hypothesis. *Social Neuroscience*, 2 (2), 1–17.

## BIBLIOGRAPHY

Garretson, D.A. (1981). A psychological approach to consecutive interpretation. *Translators' Journal*, 26, (3), pp. 244–254.

Gomez, A. (2012). *Vicarious Trauma and Posttraumatic Growth: A Study of How Interpreters Working in Psychotherapy Are Impacted by Their Work*. MA thesis submitted to Dublin Business School.

Heimerl-Moggan, K., & John, V.I. (2007). *Note-taking for Public Service Interpreters*. Timperley, UK: Interp-Right Training Consultancy.

Hsu, J. (2008). *The Secrets of Storytelling: Why We Love a Good Yarn*. *Scientific American*, online edition. <http://www.scientificamerican.com/article/the-secrets-of-storytelling/>.

Huggard, P., Stamm, B.H. & Pearlman, P.A. (in press). Physician stress: Compassion satisfaction, compassion fatigue and vicarious traumatization. In C.R. Figley & P. Huggard (Eds.), *First do no self-harm: Understanding and promoting physician stress resilience*. New York, NY: Oxford University Press.

International Organization for Standardization (ISO). ISO 13611 *Interpreting: Guidelines for community interpreting*. Geneva: ISO.

Izzo, E. and Miller, V.C. (2010). *Shock: Surviving and Overcoming Vicarious Trauma*. Scottsdale, Arizona: HCI Press.

McDonald, N.M. and Messinger, D.S. (2011). The development of empathy: How, when, and why. In A. Acerbi, J.A. Lombo & J.J. Sanguinetti (Eds.), *Free will, emotions, and moral actions: Philosophy and neuroscience in dialogue*: IF-Press.

National Association of Judiciary Interpreters & Translators (NAJIT) (2005). *Summary Interpreting in Legal Settings*. NAJIT Position Paper. Washington, DC: NAJIT.

National Association of Judiciary Interpreters & Translators (NAJIT) (2006). *Modes of Interpreting: Simultaneous, Consecutive, & Sight Translation*. NAJIT Position Paper. Washington, DC: NAJIT.

National Council on Interpreting in Health Care (NCIHC) (2003). *Guide to Interpreter Positioning in Health Care Settings*. Washington, DC: NCIHC. [www.ncihc.org](http://www.ncihc.org).

National Council on Interpreting in Health Care (NCIHC) (2004). *A National Code of Ethics for Interpreters in Health Care*. Washington, DC: NCIHC. [www.ncihc.org](http://www.ncihc.org).

National Council on Interpreting in Health Care (NCIHC) (2005). *National Standards of Practice for Interpreters in Health Care*. Washington, DC: NCIHC. [www.ncihc.org](http://www.ncihc.org).

President's Interagency Task Force (2013): *Coordination, Collaboration, Capacity: Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States 2013–2017*. Washington, DC: U.S. White House.

Rayes, B. (2008). *Spanish Bilingual Assistant: Introduction to Medical Interpreting*, 3<sup>rd</sup> edition. Phoenix, Arizona: Phoenix Children's Hospital.

- RID (2011). Interpreting in emergency situations: this is not business as usual. The RID Emergency Management Workgroup Interview with Tomina Schwenke, CI and CT, and Rick Pope, CI and CT, Georgia. In *Views*, 28(3): 23–26.
- RID (2012). *Interpreting in the Emergency Management Field*. A paper developed by the Registry of Interpreters for the Deaf (RID) Emergency Management Task Force, available at [http://www.rid.org/.../Emergency\\_Management\\_RID\\_Member\\_Feedback.doc](http://www.rid.org/.../Emergency_Management_RID_Member_Feedback.doc).
- Rock, P. (1994). *Victimology*. Dartmouth: Aldershot.
- Rozan, J.F. (1956/2005). *Note-taking in Consecutive Interpreting*. Cracow: Tertium.
- Schlesinger, Y. (2005). *Vicarious traumatization among interpreters who work with torture survivors and their therapists*. PhD. dissertation published. Chicago: The Chicago School of Professional Psychology.
- Splevins, K.A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, 20(12), 1705–1716.
- Strube, M.J. (1988). The decision to leave an abusive relationship: Empirical evidence and theoretical issues. *Psychological Bulletin*, 104(2), 236–250.
- SAMHSA (2012). *SAMHSA's working definition of trauma and principles and guidance for a trauma-informed approach* [Draft]. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- SAMHSA (2014). *A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services: TIP 57*. Rockville, Maryland: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).
- SAMHSA (2014). *Tips for Disaster Responders: Understanding Compassion Fatigue*. Rockville, Maryland: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA).
- Socarrás-Estrada, Denis & Allen, Katharine. (2015). Interpreting Protocols and Skills. In M. A. Bancroft (Ed.), *The Community Interpreter®: An International Textbook*, pp.115–190. Columbia, Maryland: Culture & Language Press.
- Splevins, K.A., Cohen, K., Joseph, S., Murray, C., and Bowley, J. (2010). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, 22:250–262.
- Sullivan, P.M. & Knutson, J.F. (1998). Maltreatment and behavioral characteristics of youth who are Deaf and hard of hearing. *Sexuality and Disability*, 16(4), 295–319.
- Vernon, M. & Greenberg, S.F. (1999). Violence in Deaf and hard of hearing people: A review of the literature. *Aggression and Violent Behavior*, 4(3), 259–272.
- Vernon, M. & Miller, K. (2001). Interpreting in mental health settings: issues and concerns. *American Annals of the Deaf*, 145(5), 429–434.
- The White House Council on Women and Girls (2014). *Rape and Sexual Assault: A Renewed Call to Action*. Washington, DC: U.S. White House.

## BIBLIOGRAPHY

Young, M., and Stein, J. (2004). *The History of the Crime Victims' Movement in the United States: A Component of the Office for Victims of Crime Oral History Project*. Washington, DC: National Organization for Victim Assistance.