



# Interpreting Compassion

A Needs Assessment Report on Interpreting for  
Survivors of Torture, Trauma and  
Sexual Violence

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Permission is given to disseminate this work in its entirety for purposes of research, education and collaboration concerning services to survivors of torture, trauma and sexual violence and services that provide language assistance to those survivors.

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# Acknowledgments

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And to the survivors themselves, whose courage, dignity and achievements inspire us, we dedicate this report.

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A U.S. based 501(c)(3) nonprofit organization  
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**5/28/2012**

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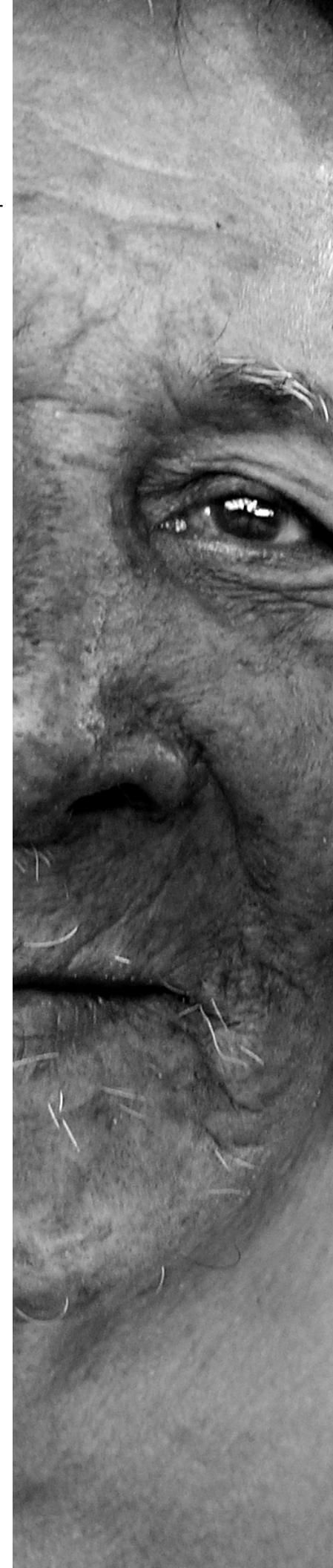
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## Executive Summary

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# Executive Summary

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**THE VOICE OF LOVE (VOL)** was organized in early 2010 to produce training and resources that would support interpreting for survivors of torture, trauma and sexual violence. In particular, the Authors Committee planned to create a three-day specialized interpreter training that would guide interpreters in the field.

An all-volunteer effort based in the United States, this collaborative has brought together more than 100 volunteers and subject matter specialists in interpreting, training and the provision of services to survivors of torture and war trauma. In 2011, the project incorporated as a 501(c)(3) nonprofit organization.

Anecdotal evidence clearly suggested that this field of “extreme interpreting” is plagued with problems of interpreter burnout, secondary trauma, frustration and the need for guidance. Both interpreters and the providers who work with them want and seek help. However, due to the lack of detailed information about interpreter practice in this field, the Authors Committee decided to conduct needs assessment designed to:

1. Identify needs to address in the proposed training curriculum.
2. Identify and prioritize key challenges that interpreters face when working in this field.
3. Determine how interpreters can support service providers in areas of “extreme interpreting.”

This is a report about the adventure that ensued as this project launched an in-depth needs assessment. The results amply justified the effort.

The needs assessment used two principal methodologies: focus groups and online surveys. Six focus groups were held with interpreters in six cities across the U.S. and seven focus groups were held with service providers. Two additional focus groups were held with survivors. A 44-question online survey was answered by 169 interpreters who self-identified as working with the target population; a 27-question online survey received responses from 75 service providers. The online surveys included both closed-ended and open-ended questions. The analysis was conducted by members of the Authors Committee and reviewed by other volunteers.

Principal findings of the studies with interpreters included the following.

- In general, interpreters in this field conform to standard interpreting protocols for community and legal interpreters. However, when interpreting for survivors, they differ on such issues such as whether to maintain first person, register and equivalent tone and spirit when interpreting.
- More than a quarter of interpreters surveyed had interpreted for clients who became verbally abusive or physically violent during a session. More than half had interpreted for sessions in which a Limited English Proficient (LEP) individual’s speech did not make sense. Almost three-quarters had been emotionally affected to a significant degree by interpreting for survivors of extreme trauma. A lack of understanding about the interpreter’s role interfered with their performance.

- Respondents identified specific techniques that helped them to interpret well for survivors, for example: paying special attention to demeanor, body language, and rapport; displaying patience, compassion and empathy for the survivor; and developing emotional moderation and self-control. Interpreters expressed a desire for specialized training, particularly about services to survivors and terminology.

Interpreters identified the following concerns:

1. Speech may be difficult to understand when the speaker is stressed.
2. Clients often misunderstand the interpreter's role.
3. Emotional outbursts may catch the interpreter off guard.
4. Providers should not speak offline to the interpreter during the session.
5. Inensitive remarks are difficult to interpret.
6. Cultural taboos make it hard to interpret certain questions.
7. Conceptual and linguistic equivalence may be lacking.
8. Body language and communication styles vary by culture.
9. Gender and age roles carry cultural weight.
10. Certain levels of violence may be viewed as common or expected.

Interpreters discussed how they cope when interpreting in this setting:

1. Interpreters struggle to keep their composure.
2. They find a post-session debriefing critical.
3. Having a coping strategy in place in advance is helpful.
4. Tears are often cathartic.
5. Interpreters may feel torn and confused.
6. Sharing reactions with others can be helpful.

Principal findings from the providers included the following.

- The respondents prefer on-site over telephonic interpreters.
- Only 40% of providers reported routinely using trained interpreters
- Another 44% use a mixture of trained and untrained interpreters.
- Three out of four of providers see a difference between trained and untrained interpreters.
- Over half have not received training on how to work with interpreters.

Providers identified interpreter behaviors that seemed problematic such as:

1. Problematic interpreter-client relationships.
2. Interpreter lack of respect for role boundaries.
3. Interpreters hindering providers from doing their work.

Providers made recommendations that included. Screen interpreters' emotional readiness.

1. Prepare the interpreter and give specific instructions.
2. Help interpreters deal with their own emotions.
3. Debrief the interpreter, even telephone or video interpreters.

Providers found that culture plays a major role. For example:

1. Clients sometimes distrust interpreters from their own communities.
2. Some interpreters do not deal well with culturally sensitive content.
3. Interpreters' religious beliefs may present a barrier.
4. Interpreters may wrestle with cultural views of gender.



The authors made the following recommendations.

## **1. Training for providers/staff.**

- a. Develop a written guide on how to work with interpreters in this field.
- b. Develop a half-day training program for providers.
- c. Include in the program:
  - i. Guidelines for working with trained and untrained interpreters
  - ii. Interpreter ethics (medical and legal)
  - iii. Secondary trauma for interpreters
  - iv. Pre- and post-conferences
  - v. Debriefing for interpreters
- d. Develop written materials that providers can give to the interpreters.

## **2. Recommendations to support interpreters**

- a. Develop a guide on how to interpret effectively in this field.
- b. Develop a curriculum for a three-day specialized training.
- c. Make a 40-hour foundation training in a prerequisite.
- d. Pilot the initial training to assess its effectiveness.
- e. Revise the curriculum accordingly.
- f. Seek feedback about the training manual.
- g. Develop a plan to disseminate the curriculum.
- j. Consider creating online training components.

Based on the findings outlined in this report, THE VOICE OF LOVE has recently developed two guides and a three-day training curriculum about how to interpret for survivors of torture, war trauma and sexual violence.



# Introduction

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# Introduction

Some interpreters don't want to embarrass either the provider or the client. So they go soft on some of the things that come out. They don't want to say [it] the way it is.

-Burmese interpreter

**Interpreting for survivors** of torture, trauma and sexual violence is a field so intense it can scar interpreters. Yet many survivors need interpreters. Healing from trauma without support is difficult, and each survivor's path to healing is unique. Professionals in the field may provide excellent services, but many of their linguistically diverse clients do not speak fluent English.

Without interpreters, asylum cases are lost, therapy can founder, and the light at the end of the tunnel grows distant for survivors.

Interpreters in the field often feel they are walking along a tightrope. The interpreter connects at least two people (often a service provider and a client) who are communicating across a chasm of linguistic, cultural and social differences. An interpreter who lacks adequate training for these settings is in a precarious situation—like a highwire artist without a safety net.

A tremendous challenge for the interpreter is to maintain just the right balance between interpreting and intervening when necessary to clarify misunderstandings. This balancing act is delicate in many areas of interpreting. But with

few exceptions, nowhere is this challenge more intense, complex and potentially injurious to the interpreter than interpreting for survivors of torture, trauma and sexual violence. Such work may be described as “extreme” interpreting.

Major challenges for the interpreters include the field’s specialized terminology; the common problem of secondary trauma caused by listening to stories of torture, rape and war<sup>1</sup>; difficulties managing the flow of communication; and a lack of understanding and agreement about whether the interpreter should only interpret or should also offer cultural, social and other information when misunderstandings arise. This latter controversy remains particularly strong in mental health services and legal interpreting for attorney-client interviews.

Finally (as if the rest were not hard enough), the area of interpreting addressed in this report takes place in mental health, legal, medical and social services settings, meaning that the interpreter must master a broad terminological repertoire and navigate several different interpreter codes of ethics, standards of practice and professional requirements.

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<sup>1</sup> Even using first person to interpret these experiences is too painful for some interpreters, who justifiably resort to saying, “He said that...” in indirect speech because it feels unbearable to say “I” as if the torture had happened to the interpreter. Some training programs recommend switching to interpreting in third person for assignments where the interpreter may be traumatized by using first person.



To meet the need to offer clear guidance for interpreters providing services to survivors of torture, trauma and sexual violence, in early 2010 a unique project developed in the United States. THE VOICE OF LOVE: Interpreting Compassion (VOL) is a U.S.-based, all-volunteer 501(c)(3) organization that seeks to shed greater light on how to interpret for survivors of torture, trauma and sexual violence. The driving purpose of the project is to develop specialized training for interpreters and providers that will lead to improved linguistic access to services for survivors of violence.

VOL comprises more than 100 volunteers who include torture treatment clinicians and staff, attorneys, interpreters (medical, mental health, legal and others), interpreter trainers, educators and curriculum specialists, case managers,

### One Survivor's Story

I've been an interpreter and had an interpreter. When I had an interpreter I did not feel (maybe because the target language was Arabic to Japanese) I did not feel the interpreter was saying everything.... I'm not familiar with anything in Japanese, but the tone I could see. The man was just like a machine: the tone was not being conveyed.

- Iraqi war trauma survivor

refugee resettlement staff, social workers, interpreter service coordinators, and others, most of them based in the U.S. The intent of the project is to develop quality training for interpreters in the field; offer guidance for providers and staff who work with the interpreters; and disseminate all work products both within the U.S. and around the world to enhance language access to services for survivors. In the longer term, the project hopes to support interpreter training in the field.

However, project authors soon realized that they were working in an area so new, so unformed and with so few resources that it was difficult to determine what to include in the proposed training program for interpreters. Many questions arose. For example: should the training be given to any interested bilingual individual, or only to interpreters who have already had professional training? Should the curriculum focus solely on the specialized skills of interpreting for survivors of torture and trauma, or should the proposed training include guidance on basic interpreting skills? Should interpreters who lack basic proficiency in both languages (but who currently interpret in torture and trauma as volunteers) also take the training, and should the program design address their limitations?<sup>2</sup> How much information should the curriculum include on such complex topics as mental health interpreting, legal interpreting for asylum cases, secondary trauma and so forth?

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<sup>2</sup> This can be a particularly vexing question with Languages of Lesser Diffusion (LLD). These are languages spoken in relatively small communities in any given geographic area. At this time in history, many survivors of torture and trauma speak LLDs, and the available interpreters in most countries, broadly speaking, tend to have less developed skills in English and fewer interpreting qualifications than interpreters of more commonly spoken languages. Yet there are often limited numbers of highly qualified interpreters available who speak the languages needed in torture and trauma services, and so there is a common tendency to use unqualified interpreters in these services.



Despite an initial basic review of the literature conducted by the project team and authors, the simple answer was, “We don’t know.”

In order to develop specialized interpreter training, the project authors therefore decided to conduct needs assessment before drafting goals and objectives for a training program. Following a basic literature review (which will be the focus of a separate report), project volunteers and participating agencies held focus groups across the U.S. and also developed two online surveys in order to gather more information from interpreters currently working in the field.

This report gathers the information gleaned from the focus groups and survey data, constituting a unique window into various areas of “extreme interpreting.” The needs assessment focused on three key areas:

- a. Torture and trauma centers or programs, the key audience for this report.
- b. Refugee resettlement centers. Providers in these venues work daily with torture and trauma survivors. (Refugee resettlement almost by definition involves working with survivors of extreme trauma, including torture and war trauma, since the awarding of refugee or political asylee status is so often directly linked to such experiences.)
- c. Mental health services. Providers of mental health services, including those at sexual assault and domestic violence centers, routinely work with patients who have experienced severe trauma. While most of their patients may not be survivors of torture or war trauma, the experience of mental health interpreters in general was esteemed to be valuable to this project.

## Special Terms

This report assumes a basic understanding of professional interpreting which, like many fields, is filled with jargon. For standard terms used in community and medical interpreting, the reader is referred to the glossary on pp. 10-11 of the NCIHC National Standards of Practice for Healthcare Interpreters, available at <http://data.memberclicks.com/site/ncihc/NCIHC%20National%20Standards%20of%20Practice.pdf>.

For a glossary of terms developed for legal interpreters, see Appendix 1.<sup>3</sup>

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<sup>3</sup> THE VOICE OF LOVE is currently collaborating with a special program at the Heartland Alliance Marjorie Kovler Center in Chicago that is developing a glossary for interpreters who work with survivors.



## Overview of the Needs Assessment

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# Overview of the Needs Assessment

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**Because a basic** literature review determined that limited information was available regarding interpreting for torture and trauma survivors, this needs assessment included focus groups and survey questions for interpreters, providers and limited English proficient (LEP) clients. Incorporating diverse research methods and stakeholder groups gave a structured foundation to the data collection as well as a qualitative and quantitative approach to extracting information that could help guide the planning of specialized interpreter training in this field.

There were three core purposes of the needs assessment:

1. Identify training needs to address in the proposed training curriculum for interpreters.
2. Identify and prioritize some of the challenges that interpreters face when working in this field.
3. Determine how interpreters may support service providers who seek to enhance their service delivery to LEP survivors.

It quickly became evident that this field of interpreting involves many service areas and various types of providers, including therapists, community and medical interpreters (especially in mental health), legal interpreters, social workers, front-line staff and volunteers at torture treatment centers, staff at sexual assault centers, health professionals, educators and trainers, outreach specialists, refugee resettlement staff, community advocates, caseworkers, faith-based organizations, researchers, consultants, immigration attorneys, and others.

Our current audience for this report and even the proposed training, however, seems to include many who see the broader implications of the proposed curriculum for all interpreters, because nearly all interpreters sooner or later interpret violent, traumatic or disturbing information, e.g. 911 calls, domestic violence services, painful medical interpreting encounters (such as interpreting for a doctor and the parent of a child who has just died), sexual assault, corrections and rehabilitation, juvenile justice and human trafficking and court interpreting for difficult murder cases, among many other difficult areas of interpreting.

While the information collected for this project has therefore provided insights about the knowledge and skills needed to interpret in torture treatment services and legal interpreting for torture and war trauma survivors, for example, that information does something more. This report constitutes a broad, national effort to open a window onto how interpreting is currently provided to survivors of trauma in mental health, legal services, torture and trauma services and refugee resettlement.

The results contained in this report include surprises, touching comments, sad realities, cultural dilemmas and eye-opening stories. It may help interpreters and providers in torture and trauma services around the world gain a better understanding of how to provide vital services to survivors of violence who do not speak the language of service.



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## Methodology

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# Methodology

**This needs assessment** was conducted between June and October of 2010. It targeted interpreters and service providers in the United States who work in any of three broad areas: torture and trauma services; mental health services; and refugee resettlement. The assessment included both in-person focus groups for interpreters and providers, and two online surveys, one for each of these target groups (interpreters and survivors).

The two cross-sectional electronic surveys were made accessible through an Internet web server. An announcement to encourage participation in the survey was distributed through personal, social and professional networks of service providers and interpreters throughout the United States via listervs, e-newsletters, electronic mail blasts and communications from interpreter associations and refugee resettlement organizations. In the end, 75 service provider participants completed the 27-question survey, and 169 interpreters responded to the 44-question survey; 116 completed the entire survey. Responses to the open-ended questions in both surveys were numerous and detailed, offering a rich source of qualitative data. See Appendix 2 for the survey questions.

Regarding the focus groups: **Interpreters** participated in six focus groups held in Baltimore, Maryland; Washington, DC; Cambridge, Massachusetts; Houston, Texas; Phoenix, Arizona; and Columbus, Ohio. **Service providers**

participated in seven focus groups held at: one torture and trauma center in Baltimore, Maryland; three refugee resettlement agencies in Washington, D.C., Houston, Texas and Phoenix, Arizona; two mental health services in Falls Church, Virginia, and St. Louis, Missouri; and a Red Cross agency in Fort Wayne, Indiana.

**Survivors** (including some **interpreters**)<sup>4</sup> participated in two focus groups held in Columbia, Maryland; participants included survivors of torture and war trauma, friends/family of survivors, and interpreters who were survivors or who knew survivors.

A focus group is a technique commonly designed to obtain perceptions on a specific area of interest in a supportive, non-threatening environment. This technique is particularly helpful in an area where obtaining qualitative information is important (Krueger, 1994) as a means of gaining further insight into the quantitative findings.

The focus groups in this report were originally planned for two separate target groups: service providers who work with linguistically diverse clients; and interpreters. (See Appendix 3 for the focus group questions and guidelines.) Groups for survivors, while desirable, were at first deemed not feasible due to the linguistic, logistical and financial complications involved in hosting them. However, through serendipity, two opportunities for hosting survivor focus groups emerged spontaneously when two interpreter trainings hosted in Maryland included a number

<sup>4</sup> Some providers in torture treatment services carefully screen their interpreters to exclude those who are survivors and may not have processed their own torture or other traumatic experiences. Some providers do not screen their interpreters at all. As a result, it is not uncommon for survivors to interpret for other survivors.



of survivors. One of the authors of this report was a trainer for both programs and solicited permission from the refugee resettlement agency that sponsored these trainings to hold two focus groups. She then adapted the interpreter focus group questions for survivors. Thus, the focus group participants were a sub-section of these two interpreter classes (with 9 participants in one focus group, 10 in the other). These were newly-trained interpreters, some of whom had already had interpreting experience. Most were survivors and/or friends or family members of survivors. The refugee resettlement agency in question, to protect survivors' privacy, asked that the agency's name be kept confidential.

There are a number of limitations to this study which should be kept in mind. The relatively small sample of interpreters and providers means that results cannot be generalized to the broad field of interpreting for survivors of violence. In addition, the sample was almost entirely from the United States, which may limit the application of findings for those who work with survivors of violence in service systems in other countries. The online survey, provided only in English, may have resulted in a self-selecting sample skewed toward interpreters who are both tech-savvy and comfortable in expressing themselves in written English, suggesting a more highly-educated sample than is the norm. Providers who participated are more likely to be those who have an atypical awareness of the challenges of providing services cross-lingually and cross-culturally. Finally, the focus groups were summarized, not recorded, leading to the possibility of bias in the reporting. In summary, these limitations mean that the results of this needs assessment should not be seen as definitive but exploratory, raising questions and providing a glimpse into an area not previously well illuminated by the light of research.

## How Do Survivors Feel About Interpreters

### On a positive note:

They make a smooth link [with] the provider.

We are new people coming here, it's a new system and the connection will be smoother with the provider. So [interpreters] bridge the gap.

When we talk with each other [through an interpreter], more information leads to more results.

When a client explain themselves very well the way it should be, and the provider is very [willing] to hear everything, things become very smooth. So you feel very happy, very good about yourself.

### On a note of concern:

When the interpreting is done, you worry about the percentage of what has been lost.

You, as a client, fear for accuracy, transparency, honesty. And that's one of the main goals as a client.

In these interviews it's critically important, the competence of the interpreter, because if the interpreter is not conveying [the message] as accurately as possible, it affects the determination [e.g., of an asylum case].

It feels good that you are free to express your problems in your own language, so you don't have to think about the other language. On the other hand, you don't want people to know the private life you have gone through, so your private life is exposed.



## Overview of Findings

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# Overview of Findings

This [work] goes far beyond the translation of words to the translation of worlds.

- Survey respondent

**First, this report** will examine findings from the survey and focus groups addressing interpreters. Next, it will examine the findings that address providers and staff who work with interpreters.

## Interpreter Survey Findings

### Languages, Education, and Experience Levels

Respondents reported interpreting for 52 unduplicated languages, the most common of which were Spanish (41%), Arabic (7%), French (7%), Mandarin (4%), and Russian (4%). The majority of the interpreters in the sample (92.2%) had completed at least four years of college. More than a quarter (29.5%) held graduate degrees.

The largest group of respondents (40.4%) had more than 10 years of experience as interpreters, and the majority (76.5%) had completed at least 40 hours of formal training in interpreting. The sample contained a large number of freelancers (53.0%) but also included many who work as volunteers (11.6%).

### Confidentiality and Conflicts of Interest

Most of the interpreters surveyed (63.1%) stated that they do not share information about their work with others outside of the interpreting session. The remainder (36.9%) said that they did share information. Those who shared information most commonly stated that they spoke about the

information with their supervisors, members of a provider/treatment team, or with colleagues.

Respondents reported being very careful in their treatment of confidential information, with the majority (69.59%) stating that they destroyed confidential information after the interpreting session was done. When asked what type of information they considered confidential, most interpreters (61.76%) stated that they believed all information was confidential.

Interpreters were divided with regard to what to do about potential conflicts of interest. The largest group (37%) stated that they speak to the provider and/or the client when a conflict of interest is present, and more than a quarter (26%) stated that they recused themselves and withdrew from the session. Others said that they speak to a director (14%) or get another interpreter (10%). Very few (6%) said that they would interpret for the session anyway.

### Issues of Culture, Roles and Impartiality

Survey respondents were similarly split on what to do when the limited English proficient individual asked them for advice or an opinion. The largest group (37%) said that they clarified their role, while about one-fourth (24%) stated that they would refuse to give advice. One-fifth (20%) directed the request to the provider or another party. Very few (7%) said that they would provide advice, answer the question, or provide other options.

When interpreters were asked the same question in reference to the service provider (the person representing the agency, hospital, or other organization), more than half (54%) said that they would either refuse to give advice or clarify their role. However, nearly one-third (31%) said that they would share their advice or opinion with the provider.

Most respondents (50.4%) said that they had never interpreted for a session in which cultural conflicts arose. The remainder (49.6%) had experienced cultural conflicts in their interpreting work. When asked about this issue in the context of mental health settings, interpreters were even less likely to have experienced cultural conflicts – 67.4% said that this had never happened, while about a third (32.6%) said that it had.

## Interpreter Alignment with Speakers

Respondents were asked how often they interpreted in the first person for each party. Nearly three quarters of the respondents (73.8%) said they always interpreted in first person for the English-speaking provider, compared to a smaller number (66.2%) who did this for the Limited English Proficient (LEP) individual.

A similar trend emerged when interpreters were asked about whether they adopted the speakers' volume levels and tones of voice. More interpreters said that they always adopt the volume level of the provider (46.9%) than said that they always adopt the tone of the limited English speaker (45.3%). Interpreters were also slightly more likely to adopt the tone of voice of the provider (55.0%) than of the limited English speaker (50.4%) and the linguistic register of the provider (64.1%) than of the limited English speaker (57.8%).

## What Do You (The Interpreter) Do When the Hearer Does Not Understand the Speaker?

*Note: These survey responses are quoted without censure, though some responses may represent questionable conduct or decisions by interpreters.*

- I ask the listener for feedback. If the listener verifies he or she doesn't understand, I ask the speaker to re-phrase.
- It depends on why the other party didn't understand.
- I interpret the utterance, and watch for signs or answers of understanding. If I notice that the LEP client has not understood, I draw the attention of the provider to this.
- I interpret it just the same. It is the listener's responsibility to ask for clarification.
- [I] tell the speaker that I think client need [sic] clarifications.
- Continue interpreting.
- Assess how important understanding is to the goals of the discussion. If important, clarify.
- Nothing. It is not my place to make people understand each other.
- I stop the speaker and I mention that the listener may not have understood, then I ask the listener.
- Depends: in Court, the interpreter is not an advocate; in medical or other, the interpreter is.
- I ask the speaker to repeat, slowly, using simpler terms to explain what they say.
- Ask a permission from speaker to check with LEP if he/she does understand.
- Translate in simplistic way to the point where they are clear.
- In formal testimony situations, nothing, unless the disconnect is too large ignore. In interview situations, if the parties are not understanding each other, I can try to help explain things a little.

## Modes and Tasks

When asked how often they performed sight translations of written information as part of their interpreting work, 89.3% of respondents stated that they “often” or “sometimes” carry out this task.

Participants were asked about various modes of interpreting. The largest group (89.1%) said that they “always” or “frequently” interpret in consecutive mode. Nearly half (48.3%) said that they “always” or “frequently” take notes when using this mode.

Simultaneous interpreting was also common among this group. More than half (50.4%) said that they sometimes use simultaneous mode; just 13.7% said that they “never” work in this mode. Whispered simultaneous interpreting (chuchotage) was the least common, with nearly a third (31.6%) stating that they “never” interpret this way.

Most interpreters surveyed prepare for their work; the largest group (43.3%) said that they “always” prepare for assignments, while 57.8% stated that they “sometimes” or “often” prepare. Only a small percentage (9.0%) claimed that they “never” prepare. Yet, in spite of their high levels of education and advance preparation, many interpreters (45.9%) said that they had been asked to interpret for sessions for which they felt unqualified.

When interpreters believed they had made an error in the interpretation, the largest group said that they would correct the error (42%) or inform all parties (34%).

## Positioning and Clarification Requests

When asked where they position themselves in relation to both parties, the majority of interpreters (61%) reported sitting near or behind the Limited

English Proficient (LEP) individual, followed by nearly one-fifth (19%) who said they stand in between both parties. When asked how the speakers typically interact with each other during the interpreted encounter, 63.2% said that the Limited English Proficient individual and the service provider speak to and look at each other. The remainder (36.8%) stated that the two parties speak to and look at the interpreter.

Respondents were divided regarding the proper way to proceed when they believed that the speaker had stated something that the listener did not appear to understand. The largest group (38%) said that they would intervene by explaining or simplifying, but a similarly-sized group (32%) claimed they would simply interpret what was said. Another significant contingent (19%) said that they would talk to the speaker when this situation arose.

### A Close Call

My mom was almost denied refugee status in the States because of the interpreter. I understood it was the dialect difference. It was in Syria, the hearing. They would not let me interpret for her.... When she [my mother] was denied [refugee status] at the start, I hired an immigration lawyer and we went and spoke to the same officer. [He said] there was a lot of discrepancy between my story and my mother's story. [I said;] "What do you mean?! We're not lying, my mom's not lying." He was like, "I'll show you all the answers, what she gave me, what you gave me." And I was looking at them, and certain vocabulary has been changed. I called her. I called my mom. ... I asked "Did you say that?" [She said,] "Maybe the interpreter did not understand me because I spoke in Iraqi." We asked for my mother to come again and we asked for an Iraqi interpreter and I was in the room. And only then I had the total belief that the Syrian interpreter did not understand my mother's dialect, and [because of] that she was almost denied refugee status!

However, if the speaker said something that the interpreter did not understand, interpreters were nearly unanimous in saying that they would request clarification or repetition (98%).

## Challenging Situations

Interpreters pointed out several difficulties that they faced during interpreted sessions. A lack of understanding of the interpreter's role was a key concern reported by respondents (23%), followed by speech that was either too fast, heavily accented, at the wrong register, or that overlapped the speech of another party (17%). Interpreters felt that the best remedies to these challenges were for the provider to respect the interpreter and understand the interpreter's role (27%), to do briefing and debriefing sessions with the interpreter (26%), and to speak clearly and directly to the other party (16%).

Interpreters were asked how they handled situations in which the speaker said something that might be offensive to the listener. More than two-thirds of interpreters (67%) said that they would interpret the offending utterance, while about one in ten (11%) said that they would check with the speaker to see if he or she wanted the utterance to be rendered into the other language. However, if the speaker said something that was offensive to the interpreter, a slightly smaller number of interpreters (65%) were inclined to interpret the offensive remark.

More than one-quarter of interpreters surveyed (27%) had interpreted for limited English speakers who had become verbally abusive or physically violent at some time during a session. When asked how they handled these situations, interpreters reported that they continued to interpret (31%), sought assistance or security (26%), or talked to the individual to clarify their role (17%).

## Advice From Interpreters to Interpreters

- Keep breathing.
- Do not rush.
- Watch your body language for reactions.
- Maintain your calm, turn off your cell phone, be one hundred percent focused on the client.
- Patience, memory, empathy.
- Be calm, friendly but independent.
- Keep mental and physical distance.
- Keep eyes lowered.
- Breathing, staying calm, massaging hands discreetly, creating mental pictures of nature, remembering a friend making a funny face or doing something funny.
- Breathe deeply. Take breaks. Maintain clear boundaries. Be professional.
- Patience and compassion.
- Show empathy, respect and professionalism.
- Serene pace.
- They feel more willing to release information when interpreter shows real interest and compassion.
- Allow your facial expression to show empathy and understanding or genuine concern.
- Positioning is everything so they talk to the provider.

More than half of respondents (54%) stated that they had interpreted for sessions in which the Limited English Proficient (LEP) individual's speech did not make sense. In these cases, the most popular course of action was to interpret the nonsensical utterances anyway (50%), ask for clarification (23%), or talk with the provider (23%).

Importantly, 73% of interpreters stated that they had been emotionally affected by an interpreting session. Their most common coping strategies were to try to remain calm (26%), talk to others about the situation (23%), cry during or outside the session (13%), and/or process feelings through meditation, prayer, or positive thinking (12%). Very few interpreters sought counseling (5%).

Interpreters reported, often in detail, the types of difficulties they encountered during sessions. For example:

*Mental health patients are sometimes all over the place, so it's hard to sequence things or make sense of them. Sometimes what they say is not what they really mean and it's difficult not to "give advice" to the provider. If the provider doesn't get it then there's lots of intervention going and it could get confusing. I feel that establishing a good rapport with the provider really helps.*

## Areas of Improvement

When it came to identifying knowledge or skills that would help them to do a better job interpreting, the largest segment of respondents (28%) said they wanted training or resources to increase their knowledge of slang and other terminology. Other requested training on mental health topics, note-taking, cultural issues and advanced interpreting skills. Interpreters felt that attending training sessions, conferences and workshops would help them do a better job (18%).

Respondents pointed out several techniques that helped them to interpret well for survivors of torture and trauma. The largest group (21%) suggested paying special attention to demeanor, body language, and rapport, while another large

## What Interpreters Want Providers to Know

- Shocking descriptions. Breaks would be helpful.
- It is more difficult to ask for clarification if the person is telling something painful.
- Noise, external interruptions, phones, children in the room, etc. can really damage the interpreter's concentration.
- Sometimes session became too long and client and provider get too tired.
- Agitated and impatient staff cause difficulties.
- Providers do not spend enough time with survivors for different reasons, budget, lack of time, boredom, who knows.
- Get the provider to be aware of the interpreting rules and ethics and the rest can be accomplished.
- Some providers... have accents when speaking English that even this interpreter has difficulty understanding.
- Applying U.S. norms for people from other cultures [causes problems].
- Explain to the patient that the assessment questions are the same for all patients.
- It would be helpful if the provider would do more research on the culture in advance so that those implications are taken into consideration during care.
- When things get heated and yelling starts, provider needs to referee.
- Transference-patient anger toward interpreter—counselor needs to handle this well.
- Health care providers seem to behave better than attorneys, who need more educating on dealing with LEPs [Limited English Proficient clients].

group (20%) suggested displaying patience, compassion, and empathy for the survivor, followed by those who said that emotional moderation and control were critical (15%).

## Interpreter Focus Group Findings

### Suggestions for Providers

Interpreters shared various suggestions for providers working with interpreters when treating survivors of trauma, torture, or violence:

- **Conduct pre- and post-sessions whenever possible.** Interpreters explained that sit-down pre- and post-sessions were of critical importance to enable them to do their best possible work with survivors of trauma and violence. They explained that a pre-conference in particular was helpful because it enabled them to mentally prepare, especially in cases of domestic violence, rape, and other traumatic scenarios. Interpreters primarily wanted to avoid being shocked by learning about intense subject matter during the session. In addition, interpreters felt it was important for them to be able to discuss the session with providers after the interpreting part of the session had ended.
- **Pay special attention to the pace of speech.** Interpreters pointed out that the phrasing and pacing of the providers was of special importance in such settings. In particular, they noted that it was helpful for staff members to keep their questions short, and to pause to allow the interpreter to render the information. They also explained

that survivors of torture might need more time to communicate, so providers should take this into account.

- **Explain that the session is confidential.** Focus group participants highlighted the importance of explaining confidentiality to the client and not assuming that clients know that confidentiality is required. They said that once the provider explains that the sessions are confidential, the client usually relaxes and finds it easier to communicate but may be fearful if this is not fully explained.
- **Ask other parties to leave the room.** Interpreters stressed the importance of asking other family members to leave before commencing with the interview. They stated that they often saw providers violating patient or client confidentiality by asking sensitive questions in front of friends and family. Interpreters explained that providers often put a husband and wife in the same room for questioning, without thinking about the possibility that one partner might be abusive to the other. They also mentioned that some providers interview an entire family at the same time, making children uncomfortable when parents are asked about their sexual history or other issues. These issues are not commonly observed in torture treatment centers but appear to be more common in some medical and community settings.

- **Treat the interpreter as a member of the care team, but speak directly to the client.** Interpreters also stated that it was important to treat them as team members and to allow them to introduce themselves at the start of the session. Interpreters stated that providers should speak directly to the client instead of addressing the interpreter, in order to help increase the trust between the two individuals.<sup>5</sup>
- **Provide continuity of care by working with the same interpreter.** Focus group participants felt that bringing in the same interpreter for repeated appointments with the same client was important, as it helped to provide the client with a sense of trust and continuity when the client might already be feeling vulnerable.<sup>6</sup>
- **Give the interpreter a mental health break.** Interpreters wished that providers would allow them to take breaks during more frequently during the session, not only to have a break from the taxing interpreting work but for their own mental health, and to make sure that they had a chance to rest from interpreting sensitive or traumatic content.
- **Recognize that the interpreter may need to switch modes.** Interpreters felt that it was inappropriate to ask survivors to slow down or stop talking to allow them to interpret, so in these circumstances, they either preferred to use simultaneous interpreting or to take notes for a more extended period in order to provide a summary interpretation. They felt this was a better practice than interrupting the client in the middle of relaying a difficult story, and they wished that providers would acknowledge that their techniques might need to change in order to adjust to the situation. (However, it was also clear that many untrained interpreters were working in the field who would not know how to adjust their interpreting modes and strategies at all, and many providers would rightly object to summarization.)
- **Allow the interpreter to provide cultural information.** This is a controversial topic and the authors of this report do not necessarily support all the following findings strictly as stated. That said, some interpreters suggested that a provider might misunderstand something that the client says if the interpreter is discouraged from sharing additional contextual details

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<sup>5</sup>This is a very delicate, controversial area of interpreting. While there is a growing consensus in medical interpreting, for example, that the interpreter is part of the treatment team, in legal interpreting the situation is far more complex while in mental health interpreting the spectrum runs from interpreters being employed nearly as co-therapists to interpreters being relegated strictly to the “conduit” role of interpreting, where they may do nothing but interpret and request clarification. As the authors of this report will address this issue in future publications and in the proposed training curricula.

<sup>6</sup> Note, however, that working with the same interpreter in this sensitive field may in fact enhance the risk of client dependency on the interpreter and also increase the risk of the interpreter’s personal involvement with the client.

that might help bridge cultural gaps. For example, one interpreter had interpreted for a client who stated that her ex-husband had hired someone to kill her. The provider lacked the knowledge that this was a real and common scenario in the client's home country and did not seem to believe the client. Interpreters expressed concern that providers do not always understand all of the information communicated by the client but that sometimes providers specifically ask interpreters not to share any additional information with them.<sup>7</sup>

- **Refrain from “practicing” the client’s language during the session.** Interpreters expressed concerns that some providers try to speak a few words – or entire sentences – of the client’s language during the session. While providing a greeting at the beginning of the session might not do any harm, interpreters explained that using the client’s time to practice the client’s language often came across as inappropriate or disrespectful. In even the best cases, it proved to be a distraction that did not help the communication.

## Issues Affecting Performance

Focus group participants discussed several issues that affect their performance related to the Limited English Proficient (LEP) individuals for whom they interpret:

<sup>7</sup>These providers, in fact, may know better than the interpreters. For example: (a) mental health and legal services providers often have reasons to simulate behaviors that the interpreter may find odd, unreasonable or distancing; (b) providers may be accustomed to working with interpreters, trained and untrained, who intervene too often and inappropriately, thereby undermining the session and its goals; (c) many interpreters think they know what to say and how to say it if they intervene when in fact, due to lack of appropriate training, what they say when they intervene may well undermine the goals of the session. As a result, a growing number of providers are wary of inappropriate interventions by interpreters and may instruct them not to intervene at all.

- **Speech can become more difficult to understand when the speaker is feeling stressed.** Interpreters explained that when the client is sharing information of a highly sensitive nature, it can be difficult to comprehend the individual’s speech. Often, when stating something that the client finds embarrassing, he or she will mutter, mumble, or speak quietly, impacting the interpreter’s ability to hear. Or, if he or she becomes very passionate or angry, the speech might be interrupted, changing quickly from one subject to another and with differing volume levels.
- **Clients often misunderstand the interpreter’s role.** Focus group participants shared that clients frequently speak to them directly as if they are the provider. In some cases, clients ask interpreters not to interpret certain information to the provider.
- **Emotional outbursts may catch interpreters off guard.** Interpreters were sometimes unsure of how to act when a client became angry or outraged. They stressed that not only did such outbursts sometimes take them aback, but that it could be difficult to interpret the emotions behind the words.

- **During the session, providers should not say things to the interpreter which the provider would not want interpreted to the client.** Insensitive remarks are also difficult to interpret. One focus group member recounted a situation in which the provider did not believe what the client was saying and said, “I don’t believe her, but we need to find her a shelter.” The interpreter refrained from rendering this harsh statement. Interpreters struggle when providers make remarks such as these, that appear to be directed at the interpreter and that might do a disservice to the client if interpreted. Unfortunately, these situations are very common in community interpreting.

## Emotional Toll on Interpreters

Interpreters discussed the ways in which interpreting for survivors of violence and torture affected them as individuals, and how they coped with the consequences of interpreting in this setting:

- **Interpreters struggle to keep their own composure.** While interpreters might appear to be unaffected during sessions with survivors of violence, many explained that they had a hard time refraining from showing any reaction when hearing emotionally traumatic stories or disturbing information. Some interpreters explained that while they often feel like crying when interpreting in these sessions, doing so would obviously get in the way of their

ability to interpret. They stated that they often pushed their emotions aside and tried to mentally separate themselves from the situation in order to continue interpreting.

- **A post-session is critical for the interpreter.** Interpreters recounted experiences where the provider had not been able to retain composure, and both the interpreter and the provider ended up becoming emotional in response to difficult content. In these circumstances, interpreters explained that the ability to speak with the provider afterward, no matter how briefly, was essential to help them process the difficult material they had experienced during the session.
- **Having a coping strategy in place is helpful.** Focus group interpreters explained that it was helpful to have a certain self-care routine as a way to separate themselves from the difficult content they interpreted, such as: taking a long walk, listening to music or engaging in some pleasurable activity.
- **Tears are often cathartic.** Many interpreters mentioned that letting out their own emotions through crying was often helpful and that this was likely to happen soon after the session, or at a later time when they were on their own. One interpreter explained that she had been unable to prevent her tears during the session, so she later apologized to the provider, who said that it did not disrupt the session, as her tears were empathetic.<sup>8</sup>

<sup>8</sup> Here is another controversial topic. As other parts of this needs assessment, a literature review and anecdotal information attest, many mental health professionals find it disturbing, distracting or problematic when the interpreter cries during a session. Such a show of emotion may not be appropriate, and it may also confuse the client. However, there is no clear consensus on the issue, and the reality is that the appropriateness of an interpreter’s tearful response may vary somewhat according to the situation. In general, interpreters are trained not to show their own feelings wherever possible but instead to reflect the feelings of the speakers.

- **Interpreters may feel torn at times.** When interpreting for survivors, interpreters can become emotionally aligned with them, and they report that this can lead to problems. For example, when interpreting for a husband after learning how a wife was abused, an interpreter might feel animosity toward the husband. It can be difficult for the interpreter to maintain neutrality in such circumstances. Focus group participants suggested that interpreters may remind themselves that their neutral presence helps clients' needs and voices to be heard so that they receive the help they need.
- **Sharing reactions with others can be helpful.** Interpreters stated that talking with their managers, colleagues, or others about the situations they had interpreted was especially helpful. Sometimes, they felt that speaking with someone other than the provider was useful as well. (Of course, they are required to keep details of the session to themselves when speaking to anyone outside the client support or treatment team.)
- **Cultural taboos can make it hard for interpreters to ask certain questions.** Participants pointed out that asking about certain things could be seen as disrespectful, depending on the culture. One interpreter explained that asking an unmarried girl if she might be pregnant or how many sexual partners she had could be seen as highly offensive. Asking about sexual assault or drug use might also be perceived as inappropriate or insulting.
- **Conceptual and linguistic equivalence may be lacking at times.** Interpreters pointed out that, in many languages, linguistic equivalence does not exist for many of the terms used in mental health or legal services; even worse, there may be no conceptual equivalence. This means that the interpreter is often caught without an obvious conversion and may have to come up with a paraphrase on the spot or request the provider to explain. This challenge occurs in both directions. For example, concepts used by the provider, such as flashbacks and survivor guilt might require considerable clarification in some languages and cultures. (The question of whether the interpreter or provider should provide it is an issue that must be addressed in training.) Likewise, interpreters encountered concepts in the clients' speech with which providers were unfamiliar, such as certain types of food or cultural practices. Interpreters suggested giving the interpreters enough time to assure that concepts are fully transferred.<sup>9</sup>

## Cultural Issues

Finally, focus group members talked about the ways in which the cultures of the client and the provider can impact their interpreting work:

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<sup>9</sup> In many cases throughout this needs assessment, interpreters appeared to assume they knew how to address a particular type of challenge "if only" the providers would allow them the time or opportunity. These assumptions of interpreters can and should be questioned. One important reason to develop specialized training for these settings is to guide the interpreter about when and how to intervene and also to help the interpreter decide whether the interpreter, client or provider should provide an explanation when any barrier to communication arises.

- **Body language and communication styles vary by culture.** Interpreters gave many examples of provider and client communication styles that led to misunderstandings. They explained that providers might be perceived as overly informal when they jump to the point without the pleasantries and conversational “ramp-up” time that might be more common in other cultures. (Torture treatment therapists appear more aware of this need than some others.) A common misunderstanding arises when providers perceive a lack of eye contact as a sign of dishonesty, while the client or patient may be averting his eyes out of respect. In some cultures, it may be appropriate to embellish or speak with hyperbole or exaggeration, but providers may not understand this.
- **Gender and age roles also carry cultural weight.** Interpreters cited numerous examples of how they encountered difficulties in their work due to gender and age differences. For example, older generations might feel that an interpreter who is younger is behaving disrespectfully by asking (i.e., interpreting) certain questions. Men in some cultures might treat a female interpreter differently than they would a male. Male interpreters often feel very uncomfortable interpreting for female survivors of male offenders. In some cultures, female clients find it inappropriate to discuss certain issues with interpreters of either gender.
- **Violence may be culturally acceptable.** Focus group participants explained that violence may be viewed as acceptable in some cultures, so individuals may speak about certain events as if they are not

important or gruesome. This may lead providers to believe that clients have not been affected by the violence or are displaying symptoms of dissociation when in reality the seeming indifference is a cultural artifact.

## Provider Survey Findings

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### Provider Characteristics

Seventy-five respondents answered the survey for providers. Only 10.7% work in classic torture and trauma services; however a number of others assist survivors. Most respondents (60.8%) work primarily with Limited English Proficient (LEP) clients.

A large group of respondents (42.7%) stated that they work for health, legal, domestic violence, or crisis service agencies, most frequently in the area of intimate partner domestic violence (DV) or sexual assault services and health care. Some respondents in this category specified that they work commonly with immigrants or refugees, although the specific nature of the services varies (education, disaster relief, women's rights) and it is unclear how many serve survivors of torture and war trauma.

Others respondents work in law enforcement (survivor services), disaster relief, substance abuse, crisis, or mental health services. The next largest group of respondents (28%) provides services specifically or exclusively to immigrants and refugees, followed by mental health providers (18.7%), and torture treatment center staff (10.7%).

The majority of providers surveyed (58.9%) held job titles that were not included in the survey, listed under “other.” Of these, many are attorneys, program managers, directors, executive directors,

healthcare providers or clinical coordinators, advocates, and social workers. Others reported working for hotlines, outreach, child development, language access, and in clerical fields. The next largest group worked as clinicians in mental health (21.9%). Other respondents worked in administrative positions (8.2%), as case managers (6.8%), and as volunteers (4.1%).

### What Happens Without an Interpreter?

- Confusing!
- Frustrating to the client and attorney.
- Questions are limited to concrete symptom questions.
- Much harder, much longer, feel there is less connection between client and therapist
- [Clients] do not understand the legal concepts I explain.
- Slower.
- It is not advisable, and unless there is a crucial reason to proceed ... it is best to await the presence of an interpreter.
- Very difficult. Sometimes. ... we have to rely on his 13-year-old daughter.
- I rarely even try [to work without an interpreter], because too much is lost and we risk misunderstandings.

### Therapeutic Benefits of Working With Interpreters

- Allows the clinician a few moments to strategize and be more intentional with next steps in psychotherapy.
- Creates awareness of other resources.
- Safeguards accuracy for critical issues, such as medication.
- Helps convey more nuanced information than relying on English.
- Helps therapist to understand cultural and religious and ethnic issues which may pertain to the patient's perspective.
- Clarifies important information, cultural context, and implications of sensitive material.
- Helps with misunderstandings caused by nuances of language and cultural differences.
- Assists therapist with issues of meta-communication (i.e., "talking about talking").
- Supports assessments, gathering psychosocial history and helping with cultural congruency.
- Clarifies issues like eye contact and other body language cultural differences.
- Helps the therapist to couch interactions in ways that aid mutual understanding.

[Interpreters] help me keep the client emotionally safe in the interview and help both myself and the client convey the information we mean, not just what we say.

## Workload and Languages

Most providers (54.2%) worked with more than 11 cases per week, and of these, more than a third of the respondents to this question saw a minimum of 16 cases each week. The majority of the respondents (60.8%) work primarily with Limited English Proficient (LEP) clients or patients. The most common client language they reported was Spanish. Other frequently mentioned languages included Amharic, Arabic, Burmese, Cape Verdian Creole, French, Haitian Creole, Mandarin, Cantonese, Russian, Ukrainian, and Vietnamese.

Less common languages listed by the respondents included Albanian, Armenian, American Sign Language, Azeri, Bamileke<sup>10</sup>, Bengali, Bosnian, Cambodian, Croatian, Dari, Dioula<sup>11</sup>, Farsi, Fulani, Hebrew, Italian, Japanese, Karen, Karen<sup>12</sup>, Khmer, Kirundi, Kinyarwanda, Kiyaw<sup>13</sup>, Korean, Krio, Kunama, Laotian, Nape, Nepali, Pashto, Portuguese, Shawilia, Sierra Leonean, Somali, Swahili, Tagalog, Thai, Tibetan, Tigrinya, Turkish, Urdu and Yiddish.

## Types of Appointments.

Nearly half (44%) of respondents used interpreters for mental health appointments and 25% for court and legal appointments, such as asylum hearings. For those who answered in the “other” category, appointments such as various medical services, hotlines, and social services were the most frequent responses.

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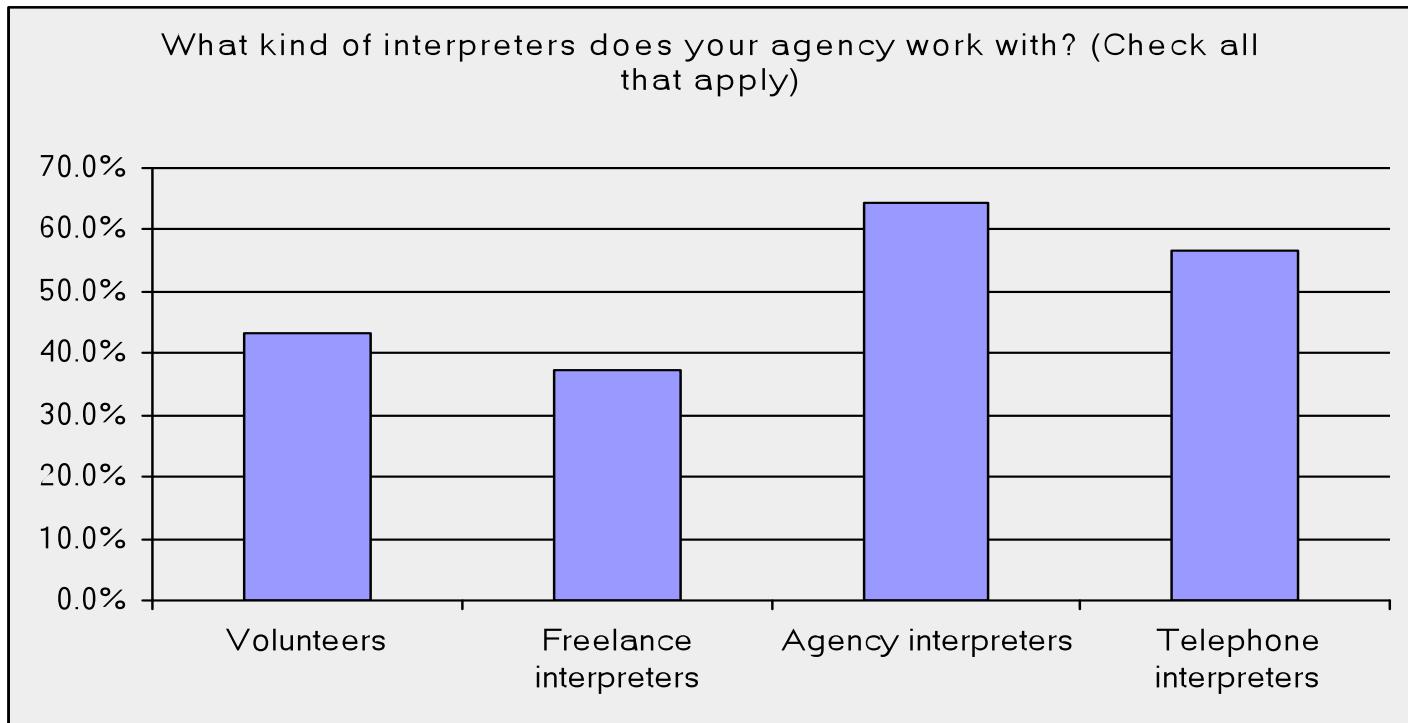
<sup>10</sup> In Ethnologue, an online resource that documents known languages, there are 10 languages listed under the rubric Bamileke, all in Cameroon: [http://www.ethnologue.com/show\\_family.asp?subid=261-16](http://www.ethnologue.com/show_family.asp?subid=261-16)

<sup>11</sup> There appears to be only one language that matches this name, Dagaari Dioula, according to Ethnologue. [http://www.ethnologue.com/show\\_family.asp?subid=503-16](http://www.ethnologue.com/show_family.asp?subid=503-16); also see language specific report: [http://www.ethnologue.com/show\\_language.asp?code=dgd](http://www.ethnologue.com/show_language.asp?code=dgd)

<sup>12</sup> The following Ethnologue links show “Karen” as alternate names for Eastern Kayah: [http://www.ethnologue.com/show\\_language.asp?code=eky](http://www.ethnologue.com/show_language.asp?code=eky) and Western Kayah: [http://www.ethnologue.com/show\\_language.asp?code=kyu](http://www.ethnologue.com/show_language.asp?code=kyu). Note : “Dialects: Distinct from but related to Bwe Karen [bwe], forming a dialect continuum from Thailand (Eastern Kayah) to western Kayah state.” Another name for both groups is “Red Karen”. They are within the much broader classification of “Karen” languages (20 languages). See: [http://www.ethnologue.com/show\\_family.asp?subid=1958-16](http://www.ethnologue.com/show_family.asp?subid=1958-16).

<sup>13</sup> If this response was from a person originally from Burma (Myanmar), “Kiyaw” is almost certainly an alternate transliteration of “Kayah.” See previous footnote on “Karen.”

## Reliance on Interpreters



While telephone interpreters are widely requested because of the problem of availability of in-person interpreters (especially for less common languages), the great majority of service providers (86.8%) stated that they prefer on-site interpreters over telephone interpreters, while 11.8% said they did not have any preference. Most providers preferred in-person interpreters who could work in the capacity of cultural brokers as well as interpreters, which seems to suggest they see limitations in relying on telephone interpreters to address cultural barriers to communication.<sup>14</sup> They expressed concerns regarding telephone interpreting because patients with psychological or psychiatric disorders could become further disoriented by hearing an interpreter's voice on the phone. They also mentioned that telephone

interpreting could be perceived as impersonal, and clients might be more concerned for confidentiality if they could not see the interpreter. Only one provider preferred remote interpreters because of immediate availability.

*Psychiatric patients often do not keep their appointments - so I prefer to use telephone interpreters and I call in the moment my patient arrives. We do not have to schedule such appointments beforehand - interpreters are usually immediately available*

Less than half of the providers (40.9%) reported routinely using trained interpreters; it was more common for providers to work with a mixture of trained and untrained interpreters (43.9%). Most

<sup>14</sup> Whether or not providers should ask interpreters to act as cultural liaisons or culture brokers is a controversial issue without consensus in the field. This needs assessment reports on but does not purport to address that question. THE VOICE OF LOVE Project will explore this issue in subsequent publications.

providers (78.0%) working with both trained and untrained interpreters noticed a difference in the quality of interpreting rendered. They commented that untrained interpreters were less likely to have a clear understanding of role boundaries, that they were more likely to become overwhelmed or distracted by content, and that they are less familiar with mental health terminology. Providers also noted that untrained interpreters often held side conversations and became emotionally involved.

Most providers (89.1%) said they would prefer to bring in an interpreter for an LEP client rather than attempt communication without any linguistic bridge. A majority (60.9%) of the respondents claimed that they were bilingual providers themselves, most often speaking Spanish. Most of these said that they were brought up speaking the language specified (30.2%) or bilingually in a household that spoke both English and the additional language (34.9%). Most had also lived or studied abroad (58.1%). Nevertheless, these providers still used interpreters when communicating with clients who speak different languages.

The majority of providers (53.8%) had not received any training on working with interpreters. More than half of providers (59.4%) reported that they had observed interpreters struggling emotionally with the content of a session. More than two-thirds of providers (65.1%) said that they had noticed cultural barriers during interpreted sessions.

## Suggestions for Interpreters

Providers shared several observations about the things that interpreters do that help them provide their services appropriately:

## Using In-Person Vs. Remote Interpreters

- Due to the psychological nature of the work I do, facial expression and gestures are important in the interaction.
- It is much easier to work with a live interpreter if there is a misunderstanding or you have to move rooms.
- It is easier [with an in-person interpreter] to get a ‘feeling’ for the patient and his/her concerns.
- I ... recognize the benefits of having visual cues to aid in the interpreting process. Sometimes the quality of sound production on the phone makes the phone session more difficult.
- Patients with particular psychological/psychiatric disorders may become further disoriented by hearing an interpreter's voice on the phone.
- I believe that clients who have survived abuse, trauma and/or torture feel more comfortable discussing their history with an in-person interpreter.
- Cultural liaisons, who do much more than interpret, are considered a crucial part of the therapy team.
- You can get a better feel for the amount of experience an interpreter might have. It creates more therapeutic safety than over the phone.

- **Providers want interpreters to render everything.** Participants wanted interpreters to interpret everything, including things that the interpreter might think are not important, such as empathetic statements made by the provider. When interpreters would render only part of what was said instead of exactly what was stated, and they found this to be frustrating.
- **Providers want interpreters to tell them when a lack of linguistic or conceptual equivalence is causing a difficulty.** Providers are aware of cultural differences, including problems with lack of linguistic and conceptual equivalence. Instead of the interpreter taking on the task of figuring out how to explain a term, the providers wanted to be made aware when such issues were occurring, so that the provider could assist with giving an explanation of the term.
- **Providers want more than just interpreting.** Focus group participants explained that they wanted interpreters to help build an atmosphere of trust, to remind the client not just at the start of the session, but throughout it, that the interpreter is not a clinician and is there to interpret. They also wanted interpreters to tell the client that they would interpret everything – including any foul or disturbing language – and to ask for linguistic clarification when necessary.

## Problems with Interpreters

Focus group participants also mentioned several interpreter behaviors that they viewed as problematic, and which presumably were caused by working with untrained interpreters:

## Why Use Trained Interpreters

Untrained interpreters ... often do not have a good understanding of boundaries and their role in the session. Also wonder whether they paraphrase or do not interpret culturally "taboo" stuff for them.

Untrained are more easily overwhelmed and distracted by content.

Trained interpreters are much more effective as they have some understanding about relationships, psycho-dynamics, and mental health conditions."

Nervous when not trained.

Untrained, they do not keep their bias out, do not realize the gravity of the situation.

[Untrained interpreters] begin to take the responsibility of directing the session on themselves.

- **Interpreter-client relationships can cause problems.** Providers were aware that interpreters sometimes know the client personally or that they give them rides to appointments or buy them gifts. This makes it very difficult for providers to trust that interpreters can be neutral and remove themselves from the situation and their past history with the client.
- **Lack of respect for boundaries creates interference.** Providers reported that interpreters behaved unprofessionally in many instances. One participant recounted the story of an interpreter who turned to her and said, "I think she is lying." In another instance, the interpreter refused

to tell the provider what the client was saying and replied, "You don't want to know." (Anecdotally, the authors hear that sometimes even trained interpreters engage in such conduct. It is categorically unacceptable.)

- **Untrained interpreters hinder providers in doing their work.** Providers explained that many interpreters step outside of their role, interject with their own comments, and paraphrase. One provider gave an example of the client speaking for 10 minutes, which was rendered by the interpreter as, "She said the army was really mean to her." As another provider pointed out, "Not saying exactly what we as clinicians say is highly frustrating because we have a method that is vital to the therapeutic process."

## Emotional Impact on Interpreters

Focus group participants were nearly unanimous in answering "yes" when asked if they had ever noticed the interpreters become emotionally affected by the content of a session:

- **Agencies need to screen interpreters' emotional readiness.** Providers shared that it can be challenging to determine if an interpreter will have a problem during the session because no one can predict just what the client will say. However, providers discussed the importance of screening interpreters for emotional readiness and boundary issues to prevent problems.
- **Providers often help interpreters deal with their own emotions.** Focus group members cited numerous examples of interpreters who broke down and cried

while interpreting. They explained that interpreters are often from the same cultures and countries as the clients and may have had similar traumatic experiences. They mentioned the importance of giving the interpreter a break, acknowledging the interpreter's pain, and talking with the interpreter afterward.

- **Interpreters' emotions can influence the provider's work.** Providers noted that, while they feel bad for interpreters who are emotionally affected, in some cases they were inclined to get another interpreter, because an outburst from the interpreter can negatively impact the course of treatment for the client. One provider mentioned an example in which she had obtained another interpreter, but the client then felt guilty for making the first interpreter feel bad.

## Preparing Interpreters

Providers had several suggestions regarding pre-sessions and post-sessions:

- **Prepare the interpreter for what will happen.** Providers explained the importance of telling the interpreter about behaviors that they might see from the provider that might confuse them, but that are part of the therapy. For example, providers mentioned that interpreters might need to know that at times there will be silence, and that this is part of the therapy. They also believed it was helpful to tell interpreters how to respond to certain situations, such as, "Just wait and be silent," or "Just let it happen and keep interpreting."

- **Give the interpreters the opportunity to debrief.** Providers recognized that interpreters have a taxing job, and that pain flows directly through them. It is important to ask interpreters if they had any issues they wanted to discuss, or any concerns about what happened in the session. Also, participants mentioned the importance of thanking an interpreter for a job well done.
- **Don't forget to hold post-sessions with remote interpreters.** Providers also mentioned the importance of debriefing with phone interpreters, even though they cannot gauge the reaction of the interpreter as well via telephone.
- **Provide interpreters with specific instructions.** Participants mentioned the importance of telling interpreters to speak in first person<sup>15</sup>, not to summarize, not to take over by asking their own questions, and to tell the provider if they become uncomfortable with the content. They suggested instructing interpreters to limit their facial expressions, to interpret swear words and to feel free to transmit any anger that the client has toward the therapist. Sharing background information about the specific client with interpreters also appears to be helpful.

## What Do You Tell The Interpreter Before a Session?

Make sure the volunteers respect the code of conduct.

Prepare the interpreter for what will most likely be discussed ... and if she/he feels prepared for it.

Ask if there is anything which they think I should be aware of culturally or in other ways which may inform the session.

Tell them to interpret exactly what I say, including my jokes, and I tell them absolutely no side conversations. I also ask them to request clarification if they do not understand a term I use.

Get to know them.

May want to share some info with interpreter to prepare her/him, so that she does not have a reaction in front of a client.

Remind of confidentiality.

What types of things I hope to accomplish.

Ask if there is anything I should keep in mind in the course of the interview/session that I might not know about from my cultural standpoint.

<sup>15</sup> As discussed earlier, using first person in torture and trauma may not be ideal. It may be preferable to use first person as a default but to advise interpreters that, if the session grows traumatic for them, they should feel free to switch to third person to reduce the immediacy of the traumatic information they are both hearing and interpreting. This issue will be addressed in detail in future publications by THE VOICE OF LOVE Project.

## Cultural Issues

Providers acknowledged the fact that culture plays a major role in interpreted encounters:

- **Culturally-specific gender issues can complicate the interpreter's job.** Providers mentioned instances in which male interpreters refused to interpret about rape because it related to sex and was perceived as an inappropriate topic for discussion. Pregnant women in some cultures refuse male interpreters.
- **Interpreters often help providers to bridge cultural gaps.** Providers described instances in which interpreters helped them understand important information that led to improved communication. For example, an interpreter explained how using the word "inshallah" when talking about the future was reassuring to a Muslim client. Another interpreter shared that it would be taboo for a client to admit to any alcohol use during Ramadan. An interpreter helped a provider understand that when a particular client was making sharp inhalations and "hiccup" noises, these noises meant she was acknowledging that she understood the provider.
- **Clients sometimes distrust interpreters from their communities.** Providers mentioned that many clients, especially those in small communities, wanted interpreters from outside the community to interpret. Some clients believe that interpreters are spies and prefer to have interpreters who come from another country but speak the same language rather than compatriots.

Providers also gave many examples of how interpreters fail to bridge cultural gaps, or even fail to realize how their own cultural beliefs may impact the encounters:

- **Some interpreters do not deal well with sensitive content.** Providers explained that interpreters sometimes feel embarrassed discussing certain issues. One provider mentioned an example of an interpreter who began to get nervous and giggled when sexual issues were discussed, causing the client to shut down and stop talking about the issue in question.
- **Interpreters' own religious beliefs may present a barrier.** Providers said that interpreters sometimes pass judgment on clients due to their own religious views. For example, one therapist learned only after the fact that an interpreter told his client that she wouldn't have to speak to a therapist if she were only more devout to begin with.
- **Interpreters may wrestle with their own cultural views of gender.** Some female providers mentioned that male interpreters were sometimes uncomfortable interpreting for them because they were in a position of authority.

Providers also discussed the advantages and disadvantages of using telephone interpreters:

- **Telephone interpreting can have certain disadvantages.** Providers explained that conversations on the phone may feel more rushed and less personal. Sometimes the calls can create difficulties hearing, especially when uni-directional speaker phones are used, as they can make the communication choppy.

- **Having a remote interpreter can be helpful sometimes.** Some participants mentioned that having a client discuss sensitive issues can be easier in some cases when an interpreter is not in the room. Also, if the client is in a heightened emotional state, the ability to quickly access an interpreter via telephone can be helpful. When confidentiality is an issue, some clients seem to prefer and trust remote interpreters more than in-person interpreters.
- **Whether interpreters are remote or on-site, using trained interpreters is essential.** Providers mentioned that having access to a trained interpreter is important, but sometimes the on-site interpreters available to them are not fully trained professionals. Trained interpreters flow with the train of thought and interpret appropriately. As one provider reported: “For example, if I say, ‘repeat the last three words of the sentence,’ someone who isn’t trained won’t get it. But a trained person will understand the protocol and purpose.”



## Implications

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# Implications

**Several broad implications** emerge either directly or secondarily from a close reading of the needs assessment data.

## Current lack of trained interpreters

Many of the comments from providers and staff clearly indicated they were working with untrained and/or undertrained (and in some cases, irresponsible) interpreters. Such problems included examples of some interpreters who:

- Could not/would not interpret accurately
- Could not keep up
- Made decisions for the client
- Omitted/oversimplified critical information
- Texted while interpreting
- Answered for clients
- Interjected inappropriate comments
- Directed or controlled sessions
- Refused to ask client certain questions
- Gave advice (e.g., prepping clients for a court case, suggesting a client was untruthful)
- Discussed religious beliefs with clients
- Told clients not to cry
- Assured clients everything was all right
- Socialized with clients

Here are two examples:

*I had an interpreter stop the conversation once and tell me, "Why don't you just do this."*

*"Chauvinistic interpreters. I don't know if it's a cultural thing or what, but they laugh and are really awful during the entire session. They don't like dealing with a woman in an authority position."*

This level of practice supports the contention that interpreters in this delicate area of service should receive basic training in professional interpreting before they take specialized training—and even more importantly, before they are allowed to interpret at all.

Other data showed the need not just for basic training but also for specialized training. For example, providers and staff reported that interpreters sometimes or often:

- Missed nuances and subtlety
- Simplified a provider's questions (probably with good intent but thereby undermining therapeutic or legal interview techniques)
- Couldn't handle silence; made noise
- Exhibited spontaneous facial expressions or body language that had a negative impact on the encounter

Common conditions among survivors, post-traumatic stress disorder for example, may pose a challenge for many interpreters whose languages may not have an exact equivalent for such terms or languages in which an analogous concept may not exist. One provider reported: "I spent 5 minutes on the phone with an interpreter trying to determine a translation for PTSD." PTSD is a term in such common use in the field that the interpreter should already know how to interpret it rather than take up the provider's time learning what it means.

## Verbal abuse and physical violence

Over one-quarter of interpreters in the survey (27%) had already interpreted for limited English speakers who became verbally abusive or physically violent during the session. Any curriculum that targets survivors in these delicate



areas of service will need to explicitly address and offer clear strategies for handling verbal abuse and potential physical violence.

## Funding

Agencies that would be interested in the proposed program often have little funding to dedicate to interpreter services. There will most likely be an urgent need to procure funding in order to provide:

- Basic training for interpreters (at least 40 hours)<sup>16</sup>
- Advanced, specialized training of the type targeted by this needs assessment.
- Language proficiency testing (preferably using a validated test to a national scale)<sup>17</sup>
- Interpreter skills testing or certification

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<sup>16</sup> In community interpreting, 40 hour programs have emerged as a de facto minimum standard for professional training. For example, the two national medical interpreter certification programs both require proof of at least a 40-hour training to apply for national certification program. The position of the National Council on Interpreting in Health Care (NCIHC) on this subject suggests that anything shorter than 40 hours is not considered training per se but rather an introduction to interpreting.

<sup>17</sup> These are the two widely accepted national scales in the U.S. for language proficiency testing. The ACTFL scale (ACTFL refers to the American Council on the Teaching of Foreign Languages) is widely used for private organizations, while the ILR, or Interagency Language Roundtable scale, is used in federal government agencies. For more information about these two scales and about language proficiency testing in general, please see <http://www.actfl.org/files/public/Guidelines.pdf> and <http://www.sil.org/lingualinks/languagelearning/mangngyrlngglrnngprgrm/theilrfsiproficienciescale.htm>

## Culture

It is clear from the data that cultural differences provide challenges for both interpreters and providers. The table below shows examples of areas in which providers and interpreters both face complex cultural barriers; the table also suggests training that might address these needs. Note that this table illustrates only certain specific issues that emerged during this needs assessment, and the table should not be considered in any way comprehensive.

Cultural Issue	Examples	Training Needs
<b>Trust and Taboos</b>	<ul style="list-style-type: none"><li>• Problems talking about sexuality or cultural taboos.</li><li>• Fear of gossip leaking to small Communities.</li><li>• Lack of trust for interpreters.</li><li>• Fear that interpreters are spies.</li></ul>	<ol style="list-style-type: none"><li>1. Train providers to ask questions about taboos.</li><li>2. Guide interpreters to address potential cultural conflicts.</li><li>3. Train interpreters to build trust.</li></ol>
<b>Gender/age issues</b>	<ul style="list-style-type: none"><li>• Problems with male interpreters for female clients and vice versa.</li><li>• Problems with older interpreters for young clients or the reverse.</li><li>• Subjects not discussed with opposite gender.</li><li>• Some women may not speak if husband/partner is present. Some pregnant women may not want a male interpreter.</li></ul>	<ol style="list-style-type: none"><li>1. Sensitize providers to common gender and age concerns.</li><li>2. Hold a pre-conference between interpreter and provider.</li><li>3. Accept that some interpreters may be inappropriate matches.</li><li>4. Guide interpreters to decline/withdraw if needed.</li><li>5. Guide interpreters about what kinds of cultural information are safe/appropriate to convey.</li></ol>

<b>Cultural Issue</b>	<b>Examples</b>	<b>Training Needs</b>
<b>Client Culture</b>	<ul style="list-style-type: none"> <li>• Avoiding direct eye contact may indicate respect, not problems.</li> <li>• Client may not want to cry in front of an interpreter from the same culture.</li> <li>• Client may find reassurance from provider's understanding of culture.</li> <li>• Client may need cultural artifacts, customs, rituals (e.g., amulets).</li> <li>• Body language, nonverbal noises.</li> </ul>	<ol style="list-style-type: none"> <li>1. Train providers on issues that are common in many client cultures so that provider can be more aware of body language and its cultural implications.</li> <li>2. Train interpreters to provide cultural guidance if and when appropriate.</li> </ol>
<b>Provider Cultural Filter</b>	<ul style="list-style-type: none"> <li>• Providers can be offended by interpreters' cultural behavior.</li> <li>• Providers can be frustrated by/impatient with clients not knowing cultural norms.</li> <li>• Provider often stymied by cultural etiquette during home visits.</li> </ul>	<ol style="list-style-type: none"> <li>1. Train providers on cultural competence in survivor services.</li> </ol>

Cultural Issue	Examples	Training Needs
<b>Interpreters' Cultural Filters</b>	<ul style="list-style-type: none"> <li>• Political beliefs may impede interpreter accuracy.</li> <li>• Interpreters make cultural judgments about clients that affect impartiality.</li> <li>• Interpreters intervene to provide inappropriate, inaccurate and/or stereotyping cultural information.</li> </ul>	<ol style="list-style-type: none"> <li>1. Train interpreters about cultural competence in survivor services.</li> <li>2. Procure instrument to assess interpreters' cultural competence.</li> <li>3. Train interpreter how to address home visits.</li> </ol>
<b>Religion</b>	<ul style="list-style-type: none"> <li>• Interpreters' religious beliefs may lead to inappropriate behavior.</li> <li>• Providers lack understanding about important religious beliefs.</li> <li>• Clients may not trust interpreters with a different religious background</li> </ul>	<ol style="list-style-type: none"> <li>1. Train providers to ask direct questions about both client's and interpreter's religious beliefs.</li> <li>2. Train interpreters how to safely address religious barriers to communication.</li> </ol>

## Interpreter Roles

Many providers and staff seemed concerned about interpreters who overstep their bounds, for example, by giving advice to either providers or clients. Providers were also deeply concerned by interpreters who added personal comments or otherwise interjected themselves into the encounter. Many providers were particularly concerned when, due to lack of transparency, they did not understand side conversations. (For example, “It is frustrating when the interpreter is clarifying, but they don’t tell you what exactly they are saying.”)

There seemed to be a general concern that interpreters should remain in their interpreting role as much as possible, unless barriers to communication arise. “They (interpreters) are an important part of therapy, but they are not a therapist.” as one therapist reported. In the words of another, “If we all know our roles, it goes better.”

On the other hand, many providers and interpreters understand that (in mental health particularly) interpreters are “part of the team.” Navigating this tension between interpreters conducting themselves in a non-interfering support role versus being considered a full member of the treatment, legal or social services team is a delicate area of interpreter conduct which any proposed training in the field must address.

Conversely, providers valued and found helpful those interpreters who had the skills to deal with the complex areas in which they work and to navigate differences in register due to dialect or educational level. For example, providers reported:

*“One way that an interpreter helped me was when I was doing a substance abuse assessment with a person from a culture that didn’t have the same words. I was throwing out a lot of jargon,*

*and the interpreter helped me figure out words in English that would translate into something that would be understandable.”*

*It appears helpful “when the interpreter comes across a word with a dual meaning they stop, explain to me that there are multiple meanings for the word, and then I can clarify.”*

## Secondary Trauma

Secondary trauma emerged as a particularly dominant area of concern for training. Any proposed interpreter training in this field will need to target vicarious trauma in some depth. In the interpreter survey, for example, about three quarters (73%) of interpreters stated they had been emotionally affected by an interpreting session and a large number of comments referred directly and implicitly to the distress many interpreters experienced after interpreting in these services.

### How Do You Prepare Interpreters for an Emotional Session?

We try to circumvent this by conducting an orientation to identify interpreters that may have boundary issues.

It’s hard to know ahead of time if the interpreter will encounter problems with their own trauma because you don’t know what the client will say.

Let the interpreter know beforehand if the case involves abuse, for example.

We try to recognize signs of attachment if the assignment will be long term.

Identify interpreters for suitability and determine the interpreter’s emotional readiness.

Prepare the interpreter if you know that a client will react or do something specific. Tell them to “just wait and be silent” or “just let it happen and keep interpreting.”



## Recommendations

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# Recommendations

## General Recommendations

**This needs assessment**, conducted primarily to determine what should be included in a three-day curriculum to train interpreters, makes clear that additional training also needs to be developed for providers and staff who work with interpreters. The most general recommendations are therefore divided into two categories: those that address providers/staff in the field, and those that address interpreters

### **1. Recommendations regarding training for providers/staff who work with linguistically diverse survivors.**

- a. Develop a written guide on how to work with interpreters in the area of torture and trauma services that includes specific recommendations, quotes and key examples culled from this report.
- b. Consider the primary target audience for that guide to be mental health providers, case managers and attorneys/legal services providers.
- c. Develop a half-day training for two categories of providers: those in mental health and social services (primarily therapists, counselors, licensed clinical social workers, case managers, case workers and front line staff); and those who provide legal services (e.g., attorneys, paralegals, legal services staff, law students in legal clinics).
- d. Include as components of both trainings:
  - i. Guidelines for working with trained interpreters
  - ii. Guidelines for working with untrained interpreters

- iii. Interpreter ethics (medical or legal, according to the audience)
  - iv. Secondary trauma for interpreters
  - v. Pre- and post-conferences
  - vi. Debriefing for interpreters
- e. Develop written materials that providers can give to the interpreters (both trained and untrained) prior to working with them.

### **2. Recommendations to support interpreters in the field.**

- a. Develop a written guide on how to interpret for survivors that includes specific recommendations, quotes and key examples culled from this report.
- b. Disseminate the guide widely so that interpreters (trained or untrained) may consult it prior to interpreting in torture and trauma services.
- c. Consider the primary target audience for the guide to be interpreters in mental health, social services and legal services.
- d. Seek funding to assure that interpreters in this area receive a basic grounding (at least 40 hours) in community and/or legal interpreting, followed by specialized training.
- e. Develop a curriculum for a three-day specialized training (designed for legal or community interpreters who have already had basic training) that specifically addresses how to interpret for survivors of torture, trauma and sexual violence.
- f. Include as components of this three-day training:
  - i. A glossary of relevant terminology (perhaps an appendix)
  - ii. Information about torture and trauma services and sexual assault

- iii. Background on mental health interpreting, including the concept of the therapeutic alliance
  - iv. Background on key legal services and concepts, e.g., asylum interviews and attorney-client privilege.
  - v. Information on key areas of mental health, including trauma, symptoms of trauma, torture, PTSD, dissociation, etc.
  - vi. Secondary trauma
  - vii. Interpreter roles and boundaries
  - viii. Advanced flow management skills specific to torture and trauma services
  - ix. Strategies to safely address cultural barriers to communication
  - x. Interpreter self-care specific to this area, including resources, references and support systems
  - xi. Pre- and post-conferences
  - xii. Strategies to prevent interpreter burnout
  - xiii. Resources for professional development
- g. Pilot the initial training developed to assess its effectiveness and then revise the curriculum accordingly.
- h. Seek feedback about the training manual and trainer's guide from both interpreters and providers in the field to assure its effectiveness.
- i. Develop a detailed plan to disseminate the curriculum.
- j. Consider creating online training components to supplement basic or specialized training and/or to substitute for some aspects of basic or specialized training in geographic areas that lack access to (or funding for) on-site interpreter training.

### **From Two Interpreters Who are Also Refugees**

*Quotes from focus groups*

Sometimes because of your medical problem you have to express yourself very well [at asylum hearings and other legal proceedings]. So some refugees who are very sick cannot explain themselves very well. ... They should get their refugee status but they couldn't explain themselves. And you, the interpreter, you are not supposed to explain what you are speaking. ...

To present their case, to assign their case to other countries, sometimes, sessions get too crowded. For example, it says this year I was in prison [which is incorrect]. It's not the flow as it should be. The case [that gets] based on that is in trouble. They block the case not to be heard. [They see] contradictions. They blame you [the interpreter] ...But it's not my work.

# The Curriculum

A second set of recommendations specifically targets what components a curriculum should address. This needs assessment was conducted to answer basic questions about what to include in a three-day training on how to interpret for survivors of torture, trauma and sexual violence. Some of the questions raised in planning for the curriculum included follow, together with the answers provided this needs assessment.

## 1. Who is the target audience?

Specifically: should the training be made available to any interested interpreter, or should this curriculum target interpreters who have had previous training in basic skills or other qualifications (such as certification) that attest to those skills?

**Answer:** The breadth, depth and complexity of the situations and challenges described by the informants in this study strongly suggest that interpreters in this area must receive a minimum basic training in community interpreting (preferably medical) or legal interpreting prior to entering a program specialized in interpreting for survivors of torture, trauma and sexual violence. In the U.S., that basic training should be 40 hours or longer and include a strong focus on ethics, standards of practice and basic intervention skills.

## 2. What primary interpreting sectors are involved?

How much focus should be given in the proposed training to mental health, legal and/or to general community interpreting? (i.e., medical, social services, educational and faith-based interpreting.)

**Answer:** The two sectors of interpreting most commonly referred to in the raw data of this needs assessment, particularly in a close reading of responses to the open-ended questions, are mental health and legal interpreting.

### Difficulties in Mental Health Interpreting

Requires about an hour to familiarize a new interpreter with our style. Also, some trained interpreters are not ready for trauma interpretation.

Many [interpreters] have their own trauma histories--if they are not trained they often get triggered and respond ineffectively.

Sharing own experience without clinician's permission, giving advice to client that they are not qualified to give, especially unsolicited.

Failing to use a trauma-sensitive approach or tone with client detachment or over attachment/sympathy.

Past experiences for which they have not received treatment.

Lack of awareness of past events that happened in their own country or culture.

### **3. What should entry requirements be?**

For example, should specialized training require language proficiency testing to assure that candidates entering the program are adequately bilingual? If so, what level of proficiency is needed? Must candidates show proof of prior training, such as a certificate for 40-hour program or longer, even when such training is not available?<sup>18</sup> Should they in addition to/ instead of a training certificate produce some other qualification such as certification in court or medical interpreting? The question of entry requirements is a particularly important question because currently many who currently interpret in torture and trauma services are volunteers who have never been trained to interpret.

**Answer:** Language proficiency appears essential to interpreters in these areas. Because the challenges represented by the data show that interpreters should ideally be more qualified and skilled than typical interpreters, not less, candidates for the proposed training should show proof of language proficiency considered to meet the general minimum standards for interpreting. Currently the emerging consensus in the community interpreting professions appears to be that interpreters should meet national proficiency standards equivalent to ACTFL Advanced High or ILR 2+.<sup>19</sup> Legal interpreters, however, are often held to a stricter standard, e.g. ACTFL Superior or ILR 3. In addition, and again in keeping with what are commonly considered minimal standards for interpreters in less challenging sectors of interpreting, candidates for specialized training

would ideally show proof of prior basic training, such as a certificate for 40-hour program or longer, and/or a professional qualification such as court or medical interpreter certification.

### **4. What content should be included, prioritized and emphasized?**

Which topics should be given the most emphasis and time? Should the training include separate components discussing the nature of torture, war trauma and sexual violence? How much emphasis should the program place on secondary trauma for interpreters? Would/should the program address specifics like positioning, note-taking and memory skills or instead assume that these had been addressed adequately in prior training?

**Answer:** A close analysis of the responses to open-ended questions in the surveys and the focus group data suggest that the curriculum brought out a number of areas that many providers and/ or interpreters strongly felt interpreters needed to know or that reflected areas where problems had been encountered with interpreters. All these examples given immediately following question 5 are culled from the needs assessment data.

### **5. How to address cultural barriers to communication?**

How much emphasis should be placed in the curriculum on cultural competence and cultural responsiveness? Should interpreters be taught when and how to intervene when cultural barriers impede provider-client communication? Or

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<sup>18</sup> As difficult as it may be to attend a 40-hour basic interpreter training in many parts of the U.S. (and the world), to find language-specific interpreter training can be even more difficult, particularly for the languages commonly represented in torture and trauma services. Most language-specific training in the U.S. targets Spanish interpreters.

<sup>19</sup> See note 14.

should interpreters be trained not to get involved on cultural issues but rather direct the parties to ask questions of each other if a cultural barrier emerges? Or should interpreters just continue interpreting and ignore cultural barriers that arise, letting everyone else sort it out?

**Answer:** This question of whether and how to intervene on cultural issues is particularly contentious in mental health interpreting, and it also is a delicate area for legal interpreters in attorney-client interviews. Interpreters and providers who responded to the surveys, for example, very often disagreed on how to handle those issues.<sup>20</sup>

While no clear answers emerged about how to teach this subject, the data clearly underlined the need to (a) offer clear guidance for interpreters on what to do when cultural barriers emerge; (b) address cultural brokering/cultural mediation skills in depth; and (c) offer adequate time to practice these skills. This point about cultural barriers to communication is addressed in a separate point below.

Clearly, anyone who develops training for interpreters must make difficult decisions about what to include in the curriculum and what intervention strategies to teach (or not to teach). In addition, curriculum designers must decide whether information belongs in the training manual as background information or should be included in class in the form of presentations, activities or skill-building exercises.

## Content to emphasize in a specialized training

Many core issues emerged repeatedly in the needs assessment data that clearly indicate the need to include certain component in any specialized training about how to interpret in torture and trauma services:

- More specific information about torture and trauma services
- Specialized terminology
- Information on mental/behavioral health (examples of topics included how to administer a symptom inventory; role of the therapist; “strengths-based” approaches in torture and trauma services; basic symptoms of trauma, dissociation, Post Traumatic Stress Disorder (PTSD), etc; and therapeutic silence, among others)
- Secondary trauma, including guidance and resources for interpreter self care (this was a recurrent theme)
- Attorney-client interviews (e.g., role and responsibilities of the attorney, attorney/interpreter ethical requirements, intervention skills, attorney-client privilege)
- Cultural mediation/brokering skills (discussed in more detail below)
- How to conduct successful pre- and post-conferences

In addition, it was clear that a model interpreter introduction should be developed that is specific to mental health and legal interpreting (e.g.,

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<sup>20</sup> Some of the interpreter disagreements probably reflect whether the interpreters were primarily community/medical or legal interpreters and also what type of training (if any) they had undergone. Disagreements among providers seem to reflect the degree to which they believe the interpreter should be an active part of the therapeutic or treatment team or whether the interpreter should restrict his or her activities during the session to interpreting.

a “script” that might include such elements as: “Please be aware I am not a clinician/legal services provider. Everything you say, including rough or rude language, will be interpreted, and I will not change your message in any way. Please let the provider know you don’t understand something I say or if you want a question repeated or rephrased. If you have concerns that I might not be the right interpreter for you, please let the provider know.” etc. These are cited as examples only.)

Other less common topics that emerged that also appear important and could perhaps be considered for continuing education modules include:

- Court interpreting for asylum hearings
- How to select modes of interpreting (in particular, when to use simultaneous mode)
- Awareness of interpreter’s body language and facial expressions as well as personal appearance, and their possible negative impact on the encounter
- Handling silence
- Specific skills (e.g., when to interrupt or not to interrupt; how to promote direct client-provider communication; how to declare/handle conflicts of interest; when to request a post-conference; how to handle situations when everyone in the room—including the interpreter—is crying, intervention skills, etc.)

Based on problems that emerged frequently in the data (though some of these problems may have reflected the presence of untrained interpreters), other elements or concerns to be emphasized throughout the training appear to include:

- Interpret accurately and completely no matter how horrific, culturally offensive, obscene, disjointed or frightening the

information may appear to you.

- Add nothing. (For example, one therapist asked a client, “What keeps you up at night?” The interpreter reported the message and then added to the client, “She’s trying to know if you have nightmares.”)
- Reflect the speaker’s tone and the spirit of the message.
- Know the role of the provider (especially therapists, social workers or attorneys).
- Limit the relationship with the client to a professional relationship (i.e., no exchanging phone numbers; no buying gifts for clients; no rides; no religious conversations or remarks; no touching; no reassurances such as, “It will be all right.”—these are specific examples from the data)
- Strictly avoid intervening unless the communication is derailing, and be particularly careful not to interrupt a session if possible during mental health and legal interpreting. Watch for dangers of side conversations.
- Respect silence, i.e., don’t move around, fidget, shuffle papers, etc.

## Specific Skills

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This needs assessment made clear that interpreters will need to acquire many special skills—too many, in fact, to include in the proposed three-day curriculum. Ultimately, more advanced training will be needed in order to develop and enhance interpreter skills in the following areas, among others:

**Managing the flow:** Interpreters need to develop the skills to help ensure that clients speak intelligibly without having the interpreter interrupt

a client's train of thought or undermine the therapeutic alliance.

**Managing interpreter roles:** The complexity of teaching appropriate intervention skills and the ability to respect role boundaries in this complex area of service could require a three-day training of its own. Interpreters also need time to practice and get feedback in this area.

**Managing insensitive or emotional outbursts:** Interpreters will need additional guidance and practice to handle the unexpected, including apparently odd behavior from providers and emotional outbursts from clients.

**Managing their emotions.** Any information or guidance included on this topic in a three-day training will likely prove inadequate. More advanced training will be needed.

**Interpreting culture.** Delicate issues, such as conveying different norms about acceptable levels of violence in other cultures, can be a challenge for the interpreter, who will need advanced training in this area.

**Handling the lack of linguistic or conceptual equivalence.** The challenge of finding equivalent meaning across languages and cultures is prevalent in this field of service, particularly with refugee languages, and so difficult to handle appropriately that interpreters will probably need additional guidance and practice beyond that which a three-day training can provide.

## Conclusions

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This project began with the assumption that pulling together a team of subject matter experts would be sufficient to create a meaningful specialized training curriculum in this field. Some of the specialists in this project questioned that assumption and argued for conducting a comprehensive needs assessment first. This report provides ample evidence that they gave good counsel.

In addition, as a result of this report, many who work in torture and trauma services will now have a better idea about the issues that face interpreters and how providers and staff can work more effectively with the interpreters.

This report also highlights the urgency that inspired THE VOICE OF LOVE Project: the need to develop specialized training on how to interpret for survivors of torture, trauma and sexual violence. The data reveal in detail the specific areas that must be emphasized in such training, and the feedback from providers, interpreters and survivors makes clear how, in this field, using untrained interpreters is problematic at best, and in many cases dangerous.

We urge those who read this report to share it with anyone in the field who may benefit from it. The authentic voices collected here are moving and eloquent. They speak for themselves. We honor those voices and thank all those who participated in this needs assessment for their honesty, courage and dedication. We hope they help to give survivors a voice as well.

## Survivor Voices

### **Advice From Survivors to Interpreters**

Burmese, Nepali, Iraqi, Ethiopian, and other refugees, asylees and survivors were trained to interpret. They were asked at the end of training, "What advice do you have for interpreters in torture and trauma services?" The interpreters responded:

- Be careful not to burn out!
- Follow all the ethics.
- Prepare psychologically, at least ahead. You know you are going to hear something horrible that will make you feel bad or cry in your head. You can go for two days preparing for that, "I'm going to be strong."
- Make sure you're comfortable interpreting certain words like rape.
- Most of the time it's very good to have you should have been taking one or two psychological subjects. [Such] courses should be included, because knowing psychology can affect any human being. You can treat him in the way you should.
- Get prepared even for the worse scenarios. Don't just assume things will go fine. Some things will go wrong, and just know how to deal with the situation and be prepared.
- Be aware of all the subject matter. The fact that you are an immigration interpreter doesn't mean you know all the things in immigration, so you need to study a lot about the cases.
- You may hurt them by thinking that you help them.



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## Appendix and Glossary

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# **Appendix 1: Glossary**

A number of technical terms are used in this document. The definitions below are excerpted from Framer, I., Bancroft, M., Feuerle, L and Bruggeman, J (2009), *The Language of Justice: Interpreting in Legal Services*, Washington, D.C.: Ayuda, pp.8-11. Used by permission.

## **Attorney-client privilege**

Protection of confidential communications between a client and her attorney, invoked according to rules of evidence in response to a request, during a court case, for the disclosure of confidential information.

## **Certified court interpreter (legal interpreting)**

Interpreters may be certified by several different official entities, e.g., via a National Center for State Courts Consortium test, the Federal Court Interpreter Certification examination, or the NAJIT certification examination. Note that there is not a test available for every language. Note also that these certifications are not necessarily equivalent since certification criteria and structure of each of these tests is different. Moreover, some entities have continuing education requirements that must be met at periodic intervals in order to maintain certification.

## **Certified medical interpreter (or certified community interpreter)**

A professional interpreter who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not

considered certified.

National Council on Interpreting in Health Care ([www.ncihc.org](http://www.ncihc.org))

## **Chuchotage**

A form of whispered simultaneous interpreting (see below) that does not require the use of special equipment as it is performed by the interpreter whispering directly to the listener(s).

## **Community interpreting**

Interpreting that takes place within a community setting, typically for public and nonprofit services.

## **Confidentiality**

Practice of treating information as private. Confidentiality is one of the key elements of the attorney-client relationship and of the interpreter's relationship with both the attorney and the attorney's client.

## **Consecutive mode**

The conversion of a speaker or signer's message into another language after the speaker or signer pauses. Adapted from ASTM International.

## **Court interpreting**

Interpreting in the courtroom or other official legal proceeding. The interpretation is preserved on the record or transcript of the hearing, deposition or trial. Court interpreting is a subcategory of legal interpreting.

## **Interpreting**

The rendition of an oral or signed message into another oral or signed language.

## **Legal interpreting**

Interpreting related to legal processes and proceedings, including but not limited to lawyer-client representation, prosecutor- survivor or witness interviews, law enforcement scenarios, and domestic violence settings.

## **Legal services**

Assistance with a legal matter, including giving legal advice, filing documents, sending correspondence, and representation in official hearings and other legal proceedings.

## **Legal services providers**

Individuals and organizations that provide legal services. The term is generally used to refer to a non-profit organization, but the term is not exclusive. For-profit providers are generally referred to as law firms.

## **Limited English Proficiency (LEP)**

Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English can be “limited English proficient” or “LEP.” These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

(U.S. Department of Justice, LEP Policy Guidance for DOJ Recipients)

## **Linguistic mediation**

Any act or utterance by the interpreter that briefly suspends the interpreted session or takes place outside it and is intended to remove a linguistic barrier to communication.

## **Mediation**

A term used in community interpreting in the U.S. and around the world to refer to any act or utterance by the interpreter that briefly suspends the interpreted session or takes place outside

it and is intended to remove linguistic, cultural or systemic barriers to communication, service delivery and equal access to services.

### **Remote interpreter**

An interpreter not physically present at the interview site who interprets from a remote location by telephone or videoconferencing equipment.

## **Register (or “Language register”)**

Level of language. “High register” usually indicates formal, elevated or highly technical language, often with complex syntax. “Low register” may indicate language that is casual, colloquial or slang.

## **Sight translation**

The oral rendition of a written document into another language.

## **Simultaneous mode**

Interpreting that is performed more or less at the same time the original speaker is speaking, albeit with a brief time lag.

## **Source language**

The language from which an interpreter renders an oral or signed message. The term source language likewise refers to the language from which a translator renders a written message into another language.

## **Target language**

The language into which an interpreter renders an oral or signed message. The term target language likewise refers to the language into which a translator renders a written message.

## **Translation**

The written rendition of a text in one language into a written text in another language.



## **Translator**

An individual who renders written texts in one language into written texts in another language.

## **Transparency**

The act of ensuring that anything said or signed during an interpreted encounter is known by all parties to the encounter. In legal interpreting, it includes the additional requirement that everything said by the interpreter while performing linguistic mediation must be interpreted to both parties.

## **Unauthorized Practice of Law**

Legal services that are not provided in accordance with the relevant Code of Professional Responsibility, or are provided by individuals who are not licensed to practice law or an attorney not licensed to practice in that jurisdiction, whether or not they have attended law school or are authorized to practice law in another jurisdiction.

## **Whisper (or whispered) interpreting**

A form of simultaneous interpreting performed for a single individual or small group. Typically, it is performed during a public discourse in the source language. When it is performed with special equipment, at a distance from the individuals in need of interpreting, it is usually simply referred to as simultaneous interpreting (see above). When it is performed by an interpreter located in very close proximity to the individuals in need of interpreting, it may be referred to as chuchotage (see above).



# APPENDIX 2: SURVEY QUESTIONS

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## Survey Questions for Service Providers

**Objective 1:** Determine the needs of service providers who work with linguistically diverse survivors of torture, trauma and sexual violence.

**Objective 2:** Assess what providers in this field may already know about working with interpreters.

**Objective 3:** Determine current patterns of use of interpreters by providers in the field.

Question	Answer
What kind of organization do you work for?	<ul style="list-style-type: none"><li>• Torture and trauma center</li><li>• Refugee resettlement</li><li>• Mental health services</li><li>• Services to immigrants</li><li>• Other (specify):</li></ul>
What is your title/job position?	<ul style="list-style-type: none"><li>• Mental health clinician</li><li>• Case manager/caseworker</li><li>• Administrative staff</li><li>• Volunteer</li><li>• Other (specify):</li></ul>
What is your average number of cases per week?	<ul style="list-style-type: none"><li>• More than 25</li><li>• 16-25</li><li>• 11 -15</li><li>• 6-10</li><li>• 0-5</li></ul>

How often do you work with an interpreter?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Rarely</li> <li>• About once a month</li> <li>• About twice a month</li> <li>• About once a week</li> <li>• More than once a week</li> <li>• Other: (specify) ____</li> </ul>
What languages other than English do many of your clients speak or sign?	<ul style="list-style-type: none"> <li>• Short answer</li> </ul>
clients speak limited English?	<ul style="list-style-type: none"> <li>• Less than 25%</li> </ul>
Have you received training on how to work with an interpreter?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• If yes, describe:</li> </ul>
What kind of interpreter does your agency work with any time? (Check all that apply)	<ul style="list-style-type: none"> <li>• Volunteers</li> <li>• Freelance interpreters</li> <li>• Agency interpreters</li> <li>• Telephone interpreters</li> <li>• All of the above</li> <li>• A combination (specify): _____</li> </ul>
What kind of interpreter does your agency rely on most of the time? (Check one or two)	<ul style="list-style-type: none"> <li>• Volunteers</li> <li>• Freelance interpreters</li> <li>• Agency interpreters</li> <li>• Telephone interpreters</li> <li>• A combination (specify): _____</li> </ul>

For what types of appointments do you use interpreters (check all that apply)	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Group psychotherapy</li> <li>• Other groups</li> <li>• Legal appointments, e.g., asylum interviews</li> <li>• Court appointments</li> <li>• Other (specify):</li> </ul>
Do you yourself provide services in another language than English?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
If you provide direct services in another language, what language do you use?	
Are the interpreters you work with trained to interpret or untrained?	<ul style="list-style-type: none"> <li>• Trained</li> <li>• Untrained</li> <li>• Mix of trained and untrained</li> <li>• Don't know</li> </ul>
If you work with both trained and untrained interpreters, have you noticed a difference between them?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
If so, can you describe the differences you see between trained and untrained interpreters?	<ul style="list-style-type: none"> <li>• short answer</li> </ul>
When you have no interpreter and work with limited English speaking clients, how do these sessions go?	<ul style="list-style-type: none"> <li>• short answer</li> </ul>
services?	<ul style="list-style-type: none"> <li>• Varies</li> </ul>

Can you give one or two examples of how interpreters help you most?	
Can you give examples of interpreter behaviors you find problematic?	
Have you noticed that interpreters are sometimes troubled by traumatic information shared in a session?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
If so, what, if anything, you do about it either during or after the session?	
Have you ever spoken with the interpreter before a session about the session itself?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
If so, what do you typically say?	
Have you observed any cultural issues that arise during an interpreted session?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not Sure</li> </ul>
If so, can you give one or two examples of cultural issues you observed?	
If you work with telephone and in-person interpreters, which do you prefer?	<ul style="list-style-type: none"> <li>• In person</li> <li>• Telephone</li> </ul>
Can you briefly explain the reason for your preference?	

## Survey Questions for Interpreters

**Objective 1:** Determine the needs of interpreters who work with LEP survivors of torture, trauma and sexual violence.

**Objective 2:** Assess what interpreters in this field may already know about working with providers.

**Objective 3:** Determine current patterns of service to providers by interpreters in the field.

Part I: Background information	Answer	Description
What are your working languages (i.e. what languages do you interpret to/from?)	1) 2) 3) 4) 5)	
Please describe your highest level of education.	<ul style="list-style-type: none"><li>• Less than high school</li><li>• High school</li><li>• Two years of college</li><li>• Four years of college</li><li>• Master's degree</li><li>• Ph.D.</li><li>• Post-doctoral studies</li></ul>	
How much formal training in interpreting have you completed (i.e. hours, months, years)?		
How many years of experience do you have as an interpreter?	<ul style="list-style-type: none"><li>• Years</li></ul>	



What, if any, is your contractual relationship with the facility(ies) in which you interpret?	<ol style="list-style-type: none"> <li>1. Staff interpreter (dual role)</li> <li>2. Volunteer interpreter</li> <li>3. Free-lance/agency interpreter</li> <li>4. Dual role interpreter (i.e. multilingual staff hired to provide services other than interpretation)</li> <li>5. Volunteer</li> <li>6. Other [please specify]</li> </ol>	
Check all that apply.	<ol style="list-style-type: none"> <li>1. Mental health (i.e. counseling, individual therapy)</li> <li>2. Medical appointments</li> <li>3. Group therapy</li> <li>4. Legal appointments (i.e. asylum interviews)</li> <li>5. Court appointments</li> <li>6. Case management</li> <li>7. Other (specify):</li> </ol>	

<b>Part II: How often...</b>		
How often do you interpret in the first person (i.e. you say "I think that..." if they say "I think that...")?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often do you adopt the speaker's volume?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	

How often do you adopt the speaker's tone of voice?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often do you adopt the speaker's linguistic register (i.e. level of formality, e.g., technical or colloquial)?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often do you ask the speaker to pause when you sense that you have reached the limit of what you can remember?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often are you asked to sight-translate a printed document for a client? ("Sight translation" is reading out loud in language "B", a document written in language "A")	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often are you asked to assist a client with completing a form?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
How often do you use simultaneous interpreting mode (i.e. where you interpret at the same time that the speaker is speaking)?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	



How often do you prepare for your assignments?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	
If so, what do you specifically do to prepare?	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	
How often do you consult with the provider before or after the interpreted session?	<ul style="list-style-type: none"> <li>• Never</li> <li>• Sometimes</li> <li>• Often</li> <li>• Always</li> </ul>	

<b>Part III: Short answer</b>		
When you interpret, which of the following happens most often?	<ol style="list-style-type: none"> <li>a. The client and provider speak to and look at you.</li> <li>b. Client and provider speak to and look at each other.</li> </ol>	
In an interpreted session, where do you sit in relation to the provider and client?		

What do you do when the speaker says something that you believe the listener does not understand?		
What do you do when the speaker says something that you feel is offensive to the listener?		
What do you do when the speaker says something that is offensive to you?		
What do you do to help you remember everything that the speaker has said?		
What do you do when you think you may have made an error when interpreting?		
What kind of information do you share outside of the interpreting session?		
With whom do you share it?		
What do you do with written notes or other documents that contain confidential information after the interpreting session is done?		

How do you know what information is confidential?		
Have you ever interpreted for a session in which cultural conflicts arose? Please describe what happened and how you handled it.		
What do you do when you recognize that you have a potential conflict of interest?		
What do you do when the client asks for your opinion or advice?		
What do you do when the provider asks for your opinion or advice?		
Do you provide any type of help to the client immediately after the session? If so, please describe.	1) 2) 3)	
Has a client for whom you are interpreting ever become verbally abusive or physically violent? If so, what did you do?		

Have you ever interpreted for a session where the client's speech made no sense? If so, what did you do?		
Have you ever interpreted for a session where the speaker starts talking about something about which you feel uncomfortable? If so, what did you do?		
What do you do when you are asked to interpret for a session for which you feel you are not qualified (i.e. the topic is not familiar to you, you are not familiar with the terminology used in that type of session)?	Change "what would you do" questions to "what have you done".	
What knowledge or skills would help you do a better job interpreting?	1) 2) 3) 4) 5)	
What are three things that you find are working well when you interpret for survivors of torture and trauma [or other areas of mental health interpreting]?	1) 2) 3)	



<p>What are three things that are causing difficulties in the interpreted sessions? What could be done to make the session proceed more smoothly?</p>	<p>Difficulties</p> <ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> </ol>	<p>Solution to</p> <ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> </ol>
<p>What could the provider do to work with you more effectively?</p>	<ol style="list-style-type: none"> <li>1)</li> <li>2)</li> <li>3)</li> </ol>	
<p>Have you found yourself taking on roles other than interpreting when the mental health care provider is not present?</p>		
<p>Have you ever been emotionally affected by a session or a client's story? If so, how did you handle it?</p>		
<p>(Give examples, if possible.)</p>		

# Appendix 3: Focus Group Questions and Guidelines

## THE VOICE OF LOVE Project Questions for Focus Groups

*Group 1: Interpreters who work with survivors.*

*Group 2: Clinicians, caseworkers, front-line staff and others who work with interpreters.*

**Objective 1:** To discuss the needs of service providers and interpreters who work with linguistically diverse survivors of torture, trauma and sexual violence.

**Objective 2:** To assess what service providers in this field know about working with interpreters.

*NOTE: It is not necessary for one organization to conduct both types of focus groups. Any organization who chooses to participate may decide if they wish to conduct a focus group for service providers, a focus group for interpreters, or one focus group for each.*

## Definitions

**LEP** ("Limited English Proficiency"): those who do not speak, read, write or understand English fluently enough to have meaningful access to a service

Linguistically diverse: those who may speak a language (or languages) other than the dominant language of service and who may therefore need an interpreter.

**Length of focus group sessions:** c. 90 minutes

**Ideal number of participants:** 6 to 12

**Target group 1:** Interpreters (trained or untrained), e.g., contract interpreters, volunteers, bilingual staff who interpret. Interpreters in these focus

groups will ideally work in the areas of a) torture, trauma and sexual violence; b) refugee resettlement; and/or c) mental health interpreting.

**Target group 2:** Therapists, counselors, social workers, caseworkers, health care staff, front-line staff, and others (except interpreters and volunteers) who work with survivors who do not speak the language of service

**Ideal session:** on site/in person

**Format for note-taking:** No recording of focus groups is required, because no one may be available to perform the transcription. Instead, simple notes taken on a laptop during the focus group will be ideal. The notes can then emailed to Marjory Bancroft, mbancroft@cultureandlanguage.net or Karen Hanscom, Advocates for Survivors of Torture and Trauma, klh@astt.org.

**Report:** It is not necessary to prepare a formal report on a focus group, though any/all comments, reactions and feedback about any aspect of the focus groups are welcome.

**Possible alternative formats for focus group sessions:** telephone conference or online focus groups

## Questions

### Target Group 1 (Interpreters)

Please see the attached Profile Sheet and have each focus group participant fill in answers to the questions on the sheet on arriving at the focus group session.

1. When you interpret, what are some things staff members or clients do that help you provide your services appropriately?

- 
2. Can you give examples of some staff or client behaviors that seem problematic?
3. Have you found yourself taking on roles other than interpreting with a client?
4. Have you ever noticed that you or the mental health care provider appeared emotionally affected by a session or a client's story? If so, how did you respond during or after the session?
5. Have you ever spoken with the mental health care provider before or after a session about the session? If so, could you describe a typical conversation? What was helpful? What was not helpful?
6. What could the staff member or client do to help the session go smoothly?
7. What kinds of cultural issues have emerged when you were working with mental health care providers? (Give examples, if possible.)
4. Have you ever noticed that an interpreter appeared emotionally affected by a session or a client's story? If so, how did you respond during or after the session?
5. Have you ever spoken with the interpreter before or after a session about the session? If so, could you describe a typical conversation?
6. What do you think is important for the interpreter to know before a session?
7. What kinds of cultural issues have emerged when you were working with an interpreter? (Give examples, if possible.)

If time permits:

8. Have you worked with a telephone interpreter? If so, how would you compare working with telephone and in-person interpreters?

See Profile Sheets below. Please make one copy of each profile sheet for every participant in the relevant focus group to fill out upon arrival. Completed sheets may be scanned and emailed with the focus group notes to [mbancroft@cultureandlanguage.net](mailto:mbancroft@cultureandlanguage.net) or [klh@astt.org](mailto:klh@astt.org) OR faxed to 410-750-0332.

## **Target Group 2 (Staff and Service Providers)**

Please see the attached Profile Sheet and have each focus group participant fill in answers to the questions on the sheet upon arriving at the focus group session.

1. In your experience, what are some things interpreters do that help you to provide your services appropriately?
2. Can you give examples of some interpreter behaviors that seem problematic?
3. When working with clients or patients with limited English, how have the sessions gone when there is no interpreter present?

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