Chapter 43
Interpreting for Victims of Violence:
Its Impact on Victims and Interpreters

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ABSTRACT

Victims of violence and interpreters share one trait: they are susceptible to trauma-related sequelae. Direct victims may develop PTSD while interpreters may develop vicarious trauma. This chapter sets out the legal basis for language access in healthcare, noting the important quality dimension added by the ACA. It then reviews the statistics for various forms of violence and presents some of its enormous societal costs. It also highlights the similarity of some of the symptoms observed in persons suffering from vicarious trauma, PTSD and burnout, but notes the difference in the genesis of these three conditions. This is followed by an introduction to trauma-informed approaches in delivering victim services. Finally, it lays the basis for identifying VT symptoms, mentions two online instruments that might be useful in assessing the likelihood of vicarious trauma, and reviews types of self-care techniques for creating a personal self-care plan.

INTRODUCTION

Interpreting for victims of violence is not easy. Human beings at their best are by nature empathetic and can absorb the trauma of those they interpret for. Some cases are more difficult than others, but all take their toll. This chapter will provide some background on the pervasive violence in society that makes it likely that interpreters will be called upon to interpret for victims who have been subjected to a level of violence that may be unfamiliar in their own lives. It is not unexpected that victims of violence may suffer long-term damage from their experience; however, all who encounter victims on their path from the trauma to physical and psychological healing may also suffer from their exposure to the trauma of

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others. The victims suffer primary trauma and those in the helping professions may suffer secondary or vicarious trauma.

This chapter aims to introduce interpreters to the concept of trauma –informed interpreting, which ideally should parallel the trauma-informed services provided to these victims. Finally, this chapter hopes to sensitize interpreters to the indicators of vicarious trauma so that they can address these symptoms and develop a self-care plan to prevent, or at least mitigate, its effects on those who interpret for the victims of violence, enabling them to continue to provide these indispensable language access services.

BACKGROUND

The Right to an Interpreter

The basis for language access to an interpreter in courts, social services and healthcare, as well as in many other programs in the U.S., is found in Title VI of the 1964 Civil Rights Act, which reads:

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance. 42 U.S.C. §2000d.

The purpose of the Civil Rights Act was to ensure that no federal monies could be used in support of activities and programs that are discriminatory, and in 2000 President Clinton strengthened Title VI by issuing Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." Following Clinton's Executive Order [EO] the Civil Rights Division of the United States Department of Justice [USDOJ] issued a Policy Guidance (https://www.govinfo.gov/content/pkg/FR-2002-06-18/pdf/02-15207.pdf) setting forth compliance standards that recipients of federal funds must follow in order to ensure that the programs and activities they normally provide in English are also accessible to limited English proficient (LEP) persons and thus do not discriminate on the basis of national origin in violation of title VI of the Civil Rights Act of 1964.

Because many entities operating in the justice, social services, and healthcare fields receive federal funding (e.g., the courts (both criminal and civil), police and sheriffs' departments, corrections, public safety, emergency services, hospitals, health departments, social services agencies, health plans, non-profits, clinics, and even sole practitioners who accept Medicare or Medicaid reimbursements), language access in the courts and healthcare is covered, and all of these entities must comply with their obligations under Title Vi and Executive Order 13166. The coverage net stretches broadly and covered entities also include sub-recipients of government funding and even extend to those who receive donations of surplus property (USDOJ Policy Guidance. 2002, p. 41459).

The USDOJ Policy Guidance (pp. 41459-41460) included a four-factor balancing test to assist in determining a recipient's obligations vis-à-vis LEP individuals. These four factors are:

1. The number or proportion of LEP individuals eligible to be served or likely to be encountered by the program;
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity, or service to individuals' lives; and