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Module 1:

# Trauma, Recovery and Torture Survivors



## Introduction

*I leave these interviews really shook up and no way to deal with it, even if I am fine in the interview and interpret with empathic neutrality.*

—Interpreter for survivors

### Who is a Refugee?

*The definition of a refugee is someone who: owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.*

—United Nations (UN)  
[www.UNrefugees.org](http://www.UNrefugees.org)

The purpose of this introductory module is to provide a clear set of guidelines and basic information for interpreters who work with survivors of torture, war and refugee trauma in mental health and other clinical settings.

The majority of these survivors are refugees,<sup>4</sup> asylum seekers (referred to as refugee claimants or persons in need of protection in Canada) and asylees (those granted asylum in the U.S.). The focus of this module will therefore be interpreting in mental health settings for this population. However, this information may be valuable for anyone interpreting for such survivors in almost any setting.

It is estimated that more than 500,000 survivors of torture have fled their countries of origin and are now living in the U.S. Similar numbers are likely present in Canada and other nations around the world that welcome refugees, although exact figures are hard to come by.



According to the United Nations High Commissioner for Refugees (UNHCR), the UN Refugee Agency, we are living at a time of the greatest number of displaced persons in the history of the world. This is a planet “on the move.” But many do not choose to leave their homes. They are forced to move.

The UNHCR estimates that, at the end of 2021, there were 84 million people forcibly displaced worldwide (an estimated 42 percent of those forced over borders were children), including 26.6

<sup>4</sup> For the international definition of “refugee” and basic information about refugees in general, go to <https://www.unrefugees.org/refugee-facts/what-is-a-refugee/>

## Recovery after torture

Recovery takes many forms, but it can and does occur. Recovery may result from obtaining justice, finding safety and/or disclosing to appropriate individuals what has happened.

Recovery also comes from being rejoined with one's family, re-establishing one's sense of self through employment and safe housing and through medical and psychological care. Gaining legal status in one's new country, through a successful asylum application, for example, may have a greatly beneficial effect on recovery. For many people, talking about difficult life events can be helpful and contribute to healing.

In the same way, speaking about horrific events to a compassionate listener or discussing a physical problem with a caring physician may also lead to relief and healing. However, speaking about the trauma requires the survivors to trust someone they do not know, to describe an experience about which they might feel great shame and humiliation and to endure the sense of vulnerability and exposure that often results from discussing horrible experiences.



Feelings of self-blame and guilt can sometimes distort the survivor's understanding of what happened to them and their family. With the aid of a provider, through the course of treatment, survivors may come to understand that they were not responsible for what happened to them—which can be liberating and healing.

Explaining the persecution one has experienced to an asylum officer or a judge can fulfill part of the legal requirements necessary to attain political asylum. This, however, may require the individual to describe horrific events before being psychologically ready to do so. The same problem can also occur with family and friends, or as part of legal testimony or other potentially hostile and confrontational situations.

There are many reasons why torture survivors find it difficult to share their experiences. They may have been told that no one will believe them or fear that they will not be believed. For some, the past is the past and their focus is on moving forward. It is difficult to talk about painful things or feel that one is not understood. Moreover, one may fear retribution against one's family for revealing the truth. Symptoms are sometimes triggered by disclosure.

Therefore, it is easy to understand why speaking about torture can be an insurmountable challenge to some people. For others, given the appropriate preparation and environment, sharing their trauma history is often an essential element in healing.

## Module 1 Review

### Key points to remember

1. Torture is a particular type of trauma. It involves any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining information or a confession, punishment or coercion, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted intentionally with the involvement or acquiescence of someone acting in an official capacity.
2. Torture deeply harms the individuals, their families and the entire community. When governments or other forces within a community engage in torture, it is also meant to spread fear and silence people.
3. “War trauma” involves trauma experienced by civilians caught up in a war when combatants commit atrocities against the civilian population. Women and children are particularly vulnerable. Complex humanitarian emergencies are also characterized by massive human rights abuses on a colossal scale, often involving mass killings.
4. The impact of such trauma is lasting, severe and deep. Mental health services are often a critical part of recovery, and without language assistance from interpreters it may be difficult or impossible to achieve recovery.
5. Survivors of torture and other major trauma may manifest a wide variety of symptoms during mental health, medical and legal appointments. These symptoms may appear unusual to interpreters and may create special challenges for the interpreted session.
6. The impact of witnessing such symptoms as they manifest themselves may mean that interpreters will need avoid intervening as much as possible. They will also need to learn and practice specific, helpful strategies to manage their emotional and behavioral responses.
7. Post-traumatic stress disorder (PTSD) is a common diagnosis among those who have experienced an extreme stressor such as torture, war traumas and sexual violence. The hallmark of PTSD is the development of a constellation of symptoms related to re-experiencing the trauma in some way, avoidance and hypervigilance.
8. An estimated 6.8–12.3 percent of adults in the U.S. suffer from PTSD at some point in their lifetime while 3.5–6 percent have been estimated to have PTSD in the past one year (Resnick et al., 1993; Norris, 1992; Kessler et al., 2005b). The estimated past-year prevalence of PTSD among refugees and torture survivors is higher, ranging from 30.6 percent to 62 percent (Steel et al., 2009; Marshall et al., 2005). Similar results were found in studies conducted in Canada.
9. While severe trauma has the potential to induce severe distress and dysfunction in survivors, there is also the possibility of adaptation, effective functioning and post-traumatic growth following severe trauma.
10. Research to date suggests that resilience is the most common outcome of potentially traumatic events.



## Review questions Module 1

Congratulations on completing Module 1 of this training manual.

### True or false

1. Post-traumatic stress disorder requires that the person experiences negative alterations in cognitions and moods associated with the traumatic event(s). T or F
2. All people who have experienced trauma develop PTSD. T or F
3. It is my responsibility as an interpreter to comfort a patient if they begin to cry during the course of an interview with a provider. T or F
4. As an interpreter, it is wrong for me to be emotionally affected by information that has been disclosed in an encounter. T or F
5. Goals of torture include the following (circle the best answer).
  - a) To silence the community
  - b) To cause pain and suffering
  - c) To destroy families
  - d) To silence the opposition
  - e) All of the above

### Match-up

6. Please match the description in column A to the terms in column B.

A	B
a. Born in another country.	Asylee ("refugee" in other countries)
b. A person who is granted asylum in the U.S.	Refugee
c. A person who has crossed their national border and is asking for protection from the United Nations High Commissioner for Refugees (UNHCR).	Foreign born
d. A person who has fled home due to persecution and is asking immigration authorities to be able to remain in another country as a refugee.	Asylum seeker/refugee claimant

Module 2:

# Impact on Survivors and Interpreters: Managing Your Own Reactions





## What will you get from a debriefing?

Here is what one therapist hopes that you, the interpreter, will take away from a debriefing session after an encounter:

1. **“Normalization.”** It’s important that you truly understand how normal and typical it is to have strong feelings after a powerful session. That way you can “give yourself permission” to have those feelings and not feel bad about them. Remember, even therapists and other providers get affected!



A debriefing session

2. **Self-awareness.** A debriefing session should provide an avenue for you to expand your self-awareness (the ability to watch your own feelings, states and behaviors) and grow as a person and as an interpreter. Developing self-awareness is also important, by the way, for the therapist and other service providers, who should continually be seeking to grow and become aware, and it is certainly true for interpreters. The more you understand about why you respond the way you do internally and how those feelings affect you, the more control you have over how you behave, during and after the session. A higher level of self-awareness means you will remain professional yet sensitive to the feelings that arise in you, the client and the provider.
3. **Self-care.** Although a debriefing is never meant as therapy, one goal for the therapist or other provider is to make sure you have a wellness or self-care plan in place. The provider also has a self-care plan, and that’s important. Sometimes the provider needs to revise and update that plan. So too with you. Remember, the provider hopes to be able to continue to work with you over time. No one wants you to become exhausted and unable to work. Try to make sure you have a wellness plan in place! We will cover this topic in more detail in Module 3.

## Role play: Debriefing

**Therapist:** Angela, I found this session to be very intense today. I found it very difficult when the client became extremely nauseous and had trouble breathing. What was this session like for you?

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** It sounds like these were pretty powerful feelings for you. If it's any help, that can happen to me too. It's normal for therapists, and for anyone, really, to have strong feelings when those kinds of reactions come up.

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** What I've found over the years is that it could be helpful and important for us to talk about that. That's why I wanted to check and see what you felt and how it went for you.

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** I wondered if it was difficult for you when I didn't say a lot in places during the session.

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** I wanted to share with you that I had a reason for not saying too much. Sometimes if I do that, it cuts off the client's ability to process their feelings and get out their emotions. I have to make decisions kind of moment to moment about what is best for the client.

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** Now, as you know, this isn't meant to be a therapy session. But I think it's good for you to know that any human being working in this area can sometimes take the strong feelings away with them. You might be driving home today or seeing a movie tomorrow and suddenly you're remembering what happened today. That may be difficult for you, but it's really not unusual. I just wanted to alert you to all that.

**Interpreter:** *(Shares their reaction to what the therapist just said.)*

**Therapist:** I wanted to check in with you to make sure you're taking care of yourself. Do you have a plan to take care of yourself if you develop strong reactions to our session with the client today?

**Interpreter:** *(Shares their reaction to what the therapist just said.)*