



# Trauma-informed Interpreting

## What is trauma?

Trauma is generally understood as a person's reaction to a frightening or life-threatening event, such as sexual violence, other forms of victimization, or injury. It is important to note that no two people will respond or react to the same situation in the same way; what is distressing for one person may not be upsetting for the next person. For people who do experience trauma, there are some common symptoms: sleep disturbances, anxiety and depression, flashbacks, changes in behavior, inability to focus, feeling jumpy or "on edge," and difficulties with engaging in usual activities or relationships.

## What does "trauma-informed" mean?

A person can experience trauma at any age, and for any number of reasons. While people may heal and find ways to cope with the effects of a traumatic experience, they may also have times when they are reminded of the event and re-experience the trauma response — either consciously or unconsciously — mentally, emotionally, or physically.

Utilizing trauma-informed practices is often compared to universal precautions in the medical field. For example, doctors and nurses will always act as if a person might have an illness or disease that could be spread to others. They will always wash their hands, put on gloves, and use sterile instruments to prevent passing germs from one person to another. These precautions are taken "just in case" to prevent further harm to their patients and themselves. Similarly, a trauma-informed approach assumes that a person may have experienced trauma and, as a result, measures are taken to prevent further harm to them (Hodas, 2006).

**Taking steps to ensure that people feel physically and emotionally safe is an essential part of trauma-informed services.**

A trauma-informed approach is based on a few key principles:

**Safety**

Support physical and emotional safety.

**Empowerment**

Focus on strengths and provide information and resources.

**Trust**

Maintain appropriate boundaries and be honest.

**Cultural, historical, and gender issues**

Be sensitive to the role that culture, race, ethnicity, history, and gender may play in the person's experience (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018).

**Peer support**

Prioritize choice and decision-making.

**Collaboration and mutuality**

Share power and collaborate with survivors.

It is important to remember that a trauma-informed approach not only benefits the client but also the professionals who are helping them.

## **How can interpreters adopt a trauma-informed approach?**

Often, when people have experienced trauma, particularly in cases of victimization, they feel as though their power and control has been taken from them. Interpreters can be an important part of helping a person re-establish their feelings of control. Regaining a sense of empowerment can mitigate the impact of trauma. (Gonzalez, 2015).

## Safety

Taking steps to ensure that people feel physically and emotionally safe is an essential part of trauma-informed services (SAMHSA, 2018). For interpreters, there are ways to promote healing and empowerment for clients as well as reduce stress for themselves.

In general, people feel safer when they know what to expect. Taking the time to explain the role of the interpreter and to tell clients what will happen next is essential. Showing respect for the trauma survivor will also help that person to feel safe.

On the other hand, maintaining too much professional distance might create anxiety in someone who has experienced major trauma. The interpreter, without violating role boundaries, can offer a warm, compassionate, and non-judgmental presence. Doing so can support a trauma survivor's sense of safety.

Similarly, interpreters themselves may experience less anxiety if they are as well-informed as possible. Gathering information about the assignment, the setting, and the general content of the interaction will help the interpreter to avoid feeling caught off-guard. The more the interpreter feels prepared beforehand, both emotionally and in terms of the terminology and content of the session, the more relaxed the interpreter will feel. The trauma survivor typically senses the interpreter's confidence. An interpreter's professional—yet relaxed and warm—demeanor can actively contribute to helping a trauma survivor feel safe.

Another way to promote safety is to consider positioning: how the arrangement of people within a space could impact the interaction. For example, for people who have experienced trauma, particularly interpersonal violence, having someone stand or sit too close to them or touching them may be very uncomfortable. Clients may not feel safe if they are positioned with their back to the door or with their exit route blocked. In situations where an interpreter facilitates a difficult or emotionally-charged conversation between two people, planning how to position oneself to avoid the

perception of “us versus them” is another important consideration (Bancroft, 2016). Finally, the survivor will ideally develop a bond with the trauma-informed service provider—not the interpreter. That bond contributes to building a sense of safety. Yet the interpreter's positioning can support, or undermine, provider-client communication and connection.

## Trust

In many cases, a person who has experienced trauma has had their trust violated; their view of “how things are supposed to be” may be severely shaken. Without developing a bond of trust with those service providers who assist the survivor, it might be difficult for a survivor of major trauma to find healing or justice.

Interpreters can demonstrate that they are dependable and worthy of their clients' trust by providing accurate interpretation, maintaining appropriate, professional boundaries, and by being honest about the limits of their role.

First and foremost, it is of utmost importance that interpreters respect the confidentiality of the client. In many situations, such as meetings with counselors, therapists, medical or legal professionals, a client's confidentiality may be protected by law. In addition, an interpreter's ethical code prohibits them from sharing a client's private information (National Association of Judiciary Interpreters & Translators [NAJIT], n.d.; National Council on Interpreting in Health Care [NCIHC], 2004; Registry of Interpreters for the Deaf, Inc. [RID], 2018). Maintaining a client's confidentiality is foundational to building trust.

It is also vital that the interpreter clarify that confidentiality is required and that the interpreter is personally committed to maintaining it. In many countries around the world, confidentiality is not a familiar concept. It is certainly not common knowledge for many foreign-born residents that interpreters respect confidentiality or that they are required to do so.

Interpreting difficult or sensitive information is not easy, but it is imperative that the interpreter preserve the client's autonomy. It may be tempting to soften or sanitize a person's words in order to protect others from the impact of the client's experience or because of personal discomfort with the language that is being used. Interpreters must maintain the integrity of their client's words. They should avoid editing their message, even in cases where an interpreter feels that the client would be well-served by the edit (Bancroft, 2016). Similarly, if a service provider such as a therapist or lawyer speaks in a harsh way, that provider may have reasons to do so. If the interpreter "protects" the trauma survivor by softening the language, instead of helping the survivor, the interpreter may damage the legal case or therapeutic alliance.

In addition, when interpreters change the message, trauma survivors are often aware of the change—and trust can be destroyed. When trust with the interpreter is shattered, the bond of trust that the survivor had with the service provider can also be damaged.

Perhaps the best way that an interpreter can build trust with a trauma survivor is to be that survivor's faithful voice.

### **Peer support**

Trauma-informed service providers do not counsel trauma survivors about "what to do." In this context, peer support means providing a safe place for the survivor to gather information to guide decision-making. The choices are the survivor's. Thus, the trauma-informed service provider is not working in a context of someone acting "above" the survivor or as an "expert" coming to rescue that person, but rather as a peer providing support and a safe place to make decisions.

For interpreters, however, it can be difficult to listen to accounts of violence and suffering and not want to offer personal advice or help. The desire to provide comfort can feel overwhelming, yet

trauma survivors are best served when professionals maintain their professional roles (Bancroft, 2016; Bancroft, Allen, Green, & Feuerle, n.d.).

For example, imagine a situation where an interpreter shares their personal experiences of abuse with a sexual assault survivor before a counseling session to show that there is "light at the end of the tunnel." Not only could the interpreter potentially re-traumatize the survivor; sharing such an experience could risk harming the survivor or interfering with that survivor's bond with the professional who is trained to help them: the counselor.

Additionally, it is not uncommon for other service providers to be ill-informed about the role of the interpreter. They may expect an interpreter to be a cultural expert or to provide insight into the perspective or experience of the person with limited English proficiency. Helping others to understand that those requests are beyond an interpreter's scope of practice will help to maintain professional boundaries.

Providing support outside the scope of one's practice can be a dangerously slippery slope, not only for the client, but for the interpreter as well. Giving clear information from the beginning about what interpreters do, and may not do, helps to set the course for positive professional interactions with clients and other service providers (Bancroft, 2016; Bancroft et al., n.d.).

### **Collaboration and mutuality**

Power differentials between or among people can create environments or relationships that are at odds with a trauma-informed approach. A trauma-informed approach recognizes the valuable contributions that each person can offer and values a team approach that respects each person's input equally, including survivors, service providers, and interpreters (SAMHSA, 2014).




## Empowerment

A trauma-informed approach is a strengths-based approach that believes in a person's or organization's ability to contribute to healing and recovery (SAMHSA, 2014). Too often, survivors of trauma feel that professionals are making decisions *for* them, rather than *with* them. Essential to empowerment is ensuring that all partners on the team have equal "voice and choice" (SAMHSA, 2014, p. 11). Interpreters are a key part of ensuring that clients with limited English proficiency are able to be heard and to be equitable partners in decision-making.

While it is not the role of the interpreter to contribute information or feedback on the content of a particular assignment, it is important for interpreters to inform their clients and other professionals about their professional role. Outside of an assignment, interpreters can provide valuable information to professionals, organizations, and systems about ways to make their processes and services more accessible for people with limited English proficiency, as well as provide input on effective ways to partner with interpreters. However, it is important that the person who experienced the trauma make choices and decisions, not the person providing the service—or the interpreter. Similarly, the service provider may provide information that can assist a client's decision-making process, but the interpreter should refrain from doing so.

## Cultural, historical, and gender issues

An approach based on mutuality and empowerment cannot ignore the presence of stereotypes and biases based on a person's identity. Being trauma-informed means that people and organizations recognize how a person's race, ethnicity, gender, sexual orientation, religion, or other facets of one's identity might shape their experiences. A trauma-informed approach strives to be responsive and equitable, taking into account a person's



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identity and history to inform pathways to healing and to avoid further harm (SAMSHA, 2014).

For interpreters, this approach can be particularly meaningful. In addition to a shared language, interpreters may identify with the culture, gender, race or other personal characteristics or experiences of their clients. Interpreters may be acutely and personally aware of the prejudice that people from their shared community may face. Experiencing or witnessing acts of oppression that play out between service providers and clients can compound an interpreter's stress and risk of vicarious trauma (Harvey, 2001).

However, to the extent that even trauma-informed providers might sometimes appeal to the interpreter for cultural guidance, the interpreter who answers by giving a cultural opinion might foster stereotypes in the service provider's mind. The best approach here is to redirect such questions back to the survivor. If asked about a cultural issue, for example, the interpreter might say, "That's a great question. I'd be happy to interpret it for the client at your next meeting."

## Communicative autonomy

Communicative autonomy means the capacity to be responsible for, and in control of, one's own communication (Bancroft, García-Beyaert, Allen, Carriero-Contreras, & Socarrás-Estrada, 2016, p. 11). In other words, for someone to have communicative autonomy means, in a real sense, to have a voice.

When a survivor of major trauma needs an interpreter, the difference between thriving and suffering can often come down to feeling heard and being able to speak in one's own voice rather than feeling silenced. Communicative autonomy is a powerful concept. It could be said to be the very cornerstone, or even foundation, of interpreting. To the extent that interpreters

support communicative autonomy, they also support trauma-informed services.

So much of trauma is tied up with concepts of power and control—specifically, the power and control taken from the survivor. If an interpreter takes away that power and control by taking away the survivor's voice (for example, adding to, omitting from, or changing the message; softening the tone; or getting into a side conversation), the interpreter might undermine the process of healing, recovery and access to justice.

By supporting communicative autonomy and giving the survivor a true voice, the interpreter is helping to give back what was once taken from the survivor: agency, power and control.

## Vicarious trauma

Not only are interpreters emotionally impacted by hearing others' accounts of traumatic experiences; interpreters engage with the difficult content in a way that goes beyond listening. Interpreters not only hear the information: they must process the content, extract the meaning, faithfully interpret the meaning into another language, and then speak or sign the content, most often in the first person (Bancroft et al., n.d.).

For survivors of trauma, interpreters serve as a vital conduit to help, recovery and justice. Yet often distressing content is internalized by the interpreter. Repeating stories of trauma can impact their mental, physical, emotional, and spiritual health (Gonzalez, 2015).

Vicarious trauma may occur as a result of hearing and interpreting the stories of others. It can also happen as a result of triggering. Triggering occurs when a person has an experience that reminds them of their own past trauma, and their mind and body react or respond, either consciously or unconsciously, as if they have been transported back to the moment of the initial incident (University of Alberta, Sexual Assault Centre, 2016).

For example, for an interpreter with a personal experience of child sexual abuse, interpreting for a child who is disclosing similar types of abuse might cause a physiological reaction in the interpreter. The interpreter might react by shutting down or feeling scared, or by experiencing any number of responses. When this occurs, an interpreter might struggle to perform their duties. This is a normal reaction, but it is helpful to be prepared and to take steps to mitigate the impact of a trauma-response on oneself and the client (Bancroft, 2016; Rhyne, 2010). For example, if an interpreter cries or shows distress, the survivor might feel that it is his or her fault and feel shame or be distracted from the service provider.

### **Signs and symptoms**

Recognizing vicarious trauma can be difficult. While in some instances the effects may be immediate, often the impacts are cumulative and happen over time. Vicarious trauma might show itself in cases where an interpreter is feeling “burnt out” or begins to question their competence. Vicarious trauma may cause a person to feel angry, hopeless, depressed, anxious, or contribute to engaging in unhealthy coping practices such as misusing alcohol or drugs (Lor, 2012; Rhyne, 2010). Vicarious trauma can also express itself in physical ways, such as effecting sleep patterns or appetite or causing aches and pains or illness. It is important to recognize personal warning signs, so that if symptoms of vicarious trauma begin to arise, the interpreter can seek help and support.

### **Building resilience and self-care**

In the same way that interpreters are affected by the trauma that has been experienced by others, they are often inspired by the strength and resilience of their clients. For many interpreters, giving voice to the experiences of survivors of trauma is very meaningful and rewarding (Bancroft, 2016; Gangsei, 2011; Lor, 2012). Not only can focusing on these positive experiences

mitigate the impacts of vicarious trauma: interpreters can take steps to build their own resilience and reduce the effects of difficult assignments.

## **Remember the ABCs (Gangsei, 2011)**

### **Awareness**

The first step to reducing the possibility of vicarious trauma is to recognize that anyone who is regularly exposed to distressing situations or the trauma of others is at risk; vicarious trauma is not the result of a personal deficit or weakness, but rather, a normal response to bearing witness to the pain of others (Gangsei, 2011). With this understanding, interpreters can take steps before, during, or after an assignment to take care of themselves and process the experience of interpreting for trauma survivors.

Before an assignment, making sure to get enough rest, eating healthfully, wearing comfortable clothing, and stretching can make a difference. Gathering detailed information before the assignment can help an interpreter to feel more prepared and reduce the chance of being caught off-guard by distressing content or language. When possible, it may be helpful to meet with the service provider ahead of time to plan for situations where an interpreter may need a break to ensure accuracy as well as provide relief from distressing content (Andert & Trites, 2014; Bancroft, 2016). Planning for breaks can be especially important for sign language interpreters, who interpret in simultaneous mode (so typically they cannot interpret without a partner for periods longer than an hour, and even with a partner they usually switch interpreters every 15-30 minutes). Sign language interpreters also need to be mindful of their physical limitations. Yet, when they interpret highly emotional content, interpreters may hesitate to take a break and push themselves beyond their limits, putting both their emotional and physical health at risk of harm (Zenzino, 2013).



**Setting boundaries is important, not only for the integrity of the interpretation, but for the well-being of both the interpreter and the client.**

Some interpreters may find it beneficial to practice pre-assignment rituals, helping them to mentally “shift gears.” For example, a simple practice of putting on a scarf or sweater can be a personal signal that the interpreter is now in work mode; after the assignment, removing that article of clothing can signify the letting go or shedding of the stress of the assignment (Bancroft, 2016).

### **Balance**

Ensuring that interpreters have a healthy work-life balance is essential. It is important to recognize that each individual has their own unique sense of equilibrium and ways of preserving it. For many people, setting strict boundaries between personal time and professional time is an important part of maintaining balance. During assignments, setting emotional and physical boundaries is equally as important, not only for the integrity of the interpretation, but for the well-being of both the interpreter and the client. As Bancroft (2016), explains, “Let the survivor build a relationship with the provider – not you – because that relationship is critical for the survivor’s journey to recovery and justice. Remember, your job is to interpret. It’s the greatest gift you can give the survivor: his or her voice” (p. 16).

Feeling empathy and wanting to help survivors of trauma is natural and normal. It is certainly important that interpreters demonstrate warmth; however, remembering not to touch the client, give advice, or engage in small talk can help interpreters maintain professional boundaries. Managing boundaries is essential for preserving the interpreter’s own wellness and for ensuring the best experience for the client and service provider. (Bancroft, 2016; Zenzino, 2013).

During an assignment, breathing deeply and keeping a relaxed but upright posture can help an interpreter maintain balance and calm (Andert & Trites, 2014; Bancroft, 2016; Lor, 2012). Focusing on linguistics or note-taking can provide an interpreter with just

enough distraction from the emotional content to help them maintain their mental footing (Bancroft, 2016; Lor, 2012).

## Connection

Debriefing after a session with another professional has been shown to significantly reduce the risk of vicarious trauma for interpreters (Andert & Trites, 2014; Bancroft, 2016; Lor, 2012; Rhyne, 2010; Zenzino, 2013). Engaging in formal supervision practices or taking some time to process with the service provider after a session can both be effective practices. Simply talking through the experience with a trusted friend or family member may also be helpful (Bancroft, 2016; Zenzino, 2013). In all cases, it is essential to maintain the confidentiality of the client.

It is permissible to talk about the details of the appointment with another professional who works with the same client. Some interpreters have valuable opportunities to debrief with clinicians (licensed therapists), nurses, social workers, victim advocates and other professionals. How can one debrief effectively with family and friends, however, and maintain confidentiality?

The simplest answer is that there is no violation of confidentiality for the interpreter to talk about the interpreter's own feelings. Rather than divulge the details of an assignment (and in small language communities, even such general information as "Today I interpreted for a pregnant woman" could be revealing), the interpreter who needs to talk out a distressing assignment at home or with friends can focus on sharing his or her emotional experience—not the survivor's story.

Survivors of trauma often find healing and support by connecting with others who have had similar experiences. The same is true for professionals, including interpreters. Interpreting for survivors of trauma can leave interpreters wishing they could have done more to help the client or to question their competency after a difficult assignment; effective supervision and de-briefing with colleagues

can help to mitigate these feelings and prevent vicarious trauma and burnout (Bancroft, 2016).

## Self-Care

Self-care can help reduce the impacts of stress and trauma. For interpreters, nurturing the mind, body, and spirit is not only a beneficial thing to do, it is essential – not only for physical and mental health, but for professional efficacy. When interpreters are under pressure, their skills can suffer, as can their feelings of self-efficacy (Zenzino, 2013). Thinking of ways to engage in self-care practices to alleviate everyday stress is important, as is planning ahead for emergencies, unexpected challenges or distressing assignments (Bancroft, 2016; University of Buffalo, 2018).

Akin to an insurance policy, a self-care plan, developed in preparation for stressful assignments before they happen, will provide assurance and support after particularly difficult experiences. A self-care plan should include long-term and short-term activities.

Long-term activities help to balance the mind, body, and spirit. Identifying a range of practices is recommended. For example, include simple things that provide peace and comfort like meditation or listening to music, as well as practices that involve more planning and intent, such as regular, on-going exercise or spiritual practice (University of Buffalo, 2018). Short-term activities are those the interpreter can engage in before, during and after an assignment, such as practicing deep breathing before an assignment, remaining grounded while interpreting and engaging in a social, religious or sports activity afterward.

It is also helpful to identify those special people who can provide the connection that is so important to alleviating stress and trauma, including professional colleagues, as well as friends and family, who can offer support and comfort (Andert & Trites,

2014; Bancroft, 2016; Lor, 2012; Rhyne, 2010; Zenzino, 2013). Developing and writing down a self-care plan could benefit almost every professional interpreter. Guidance for how to do so, including consulting a model for a written plan, may be helpful (Bancroft et al., n.d., pp. 97-103).

## **A trauma-informed approach benefits everyone**

One of the main goals of a trauma-informed approach is to prevent further harm to survivors. However, it is important to remember that everyone involved with supporting survivors benefits from systems and processes that help to prevent re-victimization and vicarious trauma.

Interpreting in cases of sexual violence or other forms of interpersonal violence is difficult. It is normal to be impacted by these experiences. Taking steps to maintain balance and practice self-care can help to preserve the interpreter's health and safety, allowing them to focus on their very important role: helping survivors to be heard.

## **Additional resources**

### **Cross-Cultural Communications**

<https://www.cultureandlanguage.net>

### **National Association of Judicial Interpreters and Translators**

<https://najit.org>

### **Registry of Interpreters for the Deaf**

<https://www.rid.org>



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