SILENT HARM

A **Training Manual** for **Service Providers** and **Interpreters** who work with **Deaf**, Refugee, and **Migrant Women** and **Girls** who have experienced **Gender-Based Violence**

JUSTISIGNSS

empowering people who experience domestic, sexual & gender-based violence

Erasmus+

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01 Introduction

The Handbook presented here is one of the results of the Justisigns2 project, which was developed to address an important interpreter-mediated communications gap, namely: the need to share information about how to communicate effectively, via interpretation, with deaf and migrant women, refugees or asylum-seekers, victims/survivors of gender-based violence (DSGBV) who use languages other than the official languages of their host states.

This gave rise to an analysis of need on the part of service providers and the creation of resources to support service providers working with victims/survivors across a range of sectors (e.g.police-court, social-health and NGO settings) and the interpreters who mediate the communicative exchanges with these victims/survivors.

The Justisigns2 project was funded by the Erasmus+ program (ref. 2019-1-IE01-KA202-051558) and was carried out by the following project partners: Interesource Group (Ireland), European Union of the Deaf, Trinity College Dublin, Dublin Rape Crisis Centre, An Garda Síochána, Heriot-Watt University and the Universidade de Vigo, with support from a number of organisations and individuals (associate partners).

This handbook builds on the results of a survey that was conducted in 2021 (Napier et al. 2022) that invited engagement from interpreters and a broad range of service providers working with deaf or migrant DSGBV victims. This yielded extensive and varied data on the needs of such groups in the three countries surveyed (Ireland, Spain and the United Kingdom).

For the purposes of this publication, the focus is on violence against women and girls. It is important to acknowledge that DSGBV is violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.

Given that sociolinguistic contexts and legislative frameworks vary in the different project partner countries, a general definition of DSGBV is first provided and then the differences that exist in the 3 countries surveyed (Ireland, UK and Spain) are discussed. For example, the term gender-based violence is not widely used in the UK where the term Violence against Women and Girls (VAWG) is in use. As a result, the term Domestic, Sexual and Gender-based violence (DSGBV) is used here.

WHAT IS GENDER-BASED VIOLENCE?

According to the United Nations, gender-based violence (DSGBV) is any harmful act directed at a person, whether threatened or enacted, because of their gender. It can take the form of:

- Physical violence (including the deprivation of liberty);
- Rape, sexual aggression, sexual assault and other non-consensual sexual acts;
- Domestic abuse and intimate partner violence;
- Verbal violence (such as hate speech);
- Harassment;
- Coercion and coercive control, including through withholding of documents, abuse based on legal status;
- Withholding finances;
- Denying education;
- Trafficking;
- Sharing of intimate images without a person's consent;
- Female genital mutilation;
- So-called "honour" crimes.

DSGBV occurs in public, private and online spaces, and can be perpetrated by intimate-partners, friends, family-members, military and security forces and/ or strangers.

DSGBV is a violation of human rights and a form of discrimination rooted in inequality. It is legitimised by social norms which perpetuate inequality by ascribing stereotypical gendered roles. DSGBV is used to control, degrade, and shame victims/survivors, which makes it very hard for people to talk about if it happens to them.

Although people from all walks of life are subjected to DSGBV, not everyone experiences it in the same way. "Women who experience multiple forms of discrimination are more likely to become victims of violence than other women, and its consequences may be more serious due to the difficulty to access services in general." (Guidelines for Access to Justice of Deaf Women Victims of Gender Based Violence, p. 12)

Deaf and migrant women who do not speak the language of the country in which they reside, are particularly vulnerable to DSGBV and prone to increased risk of abuse.

40.4%

of women with disabilities (in Spain)

45.4%

of foreign women

have experienced some type of partner violence

(Ministry of Health, Social Services and Equality)

This risk is aggravated by the communication barriers they face both for expressing abuse and in accessing information or filing a complaint. Moreover, they lack access to any available support because they often depend on their partner for their daily needs, who also isolates them from society.

The interpreter is therefore an essential figure in supporting communication and access to the specialized resources available in medicine, social work, judicial, police, psychology, etc. fields. International law recognises the right of DSGBV victims to information and mandates that all professionals assisting them must have

appropriate expertise around gender. In particular, the Justisigns2 project responds to Directive 2012/29/EU of the European Parliament and of the Council (on the rights of victims), wherein Article 27 recognises the right to translation and interpretation and Article 25 guarantees training of professionals who are likely to come in contact with victims. The Directive emphasizes the need for Member States to ensure that disabled victims be respected and that their rights be exercised. It also states that interpretation services be provided free of charge to facilitate victims' active participation in court proceedings, in addition to ensuring the provision of adequate training for all officials involved in criminal proceedings who may enter into personal contact with victims.

However, despite legislative support for the right to translation and interpretation, and the fact that sign languages are legally recognised as national languages in 71 different countries across the world including Ireland, Scotland and Spain (World Federation of the Deaf), foreign victims and/or those who are deaf signers, experience great difficulties in communicating through interpreters, who are not required to have any type of specialization in this field. It is also common for communicative mediation to be carried out by ad hoc interpreters, NGO staff or relatives with knowledge of both languages, but without either training in interpretation or emotional preparation to deal with this type of situation. As a consequence, communication barriers and professional malpractice can result in a violation of the rights of victims/survivors and represents a misuse of public resources (Del-Pozo-Triviño 2017).

How should I use this handbook?

This handbook is designed for professionals working with victims/survivors in interpreter-mediated situations: police forces, judicial personnel, health personnel, social workers, victim support associations and interpreters of both oral and signed languages, among others.

This text is presented in multimodal format, with content presented across 5 chapters with related activities. The goal is that this will be valuable both for training specific professional groups and for self-directed learning. Include is a range of information for additional follow up, and activities at the end of each chapter and, where relevant, guidance on self-reflection and/or self-evaluation. Suggestions around potential follow-on steps for those who wish to continue further are also included.

The Handbook contains the following chapters:

Chapter One	Chapter Two	Chapter Three	Chapter Four
Gender-Based Violence among Migrants, Refugees, Asylum Seekers and people who are Deaf:	Interpreting in Gender-Based Violence Contexts	Interpreting in the Health and Psychosocial Fields:	Interpreting Police Interviews:
This chapter outlines how DSGBV is a traumatic experience and explores some of the particular ways it can be experienced by people from deaf, migrant, refugee, and asylum-seeking communities. It examines some cultural beliefs and attitudes around DSGBV, and the impact of those beliefs, including how they might obstruct a person from disclosing. Guidance on how best to support a person disclosing experiences of DSGBV is provided, as are suggestions around self-care when working with traumatic material such as this.	This chapter provides an overview of the key issues to be considered in DSGBV settings for interpreters and other service providers to examine best practices for working together in this context. Various challenges that interpreters may face are laid out so that both interpreters and agents can identify what might be the barriers to communication in this highly sensitive context, and the importance of interpreter preparation to alleviate some of the challenges.	This chapter includes a brief review of the legislation and protocols applicable in the health and psychosocial sector. The difficulties that may arise in this type of context due to cultural and linguistic differences (e.g. classifying members of Deaf communities as a cultural and linguistic minority) are also dealt with.	This chapter focuses on working with interpreters in police settings, particularly in contexts where police services engage with victims of DSGBV via spoken and/or sign language interpretation.

Resources for Service Providers and Interpreters who work with Gender-Based Violence Victims:

This chapter includes a selection of resources available to professionals and victims in each project partner country.

02

Gender-Based Violence among Migrants, Refugees, Asylum Seekers and people who are Deaf

This chapter considers how DSGBV may be experienced by people in the deaf[1], migrant, refugee and asylum-seeking communities and how best to support victims/survivors from within these communities to access support, healing, legal protection and justice.

As stated in the introduction, this handbook focuses on DSGBV against women and girls, but it is important to acknowledge that DSGBV is also experienced by men, boys, gender-diverse and trans people.

Throughout this chapter we use the terms 'victim', and 'survivor' interchangeably. We also refer to 'a person who has experienced DSGBV'. The term victim acknowledges that a person has been victimised, and places the responsibility on the victimiser, and victims have specific rights under European Law. However, some people who have experienced DSGBV feel that the term 'victim' is disempowering and prefer the term 'survivor'. Others again prefer not to use either of these terms feeling that both over identify them with the abuse perpetrated against them. We recognise the impact of language used, and the individuality of thinking on this issue.

1 For an inclusive use of the reference to deaf people, regardless of whether or not they feel part of a linguistic and cultural community, lower case is used for deaf in a general way.

WHO EXPERIENCES DOMESTIC, SEXUAL AND GENDER-BASED AND/OR DOMESTIC AND/OR INTIMATE PARTNER VIOLENCE?

Women and Girls

Although anyone can be the victim of DSGBV, it is most often perpetrated against women and girls. Structural inequalities, social norms, cultural attitudes and gender stereotypes serve to normalise DSGBV and, according to UNHCR Ireland, it is estimated that at least 1 in 3 women experience sexual or physical violence during their lifetime.

Men and Boys

While the majority of victims of DSGBV are female, men and boys also experience DSGBV, although statistics of incidence are less available. Most victims of DSGBV do not disclose, and men are even less likely to speak about their experiences due to traditional stereotypes of masculinity and social stigmatisation. Reliable estimates cannot be made due to the lack of official data on a little-studied reality.

People who are Gender-diverse, Non-Binary and Transgender

Globally, gender-diverse, non-binary and transgender people are at increased risk of DSGBV. They are also targets of harassment, abuse and discrimination because of their gender identity, with some studies showing that up to 50% of transgender people have experienced sexual violence during their lifetime. People who are gender-diverse, non-binary or trans can face further discrimination from agencies who are supposed to support and protect them, such as in schools, health-care settings and/or law-enforcement.

CULTURAL MYTHS, BELIEFS AND ATTITUDES ABOUT DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE

Cultural beliefs and attitudes about DSGBV protect society from addressing the full reality of these issues. Globally, they very commonly involve a blaming and shaming of the person who has had these experiences, which compounds the impact of the abuse, prevents them from reporting or seeking support, and protects those who perpetrate the abuse. The victim/survivor may as a result expect other people to blame them for what happened, and may also blame themselves. As a result of the community holding these attitudes, they may be subjected to negative behaviours, re-victimisation, may be ostracised, stigmatised or punished. When working with people who have experienced DSGBV, it is important to consider how we ourselves might have internalised cultural beliefs, so that we don't allow them to impact our response to and support of the victim/survivor.

MYTH: 'Victims provoke DSGBV by their dress and behaviour'

Victims/ survivors of DSGBV are often questioned about their behaviour, as if it were their fault that the abuse occurred. For example, a woman who has been raped might be blamed for wearing a short skirt, with the inference that this 'caused' the perpetrator to carry out the attack and the victim is at least in part responsible for being attacked. Within relationships, abusers manipulate victims into believing it is their fault that they are being abused, and victims may agonise over what they did to provoke attacks. In some cultures, when a woman or girl is raped it can result in her being shunned, being expected to take her own life, or even being murdered by her family. The globally present attitude of victim blaming causes a huge amount of shame for victims and greatly compounds the impact of the original violence.

MYTH: 'DSGBV occurs mainly in areas of socio-economic disadvantage'

Many societies hold the belief that DSGBV occurs mainly in disadvantaged families and communities. In fact, it occurs across the social and cultural spectrum. Some victims/ survivors may feel they won't be believed because their family, or their abuser, are very 'respectable', or have a high status in society. It is important to understand that the vulnerability of the victim may not be reduced by their family being economically advantaged. In such circumstances, the victim may not have any economic or social resources at their disposal, and the perpetrator may be a powerful person in the community, acting as a barrier to protection or justice.

MYTH: 'False allegations of abuse are common'

The belief that many allegations of domestic and sexual violence are false is not borne out by the facts. International research across 11 European countries has shown that **over 90% of complaints of rape** which were made to police were genuine. Meanwhile a 2013 study, conducted over 17 months by the Crown Prosecution Service in England and Wales, found there were 5,651 prosecutions for rape, and 111,891 prosecutions for domestic violence over the period studied. During this same period, there were only 35 prosecutions for false allegations of rape, six for false allegations of domestic violence,

and three for false allegations of both rape and domestic violence. In Spain, between 2009 and 2020, only in 0.007% of the 1,708,075 allegations of DSGBV was there a prosecution for making a false accusation.

The great majority of reports of DSGBV to police are genuine, but the false allegation myth can deter victims/survivors from reporting because they fear they will not be believed. The truth is that most experiences of DSGBV go unreported to police.

MYTH: 'If the abuse were really that bad, the victim/survivor would leave the relationship'

There are many reasons why victims of DSGBV remain in abusive relationships and situations. Abusers exert power and control physically, psychologically, emotionally and financially. Isolating the victim from any possible support is a very common tactic. Victims may be dependent on their partner financially, for their immigration status, and/ or may have children to care for. They may be culturally conditioned to believe that the abuse is "normal", and may not realise what they are experiencing is abuse, or that it is illegal in the jurisdiction they now live in. They may have internalised the abuser's messages and think that "it's my fault, I'm lucky to have them, I have to try harder."

DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE AGAINST PEOPLE WHO ARE DEAF AND HARD OF HEARING

Women and girls who are deaf or hard of hearing are at least twice as likely to experience DSGBV as their hearing peers.

Previous Experiences of Trauma

Some deaf victims of DSGBV may have experienced other traumas throughout their lifetime such as shaming and rejection within the family and community, abuse in educational settings, and isolation from social resources. A child who is deaf, and not taught how to sign, (a common experience in western society in the last century), is not only deprived of language, but of the emotional and social development that depends upon language. This puts them at greater risk of being the victim of abuse.The trauma of DSGBV as experienced by deaf women and girls may be exacerbated by previous traumas and isolation from supports, and put them at greater risk of more severe impact and Post Traumatic Stress Disorder (PTSD).

Lack of Access to Information and Resources

If a person who is deaf experiences DSGBV, the lack of specific services for deaf people presents a significant barrier to reaching safety, accessing supports, recovering and healing from the trauma. Deaf communities have historically lacked access to sexual health information, as well as to support services. Without comprehensive information and education around sexual health and relationships, deaf people who experience DSGBV may not know that what they are experiencing is abuse and criminal. They may lack information regarding their rights and the legal process, and may not know how and where to seek help, or what to expect if they do.

Risk of Coercive Control

Domestic abusers typically isolate the person they are abusing. People who are deaf or hard of hearing may rely on other people, or devices, to communicate with hearing individuals. This puts them at greater risk of coercion by a partner or another person, who can manipulate, and control a deaf persons' communications. Deaf victims can find themselves isolated by abusive partners and obstructed from accessing support services.

Barriers to Disclosing and Accessing Support and Services

There is very considerable stigma around DSGBV. Many survivors feel considerable shame and self-blame, expect judgement from others, and fear the repercussions if they do disclose. The barriers to disclosure are multiplied for deaf people.

Many services are uninformed and ill equipped to relate to deaf victims and may not even provide sign language interpreting, or may even rely on an abusive partner to interpret for the deaf individual.-In other instances, deaf people who have experienced DSGBV may have to rely on an interpreter from within their own community. They may fear being misrepresented by this interpreter or might find it difficult to trust what they say will remain

confidential. They might be concerned that if others find out, they will be blamed and shamed for speaking out.

If a person who is deaf does manage to access support services, they are not guaranteed that these services will be culturally competent and appropriate to their needs. Some reports indicate that deaf individuals who have experienced trauma may be misdiagnosed with personality or behavioural disorders, resulting in delayed and/or inappropriate treatment and re-traumatisation.

EXPERIENCES OF DSGBV AMONGST MIGRANT, REFUGEE AND ASYLUM-SEEKING COMMUNITIES

Refugees, migrants and asylum-seekers may have experienced DSGBV in society in their country of origin; as a result of political oppression and conflict; on the refugee journey; and on arrival in host countries. The United Nations Refugee Agency (UNHCR) states that 1 in 5 refugee or internally displaced women have experienced sexual violence, and estimates that this is a worsening situation. Men, especially gay men, and trans women are also very vulnerable to DSGBV at all stages of the refugee journey. Given the stigma and lack of awareness around all forms of DSGBV, the actual figures are likely to be much higher than available statistics suggest.

DSGBV is understood and dealt with differently in different jurisdictions

In very many jurisdictions, intimate partner violence is normalised and seen as a private matter between husband and wife. A husband's sexual and physical abuse of his wife might not be a crime. Some women and children are forced into marriages, and discriminatory gender norms deny girls access to education. In some countries in Africa, Asia, South America and the Middle East, cultural norms include female genital mutilation (FGM) of varying degrees, which is a very traumatic experience with often severe short and long-term health consequences.

Increasingly this is an issue in other countries also among migrant communities from the affected countries. Women and girls may be beaten or murdered in so called "honour crimes" with legal authorities turning a blind eye or colluding – and in some societies, the survivor of rape may be forced to marry the perpetrator.

Rape as a Weapon of War

During periods of conflict and in situations of oppression, rape is used as a weapon of war and oppression to subjugate, demoralise and terrorise men, women, children and the elderly. In some conflicts, women have been forcibly impregnated as part of a campaign to ethnically cleanse entire communities or ethnic groups. Under oppressive regimes, men, women and children in detention are routinely, and systematically raped as a form of torture and to terrorise the entire community. Perpetrators can often be members of security forces or powerful militias, abuse is carried out with impunity, and in most instances, there is no hope of achieving justice.

The Refugee/ Migrant Journey and Risk of Trafficking

The refugee/migrant journey is often very dangerous and can include stays in inadequate and unsafe accommodation – putting people at risk of sexual abuse, trafficking and other forms of DSGBV. There are risk factors associated with social vulnerability that predispose women to being trafficked and there are multiple reasons why a victim of trafficking will find it hard to disclose to authorities or support organisations: traffickers might have threatened their families, or might have taken their legal documentation and victims might be afraid that if they do report they will be arrested and/or deported. Some trafficked people will not tell of their experiences due to coercive voodoo rituals that were carried out before they left their country of origin, and which make them very afraid to seek help or disclose.

On Arrival in Europe

When a person arrives in another country as a refugee or asylum seeker, they are often housed in unsuitable accommodation or in detention centres. They might be forced to share rooms with strangers and may have very little private space. In such vulnerable situations, they are at great risk of DSGBV, both from other residents and from figures in authority. Poverty and lack of employment opportunities in the country of residence also puts migrants at increased risk of DSGBV and exploitation. In some countries deaf refugees/asylum seekers and migrants can be placed with deaf families so they can be with other signers to reduce their feelings of isolation

Migrant, Refugee, and Asylum-Seeking Children

A child who fled a conflict situation to come to Europe, may have already experienced significant traumas. If their parents are also traumatised and/or suffering from PTSD, this may impact the parents' ability to respond to the child's needs and to provide a sense of safety and security for the child. Therefore, the child may be affected by intergenerational trauma in their relationship with their primary caregivers as well as the trauma they themselves have experienced in their country of origin, on the refugee journey, and as a refugee. For more information on the impact of ongoing trauma on children, see chapter one appendices three and four.

Barriers to Disclosing for Migrants, Refugees and Asylum Seekers

On arrival in Europe, migrants, refugees and asylum seekers may not know the language of the host country and might have difficulty communicating their

experiences. They may not know that some of what is done to them is illegal in the new country, or where to access support services. They might be afraid that if they do disclose, they will be blamed and their application for legal status or asylum will be denied. Many abusers – whether intimate partners, or traffickers – will hold a victim's documentation, and threaten to have them deported, or to harm them or their family if they disclose. In very many places, state authorities, including the police, are to be feared rather than trusted – and telling them about experiences of DSGBV might put a victim at greater risk. This fear of authorities carries forward into the new place of residence.

If a person does not use the language of their new country, interpreting will be required to allow engagement with service providers. It is very difficult for most victims of DSGBV to talk about their experience, and the presence of a third person can make it even harder. Furthermore, there can be issues if the interpreter is from their own community; the person might find it difficult to trust what they say will remain confidential and might fear they will be blamed and shunned if their family or community find out. If the interpreter is from a different ethnic or political group, the victim might not trust them, and this too can lead to barriers to disclosure.

Deaf Migrants, Refugees, and Asylum-Seekers

Deaf people who are also migrants/refugees/asylum seekers can experience a double-weighted impact if they experience DSGBV. They arrive in a new country not only with a different language from the spoken/written majority in the country but also with a different sign language, so this will impact on their ability to access services and support.

As language concordant services or interpreting services are provided through the national sign language of the country (e.g. BSL in the UK), arrivals from other countries are likely not to be able to access services in their own sign language (e.g. Ukranian Sign Language or an Afghan Sign Language). Imagine how a deaf person in this situation will feel when it is hard enough for them to speak up in the first place, and even harder when they cannot receive support in a language that they can understand. In these situations, it is recommended to bring in (depending on the country) a deaf legal intermediary, a deaf mediator, a deaf interpreter or a qualified deaf independent domestic violence advisor to provide support, as even if they don't know the specific sign language needed, they are more likely to be able to relate to the deaf person based on lived experiences of being deaf and can find a way to communicate using visual, gestural communication.

GENDER AND/OR DOMESTIC AND INTIMATE PARTNER VIOLENCE

The Council of Europe describes domestic and intimate partner violence[2] as requiring special attention because it takes place within relationships and the dynamics are very different to violence perpetrated by strangers. In some ways, domestic violence can be viewed as an umbrella term, which can include many different forms of abuse within the relationship(s). For a long time, domestic violence was viewed as a private affair and ignored or even condoned by society at large, and there remains a significant lack of awareness in identifying and addressing it.

What do we mean by Gender and/or Domestic Violence and Intimate Partner Violence?

The United Nations defines "domestic violence" or "intimate partner violence" as "a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorise, manipulate, hurt, humiliate, blame, injure, or wound someone. Domestic abuse can happen to anyone of any race, age, sexual orientation, religion, or gender. It can occur within a range of relationships including couples who are married, living together or dating. Domestic violence affects people of all socioeconomic backgrounds and education levels. Incidents are rarely isolated, and usually escalate in frequency and severity. Domestic abuse may culminate in serious physical injury or death.

The Duluth Power and Control Wheel

The Duluth Power and Control Wheel, first developed in the 1980s, is still commonly used to explain the dynamics of violence in intimate relationships. It shows how power and control are asserted through a range of everyday tactics:

These daily tactics are used to control the person who is being abused and to destroy their sense of self and trust in their own judgement. Threats and acts of physical and sexual violence are also used. Whether physical and sexual violence is used often, or intermittently, the experience and its threat instils a large amount of fear and reinforces other types of coercive behaviours that abusers use to dominate their partners.

- Intimidation;
- Coercion and Threats
- Emotional abuse;
- Isolation;
- Using children to control/manipulate/punish the victim;
- Using Male/ Hearing/ Citizenship or Residency privilege;
- Economic abuse and control;
- Minimising, denying and blaming.

Over time, the victim of domestic abuse may:

- Become increasingly isolated from support-networks and dependent on the abuser;
- Feel responsible, guilty and ashamed of the abuse. For example, a woman may think "I shouldn't have asked him where he was going", "I should have got the kids to be quiet", "If I hadn't spent time with my friends, he wouldn't have beat me";

2 Domestic violence, domestic abuse, and intimate partner violence are often used interchangeably to describe violence within intimate and familial relationships.

DOMESTIC ABUSE INTERVENTION PROGRAMS
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- Feel despairing, helpless and hopeless;
- Experience issues with their health, such as: physical injuries (sometimes untreated), brain injury, unwanted pregnancy, poor diet, miscarriage;
- Experience depression, anxiety, and Post Traumatic Stress Disorder;
- Use prescription medication and/or addictive substances to cope.

Gender and/or Domestic abuse is not a once-off incident, but a dynamic pattern intended to assert power and control over another person. Responsibility for this pattern of abusive behaviour lies solely with the perpetrator. To end the abuse, it is not enough to end acts of physical and sexual violence, ***all*** behaviours exerted to control a partner would need to end.

The Power and Control Wheel has been adapted to illustrate the tactics that are used against specific communities. Below are versions of the Wheel that demonstrate the additional strategies that may be used in domestic and intimate partner abuse perpetrated against deaf and migrant people.

Gender and/or Domestic and Intimate Partner Violence and the Deaf Power and Control Wheel

Deaf Hope adapted the Duluth Power and Control Wheel to demonstrate some of the particular daily tactics that are used to assert power and control over people who are deaf and hard of hearing.

Specific strategies for exerting abusive power and control over a deaf person

Intimidation: The abuser uses a sign language to make the victim afraid with gestures, facial expressions, or exaggerated signs, and uses Deaf culture to justify the behaviour; overuses floor stomping and pounding on the table or door; signs very close to the victim's face when angry; gets angry because they look away while the abuser is talking; angrily throws things at them as a way to get attention.

Emotional Abuse: The abuser criticises their speech, a sign language or English/local language skills; calls them "hearing-mind" because they aren't fluent enough in a sign language or don't socialise or identify with the Deaf community; sneers at their sign language style; puts down their education background, or residential school; 'love bombs' in between episodes of abuse.

Isolation: The abuser checks their pager, instant messenger, videophone, e-mail and/or TTY conversations; moves away from the Deaf community and/or the victim's family to isolate them; tells them no one will believe them, because the abuser is too well-known and liked in the Deaf community; takes advantage of the lack of accessible services for deaf survivors of domestic and sexual abuse.

Minimising, Denying & Blaming: The abuser denies what they are doing is abuse by saying it is accepted in Deaf culture; blames the victim's behaviour for aggravating them and 'causing' the abuse; tells them that they are too sensitive and are over-reacting.

Using Children: A hearing partner doesn't allow the children to use sign language to talk with the victim; doesn't allow the children to be proud of Deaf culture; criticises them as a deaf parent, says bad things about them to the children; tells them and the children that they cannot go to a shelter because everyone there is hearing.

Hearing Privilege: A hearing partner excludes them from important conversations (e. g. talking to the bank without them knowing); leaves them out in social situations with hearing people; talks negatively about the Deaf community; if the victim is injured and receiving medical care or they call the police, they interpret to manipulate the situation to their benefit.

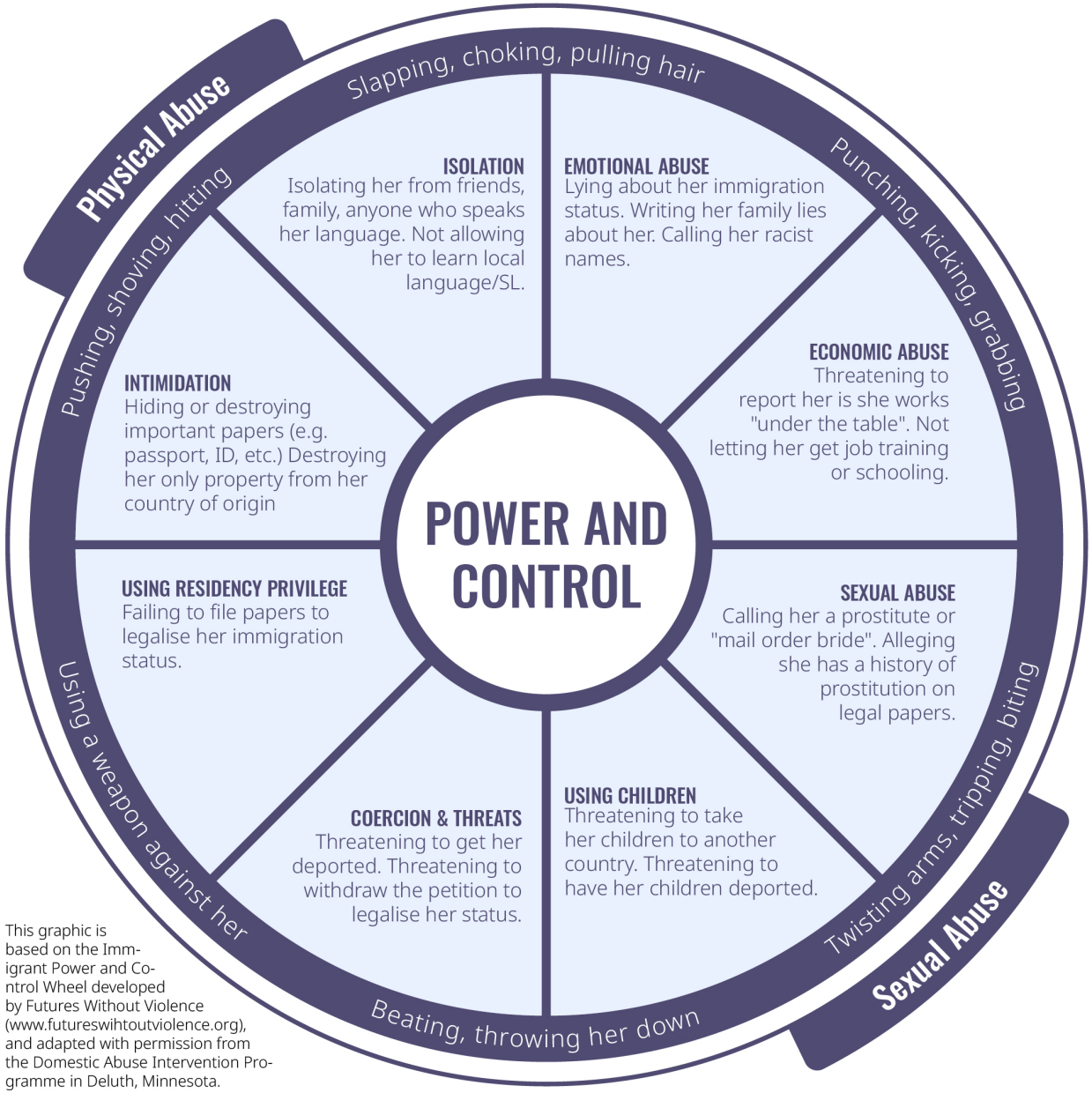
Economic Abuse: The abuser takes away social welfare payments or makes them lose it by reporting additional income; ruins their reputation and chances for a job by spreading rumours about them in the (small) Deaf community; demands they ask for permission before spending money.

Coercion and Threats: The abuser destroys their reputation by spreading false rumours; uses their power in the Deaf community to pressure the victim to stay; uses the deaf school as the reason to stay together to support their children who are deaf; uses their position as a leader in the Deaf community to discredit their story; threatens them with violence to them or the children if they leave; threatens they will be diagnosed as 'mad' and lose the children.

Physical and sexual violence are also used, either frequently or occasionally. In either case they are escalated and the victim is at increased risk when the abuser feels they are losing control, when the victim threatens to leave or actually leaves or when the victim is pregnant or ill.

Domestic and Intimate Partner Violence and the Immigrant Power and Control Wheel:

Where the person being abused is from an immigrant background (including refugees, migrants and asylum seekers) – power and control might be asserted in additional ways.



This graphic is based on the Immigrant Power and Control Wheel developed by Futures Without Violence (www.futureswihtoutviolence.org), and adapted with permission from the Domestic Abuse Intervention Programme in Deluth, Minnesota.

Additional tactics used by domestic abusers against migrant, refugee and asylum seeking victims include:

Intimidation:
Hiding or destroying important papers (e.g. passport, ID cards; destroying their only property from their country of origin.

Emotional Abuse:
Lying about their immigration status; writing to the victim's family and telling lies about them; calling them racist names.

Isolation:
Isolating them from friends, family or anyone who uses their language; not allowing them to learn English/the local language/local sign language.

Economic Abuse:
Threatening to report them if they work "under the table"; not letting them get a job, training or schooling.

Sexual Abuse:
Calling her a prostitute or "mail order bride"**;** alleging she has a history of prostitution in legal papers and applications.

Using Children:
Threatening to take their children away/ out of Europe**;** threatening to report the victim's children to immigration officials.

Citizenship or Residency Privilege:
Failing to file the papers to legalise the victim's immigration status**;** withdrawing or threatening to withdraw papers filing for the victim's residency.

Coercion and Threats:
Threatening to report them to immigration officials to get them deported; threatening to withdraw the victim's petition to legalise their immigration status.

THE IMPACT OF DSGBV

A traumatic experience can be a single incident, or an ongoing situation that is experienced as violent and/ or life-threatening, and which leaves a person feeling overwhelmed, helpless and without control. Trauma is the lasting impact an event or experience has on our nervous system. When trauma is visited on an individual by another person or persons rather than by an accident or natural disaster, the impact can be heightened and even longer-lasting.

Trauma due to DSGBV

DSGBV is a "distinctive form" of traumatic event/s because it is inflicted by a human or humans, it is extremely invasive and degrading, and can give rise to feelings of shame, humiliation, and self-blame. All of the person's relationships may be fundamentally affected. Victims/ survivors may find it hard to trust themselves, other people, and the world around them. They may fear and avoid other people, expect others to judge and reject them, and may in fact be ostracised by family and community.

When a person has been subjected to abuse over a long period, it can change how they feel about themselves. They might feel very deeply that they are bad and undeserving of love and kindness and may have difficulty being in intimate relationships. A person who has experienced ongoing trauma is at greater risk of "repeated harm, both self-inflicted and at the hands of others."

The impact of ongoing traumatic events on children

When traumatic events are a recurring experience in childhood, when fear and danger are frequent or constant, this impacts developmentally on the child. This includes a child who experiences emotional, physical, or sexual abuse, or who is living in a situation of domestic violence or the chronic addiction of a parent. It also applies to the child who experiences neglect, absence or removal of primary caregiving, perhaps more due to circumstances than anybody's 'fault' and applies to children living in ongoing situations of conflict, displacement, danger, hunger and deprivation. For more information on the impact of trauma on children, see chapter one appendices three and four.

Survival responses in situations of danger: Fight, flight, freeze, collapse, comply

Where a person is faced with a seriously dangerous situation, automatic survival responses take over. This happens automatically and almost instantaneously. The most common survival responses are fight, flight and freeze, and collapse/ comply.

Where either fighting off or fleeing from a dangerous person/situation is not possible, or is attempted but is not successful, a person might freeze or collapse (faint/ dissociate/ "play dead"). In some circumstances freezing or collapsing may be the first response, and this can often be the case with DSGBV. For the person who froze or collapsed, there can be considerable self-blame after the event, and a fear that they will not be believed because of how they reacted. The person they tell about the event may ask or wonder 'why didn't you scream, there were people just in the next room?' The likely answer is that the victim was immobilised and lost their capacity to scream or to take any other action.

It is where the person freezes or collapses, that traumatisation is most likely to occur. When the fight or flight responses have been activated, but are truncated

and not completed, the individual may be left with an unfinished response, held in the nervous system, that can impact in many different ways.

Ongoing abuse and violence from which there is no escape may lead to a response of compliance. Where a person has learnt that to say "no", to fight off, to disagree, or to try and escape will put them in danger, they might learn to stay safe by "complying" with the perpetrator or by trying to appease them in a variety of ways, or they may be conditioned to an automatic response of 'freeze and endure'.

The effects of DSGBV

A person who has experienced DSGBV might experience some or all of the following effects:

- Fear, anxiety, hypervigilance, startling easily;
- Very low self-esteem and a deep sense of their own powerlessness;
- Shock and withdrawal, panic and confusion;
- Numbness, disconnection from feeling;
- Mood swings, anger, irritability, neediness, self-blame, depression, isolation;
- Isolation from family, friends, communities, and social resources;
- Dwelling on traumatic details, sleeplessness, nightmares, flashbacks, panic attacks;
- Washing obsessively;
- Difficulties around eating: not eating or compulsive overeating;
- Impaired concentration and memory, difficulty coping with daily tasks, inability to continue in work or college;
- Loss of spirituality or changed worldview;
- Using alcohol or other substances to 'numb out', suicidal thoughts and attempts;
- Post-Traumatic Stress Disorder (PTSD), complex PTSD, developmental Trauma.

For more information on how trauma impacts the brain and memory-function, see chapter one appendix two.

Trauma within Deaf, Migrant, Refugee and Asylum-Seeking Communities

- Studies show that 31% - 84% of women who experienced domestic violence exhibit symptoms of PTSD.
- Refugees and asylum seekers are 10 times more likely to have PTSD than the indigenous populations.
- People who are deaf are likely to exhibit higher rates of PTSD and interpersonal trauma than their hearing peers.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) may develop as a result of a traumatic event or events that cause feelings of intense fear, horror and helplessness. PTSD may be more severe if the trauma has been caused by a human agent rather than by a natural disaster. The more helpless the person is in the situation, the more likely they are to suffer PTSD and the more severe it is likely to be. Children who suffer repeated abuse or witness ongoing family violence are therefore very vulnerable. .

Rape, torture, and domestic abuse are associated with high levels of PTSD in the aftermath.

The American Psychiatric Association's (APA) ***Diagnostic and Statistical Manual of Mental Disorders*** (DSM-5) lists the diagnostic criteria for posttraumatic stress disorder PTSD. While this is a helpful categorisation of symptoms, it is important to note that most trauma survivors do not develop PTSD.

Caution about the diagnostic labelling of PTSD

PTSD is only one of the ways in which an individual may be impacted by trauma. Some people will not show a strong pathological reaction to traumatic experiences. Others will experience some of the symptoms but not across all

of the different categories required for a clinical diagnosis of PTSD. Neither of these instances should be taken as a reason to doubt someone when they say they have had traumatic experiences.

While a person may be very impacted by a traumatic experience, it may be a considerable length of time, sometimes years, before they show the full range of PTSD symptoms. Others will experience PTSD and recover to an extent that a diagnosis of PTSD no longer applies. It is important that this is understood, as there have been cases where due to a misinformed belief that PTSD always follows trauma, victims of trauma who are not diagnosed with PTSD are not believed when recounting their experiences.

Complex PTSD

Complex Post Traumatic Stress Disorder, a concept first described by Judith Herman (2015), occurs where there is a history of subjection to totalitarian control over a prolonged period. Examples include hostages, prisoners of war, concentration-camp and detention centre and torture survivors, and survivors of religious cults. It also includes those subjected to totalitarian systems in sexual and domestic life: survivors of domestic violence, childhood abuse, and organized sexual exploitation.

Those affected by Complex PTSD experience the symptoms of PTSD. CPTSD also involves more deep-rooted alterations in personality – particularly with regards to how the victim/ survivor relates to other people, and how they feel about themselves.

SUPPORTING VICTIMS OF DSGBV IN TELLING ABOUT THEIR EXPERIENCE

Challenges in disclosing experiences of DSGBV

According to the World Health Organisation, "the majority (55-95%) of women survivors of violence do not disclose or seek any type of services." This silence is one of the issues which makes DSGBV different to other traumatic experiences. Usually when something bad or frightening happens to us, like a car crash or a fall or being mugged, we tell people about it, we look for support and sympathy, and in retelling our experience we try to make sense of it and are helped to recover from it. Victims of DSGBV often do not do this, and many cope with the impact of these terrifying and deeply painful experiences alone.

There are many reasons why people who experience DSGBV do not disclose it to others:

- In many cultures and societies, DSGBV is normalised and even condoned. Commonly held beliefs about DSGBV often put the blame on the victim and allow abusive behaviour to go unchallenged;
- Individuals may fear that if they disclose they will be met with disbelief, blame, shame, rejection, isolation, further violence, ejection from their family or community, and/ or loss of their children;
- People who have experienced DSGBV might believe or know that they are putting their children/families at risk if they disclose;
- The legal process can be intimidating, and there is usually no guarantee that the person will receive the justice they seek. Laws relating to DSGBV are often absent, out-dated, ineffective and/or not enforced, so victims/survivors do not feel there is any

point in reporting abuse, or they believe it will increase the danger;

- Some individuals might not recognise their experiences as abuse; for example, in some jurisdictions, rape within marriage is not illegal and is even normalised;
- The person might not have access to resources and might lack safe and supportive spaces and people to disclose to. Even where resources do exist, these may not be accessible due to cultural, language and communication barriers.

Where DSGBV has been experienced, being treated with respect, dignity, understanding and gentleness by the professionals a victim/person comes into contact will maximise the victim/person's ability to access services while also contributing to their healing and rebuilding of safety and trust.

How will a person appear when talking about DSGBV?

There is no one way in which someone who has experienced DSGBV will present. People may present very differently according to gender, race, religion, nationality, ethnic background, and/or culture. Some will be very matter of fact. Others will find it very difficult to tell and may become emotional or be triggered into a trauma response. Others may not be able to tell at all. While some are observably emotional, other people may present and speak about traumatic experiences in a non-emotional manner. This does not mean they have not experienced trauma: disconnecting from or numbing of emotion is a common coping mechanism and is itself a symptom of trauma. Some cultures do not encourage emotional expression, and there may be a gendered aspect to this. Where there is less connection with emotion it may make it easier to gather information about the experience of DSGBV, but the person will still need to be treated with the same level of care and sensitivity and should not be doubted as anything other than genuine.

It is also critical for anyone working with victims/ survivors to be cognisant of the impact that trauma has on the brain and memory function. Traumatised people are less likely to remember things in terms of context and sequence and will find it difficult to provide a logical narrative about what happened to them. There may be inconsistencies or confusion in their account, but this is not a reason to doubt them. Inconsistency is consistent with trauma and indicates just how impacted the person might be.

For more information on the impact of trauma on the brain and memory, see chapter one appendix two.

Key issues when working with a victim of DSGBV

- **Convey Empathy, Non-Judgement & Belief:** The person is describing what may be very traumatic and degrading experiences, and they may feel very ashamed and guilty. They may be choosing to tell, perhaps because they feel support is available, or they may be pressured to tell, for example in an asylum application process. They may be expecting disbelief and judgement from others. The person they are disclosing to needs to be sensitive to this and careful not to appear to express any judgement, in their tone, facial expression or body language. Even if in their particular role it is inappropriate for them to directly say "I believe you", they can convey belief by the caring and respectful attention they give the victim/survivor.
- **Maintain Boundaries:** When dealing with victims of DSGBV who are very distressed or vulnerable, depending on their role, support workers might begin to feel inadequate and feel pressure to "do more." However, it is important they accept both the value and limitations of their role. Maintaining their boundaries, rather than going beyond their skills and responsibilities, will best support

the victim, and will also help the support worker to remain calm and protect against burnout.

- **Project Your Professionalism:** In greeting a victim/survivor of DSGBV, and in any conversations prior to the substance of the session, it is important that support workers come across as being professional, calm and non-judgemental. Given the great sensitivity of the issues we are dealing with here, it is helpful to try to actively project these qualities.
- **Show Trustworthiness:** The person who is disclosing is obliged to trust others to listen to their story without judgement, and in some instances to interpret their story truly and accurately, even where they do not feel trust and are frightened. Service providers need to convey that they can be trusted, through their body language, tone of voice, calm approach, and accuracy in interpretation.
- **Ground Yourself:** Some of what is described may be shocking, however it is critical that the service provider is mentally and physically prepared for this and expects the unexpected. Sit in a steady and grounded position, and be careful to breathe throughout the session. While it is helpful to show empathy, support workers should avoid allowing the person they are supporting to see their shock or upset, as they might misinterpret this as judgement, and/or withhold parts of their story to protect the listener from distress.
- **Confidentiality:** DSGBV is a highly sensitive issue, and the victim/ survivor may (with just cause) fear the consequences of telling about their experiences. It is critical that they are reassured that all parties (service providers and interpreters) are bound by confidentiality, that they are informed about the limits of confidentiality, and that confidentiality is respected and maintained. They need to know that everything they say will be interpreted, so that they do not inadvertently disclose something to a service provider in what they think is a side conversation with the interpreter.
- **Limit your Imagining:** Service providers should try to remain separate from what they are hearing and refrain from picturing what is being described, and allowing themselves to imagine someone they know and care for in the situation: e.g. a relative; a child in their life. This will support them to stay steady in the moment and also reduce vicarious traumatisation.

Here are some ways that you can support yourself if you are impacted during a session

Use your thinking: Have some helpful thoughts prepared in advance. If there are thoughts which sometimes undermine you, prepare other thoughts to act as 'antidotes', e. g. 'This person is safe now'; 'All I need do is fulfil my own role'; 'I am not in danger'.

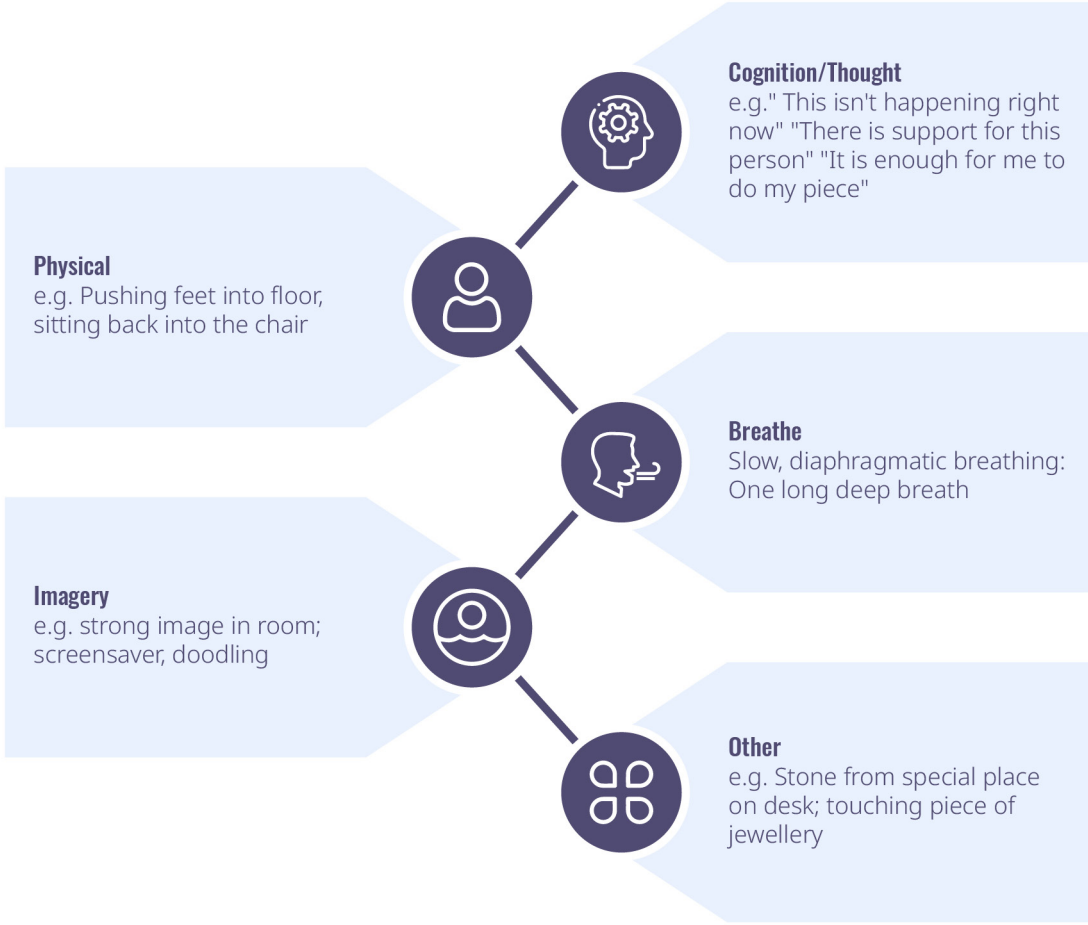
Use your breathing: the quickest, most effective way to settle our nervous system is through our breath. One long slow breath can settle a rush of emotion or nausea. During a break, or even for example while the service provider fetches something, three slow breaths right down into the belly can calm any agitation and ground you.

Use your body: Notice how your body is responding, tightening, sensation, holding your breath. Ground yourself by pressing your feet into the floor, feeling the back of the chair supporting you. Most of us resource ourselves a lot with our hands, spoken language interpreters can for example hold their hands over their belly to protect and support themselves with the sometimes visceral impact of hearing descriptions of violence.

Use imagery: Have some images you can think of briefly to steady you: a place, person or pet you find comforting and steadying. Or there may be an image in the room you can glance at briefly to resource yourself.

Use other resources: You may be supported, for example, by a piece of jewellery you can touch to connect you with the supportive person who gave it to you or the place it comes from; a scarf you can wear to give you an extra covering and that you can touch and feel to ground you.

IMPACT AND RESOURCING IN THE MOMENT: WE CAN RESOURCE THROUGH



The Window of Tolerance[3]

When working with people who have experienced DSGBV, it is vital to prevent a situation of re-traumatisation, i.e. where an individual is triggered to experience a repeat of the internal experience of the original traumatic event.

The 'window of tolerance' model, first explained by Daniel Siegal and developed by Pat Ogden, helps us to recognise signs of re-traumatisation and to support victims/survivors when they are becoming hyper- or hypo-aroused. It suggests that each of us, when well, can tolerate or manage a certain range of daily experiences without being overwhelmed.

However, when we experience trauma, we are separated from our normal coping mechanisms, and our window of tolerance becomes much narrower. Our capacity to deal with the normal events of our lives is greatly impeded. We find ourselves outside our window or are triggered outside very easily and suddenly: a noise, a smell, a thought, a memory, and we are triggered to become hyper- or hypo-aroused. This is true in the immediate aftermath of trauma, and also in the longer term, especially where there has been repeated trauma. The person may be living almost all of the time outside their 'window of tolerance' in a state of hyper- or hypo-arousal, or moving between both.

Hyperarousal might appear as increased sensation, emotional reactivity, hypervigilance, intrusive imagery, and disordered cognitive processing. There may be panic attacks, breathing difficulty, blanking out, stiffening and constriction in the body, or emotional overwhelm and dissociation.

Hypo-arousal may appear as absence of sensation in the body, numbing of emotions, disabled cognitive processing, reduced physical movement, feelings of helplessness and hopelessness, collapse and numbing.

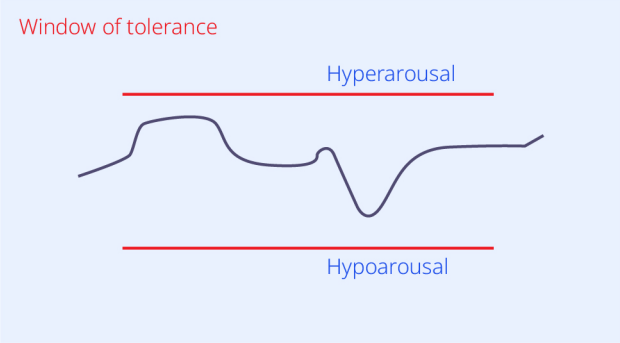
Support workers, therapists and others supporting trauma survivors will try to help them to restore, strengthen and widen their window of tolerance. This is done firstly through identifying, reconnecting with and developing the resources of the individual. This is very concrete and practical work: restoring basic resources such as the capacity to eat and sleep are fundamental. It will include developing ways of coping with symptoms such as panic attacks, intrusive images, nightmares, and supporting the victim to identify, access and develop resources which ground, calm, energise them.

For those supporting a trauma survivor as they tell their story of trauma, in whatever context, the 'window of tolerance' is a useful model to keep in mind. A person will be best able to recollect and articulate their story when they are within their 'window of tolerance'. A skilled interviewer will support them to do this with the interviewer's own steadiness and calm, empathic presence. The interviewer can help by noticing when the person begins to be hyper or hypo aroused and making practical interventions – it may be as simple as offering a glass of water, or naming that this part of the interview is distressing and they can take their time.

3 For a detailed explanation of this concept see Ogden et al. (2006), chapter 2.

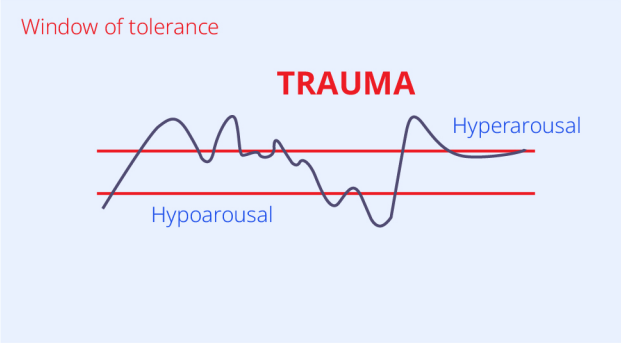
THE WINDOW OF TOLERANCE MODULATION MODEL

Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Pat Ogden, Kikune Minton, Clare Pain WW Norton 2006



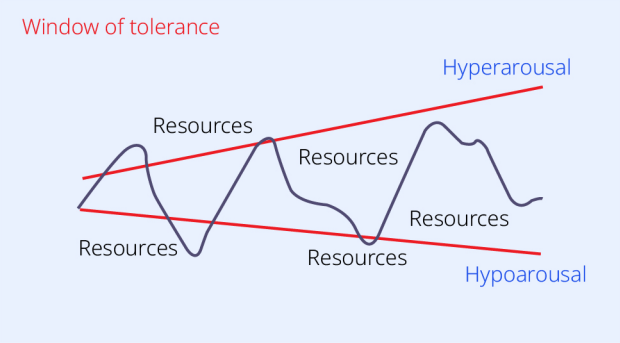
Modulation Model 1

Living within the Window of Tolerance: A well resourced person can deal with the ups and downs they encounter in daily life, while remaining within their window of tolerance.



Modulation Model 2: The impact of trauma

The Window of Tolerance narrows, the person is easily triggered outside it or may live outside it most or all of the time.



Modulation Model 3

Reconnecting with pre-existing resources, and accessing and developing new resources widens the Window of Tolerance.

Self-Care When Working with DSGBV

Listening to details of DSGBV and witnessing its impact can be extremely disturbing. When a person listens to, interprets, reads, or watches a traumatic narrative, it can have a similar though less powerful impact on the brain and nervous system as if it were actually happening to them.Research indicates that those who listen to stories of trauma are highly vulnerable to Secondary Traumatic Stress or Vicarious Traumatisation. Vicarious Traumatisation impacts on the cognitive, emotional, behavioural, spiritual,interpersonal and physical level. When working with issues of DSGBV, it is critical that support workers take seriously the impact of trauma, both on the victim/ survivor and on themselves.

The impact of Vicarious Traumatisation

Cognitive:
loss of concentration; confusion; lowered self-esteem; trauma focus; self-doubt; disillusionment; intrusive thoughts; intrusive disturbing imagery;

Psychological/Emotional:
powerlessness; anxiety; guilt; anger; numbness; depression; feeling emotionally depleted or overwhelmed; hypersensitivity; flashbacks; nightmares; panic attacks;

Behavioural:
becoming needy; impatient; irritable; withdrawn; moody; disturbed sleep, disturbed eating; negative coping behaviours (drinking, smoking, substance misuse);

Spiritual:
questioning the meaning of life; loss of purpose; lack of self-satisfaction; hopelessness; loss of faith; focussing on the negatives in humanity;

Interpersonal:
becoming withdrawn; loss of interest in intimacy or sex; mistrust; isolation from friends; intolerance; irritability; loneliness; impacts on parenting and other relationships; impact on feelings re gender and sexuality;

Physical:
shock; sweating; rapid heartbeat; breathing problems; impaired immune system; aches and pains; weight changes; exacerbation of chronic conditions.

Support workers can prepare self-care strategies to help manage the impact and avoid secondary traumatic stress/vicarious trauma. This is particularly important if a support worker, or someone close to them, have themselves experienced DSGBV or other trauma. In such instances, support workers should take extra care of themselves and seek out a support system (e.g. supervision or counselling).

Here are some key points to consider with regards to self-care when working with trauma:

- **Boundaries:** Support workers should clearly define their role, responsibilities and boundaries. They are not responsible for solving this person's problems or meeting all of their needs. They are responsible for fulfilling their limited role in a caring and professional manner. When feeling overwhelmed, they can remind themselves "it is enough for me to do my work";
- **Breathe:** The breath is the quickest way to regulate the nervous system. By practising slow, steady and deep breathing regularly, support workers will be better able to use their breath to steady and calm themselves when they find themselves becoming impacted by their work involving DSGBV;
- **Pay attention:** By noticing their own experience, what happens in their mind, body and emotions when listening to traumatic material, support workers are better able to deal with the impact. They can ground themselves by noticing how their body is held by the chair and pressing their feet down on the floor; taking some deep breaths, and trying to relax their muscles and release tension in their body;
- **Leave it behind:** After engaging with traumatic material, support workers might take a few moments to register how they are feeling and to shake out any tension. At the end of a day, they might find it helpful to consciously leave work behind by having a routine at the end of the working day and using the journey home to unwind. When they get home, they might mark the transition to their personal life by showering or changing clothes or some other "ritual";
- **Be careful when travelling:** take a moment at the start of the journey to become conscious of the road and the traffic. A person who has been engaged in intense work involving distress and trauma may be distracted on the journey home, and may unknowingly speed when driving, go through traffic lights, or walk out into traffic;
- **Avoid imagining the trauma:** Learn not to allow yourself to imagine people you care for, especially children, in the situations being described. Watch out for this later in the day: you may suddenly realise that on the way home you have spent ten minutes imagining this being done to a child you love. This could be very traumatising for you;
- **Limit exposure:** It can be helpful to allocate specific times to work on traumatic issues, and to limit exposure to additional traumatic material on TV, in newspapers and on social media;
- **Protect your relationships:** This work may impact on your relationship with your own family, partner, children or friends, e.g. you may find yourself feeling very over-protective and aware of danger. Seek support if necessary, so that your own relationships are not adversely affected. Stress can cause us to spark off with friends and family, or we may find it hard to take their concerns seriously given the issues we have just been working with. Don't be surprised if this work impacts on your intimate relationships and sexual life or affects your attitude to gender. Monitor how the work is affecting relationships. If it is, there is a need for increased self-care;
- **Seek support:** Support workers can resource themselves in the work through regular communication with their team about the impact. If thoughts of work over intrude on your personal life or if you are strongly impacted in any way, this can be addressed in a supervision or counselling setting;
- **Find balance:** Wellbeing, recovery, integrity, goodness, joy and fun are the opposite of trauma and should be consciously sought out. Maintaining positive and conscious social connections with the resourcing people in their lives, and consciously seeking out positive, joyful, meaningful, inspiring and playful experiences, can help support workers to manage the impact of the work;

- **Maintain well-being:** Plenty of rest, healthy foods, and exercise are all important when working with trauma. Exercise is particularly important in helping to release energy that builds up when dealing with challenging issues, and helps support workers to feel the competence, energy and power in their bodies after a period of absorbing a sense of powerlessness;
- **Unique aspects of the role of interpreter:** The role of the interpreter is quite unique: not only do they have to listen with great attention to the traumatic story, they also have to interpret it and retell it in the first person using embodied language. Interpreters will be helped if they develop the capacity to be aware of the impact on themselves, and if they take time to debrief after a session. They may need additional supervision and support when interpreting in this context (Toledano & Del-Pozo 2015);
- **Embodying traumatic narratives:** Sign Language interpreters have to retell traumatic narratives, using embodied language and also often using physically graphic signs that are mapped onto their own bodies. That is, the sign language interpreter has to engage with content that visually depicts the experiences described. Debriefing from interpreting such strong physical language may need to include a physical element;
- **Review and resource your own window of tolerance:** the modulation model referred to earlier in the chapter is a useful tool for considering our own well-being. Ask yourself these questions, regularly:
  - How wide and robust is your window of tolerance at this point in your life? What circumstances/situations/events/practices support it to be wide and robust, and which challenge, undermine and reduce it?;

What tells you when your window of tolerance is narrow or frayed, or that you have been triggered outside of it? People commonly describe red flags such as being irritable, not sleeping, eating unwisely, losing perspective, blaming self and others. Knowing your red flags will help you to know when you need to reduce stress and increase resources;

  - What supports and resources you to maintain a wide and strong window of tolerance, or to manage and move back into it when triggered out of it? People commonly name exercise, rest, nature, fun, time alone, cooking, or a pet as resources that help them to manage their nervous system response to stress and trauma.

When working with people who have experienced violence, loss, injustice, abuse, powerlessness we need not to take our well-being for granted but rather to have a plan for maintaining our well-being which includes programming in support and resourcing.

Conclusion

When working with people who have experienced DSGBV it is important to remain cognisant of and sensitive to the issues addressed in this chapter. In doing so, professionals providing support and services to those impacted by DSGBV from the deaf and migrant communities can increase the accessibility of legal protections, justice and medical and psychological care and other essential services.

ACTIVITY ONE

Beliefs and Attitudes about Sexual Violence

This activity can be used for self-reflection by an individual, or a group exercise and discussion can be led by a facilitator. We refer to pages of the handbook where these beliefs and their impact are considered in more detail.

Objective

To provide an opportunity to consider some of the beliefs and attitudes held in many cultures and societies and their potential impact on the person who experiences DSGBV, and to enhance the sensitivity of the service provider.

Activity

This activity can be done as a self-reflection, and also as a group exercise and discussion using the following steps:

01. Divide group into smaller groupings of 3-4 people.
02. Use the paragraph below as an introduction to activity:
    - Growing up in a society that holds attitudes and beliefs about DSGBV, we may internalise these beliefs, some of which are false, and then apply them to our own experiences.

      We may be aware of the beliefs we hold, but often are not fully aware. And we may hold contradictory beliefs.
    - These beliefs can act as substantial barriers to a person disclosing experiences and accessing supports, legal protections and justice. Where they influence the service provider's response, they can compound the hurt and trauma of the victim/survivor.
03. Assign each group one or all of the attitudes and beliefs listed below, and ask them to consider the follow up questions:

    d. "Victims cause DSGBV by their dress and behaviour."

    e. "False accusations of abuse are common."

    f. "A woman who has been raped has brought shame to her family."

Question 1.

Take some time to consider these three beliefs about DSGBV. Have you heard them before? Do you agree or disagree with them, or perhaps you agree in some circumstances?

Question 2.

If a person held these beliefs and then became the victim of DSGBV, how might these beliefs affect how they feel about themselves, and how they might feel about telling someone about their experience?

Question 3.

If a service provider or interpreter held one of these beliefs, how might it affect their interaction with the victim, and what might be the impact of this?

01. Facilitator takes feedback and leads discussion in the larger group to explore each perspective using the debrief notes below.

Debrief to Activity

Very often victims/survivors have internalised these and other misinformed or false beliefs. They affect how they feel about themselves following an experience of DSGBV, and they often expect to be judged, disbelieved, shamed and blamed if they tell anyone about it. Unfortunately, this may be what happens if their family or community learn about what has been done to them.

It is important that service providers and interpreters are aware of the sensitivities, anxieties and fears that victims might hold, so that they can respond in ways that reassure a person rather than compounding the impact of their experience of DSGBV.

It is important too that the service provider is aware of the internalised attitudes and beliefs they themselves may hold, so that they can ensure these do not affect their interactions and their capacity to support, empathise with and respect the victim/survivor.

Please undertake this activity alongside reading chapter one.

ACTIVITY TWO

Supporting a person in the immediate aftermath of sexual violence

This activity can be used for self-reflection by an individual, or a group exercise and discussion can be led by a facilitator. We refer to pages where the impact of DSGBV and the challenges around disclosing these experiences are considered in more detail.

Objective

To provide an opportunity to consider some of the issues which might arise for a person who has experienced a recent sexual assault, and how the interpreter or service provider can be both sensitive and effective in their response.

Activity

This activity can be done as a self-reflection, and also as a group exercise and discussion using the following steps:

01. Divide the group into smaller groupings of 3-4 people.
02. Explain that this case study is of an asylum seeking young woman who has recently experienced sexual violence in the country in which she is seeking asylum. Ask them to read the scenario, and then as a group to consider the questions below the case study. Ask that one person in each group takes notes to feedback to the main group discussion later. Depending on the participants, ask them to focus on the role of either the interpreter (spoken language, sign language (also possibly also including the role of deaf interpreter)) the police officer, or the support worker.

Case Study: Maria

Maria is a 25-year-old young woman, seeking asylum. She has been living in a European country for the past year in a reception centre which is not very secure.

Maria fled her country due to political upheaval and has had many traumatic experiences. A number of her family were imprisoned and tortured, and her husband was arrested three years ago and has not been seen or heard from since. She made the decision to flee and made the difficult journey to Europe with her 7-year-old child, Joseph.

Maria has been finding the uncertainty of her situation very difficult. She misses her husband, her family and her friends from home, and she worries about them all. The waiting around day in, day out in very basic accommodation in a strange country where nothing is familiar, is hard to deal with. She worries about Joseph and is glad at least he is safe and attending school.

Two nights ago, a man attacked Maria on her way back from the local town to the reception centre, pulled her into a field and raped her. During the rape he said that if she didn't like what he was doing she should go back to where she came from.

Since this very shocking experience, Maria has not been able to sleep and is very fearful, for her own safety and that of her son. She tells a support worker, who brings her to the local police station to report her experience. Because Maria does not use the local language, the police employ an interpreter to help her tell them what happened to her. Maria is very worried about anyone from her community in the accommodation centre finding out about what happened.

Question One

What does the person in the role that you are focussing on need to take into account regarding Maria's situation, her possible fears and anxieties, and the possible impact of her experiences to carry out their work sensitively and effectively?

Question Two

To be most sensitive and effective, what qualities and behaviours might be helpful in the person in the role you are focussing on?

Question Three

How might the person in the role you are focussing on be impacted both during the session and afterwards, and how can they best support themselves?

01. Take feedback in the larger group and facilitate discussion, using the debriefing notes below.

Debrief to Activity

By taking time to consider the anxieties and fears that a victim might hold in relation to disclosing and talking about experiences of sexual violence, those working with them will be better able to fulfil their role effectively, sensitively and supportively, and minimize the risk of re-traumatisation. In this case study, there are additional issues for workers to consider, such as Maria's traumatic past and ongoing fears for her family, as well as her current living situation, uncertainty for the future, lack of social supports, and language barriers.

It is important for the worker in whatever role to be consciously and actively non-judgemental towards victims of DSGBV. Be aware that being afforded choice, dignity and respect in the aftermath of trauma can be very healing for a person.

When engaging with traumatic material, workers should take time to consider the impact of the work on themselves, and how they can protect themselves from and cope with this impact, and in so doing, minimise the risk of burnout, compassion fatigue, and vicarious trauma

Please undertake this activity alongside reading chapter one.

ACTIVITY THREE

The Window of Tolerance

The following questions can be used for self-reflection by an individual, or as a group exercise and discussion led by a facilitator. We refer to section where the window of tolerance is discussed in more detail.

Objectives

To provide an opportunity to consider the practical application of the window of tolerance model in recognising and managing the impact of trauma on the client and on oneself.

Activity

This activity can be completed as a self-reflection and/or as a group exercise and discussion using the following steps:

01. Divide the group into smaller groupings of 3 – people.
02. Introduce the exercise and ask the groups to consider the questions below.

The window of tolerance is a useful model both for recognising the impact of trauma on clients and supporting them to manage it, and also for recognising and managing the impact of vicarious trauma on ourselves. The group will need to be familiar with this model from the handbook in order to do this exercise. Ask that one person in each group takes notes to feedback to the main group discussion later

Question One

> If you are working with someone and notice that they are becoming hyper- or hypo-aroused – moving outside their window of tolerance- what simple interventions could you make to help them return to their window of tolerance?

Question Two

> What situations or factors can lead to you moving outside your window of tolerance in the moment, or can cause it to narrow over time?

Question Three

> How do you know when you are outside your window, or when it is narrow? Consider what you notice in your thinking, your physical experience, your emotional state, your behaviours.

Question Four

> What activities and supports do you use to help you return to your window of tolerance in the moment, or to restore it over time?

01. Take feedback in the larger group, using the debriefing notes below.

Debrief to Activity

By paying attention to how you feel in your body, your mind and your emotions, you can begin to notice more quickly when you are moving outside of your window of tolerance and resource yourself accordingly. It is also helpful to recognise when others are moving outside of their window, and to make interventions that reduce hyper- or hypo-arousal.

Please undertake this activity alongside reading chapter one.

03 Appendices

Appendix One: Glossary of Terms

- **Rape:** Rape is a sexual assault involving the perpetrator(s) forced penetration of a victim's mouth, vagina, or anus using any body part or object, without the victim's consent.
- **Sexual assault:** Sexual assault refers to forms of unwanted sexual contact that occur without the victim's consent, including: attempted rape, groping, unwanted touching, forcing a person to perform sexual acts.
- **Consent:** Consent in the context of sexual violence is an agreement to engage in sexual activity, between two or more parties with equal power. Consent must be freely given by all parties (i.e. if a person feels pressured or forced to agree to an act, then it is not consensual). Consent is not a once-off agreement, but rather is an ongoing process. Consent cannot be given by people who are underage, asleep, unconscious, or under the influence of drugs or alcohol.
- **Domestic violence/ intimate partner violence:** The terms domestic abuse, domestic violence, and intimate partner violence are often used interchangeably to describe any kind of abuse perpetrated by a victim's partner, ex-partner, family member or carer, regardless of whether they live in the same household. Domestic abuse can be a single incident or a pattern of incidents including controlling and coercive behaviour, as well as physical and sexual violence. It can occur in an intimate relationship, but also can be from parent to child, older child to adult, or by a sibling or male guardian.
- **Coercive control:** Coercive control is a persistent pattern of behaviour including manipulation, threats, humiliation, intimidation, assaults and other abuses. Coercive control is used to harm, punish and frighten victims/ survivors and can involve isolating them from sources of support and from financial resources, making it very difficult for victims to leave the relationship.

- **Female genital mutilation (FGM):** "Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons... (It) can cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths... It is mostly carried out on girls up to the age of 15 years of age" (WHO).

- **Trafficking:** "Trafficking in persons means the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, fraud, deception, abuse of power or of a position of vulnerability, or the receipt of payment or benefits to achieve the taking of a person under one's control, for the purpose of exploitation. Exploitation can include sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or removal of organs." (UNODC, translated with DeepL).

See:

Justisigns 2 Glossary of DSGBV terms in Irish Sign Language (ISL).

Justisigns 2 Glossary of DSGBV terms in British Sign Language

APPENDIX TWO: TRAUMA AND THE BRAIN

When a person is in a traumatised state, their thinking brain will not be operating very effectively. The parts of the brain that process memory in terms of narrative, context and sequence may go offline. Instead, during a traumatic event, our brains may focus solely on sensory aspects of the event – such as the smell of an attacker's aftershave, or the sight of a gun – while not recording other elements, such as what the attacker was wearing, or what they said. At other times of heightened fear, our brain will focus on something seemingly irrelevant, such as the ticking of a clock, or a song on the radio. Either way, the memory is encoded as a sensory fragment, and it is often not possible for a victim/survivor to later recall what happened in terms of the sequence of events.

This is extremely important for support workers to be aware of when it comes to victims' reporting of traumatic experiences. To expect a traumatised person to remember things in terms of context and sequence will put pressure on them to provide a logical narrative to something that was for them an extremely illogical and unexpected event. They may become confused or offer accounts of events to try and help the enquirer, but then may later say something different.

When interviewing victims of trauma, police and other legal actors should focus on what the person does remember, even if this does not seem all that important. It is likely that the memories will take the form of sensory fragments – e.g. smells, sounds, sensations. Allow the victim/ survivor to tell you what they do remember, and more information may emerge surrounding the fragment they recall so vividly.

For further information on how trauma impacts the brain:

Trauma and the Brain – NHS Lanarkshire EVA Services

The Neurobiology of Trauma – Dr. David Lisak

APPENDIX THREE: THE IMPACT OF ONGOING TRAUMA ON CHILDREN

Children's brains develop much in the same way that the human brain developed over time. The first part to develop is the primitive survival brain – that part of our brain that initiates our fight-flight-freeze responses. When a child suffers neglect or abuse early on, their primitive brain remains constantly on, and even when they move into safer spaces, they are stuck in fight-flight-freeze.

This impacts the development of other parts of the brain – the limbic system, which manages emotional regulation, attachment and behaviour; and the cortical system, which manages the executive functioning of the brain and is the part we rely on for thinking, learning and language development.

A child who suffers adverse experiences at a young age might struggle with:

- Perceiving their own bodily and sensory states;
- Regulating emotions and behaviour (they might act out, be seen as 'naughty', find it hard to self-soothe, might be diagnosed with ADHD or autism);
- Attaching to others (they might withdraw, or might be very clingy and demanding of attention);
- Hypervigilance (they might find it hard to feel safe, and always be on the lookout for danger);
- Being in the here and now (they might be very prone to dissociation as a way of coping with experiences that were overwhelming);
- Planning, problem-solving, learning from mistakes (school and academics might present a big challenge for them);
- Feeling worthy of love and nurturing (their core self-belief might be that "I'm bad", "nobody wants me").

APPENDIX FOUR: DEVELOPMENTAL TRAUMA DISORDER

The impact of traumatic experiences on a child differs to those of an adult, because there is a developmental aspect which leads to increased risk of further traumatisation as an adult. To ensure that children who have had such experiences are not misdiagnosed, and that they get the help and support required to address the underlying trauma, Dr. Bessel van der Kolk (2018) and his colleagues proposed that the diagnosis of Developmental Trauma Disorder be included in the (APA) ***Diagnostic and Statistical Manual of Mental Disorders***. The criteria for such a diagnosis include:

a. **Exposure:** The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence;

b. **Affective and Physiological Dysregulation:** The child exhibits impaired normative developmental competencies related to arousal regulation;

c. **Attentional and Behavioural Dysregulation:** The child exhibits impaired normative developmental competencies related to sustained attention, learning or coping with stress;

d. **Self and Relational Dysregulation:** The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships;

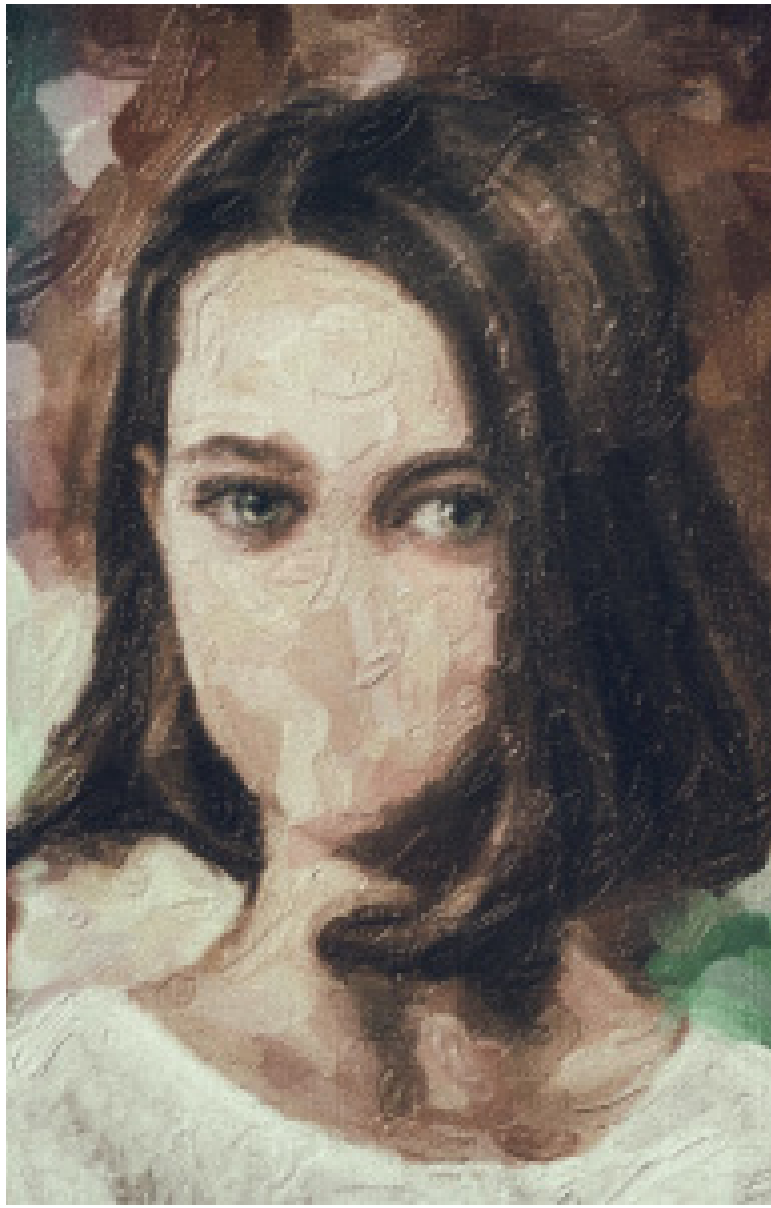
e. **Post-Traumatic Spectrum Symptoms:** The child exhibits at least one symptom in at least two of the three PTSD symptom clusters (B, C, & D);

f. **Duration of disturbance** (symptoms in DTD Criteria B, C, D. and E) at least 6 months;

g. **Functional Impairment:** The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning:

- Scholastic;
- Familial;
- Peer Group;
- Legal;
- Health;
- Vocational.

For a more detailed overview of the proposed diagnostic criteria for Developmental Trauma Disorder, please see Van der Kolk (2018).



04

Interpreting in the Context of Domestic, Sexual and Gender Based Violence (DSGBV)

DEFINITION OF KEY CONCEPTS: INTERCULTURAL MEDIATION, BROKERING, AD-HOC INTERPRETING, ETC.

In a multilingual and multicultural world where people do not share the same languages or language repertoires, people either adapt the way they talk to others: *intercultural communication;* or, if they cannot communicate directly, others will mediate communication on their behalf: *intercultural mediation.*

Interpreting is the term typically used to refer to the intercultural mediation that occurs in real time between two different languages, spoken or signed. Interpreters mediate communication in a *triadic exchange* where the participants are speakers/signers of different languages and the bilingual interpreter. Interpreters are only present to convey information between languages. They are not present in an advisory or support capacity.

Communication is sometimes mediated by non-professional interpreters, for example, co-workers, nurses, or police officers who might be bilingual but have never been professionally trained to interpret. This is sometimes referred to as *ad hoc interpreting. Child.* ***language brokers*** may also provide interpreting on an ***ad hoc*** (but sometimes regular) basis for family members who are deaf or do not speak the language of their host country. There are different views on whether this is appropriate, but it is generally accepted that in high-stakes settings in legal or health contexts, professionally trained and qualified interpreters should be used to ensure the integrity and accuracy of the interpretation. In some countries there is a legal requirement for public bodies to only work with registered interpreters. There is also a legal mandate in the EU under 'Directive 2012/29/EU of the European Parliament and of the Council (on the rights of victims) whose article 27 recognizes the right to translation and interpretation and article 25 guarantees the training of professionals who go to come into contact with victims. This is especially important in settings involving those who have experienced DSGBV due to the sensitivities of information discussed and vulnerability of the victims/survivors involved.

Interpreters work either ***consecutively*** (only one person speaks at a time) or ***simultaneously*** (where the interpreter starts to render what person A says or signs into language B with only a slight delay so there is an overlap. For spoken language interpreters this is typically done using equipment in ***conference settings*** to avoid the interference between two spoken languages being used at the same time, and consecutive is used in ***public service settings*** where two or more people are in dialogue (e.g. health, legal). But because sign languages are silent, sign language interpreters will most often work simultaneously (without the use of equipment) in both public service and conference settings. This is referred to as ***bimodal*** interpreting because the interpreting happens across two modalities (speech and sign). Sign language interpreting can also take place between two different sign languages, which is known as *unimodal* interpreting because it is within one modality.

"FUND OF KNOWLEDGE" CHALLENGE AND DIFFICULTIES FOR INTERPRETERS

One of the reasons that it is essential that support service providers work with professionally qualified interpreters is because people from minoritised communities may experience a lack of "***fund of knowledge***" or "***fund of information***", and professional interpreters have been trained to recognize this and mitigate for it in their interpretations.

This fund of information (FOI) deficit has been recognized particularly in deaf communities in relation to health information due to lack of access to information in sign language and, for many, lower literacy levels in the majority language (Pollard and Barnett, 2009). This means that deaf people can be disadvantaged in recognizing health concerns, understanding healthcare treatments, or the need for preventative healthcare. This FOI deficit is also very likely among migrants and refugees. This FOI deficit can also be applied in legal settings, and particularly to the area of DSGBV if women have not been able to access information in their own heritage or preferred language and therefore might not recognise that they have experienced, or are experiencing, DSGBV and how to report it or get support.

When an experience of DSGBV is reported, there are routinised procedures that must be followed involving legal and healthcare personnel, but the victim may not be aware of what these procedures are and why they are necessary. Hence the FOI deficit.

The FOI deficit may also apply to interpreters, for example, if they have never interpreted in a DSGBV setting before, which can create challenges and difficulties for interpreters to understand procedures and terminology. The need to mitigate against such FOI deficits justifies the need for specialized training for interpreters in this area.

SPECIFIC CHARACTERISTICS OF DSGBV CONTEXTS

Interpreting in DSGBV contexts is different from working in other public service contexts. There are specific issues that either make it difficult to find interpreters, or present challenges for interpreters when they arrive at the situation. Examples include:

- **Timing:** DSGBV can occur any place, on any day of the week and at any time. Interpreting services may not be available to provide an interpreter to attend a reported emergency incident. This means that the victim may not have access to information in an already stressful situation putting them in an even more vulnerable position.
- **The place:** women who experience DSGBV may have a series of appointments with different support services and may also be rehoused in a refuge or women's shelter to keep them safe. The ideal would be to have interpreter continuity across a range of appointments, as familiarity with, and trust of, interpreters is critical for women who need to communicate their needs. It is not possible for women to have an interpreter accompany them at all times, so this may exacerbate feelings of isolation and vulnerability if they cannot communicate with others who are staying in the same refuge.
- **Communication situations:** When a woman discloses experience of DSGBV, there will be a series of different situations where they need to discuss what happened. This can involve giving a statement to police, participating in a medical examination, meeting with a social worker, attending court, meeting with a counsellor or DSGBV support worker (e.g. in the UK an Independent Domestic Violence Advisor), etc. Each of these situations presents in their own genre where the language and terms used will vary slightly, but will be centred around key terms concerning DSGBV. It is important for interpreters to understand the protocols within each of these situations so that they can interpret as accurately as possible without impacting on the process of collecting evidence or supporting the victim. For example, in Scotland there are 27 "Domestic Abuse" (or intimate partner violence) Questions (DAQ) to evaluate the level of risk (high, medium, standard) for people who have experienced DSGBV. When questioning the victim, police officers have to be very careful not to ask any leading questions, as otherwise the evidence may be dismissed as inadmissible later in court. They have to ask questions in such a way that it allows the victim to reveal what happened. It is important for interpreters to understand this, so that they don't (intentionally or unintentionally) restructure the questioning so it becomes more leading.
- **Different profiles:** Interpreters may find themselves working with a variety of different people in the DSGBV context. Interpreters need to be mindful of this so that they can adjust their approach to interpretation accordingly – e.g., Who are they interpreting for? The victim or the perpetrator? Are there minors present/ involved? Perhaps one of the support workers also speaks/ signs the same language as the woman who has reported the incident? In the UK, there are regular meetings of the MARAC (Multi-Agency Risk Assessment Conference) – that brings together professionals and support agencies to identify people who are at risk and decide follow-up actions where needed (including police, social workers, support service providers, etc.), and sign language interpreters may find themselves working in these conference meetings with deaf professionals.
- **Terminology:** It is important for interpreters to understand the legality of terms to be translated. For example, in the UK only

cisgender men and cisgender women are covered under definitions of DSGBV, domestic abuse or 'violence against women and girls' and non-binary people or trans men and women reporting domestic or sexual violence are considered under hate crime legislation. So, although in lay terms, the modern interpretation of gender refers to many genders and not just male/ female, under the eyes of the law that is not the case. Interpreters also need to be aware of meanings and definitions of key terms used in DSGBV contexts so that they can articulate correctly in their interpretation. A good example is in British Sign Language, where it is preferred to use the sign for 'harm' for 'victim' as the person has been harmed by their experience, as opposed to an alternative sign which is also used for blame/guilty which implies that the victim is at fault. Interpreters need to be up to date with the current terminology so as not to inadvertently cause offence or trigger negative experiences. There can also be challenges in that there are no direct equivalents between languages for specific terms. For example, in her research on legal interpreting, Della Goswell found that French interpreters have a much wider glossary of French legal terms equivalent to English than Auslan (Australian Sign Language) interpreters. But the challenge for interpreters is not only related to terminology, but also to how language is used in context.

- **Languages of limited diffusion (LLD):** Difficulties may arise when working with DSGBV victims who use a LLD. It may be harder to find an interpreter, especially in an emergency situation. In these instances, a possible solution is to bring in an additional interpreter as a pivot/relay interpreter who can interpret between two languages understood by the victim or perpetrator, for example Ukranian > Russian > English. However, this may not be enough. Vulnerable non-native language users (NNLU) may experience difficulties in accessing information and there may be additional concerns if they understand what is happening (see earlier point re: FOI). People at risk of vulnearability may include those who:
- Have a mental health condition or illness;
- Are under the influence of drugs or alcohol;
- Use different dialect or languages of lesser diffusion;
- Have minimal or limited communication skills.
- In these circumstances, a support worker, advocate, or advisor (ideally from their community) should be brought in to assist as the interpreter cannot offer this level of support as part of their role.
- ***Limited language skills:*** Some individuals have been so socially and linguistically isolated during their lifetime that they have not fully acquired literacy/fluency either in a sign language or a spoken language; or they have migrated and have developed only minimal competence in the language of the host country. Currently there are a variety of terms used to describe people in this situation: for example, people may be described as having experienced language deprivation (e.g. Humphries et al. 2012), or as having minimal language competence (MLC), minimal language skills (MLS), or special linguistic needs (SLN). Such individuals tend to have a more limited fund of information (see above section on FOI). In many countries there is no agreed descriptive term for deaf people in this situation; it is a delicate and political topic. Occasionally, a deaf person is labelled as having limited language skills when they are actually an immigrant with knowledge of a foreign sign language, and perhaps some literacy in the spoken/written language of their home country. In these cases, using a local interpreter who also knows the person's sign language is an ideal but rarely available solution. Where the need for interpreting is unavoidable (such as in a medical or legal situation), working with a deaf interpreter is recommended.

SPECIFIC CHARACTERISTICS OF SIGN LANGUAGE INTERPRETING

Sign language interpreting is a relatively young profession. Formal training and recognition of the role emerged from North America and Scandinavia in the 1960s, and the first university based programmes were established in the European Union in the 1990s. Historically, interpreters were typically hearing ***heritage signers*** (i.e., had grown up with deaf parents), but now that more options are available for people to learn a sign language, there are increasing numbers of ***new signers***, who have a sign language as their second language. There are also increasing numbers of deaf people who are working as professional translators and interpreters. Signed language interpreting is a female dominated profession, and there are increasing discussions of the need for greater diversity and representation of a range of characteristics in the profession (Napier, et al. 2021).

Despite the fact that simultaneous interpreting is the norm for sign language interpreters, it is recommended that interpreters use the consecutive mode, or a blended approach of both simultaneous and consecutive, in challenging or sensitive settings, such as legal and healthcare contexts, to allow for the interpreters to request clarifications of important terms and thus ensure accuracy.

When working with deaf women who are at risk of vulnerability, a deaf specialist – a Deaf Interpreter (DI) - is recommended. The woman may be classified as especially vulnerable if she:

- has a mental illness/ is under the influence of drugs or alcohol;
- uses idiosyncratic signs or gestures, that could be thought of as "home signs" which are unique to a family;
- uses a foreign sign language;
- has minimal or limited communication skills;
- is deaf-blind or deaf with limited vision;
- uses signs particular to a given region, ethnic or age group;
- has characteristics reflective of Deaf culture not familiar to hearing interpreters.

The DI may function as a mediator between two different sign languages (e.g. they see a message presented in Irish Sign Language and relay this to British Sign Language, and vice versa, with another interpreter/interpreter team working English/Irish Sign Language); or intra-lingually within the same sign language but unpacking key concepts or explaining information more visually to account for any FOI deficit.

One of the challenges for (deaf or hearing) sign language interpreters is the challenge of conveying terms that in English are more abstract, e.g. abuse, assault, which are terms that can be used as overarching (superordinate) terms that can have many different forms. This is harder to convey in a sign language and usually specific (and subordinate) examples need to be given. Good examples are 'weapon' – knife, gun, baton; 'murder' – strangle, stab, shoot, beat, etc. As noted earlier, police have to be very careful not to lead in any questioning otherwise evidence becomes inadmissable, so if the interpreter gives examples of superordinate terms this would be considered as leading. Although police and other allied professionals/ support workers may try and retain some neutrality in the way they question and in the words they use, it can be more difficult to be 'neutral' in relaying terms in a sign language.

As sign languages embody visual information, it can be challenging for interpreters to convey important information about DSGBV and try to minimise any potentially graphic depictions in a sign language.

BEST PRACTICES FOR INTERPRETERS CO-WORKING

Interpreters need to take regular breaks as they experience cognitive fatigue if they work for too long, which can impact on the accuracy of the interpretation. The International Standards for Community Interpreting suggest that interpreters be provided with a break after a maximum of 60 min if interpreting consecutively or 15 min to 30 min if interpreting simultaneously.

Two interpreters should be booked for any assignment that lasts more than 1 hour to maximise accuracy and quality as the interpreters can monitor each other's output and provide support.

If a deaf interpreter and hearing interpreter are working together, the interpreters will need to locate themselves where they can see each other and the deaf person/s they are interpreting for. Deaf and hearing interpreters work in different ways, depending on the language combination that is needed. For example, while the hearing interpreter may work simultaneously, the deaf interpreter may work consecutively. Depending on the context, deaf interpreters can also work directly from speech to text auto-cue or captions. Typically, the hearing interpreter relays what is spoken to the deaf interpreter, who then conveys it to the deaf person (i.e. victim or perpetrator) in a different way or in a different sign language. The deaf interpreter will then relay any utterance from the deaf person back into the standard sign language for the hearing interpreter to render into the spoken language (e.g. Romanian Sign Language > Spanish Sign Language > Spanish).

EXAMPLE OF CODE OF ETHICS/CONDUCT – HOW TO APPLY THEM AND THEIR IMPORTANCE

Interpreters are required to adhere to a Code of Ethics/ Code of Professional Conduct. Most countries have professional interpreting associations for spoken or signed language interpreters (sometimes combined) which have their own Codes. When interpreters become members, they are expected to abide by the Code of that specific association. Codes can also function across countries and relate to specific types of interpreting, for example, the European Legal Interpreters & Translators Association (EULITA). Codes features key tenets that indicate professional practice:

- **Intercultural competence:** Professional awareness and understanding of the cultural factors, including but not limited to, behaviour and gestures, tone, values, roles, institutions, as well as linguistic differences and similarities.
- **Professional competence:** Interpreters shall use the specific interpreting technique (consecutive, simultaneous) according to the requirements for optimum cross-cultural communication in the specific setting. Interpreters must not take on an assignment for which they have no or inadequate competences (in terms of language or subject matter), or which they are not able to perform properly (e.g. for lack of time to prepare for the assignment). Interpreters shall strive to maintain and improve their interpreting translation skills and knowledge, which also applies in DSGBV settings.
- **Accuracy:** The source-language message shall be faithfully rendered in the target language by conserving all elements of the original message while accommodating the syntactic and semantic patterns of the target language. The register, style and tone of the source language shall be conserved. Errors, hesitations and repetitions should be conveyed. An interpreter shall request clarification where they did not understand a sign language user or speaker, for example for reasons of acoustics, or ambiguity of a statement. They shall signal and correct any interpreting errors as soon as possible.
- **Transparency:** Interpreters shall bring to the attention of any police officer, court official or any other professional support worker any circumstance or condition that affects the quality of performance such as interpreter fatigue, inability to hear and/or see, inadequate knowledge of the specialized terminology, insufficient understanding of a dialect, etc. They must decline assignments that would have to be delivered under conditions that make a qualified professional performance impossible.
- **Impartiality:** Interpreters shall remain neutral and also maintain the appearance of impartiality, avoiding any undue contacts with people outside of the assignment. Any potential conflict of interest shall be immediately disclosed.
- **Confidentiality:** Interpreters shall be bound by the strictest secrecy. Any information acquired in the course of an interpreting assignment or its preparation shall not be disclosed. Interpreters shall refrain from deriving any personal or financial benefit from information they have acquired in the course of an interpreting assignment, or its preparation. There are, however, exceptions to this when there is a duty of care, where interpreters are obligated to report any suspicion of maltreatment, especially in relation to child protection.

- **Protocol and demeanour:** Interpreters shall behave with dignity and respect towards all parties in the situation, including other professionals, and perform their duties as unobtrusively as possible. Interpreters shall refrain from giving advice to the parties or otherwise engage in activities other than the ones belonging to the actual assignment.

GUIDELINES FOR PLANNING AN ENCOUNTER THAT REQUIRES AN INTERPRETER

There are some general guidelines for interpreters and support service providers that we suggest when interactions between support service providers and people who are migrants, refugees, asylum seekers or deaf signers are mediated by an interpreter. These can be implemented before, during and after the interaction to ensure that things go as smoothly as possible. It is important that interpreters try and 'blend in' as much as possible during these encounters to minimise the impact on a potentially already very stressful situation, and that support service providers are aware of the role of the interpreter and best practices for working together.

BEFORE:

For the interpreter

- When receiving an assignment request, interpreters should try and find out as much information as they can about the assignment, including the name of the person they will be interpreting for – which language do they use? Are they the victim, the perpetrator or a witness? What is the context? Are they being called to an incident in someone's home? Is it a follow-up meeting? Is it a court case? In a DSGBV context this can be particularly important to identify any potential conflict of interest.
- If the person is deaf, the interpreters need to determine whether a deaf interpreter should be there with them.
- The interpreter should try and ascertain how long they may be there and forewarn that they may need to bring in a different interpreter if it is a long assignment, as per best international practice guidelines (i.e. maximum of 60 min if interpreting consecutively or 15 min to 30 min if interpreting simultaneously).
- Interpreters should try and find out the name of the person who is leading the investigation/ meeting so they can try and find them when they arrive to get any information that they cannot get in advance.
- Interpreters should ask if it is possible for them to meet with the person they are interpreting for when they first arrive to ascertain if they can understand each other. This can help interpreters to determine if they use the same dialect as the person and to prevent any possible miscommunications further down the line. If this is agreed, it should be remembered not to discuss what has happened in a DSGBV context as this could corrupt any evidenciary process.
- Interpreters should consider the demands (challenges) of the assignment (see Chapter 2), and what controls (strategies) they can put in place to mitigate the demands. How can else can they prepare before the assignment?

For support service providers (police officer, healthcare worker, social worker, etc.)

- When support service providers encounter someone who they cannot communicate with directly, they should try to ascertain which language they use as quickly as possible and then immediately request a professional interpreter. This can be face-to-face, by telephone or video, depending on the language and the context. They should not rely on children or other family members, or colleagues who may know a little of the language, as this could end up being more damaging if miscommunication occurs. Children should not be asked to interpret in situations of violence or trauma.

- Support service providers should try and provide as much information as they can to the agency providing the interpreter so that they can come prepared, including how long they think the interpreter will be needed. They should be prepared to give the interpreter regular breaks if they are working on their own. Make sure the interpreter is aware of practical things such as were the bathroom and refreshment facilities are located.
- Support service providers should be prepared to meet the interpreter when they first arrive to give them a briefing so they know what to expect, and the desired outcome (e.g., taking the person to the police station or hospital, or ensuring they have information about relocating to a refuge).
- When the interpreter arrives, their credentials should be checked (i.e. confirm that they are professionally qualified) and ask if they have worked in a DSGBV context before. If they are not familiar with DSGBV, they may require key terms to be explained so that they can interpret them accurately.
- If the interpreter requests to meet the person who uses a different language whom they will interpret for, this should be allowed to happen as they may need to establish if they can be understood (e.g., if a different dialect is used).
- Support service providers should be aware that minority ethnic or Deaf communities can be small and well networked, so the interpreter may well be familiar with people involved in the case/situation. In order to preserve the safety and confidentiality of victims and perpetrators, if a conflict of interest is identified, the interpreter should be excused from the assignment and another interpreter found.
- Support service providers should be prepared to bring in a relay/ deaf interpreter if the interpreter who arrives cannot use the same language/dialect as the person needing an interpreter. Discuss this with the interpreter to confirm how best to go about this, and/or speak with the agency.

DURING:

For the interpreter

- Interpreters should remember that people may be in distress, which can influence the way they speak/ sign, so they should take this into account. By using an 'open process' model, interpreters can be transparent and let everyone know what is happening if they need to seek repetition/clarification. Getting the information right will be crucial in a DSGBV setting, so it is always worth pausing to seek clarification if they are not sure.
- Interpreters should be prepared to ask for a relay/ deaf interpreter to join them, and in particular where they are struggling to understand content. They may also request a support worker/ advisor/advocate for victim/ survivor if they are becoming distressed and cannot be comforted.
- Interpreters should request regular breaks, in line with international best practice guidance.
- Interpreters should ask for any literature (pamphlets, etc.) that might be available to explain any key DSGBV terms or local legal processes that may be helpful to them.
- Interpreters should use demand-control schema as a mechanism (see activity 1 below) throughout the assignment: this will aid in making adaptations as they proceed which will influence their decision-making (e.g., with a deaf person they may have assumed that they could work simultaneously but then they see that they have learning difficulties and need to have the information summarised consecutively until a deaf interpreter can be brought in).
- Interpreters should be additionally alert to the need in this context for absolute accuracy regarding for example hesitations, vagueness, confusion, etc, and to convey these, without 'tidying up'. The support service provider needs to be fully aware of the mental state of the person they are working with.

For the support service providers (police officer, healthcare worker, social worker, etc.)

- Support service providers need to allow time for interpretation to occur – interpreting may occur consecutively where speakers/ signers take turns which slows the process down.
- Support service providers should not assume that if the interpreter asks for clarification or repetition that they do not understand or are incompetent: they are typically double checking something to confirm their understanding to prevent any risk of miscommunication or misunderstanding.
- Support service providers must facilitate regular breaks for the interpreter to ensure that the interpreter does not become cognitively fatigued, which will impact on quality of their work. International best practice guidelines should be followed (ISO 13611:2014).
- Support service providers need to recognise that they may need to bring in other interpreters, intermediaries or support workers to support the deaf person/migrant/ refugee as providing an interpreter may not alleviate all barriers they experience in being a user of a lesser diffusion language.
- Support service providers should recognise when there seem to be repeated misunderstandings that a different interpreter may need to be brought in.

AFTER:

For the interpreter

- Interpreters should ask for a debrief if possible with somebody from the professional team.
- Interpreters should ensure they have an opportunity to discuss any concerns/ triggers for them in an intra-professional confidential conversation, either through supervision, mentoring or with an interpreter peer.
- Interpreters should ensure that support service providers have the necessary information to signpost service users to appropriate support services, depending on their language and location. For example, deaf people who live in England can be referred to the SignHealth domestic abuse support service that provides support directly in BSL. Although this is not typically the role of the interpreter, they may be the only person in that context who knows what language specific support services are available to the community. This should be discussed with the support service provider at the time and information passed on for them to decide how and when to provide the advice.

For the support service providers (police officer, healthcare worker, social worker, etc.)

- Support service providers should make time for a short debrief with the interpreter. Remember also that the interpreter may have been emotionally affected by the interactions. Support service providers should ensure that the interpreter has access to other supports if needs be.
- Support service providers should make a note in any professionally relevant database/ case notes of the communication needs of the victim and flag that appropriate interpreters always need to be booked.
- Support service providers should ensure that the service user has been signposted to appropriate support services, depending on their language and location. E.g. in the UK, Refuge provides support to women and children against DSGBV and Women's Aid has a Survivor's Handbook translated into multiple different languages.

In the next section, we present two activities to support consideration of these principles in practice.

ACTIVITY ONE

For interpreters: Demand-Control Analysis

The Demand-Control Schema is a model that Dean & Pollard (2013) have adapted to the work that interpreters undertake. The demands of any job can be identified (what the job requires of the employee) as can the controls that the worker brings to bear in response to job demands.

Demands are about the job

Controls are about the worker

Interpreters can apply Demand Control Schema to their work to evaluate what might be challenging for them and to consider strategies they can adopt to ensure that their interpreting assignment goes as smoothly as possible.

Dean & Pollard outline the following categories of demands:

Environmental

Demands that are specific to the setting (i.e., goal, professional roles, terminology, physical surroundings);

Interpersonal

Demands that are specific to the interaction of the participants and interpreter (i.e., culture, FOI, goals);

Paralinguistic

Demands that are specific to the expressive skills of the deaf/hearing participants (i.e., style, pace, volume);

Intrapersonal

Demands that are specific to the interpreter (i.e., thoughts, feelings, physical reactions).

Environmental Demands:

Goal or purpose of setting;

Terminology associated with this setting;

Personnel or clientele in this setting;

Physical surroundings of the setting:

- Room temperature;
- Chemicals and odors;
- Seating arrangements/sight lines;
- Lighting quality;
- Visual distractions;
- Background noise;
- Space (people, furniture, equipment).

Interpersonal Demands:

Dynamics that exist between all parties including the interpreter, such as:

- Power & authority dynamics;
- Communication style and goals;
- Emotional tone or mood;
- Role and cultural differences;
- Communication flow (e.g., turn taking);
- Relationship nuances (new, familiar, intimate);
- "Thought worlds" of hearing & deaf people.

Paralinguistic Demands:

Idiosyncrasies of speaking;

Volume;

Pace;

Accent;

Clarity of speech or sign;

Physical position;

Physical limitations (that may affect signing style).

Intrapersonal Demands:

Feelings or ruminations one may have about:

- one's safety;
- one's interpreting performance;
- liability;
- the people and the dynamics;
- the environment.

Physiological distractions;

Psychological responses or distractions.

Definitions of Controls:

Decision latitude afforded to the worker;

Response to job demands

- Better understood as noun and not verb (to control, to be in control, feel out of control are not accurate applications of control);

Controls are about the employee;

Controls in interpreting must also include characteristics of interpreter (gender, age, ethnicity, etc.) because interpreting is a ***practice profession*** & about human interaction.

Dean & Pollards' Control Categories:

Pre-assignment controls: controls that exist or are employed before for the formal assignment;

Assignment controls: controls that are employed during the interpreting assignment;

Post-assignment controls: controls that are employed after the assignment is over.

Pre-assignment Controls:

Physical, cognitive, and psychological attributes

- Gender, age, ethnicity, etc;

Interpreting education: formal and informal;

Credentials: Certification or qualification;

Experience: Work-related and personal;

Direct preparation for the assignment:

- Clothing;
- Contacts (team, hearing & deaf consumers);
- Readings, prep materials, Internet.

During assignment Controls:

Identifying demands;

Positive self-talk;

Direct interventions;

Interpretations/translations;

Prior relationships;

Code of Ethics/Code of Professional Conduct;

Role metaphors (impartial, participant, ally).

Post-assignment Controls:

Supervision:

- Formal (with supervisor);
- Informal (with colleagues).

Debriefing/venting:

- With support system.

Follow up:

- With people involved;
- With further education;
- With referring party.

Self-care.

Consider the following case study and what demands and controls you can identify that may occur when undertaking this assignment.

Case Study

You are on-call for an interpreting agency for video relay calls but you have been called to the police station late at night to interpret for a woman who has reported being sexually assaulted by her partner as it was felt that it would not be appropriate to conduct the interview by video. You have been given no other information.

As your own partner is out of town for work, you have to arrange for another family member to come over and be in the house with your kids as they are too young to be left alone. You have to write out what the kids need for school and after school clubs the next day in case you are not back by the morning as you are not sure how long this assignment will take. There are roadworks and a road closure so you have to take a longer route. There is no on street parking at the police station so you have to park in a car park 5-minute walk away. You arrive at the police station over an hour after receiving the phone call requesting an interpreter.

On arrival you ask the woman's name and if you can have a few minutes with her to check if you can communicate comfortably. The police officer allows you 5-minutes to chat with her. You know of her through community connections but you have never met her before. You ascertain that her male partner of 10-years has sexually and physically assaulted her. She has already been to the hospital and is now at the police station to give a statement. She is very distressed and worried about the safety of her children who are currently with her parents. She is also worried about people in her community finding out about what has happened and feels shame for that.

When the interview starts she bursts into tears every time she tries to retell what happened so the interview takes a long time. After an hour you ask for a break but the police officer wants to keep going. The woman does not want you to leave the room. As you can see how distressed she is you agree to keep going for a while longer to try and get the interview done. But another hour passes and they are still not finished. You insist on needing a break and the police officer agrees to a 10-minute break. The woman is upset with you for leaving her.

The interview is completed after another 45 minutes. The police officer gives the woman a leaflet outlining where she can get support and asks if she would like a lift home (as her perpetrator is no longer there) or to be taken somewhere else. The police officer tells you that you will need to be a witness in the court case. You interpret an exchange between the police officer and the woman trying to work out where she can go as she does not want to return home because of the memory of what happened there.

You return home at 5am feeling exhausted.

ACTIVITY TWO

For interpreters and support service providers: Video simulation analysis

You will see two different videos – both are a simulation of an interaction between a hearing social worker and a deaf Asian woman called Indira who is reporting an experience of domestic abuse by her husband towards herself and her children, mediated by a sign language interpreter.

Activity

Watch **Video 1** and consider the following questions:

- Is it appropriate that the interpreter was already in the room talking to the social worker before the deaf woman arrived? What would the perception of the deaf woman have been?
- What do you observe about the interpreter's dress code and behaviour?
- How prepared do you think the social worker was to work with the interpreter? Do you think she had ever met a deaf person before?
- How prepared do you think the interpreter was? Do you think she rendered the information faithfully in both language directions? Was there anything she did that made you suspect that she was struggling in the context?
- How did the deaf woman appear throughout the scenario? Do you think her 'voice' was being represented?
- What was the rapport like between the social worker and the deaf woman?
- Was the deaf woman convincing in her explanations of what happened?

Now watch **Video 2** and consider the following questions:

- How did the dynamic change with the deaf woman and the interpreter entering the room together?
- Why did the deaf woman explain the role of the interpreter?
- What do you observe about the interpreter's dress code and behaviour?
- How was the social worker's demeanour different from Video 1?
- How prepared do you think the interpreter was? Do you think she rendered the information faithfully in both language directions? How was her interpreting different compared to Video 1?
- How did the deaf woman appear throughout the scenario? Do you think her 'voice' was being represented?
- What was the rapport like between the social worker and the deaf woman?
- Was the deaf woman convincing in her explanations of what happened?
- Did the social worker understand what she needed?
- How did the social worker interact differently with the interpreter compared to Video 1?

General questions:

What do you see as the differences between the two simulations?

What elements of best practice can be identified in Video 2? Why would you say they are best practices?

Why would the social worker's behaviour in Video 1 be considered as inappropriate? What was she doing wrong?

How do you think the social worker and interpreter prepared for Video 2? What could have made a difference to the interaction in Video 1?

05

Interpreting in Health and Psychosocial Settings

This chapter addresses interpreter-mediated communications with DSGBV victims, in health and psychosocial settings, which includes the entire set of care and therapeutic services in the health, social services and psychological fields. For example, interviews with social workers, medical or psychological consultations, care in the context of NGOs, etc.

The learning objectives pursued include:

- Reflection on the challenges of interpreter-mediated communication with DSGBV victims in psychosocial and health contexts;
- Acquiring knowledge on the relevant legislation and the main protocols and terminology used;
- Introspection on the impact of certain cultural aspects on health-based communication with DSGBV victims.

Chapter contents are structured as follows:

- Review of legislation on DSGBV victims' right to translation and interpretation in this field;
- Description of the communicative contexts;
- Specific terminology and protocols used;
- Cultural aspects related to health;
- Specific challenges faced by interpreters in these contexts.

APPLICABLE LEGISLATION: THE RIGHT TO TRANSLATION AND INTERPRETATION

It is important that we bear in mind that legislation on the right to healthcare and translation/interpreting varies from country to country, and thus implies substantial differences in the way interpretation and translation support is provided.

In Spain, Article 10.5 of Law 14/1986 (General Health), of 25 April 1986, recognises that the public health administration must provide "on understandable terms, complete and ongoing verbal and written information to the patient and their close relatives about their process, including diagnosis, prognosis, and treatment alternatives." There is no explicit mention of the right to an interpreter, but it can be inferred that if the person does not speak the language or is deaf, they should have access via an interpreter.

Interpreter provision for deaf people is guaranteed in health settings in Article 10 c of Law 27/2007, of 23 October 2007, ***which recognises Spanish sign languages and regulates the provision of means of support for oral communication of the deaf, hearing impaired and deaf-blind persons***. However, there is no reference in the aforementioned law on the exercise of such a right in psychosocial settings.

Article 18 of Law 1/2004, of 28 December 2004 on Comprehensive Protection Measures against DSGBV guarantees the right of victims to information and explicitly mentions sign language. Although the law does not reference the right to translation and interpretation for victims, this right may be inferred for situations where the victim does not understand the language of the process.

In short, there is no legislative instrument in Spain that guarantees the right to interpretation for DSGBV victims who experience linguistic barriers. This right can only be inferred from the legislation outlined above.

The UK's General Medical Council guidance states that "all possible efforts must be made to ensure effective communication with patients", and provides extensive guidance on how to book interpreters. The court system recognises that: "The right to an interpreter is an integral part of the right to a fair trial. It is a principle of [all UK] common law that the Defendant must be able to understand the charges made against them and be able to properly defend themselves. The right is also enshrined in the European Convention on Human Rights." Statutory guidance is available in relation to the Domestic Abuse Act 2021 (which pertains to England and Wales), outlining the need to hire professionally qualified interpreters and advising that people experiencing DSGBV should be signposted to community specific support services. In Scotland, the Domestic Abuse (Scotland) Act 2018 and guidance provided by NHS Scotland refers to the need to ensure professional interpreters are booked if the victim does not speak English. Although the Scottish Government's Equally Safe Strategy outlines the impact of different intersectionalities on experiences of DSGBV, there is currently no specific mention of the provision of professional interpreters in their documentation.

Ireland, like Spain and the UK, is party to the European Convention on Human Rights. We are all also signatories to the UN Convention on the Rights of Persons with Disabilities and the Istanbul Convention (and see chapter on Police interpreting for more on these legal instruments).

Ireland's Equal Status Acts (2000-2018) "...prohibits discrimination on nine grounds and the legal duty to provide services without discrimination includes the duty to ensure that services accessible to the majority community are also accessible to members of minority ethnic communities. The need to communicate in languages other than English is often implied rather than explicit. Nevertheless, failing to provide interpreting facilities in relation to service provision, when it is known that there is a language barrier, could be construed as unlawful racial discrimination." (HSE 2009, pp 7-8).

All public bodies in Ireland have responsibility to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. This 'Public Sector Duty' is a legal obligation, and it originated in Section 42 of the Irish Human Rights and Equality Commission (IHREC) Act (2014). The Act makes several references to language, and notably to rights to interpretation in legal settings. While no explicit reference is made to provision of interpreting in other contexts, Article 14, which focuses on prohibition of discrimination, notes that "The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status".

Further, Section 6 of the Irish Sign Language Act (2017) requires public bodies to "do all that is reasonable to ensure that interpretation into Irish Sign Language is provided to facilitate a person to avail of or access statutory entitlements or services provided by or under statute by that public body." And notes that the cost of interpreting provision should not be borne by the person concerned. The Act allows for remote interpreting if the ISL user consents to this approach.

In 2009, the Irish Health Service Executive (HSE) published good practice guidelines for HSE staff on the provision of interpreting services, advising on the need to hire professional interpreters and explicitly notes that it does not recommend using family members or friends or bilingual staff to function as interpreters. In summer 2022, the HSE delivered some training to front line workers on the topic of working with interpreters when engaging with patients who are fleeing war and persecution. They also provide a very useful checklist for frontline workers.

CONTEXT DESCRIPTION (FOR INTERPRETERS)

In order to successfully address interpreter-mediated communication with DSGBV victims, it is essential that the interpreter is not only trained in gender and DSGBV aspects but also briefed on the specific characteristics of the meeting. In particular, an interpreter should have information ahead of their meeting on the profiles of the healthcare or psychosocial professionals involved, the nature of the meeting, whether the victim has been referred from other services or this is the victim's first encounter within any support and therapy areas, etc.

Below, we present a general description of the types of health and social services that interpreters are likely to encounter:

Health:

- Primary-care doctor consultation:
  - This is the patient's first point of contact with the healthcare system, where a family doctor diagnoses the person's health status and makes the initial decisions such as ordering tests, referring to a specialist, prescribing a treatment, etc. These consultations can also take place at home, and in some cases, online. In addition to doctors, such services often have other health and social work staff in their teams.
- Hospital emergency services:
  - Persons coming to hospital emergency services may encounter administrative engagement tasks at reception, as well as undergoing procedures in triage, and receiving care, depending on the severity of the case (Figure 1) .

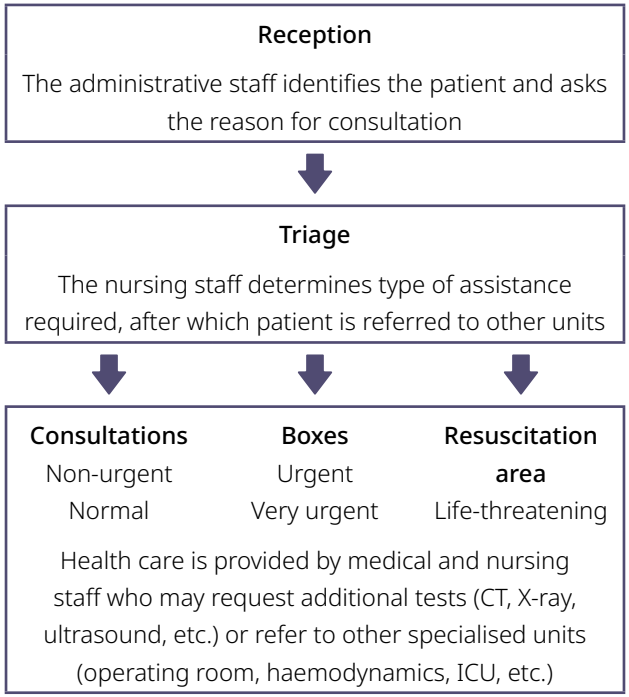


Figure 1: Protocol for hospital emergency care

For deaf people or foreign individuals who do not speak the official languages of the country, Spain has no specific protocol to facilitate on-site interpretation in hospital emergencies. However, if one calls the emergency number, attending staff members may access a telephone interpretation facility. This does not capture the requirement for sign language interpreting in such contexts, however. Public social services are often a gateway to providing support for persons with economic, health, bureaucratic, or other kinds of problems. These services have the function of informing, guiding and, when pertinent, referring a case to other public administration programmes or services, or other entities such as NGOs. This range of work is usually undertaken by a social worker whose role entails:

- Receiving and contextualising the needs and situation of the person;
- Providing information, advice and guidance on the appropriate resource, programme or service (e.g. Occupational Therapy, etc.);
- Coordinating with internal or external services;
- Preparing interventions.

- Some Spanish cities have a specialised service to inform and provide care for DSGBV victims/survivors. Such services frequently have teams that include a social worker, a psychologist, a lawyer and other care support personnel. DSGBV victims/survivors often receive:
- Specialised psychological assistance;
- Advice and social support;
- Assistance around employment;
- Reception programs (in case dwelling place is needed) or home care for children.

There are also specialised NGOs that advise, support and accompany DSGBV victims/survivors. Their function is to complement the work of the public administrations by overcoming any shortcomings and delays that may present. In practice, the NGOs usually start the process, and then refer DSGBV victims/survivors to the relevant administrative body to formalise their status as DSGBV victims. NGOs also assist victims/survivors in applying for possible aid.

- Psychological consultations:

The victim/survivor may be informed that her reaction (anxiety, depression, eating disorders, alcoholism, etc.) to the violence she suffers/has suffered is normal and care is directed to her wellbeing. Although there are established guidelines, the professional will act on a case-by-case basis.

By way of example, in the Autonomous Region of Galicia, there is a care programme provided by the Official Psychologists Association of Galicia for DSGBV victims. Within this programme, for deaf and deaf-blind victims/survivors, there is an action protocol to engage a sign language interpreter. If the user meets the programme entry requirements, a therapist is assigned who informs the coordination unit of the dates and times of each appointment, so that a request for an interpreter can be sent to the Galician Deaf Persons Associations Federation (FAXPG). FAXPG selects a professional from the list of interpreters whom they work with regularly and covers all sessions linked to the same deaf or deaf-blind person. The programme also has a list of therapists who can conduct sessions in other languages (English, French, German, etc.). However, it does not have a list of interpreters and there is no protocol for responding in cases where a victim/survivor speaks a language of lesser diffusion (LLD).

Specific Protocols and Terminology

In **the health field**, the protocol outlined in Figure 2 (from the SOS-VICS project) is usually applied. The communicative interaction between professional and patient begins with certain questions whose purpose is essentially to identify whether or not a person is a DSGBV case. This approach is applied regardless of the type of consultation (emergency or primary care).

An example of some of these questions that are asked include:

- How are things at home?
- Are you happy in the relationship with your partner and family?
- Do you experience conflict with your partner?

If responses indicate the possible presence of DSGBV, an intervention plan is immediately activated and the information is recorded in the patient's clinical history. The situation of abuse may not be directly identified, but some suspicion may lead to further investigation.

DSGBV Protocol, Health Area

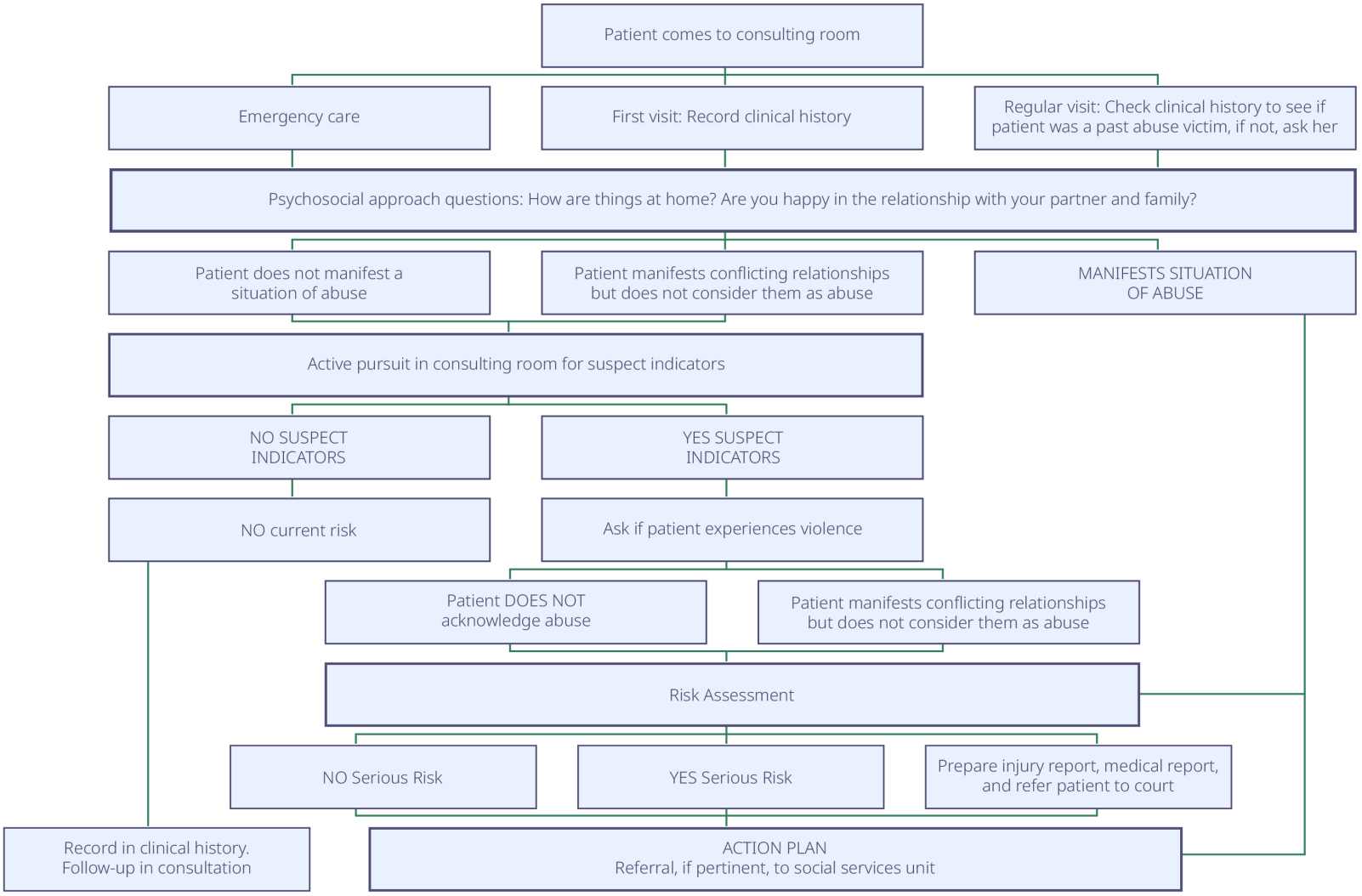


Figure 2: DSGBV protocol, health area

In **the psychosocial field,** the potential for intervention can arise in any team and service related to the public administration (social workers in health centres) or other contexts (e.g. NGOs), even if their function is not specific to the provision of DSGBV support services. The case is then usually referred to a specialised team, comprised of professionals with different profiles: law, psychology, social work, etc. This team analyses the problem and, depending on the victim's circumstances and the nature of the problem, refers the case to a public administration (e.g., social services of a city council), an NGO specialised in a particular topic (immigration, disability, etc.), or directly to the court. The staff in these services then perform a case-based psychological or social evaluation, which usually requires intervention and follow-up.

In many countries there is a telephone information and advisory service for DSGBV victims (016 in Spain, 0808 2000 247 in the UK[4], and 1800 341 900 in Ireland) which provides consultations in several languages, and may offer video call options and/or text messaging for deaf victims/survivors. For example, Women's Aid in Ireland provides targeted services to deaf women.

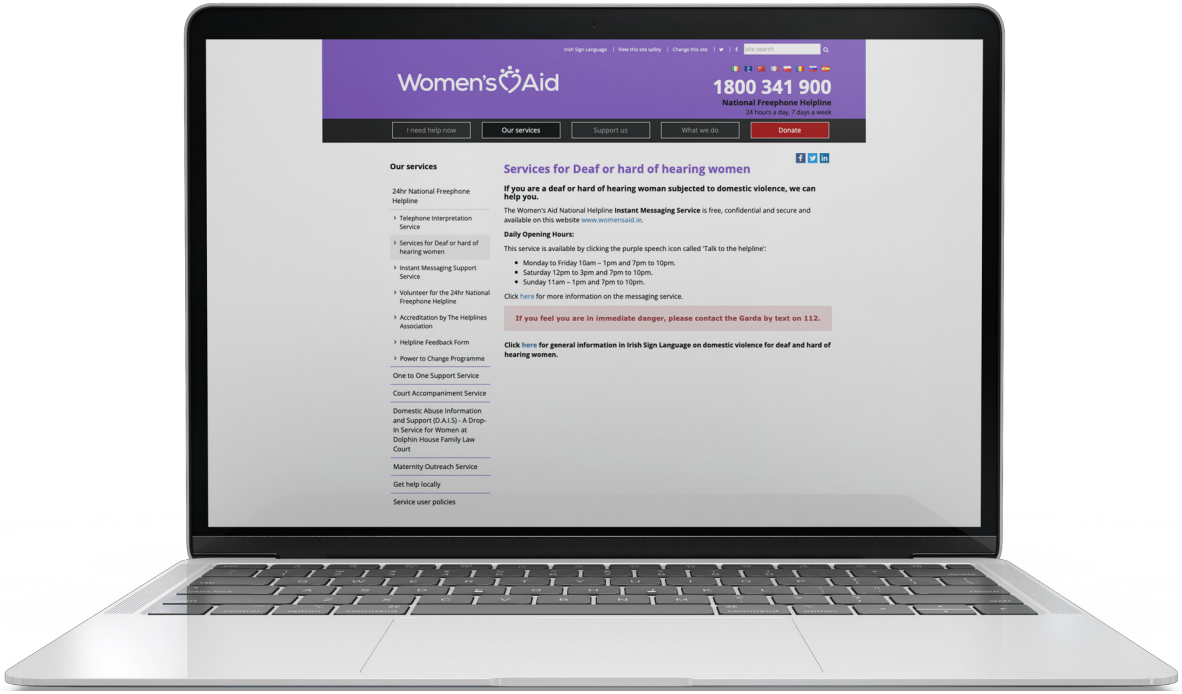


Figure 3: Women's Aid (Ireland)

4 Also, see this UK government page which has extensive information, including some translated guidance in a range of other languages, including a short video in British Sign Language: https://www.gov.uk/guidance/domestic-abuse-how-to-get-help

Such calls can be referred to the emergency services if medical care or police intervention is needed. These helplines maintain the victim's confidentiality. The professionals who assist try to avoid placing any further emotional burden or pressure on victims. Interpretation protocols must take into account the specificity of this type of service, for example, an entire conversation is interpreted and information is provided to the operator about any change in attitude of the victim or any other audible indication that indicates possible presence of an aggressor (door sound, breathing, etc.).

Terminology

Interpreting in the health and psychosocial fields requires knowledge of very specific vocabulary in the areas of medicine, psychology and social work, among others. It is likewise important that the interpreter is aware of health issues in the victim's country of origin, such as endemic diseases, peculiarities of their health system and health protocols.

Of particular importance, in DSGBV contexts, is the awareness of words and concepts such as sexuality or body parts that may be problematic in the victim's culture of origin. These are fundamental and recurrent aspects whose ignorance can adversely affect communication.

Within the health field, interpretation can involve technical vocabulary on diseases, infection processes or parts of the anatomy, as well as terms relating to administrative procedures specific to the health/hospital context (informed consent, injury report, medical report, etc.), which can be challenging to deal with for trained interpreters, and has the potential to be harrowing for untrained people taking on this role.

In the psychological care domain, although technical terms are not often used, interpreters need to prepare terminology relating to emotional concepts (resilience, self-esteem, anxiety, self-control, etc.) to ensure that a victim clearly understands the discourse.

Social care tends to focus mainly on assessing the victim's needs and the administrative formalities needed to meet them (social assessment, social intervention, housing application, etc.)

Health-related Cultural Issues

In DSGBV contexts, it is essential that the service provider's staff know the victim/survivor's culture of origin and take the same into account when dealing with certain concepts. This will not always be the case as no service provider can have an awareness of every culture. However, they can be aware that there will be cultural issues, some of which they are not aware of, and of the need for sensitivity to these, not to assume beliefs, values, knowledge, etc. In other words, we need to know what we don't know insofar as possible and be open to learning and feedback.

Certain cultural specificities may cause conflict during interpreter-mediated communication, especially in the health area. This should be avoided at all cost. For example, some cultures have religious beliefs around the treatment of blood. There may be cultural norms or even myths surrounding menstruation. Some issues may be taboo subjects and there may be reluctance to interact with males. It is advisable to anticipate, for example, the possible refusal by the patient to be treated by a male physician/interpreter. Moreover, any questions put to a patient around menstruation should take into account the possibility that stigma or taboo may exist in the patient's culture.

The very conception of DSGBV differs greatly from one culture to another, for example, in the Maghreb, the laws do not provide for marital rape since sexual relations within marriage are considered a right of men and a duty of women that is inherent in marriage, regardless of consent (Pérez Beltrán 2021). Similarly, awareness of gender violence manifestations typical to certain groups is essential, in order to detect them, such as for example female genital mutilation or breast ironing in African countries, acid burns, etc.

Care personnel also may be unaware of other conditioning circumstances such as problems during pregnancy, lack of access to contraceptives, marriage laws, one-child policy in China, etc.

Specific Challenges

The role of the interpreter in social and psychosocial settings is usually poorly defined and this can lead to confusion. In particular, an interpreter may be expected to solve problems of all kinds if the limits of the interpreter's competence are left undefined. For example, rather than asking an interpreter to support the person they are interpreting for, the interpreter may be asked to complete the form themselves. The interpreter may also be inappropriately asked for cultural guidance, or even pressed for their opinion as to the credibility of a person's story, e. g. in an asylum hearing. The interpreter can clearly and firmly explain that this is not part of their role.

We know that service providers who are bilingual may sometimes be called upon to interpret for victims but, as we note in other places in this manual, this is problematic for many reasons.

To best facilitate successful interpreted interactions, interpreters need to know the following:

BEFORE the interview/consultation:

- **The reason for the meeting**: whether it is a medical, psychological consultation, an interview with a specialised team in the psychosocial field, a counselling session, etc. The more contextual information provided, the easier it is to progress smoothly. Thus, in the case of a medical consultation, it should be specified whether it is an emergency or primary care visit, whether it is a first consultation, etc.
- **The aspects to be dealt with:** outline to the interpreter the reason for the meeting (physical or psychological abuse, rape, abuse, etc.). In this way, the person who interprets will be able to prepare the terminology and anticipate the possible emotional burden of the encounter.
- **Meeting format:** advise whether the interview/consultation will be a face-to-face or remote meeting. Note who will participate. For face-to-face meetings, advise on the seating arrangement (physical layout of room). For online meetings, advise what platform will be used (e.g. Zoom, Teams, Google Meet, etc.). Information should also be provided about the schedule for the meeting (duration, scheduled breaks, etc.).
- Where the patient is deaf, spatial layout in a room is quite important. The room should be well-lit place and allow for the patient to simultaneously see both the care provider professionals and the interpreter/s.
- **The intention behind the questions:** It is important that the interpreter clearly understands the information care professionals seek in order to diagnose or obtain a complete picture of the problem. The interpreter may have to reformulate questions because of how information is packaged differently in different languages – it is not possible to replicate word-for-word messages across language pairs. At the same time, it is essential that such reformulation does not lose the possible inferences that the communication is required to maintain.
- **The possible emotional load of the meeting:** Advise the interpreter what the emotional load of a given meeting may be so that they can be prepared for the encounter.
- **Other:** Any other information that may be relevant to understanding the scope of the interview will be useful to the interpreter. For example, there may be possible risks to the victim/survivor or the interpreter resulting from the specific circumstances of the process, such as harassment, threats, etc.

DURING the communication exchange, it is essential to take the following into account:

- At the beginning of the interview, the interpreter should explain his/her **role** to both the victim/survivor and the other professionals in the meeting. In particular, it must be made clear that the interpreter is not a mediator, and that they do not take sides. If anyone needs to know anything from the victim/survivor, they should look directly at the person and address them directly, and not the interpreter. The interpreter must not

divulge information about the the victim/survivor or the situation - they are bound by confidentiality.

- The interpreter may need **a break**, if they have been working continuously for a period of time. Please note that, in interpretation at congresses or public events, two interpreters usually take turns to interpret every twenty to thirty minutes, however, in victim care services, there is normally just one interpreter.
- The interpreter may realise that **the communication is not effective**. In other words, the victim/survivor and the interpreter may not understand each other, either because they speak another language or dialect (spoken or signed). In this situation, the interpreter must interrupt the session to notify the person leading the meeting that this is the case.

It should be noted that, in the case of deaf women, a deaf interpreter or (in some countries), a deaf mediator, may be required. A deaf mediator is a professional who adapts content to the communicative range of a deaf person who may have a language or cognitive impairment. A deaf interpreter may work across a range of signed languages (e.g. Ukranian Sign Language to Irish Sign Language), and/or with deaf-blind people, and/or provide language mediation as described above.

AFTER the interview, it is advisable to have a brief meeting with the interpreter to debrief. This offers an opportunity to review and clarify any element of the interaction but it is not appropriate to ask the interpreter for their opinion about the victim/survivor or their situation.

As we have noted in this chapter, legislation on interpretation in the social and psychosocial fields varies from country to country and it is essential that we know what legislation applies to our region.

In DSGBV interventions in the social and psychosocial fields, the (medicine, social work, interpretation, psychology) professionals involved must be aware of the particularities of the victim's culture of origin, be trained in gender aspects, know the context in which the intervention is to be performed and whether or not there are action protocols. It is likewise very important to provide the interpreter with the information available so that they can perform to the best of their ability.

ACTIVITY ONE

Social worker-deaf woman interpreter-mediated interaction: Video-based simulation

In this activity you will see a simulation of an interaction between a hearing social worker and a deaf woman who is reporting her experience of DSGBV (a script of the video is also available). Please find below activities for interpreters and service providers.

LSE /Spanish video

Script (Spanish)

Trabajadora social: Hola Ana, ¿qué tal?

Ana: Bueno, bien supongo. ¿Cómo estás tú?

Trabajadora social: Muy bien. Me alegra mucho verte por aquí ¡Cuánto tiempo hace que no nos veíamos! ¿Qué tal estás?

Ana: Bueno, en realidad no estoy muy bien. He estado muy deprimida últimamente.

Trabajadora social: ¿Ha pasado algo en casa? ¿Los niños están bien? ¿Tú estás mejor de ánimo?

Ana: Ese es el problema. Mi marido y yo estamos discutiendo mucho últimamente, más de lo habitual. Seguimos juntos, pero no sé qué hacer porque la situación ha empeorado.

Trabajadora social: ¡Vaya! ¿Hace mucho que te pasa esto con tu marido? ¿Semanas, meses?

Ana: Las cosas van muy mal desde hace un año más o menos.

Trabajadora social: ¿Es sordo tu marido?

Ana: Sí, es sordo.

Trabajadora social: Explícame, ¿cómo ha empeorado vuestra relación?

Ana: Antes estábamos muy enamorados y casi no discutíamos. Pero lo despidieron y cambió. Empezó a beber cada vez más y se deprimió un poco. Ahí fue cuando empezó a ponerse violento.

Trabajadora social: Eso es complicado, sí (afirma con la cabeza) ¿Tenéis hijos?

Ana: Sí, tenemos dos. Juan, que tiene dos años, y Susi que tienen cuatro. Ambos son oyentes.

Trabajadora social: ¿Qué tal su relación con su padre?

Ana: Suelen llevarse muy bien con él. O sea, suele ser buen padre. Nunca les había hecho daño, bueno... hasta la otra noche.

Trabajadora social: Tranquila, cuéntame qué pasó la otra noche.

Ana: Bueno, la otra noche vino del bar, de celebrar que un amigo sordo acaba de conseguir un empleo, y estaba borracho. Intenté preguntarle qué tal lo había pasado, pero se enfadó conmigo. Empezó a decir que no confiaba en él, que yo creía que había estado por ahí engañándome y no de fiesta con sus amigos.

Trabajadora social: Uf, parece que estaba muy enfadado. ¿Cómo reaccionaste cuando te acusó de pensar que estaba con otra mujer?

Ana: Me puse muy a la defensiva y le dije que confiaba en él y que no tenía de qué preocuparse porque sabía cuánto me quería y que no haría nada que me hiciese

daño. Pero en lugar de mejorar la situación, fue a peor. Nunca lo había visto tan enfadado conmigo.

Trabajadora social: Ya, también había alcohol. ¿Y qué pasó?

Ana: Intenté de todo para calmarlo. No quería que los niños se despertasen. Pero él se enfadaba cada vez más. Los niños lo oyeron gritar y vinieron a ver qué pasaba. No entendían por qué su padre gritaba tanto y por qué estaba tan enfadado. Intentaron darle un abrazo y los empujó. Acabó tirando a Juan al suelo y le hizo llorar. Le dio igual hacerle llorar sin motivo alguno.

Trabajadora social: ¡Menudo susto se llevarían los niños! ¿Por qué piensas que estaba tan enfadado?

Ana: Últimamente las cosas no le van muy bien. Está desempleado, y justamente venía de celebrar el nuevo empleo de un amigo. Yo creo que se siente frustrado, pero no es razón para que trate así a su familia.

Trabajadora social: No, no es una razón para hacerlo ¿Y cómo trata a los niños normalmente?

Ana: Normalmente es buen padre. Quiere mucho a los niños y lo haría todo por ellos. Nunca les había puesto la mano encima hasta la otra noche.

Trabajadora social: ¿Qué piensan los niños de su padre?

Ana: Lo adoran, es su ídolo. Solo tienen 2 y 4 años, así que supongo que es lo normal. Todos los niños de esa edad creen que su papá es un súper héroe, ya sabes.

Trabajadora social: Bueno, es verdad. Cuéntame más de esa noche, ¿qué ocurrió después de que empujase a Juan y lo tirase al suelo?

Ana: Bueno, después de que hiciese llorar a Juan, lo cogí en brazos e intenté llevarlo a la cama. Susi estaba detrás de mí a punto de llorar también. Él no me dejaba pasar y empezó a empujarme, aunque yo tenía a Juan en brazos. Empezó a gritarme y a decirme que era una puta y que lo estaba engañando y cosas de ese estilo. Le dije que era ridículo y que no tenía ningún motivo para acusarme de una infidelidad.

Trabajadora social: ¡Vaya! ¡Qué duro, delante de los niños! ¿Qué pasó cuando te empujó?

Ana: Casi me caigo. Lo hizo como 5 o 6 veces antes de que me rindiera, y ahí es cuando empecé a tener miedo por los niños. Casi se me cae Juan, tropecé y caí contra Susi. En ese momento los dos niños estaban llorando y mi marido gritándome. Seguía farfullando y bebiendo. No estaba bebiendo solo cerveza, también bebía vodka y estaba fatal.

Trabajadora social: ¿Cómo reaccionó tu marido al ver a los niños llorando?

Ana: No le importó. En realidad, no parecía que supiera que estaban allí. Era como si mirase a través de nosotros. No era él mismo. Entonces empecé a tener mucho miedo.

Trabajadora social: Imagino que te sentiste desprotegida. ¿Él toma drogas?

Ana: No que yo sepa, pero no estoy segura. O sea, no me dice cuándo va a salir ni a dónde va la mitad de las veces, así que puede estar haciendo cualquier cosa. Nunca lo sabré.

Trabajadora social: Tú estabas con los dos niños y entonces, qué pasó?

Ana: Me levanté para rodearlo con los brazos, pero me tiró al suelo. Juan y yo nos caímos, aunque no se hizo daño. Le dije a los niños que se fueran a cama y él se quitó el cinturón y les dijo que si no dejaban de llorar les iba a dar un motivo por el que llorar.

Trabajadora social: ¿Tu marido golpeó a tu hijo con el cinturón?

Ana: Sí, él...(llora)...No me podía creer que pudiese hacer algo así, no lo veía capaz. Nunca había estado tan asustada en mi vida. Intenté ponerme entre Juan y el cinturón para que no le volviese a pegar. Entonces mi marido empezó a pegarme a mí con el cinturón, una y otra vez. Me hice

un ovillo y recé para que parase hasta que finalmente lo hizo.

Trabajadora social: ¿Dónde te golpeó con el cinturón?

Ana: La primera vez en la mejilla. Después, cuando me caí al suelo me dio en las piernas, el estómago y en la espalda.

Trabajadora social: ¡Qué horror! Esto es grave Ana ¿Te salieron moratones?

Ana: Sí, tengo moratones por todo el cuerpo y algunos aún me duelen.

Trabajadora social: ¿Pediste ayuda a alguien de tu familia o amistades? ¿Fuiste al hospital después?

Ana: No, tenía miedo de ir al hospital.

Trabajadora social: ¿Llamaste a la policía?

Ana: No, y tampoco quería ir a poner una denuncia porque tenía miedo de lo que pasaría si lo hacía. Además, supuse que había sido porque había bebido. No creí que lo volviese a hacer. Le creí. Por eso tampoco quise ir al hospital. Tenía miedo de que llamaran a la policía. Me resigné a soportar el dolor toda la noche y esperé que todo volviese a estar bien por la mañana.

Trabajadora social: ¿Cómo fueron las cosas al día siguiente? ¿Y qué ocurrió por la mañana cuando os levantasteis los niños y tú?

Ana: Actuó como si no hubiese pasado nada. Se levantó, me dio un beso y me pidió que le preparase un buen desayuno.

Trabajadora social: ¿Se dio cuenta de que tenías moratones en todo tu cuerpo y que tenías mucho dolor?

Ana: No, no se dio cuenta. Tampoco se lo dije porque no quería que las cosas empeorasen y empezar otra pelea.

Trabajadora social: ¿Qué tal estuvieron los niños al día siguiente?

Ana: Bueno, Juan estaba un poco nervioso al principio, pero después de un rato se le pasó. Son muy pequeños, así que espero que no les afecte mucho. A Juan no parecía dolerle nada.

Trabajadora social: ¿Fue la primera vez que tu marido actuó de manera violenta?

Ana: Sí.

Trabajadora social: Quizás esto ocurrió en otras ocasiones y no te hayas dado cuenta, ¿puede ser?

Ana: (dudando) Bueno, quizá no fue la primera vez.

Trabajadora social: ¿Cuándo fue la primera vez?

Ana: Bueno, fue como hace un año, creo. Pero eran cosas pequeñas, ¿entiendes?

Trabajadora social: ¿Qué tipo de cosas pequeñas?

Ana: Empujarme, darme una bofetada en la cara. También lanzaba muchas cosas. Tuvimos que comprar platos porque había roto la mayoría. También tuvimos que comprar sillas.

Trabajadora social: Uy, por lo que me dices, se ve que es un hombre muy violento ¿Por qué le dejaste seguir comportándose así durante tanto tiempo sin pedir ayuda a alguien?

Ana: Porque tenía miedo. Tenía miedo de lo que pudiera hacerme. Tenía miedo de perder a los niños, perder mi familia. Tengo pocos amigos, y con mi familia me resulta difícil comunicarme. No es que me lleve mal con ellos, pero solo mi hermano habla lengua de signos y no sé cómo contárselo.

Trabajadora social: ¿Por qué tenías miedo de perder a tus hijos? ¿Te amenazó con quitártelos y llevárselos a otro lugar?

Ana: Sí. Dijo que se los llevaría y no volvería a verlos.

Trabajadora social: ¿Y le creíste? Tranquila, no puede hacer eso, te vamos a ayudar.

Ana: Sí. No sabía de lo que sería capaz. O sea, un día creía que lo conocía perfectamente y al siguiente era otra persona. Es como si se hubiera transformado de la noche a la mañana. No sé qué pasó. Pensé que quizá yo había hecho algo mal y lo había provocado y empecé a culparme a mí misma. Pensaba en cómo podía tenerlo contento en lugar de enfadarse conmigo. Pero daba igual lo que hiciera o lo mucho que me esforzase, no hacía nada bien. Siempre lo hacía enfadar.

Trabajadora social: Ana, nada de esto es culpa tuya, él es el agresor, tú y los niños las víctimas de esa agresión. Hiciste bien en venir a hablar conmigo hoy. Vamos a hacer lo que sea posible para ayudarte y para ayudar a tus hijos también. No tienes que preocuparte más, estamos aquí por ti. Juntas vamos a terminar con esa situación de tanto dolor, ya no estás sola, eres muy valiente por venir a contármelo.

Ana: Muchas gracias. Ya no sabía que más hacer. Sabía que no podía seguir viviendo así. Vi una película sobre una mujer a la que su marido pegaba hasta matarla y no quería que eso me pasase a mí. Pero, sinceramente, lo que más me preocupa son los niños. Quiero que sean felices y tengan una vida feliz, no una vida con miedo o una vida en la que vean cómo su padre pega a su madre todo el tiempo. A los niños les hace mucho daño ver cosas como esa, ¿sabes?

Trabajadora social: Estamos aquí para ayudarte con cualquier cosa. Si, lo sé y vamos a hacer todo lo posible para que no tengan que volver a vivir una situación así.

Activity

For interpreters

Record your practice and complete the following self-assessment guide (Del-Pozo-Triviño & Iglesias Pérez 2022) to ascertain whether the objectives of the interpretation have been met.

Part 1: Preparation. Answer questions only after having interpreted.

Before interpreting, did I find out about the context of the interpretation? For instance, did I find out about where the interpretation was taking place, the people involved, and the specific subject matter?

Did I prepare the subject-specific terminology in advance?

Was this prior knowledge useful when interpreting?

Did I prepare well for the interpretation or should I have done more research?

Part 2: Introduction at the beginning of the interpretation.

Before starting interpreting, did I introduce myself to the participants?

Did I inform them that I am a professional, confidential, and impartial interpreter, who interprets everything accurately, and therefore, if the speaker does not want something to be interpreted, he/she should preferably not say it? Did I inform them that they should address their interlocutor directly?

Did I inform them of the languages I am going to interpret?

Part 3: While listening to the interventions.

Did I pay attention to each intervention?

Were there interventions that were more difficult? Why? How did I deal with it?

Did the speaker's accent make interventions difficult to follow? If so, how did I deal with it?

Part 4: While checking the recording.

In this part, answer questions at the same time or after checking the recording.

In general, was the interpretation clear, smooth and understandable?

Were there interruptions or false starts?

Did I experience problems? Were participants aware? Did I solve them correctly?

Did I have to ask participants to repeat things? Did I do it correctly?

Were there any bidirectional language problems? For example, did I interpret into the same language used by the speaker? What did I do to solve it?

Were there any content errors (e.g., false friends, misinterpretations, etc.)? Were they important? What impact did they have on communication?

Were there any omissions? Were they important? What impact did they have on the communication?

Did any ethical dilemmas arise before, during or after the interpretation?

Add any other comment you may consider relevant:

For service providers

01. How do you evaluate social worker's performance? Can you identify any error?
02. What kind of information would you provide to the interpreter before the interview?
03. Which aspects of the interview would you discuss with the interpreter after the encounter?

ACTIVITY TWO

Social worker-migrant woman interpreter-mediated interaction: audio-based simulation

In this activity you will hear a simulation of an interaction between a social worker and a migrant woman who is reporting her experience of DSGBV (a script of the video is also available). Please find below activities for interpreters and service providers.

Spanish-English audio

Script (Spanish-English)

Social Worker: Hola Sara, ¿qué tal?

Sara: Um, I'm ok I guess. How are you?

Social Worker: Muy bien. ¿Por qué estás aquí?

Sara: Well, actually I'm not doing so good. I've been really depressed lately.

Social Worker: ¿Qué te molesta? ¿Cómo van las cosas en casa?

Sara: Well, you see that's the problem. My husband and I have been fighting a lot lately, more than usual. We're still together but I just don't know what to do because things have gotten a lot worse.

Social Worker: ¿Por cuánto tiempo has experimentado problemas con tu marido?

Sara: Things have gotten really bad in the last year or so.

Social Worker: Explícame, ¿cómo ha empeorado vuestra relación?

Sara: We used to be so in love and we hardly ever fought. But then he lost his job and he started to change. He started to drink more and more and he got kinda depressed. That's when he started to get violent.

Social Worker: ¿Tenéis hijos?

Sara: Yeah, we have two. Little Johnny is two years old and Suzy is four.

Social Worker: ¿Qué tal su relación con su padre?

Sara: They normally have a really good relationship with their dad. I mean, he's a pretty good father most of the time. He had never done anything to hurt them, well...up until the other night.

Social Worker: Cuéntame que pasó la otra noche.

Sara: Well, the other night he came home from the bar, he'd been out celebrating one of his co-worker's retirement, he was totally wasted. I tried to ask him how his night had been but he got really pissed off at me. He started saying that I didn't trust him and thought that he was out screwing around on me instead of just shootin' the shit with his pals.

Social Worker: ¿Cómo reacionaste cuando te acusó de pensar que estaba con otra mujer?

Sara: I got really defensive and I told him that I trusted him but that he didn't have anything to worry about because I knew how much he loved me and I knew that he would never do anything to hurt me. Instead of making things better though, it made things worse. I've never seen him so angry at me before.

Social Worker: ¿Y que pasó?

Sara: I tried everything I could think, just to calm him down. I didn't want to wake the kids up, you know. He just

kept getting more and more angry with me though. The kids heard him yelling, they came downstairs to see what was going on. They couldn't figure out why their dad was yelling so much, or why he looked so angry. They tried to give him a hug and he just pushed them away. He ended up knocking little Johnny down on the ground and he made him cry. He didn't even care that he had made him cry for no reason.

Social Worker: ¿Por qué piensas que estaba tan enfadado?

Sara: How should I know? He's got a bad temper. I think he's like bipolar or something. I didn't even do anything wrong, I never do anything wrong. I'm like the perfect housewife. I clean the house, I take care of the kids, I do the laundry, I have food on the table for him when he comes home, and I satisfy him in other ways as well so not for nuthin' he should have no complaints.

Social Worker: ¿Y cómo trata a los niños normalmente?

Sara: Normally he's a good father. I can tell that he really loves his kids and that he'd do anything for them. He had never laid a finger on them, until that night.

Social Worker: ¿Qué piensan los niños de su padre?

Sara: They adore him. He's their idol. They're only 2 and 4 years old though so I guess that's pretty normal. All kids that age think that their daddy is like a Super Hero, ya know.

Social Worker: Bueno, es verdad. Cuéntame más de esa noche.

Sara: Well, after he made Johnny cry I picked him up and tried to carry him back up the stairs to put him to bed. And Suzy was right behind me and she was on the verge of tears too. Johnny wouldn't let me get past him though and he started pushing me, even though I had little Johnny in my arms. He started yelling at me and telling me that I was a whore and that he knew I was cheating on him and all kinds of things. I told him that he was being ridiculous and he had no reason to be accusing me of being unfaithful.

Social Worker: ¿Qué pasó cuando te empujó?

Sara: I almost fell. He did it like 5 or 6 times before I finally gave up and that's when I started being scared obviously for the children. I almost dropped Johnny and I stumbled backwards knocking over Suzy. By this time both of the kids were crying and my husband was still screaming at me. He kept slurring his words, he kept drinking more and more. He wasn't just drinking beer I mean, he was drinking vodka too and I knew that he was totally annihilated.

Social Worker: ¿Comó reacionó tu marido al ver a los niños llorando?

Sara: He didn't even care. Actually, he didn't even seem to notice them. It was like he was like looking right through all of us or something. He definitely wasn't himself at all. And that was the point when I really started to get scared.

Social Worker: ¿Toma drogas?

Sara: Not that I know of, but I can't be sure. I mean he doesn't even tell me when he's leaving or where he's going half the time so he could be out there doing anything. I'd never know about it.

Social Worker: ¿Qué pasó después?

Sara: I went up to put my arms around him and he pushed me to the floor. Me and Johnny fell down, he didn't get hurt though. I told the kids to go upstairs and then John took off his belt and told them that if they didn't stop crying then he'd give them something to cry about.

Social Worker: ¿Tu marido golpeó a tu hijo con el cinturón?

Sara: Yeah he... (crying)...I couldn't believe that he would do something like that, I didn't think he had it in him. I had never been so scared in my entire life. I tried to put myself between Johnny and the belt so he wouldn't get hit anymore. That's when my husband started hitting me with the belt, again and again, over and over. I just rolled up into a little ball and I just prayed that he would stop. And eventually he did.

Social Worker: ¿Dónde te golpeó con el cinturón?

Sara: The first one was on the side of the face. Then when I fell to the ground he started hitting me on the legs, on the stomach, on my back.

Social Worker: ¿Te salieron moratones?

Sara: Yeah, I got bruises all over my body and some of them still really hurt.

Social Worker: ¿Fuiste al hospital después?

Sara: No, I was scared to go to the hospital.

Social Worker: ¿Llamaste a la policía?

Sara: No, I didn't want to call the police because I was afraid of what he would do to me if I called them. And plus, I figured that it was just because he had been drinking alcohol. I didn't think he would do it ever again. I trusted him. That's also why I didn't wanna go to the hospital. I was afraid that they would call the police. So I just suffered with my pain all night and I prayed that everything would be alright in the morning again.

Social Worker: ¿Cómo fueron las cosas al día siguiente?

Sara: He acted like nothing had happened. He woke up and gave me a kiss and asked me to cook him a nice breakfast.

Social Worker: ¿Se dio cuenta de que tenías moratones en todo tu cuerpo y que tenías mucho dolor?

Sara: No, he didn't even notice, I didn't tell him either cuz I didn't want to make things worse or like start another fight.

Social Worker: ¿Qué tal estuvieron los niños al día siguiente?

Sara: Well, Johnny was a little nervous to be around his dad at first but you know after awhile he warmed up to him. They're really young so I hope and I don't think it affected them too much. Johnny didn't seem to be in any pain either.

Social Worker: ¿Fue la primera vez que tu marido actuó de manera violenta?

Sara: Yeah.

Social Worker: ¿Estás segura?

Sara: (hesitating) Well, I mean maybe it wasn't the first time.

Social Worker: ¿Cuándo fue la primera vez?

Sara: Well, it was like a year ago I think. It was, but it was just like little things, you know?

Social Worker: ¿Qué tipo de cosas pequeñas?

Sara: You know, he would push me, he slapped me in the face. He liked to throw things a lot too. We had to buy new dishes because he broke most of them. We've also had to buy new chairs.

Social Worker: ¿Por qué le dejaste seguir comportándose así durante tanto tiempo sin pedir ayuda a alguien?

Sara: Because I was scared. I was scared of what he'd do to me. I was scared of losing my children, losing my family. I tried to talk to my friend and she said that these kinds of things were normal and that they happened to her. She said it was just part of married life.

Social Worker: ¿Por qué tenías miedo de perder a tus hijos? ¿Te amenazó con quitártelos y llevárselos a otro lugar?

Sara: Yes. He said he would take them away from me and I would never see them again.

Social Worker: ¿Y le creíste?

Sara: Yeah. I didn't know what he was capable of doing. I mean, one day I thought I knew everything there was to know about him and the next day he was like a different person. It was like he had changed overnight or something. I just, I don't know what happened. I thought that maybe I had done something wrong to provoke him maybe and I started to like blame myself. I kept thinking of ways that I could please him and, like instead of making him mad at me. But like no matter what I did or how hard I tried, I couldn't do anything right. I always seemed to make him angry.

Social Worker: Mira, no es culpa tuya. Hiciste bien en venir a hablar conmigo hoy. Vamos a hacer lo que sea posible para ayudarte y para ayudar a tus hijos también. No tienes que preocuparte más, estamos aquí por ti.

Sara: Thank you so much. I just, I didn't know what else to do. I knew there was no way that I could keep on living like this though. I've read about women who were beaten to death by their husbands and I know that that wasn't about to happen to me. But, honestly mostly I'm scared for my children. I want them to be happy and have a happy life, not a life of fear or a life where they see their father hit their mother all the time. Kids get really damaged by witnessing stuff like that, you know?

Social Worker: Estamos aquí para ayudarte con cualquier cosa.

Activity

For interpreters

Record your practice and complete the following self-assessment guide (Del-Pozo-Triviño & Iglesias Pérez 2022) to ascertain whether the objectives of the interpretation have been met.

Part 1: Preparation. Answer questions only after having interpreted.

Before interpreting, did I find out about the context of the interpretation? For instance, did I find out about where the interpretation was taking place, the people involved, and the specific subject matter?

Did I prepare the subject-specific terminology in advance?

Was this prior knowledge useful when interpreting?

Did I prepare well for the interpretation or should I have done more research?

Part 2: Introduction at the beginning of the interpretation.

Before starting interpreting, did I introduce myself to the participants?

Did I inform them that I am a professional, confidential, and impartial interpreter, who interprets everything accurately, and therefore, if the speaker does not want something to be interpreted, he/she should preferably not say it? Did I inform them that they should address their interlocutor directly?

Did I inform them of the languages I am going to interpret?

Part 3: While listening to the interventions.

Did I pay attention to each intervention?

Were there interventions that were more difficult? Why? How did I deal with it?

Did the speaker's accent make interventions difficult to follow? If so, how did I deal with it?

Part 4: Note-taking.

In which language do I take notes?

When and why do I decide to take notes?

Do my notes contain key reference items or complete sentences?

Do I use symbols?

Do I separate ideas well? Do I use connectors?

Do I abbreviate words?

Do I write articles, prepositions, etc.?

Do I understand my notes when I interpret?

Do I use my notes as an aid, or do I rely on them in all interventions?

Part 5: While checking the recording

In this part, answer questions at the same time or after checking the recording.

In general, was the interpretation clear, smooth and understandable?

Were there interruptions or false starts?

Did I experience problems? Were participants aware? Did I solve them correctly?

Did I have to ask participants to repeat things? Did I do it correctly?

Were there any bidirectional language problems? For example, did I interpret into the same language used by the speaker? What did I do to solve it?

Were there any content errors (e.g., false friends, misinterpretations, etc.)? Were they important? What impact did they have on communication?

Were there any omissions? Were they important? What impact did they have on the communication?

Did any ethical dilemmas arise before, during or after the interpretation?

Add any other comment you may consider relevant:

For service providers

01. How do you evaluate social worker's performance? Can you identify any error?
02. What kind of information would you provide to the interpreter before the interview?
03. Which aspects of the interview would you discuss with the interpreter after the encounter?

06

Interpreting Police Interviews

Justice cannot be effectively achieved unless victims can properly explain the circumstances of the crime and provide their evidence in a manner understandable to the competent authorities. It is equally important to ensure that victims are treated in a respectful manner and that they are able to access their rights. Interpretation should therefore be made available, free of charge, during questioning of the victim and in order to enable them to participate actively in court hearings, in accordance with the role of the victim in the relevant criminal justice system. For other aspects of criminal proceedings, the need for interpretation and translation can vary depending on specific issues, the role of the victim in the relevant criminal justice system and his or her involvement in proceedings and any specific rights they have. As such, interpretation and translation for these other cases need only be provided to the extent necessary for victims to exercise their rights. (Preamble to Directive 2012/29/EU, Par (34), European Parliament and the Council of the European Union, 2012)

INTRODUCTION

This chapter focuses on working with interpreters in police settings, particularly in contexts where police services engage with victims of DSGBV via spoken and/or signed language interpretation.

In setting out this content, we are guided by a number of principles:

- How can we support police services to ensure that they are safeguarding their processes when working with interpreters?
- How can we support interpreters to do their best work in police settings?
- What does success look like in interpreted police interaction for all stakeholders in the process be they victim/survivor, police officer, or interpreter?
- How can we maximise our collective awareness of intersectional issues when working collaboratively in DSGBV interpreted settings?

Learning objectives

- **For all:**
  - To summarise the key legislation that governs the provision of interpreting in police settings;
  - To embed consideration of intersectionality in approaching interpreted interactions.
- For Police:
  - To clearly outline the procedures to follow when recruiting and working with interpreters;
  - To clearly outline the procedure that will apply to victims/survivors of DSGBV on arrival at a police station.
- For interpreters:
  - To clearly outline key considerations for interpreters working in a police setting.

Legislation

There is a broad range of international legislation that underpins the obligation to provide an interpreter in legal settings. Here we present a listing of the international and EU legal instruments, while pointing to the national legislation which we encourage readers to review.

Council of Europe
Istanbul Convention (Council of Europe, 2011)
European Union
Directive 2010/64 EU of the European Parliament and of the Council of 20 October 2010
EU Directive 2012/29/EU of the European Parliament and of the Council (Victims' Rights Directive)

United Nations
United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2006)
United Nations Refugee Agency (UNHCR) policy on the prevention of, risk mitigation and response to gender-based violence (2020)

Table 4.1 Trans-national Legal Instruments

Ireland[5]
The Criminal Justice (Victims of Crime) Act 2017 (See Sections 7, 8, 23) (Government of Ireland, 2017a)
Statutory Instrument S.I. No. 564/2013 - European Communities Act 1972 (Interpretation and Translation for Persons in Custody in Garda Síochána Stations) Regulations, 2013 .(Government of Ireland, 2013b)
S.I. No. 565/2013 - European Communities Act 1972 (Interpretation and Translation in Criminal Proceedings) Regulations, 2013 (Government of Ireland, 2013a)
The Irish Sign Language Act, 2017 (Government of Ireland, 2017b)
UK
Police and Criminal Evidence (PACE) Act (1984) for England & Wales(United Kingdom Government, 1984)
The Criminal Justice (Scotland) Act 2016
British Sign Language Act (2022) (UK Government, 2022)
British Sign Language (Scotland) Act (2015) (Scottish Government, 2015)
Spain

5 See Appendix 1 for further detail on the Irish statutory instruments.

Ley Orgánica 5/2015, de 27 de abril, por la que se modifican la Ley de Enjuiciamiento Criminal y la Ley Orgánica 6/1985, de 1 de julio, del Poder Judicial, para transponer la Directiva 2010/64/UE, de 20 de octubre de 2010, relativa al derecho a interpretación y a traducción en los procesos penales y la Directiva 2012/13/UE, de 22 de mayo de 2012, relativa al derecho a la información en los procesos penales.

Law 4/2015, of 27 April, 2015 on the standing of victims of crime (Ley 4/2015, de 27 de abril, del Estatuto de la víctima del delito)

LAW 27/2007, of October 23, 2007. Legal Recognition of Spanish and Catalan Sign Languages (See Article 10) (Spanish Parliament, 2007)

For other countries:

Annex A of ISO20228 (International Standards Organisation, 2019) offers a listing of legislation for Argentina, Australia, Austria, Belgium, Canada, Columbia, France, Germany, Italy, the Netherlands, Poland, the UK, and the USA. (International Standards Organisation, 2019)

Table 4.2 National Level Legal Instruments

International Legal Instruments

In this section, we outline the key points of international and European legal instruments that relate to the provision of interpreting. For national/regional legislation, we point readers to the national legal instruments in Table 4.2 above.

Legislation that governs work in this space comes via treaties of the Council of Europe and the United Nations, as well as via Directives from the European Union. Such legal instruments are transposed to national law by Member States, but not all States implement all recommendations fully or to the same degree.

Council of Europe

The key treaty governing our work around DSGBV is the Council of Europe's Istanbul Convention. Article 56 outlines what constitutes 'measures of protection' and includes reference to the provision of interpreters. This requires that victims are provided "...with independent and competent interpreters when victims are parties to proceedings or when they are supplying evidence." (Paragraph (h)).

United Nations Charter on the Rights of Persons with Disabilities (CRPD) (2006)

The CRPD (United Nations, 2006) is a mechanism that serves to secure commitment by states to the protection of the human rights of disabled people, and, while many deaf people do not consider themselves to be disabled[6], the CRPD sets out to secure the linguistic rights of deaf people (Napier & Leeson, 2016) and makes several explicit references to sign languages. Here, we present elements of the CRPD that relate to the provision of sign language interpreting in police settings.

Given the focus of Justisigns 2, we note that the preamble to the CRPD recognises that "women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation" (Preamble, (q)). Article 16 outlines obligations relating to the right to freedom from exploitation, violence and

6 Haualand and Allen (2009) – both deaf academics - reflect that many deaf people across the world are still not guaranteed their human rights at present – a reason why deaf people and sign languages are explicitly referenced under the auspices of the CRPD.

abuse while Article 13 focuses on access to justice. This requires state parties to:

> "ensure effective access to justice for persons with disabilities on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, in order to facilitate their effective role as direct and indirect participants, including as witnesses, in all legal proceedings, including at investigative and other preliminary stages." (Article 13 (1)).

Meeting this requirement entails the provision of spoken and/or sign language interpreting and translation.

Article 13 (2) also calls for appropriate training of those who work in the administration of justice, including police and prison staff, as this helps to ensure effective access to justice for disabled people, which, for the purposes of the CRPD, includes deaf and hard of hearing people.

Article 14 requires states to ensure that if persons with disabilities are deprived of their liberty as a result of any process, that they are entitled to guarantees in accordance with international human rights and provided with reasonable accommodations, which includes access to interpretation. Article 21(b), which focuses on 'freedom of expression and opinion, and access to information' requires states to accept and facilitate the use of sign languages, Braille, augmentative and alternative communication, and all other accessible means modes and formats of communication of their choice by persons with disabilities in official interactions.

European Union

The key pieces of European Union legislation that govern the provision of interpreting in legal contexts are Directive 2012/29/EU - the "Victims Directive" and Directive 2010/64 EU on the right to interpretation and translation in criminal proceedings. Individual Member States are obliged to transpose these directives into national legislation, and we point to these national legal instruments in Table 4.2 above.

Directive 2010/64 EU sets out to ensure the right of suspected or accused persons to interpretation and translation in criminal proceedings with a view to ensuring their right to a fair trial. The Directive instructs Member States to take concrete measures to ensure that the interpretation and translation provided meets the quality required under Articles 2(8) and 3(9).

Quality of interpreting and translation is referenced under Article 5. Article 5(2) calls on Member States to establish a register or registers of independent translators and interpreters who are appropriately qualified in order to promote the adequacy of translation and interpreting available and to ensure adequate access to such services. However, not all countries have transposed this element of the Directive in their national legislation. For example, as Leeson, Flynn, Lynch, and Sheikh (2020) note, the Irish government has not made any reference to a legal register in SI 564/2013 or 565/2013.

The Victims' Rights Directive (EU Directive 2012/29/EU) establishes minimum standards on the rights, support and protection of victims of crime. The Directive establishes that support to victims of crime is an absolute priority. To this end, the Directive sets out to ensure that victims of crime receive appropriate information, support and protection and are able to participate in criminal proceedings in a language that they understand. There are a number of paragraphs that relate to communication and language, including Par. 9, 21, 34, and 36 of the preamble, and these points are encoded across several Articles.

Article 3 covers the 'right to understand and to be understood' (See Art 3 (2) in particular). Article 5, which deals with the right of victims when making a complaint, calls out the obligation of Member States to ensure that 'the necessary linguistic assistance' is provided (Art 5 (2)).

Article 7 deals specifically with the right to interpretation and translation. In particular, Member States are required to "ensure that victims who do not understand or speak the language of the criminal proceedings concerned are provided, upon request, with interpretation in accordance with their role in the relevant criminal justice system in criminal proceedings, free of charge, at least during any interviews or questioning of the victim during criminal proceedings before investigative and judicial authorities, including during police questioning, and interpretation

for their active participation in court hearings and any necessary interim hearings" (Art 7 (1)).

Thus, there is an obligation on states to ensure that victims of crime have access to appropriate translation and interpreting services to ensure that they can interact with the criminal justice system. We note that the definition of a 'victim' under this Directive (see Par (19)) can include indirect victims, e.g. family members harmed as a result of a crime, or in the case of a child, those with parental responsibility for the child.

Practical Considerations in Planning, Implementing and Reviewing an Interpreted Police Interaction

Having outlined the legislative basis requiring provision of interpreters in legal settings, we will now turn to consider some practical elements to support stakeholders working in police settings.

Skinner and Monteoliva (2022) note that the type of partnerships between police and interpreters will necessarily vary depending on a range of factors, including the type and stage of the police process they engage on. They add that while there has been some research completed that looks at the specialised nature of police interpreting (e.g. see Böser, 2013; Napier et al., 2022), "the research investigating issues around policing diverse communities has yet to consider the experiences of deaf signers or how to sustain good quality police interactions via an interpreter." (ibid., p. 360). Additionally, it appears that there is little systematic training for interpreters of spoken or sign languages working in police settings and many police forces have little systematic training in working with spoken or sign language interpreters (Leeson et al., 2020).

Our guidance here then seeks to indicate the key points of engagement and raise practical considerations to help guide engagement with interpreters working between spoken and/or signed languages, in contexts where DSGBV is discussed.

Before we present a schematic flowchart that maps the police-led response to a person whose first language is not the local/dominant language who wishes to report a DSGBV incident, we want to flag two important, related points about second language proficiency.

First, it is important to bear in mind that **proficiency in speaking a second/foreign language for everyday purposes is not the same as using that in a formal legal context,** especially when reporting on a traumatic experience.

Second, it is essential to note that literacy in a local/national language may prove challenging for some. For example, approximately 1 in 6 people in Ireland struggles with literacy for a variety of reasons.

Given this, it **should not be presumed that a victim/survivor can read your language** even if they have some degree of proficiency in speaking it.

A person who does not know your language wishes to report a DSGBV incident.

The **police officer** who responds needs to find out:

- What language/dialect the person speaks or signs. For example, deaf people who are migrants may not know the national/local sign language. In such instances, a Deaf Interpreter (DI) or an interpreter who works between other sign/spoken languages may be required (Lynch & O'Callaghan, 2020).
- Advise the person that they will book an interpreter for them (check the registration/accreditation requirements for your particular country).
- Secure the contact details for the reporting party so that you can confirm the date and time for taking their report in full.

The police must book an appropriately qualified interpreter.

Note that for interactions that are interpreted in simultaneous interpreting mode (or 'chuchotage' [whispered interpreting] for more than 45 minutes, 2 interpreters will be required (International Standards Organisation, 2019).

- Provide some guidance to the interpreting agency as to the nature of the meeting as well as the particular language or dialect, and the gender and age of the reporting party. This facilitates an agency in selecting the most appropriate interpreter/s for the assignment, for example, in matching gender, and in ensuring that the interpreters are familiar with the sometimes age-appropriate/gendered/regional styles of language that signers/speakers may use. An indication of potential emotional load should also be given.
- *The victim/survivor's family members should not be asked to interpret.*

Interpreting agency contacts interpreter/s, ensuring insofar as possible that there are no conflicts of interest arising on the part of those taking on the interpreting assignments (e.g. impartiality considerations), and confirms the booking with the Police service. This usually entails the Police issuing a Purchase Order (PO) number to the interpreting agency and the agency supplying a contract for provision of interpreting to the police.

The interpreter/s will contact the named police lead for some guidance around the nature of the meeting to be interpreted. This is best practice. Note that the interpreter/s are bound by a code of ethics and confidentiality is key E.g. see the Code of Ethics of the European Legal Interpreters and Translators Association (EULITA).

Taking a statement via interpretation

- The police officer leading the process should meet the interpreter ahead of meeting the victim/survivor and:
- Ensure the interpreter is appropriately qualified and skilled for the task at hand, with appropriate experience. This includes checking that they are a member of the national/regional register (as appropriate to your country) and ensuring that they are primed to expect potentially traumatic disclosures where relevant;
- Confirm that the interpreter is not a relative or friend of the victim/survivor – a 'conflict of interest' declaration may need to be recorded in some instances, especially where interpreters are from/work in small communities where they may be well known to the community members;
- Advise the interpreter that they will be recorded (audio/video) if this is the case;
- Advise the interpreter that they will need to make a statement as to their engagement in the taking of a statement (as appropriate to your jurisdiction);
- Advise the interpreter that they may be called on as a witness to describe their interpreting if the case goes to court;
- Talk the interpreter/s through the format of the process and note any specific terms that will be used.
- **Interpreters** will outline their scope of practice to the police officer/s and indicate that when interpreting, there is no word for word matching across languages. They will outline different modes of interpreting that they may draw on (e.g. simultaneous, consecutive, chuchotage (whispering)) and indicate how each may impact on the pace and flow of the interaction.
- **Negotiate** how interpreter/s can indicate to police officer/s if there are questions or comments that require interpretation but which may be 'leading' in the interpreted language, or which contain more information in the language of the victim/survivor than is typically transposed in your local language.

Police officer to check appropriate layout of the room with guidance from the interpreter/s:

- Ensure that the interpreter/s is (are) seated in a position where they can see/hear the parties in the room;
- Ensure that the interpreter/s can be seen on camera (if the statement is being video recorded).
- Ensure that any change over of interpreters can happen as seamlessly as possible.

Police officer to welcome the person making the statement

The police officer is the person leading the process. Thus, they should welcome the party making the statement and introduce themselves, colleagues, and the interpreter/s.

- Direct your interaction to the reporting party directly - use first person language (e.g. "Thank you for coming in today…") and look at them, not the interpreter.
- Explain that the interpreter is an appropriately accredited interpreter (as relevant in your jurisdiction) and that they are there to assist you and the reporting party in documenting the report.
- Assure the reporting party that the interpreter will be bound by confidentiality. Advise the reporting party that if they do not understand any part in the process or feel that they do not understand the interpreter, that they should feel comfortable in letting you know. Tell them that if either you (the police officer) or the interpreter need to clarify something, that this is perfectly usual, and that you are all working together to ensure that the reporting party's experience can be duly and accurately documented.
- Show the reporting party the room set up and check that they can comfortably see/hear the interpreter/s. (This may entail consideration of lighting quality/ backlighting from windows which can impede sign language interaction, as well as noise levels, etc.)

Police officer to ensure that the source text is documented

There is a need to document the source language texts – which may be audio or video recorded or written down. That is, if a statement will be part of a 'book of evidence' then the original language report should be recorded. At present, if a case is brought forward in Ireland, only the English language documentation is presented as evidence, and this requires back translation to Irish Sign Language, which can be problematic for a range of reasons. There are cases where the ISL source is called upon, but this is frequently because the quality of interpretation is examined when a case goes to court. Leeson et al. (2020) note that it is difficult to ensure that both the interviewee and the interpreter/s are on-screen and clearly visible. This can create challenges in verifying that questions put to the interviewee have been appropriately interpreted to the deaf interviewee. Capturing all signers on screen safeguards police processes.

Remember that **discourse structure differs greatly across languages, and between spoken and sign languages.** Police officers would benefit from priming around the nature of interpretation, and the kinds of structures that may prove challenging in bilingual and bilingual-bimodal settings. This facilitates ensuring that the questions asked in a spoken language are not leading in a sign language.

Police officer to ensure that adequate breaks are built in to the process of taking the statement.

- Remember that it is cognitively demanding for all involved in the process to work via interpretation.
- Deaf people will appreciate 'eye-breaks'.

Police officer to verify and confirm the interview content as necessary.

Remember that this verification occurs via interpretation. Here, the interpreter is asked to relay the content that the police officer has taken down contemporaneously. This requires back-translation. Neither the original (signed/spoken language) statement nor the back translation (version rendered from e.g. English back into ISL by the interpreter) are entered into evidence as a matter of course. That is, the evidence that will be primarily considered is the content that has been interpreted into the majority language, the language of the local legal system. The language produced by the deaf person or foreign language speaker are thus backgrounded or omitted in the subsequent parts of the process.

Police officer to advise reporting party of next steps including, potentially referring to follow on services. In case of traumatic situations, police may refer victim/survivor to relevant supports (e.g. a Rape Crisis Centre).

Debriefing: Police officer/s and interpreter/s

- Police officer debriefs interpreter/s, indicating next steps if appropriate.
- Interpreter/s reports on any specific incidents that occurred during the legal interpreting assignment if appropriate.
- Interpreter may request police officer to sign off on interpreter assignment attendance sheets if this is required by the local interpreter booking system.
- In case of traumatic situations, interpreter may be referred to a partner organisation (e.g. a rape crisis centre) to provide assistance.

Police officer takes interpreter statement

Once the reporting party has left, police officer takes each interpreter's statement. This will include reference to their name, address, DOB, qualifications/registration status (as an interpreter), experience, confirmation that they have no conflict of interest to declare (or declaration of any issue that is perceived as warranting being recorded). This will also note that they were booked by [agency] to interpret at [police station/other venue] on a given date from time X to time Y. Both the interpreter and the police officer to sign off on same.

If there are concerns about aspects of the police interpreted interaction

- Police officer/s may feedback to agency/interpreter registration body/ professional body if necessary/appropriate.
- Interpreter may feedback to agency if necessary/appropriate. The agency may follow-up with Police Force as necessary/appropriate.

Payment of interpreters

- Interpreter invoices booking agency/police force (as relevant).
- Interpreter fees are processed and paid without undue delay.

Setting	Key question/ point of concern	Solution	Challenges Remaining
Emergency Settings	Can a deaf Irish Sign Language user access the emergency services?	Text 111 – but they must have pre-registered to use this service.	Deaf people report not knowing if their message has been received; not knowing if/ when someone from emergency services will respond.
Reporting an incident	How prepared are Gardaí for receiving a report from an ISL user?	Initial engagement with deaf signer requires culturally appropriate engagement;	Most Gardaí are not familiar with Deaf cultural norms for gaining attention, turn-taking, etc.
		Manner of communication to be determined	Gardaí should not assume that lipreading or writing in English will be a reliable means for communication.
		Booking an interpreter from a reputable source	Family members should not be asked to interpret.
		Ensuring the interpreter is appropriately qualified and skilled for the task at hand	Challenges with procurement – some spoken language interpreting agencies state they can provide ISL/English interpreting, but they may not vet interpreters adequately. The ISL Act 2017 will require that only interpreters who are members of the national register may be used in public service settings.
		Ensure the interpreter knows the protocols that will be followed	Make sure the interpreter knows that they will may be asked to make a statement regarding their interpretation. Ensure they know they may be called to testify regarding their interpreting should the case go to court.
		Ensure you know which sign language/s are required	Deaf people from abroad may not know Irish Sign Language. In such instances, a Deaf Interpreter (DI) (see O'Callaghan & Lynch, this volume) or an interpreter who works between other sign/spoken languages may be required.

		Documenting the incident	There is a need to document ISL source text. At present, if a case is brought forward, only the English language documentation is presented as evidence, and this requires back translation to ISL, which can be problematic for a range of reasons. (There are cases where the ISL source is called upon, but this is frequently because the quality of interpretation is examined when a case goes to court).
Arrest	Reading of Garda Caution	An officially sanctioned Irish Sign Language version of the Garda Caution could be made available via local digital device (e.g. iPad, computer screen) to ensure consistency of delivery of a legally acceptable translation.	No officially sanctioned Irish Sign Language version of the Garda Caution is currently available. Thus, each interpreter presents their own rendition to ISL. A sanctioned translation that is available is the ideal goal, with explanation available also in ISL.
Interview	There is time pressure associated with duration of custody	Appropriately qualified and skilled interpreters must be booked from a reputable source.	Deaf people from abroad may not know Irish Sign Language. In such instances, a Deaf Interpreter (DI) (see O'Callaghan & Lynch, this volume) or an interpreter who works between other sign/spoken languages may be required.
		Brief interpreters regarding process. Advise interpreters that they may be called as witnesses in court and cross-examined about their work in this case.	Interpreters report that they do not receive adequate briefings ahead of interpreting in legal settings. They also report not knowing that they could be called as witnesses and cross-examined about the veracity of their work in recorded police interviews.
	Recording of interview	Interview rooms are small and the rooms were set up with hearing, speaking interviewees and interviewers in mind. Thus, camera angles capture the interviewed person.	It is difficult to ensure that both the interviewee and the interpreter/s are on-screen and clearly visible. This can create challenges in verifying that questions put to the interviewee have been appropriately interpreted to the deaf interviewee. Capturing all signers on screen safeguards police processes.

	Ensure quality of interpreted process	Default is to request one interpreter. However, interviewing may run across a number of hours.	Even with regular breaks, the quality of work for a single interpreter working simultaneously over a number of hours will decline. International best practice advises that two interpreters be provided in contexts running over two hours. Regular breaks will be required (after 30-40 minutes of interpreting).
	Verify and confirm the interview content	The interpreter is asked to relay the content that the Garda has taken down contemporaneously, by hand. This requires back-translation.	Neither the original (sign language) statement nor the back translation (version rendered from English back into ISL by the interpreter) are entered into evidence as a matter of course. They are thus backgrounded in the process.
		Discourse structure differs greatly between English and Irish Sign Language.	Gardaí would benefit from priming around the nature of interpretation, and the kinds of structures that may prove challenging in bilingual-bimodal settings. This facilitates ensuring (e.g.) that the questions asked in English are not leading in ISL/ other sign language.

Figure 4.1: Some issues for police to consider when engaging with migrant or deaf signers (Drawing on Leeson et al. 2020 (pp. 152-157) and ISO 20228:2019(E) (pp. 20-21)).

Summary

As we have outlined in this chapter, there are many international, European, and national legal instruments that obligate State Parties to provide interpretation into/from spoken and/or signed languages.

We have also noted that interpreting – and working with interpreters - in police settings requires specific competencies and yet, few police officers or interpreters receive systematic training in this sphere.

To mitigate this, we have presented an overview of a sample workflow that takes us from the point at which a victim/survivor of DSGBV makes initial contact with a police officer, offering guidance around the process of booking and wording with interpreters.

We acknowledge that initial points of engagement may be less straightforward than indicated here, but the response from the police services around the provision of interpreting and the engagement required to brief and debrief interpreters appropriately after the fact is key to supporting and safeguarding cases that will be brought to court.

ACTIVITY ONE

Sample Roleplay and guidance

Roleplay Victim of Gender Based Violence Suggestions (Latvian Victim)

Garda Brief

You are working as the station orderly in the public office of Pearse Street Garda Station. At 00:25 hours a female enters the station and approaches the hatch. You observe that the female appears upset and is distressed. Her jacket appears to be ripped. She does not speak much English. She asks for help.

The Garda needs to be mindful of ensuring that they address the information required for the Victim Assessment Screen on Pulse (Garda Online System) while taking the report.

Latvian Victim Brief

Your name is Natalija Sozinos. You are Latvian. Your D.O.B. is 24/05/1995, Mobile No. 087 6258396 and you live in 19 Manor Street, Dublin with your partner, Valters Batova. He is currently visiting his elderly mother in Latvia. On today's date at approx. 11:30pm, you were walking home from a work party near Stephen's Green and you were attacked. You tried to escape, but your attacker dragged you into a dark deserted road. He was very strong. He assaulted you. You cried out for help and tried to escape. Eventually you managed to escape and ran onto a main street. He did not follow you.

Some guidance regarding the Irish process:

The victim will be asked to provide their contact details and make a statement. Before you are interviewed, the Garda conducting the interview will identify themselves, and any other Garda in the room, by name and rank. The Garda must ensure when taking details, to address the specific questions that are required for the Victim Assessment Screen when recording the incident on Pulse. The investigating Garda will brief the interpreter prior to the interview.

It is important to note that the "Declaration" is usually used for victims and the "Caution" is usually used for offenders only.

It is very important when commencing to take a statement that the victim is asked if they have understood the Declaration (or the Caution in the event that there are two Victims reporting). The Caution is only used if two victims are making counter-claims against each other. All statements should commence with;

"I have understood the Declaration (or the Caution)..."

The Interpreter should ensure that the Victim understands the "Declaration". Keep in mind that you could be prosecuted if there is anything in the statement that you know to be false or do not believe to be true.

As the Caution is already translated into different languages, this should be downloaded from the Garda Website prior to the interview and handed to the Victim and the Interpreter in their preferred language. The Caution is only used for suspects or victims making counter-claims. In cases where there is no counter-claim, the Caution is not used with the Victim. The Declaration will be translated by the interpreter.

Special sensitivity is shown in relation to sexual offences. If you request it, An Garda Síochána can provide a Garda of the same gender where possible. When possible, if a medical examination is required, An Garda Síochána will arrange for you to be treated or examined by a doctor of the same gender.

The Garda needs to be mindful of ensuring that he/she addresses the information required for the Victim Assessment Screen on Pulse (Garda Online System) while taking the report. The information to complete the Victim Assessment Screen and incident details on PULSE would be taken at the initial meeting with the victim. This is different to taking the full statement with the declaration.

Checklist of information required from the Victim for Pulse (Garda Online System)

- Name, D.O.B., Age, Sex, Nationality, Country of Residence
- If the Victim is a Tourist
- Fluency in English or Irish
- Whether a Translation/Interpreting service is required.
- Preferred contact language
- If a certain Garda gender has been requested
- If a certain Doctor gender has been requested
- Any specific needs (e.g. Hearing, literacy, mobility, other)
- Any discriminatory motives (e.g. Ageism, gender related, racism, homophobia, Transphobia, etc..)[1]
- Other motives (e.g. Domestic violence related, sexual related, terrorism related, etc.)
- Parent/Guardian details
- Any contact issues (e.g. Preferred contact method, preferred contact time)
- Ensure that information leaflet is provided

Prior to making a statement, the Garda will recite "The Declaration" and the victim will be asked to sign this.

The Declaration

"I hereby declare that this statement is true to the best of my knowledge and belief and that I make it knowing that if it is tendered in evidence I will be liable to prosecution if I state in it anything which I know to be false or do not believe to be true."

In the event that two people are involved in giving evidence and there are cross-allegations, the Garda will recite "The Caution" and you will be asked to sign this.

The Caution

"You are not obliged to say anything unless you wish to do so but whatever you say will be taken down in writing and may be given in evidence."

The Caution – Electronic Recording of Interviews - Guidance for victims of crime.

"You are not obliged to say anything unless you wish to do so but whatever you say will be taken down in writing and may be given in evidence. As you are aware this interview is being taped and the tape may be used in evidence."

The victim's statement will be written down by the investigating Garda. Once you are happy that the statement accurately reflects your complaint, you will be asked to sign it. You have a right to receive a copy of your statement.

The investigating Garda will carry out a debrief with the interpreter following the interview.

A Garda investigation can involve a review of CCTV, the interviewing of witnesses, and scene of crime investigation, including checking for fingerprints.

What happens after reporting a crime?

Following the interview, the victim will be asked for her consent to being referred to victim support services. All victims of crime receive a follow-up contact from either the investigating Garda, Garda Victim Service Office or Family Liaison Officer, as appropriate. The victim will also be given details about "Support Organisations" for victims of sexual offences.

In cases of domestic violence or sexual offences, the Garda Victim Service Office will not contact a victim. All contact will be made by the investigating member or Family Liaison Officer, if one is assigned. The victim may contact the Garda Victim Service Office, but the GVSO will not send any letters or contact the victim first. Personal contact by the investigating member is deemed best practice in cases of domestic violence or sexual offences.

The victim will be provided with a written document which will include basic information about the criminal offence they reported. This can be provided in the victim's spoken language if required. These documents are usually sent by post, however, in the case of DSGBV, these documents are given in person.

The victim's local Garda Victim Service Office, the investigating Garda or Family Liaison Officer, as appropriate depending on the nature of the crime, will contact the victim to tell them about significant developments in the investigation of the complaint.

The investigating Garda completes the Victim Assessment screen on Pulse (Garda Online System).

A file is compiled with all of the evidence. The file is submitted to a Senior Garda with the Director of Public Prosecutions for a decision whether or not to file charges in the case.

Reporting a crime that occurred outside Ireland

If a victim reports a crime that occurred outside Ireland, the report can be forwarded without delay to the appropriate authority in the country where the crime occurred.

07

Resources for Service Providers and Interpreters who work with Gender-Based Violence Victims

This chapter provides an organised list of different resources related to professional intervention or interpretation in DSGBV cases. It also includes resources to support victims, for their own use and safety.

The list is organised according to the format: handbooks, protocols and guidelines, terminology and victim resources (organised by country). Other sources of various kinds are mentioned at the end.

HANDBOOKS

Bancroft, M. A., Piwowarczyk, L., Berthold, S. M., Hanscom, K., Green, C., Goodfriend-Koven, N., Robinson, L., Kelly, N., Roat, C. R., Chevalier, A., Bambarén-Call, AM. (2022). *Healing Voices. Interpreting for Survivors of Torture, War Trauma and Sexual Violence*. MCIS Language Solutions.

Handbook for Coordinating Gender-based Violence Interventions in Emergencies (2019)

Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings (2010)

Handbook for the Protection of Internally Displaced Persons. Action Sheet 4 Gender-based Violence.

Lombard, N. (2018). *The Routledge Handbook of Gender and Violence*. Routledge.

Toledano Buendía, C. & Del Pozo Triviño, M. (2014) (eds.) *La interpretación en contextos de violencia de género*. Tirant lo Blanch.

PROTOCOLS AND GUIDES

Borja Albi, A. & Del Pozo Triviño, M. (2015). *La comunicación mediada por intérpretes en contextos de violencia de género. Guía de buenas prácticas para trabajar con intérpretes.* Tirant Humanidades.

BBC See Hear, Series 42, Episode 6: Item on domestic violence

Delegación del Gobierno contra la Violencia de Género. Por una sociedad libre de violencia de género

DFID Addressing Violence against Women and Girls in Health Programming (2015)

Guía para la prevención de violencia de género de personas sordas

Guía para profesionales ante la violencia y los malos tratos a mujeres sordas CNSE

Guía práctica para el asesoramiento legal a víctimas de violencia de género

Guidelines for Access to Justice of Deaf Women Victims of Gender-Based Violence

Mujeres sordas víctimas de violencia de género

Tackling Domestic Abuse Plan (UK Government)

Zero Tolerance Strategy (Irish Government)

TERMINOLOGY RESOURCES

Australian Institute of Health and Welfare. Glossary

Justisigns 2 Glossary of DSGBV in ISL

Justisigns 2 Glossary of DSGBV terms in BSL

YoungScot Glossary of DSGBV terms

RESOURCES FOR VICTIMS

Multilingual video for DSGBV victims: Spanish, English, French, Arabic, Romanian, Chinese.

Ireland

Garda Victim Services Booklet

Going to court as a witness

Making a victim impact statement

Reporting a crime to An Garda Síochána (video resource)

Victims Charter

Spain

Delegación del Gobierno contra la Violencia de Género. Por una sociedad libre de violencia de género

Proyecto Alba de la CNSE contra la violencia de género

Violencia y malos tratos

Web de recursos de apoyo y prevención ante casos de violencia de género (WRAP)

United Kingdom

Deaf Ethnic Women's Network London

Deafinitely Women

Rape Crisis Scotland Information on Domestic Abuse in BSL

REFUGE

Safe Lives

Scottish Women's Aid

The Deaf Health Charity Signhealth

West Yorkshire Police – information on Domestic Abuse in BSL

Wise Women

Women's Aid. Until Women & Children Are Safe

OTHER RESOURCES ON DSGBV

Abril-Martí, Mabel and Del-Pozo-Triviño, Maribel, (dirs.). Web de formación SOS-VICS. Universidade de Vigo

Deaf Hope

López-Zerón, Gabriela, Lau Romero and M. Isidora Bilbao-Nieva (2020): Using Interpreters when Conducting Research with Survivors of Gender Bas ed Violence

New definition of Domestic Violence (UK Government)

Odette, F. and Rajan, D. (2013). Violence Against Women with DisAbilities and Deaf Women: An Overview. *Learning Network Brief* (12). Learning Network, Centre for Research and Education on Violence Against Women and Children.

Sexual and gender-based violence in the context of transitional justice

The Critical Role of Language Services for CALD Women Affected by Family Violence

Violence Against Women and Girls (VAWG) Equally Safe Strategy

08

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Developing Research-Based Training Resources on Sign Language Interpreting in Police Settings in Europe. In J. L. Brunson (Ed.), *Legal Interpreting: Teaching, Research, and Practice* (pp. 154-190). Gallaudet University Press.

Napier, J., L, Leeson, M. Del-Pozo-Triviño, D. Casado-Neira, H. Sheikh, G. Harold, L. Clark, L. Quigley, L. O'Dowd, B. Longa-Alonso, S. Pérez-Freire and C. Cabeza-Pereiro. (2023), Silent Harm: Gender-Based Violence in the EU - A Review of Service Provision for Victims, CDS/SLSCS Monograph Series No. 6, Trinity College Dublin, Dublin.

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