“She was my voice”

Lived Experiences of Refugee Women of Reproductive Age with Interpreters during Resettlement in New Zealand

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Abstract

Women refugees of reproductive age are the most vulnerable refugee group, often facing many risks in transit and undergoing difficult pre-migration experiences during resettlement to their host country. Resettling refugee women often confront a language barrier upon arrival in their host country, as they enter a new, unknown environment in which they cannot communicate. As such, they rely on interpreters to assist them with communication to understand and access healthcare and essential services in their host country. From their moment of arrival in New Zealand, and for many years post-resettlement, interpreters are crucial to refugee women to facilitate communication and thus enable access to essential services and local systems.

This study explores the lived experiences of resettled refugee women of reproductive age (18-49 years old) from Burundi, the Democratic Republic of the Congo and Colombia, with interpreters in New Zealand. This study is a platform for resettled refugee women to voice their experiences and share their unique perspectives on accessing healthcare and other essential services through interpreters during their resettlement in New Zealand.

This study uses a methodology underpinned by the philosophy of Heidegger's hermeneutic phenomenology to explore the lived experiences of 19 refugee women participants and uncover the meaning of those experiences. Heideggerian notions allow the phenomenon of trust to be revealed through the lived experiences of participants as the pillar on which the entirety of the interaction between a refugee woman and an interpreter is based. The lived experiences of refugee women foreground the phenomenon of trust and show how the interpreters' professionalism, conduct and comportment can create or remove such trust from interactions. Ultimately, trust becomes the link that binds together the experiences of refugee women with interpreters and the services of their host country, in this case, New Zealand.

Valuable insights from exploring refugee women's experiences help recommendations for practitioners and stakeholders, including government and the healthcare systems. These recommendations are focussed on improving current practices, understanding the impact of interpreters and developing trust. Ultimately, the proposed recommendations can inform improvements towards a more comprehensive language provision approach for refugee women and migrant communities, as communicated through the voices of refugee women themselves.

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor used artificial intelligence tools or generative artificial intelligence tools (unless it is clearly stated, and referenced, along with the purpose of use), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Caroline Barbara Antoinette CANNARD — Signature

13 April 2024 — Date

To all the women

Around the world

Who fight every day

For a better tomorrow

Acknowledgements

I dedicate this thesis to the wonderful women refugees who entered my life and inspired this research project. I deeply thank the 19 women participants who have informed the present research as well as the women who shared their stories with me even if they decided not to participate. Every refugee woman that I met along the way has left her imprint in this work. To the research participants, thank you, for being brave, for participating in this research and for trusting me to carry your voice. I hope this research benefits you. Thank you! Gracias! Merci!

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"Ithaka" is my favourite poem. Just like I would set out for my "Ithaka", I set out for this research journey, never imagining that it would turn out to be an adventure of self-discovery.

Σὰ βγεῖς στὸν πηγαιμὸ γιὰ τὴν Ἰθάκη,
νὰ εὔχεσαι νἆναι μακρὺς ὁ δρόμος,
γεμάτος περιπέτειες, γεμάτος γνώσεις.

As you set out for Ithaka
hope your road is a long one,
full of adventure, full of discovery.

Opening of "Ιθάκη", "Ithaka" by Constantinos Cavafy, 1911.
Translated by Edmund Keeley & Philip Sherrard

Ethics Approval

Auckland University of Technology Ethics Committee approval:

21/68 Refugee women of reproductive age sharing their experiences on using interpreters while resettling in New Zealand.

Abbreviations

AUT	Auckland University of Technology
CALD	Culturally and linguistically diverse
CORS	Community Organisation Refugee Sponsorship
CSDH	Commission on Social Determinants of Health
DRC	Democratic Republic of the Congo
ESOL	English to Speakers of Other Languages
GBV	Gender-based violence
INZ	Immigration New Zealand
LAS	Language-assistance services
LSP	Language service provider
MBIE	Ministry of Business, Innovation and Employment
MIQ	Managed Isolation and Quarantine facility
MRRC	Mangere Refugee Resettlement Centre
NAATI	National Accreditation Authority for Translators and Interpreters
NGO	Non-governmental organisation
NZ	New Zealand
NZ Red Cross	New Zealand Red Cross
NZSTI	New Zealand Society of Translators and Interpreters
OPI	Over-the-phone interpreting
PSI	Public service interpreting
PTSD	Post-traumatic stress disorder
RASNZ	Refugees as Survivors New Zealand
RFSC	Refugee Family Support Category
RMS	Refugee and Migrant Services
UNHCR	United Nations High Commissioner for Refugees
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organisation

Chapter 1

Introduction

1.1 Introduction

Millions of women live around the world as refugees. They come from different countries, and represent a multitude of cultures and languages, with circumstances and experiences as countless and unique as imaginable. Nevertheless, women refugees, particularly of reproductive age, continue to be an underreported, underrepresented population, whose experiences and perspectives are seldom included in research. This lack of refugee female voice representation is particularly prevalent in studies that examine the services that refugee women require during their process of resettlement in a host country. The current study explores the perspectives of refugee women when using the services of interpreters to help them communicate during their resettlement and bridge language barriers. This study aims to bring further visibility to refugee women and provide them with a platform to express themselves and talk about their lived experiences. This thesis wants to be a piece of the puzzle of human knowledge on the lives and experiences of refugee women, who suffer the consequences of forced displacement globally. This puzzle piece is created by diving into the lived experiences of a group of resettled refugee women of reproductive age, originally from Burundi, the Democratic Republic of the Congo and Colombia, now living in Aotearoa New Zealand. The research will highlight the lived experiences of refugee women with interpreters as they try to navigate life in a new, unknown language, New Zealand English, during their period of resettlement in Aotearoa New Zealand.

1.2 The Story of the Movement of People

The New Zealand Red Cross contends that "the history of the world could be written as the story of the movement of people" (New Zealand Red Cross, 2022, p.113). This constant movement makes it difficult to comprehend the complex and dynamic situation of people's displacement around the world, especially in the case of forcibly displaced populations. In only ten years, the global number of forcibly displaced people doubled from 41.1 million people in 2010 to 82.4 million people in 2020 (UNHCR, n.d.). Regrettably, these numbers keep increasing year by year, as at the end of 2022, that number of forcibly displaced people catapulted to a shocking 108.4 million people, including 35.3 million refugees (UNHCR, 2022). Among this shocking number of forcibly displaced people are millions of refugee women, an infinitesimal number of whom are the resettled refugee women participating in this research.

Refugees are forcibly displaced people, and their lives are characterised by times of political turmoil and/or social unrest and involve considerable movement and unsettledness (Red Cross, 2021). Most refugees are regular, everyday people, who became victims of circumstances. They experienced unexpected life-altering events, that inevitably led them to flee for safety, and thus, become refugees, often facing hardships and sometimes even coping with anxiety and trauma sequalae for all their life (Red Cross, 2021, UN Women, n.d.). This is particularly true for women refugees, who have been identified as the most vulnerable refugee group (UN Women, n.d.). The (often traumatic) pre-migration experiences of refugee women, especially those of reproductive age, may stay with them for many years, impacting their life and experiences during their arrival and subsequent period of (re)settlement in a new host country (Bartolomei et al., 2013; Cunningham et al., 2018; González Campanella, 2022; Marlowe, 2018; Stompe et al., 2010; Thorogood & Crowther, 2014).

1.3 Terminology

Before diving deeper into the research, it is important to discuss terminology to clarify the meaning and use of key terms throughout the thesis. Despite the distinct experiences that shape the lives of refugees, the ongoing conflation of terms specific to displaced populations makes it difficult to distinguish women 'refugees' from 'migrants', 'forced migrants' or even 'asylum seekers'. To situate this thesis, these terms are defined to provide a clear understanding of the phenomenon of concern.

Refugee

According to the online Oxford Learner's Dictionaries (n.d.), the word 'refugee' originates from the late 17th century, from the French word 'réfugié' (gone in search of refuge), and the Latin word 'refugium' (meaning "a taking refuge; place to flee back to" from the Latin roots "re-", back + "fugere", to flee). The Online Etymology Dictionary also situates the word in the 1680s, originally meaning "one seeking asylum", and evolving in 1914 to "one fleeing home", to reference civilians in Flanders escaping fighting in World War I (Online Etymology Dictionary, n.d.).

Nowadays, there is often a conflation of terms and confusion about the meaning of the word 'refugee'. Mortensen (2008) explains how little distinction is often made in the academic literature to distinguish between different categories of forced migrants. The author adds that generic terms such as 'immigrants' or 'ethnic minorities' are often used by academics to include all different populations under a same label, even though refugees have been officially defined and protected by international law (UNHCR, 2018). According to the United Nations High

Commissioner for Refugees' 1951 Convention and the 1967 Protocol relating to the Status of Refugees, a 'refugee' is defined under Article 1A(2) as a person who:

> Owing to a 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 as a result of such events, is unable or, owing to such fear, is unwilling to return to it. (p.14)

The Red Cross further describes refugees as "ordinary people, facing extraordinary conditions" (Red Cross, 2021). Indeed, refugees are ordinary people, who were forced to flee their homes to protect their lives, out of fear of facing violence and persecution. It is essential to understand that being a refugee is not a choice. Refugees do not choose to leave their home, and do not have the power to decide where they will go. When their basic human rights are being denied or violated in their home country, they must flee to protect themselves and are often unable to return home safely (Red Cross, 2021). When people flee their perilous situation by crossing national borders to seek safety in other countries, they become internationally recognised as 'refugees', needing 'international protection' and assistance from states, the United Nations High Commissioner for Refugees (UNHCR), non-governmental organisations (NGOs) and other relevant institutions (UNHCR, 2016). The participants of the present study were identified as women refugees, now called 'resettled' refugees or 'former' refugees following their resettlement to New Zealand.

Migrant

Being a refugee is different to being a migrant. Migrants are not victims of circumstances – they are people who decide to leave, often to improve their circumstances, and can make decisions about where they want to migrate to (Red Cross, 2021). Migrants *choose* to migrate and are not *forced* to do so (López Severiche, 2018; UNHCR, 2016). Despite this apparent distinction, there is a general confusion around the use of the term 'migrant'. 'Migrant' is often used to describe a wide range of population, from refugees to migrants who are forcefully displaced to migrants residing in a country other than their country of birth or origin. Moreover, the UNHCR's Glossary (2016) explains that there is no universally accepted definition of that word. The confusion could also be caused by the UNHCR's definition of 'migration', which often includes both forced and voluntary migration.

According to the UNHCR's Glossary (2016), a 'migrant' is "someone who is not in need of international protection as a refugee and who moves across an international border for a period

that is not intended to be short" (p.281). Although migrants voluntarily chose to migrate to another country, the factors leading people to move can be complex. Migrants may move across international borders to reunite with their family, improve their life conditions, access better work opportunities and education, or for other reasons. Even though migrants are not all identified as refugees, they are all protected by international human rights law to ensure their fundamental dignity as a human being (UNHCR, 2016). International and regional treaties, such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights recognise that all people, including migrants and refugees, have human rights (UNHCR, 2016).

Some migrants may also move due to significant hardships in their own country, such as natural disasters, famine, or extreme poverty. People leaving their countries for these reasons are distinguished as 'forced migrants' and would not usually be considered as refugees under international law (UNHCR, 2016), even though some of them may be particularly vulnerable, facing dangerous conditions and human rights violations, such as discrimination, detention, forced labour, servitude, human trafficking, or highly exploitative working conditions (UNHCR, 2016).

Forced migrant

The terms 'forced migrants' or 'forced migration' are sometimes used as general terms to broadly cover involuntary displacement or movement, both across international borders and inside a single country (UNHCR, 2016). These terms are often used to describe the movements of refugees, people displaced by environmental disasters, conflict, famine, extreme poverty, or development projects, and, in some instances, victims of trafficking (International Organisation for Migration, 2019; UNHCR, 2016). The use of 'forced migration' is debated at an international level because it's not a legal concept, and, like the concept of 'migration' and 'migrant', there is no universally accepted definition (International Organisation for Migration, 2019; UNHCR, 2016). These terms are used in a generic way to cover a wide range of phenomena.

Refugees, on the other hand, are clearly defined under international refugee law according to the definition provided by the United Nations High Commissioner for Refugees' 1951 Convention and the 1967 Protocol relating to the Status of Refugees (see definition in previous 'Refugee' section). This definition guarantees that States have agreed to well-defined and specific sets of legal obligations towards refugees (UNHCR, 2016). Therefore, to prevent confusion, the UNHCR avoids using the term 'forced migration' to refer to refugee movements, since "referring to refugees as "forced migrants" shifts attention away from the specific needs

of refugees and from the legal obligations the international community has agreed upon to address them" (UNHCR, 2016, section 8).

Asylum seeker

An 'asylum seeker' is a person seeking asylum by formally requesting permission to live in another country (INZ, 2018). An asylum seeker is defined as an "individual who is seeking asylum, but whose claim has not yet been finally decided on" (UNHCR, 2016, p.279). Asylum seekers usually flee persecution or serious or irreparable harm and seek a grant of protection by a State and permission to remain on the territory of that same State (UNHCR, 2016). They usually leave their home and enter a new country, with or without a valid visa, to ask for permission to stay under refugee or protection status, claiming to have a well-founded fear of being in danger of cruel treatment or being prosecuted if they are deported back to their country.

Under United Nations conventions, New Zealand is obliged to consider claims from asylum seekers who claim refugee or protected person status while in New Zealand (INZ, 2018). In the case of New Zealand, it is the jurisdiction of the Refugee Status Branch to examine the credibility of the asylum seeker's claims and decide whether to recognise them as a refugee or protected person (INZ, 2018). This recognition allows an asylum seeker to stay legally in a country, but if their claim is declined, they must be deported (INZ, 2018). Despite the circumstantial similarities, it is important to distinguish refugees, asylum seekers, migrants and forced migrants to understand the differences in background, life conditions and unique experiences of people in each of these categories.

Resettled refugee women

The participants of the present study are referred to as 'resettled refugee women'. This choice of terms must be justified for transparency and correct interpretation. The use of 'resettled refugee women' to reference the women participants of this research was preferred over the use of 'settled refugee women' or 'former refugee women', due to the following reasons:

- 'Resettled' and 'settled' refugee women do not portray the same exact situation: González Campanella (2022) explains how 'settlement' and 'resettlement' denote two different stages of the refugee journey. For González Campanella (2022), 'resettlement' applies to the relocation of refugees from overseas centres to their new home (here, their relocation to New Zealand), and thus 'settlement' refers to their subsequent establishment in the community of the host country. Therefore, the term 'resettled' was chosen to encompass the whole timeframe of the refugee women's arrival in the host country, but also, the lengthy process of their 'establishment' or 'settlement' in the

country, as such process is not finite, but requires many years. Sometimes it takes decades, for a refugee woman to truly settle and feel 'at home'.

- 'Resettled refugee women' was preferred over 'former refugee women': Fitzgerald (2017) explains how resettled refugees often choose to call themselves "former refugees", while others do not want to have any affiliation with the term 'refugees'. The use of 'former refugees' is also often employed in grey literature, governmental and NGO reports to indicate the past status of a refugee who has now become a permanent resident of the country. However, my decision to use the term 'resettled women refugees' derives from my discussions with the participants of this research and the importance they grant to being women 'refugees'. For example, a participant when describing her own resettlement as a refugee in New Zealand, said: "You can't change your status. That is you. Even if you spend here 100 years, you will still be a refugee". As such, the decision was made to reference the research participants as 'resettled refugee women'. The word 'refugee' is completely associated with their identity and a reminder of the stolen life that they experienced when denied a safe return and the right to live freely in their country of origin.

Refugee and migrant: differences beyond definitions

Academic research requires definitions of terms from reliable sources to allow an understanding of factual differences and present the research as trustworthy and justified. However, human life cannot be simply confined to definitions, nor limited to the categorisation of life experiences according to legal preconditions, no matter how official these may be. All refugees are not one and the same person since they do not all come from the same sociocultural background nor share the same life story. This applies to migrants as well – not all migrants share the same background nor decide to migrate for the same reasons. The difference between being a refugee or a migrant goes beyond that of fitting a specific definition or 'category' of population. Strictly bounded definitions often do not allow us to grasp the meanings behind these unique life experiences. This is particularly true in the case of women refugees.

If you are a migrant, you have most likely planned your move to another country. You probably weighted your options and chose your destination by reflecting on your personal motives for leaving your country. You prepared your move, packed your suitcase, assembled your passport and documentation, and bought tickets. You have had the time to say goodbye to family and friends and had time to prepare emotionally and physically to transition into a new country. You know that, if you end up not liking your choice or regret going to a new country, you can always choose to come back to your home and to your family.

Conversely, if you are a refugee, your life may have unexpectedly changed overnight. You may have had to abandon your house within seconds to flee and seek shelter and security. You may have been separated by your family, even lost your children or left them behind because they are too young or unwell to travel. You may not have any identity documents, money, food or water on you, and you probably don't know where you are going and what will happen next. You must hide to protect yourself, and risk your life by fleeing your country, knowing you could be caught by authorities or armed groups at any moment. You may not know what has happened to family members and friends left behind and if you will ever see them again. You do not know when, or if, you will be able to return to your country. These events may have happened so fast that you have not even had the time to process them, yet despite your emotional or physical state, you are suddenly forced into these sudden changes and your life probably feels out of your control. The differences in lived experiences for voluntary migrants and refugees are unmistakeable. These differences become prominent when examining the lived experiences of refugee women, the most vulnerable refugee population at the heart of this research.

1.4 Women are the Most Vulnerable Refugees

Although all refugees are vulnerable people in need of protection, refugee women are known to be the most vulnerable refugee group, as they face many challenges that are specific to their gender (Plambech, 2017; UN Women, 2020). Due to their gender and social vulnerability, refugee women are frequently subject to additional risks, such as sexual violence, discrimination, psychosocial stress and trauma, health complications and violence while migrating to a new country (UN Economic and Social Council, 2014; UNHCR, 2021; UN Women, n.d.). Risks of abduction, rape, sexual abuse, harassment, prostitution and exploitation are just some of the problems experienced by refugee women, whether they are accompanied by a male family member, widowed, or single (UNHCR, 2011). When facing family separation and becoming foreigners in unknown environments during their transit, they become even more vulnerable, at the mercy of whoever they encounter (Department of Labour, 1994).

The physical safety of refugee women is often at stake, as women who had to flee their homes, often alone, without the traditional protection of a male figure, become prone to sexual violence, rape, abduction and sexual harassment (Department of Labour, 1994; Plambech, 2017; UN Women, n.d.). Sometimes, refugee women endure violence and sexual abuse because it is the only way they can seek 'protection' from a male counterpart, and this may be their only solution to provide necessities - such as shelter, food, and clothes - for themselves, and their family, if they have children or elders under their care (Department of Labour, 1994; Plambech, 2017). In situations of displacement, crimes such as rape or other forms of sexual aggression

increase significantly due to the breakdown in legal protection mechanisms, which leaves women and girls particularly vulnerable and perpetrators free from prosecution or sanctions (UNHCR, 2011). Consequently, the difficulty of ensuring safety, choice and control concerning reproductive and sexual health is a core experience for refugee women.

Refugee women of reproductive age

Amongst the vulnerable population of refugee women and girls, there is an age group that is particularly vulnerable, which represents that of women who experience sexual and reproductive health needs. This age group is commonly referred to as women of "reproductive age". The World Health Organisation (2006) defines "women of reproductive age" as all women aged 15 to 49 years. However, within this thesis, women of reproductive age will be defined as adult women between the ages of 18 to 49, as this research only includes adults over the legal age of 18 in New Zealand.

All around the world, refugee women of reproductive age have been shown to have poorer pregnancy and maternity outcomes due to and confounded by their displaced situation (Bandyopadhyay et al., 2010; Fair et al., 2020; Hennegan et al., 2015). The vulnerability of refugee women has been highlighted when considering that 1 in 5 refugee women has experienced sexual violence and 60% of preventable maternal deaths take place in humanitarian settings (UN Economic and Social Council, 2014). Unfortunately, it is common for women of reproductive age, who have become refugees, to experience reproductive and sexual health issues, often related to suffering trauma, rape, pregnancies, miscarriages and birthing alone without having access to medical care (Department of Labour, 1994).

The reality of their situation is often complex, as women refugees may arrive in a host country being pregnant because of sexual abuse during their transit and no access to birth control or termination of pregnancy (Plambech, 2017; Thorogood & Crowther, 2014). Personal communication with a Refugee Resettlement Coordinator in Auckland, New Zealand, revealed that there is no track record of how many of these women arrive in New Zealand being pregnant, and that, often, women would not even be aware of being pregnant at the time of their arrival (MBIE, personal communication, 2020). The present research is a way to foreground the experiences of underreported women refugees of reproductive age to understand their situation and improve their resettlement experience.

Refugee women and social determinants of health

Another way to unpack the contextual reasons behind the vulnerable status of refugee women is by looking at the health inequities and the social determinants of health that impact women's

health, education and socio-economic status (Solar & Irwin, 2010; New Zealand Government, 2023). According to the Commission on Social Determinants of Health (CSDH), health inequities are comprised by a range of determinants, called the 'social determinants of health' (Solar & Irwin, 2010). In the case of refugees, their social determinants of health are linked to their (often traumatising) migration experience from their country of origin to their host country, and impact how well refugees manage to resettle in a new country and take care of their health (Fair et al., 2020).

Many resettled refugee women of reproductive age will experience maternal and reproductive healthcare upon arrival in their host country (Thorogood & Crowther, 2014). Once resettled in New Zealand, for instance, they may need to navigate the local healthcare system that is offered in the national local language, to recover from health issues, address traumas, and try to regain optimal sexual and reproductive health (Thorogood & Crowther, 2014). For many of these women, not speaking the host country's language (English in New Zealand) significantly impacts their ability to access health services (Badu et al., 2023; Shrestha-Ranjit et al., 2020; Thorogood & Crowther, 2014). To address these reproductive health issues, the World Health Organization (WHO) claims the importance of empowering women, families, communities and providers to improve the quality of maternal health. In this regard, the World Health Organization and the Commission on Social Determinants of Health declare that health equity can only exist by "empowering people, particularly socially disadvantaged groups, to exercise increased collective control over the factors that shape their health" (Solar & Irwin, 2010, p.12). A way to empower women is to ensure that they can access information in a language that they comprehend so that they can make informed health decisions.

Refugee women's access to services

Research has shown that interpreters can empower refugee women by enabling communication and providing access to information between their language and that of their host country (Britz, 2017; Crezee, 2016; Hale, 2011). Interpreters can bridge the gap between language barriers, allowing refugee women to understand and be understood in return (Crezee, 2016; Crowther & Lau, 2019; Shrestha-Ranjit et al., 2020). Consequently, interpreters provide a crucial service to refugee populations who do not speak the host country's language, as language barrier is repeatedly shown to be a common social determinant and a substantial obstacle to accessing healthcare (Taylor & Haintz, 2018; Thorogood & Crowther, 2014). Moreover, the refugee women's overall language proficiency and understanding of the English language is an important factor in successful resettlement, as further explored in chapters 2 and 3.

Many refugee women arrive in their host country with poor health literacy and limited social support, and come to face language and cultural barriers when not speaking the language of the local health providers - all factors that set them to experience low quality health and social care (Fair et al., 2020; Thorogood & Crowther, 2014). The vulnerable condition of refugee women, who tend to be less educated than their male counterparts (UN Women, n.d.), prevents them from experiencing an 'easy' resettlement once they arrive in their host country. The next section focuses on the process of resettlement of refugee women in Aotearoa New Zealand as they traverse these challenges and navigate a way through to re-settlement.

1.5 New Zealand: A Country of Resettlement for Refugee Women

Aotearoa New Zealand has been shaped by complex migration, political changes and international refugee policies that have been documented over the years in comprehensive reports (Amnesty International, n.d.; Beaglehole, 2013; Department of Labour, 1994; González Campanella, 2022; Library of Congress, 2016; MBIE, 2020; Mortensen, 2011, 2008; New Zealand Government, 2015; New Zealand History, 2021; New Zealand Red Cross, 2021; INZ, 2018; Parliamentary Service, 2020; Te Ara, The Encyclopedia of New Zealand, n.d.). Exploring New Zealand's contribution within the world is paramount, not only to understand how refugee women come to arrive in New Zealand, but also, to situate the context of their resettling experience within the country. What follows is a truncated summary of New Zealand's major refugee-related events and policies that have impacted women refugees in particular and shaped the country's current resettlement processes and language assistance provision.

Key dates for the resettlement of women refugees in New Zealand

New Zealand's refugee resettlement programme formally started in 1944, when around 733 Polish orphaned children and 105 adult caregivers (who were mainly women) were invited to take refuge in the country for the duration of the Second World War (Department of Labour, 1994). At the end of the Second World War, New Zealand becomes a signatory to two key international agreements: the 1951 Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees. These were later complimented by the 1984 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the 1966 International Covenant on Civil and Political Rights. As a signatory of these Conventions, New Zealand is under the obligation to fulfil its international humanitarian commitments by providing protection to people defined as refugees under these Conventions (MBIE, 2020), and considering claims from asylum seekers in New Zealand (INZ, 2018).

Shifts towards an inclusive and multicultural refugee resettlement

In 1959, New Zealand becomes one of the first countries in the world to accept 'handicapped' refugees, marking an important shift for New Zealand as one of the few countries that accept refugees with disabilities or medical conditions to this day (Mortensen, 2008; New Zealand Parliament, 2008, 2021). In 1974, another important shift of the refugee selection criteria took place, with a gradual removal of ethnic bias from New Zealand's immigration policy, such as the applicant's race, colour and religion (Beaglehole, 2013). This is illustrated in how white European refugees were favoured in the quota composition followed by New Zealand's immigration policy between the 1940s to 1980s, with refugees selected from primarily white countries of origin (New Zealand Red Cross, 2021). Up to that time, the selection process of refugees seemed to reflect a recruitment of skilled migrants capable of adapting fast in the New Zealand society and economy, rather that the selection of vulnerable refugees in need of urgent humanitarian help and resettlement (Beaglehole, 2013). This important shift allowed ethnically diverse women refugees to resettle in New Zealand. Consequently, women from 'non-white' African and Latin American countries started progressively resettling in New Zealand, including women from Burundi, the Democratic Republic of the Congo or Colombia. In the decades that follow, New Zealand continues to receive refugees from around the world, and starts emerging as a multicultural society, as the country's immigration policy widened to include non-traditional countries of immigration, particularly following the 1987 Immigration Act (Red Cross, 2021).

1987: Establishment of the New Zealand Refugee Quota Programme

The year 1987 marked another milestone as the New Zealand Government reviewed the country's refugee programme and established a formal annual quota for the resettlement of 800 people, classified as refugees by the UNHCR (Beaglehole, 2013; Mortensen, 2008; Parliamentary Service, 2020). Overall, the establishment of a refugee annual resettlement quota, along with the Government's 1987 Immigration Act, helped to accelerate the country's ethnic diversification that had begun in the 1970s (Beaglehole, 2013).

1989: Implementation of the 'Women-at-risk' category

The year 1989 is a particularly important date for the resettlement of women refugees in New Zealand. In 1988, the UNHCR, which is the major international organisation responsible for protecting refugees and the international community all around the world, implemented the special "Women-at-risk" programme (Department of Labour, 1994; UNHCR, 2011), which New Zealand adopted the following year, in 1989 (MBIE, 2021; Personal communication, INZ). This category continues to be part of New Zealand's current annual Quota Refugee Programme. I will return to the 'Women-at-risk' category in chapter 2.

Evolution and composition of New Zealand quota refugee intakes

In September 2018, the refugee quota was increased for the first time to 1,000 places per year, which marked an important step as the first increase of the number of refugee intake since the quota's establishment in 1987 (New Zealand Parliament, 2020). Later, the New Zealand Government entered in agreement with the UNHCR to receive 500 more refugees annually, from July 2020 (INZ, 2020). Today, New Zealand is a multicultural society that welcomes refugees from around the world (González Campanella, 2022). The demographics, nationalities and countries of origin of incoming refugees also fluctuate depending on the international crisis and humanitarian needs of the time. For example, in 2015 a special emergency intake of 750 Syrian refugees was announced on top of the annual refugee quota of 750 in response to the conflict in Syria (New Zealand Government, 2015; Parliamentary Service, 2020). Over the years, the number of small and diverse communities began to grow in New Zealand, and the quota intake number has fluctuated to adapt to the needs of humanitarian crisis around the world, with the example of the acceptance of Afghani refugees in response to critical humanitarian crisis of the Taliban takeover in August 2021 (INZ, 2022). Figure 1 summarises the ongoing refugee quota amendments in New Zealand, with data collected from online official available resources (INZ, 2020, 2021; New Zealand Government, 2015; Te Ara, The Encyclopedia of New Zealand, n.d.).

Figure 1:

Major amendments of quota refugee resettlement intakes in New Zealand

YEAR	QUOTA INTAKE	AMENDMENT
1987	**800**	NZ government starts accepting **800** quota refugee per year.
1997	**750**	NZ government reduces the quota to **750** refugees per year but agrees to pay for their travelling costs – an arrangement that still applies today (Te Ara, The Encyclopedia of New Zealand, n.d.).
2015	**+750**	New Zealand receives **750 additional emergency** Syrian refugees on top of the annual 750 quota refugees in response to the ongoing Syrian conflict (New Zealand Government, 2015).
2018	**1,000**	NZ Government increases the quota from 750 to **1,000** places per year, which is the first quota increase after more than 30 years since the establishment of the programme in 1987.
2020	**1,500**	NZ Government increases the quota from 1,000 to **1,500** per year (INZ, 2020).
March 2020 to July 2022	**COVID-19 pandemic disruptions**	Intake disruptions: refugee quota numbers are not met in 2021-22 due to the global impact of the Covid-19 pandemic which halted intakes (INZ, 2021).
July 2022	**1,500**	Quota resumes with 1,500 people resettling in New Zealand per year (INZ, n.d.)

Despite the ongoing amendments, situating New Zealand's efforts and position as a country of resettlement appears to be a controversial topic. Discussions on the country's refugee intake history and resettlement strategy seem to always spark debates amongst academics, NGOs and stakeholders.

New Zealand's refugee resettlement strategy: A controversial topic

New Zealand is one of 37 countries that take part in the UNHCR's regular refugee resettlement programme (INZ, n.d.). The New Zealand Government grants permanent residence to quota refugees on arrival and works alongside numerous organisations and NGOs to provide refugees with positive resettlement and integration, including access to health and wellbeing services (MBIE, 2018). Nevertheless, despite New Zealand's efforts to improve resettlement conditions for refugees and to increase the number of quota refugees resettling in the country, the extent of its international contribution has been recurringly criticised.

Over 35,000 refugees have been resettled in New Zealand since the Second World War (INZ, n.d.), and although this number may not be large compared to the many millions of refugees in the world, Beaglehole (2013) affirms that "it is high for a country of its size" (p.9). However, New Zealand has been accused of not making enough efforts to keep up with the international needs of resettlement, since it had not increased its annual quota of 750 refugees for nearly 30 years (Library of Congress, 2016), since the establishment of the resettlement programme in 1987. In Amnesty International's report on refugee resettlement in New Zealand (n.d.), the NGO scolds New Zealand for its "embarrassing" rank per capita in resettlement, compared with the rest of the world. In the UNHCR Statistical Yearbook 2016, New Zealand is ranked 95th in terms of the number of refugees received per capita (UNHCR, 2016). More precisely, New Zealand accepted only 0.31 refugees per 1,000 inhabitants in 2016, meaning that the refugee population in the country represented only 0.03% of New Zealand's total population (UNHCR, 2016).

Today, more than 1,500 refugees enter New Zealand annually under the country's refugee quota programme. In addition to these 1,500 available places, 600 additional people can enter New Zealand each year since 2021-22 through the Refugee Family Support Category (RFSC) (NZ Red Cross, 2021) and other resettlement means such as the community sponsorship programme (Beaglehole, 2013; González Campanella, 2022). Although the RFSC allows refugees resettled in New Zealand to sponsor family members to join them in the country, it is also another source of controversy, since the refugees who arrive in New Zealand under that family reunification programme do not benefit from the government's financial assistance or resettlement support offered to quota refugees (Amnesty International, n.d.; New Zealand Red Cross, 2021). Consequently, RFSC resettled refugees rely entirely on their family member(s) who are already in New Zealand to cover the costs of their visa application, travel and stay in the country (Amnesty International, n.d.; New Zealand Red Cross, 2021). New Zealand's current refugee resettlement policies must therefore be considered with critical appraisal when reading the present study.

Refugee accessibility to New Zealand healthcare services

Despite ongoing debates and controversies, New Zealand has been praised for being one of the few countries in the world offering resettlement since 1987 to the most vulnerable refugees, including women at risk, refugees with disabilities or medical conditions (including those with HIV/AIDS), and those categorised by the UNHCR as having "poor integration potential" (Mortensen, 2011; UNHCR, 2018). The UNHCR report on New Zealand's Country Chapter (2018) explains that refugees with medical, physical or social disabilities do not usually fit the criteria for acceptance by resettlement countries. In that case, being allowed to resettle in New Zealand

could be lifesaving or significantly improve the resettled refugees' medical condition and well-being (UNHCR, 2018). These refugee profiles are complex as they are characterised by cultural diversity, and particular health, disability and psycho-social needs (Mortensen, 2011).

In addition, accepting women refugees of reproductive age requires New Zealand to provide a more responsive public health system to assist vulnerable patients through appropriate specialised intervention and management (Mortensen, 2011). This necessity to provide a more appropriate response to resettled refugees was also raised in New Zealand's Red Cross 2021 Migration Scoping Report. The report highlights the limited access to specialised and accessible support services, due to the small number of refugee arrivals in the country, and identifies key issues that prevent successful settlement outcomes, including a "lack of cultural competence in [health] service provision and a lack of use of interpreters" (p.33).

The present study focuses on the lived experiences of refugee women, which are based, and shaped by, the quality of the essential and health services provided to them. Interpreting services are amongst the first services that refugee women access upon their arrival in the country, sometimes from the very first moments after they have landed at the country's international airport. Looking at the lived experiences of resettled refugee women with interpreters in New Zealand could inform and improve current resettlement systems in place, especially considering the arriving women's need to access the local essential services and reproductive healthcare through a system that would be completely alien to them (Thorogood & Crowther, 2014), and in a language that they may not understand.

1.6 Refugee Women and Interpreters

From conflict zones, hospitals, conferences, high-profile negotiations to small street markets, interpreters enable everyday interactions by navigating between languages, cultures and bridging communication barriers (Baigorri-Jalon, 2015). The International Association of Conference Interpreters (AIIC) qualifies interpreting as "the second oldest profession" (AIIC, n.d.), stating that throughout history, international negotiations and relations have involved interpreters for so long, that accounts often omit them. However, interpreters seem to have long been taken for granted, since they were often "merely viewed as bilingual individuals who were incidentally called upon to use their linguistic skills on certain occasions" (Crezee et al., 2015, p.4).

Today, interpreters are recognised professionals who mediate between languages and cultures in different communicative settings (Napier & Goswell, 2012) and translate speech orally (or into sign language) for people who speak different languages (Baigorri-Jalon, 2015). However, the

interpreter's role is much more complex than the mechanical task of simply orally conveying a message in a different language (Clark & McGrath, 2009). Interpreters are expected to act as an unaffected conduit for communication between individuals (Clark & McGrath, 2009). This means that they must give their honest interpretation of the words of the speaker they are interpreting for (Clark & McGrath, 2009), regardless of their own judgement, beliefs, feelings of sympathy or willingness to assist one of the parties (NZSTI, 2013). Today, at any given place or time, interpreters bridge linguistic and cultural barriers by allowing people from around the world to understand each other and communicate. The work of interpreters is particularly important within refugee settings.

Public service interpreting and the role of the interpreter

Resettled refugee women of reproductive age are most likely assisted by 'health' interpreters, 'community' interpreters or 'public service' interpreters. These types of interpreters are the language professionals who most commonly work within the public service interpreting domain, in social services settings, e.g. hospitals, government services and police stations (MBIE, 2016). As such, the focus of this research will be given to 'public service' interpreting as it is the interpreting mode that is most used in relation to refugees in New Zealand (MBIE, 2016). Over the years, many terms have been used to describe community interpreting, namely 'liaison' interpreting (Gentile et al., 1996), 'dialogue' interpreting (Ozolins, 2016), 'community' interpreting (Hale; 2007; Hale & Napier, 2013; Pöchhacker, 1999) and 'public service' (Corsellis, 2008) interpreting. To facilitate the reading process, the present research will employ the term 'public service' interpreting.

The service that interpreters offer through public service interpreting enables people who do not speak the official language of a country "to engage with a range of public services in that country, such as legal, health, education, employment, housing and other social services" (Rabadán-Gómez, 2016, p.2). Bancroft (2015) further defines this specific interpreting setting as "founded on a simple concept: giving a voice to those who seek access to basic services but do not speak the societal language" (p.217). Nevertheless, despite public service interpreting being the oldest and the most frequently used form of interpreting in the world, it has been found to be the least professionalised, with the role of the interpreter traditionally characterised by its 'invisibility', and the profession continuously associated with use of untrained, non-professional interpreters (Enríquez Raído et al., 2020; Rabadán-Gómez, 2016). This lack of industry professionalisation, and a general lack of understanding around the role of the interpreter has led to numerous issues in terms of access to quality interpreting services, which has affected the effective provision of services and healthcare for non-English speaking clients and patients,

especially in the case of New Zealand (Crezee & Jülich, 2020; Crezee et al., 2020; Clark & McGrath, 2009; Enríquez Raído et al., 2020, Shrestha-Ranjit et al., 2020).

Nevertheless, interpreters are crucial to give refugee women 'a voice' in situations where they are facing a language barrier: through interpreting, interpreters offer refugee women access to the language of the host country, and therefore access to important (health) information (Britz, 2017; Crezee, 2016; Hale, 2011). Interpreters thus become key facilitators - they enable refugee women to understand what factors are being discussed about their life and health and allow them to make informed decisions. By enabling dialogue, interpreters use their knowledge of two languages to break through any language, communication and cultural barriers (Crezee, 2016; Crowther & Lau, 2019; Shrestha-Ranjit et al., 2020). As such, using the service of interpreters ensures that the human right of refugee women to information and health care is granted.

1.7 Research Aim, Question and Justification

Aim

This research aims to provide deeper understanding and appreciation of the lived experiences of resettled refugee women of reproductive age (18-49 years old) when accessing healthcare and essential services through interpreters in New Zealand. Such understanding will enable health professionals, interpreters, language provision services and stakeholders to gain valuable insights into the experiences of refugee women in need of language assistance, thus enabling a more mindful and comprehensive access to services and language provision approach to refugee and migrant communities. Ultimately, the research aims to provide an opportunity for refugee women to voice their experiences and share their own perspective on using interpreters to access essential services and improve their experiences as they settle into New Zealand life.

Question

The research aims to answer the following questions:

- What are the lived experiences of refugee women of reproductive age with interpreters as they resettle in New Zealand?
- How are these lived experiences of using interpreters meaningful for resettled refugee women?
- What can be learned from the experiences of refugee women of reproductive age using interpreters to inform improvements in New Zealand interpreting services?

Justification

Refugee women are a seldom heard and hard to reach population, who often remain a neglected group in research, despite their additional vulnerabilities around sexual and reproductive health (DeSouza, 2011; Floyd & Sakellariou, 2017). The needs of those at the receiving end of interpreting services are hardly ever talked about, with only a dearth of international literature exploring the lived experiences of refugees to deepen the understanding of interpreting services and practices (Britz, 2017; Hale & Napier, 2013; Kanengoni-Nyatara, et al., 2024; Shrestha-Ranjit et al., 2020). A greater and deeper knowledge about the experiences of refugees and their perspectives in accessing care is necessary to improve the (health) services provided by their host countries (Bandyopadhyay et al., 2010; Britz, 2017; Fair et al. 2020; Floyd & Sakellariou, 2017). Literature shows that there is insufficient research conducted about the experiences of refugee women with interpreting services, and more research into interpreting, is required to address gaps in current understanding (Britz, 2017; Hale & Napier, 2013). Hermeneutic phenomenology enabled an in-depth exploration of the lived experiences of refugee women of reproductive age using interpreters during resettlement in New Zealand. A narrative literature review was carried to stress the importance and relevance of the present study on a global and local scale within New Zealand (see chapter 3).

1.8 Setting the Methodological Stance

Pre-understandings

Research is not 'neutral'. It is influenced, one way or another, by the researcher's pre-understandings, namely their personal interests, values, abilities, assumptions, aims and ambitions (Hale & Napier, 2013). Gadamer (1970) explains that it is our pre-understandings and judgements that inform our study projects and are therefore not perceived as a hindrance to robust research. Recognising my pre-understandings brings clarity and transparency to the values that guided my work throughout this research. To better self-reflect, I undertook a formal pre-understandings interview with my primary supervisor, Prof. Susan Crowther, at the start of the research in 2020. This interview allowed me to reflect on my pre-understandings and understand how these may have shaped this study, from referencing publications to the way I conduct interviews or interpret findings. As my pre-understandings influence this research, the pronouns 'I' and 'my' will be used to convey when I, the researcher, am stepping forward, and expressing my own worldview and ideas. My positionality and pre-understandings are stated in more detail in the Methodology chapter 4 and Methods chapter 5.

Hermeneutic phenomenology

This study uses a qualitative approach focussing on understanding and exploring the meaning of lived experiences of refugee women of reproductive age who used interpreting services during their resettlement in New Zealand. Smythe & Giddings (2007) state that the nature of qualitative research is "thinking and understanding" as it "strives to uncover the understanding that already exists in people's experience" (p.38). This thinking and understanding is central to gain meaningful insights into the lived experiences of refugee women. Consequently, the methodology that best aligned with the focus of this research and my own worldview is phenomenology, and more specifically, hermeneutic phenomenology, as the intention is to move beyond description and the application of pre-determined theories or creation of theory. Hermeneutic phenomenology seeks to explore the lived experiences of participants and uncover how those experiences are meaningful through a robust interpretive analysis (Van Manen, 2014). This study has been informed by the writings of Heidegger, Gadamer and other scholars in the phenomenological field who have guided me as the researcher through the completion of the study and data analysis. Yet, I always privileged the insights that emerged from the data, as the most essential finding.

1.9 Thesis Structure

Chapter 1 is the introductory chapter providing an overview of the contextual background, justification, research question and significance of the study. It includes an explanation of the key terminology used in the thesis as well as an introduction to the methodology, ensuing research design, and an outline of the thesis chapters to follow.

Chapter 2 is the context chapter that explores the interconnected relation(ship) between women refugees and interpreters, with a focus on New Zealand where this study was conducted. Chapter 2 is divided in two parts that foreground the significance of the study jointly. Part one focuses on the resettlement process of refugee women of reproductive age from Burundi, the Democratic Republic of the Congo and Colombia in New Zealand. The story of Maria is used to illustrate the chapter and to reflect the resettlement process of refugee women in a more engaging way. Part two explores the role of interpreters in assisting refugee women to resettle in New Zealand.

Chapter 3 is a narrative literature review that builds upon the introductory and background chapters. It is a thorough examination of existing empirical research, grey literature and relevant publications to highlight gaps in the existing literature and to foreground the significance and rationale for the present study.

Chapter 4 discusses Hermeneutic Phenomenology as the methodology informing the present research and explores the philosophical underpinnings that allowed a deep exploration of the lived experiences of refugee women participants. Key Heideggerian philosophical notions that facilitated the interpretation of crafted stories from the participants' interviews are presented.

Chapter 5 focuses on the methods and details the research design process that was followed throughout the research. It includes ethical considerations, recruitment strategies and data analysis processes.

Chapters 6, 7, 8 and 9 present the findings of the thesis. Each chapter includes the analysis of the crafted stories that emerged from the lived experiences of refugee women of reproductive age and explores distinct themes and moods that emerged from data. In a nutshell, chapter 6 highlights the experience of the language barrier for resettling refugee women. Chapter 7 dives into the relationship of trust between refugee women and interpreters, whilst chapter 8 explores the dynamic of mistrust between refugee women with interpreters and services. Chapter 9 is the final findings chapter that brings together the experiences of refugee women with interpreters as they try to navigate the local systems of health care and essential services in New Zealand.

Chapter 10 is the discussion and conclusion of the thesis. In this chapter I encompass the key research findings and identify the study's limitations. The main findings are discussed in relation to the research questions and inform suggestions for further research. The chapter concludes with recommendations aimed at improving the experiences of refugee women with interpreters and challenges the current language assistance provision systems.

Chapter 2

Context

2.1 Introduction

When conducting hermeneutic phenomenological research, it is important to provide context to bring all elements together, to show how all the parts are related to the whole and the whole related to the parts in an interdependent way. This chapter provides a more detailed contextual background and focuses on women refugees of reproductive age from Burundi, the Democratic Republic of the Congo and Colombia, who represent the participants' countries of origin. The chapter introduces the resettlement process that refugee women go through to arrive in New Zealand and explicates their immediate need for language assistance through interpreters. The importance of interpreters is foregrounded as they assist resettled refugee women with language support, during their crucial period of resettlement, but also for many years following their arrival in New Zealand.

The significance of being a woman refugee facing language barriers in a host country, and, more particularly, the importance of uncovering the voice and experiences of refugee women in need of language support will be brought forward in this chapter. This chapter uncovers some experiences which are characteristic of the life of many women refugees around the world. I invite the reader to reflect on the content, not as a detailed report on the lived experiences of women refugees, but rather, as a reminder of what many refugee women may often have to endure themselves or witness throughout their quest to survive, in hope for a safer life and place to call home.

Refugee women can be easily overlooked or minimised when they are grouped into populations and represented by numbers in reports and publications. To facilitate a more hermeneutic phenomenological process for the reader I use 'story' and a character to illustrate a possible journey of a refugee woman. Her name is Maria, a fictional woman refugee from Colombia who is being resettled to New Zealand. Although Maria is a fictional character, every single event that she experiences has happened to other refugee women in real life. Maria's story is based on the usual resettlement procedures in place, and her experiences are inspired by the participants' interviews (resettled refugee women), my understandings and readings of the domain locally and internationally and my experience as a former New Zealand Red Cross volunteer with resettled refugees (see Appendices M, N, O). Maria's story can be understood as a shared story, resonating with the experiences of many refugee women around the world.

Maria is a 32-year-old Colombian, mother of 3 girls aged 1, 8 and 17. Fearing the violence of the local armed forces, Maria flees overnight to protect herself and her children. She leaves behind her home, friends and family, including her sick elderly mother. The journey to neighbouring Ecuador being too perilous, she decides to take her two youngest children with her and leave her eldest daughter behind to take care of her sick mother. She doesn't know when she will see them again, nor when she will be back.

2.2 PART I: Women Refugees in New Zealand

At the end of 2022, 108.4 million people, including 35.3 million refugees, were forcibly displaced worldwide (UNHCR, 2022). Women and girls accounted for 51% of the total estimated demographic composition of refugees (UNHCR, 2022, 2023). These numbers are constantly subject to change, as recent historical events - namely the Taliban takeover of Afghanistan in 2021, the 2022 invasion of Ukraine, the ongoing displacements in the Democratic Republic of the Congo, Ethiopia, Burkina Faso and Myanmar, the resurfacing Israeli-Palestinian conflict in 2023 - keep prompting new waves of forcibly displaced people and refugees. These events, although not fully documented as they are still unfolding at the time of this research, have catapulted the number of forcibly displaced people from 89.3 million at the end of 2021 to over 108.4 million at the end of 2022 (UNHCR, 2022). This number represents a shocking increase of 19 million people in only one year (UNHCR, 2022), meaning that, at the time of writing of the thesis, "1 in every 74 people on Earth has been forced to flee" (UNHCR, 2022). In 2022 alone, the UNCHR provided sexual and reproductive health services to a total of 990,000 women and girls refugees. In that same year, women and girls accounted for 50% of people considered for resettlement (UNHCR, 2023). Somewhere inside these figures and statistics are women like Maria, who were resettled in New Zealand.

Women refugees are known to be the most vulnerable refugee group (Plambech, 2017; UNHCR, 2021; UN Women, n.d.), with forcibly displaced women and children being "disproportionally exposed to deep-rooted discrimination and extreme vulnerability" (UNHCR, 2021, p.5). Refugee women of reproductive age represent the largest portion (26%) of forcibly displaced women worldwide (UNHCR, 2021). Moreover, 86% of all refugee cases submitted by the UNHCR in 2021 for resettlement have been survivors of torture and/or violence, including particularly vulnerable women and girls, at risk of multiple forms of gender-based violence, namely rape, sexual violence, abduction, intimate partner violence, and danger of early marriage (UNHCR, 2021). Such risks and impacts of gender-based violence that displaced women may face during their transit are lifelong, as experiencing sexual violence or witnessing it increases the risk of

future violence for refugee women (Klugman, 2022). It is therefore important to recognise the particularly vulnerable profile of refugee women of reproductive age, to understand how this vulnerability can impact their resettlement experiences and their ability to face new challenges, such as learning a new language or communicating with others through an interpreter. We return to Maria.

Maria was raped by soldiers who entered her house in Colombia. Her children and elderly mother were home and witnessed the assault. Maria fled with her two youngest daughters from Colombia to Ecuador with the help of a "friend". She says the journey was very difficult. Sometimes she wakes up at night, screaming. She doesn't want to talk about it.

Rape as a weapon of war to persecute and punish women

Rape and sexual violence are used as an instrument of ethnic cleansing and a weapon to persecute women and punish them for the 'crime' of being the wife, mother, daughter or companions of politically persecuted men or for being part of the community under threat (Department of Labour, 1994). Although rape and sexual abuse are violations of international humanitarian law and human rights standards, sexual attacks against women are rampant during wartime. In 2008, the Security Council of the United Nations adopted the Resolution 1820, which considers rape as a war tactic, noting that "women and girls are particularly targeted by the use of sexual violence, including as a tactic of war to humiliate, dominate, instil fear in, disperse and/or forcibly relocate civilian members of a community or ethnic group" (United Nations Security Council, 2008, p.1). These crimes can be committed by people in positions of authority, paramilitary groups, state actors, fellow refugees, members of the local population, nationals of the refugee's country of origin who have easy access to the country of asylum due to porous border, or even family or community members (UNHCR, 2011).

It is common for women survivors of rape, abuse, or other forms of gender-based violence, to suffer from victimisation and stigmatisation, particularly in traditional societies (UNHCR, 2011). Survivors of such crimes within the refugee community are at risk of the implementation of community-based customary practices to settle the offence, which may result in serious violations of a woman's basic human rights (UNHCR, 2011). Such practises and "punishments" can take the form of "domestic violence, sexual abuse of separated children in foster care, forced marriage, female genital mutilation, threats of "honour" killings, "corrective" rape of women perceived to be lesbians, or other punishment for transgressing gender discriminatory laws or social behavioural norms" (UNHCR, 2011, p.249). A major characteristic of such atrocious

crimes is that they are not momentary – the psychosomatic effects of sexual abuse and torture linger into the future, causing survivors of such traumatic events to suffer long-term (Bartolomei et al., 2013; Stompe et al., 2010; UNHCR, 2011). Survivors of such crimes may require immediate protection and removal, possibly by way of third country resettlement (UNHCR, 2011).

However, even if women survivors of sexual violence, like Maria, happen to be resettled to a safer country, they are often burdened by feelings of deep shame and can be anxious to talk about their health (Bartolomei et al., 2013; Keefe & Hage, 2009). Aside from the trauma of the rape, women have to overcome its physical, mental and psychological consequences and sequelae. Women may have been raped in front of their family, witnessed such crime acts inflicted to family and friends, or may become pregnant because of rape, and not be able to terminate such pregnancy due to lack of accessible health care and medication during transit, or for reasons of religious/cultural beliefs and shame associated with the termination (Keefe & Hage, 2009; Lehmann, 2002). Women may miscarry due to further rape and violence or be forced to go through with the birth of the child of their rapist, even risk dying, as complications due to unsafe abortions often lead to maternal deaths in refugee settings (Lehmann, 2002). All such events can become the source of further trauma, shame and feelings of loss (Bartolomei et al., 2013; Keefe & Hage, 2009). One can only imagine how difficult it must be to disclose such events, when refugee women must talk about their feelings, body and health, not only in front of a doctor or psychologist, but also in front a third person, a stranger, such as an interpreter.

Although women and girls refugees are at risk of such traumatic experiences, they are often less visible in displaced populations than men and boys, and may not be able to report incidents, particularly if these occur in their private circle, or are perpetrated by humanitarian workers and men in positions of authority (Department of Labour, 1994; UNHCR, 2011). Despite their high-risk situation, women and girls are often “quite literally invisible to those who do the selecting” process for resettlement, because they do not inhabit public spaces, do not always appear on registration lists as individuals (rather than members of family groups), and may be inhibited from interacting with strangers (Newland, 2003, p.2). Women victims of sexual violence can claim refugee status based on gender-related persecution, however, many of these women struggle to establish their claim. They may be reluctant to divulge painful experiences, due to shame, trauma, social stigma due to cultural factors, fear of not being believed, and the insecurity of having to discuss such matters with a male interviewer (Department of Labour, 1994), or even a male interpreter (González Campanella, 2022; Kanengoni-Nyatara et al., 2024).

Pre-migration experiences of refugee women impacting their resettlement

The impacts of such devastating events often last well past the women's resettlement into their host country, affecting not only their own wellbeing, but also that of their family and community, sometimes throughout their whole lives (Bartolomei et al., 2013; Keefe & Hage, 2009). In the words of a resettled refugee woman and survivor of sexual abuse herself, "what happens there follows us here" (Bartolomei et al., 2013, p.49). This simple statement encompasses the complexity of being a survivor of trauma and resettling into a new country, hoping to start a new life. Most women who have been through such violent events find it hard to talk about their experience, for fear of being blamed, ostracised, seen unsuitable for marriage or even assaulted or killed, due to the stigma attached to rape in some cultures (Bartolomei et al., 2013; Keefe & Hage, 2009). The refugee women's life in their resettlement country, and the challenges they will face post-resettlement are and will be informed by the pre-migration events that they have already experienced (Bartolomei et al., 2013; González Campanella, 2022; Stompe et al., 2010).

Although resettled, refugee women remain vulnerable and still at risk. Consequently, the vulnerability and ongoing experience of trauma of refugee women is intertwined with the services that they receive and the people they meet during their resettlement. Women refugees are not just vulnerable *until* their arrival in the host country, but rather, they try to cope with their past experiences and possible traumatisation *during and after* their resettlement (Bartolomei et al., 2013; González Campanella, 2022; Marlowe, 2018; Stompe et al., 2010; Thorogood & Crowther, 2014). Pre-migration experiences will inform how resettled refugee women experience language barrier, learn a new language, adapt to a new country and access the host country's services through language assistance from interpreters.

Maria does not know it yet, but her journey will eventually lead her to become a resettled refugee in New Zealand. One of greatest obstacles she will experience will be facing a language barrier, since she only speaks Spanish, and does not understand English, the language spoken in New Zealand. This language barrier will be particularly challenging for her, especially in health settings, when she will be visiting the hospital for either herself or her children.

2.2.1 A woman, becoming a refugee

To 'understand' refugee women and the 'story' of Maria is to acknowledge their unique journey. I will not provide a comprehensive description of the refugee resettlement processes globally, as other scholars have already reported in detail these resettlement processes (Department of Labour, 2011; Elliott & Yusuf, 2014; González Campanella, 2022; Marlowe & Elliott, 2014;

Marlowe et al., 2014; Mortensen, 2008). Instead, I provide relevant contextual background to highlight the context of the participants recruited into this study by focussing specifically on the resettlement journey of women refugees, like Maria, with particular attention on the refugee category of 'Women-at-Risk' and the key resettlement pathways offered to women refugees coming to New Zealand.

The section that follows is not a comprehensive description of resettlement processes to date, but rather, an attempt to illustrate how a woman, who was once living in her own country, can become a refugee or asylum seeker overnight, and then spend a part of her life in a state of limbo, waiting, hoping to be resettled in a safe place or country that she could call her new home. Definitions and statistics do not fully reveal how a person may go from being a citizen of their country, to suddenly becoming stateless, unlawful, in search of asylum or simply a safe place to call home. For that reason, Maria's story now attempts to show how 'becoming a refugee' in New Zealand can happen.

Maria flees her home in Colombia with her two youngest daughters, aged 1 and 8, and manages to cross the borders to a neighbouring country, Ecuador. Although people in Ecuador speak the same language (Spanish), Ecuador is not Maria's country. She does not know anyone there, nor where to go. She meets a lady who had been to an "office" and told her that "people there" could help her and her children. Maria asks for the address and goes with her daughters to that location. That "office" is a UNHCR field unit.

Maria starts her journey as a refugee once she flees her own country and enters the borders of another to seek refuge. By crossing the borders, she becomes stateless as she seeks protection and asylum in a country which is not 'hers'. In such situations of forced displacement, the UNHCR sends dedicated personnel to affected countries to implement offices (or 'field units'), assist displaced people and work closely with governments to ensure the 1951 Refugee Convention is honoured (UNHCR, n.d.). The UNHCR (n.d.) presents three durable solutions to help forcibly displaced people who have fled their country to lead a "normal life" again:

1. Voluntary repatriation to the country of origin (e.g. Maria can return safely and with dignity to her country of origin, Colombia);
2. Local integration in the country of first asylum (e.g. Maria settles long-term in Ecuador, her country of first asylum, and rebuilds her life there), or

3. Resettlement (Maria is selected and transferred from her country of asylum (Ecuador) to a third country (New Zealand) which has agreed to admit her – as a refugee – granting her permanent residence status and rights similar to those enjoyed by nationals.)

The opportunity for Maria to resettle represents the least common pathway and is available to less than 1% of refugees (Marlowe & Elliott, 2014). It is therefore improbable for Maria to be selected for resettlement, as the vast majority of refugees that she will meet in Ecuador will never be resettled. Refugees who are considered for resettlement under the quota programme must be recognised as mandated refugees. The UNHCR defines mandate refugees as:

> A person who meets the criteria of the UNHCR Statute [and thus] qualifies for the protection of the United Nations provided by the High Commissioner, regardless of whether or not he is in a country that is a party to the 1951 Convention or the 1967 Protocol or whether or not he has been recognized by his host country as a refugee under either of these instruments. Such refugees, being within the High Commissioner's mandate, are usually referred to as “mandate refugees”. (UNHCR, 1979, p.4)

After being interviewed at the UNHCR’s office, Maria and her daughters are recognised as mandated refugees and identified for resettlement by the UNHCR. The UNHCR will then consider the three options listed above to evaluate what would be the best outcome for Maria: voluntary repatriation, local integration or resettlement. Voluntary repatriation is the most desirable solution for refugees, as it would enable Maria to return to her home country safely, once the country’s conditions have sufficiently improved (Department of Labour, 1994). But repatriation is usually not an early possibility (Jacobsen, 2001), and if Maria’s return is deemed not possible or unsafe for her and her daughters, local integration in her country of asylum is then considered. Local integration involves settling a refugee, like Maria, to the country or region where she has fled to (Department of Labour, 1994). In Maria’s case, that would be Ecuador, as she fled Colombia to find shelter and seek asylum in that country. Ecuador is in that case Maria’s “country of first asylum” and settling there is regarded as a “durable solution” by the UNHCR (Jacobsen, 2001). Ecuador may already host many people from Maria’s community, the country’s socio-economic conditions are probably similar and there are likely to be cultural and linguistic similarities with her country of origin.

All these factors could make settling easier for Maria than being resettled far away, to a third country, where society, culture and language may be a lot different and thus harder to adapt to (Department of Labour, 1994). However, since the end of the Cold War, this possibility has become increasingly small, since the permanent asylum and integration of refugees are often seen as a burden to local governments and economies and associated with security problems and criminal activity (Jacobsen, 2001). If the government of the host country of asylum (Ecuador)

is unable to grant Maria permanent asylum and residency status (Jacobsen, 2001), the UNHCR will then consider her resettlement to a third country.

People from the UNHCR field unit help Maria to receive documentation to be legal in Ecuador so that 'officials' would not chase her away. They also help her with food and accommodation for her and her daughters. Maria is relieved – many Colombian refugees cannot find a place to stay, as they face discrimination by locals.

2.2.2 Refugee women from Burundi, the Democratic Republic of the Congo and Colombia

Resettled refugee women from three distinct countries of origin have participated to this study. They originally came from either Burundi, the Democratic Republic of the Congo or Colombia before seeking refuge in other countries and eventually resettling to New Zealand. It is crucial to provide contextual information about these three groups of refugee women to understand the unique circumstances that inform their resettlement and to shed light on their communities as resettled refugees in New Zealand. Their unique experiences as refugees often impact their resettlement experience and their overall integration and wellbeing in New Zealand (López Severiche, 2018; Severiche, 2023). Nevertheless, decades of political history and internal conflict of the participants' countries cannot be accurately summarised without misconstruing information. Nevertheless, it is important to provide some contextual information about the countries of origin of the women participants of this research to widen the knowledge about their specific background as refugees and their specific needs in terms of accessing reproductive, mental health care and other essential services within New Zealand.

Refugee women from Colombia

Colombian refugees have been resettling in New Zealand since 2007-08 (Immigration New Zealand, personal communication, 28 September 2023; Severiche, 2023). The majority of the research participants are Colombian women who fled to Ecuador to seek refuge and are now resettled in New Zealand as part of the country's refugee quota program.

Colombia's 60-year armed conflict originates in the 1940s, with hostilities intensifying since the 1970s (López Severiche, 2018; Shedlin et al., 2016). Today, Colombia's conflict is shaped by the fight between two non-state armed groups, the main guerrillas (FARC) and the right-wing paramilitary groups (Gutierrez Sanin, 2008; Severiche, 2023). As of 2022, over 9 million people have been registered as victims of Colombia's armed conflict and have suffered forced internal

displacement (UNHCR, n.d.). In November 2022 alone, 12 displacement events in Colombia affected particularly vulnerable populations, such as children, adolescents, lactating or pregnant women, and single parents with children (UNHCR, 2022). Like Maria, most Colombian refugees try to flee the Colombian armed conflict by seeking asylum to neighbouring Ecuador, where they can claim refugee status and hope to find safety and start a new life (Severiche, 2023).

Despite neighbouring Ecuador sharing the same language (Spanish) and a close culture to that of Colombia, Colombian refugees struggle to assimilate into Ecuador, due to discrimination and social stigma from the local population who refuse to hire them for work or allow them to rent homes (López Severiche, 2018; Severiche, 2023; Shedlin et al., 2016). Women refugees are particularly impacted by these hard conditions, with some resorting to survival sex and prostitution (Shedlin et al., 2016). Although Colombian women in Ecuador view sex work as socially unacceptable, it is one of the few stable jobs available to female refugees and thus often necessary for survival (Shedlin et al., 2016). An interviewed Colombian woman refugee in Ecuador explained that "women (…) engage in prostitution so their children don't go hungry, and their husbands have to accept this because neither is working" (Shedlin et al., 2016, p.43).

Although this research does not focus on the pre-settlement life of Colombian refugees, many participants disclosed information about the hardships and discriminations they faced during their stay in Ecuador. Even after their resettlement in New Zealand, Colombian refugee women continue to be impacted by their previous traumas related to the armed conflict and violence in their country. These traumas can also extend in the form of discrimination and hardships encountered their country of asylum, whilst contending with ongoing complex feelings of guilt and sadness about leaving behind their own country and loved ones (Severiche, 2023).

Maria starts looking for a job, but it is a massive challenge. Ecuadorians don't want to hire any Colombians, or they try to exploit them. She ends up selling food at traffic light stops with other refugees. Local policemen sometimes attack and beat her and other Colombians to chase them away. Someone attacked Maria at gunpoint once and stole all her money in front of her children.

Refugee women from the Democratic Republic of the Congo

Refugees from the Democratic Republic of the Congo (DRC) have been resettling in New Zealand since 1997-98 (Immigration New Zealand, personal communication, 28 September 2023). The DRC represents one of Africa's most complex and long-standing humanitarian crises (UNHCR, 2023). The eastern region of DRC has been embroiled in a conflict for over two decades, which has been called the deadliest since World War II (Kelly et al., 2021). Today, the DRC is the country

with the largest internally displaced population in Africa, with over 5.6 million internally displaced people within the country as of 30 November 2021, and over 1 million Congolese refugees in Africa as of 31 March 2022 (Kelly et al., 2021; UNHCR, 2022). The DRC itself also hosts more than 500,000 refugees from neighbouring countries (UNHCR, 2022), including refugees from Burundi, the other African country of interest to this research (see section below on "Refugee women from Burundi").

The complex regional context of the DRC's situation increases the risk of sexual violence upon the vulnerable populations, particularly in eastern DRC (Pratt & Werchick, 2004). The DRC has been plagued by conflict since the country gained independence from Belgium in 1960 (Brown, 2011) a situation reflected by the acts of rape and violence against women, particularly in the eastern provinces of DRC, following cross-border hostilities in 1991. In 1994, the Rwandan genocide intensified the regional conflict, resulting in the exodus of Rwandan civilians and armed groups into the DRC (Pratt & Werchick, 2004). Brown (2011) asserts that much of today's ongoing conflict in the DRC has its roots in the aftermath of the Rwandan genocide in 1994 which implicated over time many different ethnic militias (Brown, 2011). Consequently, the perpetrators of war crimes and sexual and gender-based violence have come from "all of the armies, militias and gangs implicated in the conflicts, including local bands that attacked their own communities" (Pratt & Werchick, 2004, p.7).

The magnitude of the horrific acts of sexual violence perpetrated against women and girls in the DRC has been such that the DRC has been labelled "the worst place on earth" to be a woman or a child (Brown, 2011; Kelly et al., 2021; Kippenberg, 2009). A brief search on Google Scholar web search engine brings up academic publications and articles with distressing titles, namely "Rape of the Congo", "Sexual Terrorism", "Rape as a weapon of war" or "Rape with extreme violence", depicting the extend of the scourge of sexual violence in the country. The Human Rights Watch 2009 report (Kippenberg, 2009) explains the extent of the DRC situation regarding the violations of human rights and gender-based violence and rape committed against girls and women:

> In the Democratic Republic of Congo, tens of thousands of women and girls have suffered horrific acts of sexual violence. […] The destructive long-term physical, psychological, and social effects of sexual violence on the victims cannot be underestimated. The situation is particularly bad for girls, who are at risk of serious injuries after rape, and whose health is at risk if they get pregnant. Their future is often compromised as they have difficulty finding a partner, drop out of school, are rejected by their own family, or have to raise a child born from rape while still being a child themselves. (Kippenberg, 2009, p.4-5)

Women at risk, single parents, separated and unaccompanied children and gender-based violence (GBV) survivors are amongst the many refugees and asylum-seekers from the DRC who have specific protection needs and require dedicated assistance (UNHCR, 2023). Some refugees may lack access to basic necessities and services, including access to primary healthcare, sexual and reproductive healthcare and psychosocial support (UNHCR, 2023). The primary durable solution for DRC refugees is local integration in asylum countries such as in the Congo, or voluntary repatriation to the DRC, as "resettlement remains a solution available only to a very limited number of vulnerable refugees, including women, children, and those in urgent need of protection" (UNHCR, 2023, p.42-43). Therefore, DRC refugees who have resettled in New Zealand represent an infinitesimal percentage of those who manage to leave through the UNHCR's assistance and resettle in a host country, such as New Zealand.

Refugee women from Burundi

Refugees from Burundi have been resettling in New Zealand since 1995-96 (Immigration New Zealand, personal communication, 28 September 2023). Since 1960, Burundi has faced internal conflict resulting in the loss of hundreds of thousands of lives (Agbalajobi, 2009). It is today both a country of origin of refugees, as well as a country of asylum for refugees, nearly all of whom (99%) come from the DRC (UNHCR, n.d.). Burundi's main conflict involves the country's two main ethnic groups, the Hutus and the Tutsis, who are responsible for major clashes and massacres between 1965 and 1993, in addition to a culture of violence hard to resolve in the country (Agbalajobi, 2009). Burundi has experienced repeated cycles of forced migration, often accompanied by the return of Burundian refugees back into the country (Schwartz, 2019). A mass displacement took place following the political turmoil of the year 1993, with violent ethnic confrontations between the Hutus and the Tutsis resulting in over 100,000 people killed and leading to the start of Burundi's 1993-2005 civil war (Agbalajobi, 2009; Schwartz, 2019). A new crisis in 2015 spurred another wave of mass displacement with more than 100,000 Burundians fleeing to neighbouring countries (Schwartz, 2019).

Burundian women have experienced poor maternal and reproductive health outcomes due to the armed conflict in Burundi (Chi et al., 2015). This includes pregnancy and childbirth-related complications due to poor or no access to skilled services (Chi et al., 2015). In addition, prostitution and survival sex is a reality that young women face in displaced people's camps, even amongst teenage girls between 12-18 years experiencing unwanted pregnancies and clandestine abortions (Chi et al., 2015).

It is evident that the pre-resettlement experiences of refugee women from Burundi, the Democratic Republic of the Congo and Colombia have much in common in terms of their

background of trauma, and pre-migration experiences linked to their lives as refugees that may dwell in them as they resettle to New Zealand.

New Zealand resettlement statistics for Colombia, Burundi and the Democratic Republic of the Congo

The statistical information below was obtained through personal communication with the Refugee and Migrant Services Department of Immigration New Zealand (MBIE) on 28 September 2023, after my request for information under the Official Information Act 1982 (OIA).

Table 1:

First recorded year of resettlement to New Zealand for refugees from Burundi, the DRC and Colombia.

COUNTRY OF ORIGIN	FIRST RECORDED RESETTLEMENT YEAR TO NEW ZEALAND
COLOMBIA	2007-08
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	1997-98
BURUNDI	1995-96

Table 1 above indicates the recorded year during which refugees from these specific countries were resettled in New Zealand (or estimate, as per personal communication with INZ).

Table 2:

Percentage and position of resettled refugees from Burundi, the DRC and Colombia from 1979-80 to 2022-23 and estimated population numbers in New Zealand.

COUNTRY OF ORIGIN	PERCENTAGE/POSITION OF RESETTLED REFUGEES	POPULATION (2023)*
COLOMBIA	4.7% (8th position)	1,586
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	1.5% (14th position)	513
BURUNDI	0.7% (20th position)	241

Table 2 showcases the percentage of resettled refugees from the recruited population groups compared to other refugee populations in New Zealand from 1979-80 to 2022-23 financial years. The table also indicates the official estimation of the population number for each of these refugee communities as of 2023 in New Zealand. The asterisk(*) in the third column indicates a footnote inserted from the official source, which I am reporting verbatum for additional clarity:

> There are possibilities that resettled refugees would move overseas. Hence, the figures provided are based on the assumption that resettled refugees from these countries have not moved overseas but continue to live in

> New Zealand since their first arrival to July 2023. (Immigration New Zealand, personal communication, 28 September 2023)

The data positions Colombia as one of the biggest communities in terms of refugee intakes in New Zealand as it comes in 8th position with Colombian refugees representing 4.7% of resettled refugees in New Zealand. The Democratic Republic of the Congo (DRC) comes in 14th position, with 1.5% of resettled refugees in New Zealand originating from that country. Burundi represents the smallest population in this research, coming in 20th position, and representing less than 1 out of 100 refugees in New Zealand, with only 0.7% of resettled refugees in New Zealand originating from that country.

Table 3:

The most recent estimate of the number of resettled women refugees (age 18 years old and above) from Burundi, the DRC and Colombia from 2011-12 to 2022-23.

COUNTRY OF ORIGIN	ADULT WOMEN POPULATION IN THE PAST 10 YEARS (2011 TO 2023)
COLOMBIA	444
DEMOCRATIC REPUBLIC OF THE CONGO (DRC)	97
BURUNDI	4

Table 3 focuses on the population of adult women specifically. Data on refugee women with or without children was also requested, however this information was not provided as part of my Official Information Act (OIA) request. Another footnote from the Refugee and Migrant Service is replicated for clarity:

> The most recent estimate of the number of resettled women refugees from the communities of DRC, Burundi and Colombia from 1979-80 to 2010-11 were excluded as the data source within this timeline does not contain gender. (Immigration New Zealand, personal communication, 28 September 2023)

These figures provide the most recent official information about participants' countries of origin. The findings of this thesis bring visibility to the perspectives of both larger and smaller women refugee communities from two very different geopolitical cultures: Latin America (Colombia) and Africa (Burundi and the DRC). Nevertheless, it is regrettable that the timeline of refugees from the communities of DRC, Burundi and Colombia from 1979-80 to 2010-11 did not contain gender, and thus an accurate estimate of the total population of women from these countries cannot be provided in New Zealand. This information further perpetuates the tendency for women to be 'hidden' within population numbers along with men refugees, although their

vulnerability and status has been proven to be particularly vulnerable and require special attention (Newland, 2003). Detailed information on participants appears in Methods chapter 5.

When Maria met people working for the UNHCR, she thought that the help provided by the UNHCR was only for Ecuador. Despite facing discrimination daily, Maria tried to find a way to start a new life for her and her daughters in Ecuador. She did not know that "UNHCR people" would send her case to other countries to assess her situation and resettle her.

2.2.3 Selection process for resettlement to New Zealand

The UNHCR's initial selection process

According to the UNHCR's Resettlement Handbook (2011), refugees can have their case submitted to a resettlement country, such as New Zealand, if they meet the requirements for submission under one (or more) of the following resettlement submission categories:

- Legal and/or Physical Protection Needs of refugees in the country of refuge;
- Survivors of Torture and/or Violence;
- Medical Needs, in particular for those in need of a life-saving treatment;
- Family Reunification, to reunite refugee family members through resettlement;
- Children and Adolescents at Risk;
- Lack of Foreseeable Alternative Durable Solutions (UNHCR, 2011), or
- Women and Girls at Risk, with protection problems particular to their gender.

I now focus on the last category on the list, namely "Women and Girls at Risk". Following Maria's story so far, we can see that she is not only identified as a Woman-at-risk, but has also been affected by numerous of the conditions listed above. After interviewing Maria and identifying her as a refugee, the UNHCR can submit Maria's refugee application for consideration for resettlement in New Zealand, in accordance with New Zealand's annual resettlement plan (INZ, 2021, 2018). Then, Immigration New Zealand (INZ) processes and decides on Maria's case while taking several factors into consideration, e.g. INZ's policies at the time of her application, Maria's case credibility, and factors pertaining to settlement, security, immigration risk, and health (INZ, n.d.). INZ can only consider Maria's resettlement under the refugee quota if her case was referred to INZ by the UNHCR (INZ, 2021, 2018). Only the UNHCR can decide if Maria needs resettlement, and whether her case can be referred to a safe third country, like New Zealand (INZ, 2021). New Zealand cannot request specific cases nor advocate on behalf of a specific refugee like Maria. Refugee women like Maria have little control or autonomy about the

decisions being made about their lives, and even more so if they do not understand the language spoken and written in the whole process.

New Zealand's selection process

Refugees can arrive in New Zealand in four ways (INZ, n.d.):

1. As "mandated refugees", meaning people who have been recognised as "refugees" by the UNHCR and arrive in New Zealand as part of a quota through the UNHCR's resettlement programme;
2. As "convention refugees", meaning people who have fled their country and are claiming refugee status, such as asylum-seekers, and who are given refugee status by the New Zealand Government under the 1951 Convention and the 1967 Protocol relating to the Status of Refugees;
3. Through family reunification: a refugee resident in New Zealand can sponsor a family member to join them in New Zealand as a refugee, or
4. Through Community Organisation Refugee Sponsorship (CORS) which enables New Zealand-based community organisations to sponsor refugees for resettlement.

At present, quota refugees arriving under the UNHCR resettlement scheme are the single largest group of refugee-background arrivals in New Zealand (González Campanella, 2022). The Refugee Quota Programme is decided by the New Zealand Government in three-year cycles, and its composition is agreed to annually by the Minister of Immigration and the Minister of Foreign Affairs (INZ, n.d.; Parliamentary Service, 2020). The programme is run by the Refugee and Migrant Services Branch (RMS), a branch of Immigration New Zealand (INZ), which sits within the Ministry of Business, Innovation and Employment (MBIE). Today's quota programme is comprised of different refugee subcategories, which are detailed in Table 4 below, collated from data provided by MBIE (MBIE, 2019, 2021, 2022). The increase of the allocated places for emergency, crisis situations and the Women-at-risk categories reflects the urgent needs for resettlement for these specific groups:

Table 4:

Latest evolution of the Quota Refugees Programme subcategories in New Zealand

	Number of places per year		
Subcategories	**Before 2020**	**2020 to 2022**	**2022 to 2025 (projections)**
Medical conditions and disabilities	Up to 75 (Including up to 20 for HIV/AIDS)	Up to 75	Up to 75
Emergency/urgent resettlement	Up to 35	Up to 35	Up to 100
Afghan refugees	0	0	200 to 300
Places offered to Australia (offshore asylum legislation)	150	150	150
Large-scale refugee crisis situations	100 (+/- 10%)	200 (+/- 10%)	200 (+/- 10%)
Women-at-risk	At least 75	At least 150	At least 150
General protection (including family reunification)	Remainder	Remainder	Remainder
Total	1,000	1,500	1,500

2.2.4 Resettlement of refugee Women-at-risk to New Zealand

Resettling into a third country can be particularly challenging for refugee women like Maria (Mangrio et al., 2019). Refugee women can be perceived as a burden by the host country's economy, as they may be presumed to be dependent on state benefits (Department of Labour, 1994). They are often less educated than men, may not speak the resettlement country's language, have less to no working experience or skills, and may be occupying a more traditional role by raising their children as heads of household (Burn et al., 2014; Department of Labour, 1994; Mangrio et al., 2019). To address this resettlement issue, the UNHCR implemented the special "Women-at-risk" programme in 1988 (Department of Labour, 1994; UNHCR 2011). The UNHCR (2011) provides a definition of "Women and Girls at Risk", or "Women-at-Risk":

> UNHCR considers as a woman at risk or a girl at risk those women or girls who have protection problems particular to their gender, and *lack effective* protection normally provided by male family members. They may be: single heads of families, unaccompanied girls or women, or together with their male (or female) family members.
>
> Refugee women or girls may be at risk of or have suffered from a wide range of protection problems, including expulsion, *refoulement* and other security threats, sexual violence, physical abuse, "corrective" rape of women perceived to be lesbians, intimidation, torture, particular economic hardship or marginalization, lack of integration prospects, community hostility, and different forms of exploitation.

> Such problems and threats are often compounded by the effects of past persecution sustained either in their country of origin or during flight. The trauma of having been uprooted, deprived of normal family and community support systems and cultural ties, the abrupt change in roles and status, the fact or threat of violence, or the absence of male family members (while not an absolute condition), may render some refugee women or girls particularly vulnerable. (p.263)

The above definition identifies Maria and her daughters as women and girls at risk, and the UNHCR will need to secure their immediate protection needs and assess their longer-term protection needs (UNHCR, 2011). Resettlement is considered when women cannot receive the medical attention, health care or psychological support that they require in their country of origin (in case of repatriation) or country of refuge (in case of local integration). As observed previously, refugee women who have been severely traumatised in their country of origin are more vulnerable to being re-traumatised. The psychological effects of past trauma and the adverse circumstances in the country of refuge are likely to exacerbate their state of mental health, impact negatively the refugee woman's capacity and willingness to integrate locally in the country of refuge and to provide for her own children (UNHCR, 2011). Being formally identified as Women-at-Risk is therefore crucial for Maria and her daughters to be given the protection they need.

To recover from traumatic experiences linked to their life conditions and experiences, Maria and her daughters may require psychological counselling and qualified medical care. However, such care may not be available in the country of refuge. Therefore, resettlement to a third country may be the only way for Maria to be protected and given access to the appropriate healthcare services for a long-term recovery from psychological, mental and physical trauma. For survivors of sexual violence, like Maria, specific medical assistance may be needed to address sexually transmitted diseases, HIV/AIDS, sequelae from female genital mutilation, self-practiced abortion, or other related health problems (UNHCR, 2011), that may only be accessible in countries of resettlement, such as New Zealand. The UNHCR urges that, to address the additional challenges involved in securing the protection of women and girls at risk, governments must work in partnership with the UNHCR, UN organisations, NGOs and women themselves (UNHCR, 2011). Therefore, to ensure refugee women and girls' protection, and address challenges related to their particularly vulnerable situation, certain countries, such as New Zealand, introduced special resettlement quotas and/or programmes specifically for women refugees (Newland, 2003; UNHCR, 2011), as shown in Table 4 above.

Life was very hard in Ecuador. Maria tried to find a job and a way for her children to attend school and move forward. Maria was working from dawn to dusk, and her daughters were already asleep by the time she would come home. Sometimes she would wake them up at night to look into their eyes. She felt like she had not seen her children in a long time.

Evolution of the 'Women-at-risk' category in New Zealand

In 1989, New Zealand became the second country in the world to assign a special category for 'Women-at-Risk' as part of the country's annual refugee resettlement quota (Department of Labour, 1994). The very first New Zealand intake of women-at-risk welcomed 19 Vietnamese in 1989 and was sponsored by the New Zealand Red Cross (NZ Red Cross) as a special gesture during the organisation's 125th anniversary since its creation in 1863 (Department of Labour, 1994). Since then, New Zealand has been receiving women-at-risk for resettlement on an annual basis (Department of Labour, 1994).

As of July 2020, the number of refugee women arriving under the 'Women-at-Risk' category doubled from 75 and has been set to at least 150 per year (MBIE, 2018). The refugee quota places under this specific category are exclusive to women who travel alone, or have children under their care, and are therefore particularly vulnerable to violence and transit risks. Like Maria, many of the participants of this research arrived in New Zealand under that specific category. DeSouza (2011) looked at the resettlement experiences of women who entered New Zealand through the Women at Risk category. DeSouza (2011) states that very little is known about this particularly vulnerable category of refugee women even though they migrate on their own and had to cope with multiple dangers and challenges as being the sole heads of their household. Participants in this current study include women who arrived in New Zealand under the Women at Risk category, thus providing further understanding of this group of refugees' uniquely vulnerable experiences.

Pre-arrival processes

Prior to arrival in New Zealand, the INZ sends a team of Refugee Quota Selections Officers overseas to meet with Maria and other refugees selected for resettlement, to undertake interviews and a comprehensive screening to assess their credibility, security, risk and health requirements (INZ, 2021). This can be a sensitive process for Maria, as she may have to disclose traumatic events that she experienced in Colombia and the (possibly illegal) means that she used to flee and arrive in Ecuador. As disclosed previously, many women like Maria may struggle to divulge such painful experiences, or risk re-traumatisation by doing so and can even fear that

they will not be believed (Bartolomei et al., 2013; Department of Labour, 1994; Keefe & Hage, 2009). Following the interview, an assessment is completed for Maria to identify her and her daughters' needs and any services required once they arrive in New Zealand (e.g. schooling for her daughters). Health assessments are also completed before arrival and are followed up, if necessary, by a medical team upon arrival in New Zealand. Maria will also be provided with written and visual information (videos and other documentation) on working and living in New Zealand, to give her an introduction to what life is like in New Zealand (INZ, n.d.).

Maria had been living in Ecuador for 2 years when she received a call from the people from the UNHCR. They told her that she had been selected to be resettled. Her case had been studied by the New Zealand Government and they would be interested to resettle her and her daughters in New Zealand. Maria had heard of other refugees who moved to other countries before, but she thought she would never be lucky enough to have such a thing happen to her. She felt happy.

2.2.5 Resettlement disruptions during the COVID-19 pandemic

The time of the research coincided with the emergence of the COVID-19 pandemic, a major unforeseen obstacle that disrupted the world and the course of the research for over two years, between 2020 and 2022. Although countries and governments from around the world united their knowledge to fight the spread of the pandemic and distribute vaccines, strict border control restrictions and unprecedented quarantines were put in place in an effort to contain the spread of the virus. These restrictions disrupted the resettlement of quota of refugees to New Zealand, leaving many refugees in a grey zone, not knowing if or when they would be resettled.

COVID-19 impact on global refugee resettlement

According to the UNHCR, the COVID-19 pandemic forced many countries to tighten their borders, thus leaving many refugees stranded at sea for months (UNHCR, 2021). For refugee populations who were forced to flee conflict and persecution during the pandemic, the sense of isolation and fear would have been particularly devastating (UNHCR, 2021). Nearly 90 percent of the world's refugees live in low and middle-income countries with limited public healthcare systems and basic services, which put them at high risk of contracting the disease. COVID-19 started spreading worldwide in January 2020, and by May 2020, at least 90 countries, including New Zealand, had imposed border restrictions to contain the spread of the virus with no exceptions for refugees and asylum-seekers. Despite an estimated 1.44

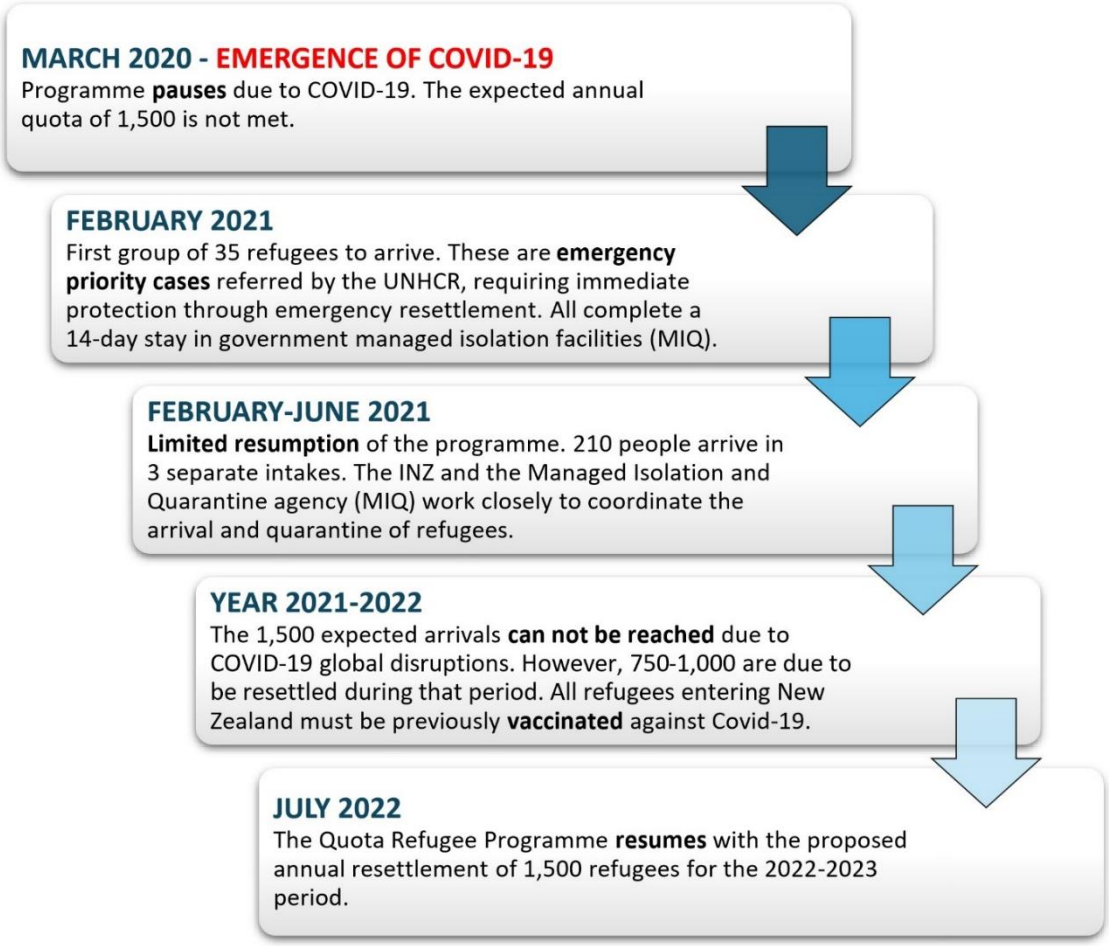
million refugees in urgent need of resettlement globally, only 22,770 were resettled in 2020, which represents an 80 percent reduction from 2019 (UNHCR, 2021).

COVID-19 impact on New Zealand's Refugee Resettlement Programme

Due to the strict health, safety and travel restrictions measures in place, as well as a mandatory quarantine imposed by numerous countries, travelling between countries became harder during the pandemic. As a result, it became almost impossible for New Zealand, and many other countries, to honour the Hague Convention as signatories and to receive the expected number of quota refugees. Consequently, the quota programme allowing refugees to enter New Zealand halted for several months, as the country's efforts and attention were redirected into addressing the pandemic domestically. An exception was made for a very small number of priority emergency cases of refugees needing emergency resettlement (INZ, 2021). The adjustment of the quota refugees' intake to the unexpected disruptions of the COVID-19 pandemic is briefly illustrated in the timeline below, collated from data provided by New Zealand Immigration at the time of the pandemic (INZ, 2021).

Figure 2:

Impact of the COVID-19 pandemic on New Zealand's Quota Refugee Resettlement Programme



At the time of the completion of this study (2024), the Quota Refugee Programme has now resumed, with New Zealand being able meet its expected annual quota of resettled refugees.

Although Maria received the news that she was selected for resettlement after 2 years of living in Ecuador, it would take her another 2 years before she finally arrived in New Zealand. Maria had fled to Ecuador a few months before the COVID-19 pandemic hit, and although her case had been selected, no one could tell her exactly when her resettlement would finally take place. Maria and her daughters lived as refugees in Ecuador for about 4.5 years before they were finally resettled to their host country, New Zealand.

2.2.6 Arrival in New Zealand

Refugees who arrive in New Zealand under the Refugee Quota Programme are granted Permanent Residency status in New Zealand. This means that Maria is a Permanent Resident of

New Zealand upon her arrival, and she is therefore able to live and work in the country indefinitely and can also leave and return as she wishes (Parliamentary Service, 2020). Maria can also access government funded services and benefits like any other resident and can apply for New Zealand citizenship and passport after five years of residency in the country (INZ, 2021). Although Maria and her daughters are part of the 1,500 quota refugees selected for resettlement in New Zealand, they do not arrive in the country all together at once. As of 2020, there are a total of 7 intakes a year in New Zealand, and each of the 7 intakes is comprised of a cohort of around 214 refugees who spend 5 weeks at the Mangere Refugee Resettlement Centre (MRRC), also known as 'Te Āhuru Mōwai o Aotearoa – TĀMA' (INZ, n.d.; MBIE, 2018, 2020).

The MRRC is the only refugee resettlement centre in New Zealand which provides quota refugees with a temporary home for their first 5 weeks in the country. In the context of the COVID-19 pandemic, the health restrictions at the time of research (2020-2022) obliged refugees - and any other person entering New Zealand - to spend their first two weeks upon entering the country in a Managed Isolation and Quarantine (MIQ) facility. This MIQ facility was often a designated hotel room, in which refugees were required to quarantine for two weeks before they could be transferred to the MRRC. The MRRC is managed by INZ, which works in partnership with other government agencies and non-government organisations (NGOs) to run the five-week reception programme. This reception programme welcomes refugees like Maria by assisting them during their stay at the MRRC, and providing them with key services such as language assistance through interpreters, as they prepare for their new lives in New Zealand.

On arrival

On their day of arrival in New Zealand, Maria and her daughters are greeted by an organisation entrusted by the New Zealand Government to welcome and resettle newcoming refugees. At the time of the research and participant recruitment (2020-2022), the NZ Red Cross was the organisation entrusted with that role. The NZ Red Cross had integrated Refugee Services Aotearoa in 2012, becoming the primary agency responsible for the resettlement of quota refugees in New Zealand (NZ Red Cross, n.d.). At the time of data collection (2020-2022), the Red Cross NZ was still contracted by the Ministry of Business, Innovation and Employment (MBIE) to provide refugees with support at the time of their arrival and for their first 12 months of resettlement in New Zealand (MBIE, 2021).

To enable communication, an interpreter or a bilingual worker of the NZ Red Cross is present at the airport to welcome Maria in her own language. As Maria and her daughters are resettled to New Zealand at the time of the COVID-19 pandemic, they are transferred to a MIQ facility where they will stay for two weeks, to make sure they have not contracted COVID-19 during their

travel, and thus limit the spread of the virus into the community. An interpreter is also made available to assist Maria and other newly arrived refugees during their quarantine period of two weeks. After those initial two weeks of quarantine, all newly arrived refugees are received at the MRRC, where interpreters will help them access information in their own language and understand the MRRC's reception programme, the first step to their resettlement process.

New Zealand's Refugee Resettlement Strategy

Now that Maria and her daughters have started their resettlement journey at the MRRC, they have become part of the Refugee Resettlement Strategy, a framework established in 2012 by the New Zealand Government to assist refugees during their arrival in New Zealand (Parliamentary Service, 2020). The goal of this strategy was to develop a reception programme focusing on some key resettlement areas, such as (mental) health assessments, settlement planning, orientation to living in a multicultural society and working in New Zealand, education, Taha Māori *(Māori perspectives)* and English language classes. Inside the MRRC is Auckland University of Technology's (AUT) Centre for Refugee Education, which provides an on-arrival 5-week education programme to quota refugees. Refugee children and teenagers, like Maria's daughters, are prepared for their introduction into the New Zealand classroom and national curriculum, by being immersed into a daily school-like environment to give them a sense of routine and initiate them to the New Zealand school-model. Maria and her daughters will also be assisted by other organisations such as Refugees as Survivors New Zealand (RASNZ) which provides culturally sensitive mental health and wellbeing services to people from refugee backgrounds, to assist them with their resettlement process, a service once again facilitated by interpreters. RASNZ also directs the Mangere Clinical Team which is based at the MRRC. The Mangere Clinical Team is comprised of health professionals (psychologists, body therapists, clinical nurses) who meet with Maria and her daughters to identify and assess mental health concerns and provide counselling (RASNZ, n.d.).

Understanding the New Zealand local structures in place is key, as interpreters are present in all these services to assist with access and facilitate communication (Britz, 2017; Crezee, 2016; González Campanella, 2022). From the moment they arrive in New Zealand, all resettled refugees are assisted by Red Cross cross-cultural workers who often come from the same cultural/linguistic background as the refugees, as well as professional interpreters who enable the communication between the refugees, the staff and health professionals on site (INZ, 2020). Once Maria leaves the MRRC and starts living in the community, interpreters will help her communicate in different daily life settings and access healthcare and other essential services.

Settling in the community

After completing the MRRC's 5-weeks reception programme, Maria and her daughters, and other quota refugees, leave the MRRC to be settled in different cities throughout New Zealand. Suitable housing is located for refugees like Maria prior to completion of the reception programme, in the form of either public housing or private rentals in various New Zealand cities, e.g. the Auckland region, Waikato, the Wellington region, Nelson, Christchurch, Dunedin, Invercargill and Blenheim (INZ, n.d.). Once Maria settles in her new rental house and into the community, she and her daughters will receive settlement support through the NZ Red Cross organisation for up to 12 months. Red Cross cross-cultural workers, NGOs and refugee support volunteers will help Maria adapt to her new life, by helping her enrol for English classes, driving lessons, register to her local medical centre and enrol her daughters to school. Out of all the factors that will help Maria with her resettlement, her proficiency in the language of her resettlement country (New Zealand English), or experience of a language barrier is one of the most important as it can impact her mental and physical health and access to services upon arrival in New Zealand (Badu et al., 2023; Bulman & McCourt, 2002; Fair et al., 2020; Hollowell et al., 2012; Puthussery, 2016).

Interpreters facilitating the refugees' resettlement process

Many refugee women like Maria arrive in New Zealand with little to no English language ability to communicate and understand 'what is going on' during their resettlement. Adapting, adjusting to their new lives and learning to communicate in English represent a lengthy period of growth and adjustment that can last for many years (Burn et al., 2014; Field et al. 2020; Hope, 2013). For some refugee women, their interactions with interpreters may be their only opportunity to speak to someone in their own language and feel connected and understood. Therefore, interpreters occupy a key role in Maria's new life in New Zealand, from her arrival and up to many years after she has resettled in the country. Understanding the interpreters' role and how Maria experiences their interactions can provide insights into the needs of resettled refugee women and the language assistance services that they receive. As the focus of this research is on the experiences of refugee women using interpreters, part two of this chapter describes the New Zealand interpreting services that refugee women come to access.

2.3 PART II: Interpreters Assisting Refugees in New Zealand

2.3.1 Introduction

Human migration and the arrival of refugees have shaped New Zealand into an increasingly multilingual and multicultural society, with authors characterising the country as culturally and

linguistically *superdiverse* (Clark & McGrath, 2009; Enríquez Raído et al., 2020; Gao, 2021; González Campanella, 2022). Kathy Connolly, the general manager of the 2018 Census, illustrates New Zealand's multicultural and diverse population by pointing out that "27.4 percent of people counted (in the 2018 Census) were not born in New Zealand" and that "those with an overseas birthplace were born in almost every country in the world, including 15 people born at sea" (Statistics New Zealand, 2019, para.3).

To respond to the language needs of such a diverse and multilingual population, interpreters are hired, face-to-face, remotely and online (over-the-phone (OPI) and video interpreting), to facilitate the communication needs for all. In the case of language assistance to refugee populations, interpreters play a major part in the services offered to resettled refugees. Interpreters are often needed within mental health communication settings, medical examinations, immigration, security/police institutions, community settings, Work and Income, family re-unification interviews, family support and other visa applications (MBIE, 2020). Interpreters are more than language mediators: they have an active role in helping refugees to settle in their new country and become part of the refugees' experience and first impressions of what life is like in New Zealand.

In the case of refugee women, like Maria, interpreters are indispensable to give them "a voice" in situations where they encounter a language barrier. Through interpreting, interpreters offer refugee women access to the language of the host country, and therefore access to health information and important everyday services (Britz, 2017; Crezee, 2016; Hale, 2011; Karliner et al., 2007; Shrestha-Ranjit et al., 2020). Interpreters become key facilitators - they enable refugee women to understand what factors are being discussed and make informed decisions about the new services offered to them in New Zealand by helping them navigate the unfamiliar systems of their host country. Interpreters are the ones able to facilitate exchanges by helping refugee women communicate, engage in conversation, access information, ask questions, and overall, be present and converse with the service providers of their host country. To enable such dialogue to take place, interpreters use their knowledge of two languages to break through any language, communication and cultural barriers (Crezee, 2016; Crowther & Lau, 2019; Shrestha-Ranjit et al., 2020). Using the help of an interpreter ensures that the human right of refugee women to access information, services and health care is granted.

After living as refugees for more than 4.5 years in Ecuador, Maria and her two youngest daughters, now aged 5 and 12, can finally fly to their resettlement country, New Zealand. Maria is very stressed about her arrival and her ability to communicate in an English-speaking country. She does not speak English; she can only say "hello" and "thank you". She is very relieved when a Spanish interpreter greets her upon her arrival at Auckland International Airport.

Interpreters guaranteeing human rights

Through their work, interpreters do not only practise their profession, but they also grant and ensure an international human right to people all around the world. Article 2 of the Universal Declaration of Human Rights (1948) states that all people are entitled to the rights and freedoms set in the declaration, without distinction of any kind, including that of language. The European Commission further solidifies the right to communication into one's own language by stating that "access to translation and interpreting in public service settings is a natural, human right to be guaranteed. Failure to enforce it may endanger the life and the well-being of millions of people while perpetuating a social landscape where everyone is not equal" (European Commission, 2011:21).

Within New Zealand, such right is further protected by Right 5 of the Code of Health and Disability Services Consumers' Rights (1996), which states that "every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter" (Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996). This underlying responsibility underpinning every interpreter's work renders their task even more necessary but also quite complex. For instance, it is important to distinguish how being a 'professional' interpreter versus an untrained interpreter may have serious consequences on the experiences of refugee women as clients, and for the interpreting profession as a whole (Hale et al., 2020).

2.3.2 An essential yet unregulated profession

It is important to note that, across the world and within New Zealand, the interpreting profession is not a homogenous one, as people may provide interpreting services casually, as a side-job, or act as volunteers, when others may spend years studying, training and taking care to abide by strict work ethics to qualify as professionals at a high level. Baigorri-Jalón (2015) points out that many interpreters around the world - and I add here that this is also the case in New Zealand - are not necessarily *professional* interpreters, because (1) their duties went

beyond interpreting, (2) they were not paid, and/or (3) they had no formal preparation/training. In practice, interpreters can be considered as 'professionals' although they may have been hired simply due to their "self-reported bilingual proficiency", and being paid for their services (Mikkelson, 2020, p.2).

Nevertheless, being paid to interpret does not mean the person is indeed a professional interpreter, as the paid status is not indicative of the level of training or language proficiency that the interpreter has received (Mikkelson, 2020). This discrepancy of 'professionalism' across the industry inevitably brings inconsistencies in the services provided (González Campanella, 2022; Marianacci, 2022), and thus contributes to the fluctuating experiences that refugee women have had of these services, as this thesis will later explore. It is therefore paramount to portray the interpreting profession in New Zealand and to explain the context of the interpreting industry at the time of this research, as it will greatly define the experiences that refugee women have had when using local interpreting services.

During her first years in New Zealand, Maria and her daughters will meet interpreters from various backgrounds. Some are bilingual volunteers, community members or former resettled refugees themselves, now working for NGOs or resettlement services. Others are trained and qualified professional interpreters. But to Maria there is no difference, as for her, anyone who speaks both English and Spanish and helps her communicate in New Zealand is indeed an interpreter. Maria only differentiates what she calls "good" and "bad" interpreters based on her experience with each of them.

Importance of professionalism and ethical conduct

To become an interpreter, language proficiency alone is not enough in itself to make someone a competent professional (Clark & McGrath, 2009). Baigorri-Jalón defines a "profession" as "a paid occupation or calling based on expert knowledge and often academic training" (2015, p.24). Interpreters must study for years to turn their linguistic abilities into a professional skill. Furthermore, being a trained professional does not only mean that the interpreter knows how to 'do their job properly', but also guarantees that they have received appropriate training on how to act/react under very sensitive and high-pressure environments. Many of the situations in which interpreters are needed are highly sensitive (e.g. psychotherapy, police interrogations) and involve the disclosure of personal, confidential, and traumatic information during health consultations (González-Campanella, 2022; Hlavac, 2017; Marianacci, 2022). Maria and her daughters will have such sensitive appointments during which they will need the assistance of an interpreter to communicate with services between Spanish and English.

Today, interpreting is recognised as a profession, thus sparking debates on the professional standards and ethics that are to be followed (Gao, 2021; Crezee, 2015). Interpreters are not only called to orally translate between languages, but they also perform other tasks on behalf of the people they are interpreting for, such as persuading, agreeing, lying, comforting, accusing and denying (Karanasiou, 2016; Nyerges et al., 2022). A 2022 study conducted in the United States even identified five prominent positions that interpreters take when interpreting for refugees, namely by adopting the role of the conduit, the clarifier, the co-clinician, the comforter and the volunteer (Nyerges et al., 2022). Such roles often move beyond the 'classic' scope of the interpreter's role and training (Gao, 2021; Nyerges et al., 2022) and could potentially blur the lines between what is expected, accepted or even allowed in a professional service provision setting (Crezee & Jülich, 2020; Crezee et al., 2020; Gao, 2021; Marianacci, 2022). Therefore, by receiving appropriate training and abiding by a set code of ethics, trained interpreters become aware of their professional role boundaries, expectations and obligations, and this knowledge can guide them through the successful completion of assignments (NZSTI, 2013). Key topics on the role, work and impact of the services of interpreters in relation to refugee women clients will be presented in more detail in the following literature review chapter 3.

During her first years in New Zealand, Maria and her daughters will require assistance from interpreters to communicate in various settings, to accomplish everyday tasks, enrol in school, call essential services and access medical and mental health care consultations. Maria's eldest daughter, Josefina, now 13 years old, experiences psychological sequelae after growing up as a child refugee and witnessing traumatic events. She struggles to adjust to her new life in New Zealand – she is falling behind at school and struggles to make friends due to the language barrier. Interpreters will assist Josefina during her consultations with the GP (general practitioner) and the psychologist.

2.3.3 Practising interpreters in New Zealand

In New Zealand, both professional and untrained interpreters can be encountered in health settings, face-to-face or through phone/remote interpreting (Enríquez Raído et al., 2020; Gao, 2021). The interpreters assisting Maria and other (refugee) clients must conduct themselves in a competent way that guarantees a legitimate and accurate interpretation. To ensure high quality of interpreting services is offered to all, various institutions and organisations across the globe aim to establish the translators' and interpreters rights and obligations by setting principles of ethical conduct that must be respected within the profession. Interpreters often seek to become members of such institutions, as this allows them to be endorsed as

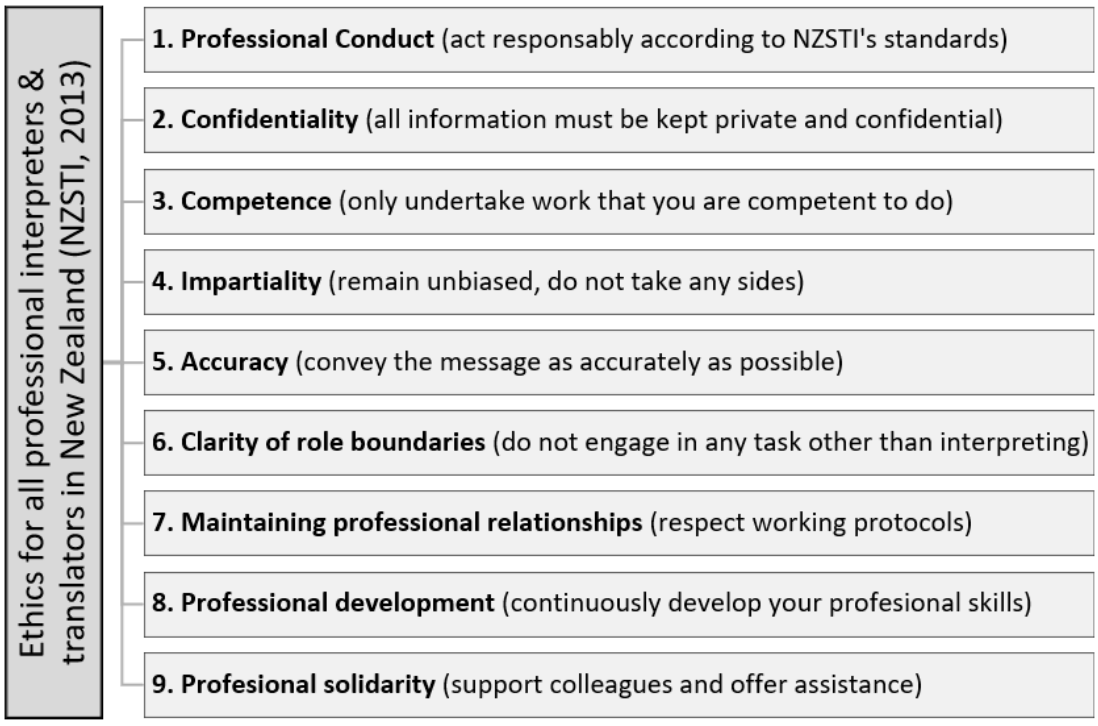
professionals and be listed as recognised professional interpreters in various governmental and national services. In New Zealand, the New Zealand Society of Translators and Interpreters (NZSTI) acts as the sole national association to represent the Translation & Interpreting profession of the country. Understanding the profile and level of professionalism of practising interpreters in New Zealand at the time of the research allows a deep appreciation of the experiences that refugee women may have had with interpreters, and provides further clarity on the state of current affairs on that matter.

Expectations versus ground reality

The expectations attached to the role of the interpreter and any ensuing code of ethics and conduct vary from one country to another (Crezee et al., 2020; Sleptsova et al., 2014). In New Zealand, interpreters are expected to follow the NZSTI (2013) Code of Ethics and Code of Conduct, and display the knowledge, attributes and skills set out by the National Accreditation Authority for Translators and Interpreters (NAATI, 2016; Ozolins, 2015). The NZSTI established the latest Code of Ethics and Code of Conduct for professional interpreters in May 2013 (NZSTI, 2013), through a collaboration with AUSIT (Australian Institute of Interpreters & Translators) and SLIANZ (Sign Language Interpreters Association of New Zealand). The principles of this document reflect the core ethics that professional interpreters are expected to abide by, not only in New Zealand, but also in most countries around the world. At the time of the research, there are nine general principles that guide professional interpreters in New Zealand:

Figure 3:

Principles of NZSTI's Code of Ethics and Code of Conduct (NZSTI, 2013)



Although these principles were established to regulate the interpreting profession, the interpreting industry in New Zealand is a relatively unregulated environment (Enríquez Raído et al., 2020; Gao, 2021), which means that not all people who work as interpreters are familiar with these principles nor understand their importance. Since not all interpreters are *professional* interpreters, it is important to recognise that only trained and certified professional interpreters undergo the mandatory training that is required to learn about and understand the importance of ethical conduct within the interpreting profession.

Nevertheless, to this day, many practising interpreters around the world are not professional interpreters, and that includes New Zealand, the country of interest in this study. Moreover, the 2022 Language Assistance Services Newsletter disclosed that "around half of registered public sector interpreters have no tertiary level interpreting qualifications" in New Zealand, and that the Ministry thus aims for a "significant upgrade in the quality, consistency and availability of professional interpreting services to government and government-funded agencies" (MBIE, personal communication, 14 September 2022). It is paramount to keep this information in mind, and to associate it with the importance of training and NZSTI's Code of Ethics, as the participants of this research have been assisted by many types of interpreters, namely bilingual volunteers, NGO cross-cultural workers, community members, untrained, ad-hoc interpreters (Bancroft, 2015) as well as (highly) trained, professional interpreters. Maria and her daughters have been assisted during their resettlement by interpreters who came from all these different backgrounds. Consequently, their experiences with interpreters and the level of interpreting services they received will vary.

Level of professionalism impacting the quality of interpreting services

When an interpreter is recognised as a full member of NZSTI, they can be contracted by major government services requiring the highest level of interpreting services, such as the MBIE, Hospitals & Healthcare services (DHB – District Health Board) and the New Zealand Police amongst others. However, as of 2023, due to the industry's unregulated environment (Enríquez Raído et al., 2020; Gao, 2021) many untrained interpreters can still be contracted to interpret for the same high-stake or specialist assignments, face-to-face or over the phone.

This is subject to change from July 2024 onwards, following the adoption of the Australian National Accreditation Authority for Translators and Interpreters (NAATI) certification system for New Zealand interpreters and interpreting service providers (see section 2.3.4 below). At the time of this research, if Maria needs to consult with a psychologist, she may be assigned to a trained, experienced interpreter, or an ad-hoc untrained interpreter who comes to interpret for the first time (Bancroft, 2015). The specific profile and level of training of interpreters who were

called to assist refugee women like Maria will undoubtedly have an impact in the way their services are delivered, experienced and perceived. It is important to specify that the distinctions between trained and untrained professionals are not made to imply that only trained interpreters deliver a trusted service. Trained interpreters may still diverge from their professional ethics (Crezee & Jülich, 2020), just as untrained interpreters who have been community members for many years may be excellent interpreters. However, since untrained interpreters have not received appropriate training, they may be much less aware of their role boundaries and the work ethics (NZSTI, 2013) that must be followed in their profession. This means that untrained interpreters are more likely to interpret and act in ways considered to be inaccurate, unethical or harmful to clients by NZSTI's and usual industry standards (NZSTI, 2013).

The topic of trained versus untrained interpreters is controversial in New Zealand, because the local interpreting profession is relatively new and efforts to ensure higher quality standards for the profession have only been made in the past recent years, to be applied nationwide from July 2024 onwards (see section 2.3.4 below). Nevertheless, the current lack of regulations and homogeneous education amongst interpreters at the time of research often results in problematic language services and polar opposition of "good" versus "bad" interpreting experiences for Maria and other refugees like herself who use interpreters, as explicated in the literature review chapter 3 that follows. Although the topic of the present research is not to dwell on the regulation of the interpreting profession in New Zealand, it is paramount to explain to the reader all these conflicting notions, as they impact the provision of interpreting services across New Zealand and consequently the experiences of resettled refugee women using such services. The present study can certainly contribute and shed some light on such experiences, from the perspective of the service's most in need users, the women of refugee backgrounds.

Maria and her two youngest daughters try to adjust to life in New Zealand. Maria has enrolled in English classes but finds it hard to progress. She thinks of ways to reunite with her eldest daughter who remained back in Colombia through the Refugee Family Reunification. Her 13-year-old daughter Josefina continues her consultations with the psychologist through the help of interpreters. Her youngest daughter is learning English fast but refuses to go to school and cries when she is separated from her mother. For many years, interpreters from different backgrounds will assist Maria and her daughters with their procedures and needs. Interpreters will help Maria navigate life in New Zealand until she feels confident enough to communicate by herself in English.

2.3.4 Moving forward: A time of change

The important number of interpreters in New Zealand being inadequately trained or unfamiliar with the significance of the Code of Ethics (NZSTI, 2013) not only jeopardises the reputation, quality and trustworthiness of the interpreting profession, but also puts clients at risk of violations of their right to confidentiality and impartial/accurate information. To breach these gaps and regulate the interpreting profession in New Zealand, the Language Assistance Project (LAS) was initiated in 2017 (Enríquez Raído et al., 2020). The LAS Project is a collaborative project between the Department of Internal Affairs and the MBIE, which aims to improve the quality and delivery of interpreting services to refugees and migrants in New Zealand (Enríquez Raído et al., 2020; Immigration New Zealand, n.d.). One of the project's key aims is to implement the Australian NAATI training and certification system to the New Zealand interpreting industry to ensure that professional interpreters working in the New Zealand public sector are certified by NAATI (Gray, 2019; Enríquez Raído et al., 2020). This opportunity for local interpreters to train and gain a professional qualification (NAATI) is perceived as a significant step towards the provision of quality interpreting services to all in New Zealand (Gray, 2019).

At the time of this research, the MBIE is running the 'Interpreter Standards Transition Package' during which MBIE enrols all interested New Zealand resident interpreters to sit NAATI certification examinations (MBIE, personal communication, 2021, 2022). To encourage interpreters to enrol with MBIE and sit the NAATI tests as part of this nationwide transition, MBIE provides funding to cover the costs associated to course fees, NZSTI training workshops, enrolments within interpreter tertiary institutions (e.g. AUT, Unitec, Victoria University of Wellington) and NAATI test fees (MBIE, personal communication, 2021, 2022).

As well as a PhD researcher, I am also a professional interpreter, and will therefore have to train and sit the NAATI examinations as part of the LAS Project, if I wish to become eligible to work as an interpreter within the New Zealand public sector, from July 2024 onwards. With this dynamic shift operating at the time of the research, interviewing refugee women on their experiences with interpreting services would be highly beneficial to the LAS Project and allow industry improvements to take place, from the interpreting services users' perspective.

Pondering on the experiences of refugee women, their resettlement journey and their communication made possible through interpreters foregrounds how all parties are connected to each other and become interdependent, thus highlighting further the significance of the present research. The literature review in the following chapter 3 turns to the published empirical research, grey literature and relevant trustworthy resources to explore what is known about the experiences of refugee women like Maria using interpreting services in New Zealand.

Chapter 3

A Narrative Literature Review

3.1 Introduction

This chapter presents a narrative review of the literature conducted to highlight the rationale for the present study. This chapter builds upon the previous context chapter by presenting a thorough examination of existing empirical research, grey literature and relevant trustworthy resources (peer-reviewed articles, published theses etc.), applying to the New Zealand context.

Objective

To uncover key themes from the relevant existing literature on the experiences of refugee women using interpreting services in the New Zealand context and highlight any gaps in the evidence to inform the thesis' study.

Rationale

A narrative review was chosen because it aligns with a hermeneutic approach (Jones, 2004). Jones (2004) states that narrative review is "the bread and butter of qualitative work" (p.2) and Collins & Fauser (2005) praise its ability to provide a comprehensive coverage on topics that require background knowledge and navigating evolving notions. Moreover, the narrative review has some distinct differences compared to other methods. A narrative review calls for an interpretation and critique of a broader body of literature, instead of focusing on a highly specific question, the method used for systematic reviews (Furley & Goldschmied, 2021). The specifications and characteristics of a narrative review process allowed me to adopt a more personal approach to examining specific, important pre-identified themes within the existing literature. This was important because I had already identified through my professional practise and empirical knowledge some key areas at the heart of the research that I wanted to address as part of the literature review for this thesis. These pre-identified areas include:

- refugee women within healthcare,
- the provision of healthcare through interpreters, and
- the intertwined, interdependent relationship that exists between refugee women, access to healthcare services and interpreters - see diagram below:

Figure 4:

The interdependent relationship of refugee women accessing services through interpreters

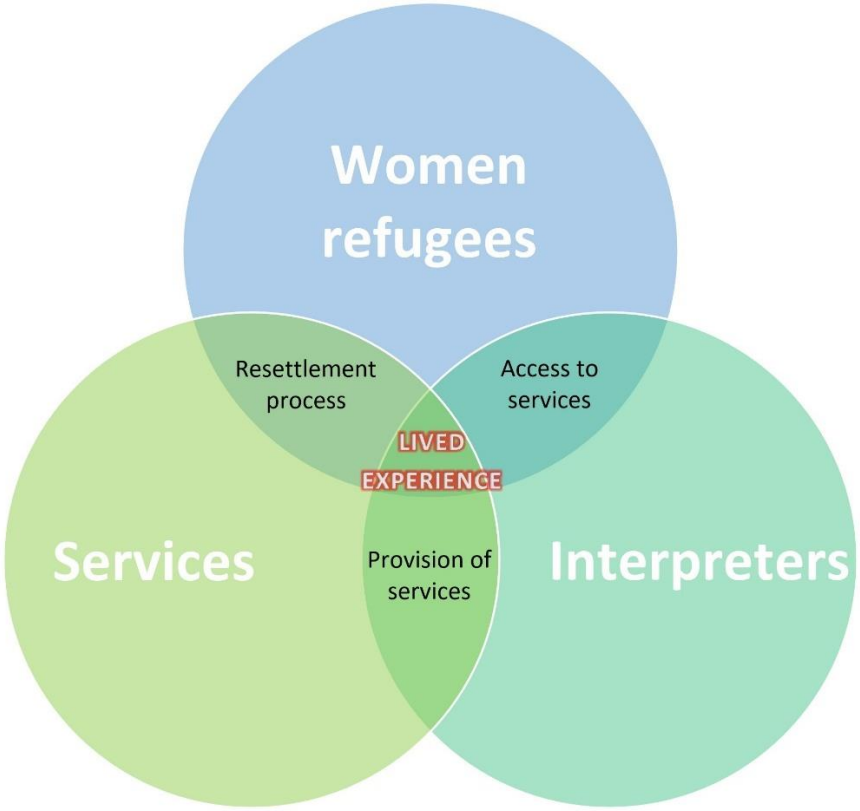


Figure 4 shows how these pre-identified areas, and their interdependent, interconnected relationships and processes, converge to reveal the potential lived experiences of the women.

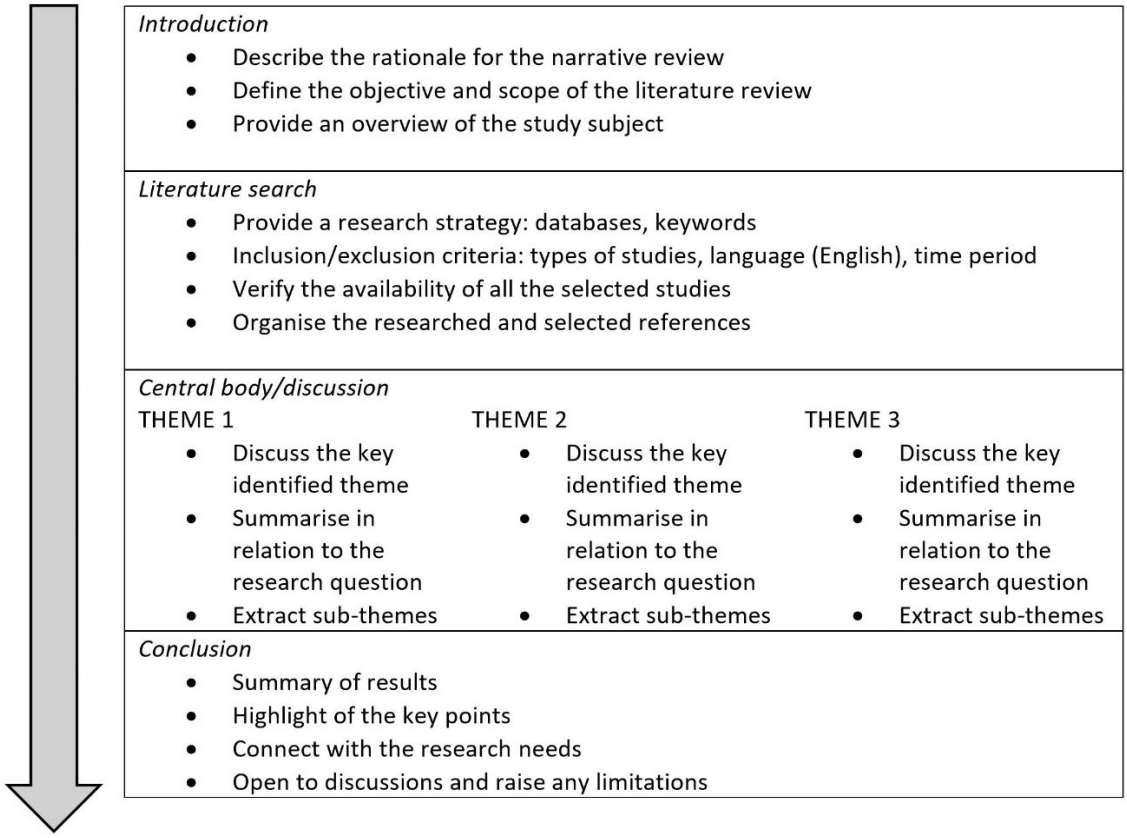
A narrative review with a "twist"

While studying publications on conducting robust literature reviews, my attention was captured by authors and researchers suggesting that narrative reviews can be further built upon and strengthened by drawing from the rigour that defines systematic reviews (Collins & Fauser, 2005; Furley & Goldschmied, 2021; Jones, 2004). Furley and Goldschmied (2021) describe the integration of systematic methodology elements and narrative approaches as combining the "best of both worlds" (p.2). I was particularly inspired by Ferrari's (2015) best practice recommendations to improve the transparency and quality of a narrative review by borrowing some methodological traits from the systematic reviews. I decided to incorporate some key elements from Ferrari's (2015) general framework, to guide this narrative review towards a more comprehensive bibliographic research strategy and enhance my own reflexive journey navigating published resources. To be aligned with the hermeneutic positioning a reflexive stance is important. Therefore, this literature review is presented with a reflexive and analytic

"twist". Figure 5 below, inspired by Ferrari's (2015) general framework of narrative reviews, is an illustration of the key elements that informed the literature review.

Figure 5:

Narrative literature review framework, as inspired by Ferrari (2015)



Methods

Searches of electronic databases were accessed through the AUT Library and non-institutional website searching, namely: EBSCO, CINAHL, MEDLINE, Australia/New Zealand References Centre, Scopus, Directory of Open Access Journals, Google, Google Scholar and the grey literature (reports and publications of various New Zealand Government Departments and local NGOs) to identify empirical studies published globally and within New Zealand over the last 20 years (for more up to date data). A conscious effort was made to prioritise more recent publications as opposed to older or 'classic' ones, and to focus as much as possible on New-Zealand related publications. Although I endeavoured to review only New Zealand literature it became apparent that I would need to widen my search, and international published literature was therefore included to complement New Zealand focused publications.

The collation of both international and local studies served to reveal the gaps in the literature, provide contrasts and highlight the importance of the present study not only on a local/national level but globally. Keywords and research terms for searches in the online databases and

identified resources included ‘refugee women’, ‘migrant’, ‘experiences’, ‘lived experiences’, ‘perspective’, ‘view’, ‘interpreters’, ‘interpreting services’, ‘New Zealand’, ‘Aotearoa’. My search strategy extended beyond the databases. For example, I also used my subscriptions to industry newsletters and professional networks to contact fellow researchers to obtain additional articles and publications. All documents (including grey literature) reporting on the topic of the experiences of refugee women with interpreters and interpreting services, first on a global scale, and then within New Zealand or referring to the New Zealand context over the last 20 years were considered. The review excluded any resources not written in English, deemed too old and when full text was not accessible. Table 5 provides details on the 68 identified sources that were included in this literature review:

Table 5:

Statistics on the identified sources included in the narrative literature review

	Frequency	**Percent**
Type of Literature		
White Literature	43	63.2%
Grey Literature	25	36.8%
Origin of Literature		
Domestic (New Zealand)	22	32.4%
International	46	67.6%

Note. N=68. White literature includes journal articles and textbooks. Grey literature includes non-commercial publishing or academic sources. Domestic sources exclude Australia but include external reports about Aotearoa New Zealand, since they are based on domestic data.

Out of the total 68 sources used, 63.2% of the literature review comprised white literature (43 studies), while the remaining 36.8% pertained to grey literature (25 publications). In terms of countries of origin, the literature comprised 32.4% domestic (New Zealand) studies (22 studies), while the remaining 67.6% comprised 46 international sources.

To begin I first selected and then screened articles to extract relevant study data. I then used a narrative approach to synthesise and map the literature to inform the research rationale and to identify the gaps addressed by the present research. Through my study process, empirical knowledge and professional practise as a professional interpreter, I was able to identify three key themes (and relevant emanating subthemes) in the literature review that originated from studies that circumvent the refugee women’s experiences of the interpreting services that they receive:

1. Organisational relationships: **refugee women and services**
2. Personal relationships: **refugee women and interpreters**
3. Interdependent relationships: **refugee women accessing services through interpreters**

Within each key theme lie emerging subthemes. The review that follows explores each of the listed key themes and provides important contrasts, first on a global scale and then on a local New Zealand level.

3.2 Refugee Women and Services

3.2.1 Agency and empowerment

This first key theme of the literature review will explore the organisational relationships between women refugees and the essential services they receive during their resettlement process in New Zealand. The previous chapters defined the role of social determinants in defining refugee women's health, and the importance of accessing language services to be empowered and have agency. Expanding on these elements is necessary to foreground the relationship between the condition of refugee women, their equal access to healthcare during resettlement and their empowerment through interpreters. The Commission on Social Determinants of Health (CSDH) states that health inequities are comprised by a range of social determinants of health (Solar & Irwin, 2010). In essence, the social determinants of health are "the conditions in which people are born, grow, live, work and age", and such circumstances are shaped by the resources that are available to people on a global, national and local scale (Cunningham et al., 2018, p.35). Since social determinants are the main drivers of health inequities, it becomes essential to address the mechanisms that shape them to bring meaningful change in mental and health outcomes (Cunningham et al., 2018, p.3). Addressing such mechanisms is particularly important for refugee women who often experience low quality health and social care during their transition and resettlement in a new country due to poor health literacy, limited social support and language and cultural barriers (Fair et al., 2020, Thorogood & Crowther, 2014).

To address inequities and reproductive health issues, the World Health Organization claims the importance of empowering women, families, communities and providers to improve the quality of health (Solar & Irwin, 2010). To respect human rights to health, it is necessary to empower socially disadvantaged groups, such as the refugee population, so that they can "exercise the greatest possible control over the factors that determine their health" (Solar & Irwin, 2010, p.14). This is crucial for refugee women as they are often less 'in control' due to high rates of illiteracy and limited access to education in their home country compared to male refugees (UN

Women, n.d.). Refugee women are a 'disadvantaged group' when they do not understand the language in which the factors shaping their health are presented. A way to empower women, as presented in this chapter, is to provide them with access to information in a language that they comprehend so that they can make informed health decisions (Floyd & Sakellariou, 2017; Shrestha-Ranjit et al., 2017, 2020). Interpreters can thus empower refugee women through language assistance, by giving them access to information and allowing them to communicate (Britz, 2017; González Campanella, 2022; Marianacci, 2022).

Empowering refugee women by ensuring and safeguarding their access to services and information through interpreters is particularly important during their period of resettlement in a new host country (Britz, 2017; Cunningham et al., 2018; DeSouza, 2011; Floyd & Sakellariou, 2017; Hale, 2011; Shrestha-Ranjit et al., 2017). Research has found that stressful pre-migration experiences, such as the ones that refugee women are often subjected to (see Introduction Chapter 1 and Context Chapter 2) can lead to mental health issues and enhanced trauma after (re)settlement in a new country (González Campanella, 2022; Stompe et al., 2010). Furthermore, trauma studies have been criticised for focusing on past experiences, when trauma related to the experience of (re)settlement to a host country can in fact be ongoing, making the resettling experience sometimes even more traumatising than the forced migration experience itself (Marlowe, 2018). While it is important to recognise that "there is no standard refugee experience" (Thorogood & Crowther, 2014, p.164), it is paramount to acknowledge that many resettled refugee women suffer from post-traumatic health disorders or other mental and physical health concerns (Thorogood & Crowther, 2014). It is therefore necessary to conduct further research on the quality and provision of services offered to refugee populations, and refugee women more specifically, during their vulnerable time of resettlement in their host country. Such research should include how refugee women perceive the interpreting services offered to them since their experience of such services can impact their period of resettlement in New Zealand, as refugee women may need to discuss highly sensitive, traumatic content through the assistance of interpreters (Britz, 2017; Crezee et al., 2013; González Campanella, 2022).

Many refugee women of reproductive age arriving to their host country may need to navigate the local healthcare system to recover from any traumas and try to regain optimal mental, physical, sexual and reproductive health (Crezee et al., 2013; Thorogood & Crowther, 2014). The CSDH states that it is the governments' responsibility to provide equal access to health services for all (Solar & Irwin, 2010), and thus, preserve refugee women's rights of health equity by ensuring they have access to health care into their own language. In New Zealand, the healthcare system is a universal tax-funded national health service (Kanengoni-Nyatara et al.,

2024) where health care providers are obliged by law to provide information in a language that is understood by the consumer. The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations (1996) defines the rights of consumers of health and disability services, and the obligations and duties of the providers of these services in New Zealand. Right 5 specifically defines the right to effective communication in a language that enables the consumer to understand the information provided, which includes the right to a competent interpreter (Health and Disability Commissioner, n.d.). Therefore, interpreters are essential as they actively contribute to health equity for refugee women. They empower refugee women by giving them 'a voice', allowing them to access and communicate essential health-related information (health history, current symptoms etc.) in their own language. Enabling refugee women to access information allows them to understand what factors are being discussed, make informed decisions and give consent on matters relating to their life and health (Gray, 2019; Shrestha-Ranjit et al., 2020; Thorogood & Crowther, 2014).

Despite the clear need for interpreters to ensure access to communication in all areas for refugees and refugee women, international and local publications have repeatedly reported specific barriers over the years. Language barriers, inequal access to quality interpreting services and cultural differences have been identified as the most salient problems for accessing essential, public and healthcare services, around the world and within New Zealand (Badu et al., 2023; Bulman & McCourt, 2002; Chen, 2019; Crezee, 2016; Crowther & Lau, 2019; Cunningham et al., 2018; Evans et al., 2022; González Campanella, 2022; Hollowell et al., 2012; Human Rights Commission, 2010; Kanengoni-Nyatara et al., 2024; Puthussery, 2016; Shrestha-Ranjit et al., 2020; Taylor & Haintz, 2018). The following sections address the type of barriers that refugee women often encounter during their resettlement process, especially in regard to accessing services and communicating through interpreters.

3.2.2 Accessing healthcare through interpreters

Studies around the world and within New Zealand have investigated the intertwined, interdependent relationship that exists between accessing essential public services, including healthcare, and the provision of quality interpreting services to CALD (Culturally and Linguistically Diverse) communities, which usually comprise migrant and refugee populations (Chen, 2019; Cunningham et al., 2018; DeSouza, 2011; González Campanella, 2022; Kanengoni-Nyatara, et al., 2024; Priebe et al., 2016; Shrestha-Ranjit et al., 2020). International and New Zealand research on accessing health care shows that there is a general lack of knowledge about how refugees, and refugee women in particular, cope with the problems they face in accessing healthcare (Britz, 2017; DeSouza, 2011; Floyd & Sakellariou, 2017; Kanengoni-Nyatara,

et al., 2024). Dwelling on the challenges they face is key in developing new strategies and establishing community-based support programs (Floyd & Sakellariou, 2017).

Floyd & Sakellariou (2017) conducted a phenomenological study to explore the lived experiences of recently arrived illiterate refugee women accessing health care in Canada. The participants experienced feelings of dependence, mainly due to language barriers, rejection and isolation while accessing health care. Some women went as far as experiencing a rejection of their maternal role, when they were not provided with an interpreter and thus health care workers were not able to communicate with them. The authors claim that the failure to provide these women with linguistically accessible health services "indicates a continuation of the social injustice to which these women have been subject to throughout their lives" (p.8). The authors stressed that "greater knowledge about the experiences of refugees accessing care is necessary to improve services" (p.1).

Analogous to Floyd and Sakellariou's (2017) Canadian study, New Zealand research also reported that little is known about the experiences of refugee women who experience barriers in accessing the local health care system and essential services. A collaborative project led by DeSouza (2011) examined the resettlement experiences of women who entered New Zealand through the Women-at-Risk category. DeSouza stated that issues and stress levels were magnified for the refugee women because they were on their own and had to cope as being the sole heads of their household. The study found that many refugee women felt that English language difficulties and limited access to language resources intensified their experience of isolation. DeSouza further stated that, even though refugee women found the health system in New Zealand different to what they expected and sometimes difficult to navigate, little is known about their experiences. The present research also included women who arrived in New Zealand as refugees under the Women-at-Risk category, thus shedding more visibility on the experiences of this particularly vulnerable refugee group. Furthermore, Elliott (2015) states that, over the last 25 years, "refugees in New Zealand have moved past being passive recipients of welfare assistance and services and being spoken for by others to having a strong voice themselves" (p.2). Whilst it is true that there has been a development of numerous initiatives, networks and frameworks to increase the participation of refugees' voices in policies that impact their communities (Elliott, 2015; Field et al., 2020), the literature still calls for greater representation of refugees and refugee women within the various programmes and policies that concern their communities (Cassim et al. 2022; Floyd & Sakellariou, 2017 ; González Campanella, 2022; Marianacci, 2022; Mortensen, 2008; Shrestha-Ranjit et al., 2020).

The present research aims to become one of the 'pieces of the puzzle' to giving back agency to resettled refugee women. The present study provides an opportunity for refugee women to participate in research that concerns them and the services they receive by speaking up, safely and anonymously, about an important part of their life, which is communicating through interpreters and accessing essential services through their assistance during their resettlement process and first years of life in New Zealand. Listening to women's narratives has even been described as "a form of resistance" to challenge the "formation of dominant narratives which have been told *for* and *about"* women refugees and asylum seekers (Smith, 2015, p.3).

3.2.3 New Zealand interpreting services during resettlement

Over the years, the accessibility and availability of interpreting services have been identified as major obstacles to accessing healthcare services for refugee-background populations, both within New Zealand and overseas (Enríquez Raído et al., 2020; González Campanella, 2022; Kanengoni-Nyatara et al., 2024; Shrestha-Ranjit et al., 2020). Within New Zealand in particular, the last 30 years have raised concerns around the interpreting provision available to government services, that have often resulted in unsafe practises that negatively impact the quality of professional standards and the provision of services (Enríquez Raído et al., 2020; Shrestha-Ranjit et al., 2020). Regrettably, the contemporary literature continues to raise the same recuring obstacles and barriers (Enríquez Raído et al., 2020; Kanengoni-Nyatara et al., 2024; Shrestha-Ranjit et al., 2020), showing that there is a need for research that provides recommendations that will bring about improvements in New Zealand's language assistance systems.

International and New-Zealand based publications identified a pattern of similar issues pertaining to refugees and refugee women to accessing healthcare, information and communication. In 2023, an integrative review on the barriers and recommendations for equitable access to healthcare for migrants and refugees in New Zealand identified the accessibility and acceptability of interpreters' services as a major theme across most reviewed studies (Kanengoni-Nyatara et al., 2024). More specifically, the unavailability or lack of trained professional interpreters, especially for minor community languages, has obliged untrained bilinguals, children, family members and friends to play the role of communication facilitators to fill the gap for trained interpreters (Clark & McGrath, 2009; Enríquez Raído et al., 2020; Shrestha-Ranjit et al., 2020). This practice is systematically condemned since family members are not aware of ethical guidelines for interpreters, may not be aware of (medical) terminology and may censor when they do not understand or feel embarrassed (Crezee et al., 2020; Keefe, & Hage, 2009). Additionally, when interpreters were not used in important health settings, such

as maternity care, women were left without the understanding they needed to consent to receiving care or treatment (Evans et al., 2022).

To mitigate language barriers and improve services, international and local researchers call for all (health) services to establish links with high-quality, high-standards interpreting services, but also, to train their staff on how to work with interpreters, to offer better and more effective services to patients (Crezee et al., 2020; d'Ardenne et al., 2007; González Campanella, 2022, Priebe et al., 2016). Both international and New Zealand studies have stressed the importance of training professionals to work with vulnerable populations such as refugee women, asylum seekers and migrants, to improve the provision of health services provided to this population (González Campanella, 2022; Priebe et al., 2016). Many experts advocate training of professionals across all sectors, and health in particular, to bring cultural awareness into the needs of refugees and the barriers they may face in accessing services in their host country (Enríquez Raído et al., 2020; González Campanella, 2022; Priebe et al., 2016). Understanding the importance of effective communication and the vital role of interpreters within the provision of services to refugee populations is a key component of such training.

The present study addresses such gap by providing insights into the service of interpreters, as perceived by the patients themselves: the refugee women of reproductive age who are resettling to New Zealand. The literature points towards the obvious impact that the quality of interpreting services can have on the provision of essential services like healthcare to refugee populations, specifically refugee women. The role of interpreters and the particularities of interpreter-mediated communication with women refugee-background clients and patients are further explored in the following key theme.

3.3 Refugee Women and Interpreters

3.3.1 Complexity of language barrier

The second key theme of the literature review dives deeper on the personal relationships between women refugees and the interpreters assigned to assist them during their resettlement in New Zealand. Literature testifies to the psychological, social, and individual benefits of acquiring a new language and being able to communicate independently within a (linguistic) society (Hope, 2013). Refugee women who can speak the host country's language can experience more effective resettlement outcomes (Thorogood & Crowther, 2014). Conversely, international and local studies identified the lack of, or poor command of the host country's language as a major barrier to accessing healthcare services for resettled refugees (Priebe et al., 2016; Thorogood & Crowther, 2014). For refugee women, learning their host country's language

allows them to not only become independent, but to extend this educational gain to their families, contribute to their communities and society, strengthen their sense of participation and inclusion and improve their emotional state and wellbeing (Hope, 2013).

However, the acquisition of a new language for refugee-background communities is usually a lengthy process as it can take many years to learn how to communicate proficiently and independently in a new language (Burn et al., 2014; Field et al. 2020; Hope, 2013). Global researchers have identified various factors that impede the language learning process for former refugees, and women refugees in particular, due to various obstacles originating from difficult life experiences of refugee women (Burn et al., 2014; Field et al. 2020; Hope, 2013). Oftentimes, women refugees have had only very minimal education in their home language, which impacts their ability to acquire English as a second language in their host country (Burn et al., 2014). The ability to speak the host country's language also shapes the refugee women's perceptions of belongingness and social connectedness post-resettlement (Bletscher & Spiers, 2023). The differences in language and culture can impede refugee women from developing strong ties with their host community, and lack of English language fluency, consequently becoming a barrier that prevents resettled refugee women from building social connections (Bletscher & Spiers, 2023).

Within New Zealand, English language acquisition has been emphasised as the government's long-term strategy for the integration of migrant and refugee populations, pointing towards a linguistic assimilation as the country's long-term goal (Burn et al., 2014). Nevertheless, only a few studies were identified with a focus on refugee women and their experiences with communicating in their new host country encountering language barriers and learning a new language (English). After former refugees leave the MRRC to settle into their new home, they can access various opportunities to learn English through various free of charge streams contracted by the New Zealand government (Field et al., 2020), such as ESOL (English to Speakers of Other Languages) classes, also known as English Language Partners in New Zealand (Field et al., 2020). Although beneficial, Mortensen (2008) condemned New Zealand's settlement strategies for being "too narrowly focused on labour market participation as the main means of integration" (p.109). Mortensen (2008) specifies that "what is missing is a framework for institutional responsiveness to the social, cultural and linguistic diversity of refugee groups" (p.109), a matter that this research aims to address by interviewing refugee women who require the interpreters' assistance because of language barriers and poor knowledge and command of the English language.

Despite the numerous opportunities that offer English lessons, acquiring a new language in New Zealand is a long process that can be hindered by numerous obstacles that refugees and refugee women in particular often encounter due to their gender (Department of Labour, 2004; Field et al. 2020; Hope, 2013). Reports have found men refugees to be usually more educated than women (Burn et al., 2014), and a 2004 governmental research project found that twice as many men than women could speak English on arrival in the country as refugees, and that this gender difference persisted two years post-resettlement (Department of Labour, 2004). Women arriving in New Zealand as refugees tend to have more issues accessing English language training than men, due to various obstacles such as childcare, health/mental problems, transport and access to classes, and cultural barriers amongst others (Department of Labour, 2004). Klugman (2022) reflects on the gender norms that shape the constrains and opportunities for women and men. Given this gender difference in language acquisition it is evident that further research focused on women is necessary – as Klugman (2022) states "learning from qualitative information from displaced groups, and including the voices of displaced women is key, especially those facing multiple disadvantages" (p.5).

A recent New Zealand study conducted by Field et al. (2020) investigated the implications of learning English for the health and well-being of predominantly female refugee participants, aged 18 to 64 years old and from different countries of origin. The study found that the previous experiences that often affect the physical and mental health of refugees can also impact their ability to learn a new language (Field et al., 2020). In another New Zealand study, Hope (2013) evaluated benefits of a community based ESOL literacy and language learning programme for migrant and refugee women, aged 18 to 70 years plus. Hope's study foregrounded the sensitive nature of women from migrant and refugee backgrounds, who may experience feelings of isolation linked to their inability to attend English classes, as they are often the main family caretakers with young children in charge and may depend on their spouses.

Recognising the vulnerable profile of women refugees and the complex, lengthy nature of learning English enables recognition of the importance of interpreters to enable communication for refugees. Elliott (2015) writes about the "limbo-land of exile" in which millions of refugees find themselves around the world. The study of the literature shows that not understanding or speaking the language of the host country is another state of being "in-limbo" for the refugee women, who can only wait in a bubble of non-verbal communication and hope that one day they can master the new language well enough to become independent from the help of interpreters and be able to speak for themselves. The difficult process of learning English highlights the need for interpreters to assist refugee women throughout their language learning journey, who may regularly require assistance, for many years, or even decades, until the

refugee women clients have become confident and independent enough in English to communicate by themselves (Burn et al., 2014). The significance of language to successful resettlement for refugee women shows how vital the role of interpreters is to assist them and support them, especially at the beginning of their resettlement journey, when English is a major obstacle for them to overcome, and their inability to communicate in their local language may intensify their feelings of isolation and affect their wellbeing. The next section explores the role of interpreters within the refugee women's resettlement and language learning journey.

3.3.2 The role of the interpreter in New Zealand

Refugee women are a 'disadvantaged group' when they do not understand the language in which they receive information on factors shaping their everyday life and health. To mitigate this issue, interpreters provide a valuable service by giving refugee women 'a voice'. Interpreters are able to bridge language barriers and offer refugee women access to the language of the host country, and help navigate access to health information and service provision (Britz, 2017; Crezee, 2016; Hale, 2011; Karliner et al., 2007). New Zealand studies repeatedly stress that access to interpreters and culturally safe services are key to providing effective care and support to resettled refugees and that inability to access professional interpreters is a major barrier to receiving and providing health and mental health care services (Cunningham et al., 2018; Shrestha-Ranjit et al., 2017). Priebe et al. (2016) contend that high-quality interpretation services can also allow insights into the thoughts, beliefs and experiences of patients, and thus improve health outcomes for refugees. Priebe et al.'s (2016) cohort study found that the effectiveness of psychological treatments for refugee patients with poor command of the host country's language was improved when provided through an interpreter.

Internationally and within New Zealand, several studies using qualitative methods (interviews, survey analysis, on-line questionnaires, phenomenology etc.) explored the interpreter's role and experiences within refugee settings (Britz, 2017; Crezee et al., 2013; Hale, 2011; Nyerges et al., 2022). Although the studies aimed to provide improved interpreter-mediated services to refugees, they only focused on the experiences and perspectives of the interpreters, community workers and health professionals working with refugees (Britz, 2017; Crezee et al., 2013; Hale, 2011; Nyerges et al., 2022). The voices of refugee women, using interpreting services, thus remained silent and hidden, and their experiences and unique perspectives were not considered or explored.

Within New Zealand, Britz's (2017) study focused on the experiences of interpreters with refugees using interviews and following a hermeneutic phenomenology approach. However, the study did not interview refugees to uncover their experiences and perspectives. Britz stated that

a paucity of literature exploring the experiences of refugees working with interpreters is evident and that future research on refugee's lived experiences would be meaningful and worthy. Despite the robust interpreting services on entry for refugee women to New Zealand, there is a gap in our understanding of how refugee women experience their interactions with interpreters (Britz, 2017, Hale & Napier, 2013). The present study provides insights into what it feels like to be a resettled refugee woman who requires the assistance of interpreters to have her health access rights met today by listening to the experiences of refugee women participants.

3.3.3 Trust and mistrust in interpreters

Despite the importance and recognised benefits of language assistance, numerous studies foreground significant challenges that exist with interpreters in terms of trust, mistrust and distrust, bias, power dynamics, language diversity, and divergent cultural approaches (Bletscher, & Spiers, 2023; d'Ardenne et al., 2007; Edwards et al., 2005; Gao, 2021; Marianacci, 2022; Pym, 2021). Refugees often harbour an inherent lack of trust towards services and authorities in the host country due to their unique experiences before and after resettlement (Cunningham et al., 2018; Priebe et al., 2016). Such feelings of mistrust can affect the willingness of former refugees to engage with services, which can also affect their relationship with interpreters (Cunningham et al., 2018; Priebe et al., 2016).

In this regard, D'Ardenne et al. (2007) raise an important point by indicating that, during consultations, the presence of the interpreter "changes the therapeutic relationship from dyad to triad and can affect the establishment of trust and confidentiality" (p.1). This 'triangular' dynamic is important to keep in mind since non-English speaking resettled refugee women needing access to services have no other option but to 'go through' an interpreter to communicate with local service providers. Refugee women are not able to conduct such communication privately, by having a one-on-one confidential appointment with a doctor for example. Therefore, they become dependent on the quality and type of interpreting service they may or not receive through the interpreter assigned to assist them on the day.

According to Bancroft (2015), community interpreting is "founded on a simple concept: giving a voice to those who seek access to basic services but do not speak the societal language" (p.217). Nevertheless, despite being the oldest and the most frequently used form of interpreting in the world, public service/community interpreting has been found to be the least professionalised, as it has been traditionally performed by volunteers, friends or family members, including children (Gentile et al., 1996; Rabadán-Gómez, 2016; Shrestha-Ranjit et al., 2020). Moreover, the word 'community' in 'community interpreting' was seen as a negative connotation to describe unprofessional, less qualified, or ad-hoc unqualified interpreters (Bancroft, 2015).

This has certainly been the reality for community interpreting in New Zealand, as untrained bilingual people have historically been taking on interpreting tasks (Enríquez Raído et al., 2020). In some instances, interpreters were also found to not maintain impartiality or accuracy due to the difficulty of interpreting highly sensitive exchanges (e.g. sexual assaults, refugee status claims etc.), potentially leading to significant changes in the narratives of refugee clients that could put them at risk or have significant impact in the outcome of their interactions (González Campanella, 2022). In New Zealand in particular, the negative impact of unqualified interpreters on the quality of interpreting services has been a recurring issue, as the use of untrained, unqualified or 'ad-hoc' interpreters can lead to disastrous consequences, especially within healthcare settings where the life of refugee women could be at stake (Clark & McGrath, 2009; Enríquez Raído, 2020).

Other issues with communicating through interpreters are linked to how they are perceived by their clients (Edwards et al., 2005). For example, the interpreter's gender could impact an interpreter-mediated interaction, as women refugees may often find it uneasy or culturally inappropriate to communicate through male interpreters (González Campanella, 2022; Kanengoni-Nyatara et al., 2024; Thorogood & Crowther, 2014). Although in some cultures it is more appropriate for women to have women interpreters, their spoken language may belong to a minority group with few speakers and there may not be any women interpreters within that group, except for men (Shrestha-Ranjit et al, 2020). This may cause women refugees feelings of shame or unease as they may not be able to open up and talk about personal, health or sensitive issues (Shrestha-Ranjit et al, 2020).

Similarly, additional complications arise if refugee clients happen to come from the same community, share the same origin or socio-cultural background as the interpreter assigned to assist them (Cassim et al., 2022; Kanengoni-Nyatara et al., 2024). Refugees have reported negative experiences with interpreters, expressed concerns over the respect of their anonymity and confidentiality during interpreter-mediated communications, in particular with interpreters coming from the same socio-cultural background who may be viewed with higher suspicion (Priebe et al., 2016). Such attitude towards the interpreter can cause patients to feel reluctant to disclose personal information and impede the progress of medical and mental health consultations (Priebe et al., 2016). Refugee clients tend to refrain from openly communicating all aspects of their health needs when their assigned interpreters would come from the same minority group or community, due to the risk of privacy and confidentiality breaches (Cassim et al., 2022; Kanengoni-Nyatara et al., 2024). Women and interpreters coming from the same country may not necessarily share the same language and beliefs, and women patients may even

avoid disclosing information to interpreters from similar background because they may fear it reaching their country of origin and be used to harm their family (Thorogood & Crowther, 2014).

Despite the controversy that exists around the impact of interventions offered to refugees through interpreters, empirical evidence on this topic is scarce (Britz, 2017; d'Ardenne et al., 2007; González Campanella, 2022). The present study contributes further understanding of these issues, from the perspective of the women themselves who are accessing essential services through interpreters. The final key theme of this literature review foregrounds the existing literature on the unique perspectives of refugee women, their language barriers and their experiences of using languages services on a daily basis during their resettlement journey.

3.4 Accessing Services Through Interpreters

3.4.1 The impact of language barrier

This theme foregrounds the intertwined, interdependent relationships that exist between refugee women, access to essential services and interpreters. Women of reproductive age, identified as aged 18–49 years for this study, commonly experience sexual health concerns and reproductive health needs, such as pregnancy and being mothers with young children in their care (WHO, 2006). International and local studies that explored the impact of language barrier on the mental and physical health of migrant and refugee mothers have continuously raised concerns over of the paucity of adequate provision of effective language-support services within healthcare and maternity services (Bulman & McCourt, 2002; Fair et al., 2020; Hollowell et al., 2012; Puthussery, 2016; New Zealand Government, 2023). Research on women's experiences of pregnancy and maternity care within European host countries showed that refugee, asylum seekers or migrant women repeatedly reported struggles with communication, language barriers and poor health literacy (Crowther & Lau, 2019; Fair et al., 2020; Puthussery, 2016). Nevertheless, there was no sufficient or adequate use of interpreters within the healthcare system to effectively address the healthcare needs of these women.

This lack of sufficient or adequate use of interpreters is in direct contradiction with the need for effective communication (usually facilitated by interpreters) as a recognised prerequisite for quality in maternity care (Bulman & McCourt, 2002; Evans et al., 2022; Hollowell et al., 2012; Puthussery, 2016). Global research has shown that refugee and migrant women are more at risk of unfavourable perinatal outcomes than local, native speaking host populations (Puthussery, 2016). Refugee and migrant women are often denied equal access to maternity services due to inadequate provision of interpreting services, since access to interpreting and translation services was found to be inconsistent and not always accessible to them (Bulman & McCourt,

2002; Crowther & Lau, 2019; Evans et al., 2022; Hollowell et al., 2012; Puthussery, 2016). In addition, international and New Zealand research show that communication is crucial in maternity and healthcare services as the quality and level of care can be compromised if the language of that service is incomprehensible to migrant women (Bulman & McCourt, 2002; Crowther & Lau, 2019; Evans et al., 2022; Hollowell et al., 2012; Puthussery, 2016; Thorogood & Crowther, 2014).

Studies have been conducted in Australia, a country geographically close to New Zealand and linguistically similar (English-speaking country). Bandyopadhyay et al. (2010) compared the post-partum experiences between Australian-born women and immigrant women, and found that immigrant mothers with less proficiency in English had a higher prevalence of depression and a higher need for practical and emotional support in the postnatal period. The authors recognised that although immigrant women with less proficiency in English face bigger challenges, they "have been so rarely reported in the literature" (p.413) and stressed the importance of including this under-represented population into future research.

Hennegan et al. (2015) conducted a similar study comparing the intrapartum and post-natal experience of migrant women in Australia speaking a different language at home to the experiences of Australian-born, English-speaking women. The authors showed that non-English speaking women had greater difficulty navigating within the Australian health care and maternity system and reported poorer emotional and physical wellbeing during pregnancy and the postnatal period. The authors indicated the need for further research by stating that relatively few studies "have described migrant women's maternity care and postnatal experiences" (p.125).

Riggs et al. (2017) studied the benefits for women from refugee backgrounds in participating in a pregnancy care group in Australia. The authors explain that part of the successful development of that group was providing access to care and information that is woman-directed, culturally appropriate and supported by communication in the women's language with either telephone or on-site professional interpreters to address issues of health literacy and social isolation. The authors stressed that women of refugee background had not been included in previous studies on group pregnancy care, despite the pregnancy group's positive outcomes. It is evident that the lived experiences of refugee women resettling into host countries and navigating local healthcare and maternity services has remained largely unreported.

Within New Zealand, only two identified studies explored the experiences of resettled refugee women of reproductive age within health care (Cassim et al., 2022) and maternity services (Shrestha-Ranjit et al., 2020). Shrestha-Ranjit et al. (2020) showed that Bhutanese women in

New Zealand were missing out on receiving essential health services, such as free antenatal education sessions, “mainly due to language and cultural barriers” (p.9). Shrestha-Ranjit et al. (2020) believed that, had there been appropriate cultural and linguistic support, these women would not have felt isolated or neglected and would have attended important health appointments concerning not only their own health, but also that of their child. The absence of professional and culturally appropriate interpreting support led to inaccurate diagnosis, but also feelings of shame for women patients, who had to rely on children or male family members to talk about sensitive medical subjects. Using children in particular to act as interpreters or “language brokers” can result in long lasting traumatisation for these children (Antonini, 2016; Starrs & Békés, 2024; Tang, 2023; Tomasi & Narchal, 2020).

It is evident that culturally and linguistically appropriate interpreting is needed to assist this vulnerable population into navigating the maternity health system of the host country, in this case, New Zealand. Except for these two identified New Zealand-based studies (Cassim et al., 2022; Shrestha-Ranjit et al., 2020), all other studies on refugee women of reproductive age identified to date have been conducted with migrant women living in countries other than New Zealand. What has been shown is that there is a paucity of literature in the New Zealand context that focuses specifically on how interpreting services are experienced by non-English speaking refugee women who have sexual and reproductive health needs.

Numerous authors underline the importance of conducting further research on migrant women’s experiences of language and communication within maternity and health care services to improve accessibility and acceptability of those services (Crowther & Lau, 2019; Fair et al., 2020). The present research addresses a clear gap in literature as it explores the experiences of refugee women of reproductive age in New Zealand, with a focus on language access and communication through the assistance of interpreters. The experiences of resettled refugee women of reproductive age can provide invaluable insights on how the New Zealand health and maternity service is understood and perceived by the refugee women who don’t speak English. This can be achieved by exploring the experiences of this female population with interpreters, including within health services and maternity care in New Zealand, and thus uncover the needs of this migrant population.

3.4.2 Accessing information and services through interpreters

To explore the relationship dynamic between women refugees of reproductive age who require interpreting services, it is necessary to understand the factors that often shape the everyday life of refugee women with reproductive health needs in a new country. Many women who resettle to New Zealand as refugees are women of reproductive age with reproductive health needs,

who may be arriving to the country being pregnant, or in charge of young children (NZ Red Cross, personal communication, 2021, 2022; Plambech, 2017; Thorogood & Crowther, 2014)

The WHO highlights the importance of empowering women, families, communities and providers to improve the quality of maternal health by ensuring access to sexual and reproductive health (WHO, n.d.). In the case of refugee women, there is the possibility they will experience maternal healthcare in a hosting country, possibly not speaking the language of the health provider taking care of them. The process of navigating a new, unfamiliar health system when not speaking the country's language was described as a "mammoth undertaking" for refugee women with health needs (Thorogood & Crowther, 2014, p.164). In this complex and stressful context, interpreters are the ones able to facilitate exchanges by breaking through any language and communication barriers (Crezee, 2016; Crowther & Lau, 2019; Shrestha-Ranjit et al., 2020).

Although it is not extensive, research has been conducted on the pregnancy, childbirth and post-natal experiences of refugee or migrant women. Several studies have been conducted in the international context from different perspectives. Fair et al. (2020) conducted a systematic literature search to identify articles relevant to migrant women's experiences of pregnancy and maternity care within European host countries. Although migrant women repeatedly reported struggles with communication, language barriers and poor health literacy, there was no sufficient or adequate use of interpreters within the healthcare system. Fair et al. (2020) specifically stated that future research should "explore the needs of different migrant populations to facilitate development of tailored interventions" (p.19).

Within the European setting, Puthussery (2016) examined the disparities in perinatal outcomes among migrant mothers born outside of UK and UK-born women. The author found that differential access and use of UK health services is apparent between the two groups of migrant and non-migrant women, showing that "migrant women are more at risk of unfavourable perinatal outcomes than White British women" (p.46). Crowther and Lau (2019) used a salutogenic approach to explore the Polish migrant women's experiences of accessing Scottish maternity care services. Congruent with other existing research, access to interpreting and translation services was found to be inconsistent and not always accessible to migrant women. Crowther and Lau (2019) explain that communication is crucial in maternity services as maternity care can be compromised if the language of that service is incomprehensible to migrant women. The authors underline the importance of conducting further research on migrant women's experiences of language and communication within maternity services to improve accessibility and acceptability of those services.

3.4.3 Experiences of refugee women with interpreters in New Zealand

This very recent resurgence of research on the experiences of refugee women demonstrates the paucity of research in this domain and the need for more consistent interest and care in the lives and voices of this vulnerable population. González Campanella (2022) conducted a qualitative research study using grounded theory on trauma-informed interpreting in New Zealand. Her interviews were informed by the perspectives and experiences of three key participants: the interpreters, the refugee-background clients and other key stakeholders. Similarly, Marianacci (2022) conducted research to explore the ally theory in community interpreting in New Zealand. She explored the Latin American users' perspectives specifically through one-on-one and group dialogues with service users, interpreters, and a community representative. Whereas both studies considered the refugee users' perspectives, including that of refugee women participants, neither focused solely on the lived experiences of refugee women in particular.

Two recent studies focused on the perspectives of refugee women with interpreters. Shrestha-Ranjit et al. (2020) explored, possibly for the first time in New Zealand, the experiences of Bhutanese refugee women, using interpreting services in primary health care settings after resettlement. Data was collected from three different sources, by interviewing and exploring the perspectives of Bhutanese women, Bhutanese men as well as health professionals. Similarly, Cassim et al. (2022) conducted research close to the heart of the present study, by investigating the refugee women's experiences of interpreters in healthcare New Zealand through semi-structured interviews.

Although all studies seem complementary to the present research, the most notable differential element is that the focus and study aim was ultimately about informing and improving current work practises with New Zealand interpreters and the local healthcare system. While they address particularly important research, none of the studies focused on the significance and impact brought forward by the lived experiences of refugee women who encountered language barriers as they resettled in New Zealand. Moreover, none of the research dwelled on the impression, influence, and repercussions of the interactions between refugee women and interpreters, nor focused on women with sexual and reproductive health needs as the most vulnerable refugee group (UN Women, n.d.).

3.5 Research Gap

All studies condemned the lack of refugee representation and perspective in published literature and called for further research on the perspectives of refugee populations and refugee women to inform language provision, health services and ensuing industry practices. Studies have

shown that there is insufficient research conducted about the experiences of refugee women, despite their additional vulnerabilities around sexual and reproductive health. Authors claim that greater and deeper knowledge about the experiences of refugees and their perspectives in accessing care is necessary to improve host health services. There is consensus amongst researchers, both nationally and internationally in this domain, that further experiential evidence about refugee women and interpreting services is urgently needed. This thesis reports on a study that focuses explicitly in this area.

This narrative literature review has identified limited empirical understanding of the experiences of refugee women, as explored from their own perspectives on the interpreting services that they received in New Zealand. To date, there has not been any study conducted from the refugees' perspective in New Zealand, particularly on the experiences of refugee women with sexual and reproductive health needs and in need of language assistance from the countries that represent minority groups, such as the Democratic Republic of the Congo, Burundi and Colombia. Thus far, there has not been any published study conducted from the refugee womens' perspective in New Zealand, using a hermeneutic phenomenology methodology; a methodological approach that is applied purposefully to illuminate the lived experiences and related meanings of refugee women of reproductive age in need of language assistance. This research therefore addresses an important gap in the current published literature and would enable refugee women to share their experience of using interpreters in New Zealand during their resettlement. As such, this study addresses the current gap in the literature and makes a significant contribution that highlights solutions that improve accessibility and acceptability of the services by elevating the voices of refugee women through revealing the meaningfulness of their experiences.

The following chapter presents the methodology that underpins this thesis and provides details on the research design methods.

Chapter 4

Methodology: A Hermeneutic Phenomenology Research

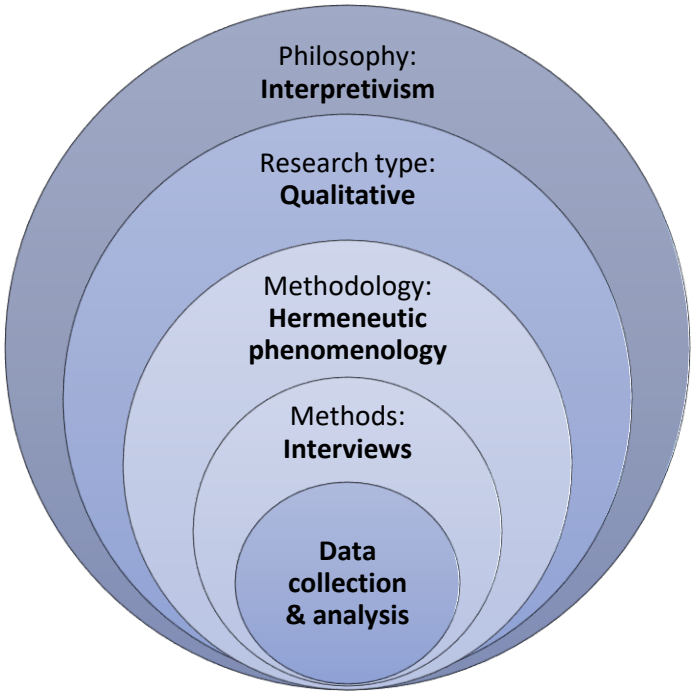
In this chapter I discuss the philosophical underpinnings of hermeneutic phenomenology defined by Martin Heidegger (1889-1976) as the methodology informing the research. I explain how my understandings of hermeneutic phenomenology, relevant key readings and Heideggerian philosophical notions enabled me to interpret the data collected from the participants' interviews. Hermeneutic phenomenology was used to uncover and explore the lived experiences of resettled refugee women with interpreters in New Zealand. This methodological approach provided the tools which allowed me to dive deep into the stories of participants and gain valuable insights into their unique perspectives and worldview. Using Heidegger's philosophical underpinnings enabled me to seek deeper meaning behind each participant's lived experience that were taken-for-granted and pre-reflective. I begin this chapter with a description of the research process, and a modified version of a theoretical framework that I name 'a phenomenological research onion' (see Figure 6 below), which sets the foundations of the thesis as a whole.

4.1 Interpretive Research Process

Diving into the research, I had to ponder on my identity as 'the researcher' and carefully consider the key elements that drive the research process. Al-Ababneh (2020) names epistemology, theoretical perspective, methodology and methods as four essential research elements that inform one another and provide a solid base, or theoretical framework, for the research to flourish. Reflecting on these elements as part of the research process, I adopted the research 'onion', that Saunders, Lewis and Thornhill (2009) developed, to encapsulate the research process of the present study. Saunders et al. (2009) describe research as an onion with several layers: each layer is peeled by the researcher and reveals the underpinning assumptions, research philosophies and methods that guide their own unique research process. Below is my interpretation of my research onion to illustrate the thesis research process.

Figure 6:

My phenomenological research 'onion', an adaptation inspired by Saunders, Lewis and Thornhill (2009)



Note. Adapted from *The research 'onion',* by M. Saunders, P. Lewis and A. Thornhill (2009)

As an extension to this research 'onion', ontology is another important aspect of research that must be taken into account and understood (Bahari, 2010). As a native speaker of Greek, I have a unique appreciation of the word "ontology". In Greek, it is comprised of two terms, 'on', which means 'being', and 'logia', which means 'study'. Ontology is therefore the study of the being and also the philosophy of *being* alive, of existing. This research is underpinned by ontological paradigm assumptions, which view reality as subjective and multiple, as seen by participants in a study (Al-Ababneh, 2020; Bahari, 2010), and myself. Within my study, ontology, ontological, 'ov' ('on') and all notions pertaining to *being* and the experience of *being* a being, are central to the hermeneutic phenomenological study. The ontology of Being is therefore core to this thesis, it is what drives the research questions and the analytical process behind data collection and data analysis. The choice of hermeneutic phenomenology as a methodology for this research justifies the central role of ontology, and Heidegger's understanding of what is it to be a human being, as such, being is understood as *Dasein* (see sections below). To unpack the essence of this notion of Being in phenomenology research I begin with the interpretive paradigm.

Interpretive paradigm

Hermeneutic phenomenology is inextricably connected to my research paradigm, which encompasses the beliefs and principles that define my own worldview (Kivunja & Kuyini, 2017).

Like a pair of personal glasses, a paradigm "constitutes the abstract beliefs and principles that shape how a researcher sees the world, and how s/he interprets and acts within that world. It is the lens through which a researcher looks at the world" (Kivunja & Kuyini, 2017, p.26). The interpretive paradigm best reflects my perspective on life but also on my values about research, as it "reflects a recognition of subjective understanding and the need to interpret it" (Kelly et al. 2018). An interpretive paradigm enables me to explore the distinctive viewpoints and perspectives of refugee women, and to appreciate their experiences from their own "lens" of reference. Identifying interpretivism as my paradigm allows me to progress towards a research methodology interconnected to my own beliefs and values as a researcher.

Interpretive research

Hermeneutic phenomenology is a reflexive methodology that facilitates interpretive research. For Leininger (1985) interpretive research is conducted with "the goal being to document and interpret as fully as possible the totality of whatever is being studied in particular contexts from the people's viewpoint or frame of reference" (Leininger, 1985, p.5). That is particularly true in the case of hermeneutic phenomenology, since the essence of that methodology is to employ interviews to dive from our own subjective viewpoint into deeper meaning to connect and reflect on that of another *being*. According to Heidegger we are beings that interpret, and thus I concur and believe that research cannot be 'neutral' because all research "reflects a range of the researcher's personal interests, values, abilities, assumptions, aims and ambitions" (Hale & Napier, 2013). There are no two same researchers with same data analysis as everyone sees the world through their own worldview and analyses experiences as such (Kelly et al., 2018, p.10-11). Smythe and Giddings (2007) further explain that, as a researcher, interpreting interviews is impacted by "who you are, your cultural background, how you are feeling (and) what's happened to you" (p.53).

Within interpretive research, there is no objective reality to be discovered, as data is based on the unique experiences and worldviews of the participants as well as the researcher's own understanding, perspective and analysis. This is congruent with the reflective and interpretive notions that underpin phenomenology as a research method, and hermeneutic phenomenology in particular that foregrounds the centrality of reflexivity. In the following chapter 5 I unpack this notion of reflexivity in depth by presenting my fore-structures of understanding based on a presuppositions interview at the start of this thesis journey (see section 5.2. "Pre-Understandings: Heidegger's Fore-Structures of Understanding" in the next Methods chapter 5).

4.2 From Phenomenology to Hermeneutic Phenomenology

The purpose of adopting a phenomenological approach in research is to illuminate the specific and identify phenomena through how they are perceived by the actors in a situation (Lester, 1999). Phenomenology enables the researcher to unpack and analyse lived experiences within particular contexts by drawing focus to an experience "as it appears, and to see things in such a way that they show up as they really are" (Wrathall, 2005).

Phenomenology is a historical tradition of thinking and a philosophical movement. The philosophical movement of "phenomenology" finds its roots within the work of the German philosopher Edmund Husserl (1859-1938) on the theory of meaningfulness. Husserl is considered as the "father" of phenomenology, as he tried to establish, throughout his career, phenomenology as a "rigorous science" in philosophy (Glendinning, 2007). Husserl was himself inspired by the work of René Descartes (1596-1650) and the philosophy of the *cogito sum* (he considered Descartes to be a predecessor of phenomenology) and the work of Franz Brentano (1838-1917) on philosophical psychology (Glendinning, 2007; Von Herrmann, 2000/2013). Brentano was a pioneer of the discipline of "descriptive psychology" or "descriptive phenomenology", through which he sought to provide a "secure foundation for empirical studies" (Glendinning, 2007, p.35). However, philosophers (Ryle, 1971) and academics (Glendinning, 2007) believe that it would be a mistake to consider that the whole tradition of phenomenology is based on Husserl's philosophical work. On the contrary, the thinking within this tradition evolved.

Martin Heidegger (1889-1976), Husserl's student and assistant, challenged and opposed his tutor's Cartesian ideas and became the successor of phenomenological philosophy (Glendinning, 2007; Von Herrmann, 2013). Heidegger's work provided a transition between Husserl's "reflective" and descriptive phenomenology to Heidegger's "hermeneutic" phenomenology (Von Herrmann, 2000/2013). Heidegger (1962) and his student, Gadamer (1989), then sought to reveal aspects of phenomena that are rarely noticed, described, or accounted for. They sought that which is rarely articulated by providing tools that gift the opportunity to unpack and reveal the meanings of the taken-for-granted unspoken meanings that dwell within lived experiences due to its exploratory reflexive and abductive nature (Smythe, 2011).

Von Herrmann (2000/2013) stresses the importance of Heidegger's shift to hermeneutic phenomenology. He defines hermeneutic phenomenology "of pre-theoretical Dasein in *Being and Time*" as "the new working out of a new guide for philosophy" (Von Herrmann, 2000/2013). Although Husserl coined the phrase 'to the things themselves', Heidegger took this further in his

work on the phenomenological principle “to the things themselves”, by focussing on liberating projects from the “predominance of the theoretical” (Von Herrmann, 2000/2013, p.103). However, Von Herrmann also acknowledges that Heidegger’s hermeneutic phenomenology would not have been possible without the foundation provided by Husserl. Von Herrmann (2000/2013) states that the “hermeneutic phenomenology of Dasein was possible only from out of the encounter with reflective phenomenology of consciousness” (p.106). For Von Herrmann (2000/2013), phenomenological methodology “reaches its full efficacy only in hermeneutic phenomenology” (p.25). He explains that:

> The methodological maxim of “going-back-to-the-things-themselves” works in its radical sense only when, instead of reflecting on lived-experience and objectifying it, we understand the “pure motives of the sense of pure lived-experiences” from within the full, living enactment of lived-experience – drawing it out in listening, in understanding. The motifs are “pure”, and lived-experience is “pure”, when they remain pure, that is, free from a reflective objectification. (p.25)

This calls for the researcher to investigate the experience of research participants – here, resettled refugee women on their experiences with interpreters - from a caring lens, wanting to explore and understand their experiences rather than analyse or synthetise them. Hermeneutic phenomenology as a tool is therefore key to reaching the heart of the lived experiences shared within this thesis.

4.3 Heidegger’s Hermeneutic Phenomenology: An Overview

Heidegger’s hermeneutic approach of phenomenology allows “lived-experiences to show themselves as they primordially and primarily are” (Von Herrmann, 2000/2013, p.25). Researchers like Crowther, Ironside, Spence and Smythe (2017) explain that the “intention of hermeneutic researchers is to illuminate essential, yet often forgotten, dimensions of human experience in ways that compel attention and provoke further thinking” (p.827). This was illustrated by Britz (2017) who conducted qualitative research using hermeneutic phenomenology to explore the experiences of interpreters working with refugees in New Zealand. Britz (2017) stated that phenomenology guided him further in his personal and professional development and often gave him a point of reference, the ability to ‘*be’* and allow things to show themselves. I resonate with this claim. Hermeneutic phenomenology has not only provided me with an adequate framework for this research, but served me, above all, as a guide to explore and comprehend in a caring way the lived experiences of the refugee women participants.

In analysing the lived experience of the surrounding world according to Heidegger, Von Herrmann (2000/2013) states that "what is primary and guiding in the lived-experiences of the surrounding world is the understanding of significance of the significant things in the surrounding world" (p.37). Von Herrmann (2000/2013) further explains that "what is significant for hermeneutic understanding of the lived-experience is that which we encounter immediately – without mediation through a perceivable corporeal layer" (p.36). Hermeneutic phenomenology can therefore guide us into understanding the lived experiences of refugee women without any obstruction. Throughout time, phenomenology has been explored from many different angles and sparked many debates. Husserl's phenomenology was founded on the concept of reflective consciousness and Descartes' ontological philosophy, whereas Heidegger based his interpretation of phenomenology on the character of the lived experience of the world (Von Herrmann, 2000/2013). Heidegger challenged the Cartesian views of his tutor, Husserl, by seeking a more profound exploration through "Dasein". Heidegger's "Dasein", in concordance with other Heideggerian notions, will be explored and interpreted as the backbone of the data analysis and the guiding philosophy of the present thesis.

4.4 'Dasein' and 'Being-in-the-world' as a Refugee Woman

In 1927 Heidegger publishes his magnum opus, *"Being and Time"*, a major work in the field of phenomenology, where he explores his view on phenomenology, and introduces for the first time the concept of "Dasein". Heidegger's (1927/1962) notion of "Dasein" introduces the concept of phenomenological understanding of a human being. "Dasein" is a German word that seems to be difficult to translate, and translated notions can be challenging to grasp when studied by non-German native speakers, especially within the context of philosophical writings. Aminrazavi (2006) states characteristically that "one may cite numerous definitions of Dasein by Heidegger, but what is more interesting than the content of these definitions is the very struggle to define Dasein" (p. 281). In its core, "Dasein" refers to the notion of "existence" and "being" in the world, "being-there" and "being-in-the-present", a being that is openly engaged, absorbed, interreacting and creating the world in which they live.

Heidegger uses "Dasein" to introduce the concept of phenomenological understanding of a human being, how a being understands its existence and finds meaning within its presence in the world. As Glendinning (2007) explains, Heidegger tries to "launch philosophy back to the question of Being through the pursuit of a phenomenology of Dasein" (p.91). Dasein is therefore synonymous with the notion of being-in-the-world, in this case the being-in-the-world of refugee women, and how they perceive themselves within their own world. Referring to the question of Being, Glendinning (2007) cites Heidegger on "the meaning of the words we use and

our understanding or non-understanding of them". Therefore, Heidegger "immediately identifies the question of Being in terms of what we *mean* and *understand* by "Being"" (Glendinning, 2007, p.62). According to Glendinning (2007), "Dasein" does not represent the concept of "being" nor having a conscience of "being". "Dasein" rather tends to affirm "conceptions of its own Being" (…) and of "*what it is to be* the entity we ourselves are" (p.77).

Consequently, refugee women can convey, subconsciously (or consciously) through their testimonies and words, the meaning of "what it is to be" a 'refugee woman" going through the experience of resettling and being in contact with interpreters, who, as the study's findings show, may or may not behave ethically. Von Herrmann (2000/2013) also believes that Heidegger's hermeneutic phenomenology lets "Dasein be encountered from withing itself" (p.103). This can indicate that a being (the "being" of refugee women) can thus be found and understood through their own realisation of "being" and "being-in-the world", which is reflected in the way the participants of the research recounted their own lived experiences during the interviewing process.

The notion of Dasein in Heidegger's approach has profoundly guided me in the analysis of the interviews collected from the refugee women participants. Why did participants use the specific words that they used? Is there a deeper meaning being conveyed behind their choice of words? What is there for us to understand and unravel behind the recount of their lived experiences? Do we understand the refugee women's experiences through their own being-in-the-world, or can we only comprehend their experience from our own perception of what being-in-the-world means? All these questions are crucial when attempting to unravel the meaning behind the lived experiences of the refugee women with interpreters – interpreters who, as seen in the Background chapter 2 and Literature Review chapter 3, can themselves be former refugees, part of the community, trained or untrained professionals. These different identities of Dasein can alter the outcome and the experiences that a refugee woman may have with the interpreter assigned to assist her. The notions of Dasein and being-in the world are thus foundational ontological notions that provide the understanding of a person's situated, positioned and contextualised experiences. In the following section I unpack hermeneutic phenomenological notions that have helped illuminate the findings of the thesis.

4.5 Heideggerian Notions in Relation to Refugee Women

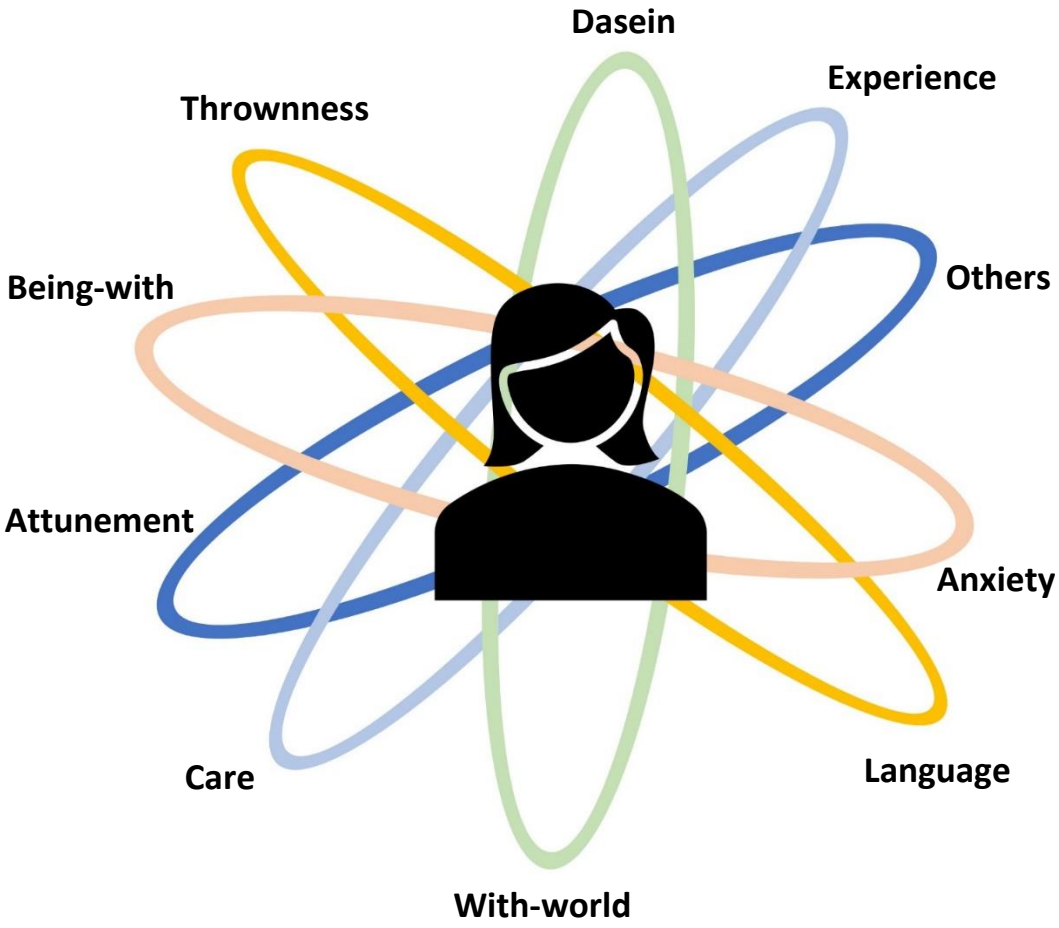
Heidegger's hermeneutic phenomenological notions are a tool to assist the researcher in explaining their interpretation and allowing a more profound and accurate exploration of the meaning of the lived experience. Through Heideggerian notions, the researcher can develop an interpretive writing which will allow them to best communicate their interpretations of the

phenomena. Consequently, I was able to conduct a profound study of the lived experiences of the participants and communicate my findings to the reader using such notions.

At first, I attempted to provide an analysis of the key Heideggerian notions that were used in the findings chapters 6 to 9 of the thesis. However, while doing so, I realised that, without linking the notions to the context, without each participant's unique story tied to the notions that provided meaning, I was somehow 'stripping' the Heideggerian notions from their own essence. In my own hermeneutic journey, it felt to me that a description of the notions without the lived experiences attached to them was unsubstantial, almost devoid of meaning. As participants each share their unique stories, the Heideggerian notions that illuminated their experiences are part of the participants' nucleus, of the 'whole' that comes to constitute each participant and each unique lived experience that they share with me during our interviews.

Figure 7:

Heideggerian notions woven into the lived experience of a resettled refugee woman



Consequently, it felt more natural for me as the researcher to introduce some key Heideggerian notions that informed the study, rather than provide a list of detailed descriptions devoid of the

lived experiences that illuminated them in the first place. I therefore invite the reader to ponder on the essence of the notions provided below, without trying to define or justify them. On the contrary, the essence of each Heideggerian notion truly flourishes when understood jointly with the lived experiences that are studied in the findings chapters 6 to 9. Therefore, the section that follows is a recapitulation of some of the key notions that are found in this thesis. The totality of the Heideggerian notions that were uncovered, and their link to the participants lived experiences can only be fully appreciated when reading the participants' crafted stories in the findings chapters 6, 7, 8 and 9.

Experience [Erlebnis]

The *experience* is a Heideggerian notion that can help us grasp the complex events of resettlement and the ordeal of experiencing language barriers that refugee women often undergo upon their arrival in New Zealand. Heidegger (1982b) suggested that to undergo an *experience* [*Erlebnis*] means that this something we experience overcomes, befalls, and transforms us. We receive it and submit to it; we endure and suffer it. The experience is not of our making; it happens to, with us, revealing the world in which our existence is already immersed (Britz, 2017). The *experience* is a core notion of the thesis.

Thrownness [Geworfenheit]

As Dasein, refugee women can be *thrown* into *experiencing* something, as their 'refugee' condition has often been the result of them being suddenly *thrown into* the refugee life. The life of refugees is often characterised by times of political turmoil and/or social unrest and involve considerable movement and unsettledness, in which refugees often find themselves "thrown into". This means that their lives can change in the blink of an eye, when they are suddenly "thrown into" a new reality, a life of incertitude and exile that they must quickly "accept" and "adapt to" (note: I am using these verbs very carefully as an emotional figure of speech, my intention is not to imply that refugees "must accept" nor "adapt to" a refugee life). Always, human beings experience thrownness, such as suddenly arriving into the world of a family, culture, work environment, and how we try to find ourselves within that thrownness – "sich befindet" (Heidegger, 1962, p.174). In this study thrownness revealed itself as women refugees as suddenly "thrown into" new unknown contexts – in fact, refugee women can be also thrown into new ways of Dasein, of their own being, through the experience of starting a new life in New Zealand.

Others, Dasein-with and With-world

Two other notions that are closely connected, and paramount to dive into the refugee women's worldview, are *Mitwelt* (with-world) and being with *Others* (Mit-dasein). For Heidegger, the notion of the world as consisting of people is strongly depicted through "the world of Dasein is a with-world (Mitwelt)" (1962, p. 155). This means that, for Dasein to be within the world, it means to be with Others. Therefore, Dasein finds itself through the being-with and interaction within-the-world, as Dasein-with (others), or *Mit-dasein*. Heidegger also points out that "Others are encountered environmentally" (1962, p. 115). The environment, the space and time in which the refugee women find themselves in need of an interpreter means that they encounter Others, interpreters more specifically. Others as such become the world they are thrown into.

Within the present study, refugee women find themselves within the world (their new resettlement country, New Zealand), through being with Others, the interpreters, by gaining access to communication through them. This confirms the *Dasein-with* (Mit-dasein) and Dasein's connection *with* Others, and *to* Others, that can take place when Dasein is within the world and with-world (Mitwelt). *Mitwelt* (with-world) and being with *Others* (Mit-dasein) are therefore two important notions that set the foundation to further explore and reflect on the crafted stories of the experiences of refugee women participants.

Mood [Stimmung] and Attunement [Befindlichkeit]

Last but not least, the notions of "mood" and "anxiety" resonate deeply with the lived experience that refugee women often have in regard to resettlement and language barrier. Refugee women often attune to their feelings of anxiety and insecurity as they face communication barriers and they fear not being understood. For Heidegger, moods represent the way in which Dasein becomes attuned to the world. This invites the researcher to explore the refugee women's "mood" around using services and interpreters, or not being able to and, as a result, being left in a state of "anxiety".

Furthermore, Heidegger wrote about the notion of "anxiety" ("angst") as a "mood", or "attunement," to describe dread, uneasiness or even malaise around the world that surrounds us (Heidegger, 1962, p.227). In anxiety, the everyday being-in-the-world of refugees slips away as their home, country, freedom is taken away from them. Through anxiety, the refugees' everyday life and new "home" becomes something "uncanny" ("unheimlich", p.223), unfamiliar and strange to them. These notions allow a deep appreciation of the refugee experience at the time of resettlement to New Zealand, and even beyond.

Heideggerian notions illuminating a 'phenomenon'

Numerous hermeneutic phenomenological notions "called out" to me during my studies of the participants' interviews and the creation of crafted stories. The crafting process is a part of the interpretive analysis. Rather than including all the notions of interest to the study, or naming a 'phenomenon' with each story, my quest as the researcher was to seek the phenomenon that is showing itself as I worked with one story and all stories together. The crafted stories are parts and whole, whole and parts in a constant, explorative iterative journey that forms a hermeneutic circle (Crowther & Thomson, 2020; Gadamer, 1960/1986), as further explored in Chapter 5. Some stories announced the phenomenon, while some only provided a semblance or a mere glimpse of the phenomenon. Throughout data analysis, I identified many phenomena as I proceeded, yet I focused on 'the one' which called out the most from the data that I began to bring to the light and focused on.

Naming the phenomenon was a constant challenge, yet instinctively I knew when I had grasped its essence from what the phenomena was asking of me to reveal to the reader. Another challenge in which my supervisors, Prof. Susan Crowther and Prof. Ineke Crezee, were reminding of was not to get caught up in my own assumptions and in purely ontic concerns as I was analysing – such practice would sometimes take me down normative roads of inquiry and thinking. I had to constantly remind myself of the aim of the research to not become 'lost' in the data. I had to concern myself with what it means to be a refugee woman who is experiencing living, resettling, adapting, working, discovering and communicating through interpreters. Getting close to their daily experiencing was key as these experiences point to the primordial, the ontological of their existence. To be, being – is always already there, in our everyday experiences. I am reminded that all interpretation is that of an interpreter. I cannot remove who I am from the data nor its analysis, but I can be aware of 'me' being 'there' and work around this knowledge in a conscious way.

4.6 Study of Heideggerian Notions and Beyond

Some notions that have been difficult for me to grasp whilst reading hermeneutic phenomenology really came to light when working on the participants' interview transcripts and exploring and re-exploring their lived experiences. As I do not speak German, the translators' footnotes greatly helped me to grasp notions in a fuller, more comprehensive way, rather than limiting myself to my understanding of the terms chosen to translate Heidegger's original notions from German to English. As a language professional myself, I can understand the multitude of layers that a word can hold and the difficult task of accurately, thoroughly translating from one language to the other. Sometimes, such task is not possible and some

words and notions may simply not exist from one linguistic universe to the other, such is the richness of human languages and linguistic systems around the world.

As a result, I discovered that mapping or drawing a concept came naturally to me, when reflecting on a particular notion. I found that a visual indication would sometimes aid me to enhance my written explanations, by illustrating my understandings of hermeneutic phenomenology and the notions that I could 'see' being woven in the participants' lived experiences and into the resulting crafted stories. Drawings and figures also allowed me to provide a visual cue to the reader, hoping to make my interpretation better understood, or better interpreted by the reader themselves (see illustrations and figures in chapters 5 to 8).

Gadamer and the significance of language

The writings of Hans-Georg Gadamer (1900-2002) on phenomenology further the hermeneutic phenomenology approach by focusing on language and text, and how these shape the world and our understanding, producing works that elaborate philosophical hermeneutics. Gadamer found hermeneutics to be essential in enabling our understanding of one's experience by placing it within the context of that person's own social-historical context (Britz, 2017; Gadamer, 1970). Within this study, that would be the lived experience of refugee women with interpreters, as experienced within the refugees' own personal and social-historical context.

Nevertheless, the present study also foregrounds by its nature the significance of communication, language and context. Gadamer's writings on phenomenology and language (1960/1986, 1970, 1989, 2013) further the hermeneutic phenomenology approach by a focus on language and how this shapes the world and our understanding. The reading of his works further enabled me to explore the dynamics of language and how [the presence or lack thereof] language assistance was experienced by refugee women during their resettlement in New Zealand. Lastly, I drew great inspiration by Gadamer's concept of the historical nature of our understanding, namely the historically effected and effective consciousness, through which Gadamer explicates how humans experience the world through their own prejudices (2013).

Further phenomenological readings

Throughout my study of the participants' lived experiences and resulting crafted stories, I was able to draw inspiration from other phenomenological and hermeneutic writings to deepen my analysis and understanding. The writings of Hannah Arendt (1906-1975) and Max Van Manen (1942-) helped me to further appreciate phenomenological notions and to study and explore them from different angles. I also conducted relevant readings beyond the scope of the present research that dwell on the controversial parts of conducting research using hermeneutic

phenomenology as a guiding methodology. It is important that any researcher using works by Heidegger, acknowledge his history and context. Therefore, in the next section I turn to the complex and controversial life choices made by Heidegger.

Heidegger's 'other side': A philosopher's controversy

Heidegger's involvement with the Nazi Party in the 1930s has possibly been the most controversial topic for anyone interested in hermeneutic phenomenology (Britz, 2017; Clark, 2011; Crowther, 2013). Indeed, it is difficult to understand or justify how Heidegger, one of the greatest philosophers of the 20th century, also came to support the Nazi Party, a doctrine so far away from – if not the complete opposite of – the openness and humanity reflected in his own writings. Heidegger's turn to Nazism took even his own students and colleagues by surprise (Clark, 2011) and creates, to this day, apprehension and questioning around the use of hermeneutic phenomenology as a research methodology. I pondered on this topic many times as my specific research focuses on vulnerable minorities like refugees, a population that reflects the reality that the victims of fascism experienced during Heidegger's time.

My personal stance as a person and a researcher, is that I never came across any fascist or discriminatory elements during my exploration of Heidegger's work. If anything, his writings always prompted me to dive deeper into the human psyche, with compassion and an open mind. I chose hermeneutic phenomenology as it was, in my view, the most appropriate methodology to conduct the present research. However, I do find it ethically difficult to separate "the man" from "their work", especially when reading further into their reported personality and actions at the time (Clark, 2011; Farias, 1989). To me, Heidegger's work and philosophy are much larger achievements that are more significant than his personal life choices as a sole man, who lived during the critical time of a World War. McConnell-Henry et al. (2009) address Heidegger's controversy and state that, "in the end the choice of philosophy is determined by its relevance to a study, not simply by the philosopher as a person judged by a set of life choices" (p.8), and I find myself in agreement with this perspective.

4.7 Conclusion

Through this Methodology Chapter, I have attempted to 'open the door' for further exploration by the reader into the notions of hermeneutic phenomenology and how they can be applied in qualitative research to illuminate the experiences of participants and further our understanding. These processes and their application to data collection and analysis will be explicated in detail in the Methods chapter 5 that follows.

Chapter 5

Methods: Leading the Research

In this chapter I describe the process of building a solid research design which protects the participants' agency and respects their unique circumstances. The previous Methodology chapter 4 provided an overview and rationale in relation to choosing hermeneutic phenomenology as the methodological approach guiding the current study. This chapter will provide a more detailed synopsis of the steps taken to conduct data collection, followed by a description of the data analysis methods and their implementation. The chapter ends with a representation of how I entered the hermeneutic circle and took the "interpretive leap" in the journey of interpretive analysis of the data. I begin with a reflection on how my own pre-understandings shaped this research.

5.1 Researcher Positionality

Smythe & Giddings (2007) explored interpretive research methodologies in qualitative research and explained that the researcher's interpretation of interviews is impacted by "who you are, your cultural background, how you are feeling (and) what's happened to you" (p.53). Therefore, no act of interpreting can ever come from a "purely neutral stance" (Horrigan-Kelly et al., 2016, p.3), as "neutrality" cannot exist in a world where each of us is a unique, individual existence, a single *Dasein* amongst *Others*. Gadamer (1970) explained that it is our pre-understandings and judgements that inform our study projects and are therefore not perceived as a hindrance to robust research. Each researcher is a unique human being made of pre-understandings, personal interests, values, abilities, assumptions, aims and ambitions (Hale & Napier, 2013), and this inevitably influences the interpretation of research findings.

As a researcher, I bring into this research my own pre-understandings from my personal and professional experiences, as a woman, a mother, a migrant in New Zealand working as an interpreter. These experiences provide me with an understanding of my own positionality and allow me to gain clarity on any existing power dynamics between the participants and I. Reflecting on these power dynamics allows me to establish an ethical and transparent research plan. By disclosing the pre-understandings that I carry within me, I become aware of the values that guide me through this research. Therefore, the pronouns "I" and "my" are used to convey when I am 'stepping forward' to express myself as the researcher.

5.2 Pre-Understandings: Heidegger's Fore-Structures of Understanding

Exploring Heidegger's fore-structures of understanding is a way of gaining clarity on my pre-understandings and the importance of reflexivity within hermeneutic phenomenological research. Heidegger claims that the way we interpret the world is shaped by our fore-structures of understanding, which are shaped by who we are, and how we understand our own past, present and future. At the start of the research, I undertook a pre-understandings interview with my primary supervisor, Prof. Susan Crowther, which allowed me to reflect upon my fore-structures of understanding, namely fore-sight, fore-having, and fore-conception:

Fore-sight

Fore-sight relates to how I will always enter an experience with my own specific viewpoint, based on my expectations of what phenomenon the research data may reveal. My fore-sight originates from a merging of identity elements that inform my viewpoint, e.g. my identity as an ethnically white European woman of reproductive age, a mother, a professional, a researcher. However, my fore-sight is equally shaped by the elements that do not inform my viewpoint, as I am not a refugee, and I do not identify ethnically or culturally with the research participants. These elements must all be kept in mind to approach participants and enter the interpretive circle and data analysis in a conscious and respectful way.

Fore-having

Fore-having is the background context that informs my existing pre-understandings (Crowther & Thomson, 2020), e.g. my academic training, practical experience as an interpreter, my understanding of our professional code of ethics, and my experience as a NZ Red Cross volunteer assisting refugees to resettle in New Zealand. These elements inform the way that I interpret the participants' interviews and create expectations of what I uncover during data analysis. My pre-understandings could lead to assumptions, influence my interpretation of data, and how I am entering the hermeneutic circle (Gadamer, 1960/1986). Nonetheless, my own knowledge and experience are unique strengths that provide me with an in-depth understanding of the research topic and a real-life connection to the participants that goes beyond academic readings. Being aware of my fore-having allows an open mind during data analysis, to let the phenomenon reveal itself to me.

Fore-conception

Fore-conception is my anticipation of what interpretations I may draw from the research findings. My fore-conception is linked to my fore-having and fore-sight, constituting 'me',

Dasein, the person conducting and interpreting this research. Through my past, my culture, my upbringing, my person, my profession, I may expect to find, consciously or not, specific answers to the questions that guide this research. To address my fore-conception, I had to be conscious of the knowledge derived from my previous readings on refugee women. I should not let other findings dictate what phenomenon I would come to find for myself. Although reading and assessing information are essential parts of a trustworthy doctoral thesis, I kept in mind that knowledge is endless, and stayed aware of any personal anticipation or expectation towards the research findings. Hermeneutic phenomenology challenged me to ponder in advance my preconceived ideas and existing prejudices. Recognising and foregrounding my fore-structures allowed me to enter the interpretive circle and take the interpretive leap when conducting data analysis (see section 5.7 “Taking the interpretive leap”).

5.3 Ethical Considerations

Trustworthiness of the research

Establishing a solid research design is one of the key elements of rigorous and trustworthy data collection and research findings. Therefore, researchers from both quantitative or qualitative research are called to reflect on the validity and reliability of their research project, to justify the trustworthiness of their findings. Within qualitative research, and for hermeneutic phenomenology in particular, a framework of specific criteria, such as balanced integration, openness, concreteness, resonance, and actualisation, can sometimes be used to judge the rigour, integrity and legitimacy of interpretive phenomenological research (De Witt & Ploeg, 2006). On the other hand, Rolfe (2006) views each study as individual and unique, thus not requiring any frameworks or criteria to judge its validity, trustworthiness and rigour. As such, Rolfe (2006) supports the use of a reflexive research diary to be read in conjunction with all research reports, may they be of a quantitative or qualitative nature. The research diary can thus be used as an audit trail and enable further reflexivity on the research process (Koch, 1996). Throughout my research, I have kept a personal reflexive diary, which I have used as a creative outlet to explore thoughts, writing, ideas and meanings as I progressed in the research, as per the diary excerpts (photos) in appendices K, L, M and N.

Ethics

The ethical considerations were complex and needed to be approached with sensitivity and flexibility. To ensure that all ethical aspects were considered and respected, several consultations took place with AUT’s research ethics advisors, ethics committee as well as important (non)academic refugee organisations. Discussions led to adjustments until the

drafting and approval of a mindful and solid ethics plan that could guide the research project to completion. Data collection only began after the official approval of the ethics plan by Auckland University of Technology Ethics Committee (AUTEC), which included the following:

- Full ethic's application form,
- AUTEC's letter confirming ethics approval and amendments approval for study,
- Participant information sheet (also translated in French and Spanish),
- Recruitment poster (also translated in French and Spanish),
- Consent form (also translated in French and Spanish),
- Interview indicative questions sheet (also translated in French and Spanish),
- Researcher safety protocol guide,
- Confidentiality agreement for the Spanish translator/reviser, and
- Data management plan guide.

Relevant research ethics documentation can be found in English in Appendices A to H. French and Spanish translations of the documents were also provided to participants.

Amendments to ethics

The initial plan was to recruit and interview face-to-face 15 to 20 participants during their first one to five years of resettlement in New Zealand, following their arrival at the MRRC. However, once recruitment officially started, many challenges and unforeseen obstacles came into play (e.g. the COVID-19 pandemic and recruitment/cultural concerns). It became necessary to propose amendments to the original research design and adjust to the reality on the ground - aspects of which I was not able to anticipate before being directly confronted by potential participants. Three amendments were proposed and accepted by the AUT's ethics committee, namely:

- **Amendment 1:** Extension of the recruitment period to 15 years after resettlement (instead of 5 years).
- **Amendment 2:** Allowing participants willing to be interviewed, but not recorded, the option to be interviewed by replying to research questions in a written form.
- **Amendment 3:** Allow the researcher to interview women community leaders, who may not meet the age and length of resettlement time criteria, in order to access their community.

The final, post-amendments ethical research and recruitment guidelines are detailed in a later section entitled "Participant profile".

Participant protection and participation

This research takes place in Aotearoa New Zealand, where the Treaty of Waitangi – Te Tiriti o Waitangi (1840) acts as the founding treaty setting New Zealand's core values and underlying principles. In 2010, Te Ara Tika - Guidelines for Māori research ethics established a framework for researchers and ethics committee members to protect the ethical and cultural requirements of the Māori population within research (Health Research Council of New Zealand, 2010). Although the present research does not involve Māori participants, it focuses on refugee women, who are considered to be the most vulnerable refugee group (UN Women, n.d.). The ethical and cultural values that are discussed in the 2010 Te Ara Tika framework should be respected within any culture and any cohort of participants, namely, the principles of partnership, protection and participation must guide researchers in the completion of their study project (Barrett & Connolly-Stone, 1998). It is paramount to reflect on these principles, to guarantee that the culture and background of participants are respected whilst conducting research (Barrett & Connolly-Stone, 1998), especially when working with vulnerable participants such as refugee women.

Application of principles

Hermeneutic phenomenology is in itself a methodology that relies on the respect, acceptance and understanding of people's experiences. It is a methodology that empowers refugee women by giving them the opportunity to voice their experiences and be the protagonists of the research, when they often remain a neglected group in research (Bandyopadhyay et al. 2010; Floyd & Sakellariou, 2017; Hennegan et al., 2015). To protect and respect vulnerable participants (refugee women), the principle of protection was thoroughly discussed and implemented. The research ethics' application established a solid framework to provide and secure the participants' rights during the research. The participants' free will was respected as participants could withdraw from the research any time before its finalisation. Interviews were conducted in a safe environment, at the participant's choice of place, or online from the comfort of their home. Their feelings of safety and trust were respected as they were allowed to have a support person of their choice present with them during the interview process. To implement the principle of protection in the interaction between the participants and the primary researcher (myself), the interviews were conducted into the participant's preferred tongue (English, Spanish or French), to remove any language barriers or inhibitions.

To avoid re-traumatisation or discomfort, the indicative research questions were not of a sensitive nature, as they focused on the research subject and participants had the right to skip them if they wished to. All data was treated as private and confidential, and the researcher was

the only one who knew the participants's identity and information details. The participants' privacy was protected by using pseudonyms in the thesis and ensuring that no identifying details appeared in the data analysis. COVID-19 related government restrictions and guidelines were always followed during interviews.

5.4 Recruitment Process

Consultations

Before I started recruiting participants, consultations took place with various organisations, community representatives and professionals working closely with resettled refugee women in New Zealand. Details, amendments and clarifications were discussed with several relevant parties, namely: refugee, migrant and women organisations (Red Cross NZ, RASNZ, SHAMA, etc.), research supervisors, AUTEC's Research Ethics Advisor, midwives, community leaders, interpreters working with refugee women in health and other community settings. These consultations gave further insight into the refugee women communities in New Zealand and how to best approach them within the research context.

Ownership and data sovereignty

Participant ownership of their information has been acknowledged by using the interview transcripts and data as they were originally expressed, in the participant's own words. The collected interviews, information and resulting crafted stories are based on the experience of the participants as expressed in their own testimonies. Participants had the right to remove their participation or change/delete parts of their interview that they did not wish to disclose, at any point before the thesis was finalised. The consent forms were always read, explained and discussed with the participants prior to conducting their interviews (see Appendix D).

Recruitment of participants

Undeniably, the most challenging part of this research was the recruitment of participants. The recruitment phase was so stressful and logistically complex, and involved so many obstacles, that I often doubted if this thesis would have enough participants to see the light of day. Nevertheless, the challenging nature of recruitment was one of the most telling parts of conducting this research. The difficulty of not only reaching the communities of women refugees but have them trust me enough to agree to being interviewed, recorded, and sign a confidentiality sheet was very revealing. Refugee women participants (from the DRC in particular) showed deep reluctance about engaging with this project, suspecting me of having an ulterior motive as a researcher and perhaps fearing that I would misrepresent them through

the research. I will attempt to summarise the recruitment journey by describing some important phases that eventually resulted in successful data collection. In doing so, I acknowledge the courage that each participant showed in putting their trust in me and the research process, by agreeing to participate.

Recruitment challenges

A substantial number of emails was sent to third parties and stakeholders in New Zealand in the hopes of reaching the local Spanish and French-speaking refugee communities. The list of contacted third parties was long: NGOs, refugee organisations, migrant research centres, academics, community leaders, community groups (through official websites but also social media pages such as Facebook), trusts, ESOL language schools, clinics, embassies, consulates, women's shelters, churches – the list goes on. Most of my emails were never replied to, which indicated that I would not succeed in reaching out to participants by means of emails alone. As months passed by with no leads, the sudden and unexpected pandemic of COVID-19 further slowed down all communication attempts. Even when I was able to get in touch with participants and their communities, many of them appeared afraid and reluctant to engage with the research process, although they were interested to meet me and eager to share their experiences.

Personal reflections on the recruitment challenges

During my recruitment efforts I reflected on the challenges and perceived a sense of wariness, lack of trust and reluctance amongst refugee women, which was particularly prevalent in the cohort of refugee women coming from the DRC. The aforementioned ethics' amendments were in fact partly adopted to respect the participants' preferences and consider their vulnerability and specific needs (see section on "Amendments to Ethics" above). The French speaking African communities of Burundi and the DRC were particularly difficult to reach for a researcher like myself, who is outside of their community and culture. In the case of the Congolese community in particular, the Congolese women participants who expressed interest were the ones that had been in New Zealand for longer periods of time (usually between 10 to 20 years). This was not the case for Spanish speaking participants from Colombia who seemed to be more willing to participate, even if they had recently resettled in New Zealand. My assumption is that members from the African communities who have resettled for longer feel more at ease to open up later in their resettlement journey.

However, even in the case of older resettled refugees from the DRC, their wariness and lack of trust towards research quickly became apparent. I was able to meet a group of DRC women through a woman community leader, and despite our long conversations, only the leader agreed

to take part in the research. On another occasion, another African woman community leader allowed me to meet a respected woman within the DRC community. Our encounter did not go well, in fact, I was met with such mistrust, reluctance, and fear that I felt the urge to put my experience into paper by writing the story of "The Congolese lady from the hair salon" (see Appendix K). A Congolese participant even stood me up minutes before our arranged interview, my assumption being that she felt scared or doubtful in light of our scheduled meeting. My assumption towards such reluctance to participate in research is that there must be a strong sense of self-protection involved when a woman has been through difficult experiences related to her life as a refugee, and may not feel understood, accepted or seen, which reinforces the significance of conducting research within vulnerable communities.

Another interesting revelation was the realisation that some participants were very opposed to the use of the voice recorder as part of the interview process. Former refugee women from the DRC in particular appeared to be uncomfortable, even scared of the voice-recorder machine and the fact that they would have their interviews and voices recorded. This indicated to me that some former refugee women seemed very scared of leaving a 'formal' trace of their interview conversation by being recorded, despite explaining to them their rights and the anonymity and confidentiality of the research process. They did not wish to justify this reaction, and my personal assumption is that there may have been a level of mistrust towards leaving 'their voice recorded somewhere', maybe resulting from past negative experiences or trauma when disclosing information, dealing with authorities and/or leaving a trace of their testimonies. Although some of the women eagerly shared their story and experiences when we met, they did not agree to participate in the research, meaning that, unfortunately, I could not use any of the insightful information that they shared with me as part of the thesis.

Data collection challenges

The COVID-19 pandemic impacted both the recruitment and data collection phase. Disruptions linked to the pandemic deeply affected New Zealand and disturbed the course of research numerous times. New Zealand's efforts were redirected into addressing the pandemic and thus, the quota programme allowing 1,500 refugees to enter New Zealand annually halted for many months (see Chapter 2 section 2.2.5. "Resettlement disruptions during the COVID-19 pandemic"). These changes meant that it was not possible to reach out to participants as the expected number of resettled refugees was not met. Out of the initial 5 years of recruitment period that was originally planned, 2 years were 'lost' since there were very few refugees resettling in the country, especially from the countries of interest to the research. During the pandemic, it was uncertain as to whether New Zealand borders would remain open or close

again, since the COVID-19 subsequent virus variants (e.g. Omicron) were causing countries to keep on tightening their travel conditions.

Extending the recruitment period to 15 years after resettlement allowed to make up for this period loss experienced as a result of the pandemic. Furthermore, the COVID-19 pandemic was also a hindrance to data collection, continuously impacting recruitment efforts. Interested participants would cancel interviews or opt out from participating due to being sick, suffering from long-COVID, taking care of sick family members or fearing that participating might affect their mental health if added to the pandemic's challenging lockdown restrictions. For example, a fully booked trip to interview 4 participants face-to-face in Wellington had to be cancelled last minute due to the August 2021 COVID-19 sudden lockdown.

A turning point: Volunteering for the Red Cross

In 2021 I joined the NZ Red Cross organisation, first as a refugee resettlement volunteer, and was later hired as a casual cross-cultural worker (see Appendix O). Becoming part of the NZ Red Cross team had two major positive impacts, on a personal and on a research level. Firstly, I was able to spend time with newly arrived refugees, help them during their resettlement and be immersed in their lives as part of my volunteer engagements. This lived experience allowed me to build a true connection with the participants of the research and witness firsthand their resettlement journeys and struggles. Secondly, joining the NZ Red Cross allowed me to meet people who were working directly with refugee women. I built trust with my fellow NZ Red Cross colleagues, who agreed to help me connect with refugee women, by introducing me to them, or by spreading the word about my research to their communities. I was particularly touched by the help of two Red Cross colleagues who recognised the importance of the research and took the time to call a cohort of refugee women one by one to explain the aims and importance of participating in this research, which greatly contributed to the successful recruitment of research participants. All in all, out of a total of 19 research participants, 14 were recruited through my involvement with the Red Cross and 5 were recruited independently, through my personal contacts with acquaintances or community leaders.

Participant profile

The research participants are quota refugee women of reproductive age (between the ages 18-49 years old), who resettled in New Zealand either with their nuclear family, as part of a wider or extended family group, or arrived under the 'Women at Risk' category, as single mothers and primary caregivers to their children. Before arriving in New Zealand, the participants lived between 6 months to 28 years as refugees, by seeking refuge in countries of asylum or living in

refugee camps before being selected by the UNHCR and then accepted for resettlement to New Zealand. During these trying times, some participants experienced traumatic events linked to their migration and asylum experiences. Such events included forced migration, family separation and experiences of being either direct victims or witnesses of verbal violence, physical violence, sexual violence, pregnancy as a result of rape, abuse, exploitation, or discrimination. Some participants disclosed that their children were also impacted by pre-migration hardships, with some undergoing counselling at the time of our interviews, further indicating the devastating effects that the refugee 'life' can have, not only on adult women, but also on their dependent family members, and especially on the vulnerable children who are under their care. Table 6 below provides details on the participant characteristics:

Table 6:

Research participant characteristics at the time of recruitment.

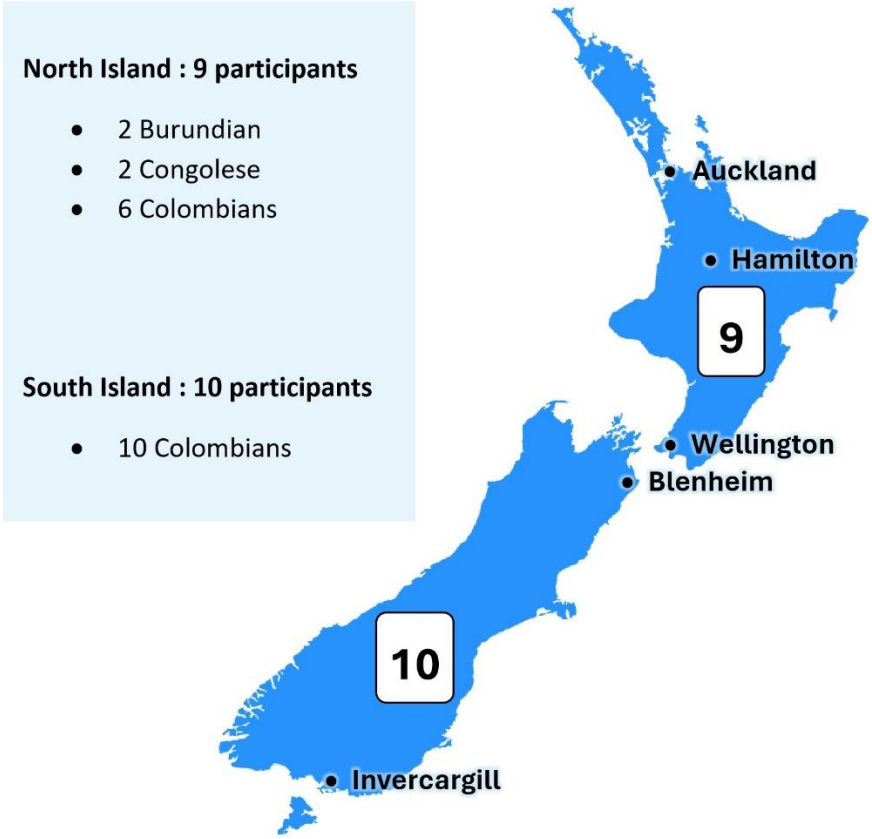
CHARACTERISTICS	WITHIN THIS RESEARCH
Gender	Adult women refugees and asylum seekers of reproductive age
Age	Adult women of reproductive age: 18-49 years old* **Women's reproductive age starts at 15 but this research only includes adults over the legal age of 18.*
Number of participants	15 to 20 participants
Recruitment timeframe	Resettled refugee women living in New Zealand for the past 15 years* **Except for one community leader participant living in New Zealand for 20 years as per ethics' amendments.*
Linguistic group	Refugee women native speakers of French or Spanish, or who have mastered a command of English, wishing to conduct interviews in French, Spanish and/or English.
Ethnicity	Participants from any ethnic group as long as their native (or preferred) language is French, Spanish or English, coming from Colombia, Burundi or the Democratic Republic of Congo.

The research participants were also narrowed down to women from English, French or Spanish-speaking countries who are speakers of English, French or Spanish. Since I am fluent in these three languages, this allowed participants to have the freedom to express themselves in their mother tongue, as the interviews were conducted in French, Spanish or English, without the use of an interpreter. This not only allowed them to express themselves freely without any language barrier, but also to be fully in command of the exchange and understand firsthand what is being discussed. The study therefore involves women coming mainly from Latin American and African cultures, more particularly, Colombia, Burundi and the DRC.

Colombian refugee women represented the majority of interviewed women, with 15 out of 19 total participants being women refugees from Colombia. A smaller cohort of 4 women participants originated from Africa, with 2 out of 19 total participants being women refugees from the DRC, and 2 being women refugees from Burundi. Figure 8 below shows the number of participants who came from various settlement locations all over New Zealand, namely from Auckland, Hamilton, Wellington, Blenheim and Invercargill. The exact language group or origin/ethnicity of participants per location has been left out intentionally to avoid any identification based on too many conflated details.

Figure 8:

New Zealand map of recruited participants



Participant demographics

Table 7 below provides key demographic information that was deemed appropriate to include to inform the research and provide transparency without putting the participants' identity at risk. The name of participants is a given pseudonym that will appear in the thesis to differentiate participants. The age indicates the age of the participant at the time when the interview was conducted and the language refers to the language(s) used to conduct the interview. The column with the number of years in New Zealand indicates the numbers of years that each participant

had already spent in the country as a resettled refugee at the time when our interview was conducted. The 'country of origin' column names both the home country of each participant and the country they fled from to seek asylum. Although the table originally included the country of asylum where the participants last lived before being identified as refugees and resettling to New Zealand, the decision was made not to include it, to further safeguard the participants' identity and identifying details. Consequently, a similar decision was also made for the column indicating the number of (biological or non-biological) children in charge, to only indicate their presence with 'yes' or 'no', instead of providing the exact number of children per participant, to further minimise the risk of identification. The number of children for the women participants who are also mothers fluctuates between a minimum of 1 to a maximum of 5 children per participant.

Table 7:

Participants' demographics

Name (pseudonym)	**Age**	**Years in New Zealand**	**Country of origin**	**Language** (spoken during the interview)	**Children**
Marie	33	4 months	Burundi	French	Yes
Irumva	43	15 years	Burundi	French & English	Yes
Anne-Sophie	49	22 years	DRC	French & English	Yes
Mona	48	14 years	DRC	French & English	Yes
Laura	31	3 years	Colombia	Spanish	Yes
Davina	33	2 years	Colombia	Spanish	Yes
Paula Ana	49	2 years	Colombia	Spanish	Yes
Miranda	43	2 years	Colombia	Spanish	Yes
Aida	48	12 years	Colombia	Spanish	Yes
Lydia	39	2 years	Colombia	Spanish	Yes
Carmen	42	6 months	Colombia	Spanish	Yes
Clio	31	7 months	Colombia	Spanish	Yes
Raquel	46	1 year	Colombia	Spanish	Yes
Vivienne	30	2 years	Colombia	Spanish	Yes
Jenifer	38	1 year	Colombia	Spanish	Yes
Martina	24	4 years	Colombia	Spanish	No
Lourdes	39	2 years	Colombia	Spanish	Yes
Sonia	47	9 months	Colombia	Spanish	Yes
Wendy	32	9 months	Colombia	Spanish	Yes

5.5 Interview Process

In total, 19 women refugees were interviewed as part of this research. The interviews' average length was between 45 minutes to 1.5 hours, as the interview duration depended on how open and willing to share each participant was. Interviews used indicative / open-ended questions to allow participants to open up and talk about their experiences. Due to the COVID-19 pandemic restrictions and lockdowns in place, most interviews were conducted remotely. Out of 19 participants, 4 were interviewed face-to-face while the remaining 15 were interviewed remotely (14 through a zoom recorded video call, 1 through a phone call). Before each interview, all participants were presented with the consent form and informed that their voices would be recorded during the interview. At the end of the interview, all participants were gifted a $30 gift ("koha") voucher to thank them for their participation. An Interview Protocol and a Researcher Safety Protocol were developed as part of the AUTEC submission, following the guidelines set out in the "Guide for drafting a Researcher Safety Protocol" provided by AUTEC. These protocols clearly define the interview process and assess the likelihood of risk and ensure my own safety as well as that of participants across the locations where the interviews may take place.

Transcription and revision

I transcribed the full audio recordings of all interviews verbatim myself to make sure nothing was missed. This allowed me to be immersed in the data and vouch for the accuracy of the translations as I am a speaker of the languages involved in this study, and I did not require any proofreading or revisions for the interviews that were conducted in French or English. For Spanish however, I decided to seek the assistance of a Spanish native speaker and professional translator as I am not a native speaker of that language. Although not mandatory, I was confident on the importance of allocating research budget to have the Spanish transcriptions and translations revised by a native speaker, to avoid making any comprehension mistakes or missing out any idioms or information. After completing my own initial transcription of Spanish interviews, I would send the audio recordings along with my transcription and notes to a native Spanish professional translator and interpreter. The language professional would then send me back the revised version of my initial transcription or translation of Spanish crafted stories, after having previously signed the Confidentiality agreement with AUT.

For all Spanish, French and English interviews, listening to the recordings and working on the transcription process allowed me to re-live the interviewing moment, engage very closely with the transcripts and focus on specific parts that I may have not noticed and reflected on during the actual interview. The narratives were crafted into stories to be analysed in a recognised robust and systematic way (Crowther et al., 2017). Following verbatim transcription, the drafting

of crafted stories was the next step towards reflecting on what was said and exploring meaning. Figure 11 on "Data analysis using hermeneutic phenomenology" at the end of the chapter illustrates this process.

5.6 Data Analysis

Crafting a story

The use of crafted stories enabled me to bring out and illuminate the participants' lived experiences (Crowther et al., 2017). This was done by listening to the interview audio recordings and conducting an in-depth reading of the interview transcripts and notes taken, so that the experiences read as the participant related them, and not like a polished story. My aim was for the reader to feel that they are hearing these experiences by the person themselves. Minor adjustments were made as part of the syntax and grammar to clarify any long passages and clearly deliver the messages.

All crafted stories and data analysis were based on the revised transcriptions, in the original language in which the interview was conducted. This process allowed me to stay as close as possible to the heart of the experiences and their meaning, by pondering on every moment of pause, hesitation, reflection and linguistic subtleties that may be hard to grasp when dealing solely with a translation. After finalising the crafted stories, I worked on their translation into English, to give access to English speakers who do not speak the participants' language. Some of the Spanish crafted stories were either revised or translated (depending on their difficulty) by the same professional who assisted me with the interview transcripts.

To protect the privacy of participants and avoid them being identified, all names in the crafted stories were either removed or replaced by pseudonyms. To further maintain confidentiality, full transcripts are not included in the thesis as appendices. However, interview extracts and crafted stories are included in the thesis as the methodology requires that I reflect and comment on them. Although the original intention was to include crafted stories both in the original language (French or Spanish) followed by their English translation, the choice was made to only publish the English translations as including both versions was deemed too lengthy and significantly expanding the size of the data analysis chapters.

A note on translation

To preserve the authenticity and spontaneity of participants in the crafted stories, I tried to stay close to their original way of speaking and unique self-expression during our interviews. This means that the crafted stories were not overly polished, as the aim was not to provide excellent

translations into the English language, but to preserve each participant's unique, spontaneous interaction as much as possible in the written and translated language.

Process of data analysis

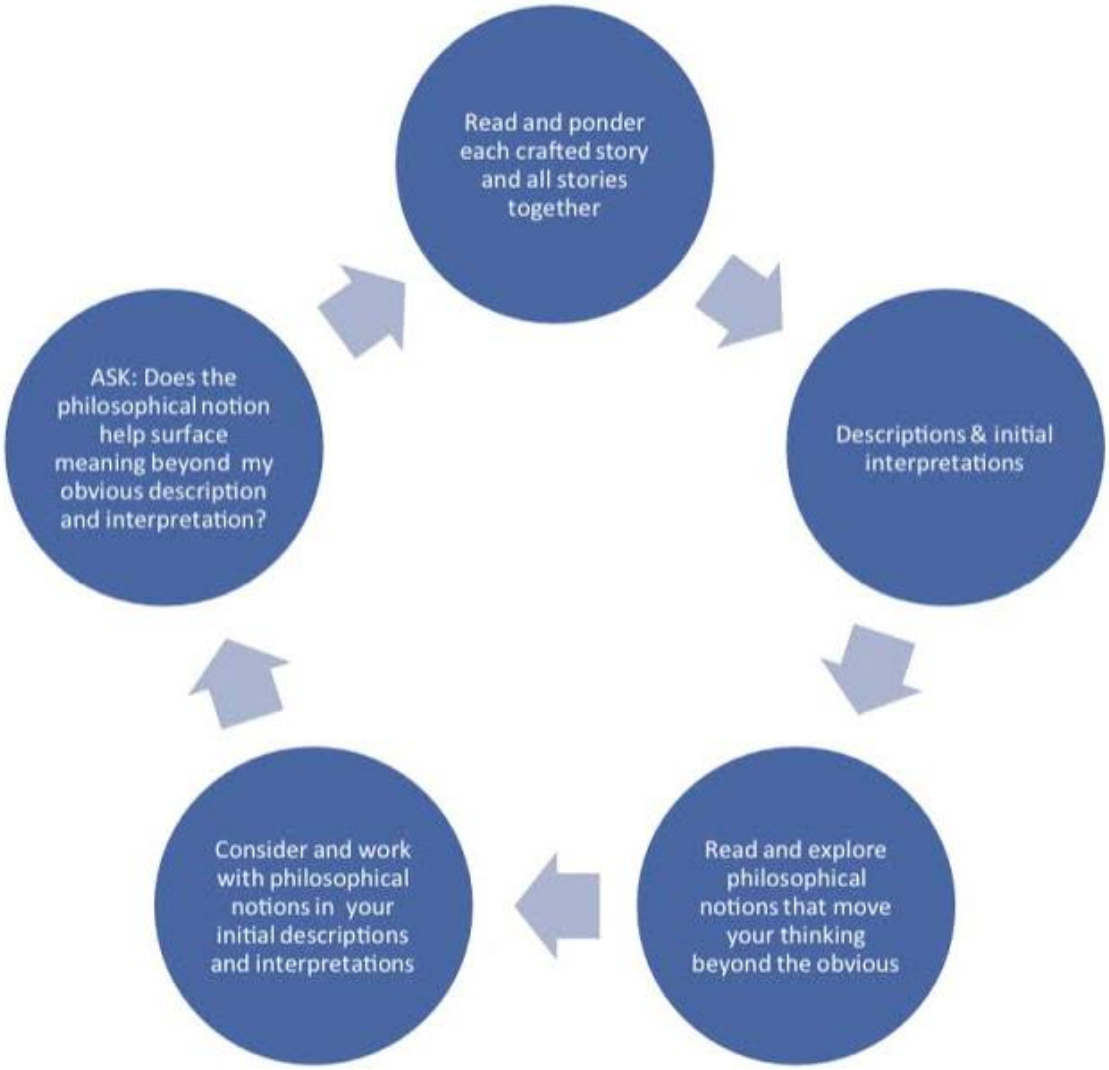
Hermeneutic phenomenology is a methodology which allows us to understand a lived experience in depth. To do that, the researcher must move beyond the superficial layer of description to uncover the deeper meaning of a lived experience. To move beyond description, one must enter a process of deep reflexion by entering the hermeneutic circle (Crowther & Thomson, 2020). The hermeneutic circle is a constant reading, understanding and analysis of the data. It is a circular process (hermeneutic circle) allowing new meanings to emerge each time that a story is read and interpreted. Every reading deepens my understanding – what I was drawn to and understood the first time I heard a story may not be the same element that catches my attention the 5th or 10th time that I reflect on it. As a human, new experiences and knowledge constantly shape me. As a researcher, my interpretations are impacted by my progression in life. It is a circle of interpretation – new knowledge may enter my perception every time that I go back to the participants' interviews or crafted stories, and a new meaning will arise. Crowther and Thomson (2020) explain how deeper meaning can be found as the hermeneutic circle allows us to take an "interpretive leap" and jump deeper into the lived experience, to uncover its deeper meaning. There again, my personal reflexive diary allowed me to take field notes to continuously explore my reflexive stance (Koch, 1996; Rolfe, 2006) throughout the research journey (see diary excerpts (photos) in Appendices K, L, M and N).

5.7 Taking the Interpretive Leap

Within phenomenological inquiry, there is a level of existential meaning within the spoken word, that can be uncover by exploring and questioning the use of words and the world beneath them, to arrive at a different understanding and deeper meaning over something purely descriptive (Crowther et al., 2017). To become emerged in hermeneutic phenomenology and to understand the iterative nature of interpretive data analysis, one must take an interpretive leap. Below is the diagram created by Crowther & Thomson (2020) to illustrate the process of taking an interpretive leap:

Figure 9:

Taking an interpretive leap (Crowther & Thomson, 2020)



Note. Copyright 2020 by Crowther & Thomson. Reprinted with permission.

Data analysis resulting from a hermeneutic phenomenology approach is descriptive and interpretive in nature (Van Manen, 2014). This interpretive process enabled me as the researcher to explore the refugee women's distinctive points of view and unique perspectives, and to reveal the meaning within their stories (Kivunja & Kuyini, 2017). When conducting hermeneutic phenomenology, taking a leap into interpretation is necessary, yet challenging. It is sometimes difficult to go beyond the surface of a story, when it is easy to paraphrase the lived experience, and thus, remain on a descriptive level.

However, hermeneutic phenomenology calls on us to move beyond this 'upper layer' of description and calls us to dive into the lived experience, find its meaning and bring it forward. To analyse the crafted stories, I found it necessary to be immersed in them, to experience them, all the while being aware that my pre-understandings would guide my interpretations. I cannot be someone else, nor see things through someone else's perspective. As such, I dive into

someone else's lived experience, always carrying my own 'baggage' of pre-understandings. My baggage of pre-understandings is a living part of who I am, that I take with me in my interpretive leap, as a companion in my interpretive journey.

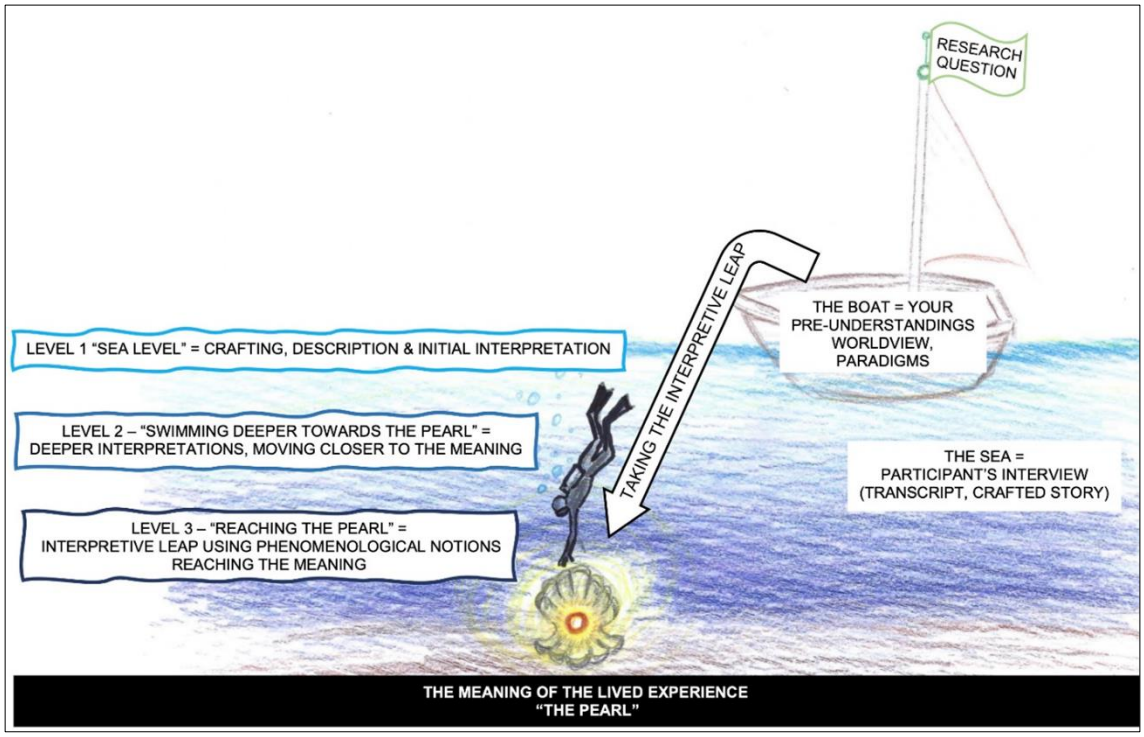
"The Diver": A way to understand data analysis through the interpretive leap

As I was reading and reflecting on what it means to reveal the meaning of a lived experience, images started filling my imagination. I found it useful to imagine how immerging into a lived experience and using this methodology could "look like". I started imagining what taking an interpretive leap would look like for me. I could see myself as a *diver*, *swimming* into the participant's crafted story on my *boat* of pre-understandings. I cannot go anywhere without my *boat*, it is always helping me navigate the sea, just as my pre-understandings are always with me wherever I go.

As these ideas formed in my head, I could envision the whole data analysis process with more clarity. I started writing, describing every step in detail, but then, I thought that providing a visual representation may be even more explanatory. A visual representation of what I had in mind can give the reader a direct insight to how I view the data analysis process. I took a paper and started drawing. I scanned the image back to my computer and added some key notions on taking the hermeneutic leap as discussed by Crowther & Thomson (2020). Below is the result.

Figure 10:

An illustration: the diver, diving into the lived experience



In this illustration, the *diver* is the researcher. The researcher, just like the *diver*, is on their *boat* of pre-understandings. This *boat* of pre-understandings guides them through their research question, when navigating in a sea of lived experiences: these can be the participant's interview, audio recording or crafted story. The diver's mission is to uncover the meaning of the lived experience, the *pearl*, that is laying at the heart of the lived experience, the bottom of the sea. To do so, the diver must take an interpretive leap. They must swim deeper into the layer of the lived experience, into the depths of the sea, until they reach its meaning, the *pearl*, and bring it back to the surface.

But it is rare for the diver to *jump* into the *sea once*, to interpret the lived experience only once, before they can grasp its meaning, the *pearl*, and bring it back to the surface. The diver must often come back to the surface to take some air, before they can jump back into the lived experience. Sometimes, the researcher must come back to their *boat* of pre-understandings and reflect before they can attempt to dive again and find the meaning. Every time they jump into the *sea* and emerge out again, it is not a waste of time or energy: they are experiencing the loop of the hermeneutic circle by taking an interpretive leap. With every jump or dive they take, they can see the bottom of the sea more clearly, and they get closer to grasping the meaning of the lived experience, to catching the *pearl*, each time. The hermeneutic circle allows the diver to get closer and closer to the meaning with each *jump*, with each interpretive leap, with each reading and interpretation they make. It is an iterative process that allows a continuous and thorough reflexive interpretation of the lived experience that is being studied.

To find the meaning of the lived experience, the interpretive leap must traverse three different stages. The researcher, or *diver*, must swim through three different water levels to reach the pearl. Crowther & Thomson (2020) explain that there are 3 levels of data analysis within the interpretive journey:

- **Level 1** describes the process of crafting the participant's story, based on the lived experiences that they shared in their interview transcripts. This first step allowed me to make an initial interpretation, however, that first reading is not a reflexive reading that is deep enough to allow the meaning to emerge. The *diver* (me) stays at the surface of the water, at *sea* level.
- **Level 2** was an internal dialogue between myself and the crafted story. This dialogue brought a deeper understanding of the lived experience through further reflexion and analysis. Some words and expressions remained hidden as deeper significances were just glimpsed, some aspects of the experience that did not seem central or crucial started

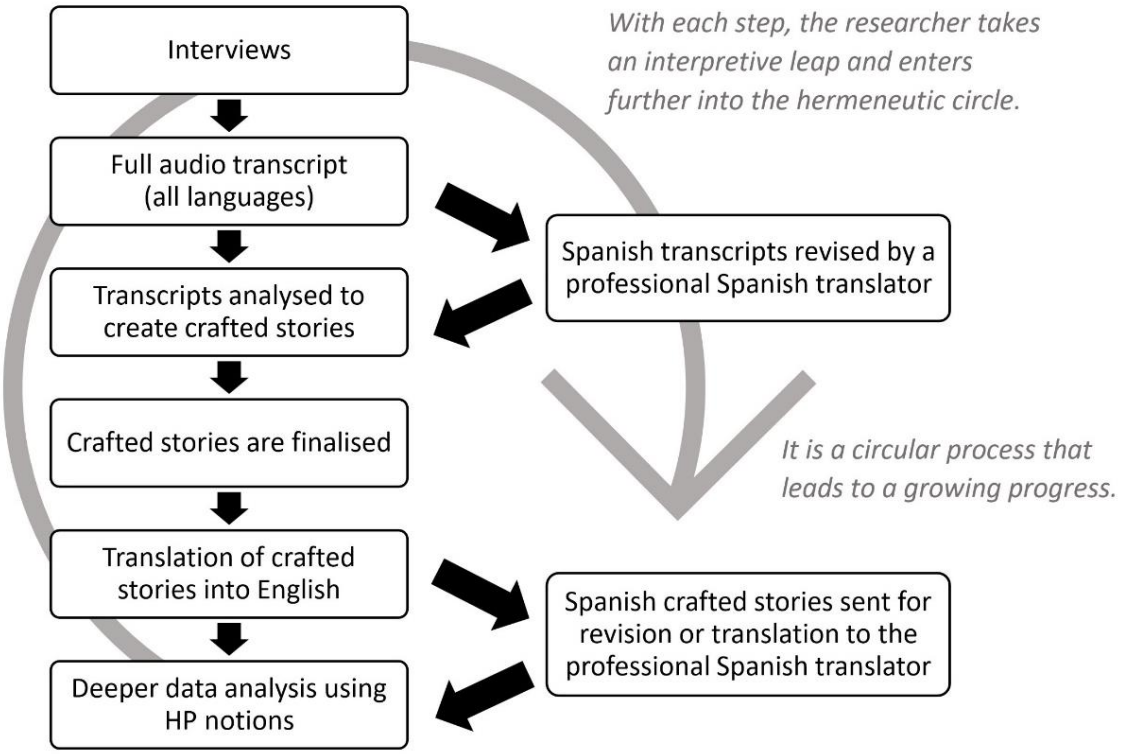
coming forward as key notions that I needed to explore further. I swam deeper into the lived experience, almost reaching its meaning, the *pearl*.

- **Level 3** was the moment when the interpretive leap allowed me to reach the meaning of the lived experience. I found myself so attuned to the participant's lived experience, that I was able to grasp its deeper meaning, the *pearl*, and bring it to the surface of the story and to the reader's attention. To do that, I needed to understand the philosophical notions and underpinnings of hermeneutic phenomenology and then apply them in the data analysis to illuminate the meaning.

However, philosophical notions must not be forced upon the descriptions of the lived experience (Crowther & Thomson, 2020). The hermeneutic phenomenology notions are not a label to be put on every experience or its interpretation. They are part of a methodological guidance that exists to help qualitative researchers to express their understanding of a phenomenon and to highlight it with more clarity (Horrigan-Kelly et al., 2016). They represent central tenets, or principles, that Heidegger established within his phenomenological philosophy to interpret the experience of "the meaning of being" (Horrigan-Kelly et al., 2016). Figure 11 below illustrates the data collection process as described in this chapter so far:

Figure 11:

Data analysis using hermeneutic phenomenology



The above figure encompasses the key data analysis steps and the hermeneutic phenomenology methodology that guide the thesis findings. The figure aims to bring clarity to the thesis research design and show how the use of hermeneutic phenomenology brought me into a circular process that led to informing and developing the data analysis.

5.8 Conclusion

This Methods chapter 5 elaborated on the academic research processes and their application to data collection and analysis, thus enhancing the previous Methodology chapter 4 that introduced the notions of hermeneutic phenomenology and how they were applied within the present study. Together, chapters 4 and 5 provide a detailed appreciation of my reflexive journey as the researcher, the philosophical underpinnings and the steps that I undertook to build a robust research framework. This research framework provided a comprehensive foundation for undertaking the study. The following four chapters present the findings. The findings chapters reflect my understanding and reflexive work at the time the research was undertaken. Hermeneutic phenomenology epitomises that, while no interpretation is ever absolute, it is nevertheless embedded in the moment that the research was conducted and interpreted through my own unique lens.

Chapter 6

The Frustration of the Language Barrier

6.1 Introduction to Findings

Refugee women participants all raised "language" as the single, most challenging experience that they had to face upon their arrival in New Zealand. Participants spoke about the 'shock' of facing a new language and the overwhelming experience of being met with the language barrier at any time since their arrival in the country. During their resettlement period, participants disclosed suffering psychosomatic sequelae from their pre-migration experiences, requiring support, including - but not limited to - medical follow-ups and counselling sessions. Some participants travelled and resettled to New Zealand with all their children, whilst others had to leave children and family members behind, deal with grief, anxiety, abusive partners, discovered that they were pregnant upon arrival, or gave birth post-resettlement. Circumstantial details will not be disclosed, to avoid any possible identification of participants. Nevertheless, the life experiences of resettled refugee women follow their resettlement path and inevitably inform their experiences in their new host country.

I start by diving into the experiences of refugee women with language barriers and interpreter-mediated interactions, through the study of Heidegger and Gadamer's writings. The participants' lived experiences in this chapter illuminate how frustration is revealed through the shock of experiencing language barriers and the confrontation of a new language (English) in a new environment (New Zealand). Through frustration, the presence and service of interpreters provides a sense of deep relief, that the participants' experiences reveal through the notion of trust.

6.2 "I spoke no English, I was 0.": The Frustration of the New Language

Mona is a 48-year-old resettled refugee mother who has been living in New Zealand for 14 years. She left the DRC and lived in a refugee camp in Uganda with her children for 5 years, before resettling in New Zealand. Life in the refugee camp was a very challenging and hard time. As Mona says, "5 years [felt] like it was like 15 years… according to the life and the situation". Mona reflects on her language abilities upon arrival in New Zealand, many years prior to our interview:

> *I spoke no English, I was 0. I was just looking, and when people were talking, I asked myself "what are they talking about?". I just see their mouth move but I don't know what they are talking about. And I just feel… You can't imagine…*

> *Because sometimes you have your message that you want to tell people. But you just ask yourself "how I can translate, how I can transmit my message?". So you just feel like…. you just hide inside, but you are not happy. Because you wish to say something, but you need somebody to come to interpret it. So it's very difficult. How I can tell my story directly for the people who are concerned, for them to understand my story?*

Mona describes feelings of invisibility, of experiencing a 'nothingness' as she watches people move their mouths, a result of her inability to understand and communicate. For Mona, her situation of not speaking English reduces her to "0". Dasein becomes invisible as Mona "just hides inside" because she is unable to tell her "story directly". This alienation, induced by Mona's inability to go towards other people because of the language barrier, is explored in Heidegger's (1962) writings. Heidegger talks about the "alienation of falling" which leads to Dasein's entanglement in itself (p.223). This "alienation closes off from Dasein its authenticity and possibility" (p.222), which shows that Mona's inability to communicate is not only causing herself go into hiding, thus *closing herself* off in her experience of being alienated and othered, but is also impeding other people to come *towards her,* as language communication moves in both ways: I will speak to you, so you can understand me, and speak to me in return. In a space of a language barrier, which looks more like a communication 'void' rather than an erected 'barrier', such authenticity of communication is cut off for and from both Dasein and others.

This hiding, leading to a closing off and alienation was also experienced by Marie, who, despite having English knowledge prior to her arrival in New Zealand, felt "lost". Not all refugee women are the same, some are well educated, and some have learned English in their countries of origin or asylum. Nevertheless, adapting to the local New Zealand English appears to be a challenge for all, in various degrees, even for the refugee women who already spoke English or had studied it overseas. Marie fled Burundi at age 5 and grew up as a refugee in Kenya. Although she lived with people who spoke English and learned to speak English, she found her experience with English in New Zealand to be difficult:

> *[In New Zealand], English was difficult. Because of the pronunciation, I think it's a bit different, they're all different. I know how to express myself in English. But when I came here, no, I was lost. You could speak to me in English, and I would listen like this, but I wouldn't understand. It's very difficult. There are words I don't understand. Because of my pronunciation, often we can't understand each other. At the bank, I speak but they don't understand me. Then they speak to me, and I don't understand them. It's difficult, yes.*

Marie's experience of the language barrier is similar yet different from Mona's. Marie's experience differs in the sense that her own pronunciation, and the pronunciation of local people in New Zealand, was impeding her from understanding others and being understood by

them in return. These additional obstacles go beyond the capability to be 'speaking the English language'. Marie's experience shows that there is no 'one English', that every person has their own pronunciation, vocabulary, even intonation and way of speaking (mumbling, speaking very fast etc.). The language barrier is not one single brick wall that Marie has to climb over to meet and speak with others – it is a multifaceted obstacle that exists in various forms and on multiple levels. Laura, a 31-year-old Colombian mother speaks about language being the "biggest barrier" that she had upon her arrival in New Zealand:

The language barrier as a cage to break free from

> *When I arrived, it was very hard. I came to feel a bit depressed because I wanted to… have a normal life like the one that you have. I think that the language was mostly preventing me from leading this life because I couldn't interact. I couldn't go to the restaurant because I didn't know how to order. Not everyone has patience. I would go there many times, I wanted to ask about something, but because I couldn't speak the language, no one could advise me. So, yes, language is the biggest barrier that we have.*

Laura found language to be the biggest barrier that she encountered in New Zealand, especially at the time of her arrival. Language was preventing her from leading a normal life, and her inability to interact with locals led her to experience feelings of depression. Laura could not speak nor understand, just like the people at the restaurant could not understand, and therefore were not able to reply to her. A simple everyday act such as ordering food from the restaurant could become the source of depression. My understanding from listening to Laura's and the participants' perspectives, is that the language barrier often feels like a cage, preventing Laura from interacting with others and experiencing what she perceives to be a "normal", everyday life. To her, "normality" lies within the ability to speak, communicate and interact with others.

Language is a tool that enables verbal communication. Heidegger (1962) explains that communication enables "the Articulation of Being with one another" (p.205), that is, communication allows a Being to reveal and express itself with - and to - another Being, to interact as two "Dasein" entering a common space of verbal connection. Since Laura's attempt at communication is shut out by the language barrier, she cannot "reveal" herself to another person. By being unable to interact with others, she loses the ability to express herself: who she is and what it is she wants to say. There is no sharing taking place, no revelation of her Being in the company or exchange with another. Therefore… where is Laura? And who is she? How can her being become visible, when there is no possibility for her to communicate with others? There is a silencing of Laura, Dasein lies within the silencing of this woman.

Heidegger (1962) goes on to say that "whenever something is communicated in what is said-in-the-talk, all talk about anything has at the same time the character of *expressing itself*" (p.205). However "small" a talk may seem, from ordering a take-away meal to asking a question at the supermarket, these are moments of communication that allow Dasein to express itself, to be. Therefore, the importance is not in the message carried by talking, or the "talk" – the essence is in the communication itself. The essence of talking and communicating lies in the fact that the "talk" took place in the first place, fulfilling the need for Laura to feel connected and to belong. Yet, Laura has no such ability. She cannot ask for a meal, nor understand the waiter's reply to her. Whilst there remains a language barrier, Laura cannot express herself and who she is as a Being – her Being - is silenced and hidden.

Heidegger (1962) further mentions that "in talking, Dasein expresses itself (…) because as Being-in-the-world it is already 'outside' when it understands" (p.205). If Laura does not understand English, she cannot be "outside", that is, she cannot express her state-of-mind, or mood. If Dasein cannot express itself, that means that there is no "talking" taking place. In silence, in the inability to verbally communicate, Laura loses the opportunity to express herself, to "be" among other people in her new country. In such a precarious situation it is easy to appreciate her feelings of alienation.

Aida, a 48-year-old Colombian, shares similar feelings with Laura, and reflects on the weight of English, not only on herself, but on her community as a whole. She immediately identifies English as THE barrier to overcome upon arrival in her new country:

The frustration of the new language

> *I have met many families who have returned [to their home country], and do you know what the barrier is? English. When you come here, and all you can say is « Yes thank you » because you listen and repeat, it's frustrating. When you arrive [in New Zealand], it's so difficult because you want to speak but you can't. And what's worse, is when you give it a try, and there will probably be people who are patient with you, and who may even try to help you. But there are people who feel like bullying you because they do not understand you, and they do it to you. Because they just didn't understand you and what they do is laugh about what you said. So really, it's not easy, it's not easy and it's frustrating.*
>
> *I sometimes admire those of us who stayed and are not afraid to speak even though others do not understand us. But there are people who feel bad, they prefer keeping quiet, they get frustrated, and others decide to go back, just because of the English barrier.*

Aida attempts to explain the frustration she feels when she wants to speak. Not only are there feelings of frustration resulting from the language barrier, but the reactions that Aida may face

from others, and how harshly she could be judged are further silencing her. Aida says that it is "frustrating" and "not easy" when she "gives a try" to communication and is met by others who laugh at her or resort to bullying because they do not understand her attempts at communicating. Eventually Aida reflects on families and members of her community who have gone as far as leaving New Zealand because the language barrier was too great to overcome. Aida expressed admiration for "those of us who stayed and are not afraid to speak even though others do not understand us." There is a sense of resistance and pride in staying in a country where you decide to speak, despite knowing that you will be met with incomprehension and perhaps ridicule.

These initial stories illuminate a deep-rooted correlation between existing, being visible and being seen in the space of language, whether is it there to be used (one speaks and understands the language well), or not. Language is more than a tool for Dasein to communicate to and with others. Language is a means to be present, to be seen within the World, to become part of it and exist in it with others, to be with-others. Heidegger (1962) introduces 'Mitsein' which he describes as "being-with", a character of Dasein which is always connected and related to other Daseins. Mitsein can happen through language, by using language as the element that binds Dasein into being-in the world and being-with the world, through and with others. The notion of Mitsen and being-with is further explored in the stories that follow.

6.3 "Moments of sadness": The Isolation of the Language Barrier

One of the most revealing questions to participants was asking them how they feel when they try to communicate with others but people do not understand them. All participants had a lot of detailed experiences to share and there was always a mood of frustration, sadness and shame when reaching this part of the interview. The experience of a language barrier was ever-present in the lived-experiences of trying to communicate, or simply living with and among others in another language, one that is not one's own. Marie, the 33-year-old mother from Burundi says:

> *I'm lost. I ask myself, "So how am I going to survive?" There are people who help me, but they don't understand me, and I don't understand them... So that shocks me a bit.*

Marie provides an intimate insight into the feeling of deep angst that she experiences as she asks herself how she is to survive in an environment where she does not understand nor is able to communicate. Her survival is linked to - if not dependent on - her ability to communicate. Marie is "shocked" by this realisation. Davina, a 33-year-old Colombian who lives alone with her children, recounts her own "unforgettable" "moments of sadness" of her being-with Others, in an English-speaking environment:

> *When someone would say something in English and I couldn't understand, these moments were, I think, unforgettable. I'll never forget them because they were frustrating moments to me. I couldn't understand these people who were talking to me lovingly, I could see their faces full of kindness. This, and that, I have no idea what these people were telling me, I can't tell you what they were telling me because I truly didn't understand. But these people were talking to me in such a lovely way that they wanted me to understand them. I would only tell them "Thank you, thank you" and I would go away. And what for? To cry. Because I couldn't understand anything, this was really hard for me. Really hard.*
>
> *When I would go out to buy something, or a neighbour would say hi to me, bring me a piece of bread, anything. I would just tell them "Hi" and "Thank you" and they would talk to me. And I couldn't do anything. These were moments of sadness, and I am thanking my God for giving me what I was so desperately asking during those moments, that He would allow me to understand. I wanted to understand English, no matter what could happen to me here, that I wouldn't have any possessions, any clothes to wear. But that I would speak English, that I would feel comfortable speaking, I didn't want to be like that.*
>
> *My children were telling me "Mom, we want this – can we have it?" and "Please ask how much it costs". They were relying on me. And I would think "How can I support them?", I didn't know how. I was trying to do something fun with them, but when I was by myself I wouldn't do anything else but cry. Cry and pray to God that He would help me get over this, it was horrible. Horrible.*

Davina's sorrow is palpable when she recalls moments when she was unable to communicate and connect with others. The frustration of not being able to understand, to reciprocate, or at least verbally express gratitude towards the kindness of others was such, that she would isolate herself and cry. She would gladly give up her possessions, even the clothes on her back, to be able to speak English. The helplessness she also felt towards her children, because she could not assist them as an adult through communicating their needs to other adults, made her feel "horrible". Again, she would isolate herself to cry and pray to God, desperately asking that "He would help (her) get over this" by allowing her to understand English. Heidegger (1962) has a keen interest in theology and how faith can be interpreted as the man and woman's "Being towards God" (p.30). For Heidegger, divinities, or unseen others, are part of the human experience, and Davina finds solace through faith to overcome in her distress, or these moments of "sadness" that Davina recalls as being "unforgettable", "frustrating" and "really hard".

In *Language and Understanding* (1970), Gadamer writes that:

> …the true reality of human communication is such that a conversation does not simply carry one person's opinion through against another's, or even simply add one opinion to another. Conversation transforms the viewpoint of both. (p.17)

Davina cannot enter the within-the-world of others because she cannot interact through human verbal communication. She cannot engage in a conversation, and therefore, she cannot share her viewpoint nor access that of her peers in New Zealand, her neighbour, someone working at a store or someone paying her a visit. If no communication takes place, there is no sharing, and if there is no sharing, there is no exchange or transformation of viewpoints. Davina is frustrated not only because she cannot understand what is being said to her, but also because she cannot share her thoughts with others. She is trapped in a space where communication is inhibited. The absence of interaction creates a void, in her life, and in her understanding of her surroundings; it is difficult to belong in a foreign place if there is no understanding between her and her hosts.

Davina is Dasein, and Dasein is Being-in-the-world: "the world is always the one that I share with Others. The world of Dasein is a with-world [Mitwelt]" (p.155). Without the ability to communicate, Davina is alone, Dasein is present but not in-the-world. Dasein becomes an observer, outside of the world, disconnected from it, since it cannot share with Others. The world of Dasein is a with-world, a Being always with others, Mitsein, being-with, however, Davina feels that she remains out of her world as long as she cannot communicate in English. To seek strength, she prays to God, hoping He can help her understand and communicate.

Gadamer (1970) contends that "commonality between the partners [of a truly successful conversation] is so very strong that (…) it takes in *the shared interpretation of the world that makes moral and social solidarity possible*" (p.17). Yet if there is no verbal conversation taking place, Davina misses out on this experience. She is trapped into viewing her new world in New Zealand as something inaccessible, because she cannot share any interpretation of it with others belonging to this world. Although she can sense the kindness and solidarity from others, she cannot be a part of it, because the lack of communication keeps her out. If conversation allows a shared interpretation of the world, which leads to moral and social solidarity, then Davina is deprived of this in New Zealand if she cannot speak or understand English. Davina's lived experiences of "moments of sadness" gesture to trauma that is continuous in her daily life, an aloneness in a world with others.

Irumva, a 43-year-old mother from Burundi, recalls a particular event that made her scared of going through similar future experiences:

> *Sometimes when I went somewhere, I was worried. Even when someone told me "I will come visit you", I was worried: "When she will come over, what am I going to say?". Cause I don't understand them.*

> *One day, when we were in our house, someone tried to talk to me in English. She spoke to me and then I walked away, because I didn't understand what she was saying. In Mangere, for six weeks, they would teach us English. So when she told me "Good morning!", I said "Good morning". Then she told me "How are you?", I said "I'm good". But she kept talking to me, and I didn't understand. I was feeling nervous. And she thought I wasn't a good person. She went and told what happened to her husband. And her husband came to my husband, and said "Why your wife didn't talk to my wife? My wife tried to talk to her but she run away".*
>
> *Then I went to my room, and I was crying, because I don't want anyone to say I'm a bad person. That time, that's how I started getting scared. When I was meeting other people, I was hiding, hiding, because I don't want people to keep saying I'm a bad person.*

Irumva's experience around language and difficult verbal communication is one of fear. She appears to be consumed by two types of fear. The first fear is that of being unable to communicate, of not understanding and not being understood by others. The second fear is that of being judged by others, because of a language barrier. Her inability to understand and speak English does not simply limit her social interactions, but it creates a distorted image of *her* that she fears she is projecting to the people she meets in her new country. The fear of anyone thinking of her as being "a bad person" is such that Irumva cries in her room, and later hides from others. She fears how others may view her as being unfriendly and judge her character based on her ability to speak English and her (re)actions when she is unable to. She experiences her lack of English as a reflection of how others see her and consequently how she sees herself.

As human beings, we cannot be dissociated from language, as it is through and by language that we are transformed, that we come to be, to interact, to exist amongst the world and others (Heidegger, 1971a, 1971b; Gadamer, 1970). Gadamer (1970) ponders on the phenomenon of language:

> If one grasps the phenomenon of language not by starting from the isolated sentence but beginning with the totality of our behaviour in the world, which at the same time is a living in conversation (*Gesprächsleben*), we can understand why the phenomenon of language is so puzzling, drawing us toward it but at the same time turning us away. (Language and understanding, p.26)

In a similar way, Irumva's experience of language has its own duality: she is both someone who can speak and communicate (in her own mother tongue) as well as someone trapped and not able to understand or be understood (in this new English language). Just as Gadamer (1970) states, language is both drawing Irumva "toward it, but at the same time turning (her) away" (p.26).

Gadamer continues by saying that “Speaking is the most self-forgetful action that we as rational human beings perform.” (p.26). Indeed, in our everyday lives of communicating and navigating our usual activities, language is something that we do not really think about. We ‘just do it’, often in a forgetful way, or in a ready-to-hand way. For Irumva however, when language is not acquired, not mastered, then its absence becomes the most apparent, the most “present thing” in her life, rendering her able or unable to function in a new society and environment. For Irumva, struggling to communicate in English brings language to present-to-hand where each word, sentence, intonation requires close scrutiny. Instead of being a “self-forgetful action”, it becomes the most conscious weakness, an almost tangible lack in the life of refugee women. They are aware of their lack of English, their “bad” use of it, their inability to communicate and understand in return. Refugee women like Irumva are fully attuned to language and the power it holds over their everyday life in their new country. Irumva’s feelings of fear, guilt, her need to “hide” reflect the deep hold that language can have over someone. By hiding herself, as a person, from others, Irumva also hides her lack of English, and inability to communicate. In other words, her referential totality of her previous life in which her language was taken-for-granted and ready-to-hand is now unready-to-hand, as her communication is broken, difficult, and now constantly brought to conscious awareness in a present-to-hand mode of being.

Language is an extension of ourselves. Our language, our use of it, our accent, our vocabulary, our fluency is a reflection of *us* to the others in the world. Our language is a component by which we are judged, consciously and unconsciously. Past and recent research has proved that other people will judge someone’s personality and character traits based on their speech, going as far as discriminating them, thus proving that there is an undeniable relationship between language and society (c.f. Barrett et al., 2022; Lambert et al., 1966; Ng, 2007; Peirce, 1995; Roberts et al., 1992; Tucker, 1968 and more). Irumva believes that speaking clearly and being friendly is acquainted with being a good person, yet now she experiences herself as a bad person due to her language difficulties and consequently maybe feeling judged by others because of her English language skills. Her level of English language mastery and fluency are a projection of herself to the rest of the world. Language is part of a person; it cannot be taken away or studied apart from the being. This is why understanding Dasein’s deep relationship with language, can help us better understand the crucial role of language in one’s life and how an interpreter can come to act on such a trait and influence existing body/mind/language relationships. Heidegger wrote that “Language is the house of Being. In its home man dwells. Those who think and those who create with words are the guardians of this home” (Heidegger & Krell, 1977/1993, p.1).

Jenifer is a 38-year-old Colombian who has been living with her children in New Zealand for one year. Her relationship towards English is recent and intense as she recalls the first months after her arrival when trying to communicate by herself in English with other locals:

> *English has brought tears to my eyes. It has brought me many tears of frustration. Because it's horrible. It's horrible because you're in the middle of people who are speaking English and they're there with you and you're like, "Yes, hello, I'm not invisible, I am here!"*
>
> *I didn't exist, I didn't exist because they were talking and talking and talking and I had no idea what they were talking about. I would just look at one and then look at the other. I knew what they were talking about by their gestures, I knew it was about me, but I didn't know what they were saying. It was horrible. This happened to me. It happened to me many times.*

Jenifer expresses her feelings of deep frustration, identifying the English language barrier as the reason behind her "tears of frustration". This sense of being "invisible" is a repeating attribute in the experiences of other participants. It becomes apparent that for many refugee women, being confronted with a new language is experienced as *being thrown into* a new world all together without fully comprehending or being included in that world. Jenifer expresses this despair clearly: "many times" she felt that she "didn't exist" when she was excluded from conversations, interactions and cut off from any sense of meaning.

Miranda, a 43-year-old Colombian mother who has been living in New Zealand for two years, remembers feeling like "a complete illiterate" during her interactions with the world "outside":

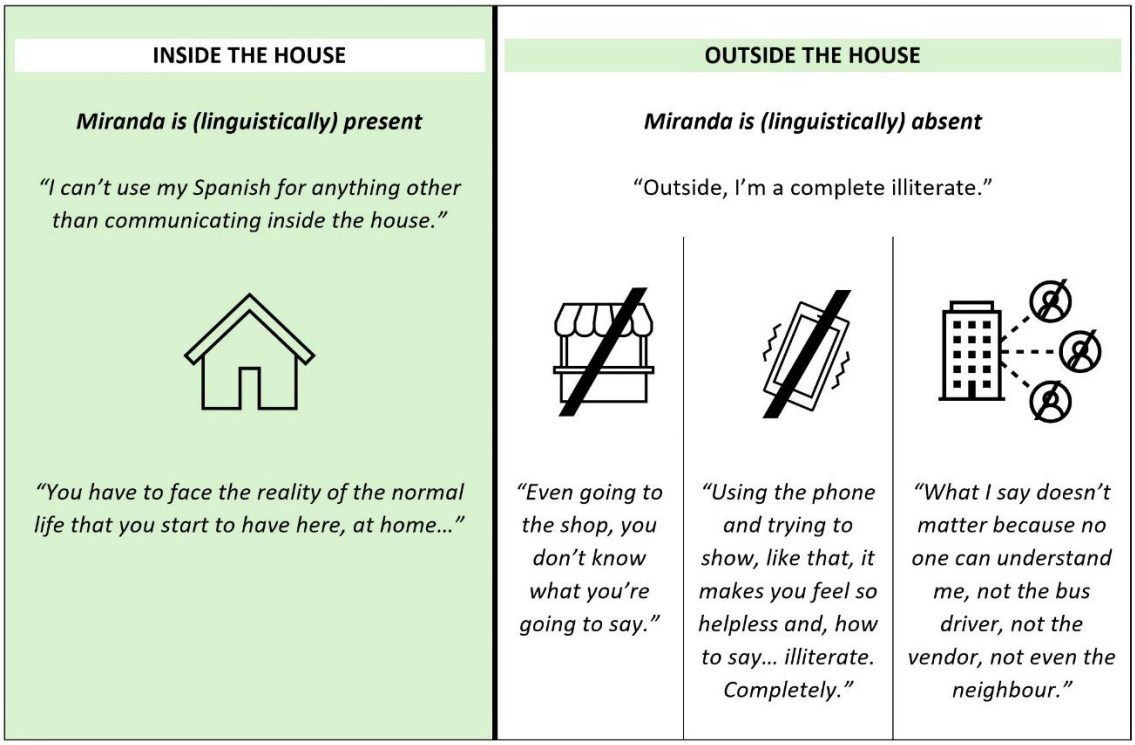
> *I knew I was coming to a country where the language was English, but I didn't research that in advance. And so it was an experience like that [CLAP], a shock. Yeah, it was hard, super hard. But in Mangere I had excellent interpreters. I was happy because I had someone who could speak on my behalf. In Mangere it didn't feel so hard, because if I was going to the doctor's or anywhere else, I would refer to her [the interpreter].*
>
> *The problem was here [in the new city]. You have to face the reality of the normal life that you start to have here, at home… That even going to the shop, you don't know what you're going to say? Using the phone and trying to show, like that, and it makes you feel so, so helpless and, how to say… what's the word… illiterate. Completely. Because I can't use my Spanish for anything other than communicating inside the house. And outside, I'm a complete illiterate. That's how I felt. It's something strong because, it doesn't matter how much you try to explain to someone, they do gestures, you don't understand anything and, I say, "My Lord, I feel that I'm in a country where what I say doesn't matter because no one can understand me", not the bus driver, not the vendor at the store, not even the neighbour, nothing.*

Miranda describes the experience of arriving in New Zealand and facing the language barrier as "a shock", like a sudden clap of her hands. Her stay at the MRRC is going smoothly while she is

assisted by interpreters. However, the shock becomes real and felt profoundly once she leaves the protective space of the MRRC and is resettled into her home and must “face the reality of normal life” without the constant presence and assistance of interpreters. Miranda describes a life split in half: her linguistic abilities (Spanish is her mother tongue) and inabilities (lack of English, the language of her new country) form two realities. One reality is experienced in Spanish, inside her home where she is linguistically present, as she uses Spanish to communicate with her family. The other reality is experienced in English, or it might as well be gibberish, as Miranda feels linguistically absent due to her lack of understanding and inability to communicate. In the English-speaking world, Miranda describes herself as being a “complete illiterate”. Miranda lives in two separate worlds - one in which she can participate and the other she is excluded from. When no one understands her, Miranda claims “what I say doesn't matter” which is a powerful, vivid image of isolation and invisibility.

Figure 12:

Two linguistic realities and spaces of being: inside the house vs outside the house



The illustration above attempts to visualise the dichotomy between her two (linguistic) realities. For Miranda, there is a “presence” to be felt inside her house, in Spanish, and an “absence” to be endured when outside, thrown into the rest of the world, into an unknown language. The taken-for-granted-ness of her normal communication is disrupted - words, language and doing things have become present-to-hand and no longer part of the referential totality of her taken-for-granted world of communicating. She feels 'othered' when out of the home - she feels the tools of speaking and hearing have been broken somehow.

Language acquisition is a lengthy process as it usually takes years to learn a new language (Burn et al., 2014; Field et al. 2020; Hope, 2013). This demonstrates the courage and resilience that Miranda must master every time she has to leave her home to exit her comfort zone and go into a reality where she feels un-seen, as her words mean nothing to people and locals outside her family. However, these locals, the driver, the vendor, the neighbour, are part of her new everyday life, yet one that she can't fully be part of as long as she is not able to communicate. Miranda's experience reveals what it feels like to try to become part of a new country when experiencing a language barrier and not having access to language assistance. Resettling is a difficult, challenging event for those who, on top of managing this life-changing experience, must also find the determination to study and master a new language, a task that can take years, even decades, a period during which the feeling of illiteracy and exclusion may be felt every day.

6.4 "Fighting with English": The Challenge of Learning a New Language

The process of acquiring language proficiency is often lengthy, challenging and affected by the impact of pre-migration experiences and the personal circumstances of the language learner. For Irumva, the 43-year-old Burundian mother, learning English took her 5 years, which is admirable since she was not able to go to school and had to stay home to care for her son. Five years is also a long time for someone to live in a country where they are not able to speak, understand others and communicate.

> *I tried very hard. I can speak, I can read, but writing, no. It was very difficult to me, because I didn't have the chance to go to school. Some people have the chance to study, when the children grow up and go to school. But me, I couldn't go to school because, after I found out my son had health problems, I had to stay home. It took me maybe five years, or more than that [to speak English]. Even now, sometimes I don't understand. It was very difficult to me.*

Irumva's circumstances expose the struggle of learning a new language for women who may have only learned to speak their mother tongue, and may not be able to study and learn English (Burn et al., 2014), which is often expected of them during their resettlement. Language learning is particularly hard on women who are the primary care givers of their household and take care of their families while navigating cultural challenges as well as the trauma that refugee women often come with in their resettlement country. Irumva cannot write in her own language because she never got "the chance to go to school". In adulthood, Irumva's role and obligations of motherhood and her son's health problems made her "stay at home", impeding her from going to school and pursuing her studies, even if she wanted to do so. Before and after resettlement, Irumva has been consistently deprived of education, despite wanting to go to school.

Aida shared how terribly painful it was for her to attend English classes post-resettlement, as she was suffering from stress and mental illness and was completely incapable of focusing in class, or studying at home. A Colombian refugee, Aida has been living in New Zealand for twelve years and has struggled to learn English for many years. This was not for lack of trying. At times she detaches and refers to herself in the third person, using her name:

> *I have been fighting with English for so many years. I arrived during a difficult time for me, carrying all these heavy baggages with me. I am super dedicated and driven, but with English, I don't know, it's like I can capture it for one moment and then… it's wiped out.*
>
> *Sometimes this saddens me. I get asked "How many years have you been in New Zealand?". I say "Twelve". "But your English!..." What am I to say? Of course it's sad, if a person has been here for over twelve years, how come they still can't speak good English yet? Of course they can criticise me, if I have been here for twelve years and my English is not the best, but people have not been in my shoes, in Aida's life. Nor have they thought "How hard was Aida's life?" And so maybe all of this has not allowed Aida to move on…*
>
> *Believe me, it is not easy to come and sit in a chair to listen (in English class), wanting to learn, when your mind keeps soooo many things, when your mind is trying to process so many problems… I probably haven't been able to let them all go. There are moments when remembering gives you feelings, nostalgia. And I start to cry. I have been trying to overcome this issue of dealing with difficult topics, previously I would address them and I would cry and cry and cry. It's part of the feelings that you have to deal with in that moment.*
>
> *When I go to the classroom to study (English) I make myself completely available. I like to wake up early, I am super organised with time, with my tasks, with everything. I arrive with all my energy, but it's a lie. Deep inside I carry one thousand things in my head, thinking about this and that and that. And probably this is all blurring my concentration, and I've already lost, the moment I got there (to my thoughts).*
>
> *It's not that I don't want to try (to learn). Sometimes I think to myself "wow. I feel like I've only come to occupy the seat." Sometimes the whole day is like that, and I haven't learned anything at all, I didn't understand anything, I just came to heat the chair. And so I get even more frustrated, because when I summarise my whole day in class, I haven't retained anything. I don't know if this is all because of my health problems, because of all these emotional states… It's not easy, for anyone. No one wants to live in sadness. In life, we all want to live happy, but we always carry a heavy cross on our backs.*

Aida gives us strong imagery of the challenging experiences of being a refugee woman, of everything that she carries within her while she tries hard to concentrate in class and focus on learning English. She talks about the weight of walking in her shoes, carrying a baggage, carrying a cross on her back. Her refugee status, pre-migration experiences and life circumstances are not something that she can simply take off during class, or put aside to concentrate on learning

a new language. Rather, she constantly carries her past and current circumstances with her> Nevertheless, she expresses feelings of guilt and shame for being 12 years in New Zealand and still not speaking English well.

There is no room for English. She tries to grasp it. Thoughts creep into her mind. She loses focus. English escapes her. Aida is fighting with English. Her language learning is compared to a "fight", not a learning process. It is a form of struggle. Dasein is there, but not there. Dasein is fighting an internal fight of language. The others do not know about this. The moment Aida gets into her thoughts, her worries swallow her, and she has "already lost" the battle of conquering English in class. Dasein fights an internal fight of language that is felt on the inside but is projected on the outside too. You cannot hide your English. Aida's English level will become apparent to others the moments she starts speaking. At some point, Aida detaches from herself and refers to herself in the third person, using her name. She wonders if people have ever thought "How hard was Aida's life?". She seems to be needing to justify her poor English to herself, thinking that "maybe all of this has not allowed Aida to move on", reflecting on her life experience and wondering if her own life is responsible for her not 'moving on'.

Anne-Sophie echoes on the struggles that Aida faces, as she thinks of her own Congolese community. She has defined ideas on how language is impeding engagement and interaction with others if one does not master it, but remains dependant or reliant on the interpreters' assistance instead:

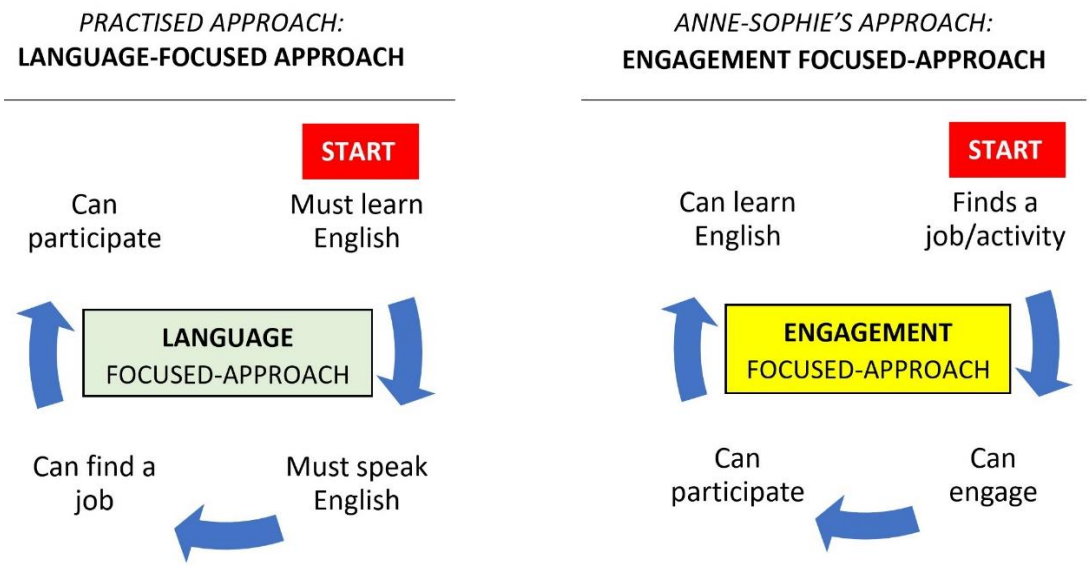
> *You need to try to learn the new language so you can stand on your own feet. Because sometimes, when you have to use an interpreter, people still look down upon you. Because you can't speak, sometimes it looks like you are useless, automatically, they [think] "Oh. You are not good." In New Zealand, they think that language is the only way to integrate the society, you need to speak English. But for me, I don't believe that way. For me, through employment, if people become employees, or have their own business, through the business they will learn the language. And then, they will adapt to society, and then, they will contribute to society.*
>
> *Language is the key issue for integration. If you can't speak a language, you can't work. If you can't work, you stay at home. And that's why I can see that a lot of people in my community are not working, or going to school, because they say they can't speak English. That's the challenge. For me, let them work, give them the opportunity to show their skill, and then they will be participating in the society, and don't focus on their language.*

Anne-Sophie explains the importance of language acquisition in becoming independent, engaging and adapting to life in her host country. Most importantly, she perceives a vicious circle enabled by the way that language is perceived in New Zealand as "the key issue for integration". For Anne-Sophie, it is wrong to wait for people to learn to speak English, to only *then* become

part of the society. She thinks the system should be inverted: refugees should be allowed to work, go to school, and have activities through which they can then start learning the country's language and improve. Anne-Sophie would like to see a systemic change, a fundamentally different approach to how refugee women can be seen as "useless" or "not good" because they are not mastering the host country's language yet. For her, there needs to be a new approach coming from a point of view of strength and capability that refugees have a lot to offer – all while they are trying to assimilate – instead of waiting for them to assimilate *by first* learning a language to become actively present in their host country. Previous participants' stories show the struggle of language acquisition when someone has spoken only one language their entire lives or has other health/mental/financial issues and priorities that may preoccupy them and impede their progress when learning a language. This was the case of Irumva, whose conditions as a refugee woman never allowed her to access education and study, or Aida, who expressed through her lived experience how incredibly difficult it was for her to sit through English class and stay concentrated, whilst she was constantly worrying over her personal problems.

Figure 13:

Approaching language learning from two different lenses: Language versus Engagement focused-approach



Participants repeatedly spoke about how English proficiency is a catalyst to obtaining not only communication, but also independence and professional growth. Aida now leads a small and successful professional activity in New Zealand. She has always wanted to develop her project, but her language proficiency has been holding her back for many years:

> *Because of my fear of not speaking English, I haven't been able to register my business. I was brave enough to speak about my plans to Work & Income and ask them to support me, but my English is not the best. English is limiting me. So I hope that there is a way that they can help me, because I feel ready to become an independent person but because of not having good English, I haven't been able to do it.*
>
> *Deep inside, you feel frustrated. I think that many of us go through the same experience. We have the potential but because we don't have the English that would allow us to progress, we are lagging behind.*

Speaking or not speaking English is a *thing* that generates "fear" to Aida. She links her professional growth and independence to "having good English", as she feels "ready to become an independent person" but because of not having good English, she hasn't "been able to do it." Nevertheless, Aida's attitude demonstrates the dynamic, resilient and independent nature of many refugee women who resettle in a host country. She wants to give life to her dream and register her business, yet language becomes once again a determining factor for her independence and state of emancipation. Aida talks about her and her peers' potential to be more, to go places. She conveys a strong desire of wanting to move forward, but because of the English language barrier, her progress is halted. There is a wave, a pull in wanting to move forward, but because of English, the tide is bringing her backwards. Aida's lack of English causes her to lose the momentum. This "fear" of English brings out a different response from Davina:

> *Thank you for providing this opportunity for me to express something that I once felt, since I haven't really talked about this with anyone except for my mom. She's in Colombia. And I only told her that once or twice, because at the end she started feeling really bad for me because I was suffering. So at the end I started telling her that, no, I could now speak perfectly and that everything was great. It was a white lie.*

The language barrier and isolation that Davina feels made her want to hide her "suffering" from her mother. Davina does not want her mother to worry about her and chooses to not tell her how she feels. By doing so, Davina becomes not only "lonely" in New Zealand, but also in Colombia. She now has no other person to share her feelings with. The linguistic barrier and the feelings of loneliness and isolation that she experiences as a refugee impacts her life outside of New Zealand, and even shapes her relationship with her mother (she tells her "a white lie"). Her mother is far yet very much present in her life. Life in New Zealand is not a disconnection from a person, a country or a past life, but it is rather its continuation, a link between past and future, impacting relationships from afar. In *Poetry, Language, Thought* (1971b), Heidegger states that "man, in distinction from plant and animal, is the living being capable of speech (…) only speech enables man to be the living being he is as man." (p.189). I wonder if Davina feels lesser of herself because she is unable to communicate in her new environment in New Zealand. Davina wants

to protect her mother as she does not want her to know about her poor English and the language barrier she faces. By concealing her feelings of shame and embarrassment, Davina avoids further discussion and visibility of her reality. Talking about this would be a reminder that she is suffering and feeling unseen in her new country. Davina's experience reveals the sense of lived other - Others far and unseen, present yet physically far.

6.5 "The most incredible feeling of joy": The Relief of Language Assistance upon Arrival

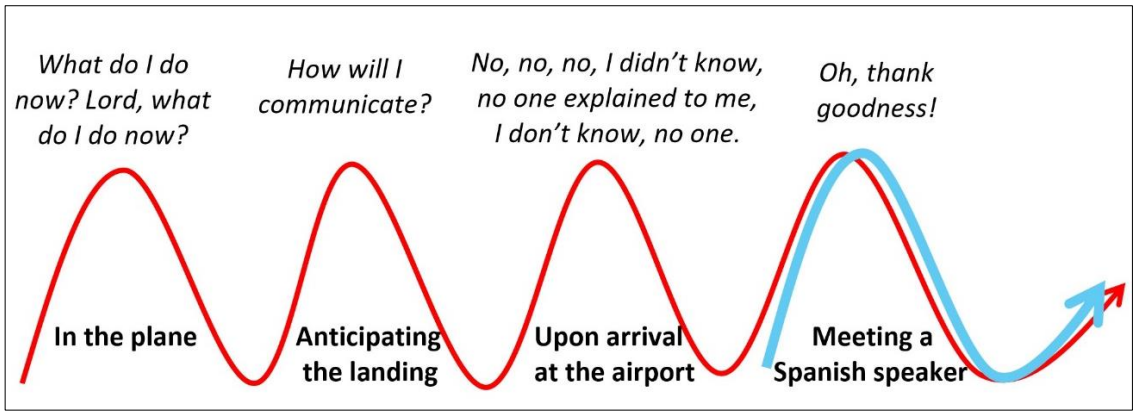
Davina travelled alone with her children, all the way from her country of asylum, Ecuador, to New Zealand. She recalls her feelings and thoughts during the trip and upon arrival.

> *When we first arrived in New Zealand, it was really difficult. When we were coming, on the plane, they gave us a small paper, like a ticket that we had to complete. I was so innocent that I didn't even know how to use a translator [Google translate] to translate, nothing. I was thinking "What do I do now?" and the air hostess said that we had to fill in, and I was looking at all the people filling in and thinking "Lord, what do I do now?"*
>
> *I didn't even know that there were people waiting for me at the airport, who would speak different languages. I was just going to show up like that, I was already super anxious inside the plane, I knew that we were arriving soon, and I was wondering "How will I communicate?".*
>
> *When we arrived at the airport, I gave this paper to a girl and told her "No, no, no, I didn't know, no one explained to me, I don't know, no one." Finally, when we arrived, we were spotted by the people waiting for us from immigration. Of course, when the first thing that one of them said to us was "Hello, good morning, welcome to New Zealand" [in Spanish], I thought "Oh, thank goodness!". It was such a relief to hear… I didn't know that the people waiting for us were speaking Spanish. This person gave me, I don't know, the most incredible feeling of joy upon my arrival, aside from the fact that we had arrived well. God bless.*

The way Davina describes her very first moments in New Zealand feels like a roller-coaster, a wave of emotions: she goes from anxious (on the plane) to feeling lost/clueless (upon arrival) to sensing a slight panic when she lands. Finally, she ends her trip with a feeling of total relief when she is identified and greeted by someone speaking her language. Davina's description of her very first moments in New Zealand provides a glimpse into the thoughts and fears of someone vulnerable, arriving to a new place without knowing how to communicate.

Figure 14:

Waves of emotions and thoughts upon arrival in a new country



These waves illustrate the roller-coaster of Davina's feelings of anxiety and stress. The blue wave 'breaks' this circle as Davina experiences intense relief, which we can assume allows her to 'breathe' and process her other emotions of anxiety, feeling lost and clueless upon arrival. She now has someone she can rely on, from a communication and language perspective at least. Davina's relief and joy upon meeting someone speaking her language is such, that this stranger becomes for her "the person who gave me the most incredible feeling of joy upon my arrival".

For Heidegger (1962), "the world of Dasein is a with-world (Mitwelt)" (p. 155). This means that, for Dasein to be within the world, it means to be with others. Davina finds relief as she instantly connects with the speaker of her own language. Peirce's (1995) theory on social identity has shown how social factors contribute to how Davina can achieve her own authentic social identity, only when she is able to express and understand her identity and personality in relation to others through language (Peirce, 1995). Although she has just landed into a new country, she is not alone anymore: Davina's Dasein meets with another Dasein and a connection and spontaneous trust is created, through using the same language.

Dasein finds itself through the being-with and interaction within-the-world, as Dasein-with (others), or "Mit-dasein". Davina experiences a "Dasein-with" moment that changes her perception of her new reality: she is not alone or lost anymore. Although she may still be anxious for what is to come, she can now share her thoughts with another Dasein that she feels connected to through language. From an ontological perspective, there is no negative or positive within Dasein and Mit-Dasein, and meeting in Mit-dasein can also be very traumatic and disturbing depending on the context. In this instance however, language and the ability to communicate become a passage of relief, security, and knowledge for Davina. She is no longer

“alone” in this new world she is thrown into. Davina experiences a momentary respite from feeling in some way alienated and ‘othered’.

Heidegger writes that “'Dasein' […] shows plainly that 'in the first instance' this entity is unrelated to Others, and that of course it can still be 'with' Others afterwards” (1962, p.156). This can be very true to Davina: she arrives in New Zealand unrelated to “Others” (new local people), but she can still be with them later (meet people, make connections, even friends). However, this doesn’t mean that “being” with Others will provide any form of comfort or solace, especially if communication is not there because of the language barrier. Peirce’s (1995) social identity theory complements Heidegger’s concept of Mitwelt, as Davina cannot express her authentic self because of the language barrier.

Heidegger (1962) explains that “Being-with and the facticity of Being with one another are not based on the occurrence together of several 'subjects'” (p.57), and this is what illustrates Davina’s completely different experiences throughout her travel: she is not alone in the plane, she is assisted by the air hostess, upon arrival, she meets a “girl” (possible someone at border control). She is together and in contact with “Others”, however, she is not *with* them. On the contrary, Davina becomes instantly *connected to* the Spanish speaker she meets – she is *with* them and has found herself *in connection to* another “Other”.

Heidegger clarifies that “the phenomenological assertion that "Dasein is essentially Being-with" has an existential-ontological meaning” (p.156). Therefore, Being-with others is not a simple description of being surrounded be other beings, other Daseins. It is a connection that is formed when two Daseins meet and find a meaning through their encounter, something that speaks to each Dasein on an existential level. In Davina’s case, she finds an existential-ontological meaning upon meeting the Spanish speaker in that her existence feels “relief”, and their encounter has a purpose: to enable understanding and communication, and a sense of connecting to someone else in a new environment. She continues recounting her first day of arrival in New Zealand:

> *After the airport, they brought us to Mangere [MRRC] and presented us to all the interpreters. They are good people, I say, they’re the best that could have happened to us here, they’re amazing.*
>
> *After that we started being dependent on them. Yes, because we were like children, who had just started, let’s say, to walk, to talk and thanks to them, we were able to communicate, do things and adapt to New Zealand: what to do? What are we going to do?*

> *They tell us if we must go to the doctor the next day, that tomorrow we'll need to do this or that thing, that someone will pick us up on Monday, that we must study, that this meeting will begin at that time… Because everyone was giving us orders but no one knew anything. Only through interpreters were we able to grow here.*
>
> *If, for whatever reason, I missed a meeting like the ones they were having and the interpreters were there, I could still watch, but, if no one can explain to me, I don't know anything. I don't know anything, nothing comes from watching if I couldn't speak, if no one can explain to me. So here's what I think: we are children until we learn how to speak. Without these people, we are nothing at the beginning here in New Zealand.*

Davina's comparison of herself to a child is symbolic and holds a strong meaning. As a mother, Davina can relate to the feeling of being a child into a level that goes beyond a simple comparison. She has seen children grow and needing her assistance, she evidently understands what it is like to be vulnerable and needing guidance. In New Zealand, she finds herself becoming a child: she is the one needing the care and attention that she is used to providing to her children. Davina says that "interpreters are the best that could have happened to [her]" in New Zealand. She then carries on saying she felt dependent on interpreters, learning to navigate her new life thanks to their guidance. She specifically states that "Only through interpreters were we able to grow here". Therefore, it is possible to visualise that, if Davina is the *child,* the interpreter could be a *teacher*, or a *parent* to her. If that is the case, then it is undeniable that the interpreter's role towards Davina is not only that of language transfer.

In Davina's eyes, interpreters take the form of a parent figure, since they do not only help her communicate – in her own words, they help her "grow". For Davina, interpreters show concern in her life and re-settlement. Heidegger (1962, p. 158-159) speaks about concern for others as "solicitude". According to Heidegger, solicitude can "take away 'care' from the other and put itself in her position in concern: or it can leap in for her, or – as the footnote of translators' J. Macquarrie and E. Robinson suggests – "intervene for (her)", "stand in for (her)" or "serve as deputy for (her)" (1962, p.158). Davina finds the interpreters acting in such ways, as they are the ones guiding her throughout her new routine. Heidegger says "this kind of solicitude takes over for the Other that with which he is to concern himself" (p.158), meaning that Davina's concerns are placed into the hands of the interpreters and answered by them. In doing so, Heidegger claims that "the Other is thus thrown out of his own position; (…) In such solicitude the Other can become one who is dominated and dependent, even if this domination is a tacit one and remains hidden from him" (p.158).

Davina states that "Without [interpreters] we are nothing at the beginning here in New Zealand". Her way of surrendering herself to the guidance and solicitude of interpreters

may be the very thing that binds her to them, allowing the interpreters to “dominate” and make her dependent to them, as she is still a “child” learning to do things again. In Davina’s view, she is grateful to be guided and helped through her first experiences in New Zealand, as she accepts the interpreter’s solicitude to ‘leap in’ towards her. The interpreter’s solicitude towards Davina “leaps in”, taking a lead role to guide her, which determines the relationship that is forming between them. In that case, Davina’s Being-with-one-another can be seen as a sort of dominator/dominated relationship, which is neither positive or negative, it simply *is*. If Davina views herself as a child, it is to hand the power to the interpreter to guide her in her new life through language. Davina’s end goal is to understand, communicate, learn how to be in her new country. For that, she trusts herself in the hands of the interpreters, who she views as “the best that could have happened to (me) here”.

In contrast to this, Heidegger explains that “there is also the possibility of a kind of solicitude which does not so much leap in for the Other as leap ahead of him [ihmvorausspringt] (…), not to take away his 'care' but rather to give it back to him authentically as such for the first time” (p.158-159). I believe that in this context, the interpreter is not there to leap in, or intervene within Davina’s life, but rather to *introduce* her to the New Zealand reality, help her understand, so that she is then free to claim her position within her new country. The interpreter is then there to enable, and not to dominate, as per Heidegger’s first example of “solicitude”.

Heidegger carries on by explaining that “this kind of solicitude pertains essentially to authentic care -that is, to the existence of the Other, not to a "what" with which he is concerned; it helps the Other to become transparent to himself in his care and to become free for it” (p.159). As such, the interpreter is there to care for Davina as a being on an existential level, to be there for her and allow her to navigate her new surroundings. Davina seems to embrace this leaping-in solicitude as something helpful, she therefore is happy to allow interpreters to leap-in for her, because to her, they are not dominating her, rather than providing answers to ‘what she needs’, they are helping and guiding her through her new life.

Davina’s experience comes to reflect Heidegger’s notion of “care”. Heidegger writes that “Dasein seeks what is far away simply in order to bring it close to itself in the way it looks” (p.216). Davina needs to understand New Zealand, the country’s culture, its English language and local systems. All these are “far away” from her as she does not come from a similar culture that can help her understand them. She needs to bring those elements “close to her” to grasp what they mean, to understand them. Therefore, she needs care, the care interpreters can provide when they not only verbally translate the language to her, but answer her questions and concerns to bring New Zealand’s culture closer to her. Help is not only a service. It can be

translated into concern for someone's wellbeing and care to help someone understand not only a language, but a culture, logic, customs, and system that may otherwise not be intelligible to them, unless someone who understands these different codes takes the time and care to transmit this knowledge to another person, another Dasein.

6.6 "She created trust": Meeting the Interpreter

The interpreter acts like a portal from one language-world reality to the next for the person that they are called to communicate (or interpret) for. Marie's experience is still vivid as she arrived in New Zealand with her children only 4 months ago. She recalls how starting with an "introduction" was decisive for her to determine how the rest of her interaction with the interpreter would go:

> *Before doing the interview, I spoke with the interpreter. And there, she created trust. Because I realised that she, she could speak French. It's very important, because starting with this introduction, I am able to say "this person will interpret well or this person will not interpret well."*

Marie found that talking to the interpreter in advance of their meeting created trust. This interaction prior to them engaging in the meeting and act of interpretation allowed Marie to assess how the interaction may go in terms of quality of interpreting.

In "Language and understanding", Gadamer (1970) finds that "language is constantly building up and bearing within itself this commonality of world-orientation" (p.17). I understand this concept of linguistic commonality as a state of sharing features, characteristics, experiences, or attributes with someone, through a common language. Finding people who may share some common traits through language alone constitutes a worldview in its own right. The "commonality of world-orientation" through language is an existential bubble where unspoken conscious or unconscious behaviours exist between two people. A common understanding meets, because of a unique, common system of shared values that exist in the shape of one unique language system. In Gadamer's exploration of new languages, he describes "a new language brings disturbances in our understanding of things, but at the same time in the communicative event one can overcome the disturbance. At least that is the ideal goal of all communication." (p.18). English is the new language that "brings disturbance" into the lives of these refugee women. In this disturbance, interpreters seem to be able to bring trust, and thus, to embody a "communicative event" in a trustful manner. Through trust, interpreters become the person enabling the process of communication to happen, as they help "overcome the disturbance" that the new language represents to refugee women.

This emerging phenomenon of trust and its importance in the interaction with the interpreter will be further explored in the chapter that follows. What becomes apparent is that the interpreter has the ability to create the trust and to bring it in the interaction. Mona, a 48-year-old mother from the DRC relies on her first impression and perception of the interpreter to assess how the interaction may go. Mona "sees" the "contact" and the "mood" as part of meeting the interpreter, before any act of interpreting has even started:

> *It depends on the interpreter, you know, the face and impression. You can see someone and you say, "OK, this will be good." And sometimes it's the impression, some just come like… tired, you know. And so when you just say "Oh, this will be negative for me." sometime, [you say] in your head like that. Sometimes you can see that contact, and you say "Oh, maybe we will deal with that [person], it will be lovely". And sometimes you can see the mood, and you said "No, I think all this will be no good today." Yeah… the first impression.*

Mona relies on the few initial moments of meeting the interpreter to assess them and decide, even mentally prepare herself on the interaction that will unfold. Mona's own 'assessment' of the 'mood' can already impact the interpreting interaction that she is about to have. It puts Mona in either a relaxed or defensive position towards the interpreter. Additionally, the level of professionalism appears to be determined from the assessment of the interpreter's mood and first impression. If the first impression is positive on Mona, she thinks that "this will be good" and "lovely". If the first impression is that of a tired interpreter, or an interpreter appearing to be in a 'negative' mood, then Mona thinks that the interaction 'will be no good today' or 'this will be negative for me'. Negative for Mona can also be two distinct things: a negative experience with the interpreter (interpersonal and intrapersonal interaction) or a negative outcome as a result of their interpreting ability (poor quality of interpreting and negative effects or outcomes for Mona resulting from their interpreting interaction).

Without even engaging in their interpreting work yet, the interpreter has the power to 'set the mood' from the start, for themselves and for the client, Mona, a Dasein that attunes to the other. The interpreter's mood, face, posture has the power to shift the interaction towards a positive or negative direction through the way they are perceived by Mona. Mona is attuned and sensitive to how the interpreter appears to be and to the mood that the interpreter displays or carries with them and around them. Mona decides to talk based on her perception of the interpreter's first impression, which impacts Mona's willingness to open up. To open up, one must feel trust towards the *Other*. Clio, a 31-year-old mother from Colombia was particularly touched by an interpreter she met when arriving at the MRRC seven months ago. That interpreter facilitated her interaction with the psychologist and Clio reflects on the trust she felt during that process:

> *She had a big heart. And she kind of got into the pain of her patients and her clients to do the interpretation. It was like she got involved with us. That's why she gave me confidence and that's why little by little I began to open up and tell about my difficulty that I had for many, many, many, too many years. She opened up the scene for me, to talk about it now. Because I felt the trust. I had never talked about it, never. And I felt the trust that she gave me.*
>
> *I would like with all the people who have problems like that, psychological problems, that she opens up, it's very nice. It's very nice to be able to trust someone you don't know to talk about an important issue. I think it's important, not only that someone is your interpreter, saying "I'm going to do the translation" (and that's about it), but that they also support you when you talk.*

Clio recognises that the interpreter "opens up the scene" for her to talk about a difficult experience that she never talked about before. The interpreter's action of 'opening up' makes space for Clio to "feel the trust" that the interpreter "gave" to her, to open up about her issue for the very first time. Trust can be given just as it can be felt or received. Trust is a way of being that goes from one person to and into the other. Clio defines the assistance of the interpreter not just on the act of interpreting but also in a shared way of attuning when the interpreter becomes a "support" when she talks. The perception of the role of the interpreter experienced by the participants will be further explored in the following chapters.

6.7 Conclusion

This chapter established the phenomenon of frustration through the participants experiences of shock and anxiety when met with a language barrier upon resettlement. Gadamer (2013) states that when "we understand a foreign language we do not need to translate. We understand because we live in it" (p.42). When resettled refugee women do not understand the foreign language of their resettlement country, they live in that country without *living in it*. They are there, in this new societal language-reality, but do not truly *exist there*. Aminrazavi (2006) writes that "anxiety is a distinct state of mind which brings one face to face with the reality of Dasein's throwness" (p.285). As such, the phenomenon of frustration is showing itself through the anxiety that refugee women experience with a language barrier, which brings them face to face with the reality of their thrownness into their life, when they arrive in a new, unknown country.

To be part of society is to be part of language. Nevertheless, refugee women feel invisible and excluded from society, when they are excluded from its language. Even when participants had prior knowledge of the English language, their experience with local English speakers remained one of frustration, as there is no 'one English' and adaptation is necessary to the local accent and way of speaking. The language barrier is a metaphorical cage that prevents refugee women

from interacting with others, being and expressing their authentic selves and experiencing a 'normal', everyday life. The language barrier silences, alienates and cuts off refugee women from all forms of interaction, preventing them from having a normal life. Language can become the source of a frustration so deep, that it can lead to feelings of depression.

Ultimately, language is an extension of ourselves. When confronted with a new language, the experience becomes one of *being thrown into* a new world without comprehending or feeling part of that world. Some participants expand on the frustration of not being able to move on in their lives, as the language barrier is not only experienced during resettlement, but often lingers and impacts their lives in their host country for many years. Eventually, language becomes a daily source of frustration as it turns into a determining factor impeding professional growth, personal and financial independence and emancipation.

There is an expectation for refugee women to first learn the host country's new language, before they can engage in the local community, start working and become part of society. Generally, they are expected to do so only *after* the language learning process has taken place and English proficiency is acquired. Interviews pointed out that sometimes the expectation for women refugees to study may not be the best solution for them, or it may not take into account parameters such as their level of education, psychological and mental capacity to learn a new language at the specific time of resettlement and the need to be primary care givers or to find work to sustain their families.

When facing a language barrier, interpreters can *leap in*, bring *trust* through their interaction with refugee women and help them break from the phenomenon of frustration. Interpreters bring relief to refugee women: they enable understanding and communication, but also create a sense of connection to someone else in a new environment. For refugee women, the interpreter is more than a person doing language translation, they are a voice and a presence of guidance for refugee women in their new country.

The frustration of language barrier and the need to connect through language is prevalent in the participants' experiences. Therefore, language assistance upon arrival is a crucial service that allows resettled refugee women to gain understanding of their surroundings. Interpreters offer such service, and much more: they have the ability to create trust and set the mood for refugee women to open up and speak. The phenomenon of frustration is overarching and reveals itself throughout this chapter, but a new phenomenon also emerges with the arrival of the interpreter: trust.

Chapter 7

The Presence of Trust Between Refugee Women and Interpreters

7.1 Introduction

The previous chapter introduced the significance that the new language of the host country holds in the lives of refugee women. The phenomenon of frustration was revealed through the language barrier, thus creating the need for interpreting services for refugee women to be able to communicate in their country of resettlement. However, the service of interpreters begins before the interpreting interaction has even started, as efficient interpreting becomes the result of a relationship of trust between the interpreter and the client (refugee women as clients, patients, or CALD speakers). This relationship of trust - and oftentimes fear - between refugee women and interpreters and its multiple facets are explored in this chapter. The complexity of this relationship reveals how one comes to Being-with interpreters through trust, as opposed to 'using' their service.

7.2 "She was my voice": The Significance of Interpreters

One of the most significant questions that I asked participants during our interviews was if the presence of interpreters was useful to them upon arrival in New Zealand. Wendy, a 32-year-old Colombian, was very clear about the impact that interpreters had had on her experience:

> *Without them here, I am nothing. Yes, because I know practically nothing, because we arrive with zero English. Because I can't talk, I don't understand anything.*

Thinking that without *someone* you are *nothing* is a powerful declaration. Clio goes as far as calling the interpreters' presence a "blessing" when she is asked about their importance to her:

> *If only interpreters knew how important they are for me and how happy I feel when I have appointments and how happy I am to see that there is someone there to give me understanding. Oh! If only they knew! I think that, if I am discouraged that day, I really do feel relieved when I see an interpreter. I say "Oh my God, what a blessing!". It's a blessing when someone helps me to understand something. It's a blessing that someone helps us to understand something. Truly.*

Such statements from Wendy and Clio can be further understood and unpacked through Irumva's experience. Whilst being different moments experienced by different women at different times, these testimonies hold a significance that resonates throughout and beyond each individual's lived experiences:

> *When she talked, she talked what I tell her. When the doctor asked me questions, she's sitting beside me, she answers my question for the doctor [to hear]. I don't say she made something special to make me comfortable, but she answered what they asked me. Now, I sometimes understand what people ask. But before, she was my voice.*

Irumva reflects on the interpreter being "her voice" at the time when she could not understand nor converse in English. It is a powerful message about the significance the interpreter held for Irumva. Irumva's voice is the extension of her being. Her voice is what mirrors her thoughts and makes them accessible to others in her world. As social beings, we seek interaction because we all need to be heard, seen and understood (Heron, 1992).

The word 'voice' is derived from the Latin word 'vox'. The etymology of the word 'voice' is not one and unique, as it has come to hold many physical, social and philosophical meanings over time (Cavarero, 2012), including "voice, sound, cry, call, speech, sentence, language, word, utter, express". In 1612, its first known use was recorded with the following meaning: "to express in words", to give utterance to a feeling or/and opinion (Merriam-Webster Dictionary, n.d.). The contemporary Merriam-Webster online dictionary provides further definitions of "voice":

> 1.a: sound produced by vertebrates by means of lungs, larynx, or syrinx especially: sound so produced by human beings
> d: the faculty of utterance
> 2: a sound resembling or suggesting vocal utterance
> 3: an instrument or medium of expression
> 4.a: wish, choice, or opinion openly or formally expressed the voice of the people
> 4.b: right of expression
> also: influential power

The voice is therefore a tool with two functions: it is a physiological faculty that humans have to produce speech. It is also a physical tool that humans have learned to use to make sense of the world and *name* the world around them. The voice is both a physical faculty and a psychosocial ability to communicate for yourself, to express what you want to say and feel. Cavarero (2012) describes the voice as "an instrument of thought" (p.4) when diving deeper into the semantics of the word over time. Irumva uses her voice during our interview to give her opinion and narrate her experiences.

The power and multi-faceted meaning of the "voice" is such, that the subject has sparked numerous publications exploring the depth and range behind the significance of "refugee voice/voices" (Cabot, 2016; Chatty, 2016; Sigona, 2014). Sigona (2014) explains how "refugee

voices have multiple footings that inescapably also permeate the encounter with the researcher that sets to collect and communicate (with) them" (p.378). I believe that Irumva did not simply affect *me,* when she used her voice with me as the researcher (during our interview encounter). I believe that Irumva's voice also permeated her encounter with the interpreter, who becomes the person she trusts her voice to. The interpreter is the passage of Irumva's voice to the doctor, or any other person who Irumva tries to communicate with. Irumva's voice must pass through someone else - the interpreter – to become understood in another language, to enter another linguistic world. To trust the interpreter with her voice, is to trust that the interpreter can carry it to be heard, accurately and truthfully, by someone else, to reach others.

In Being and Time (1962), Heidegger explores the "voice" and its many facets as the voice and experience of conscience which he interlinks to other phenomena. Heidegger writes that "the voice is something that turns up" (p.337). Heidegger further explains how discourse articulates intelligibility and explores ways to characterise conscience. He states:

> …if the everyday interpretation knows a 'voice' of conscience, then one is not so much thinking of an utterance (…); the 'voice' is taken rather as a giving-to-understand. In the tendency to disclosure which belongs to the call, lies the momentum of a push - of an abrupt arousal. The call is from afar unto afar. It reaches him who wants to be brought back (p.316).

Irumva seeing the interpreter as her voice is more than hearing them speak her words into another language. She is "giving-to-understand". Irumva is reaching for the words she wants to say "from afar unto afar" as she voices her message from within-out and then trusts the interpreter to carry it afar, "giving-to-understand" as it reaches the other person in the room. Heidegger writes that "the call (…) reaches him who wants to be brought back" (p.316). Irumva wants to be brought back, and to be brought forward. She uses her voice through the interpreter, to be heard and seen. She is brought out and forward through language. Heard and seen.

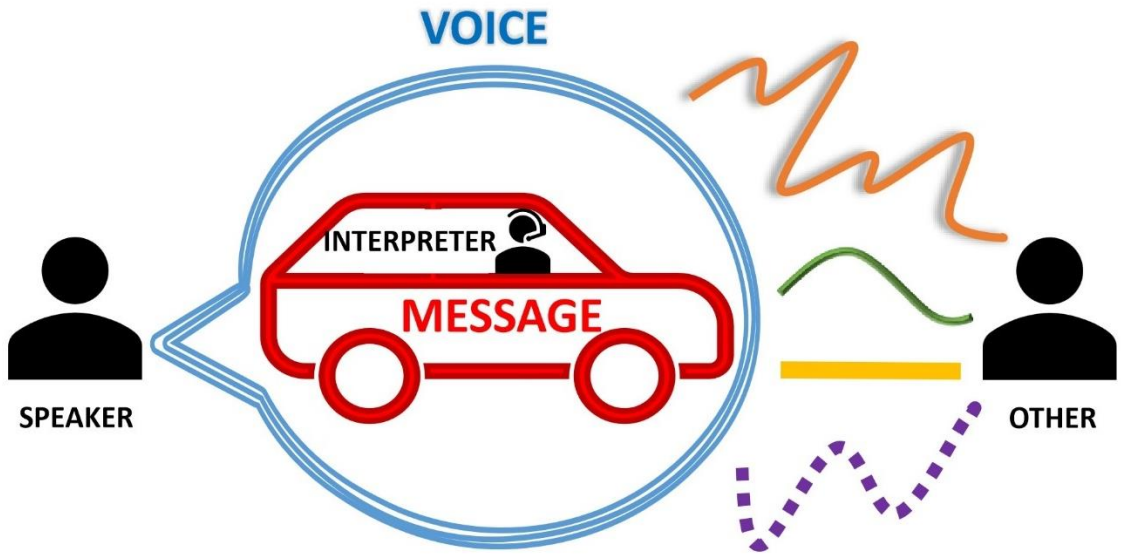
Irumva is performing an intimate act, when she is giving her voice to the interpreter, and trusting her message to her, but also, when she states that the interpreter *is* her voice. It is deeply intimate, and deeply trusting to hand one of the most personal and powerful tools that a human has to someone else, let alone to perceive the interpreter as the embodiment of one's voice. The interpreter is now more than someone helping Irumva to communicate; they become an extension of her - an extension of her mental being (thinking the message) and physical being (saying the message).

Irumva's experience also allows us to understand the potential feelings of frustration that other refugee women have expressed. Other refugee women like Irumva may be having similar experiences where their voices were not conveyed accurately. Moreover, it is not simply a matter of accuracy of the message: the refugee women see themselves - or part of themselves - through the interpreter, when the interpreter becomes their voice. Therefore, if a message is not conveyed fully, or is inaccurately translated, refugee women may feel the frustration going back *into* themselves because their voice was not carried through. Subsequently, their self was not shown and reflected to the other party (e.g. doctor, service provider) the way the refugee woman desired or intended it to be seen and heard. Refugee women are thus not seen as they want to be seen and heard, by the interpreter to the third party. Conversely, refugee women feel seen and heard when the interpreter carries their voice as they intended.

The interpreter is like the driver of a vehicle. The interpreter is at the steering wheel and carries the refugee woman's voice and message to its destination: to the other speaker. The interpreter has the power to steer the wheel and take any direction for the voice to be carried, or delivered. The interpreter can take turns – they can distort, omit, forget, change the voice and the message that they carrying to someone else. It is in the hands of the interpreter that Irumva's voice and message gets to be heard and delivered as truthfully as possible to the other party.

Figure 15:

The interpreter as the driver of a vehicle, carrying the voice and message to its destination



Irumva hands her voice, containing her message, to the interpreter who is now the voice. The interpreter must deliver the message in another language to the person waiting to hear it. But there is no one way to be Irumva's voice and to deliver her message. The interpreter is the passage through which the message will go through, the interpreter gets to drive the message

to its destination. Irumva's voice leaves her body and authorship to be carried by someone else. This embodiment of the interpreter as the vehicle that carries the speaker's voice and delivers a message is also echoed by Martina's experience of the interpreter as a "channel":

> *I think the role of the interpreter, especially for this refugee resettlement programme, is one of the most important. Because the interpreter is the channel that allowed me, when I arrived, to receive all the necessary information for the new life that I was going to have.*
>
> *Because if I were on my own without any interpreter, it would be very difficult for me to understand many things, to communicate, to learn everyday things for life in New Zealand. I think that the interpreter is very important, not only as an interpreter, but also as a person. Because if the interpreter makes you feel comfortable when translating, it will be easier for you to express yourself better, to give to others the information they need to know, for the doctor or even for migration when they ask questions and confidential information.*

Interpreters are more than professionals, they are people who have the power to impact and influence the process of resettlement. The interpreter is someone who can make others feel "comfortable", bringing in a more human form of communication and connection, in addition to the linguistic service. Martina's experience of the interpreter and the traits she values in them also point out how the interpreter has the ability to influence how Martina will respond to the resettlement programme and resulting interviews. Martina reflects further on the significance of this initial contact with interpreters as a "human experience" upon arrival in New Zealand:

> *Apart from the fact that the interpreter translated for me, it's also a human experience. Because I come from travelling, having like 3-5 flights, a lot of things that I have in my mind, sometimes problems, mixed feelings, I don't know what awaits me here in this country, another language, many things... And there's a lot of information when I arrived, they explain to you how to rent a house, police, ambulance, a thousand things.*
>
> *So, our interpreter in Mangere, when she translated for me, she made me feel very comfortable. It was her way of speaking, and her kindness. I felt that she was already treating me well when she translated for me. Not making me feel that because she was an interpreter, she was super intelligent and we were barely learning, that we were on another level, no.*

Martina's claim that the interpreter's service is a "human experience" is also palpable through Clio's experience. What becomes apparent is that for the interviewed resettled refugee women, the importance of the interpreter's service is not confined purely to providing access to language, but turns into a support for someone in need to communicate. Clio reflects on this experience during her interactions with interpreters:

> *Of course, interpreters have their own rules. But I've been lucky enough to have met some interpreters who tried to open up with me, despite the rules, apart from just acting as an interpreter. I think it's a nice thing… It's a support! The interpreter is a support during situations, an emotional support, like "don't worry, I'm going to help you, I'm here to support you, at this moment, when the psychologist, the doctor need you to understand what they say, I'm going to explain everything well". I feel grateful because I feel that it is an important work and I have worked with good interpreters.*

For Clio, the interpreter is a support, and their input goes beyond a strict, pre-defined professional role, "despite the rules" that interpreters must follow. For Clio, a 'good' interpreter is someone who supports and encourages her during her interactions. This sense of the interpreter offering 'support' becomes even more apparent in Laura's experience with an interpreter during her appointments in Mangere:

> *I had a very good experience with an interpreter from Spain, she was interpreting for many of my appointments. She was always very understanding and easy to trust as she was not only assisting me, but also assisted other Colombians. I find it very beautiful that a person can listen to so many things and be so neutral, knowing everyone's story, receiving us the same way, without judging, doing her work so well.*
>
> *Privacy is something very important because I knew that I would talk about something that is personal, because not all subjects are open, there are some very personal subjects or very cruel stories, because we didn't all live very… So, this girl from Spain, she would just stay at that. She was very involved in Colombian events, but she wouldn't mix her work with someone else's personal life, she was always neutral, always doing her work very well. Many interpreters are like that. But not all of them.*

It seems that the traits that Laura values in an interpreter are also the traits expected from professional interpreters, as specified in the Interpreter's Code of Ethics and Code of Conduct (NZSTI, 2013). Nevertheless, Laura recognises these professional traits but also values some elements that can be considered as moving "beyond" the character of 'interpreting duty' (see NZSTI's Code of Ethics and Professional Conduct, 2013). Laura portrays the Spanish interpreter as someone who was "understanding", "easy to trust" and that her way of listening without judgement and maintaining impartiality was "very beautiful".

Laura's affirming experiences seem to arise from a place of collaboration rather than (purely) linguistic accuracy. Laura trusts the Spanish interpreter because she helped not only Laura, but other members of her community (fellow Colombians). The interpreter listened to their stories without judging them, and always maintained confidentiality. Laura values this understanding and humane approach, because she is aware that she may be sharing "some very personal

subjects or very cruel stories". Dasein is meeting Dasein beyond professional roles. Seemingly, in those beautiful experiential moments an ontic and ontological mood unfurls.

Being-with interpreters as opposed to "using" their service

For Heidegger, "the world of Dasein is a with-world (Mitwelt)" (1962, p. 155). This means that, for Dasein to be within the world means to be with others. Therefore, Dasein finds itself through the being-with and interaction within-the-world, as Dasein-with (others), or "Mit-dasein". This means that Laura has a connection with the interpreter that goes beyond the interpreter's duty to interpret the language. Laura is Dasein-with the interpreter, she finds herself within the world through being with the interpreter. This is why, when she describes this person, Laura's description goes beyond that of the interpreter's professional abilities: trust, understanding, openness (to the stories of others with no judgement), confidentiality are traits that Laura values and views as being precious through her own existence. These traits are important to her, and she wishes to find them in someone else, the interpreter for instance. Laura needs a professional friend who touches her world and does not seek to treat her as an object or duty of work.

Heidegger points out that "Others are encountered environmentally" (1962, p. 115). The environment, the space and time in which Laura finds herself in need of an interpreter (in New Zealand, during resettlement, for her appointments), means that she encounters others, interpreters more specifically. The environment also dictates the circumstances under which she meets the interpreters: in a context of need for language understanding and communication.

How the interpreter acts with Laura is also a reflection of the interpreter's own Being, as the "Other is encountered in his Dasein-with in the world" (Heidegger, 1962, p.156). Both Laura and the interpreter find themselves with each-other and through each-other, in the same environment that they happen to share at a specific moment of felt-time. Dasein "understands itself proximally and for the most part in terms of its world" (Heidegger, 1962, p.156), therefore, Laura sees her own human traits that she values in the interpreter, and the interpreter's stand reflects who they are in synergy with their professional stance (NZSTI, 2013) and their human values. These are existential experiences: a human connection, felt-other or Mit-dasein, with Laura, and her environment, felt-space, that go beyond set professional expectations.

7.3 "She put herself in our shoes": Interpreters Beyond Language Assistance

> *I also met another very good interpreter, aside from interpreting for me, she advised me, orientated me, was trying to make our lives easier. Another lady too - these are interpreters that stay in your mind, these are very good experiences. But what I admire the most is that they were listening to us and had this strength and be so neutral, be friendly to all of us, no matter who you may be… But always being neutral, not at all interested in saying "this is good, this is bad", just always doing their good work.*

Through the encounter with these other interpreters, Laura further confirms the Dasein-with (Mit-dasein) and Dasein's connection *with* Others, and *to* Others, that can take place when Dasein is within the world and with-world (Mitwelt). Here, what Laura sees in the interpreters are traits that would normally go beyond the interpreters' duties. One could even talk about a breach of "professional boundaries" as the interpreters in this description seem to be stepping outside the norms dictated by the Interpreter's Code of Ethics (NZSTI, 2013). However, Laura does not condemn these traits – if anything, these are the characteristics that make her value and appreciate these specific interpreters even more. The characteristics that Laura praises are not ones usually found in interpreting manuals and codes of conduct (NZSTI, 2013). The "very good" interpreters that Laura valued, admired and who ultimately "stayed in her mind" are the ones who, "aside from interpreting", were able to "advise", "orientate", made the refugee women's lives "easier" and listened to them.

There is an element of helpfulness and being helpful which is very appreciated, although helping others is not what interpreters are required to do. Indeed, interpreting a message is helpful and enables understanding and communication to happen, but Laura talks about a help that goes beyond language assistance. Orientating and making someone's life easier is about getting into the other person's shoes and providing them with guidance. For Laura, interpreters can help make her "life easier" by providing orientation and advise, which are traits that go beyond the simple task of oral translation. Laura needs the language service of the interpreter as much as she needs their human compassion. We meet Others when they are in their own Dasein, and in their own Being-in-the-world (Heidegger, 1962). Each Dasein is single and unique, as its Being-in-the-world belongs to them only. One will never see the world through my own eyes, and I cannot see someone else's worldview because I am not them. Therefore, the strength of being "neutral", which Laura experiences as not providing judgement and personal opinion, is the ability to be respectful towards each Other's identity. Laura sees this as compassion, and acknowledges the respect and acceptance that the interpreters showed her as a strength.

Laura is not the only participant who admired how interpreters “were listening to” her and “had this strength”. Paula Ana also reflected on this sense of emotional “strength” as she remembers the interpreter who assisted her and her daughter during their therapy sessions:

> *I had an interpreter from Mangere, she was not Colombian, she was Asian. She learned Spanish very well, though. And I had something lovely going on with her, because she always guided me very well throughout my therapy sessions, and particularly when I had appointments together with my daughter. My daughter was so deeply frustrated, I suffered so much with her. And she was such a lovely interpreter who interpreted for us the best possible way.*
>
> *She talked to us, informed us about things... So much so that I felt that when she finished her assignments with us, she ended up feeling like, unwell also, because she put herself in our shoes- she relived our own experience. She lived through it. When I was talking about our journey you could see that her eyes filled with tears because she was truly transmitting the message the way we felt it. So I always think about her and it is something really nice. I always remember her.*

For Paula Ana, having compassion is a major quality for the interpreter who she remembers so fondly. For her, the interpreter did not simply transfer her message in the best possible way, but she connected to her story and ‘put herself into her shoes’. Seeing that the interpreter connected to her story made Paula Ana trust more. Jenifer appreciated this connection as well:

> *In Mangere I had an interpreter, and I think that to this day, just remembering her, she is a great support for me. Because she wasn't only an interpreter, she was like my "handkerchief of tears" as we say in my country. She loves my children very much, I know she cares about me very much and I care about her too, so she and I still talk. So far we still say hello to each other on the phone. If something happens to my family, she is there calling me, so the truth is that for me she is a very special person, because she has helped me a lot in the process of moving on, in life in New Zealand. She has been a great support for me. She supported me a lot in Mangere with my children, her and the psychologist. For me that was the first Angel that God put in my life in New Zealand. Her.*

Jenifer uses the word “angel” to describe the way she experienced her connection to this interpreter: someone offering help and insight in situations where she would feel completely alone and overwhelmed. For Jenifer, the interpreter is much more than just ‘an interpreter’: she was her “handkerchief of tears”, a role of emotional and psychological support. The first “Angel” that God sent to Jenifer in her life in New Zealand holds deep and symbolic meanings. Catholicism is the prevalent religion in Colombia, and most Colombian refugee women, like Jenifer, come from catholic backgrounds in which the symbolic nature of angelic entities and harbingers of hope is culturally aligned. Many participants discussed relying on faith a lot, especially to overcome difficulties, as they would often use religious expressions to describe

their feelings or thoughts, such as “thanks to God”, “if God allows”, “with the help of my God” etc. In that sentiment, the word “angel” holds sometimes a deeper meaning for this population and could also be translated or understood as “guardian angel” or “saviour” in the sense that Jenifer feels saved/rescued by the interpreter’s arrival and intervention, who “helped” her “a lot in the process of moving on in life in New Zealand”.

The Online Etymology Dictionary describes the word ‘angel’ as a spiritual being or attendant and messenger of God. Its origin comes from Late Latin ‘angelus’ and from Greek ‘angelos’, referring to a "messenger, envoy, one that announces,", or as it appears in the New Testament as a "divine messenger". By the 1590s, when employed to describe a person, it was used to refer to "one who is loving, gracious, or lovely" (Online Etymology Dictionary, n.d.). What is intriguing is that Jenifer was not the only one who used the metaphor of the “angel” to describe the significance of interpreters at the beginning of her new life in New Zealand. Other participants used this metaphor as well to portray the intervention of interpreters. Heidegger (1962) explains that that which gets articulated is called “totality-of-significations” (Bedeutungsganze), and that significations always carry meaning (p.204). The word “angel” is not only culturally symbolic, but carries meaning through its signification and refers to Jenifer’s worldview and the referential totality of her Dasein.

As Dasein, we are always contextual and historical Beings – that includes the symbols we use to communicate, understand and interpret the world around us. In Heidegger’s later works he referred to ‘divine unseen other or divinities’ in his fourfold structure of existence. This fourfold portrays a convergence of relationships within and between the earth, the sky, divinities, and mortals. The notion of divinities is not necessarily religious, yet gestures to the ineffability of something that is intrinsically always somehow part of all our experiences (Heidegger & Krell, 1977/1993).

7.4 “I know this interpreter from my community”: Trust and Mistrust in Community Interpreters

This section refers to ‘community interpreters’ in the sense that the interpreters came from the same social and community group as the refugee women they interpreted for. As such, the mention of ‘community interpreters’ in this section should not be confused with the term ‘public service interpreters’ which refers to a specific interpreting setting (Corsellis, 2005; Crezee & Burn, 2022; Eser, 2020).

Mona’s experience reveals how fear and trust (or lack thereof) can be tightly connected when interpreting occurs in a situation where sensitive information is involved:

When sameness is not always helpful

> *I don't want to say all my secrets about my body, things like that. I just want only the doctor to know. As a human being, sometimes I just [hesitate] because I know this interpreter from my community. And when we meet somewhere and he already knows how my body is, it's not good for myself. That is me. But I don't mean that the interpreter, they will talk in the community… But you say to yourself: "He is from my community. He knows me well. How will he be, knowing all my stuff?".*
>
> *When someone from the community [works as] interpreter, they just always see in your community. People who are like you, that you can see around you every time. They don't go far from your people, that is the problem again. And so sometimes some people may just be scared. Let's say, I know this lady or this man from my community, he is the one who will be the interpreter, and I just think "OK, I will keep this as my secret".*
>
> *Sometimes it's because [the interpreter] is part of the community. And so I think in my head "Oh shoot. We will meet in the community. He will know my weakness, things like that." And I say "No, I will not tell that."*

Mona describes her fears about having an interpreter from her own Congolese community to assist her. Mona does not want to tell "all her secrets" during assignments as this could mean that the interpreter will turn into someone she knows within her community and who knows her "weakness". Mona's fears explain the lack of trust that she experiences as she is concerned that the interpreter learns too much during the interpreting session and may then talk about its contents within their shared community. This lack of trust leads to an experience of fear of being exposed and feelings of shame, saying that "it's not good for myself" because she could meet somewhere and the interpreter "already knows how [her] body is".

This fear of exposure could be experienced as intimidation, and ultimately lead to the non-disclosure of Mona's sensitive information because some information could lead to deleterious outcomes. For example, Mona's physical concerns about her body are better kept "secret", because such issues can be viewed as sensitive information or even culturally inappropriate to share, making it harder to talk about some important topics openly in some cultures than others. If Mona experiences fear of censure, a mood of fear assails her in which she feels too intimidated by the interpreter because they are part of the same community. Consequently, Mona may not speak to her doctor. She only wants *him* to know [the doctor] but will keep her issue a secret because of *him* [the interpreter]. The interpreter is no longer someone who enables communication or the transfer of messages, but becomes the one impeding the process of communication, possibly even becoming the source of miscommunication or an incorrect diagnosis. This could lead to an inaccurate health or safety assessment, putting Mona's life at risk. A refugee woman like Mona who is silenced due to intimidation, lack of trust and fear may

be made vulnerable as her legal protection and adequate medical treatment becomes jeopardised. Sameness is not always helpful. For Mona, there seems to be a sense of comfort and safety in *not* knowing the other [the interpreter], to be able to truly open up.

Choice and voice

Refugee women's empowerment is being revealed as synonymous with choice and voice. Unfortunately, not all refugee women in the study were availed of choice and their voice being heard in the resettlement process. This reflects how a refugee woman's experiences often start by choice being taken away. Undeniably, refugee women want choice, to choose who speaks for them, to have control over the connection to their own culture and to find ways to contribute their own unique knowledge, thoughts, and experiences to be fully involved in their resettlement. Yet this can be undermined by the host country's foreign language and made worse when interpreter services do not work in their best interests and a lack of trust pervades the relationship. This is particularly complex in the case of 'rare languages', commonly referred to as 'languages of limited diffusion', where there is usually a very limited number of speakers of a certain language working as interpreters, and thus, it is very difficult to obtain interpreting services from someone who Mona would not know or would not meet often within her community.

7.5 "It's a political situation": Community Interpreters Creating a Power Imbalance

As Mona continued to reflect on her lived experiences during our interview, she explained to me that sometimes she was not able to say things to the interpreter, because this could put her family back home in danger:

> *So this is like… a political situation. When I came in this country [New Zealand], they don't know exactly what is going on in our country. For example, when they bring us, some people claim they are Congolese, and they are not Congolese. And you, in your community, you know who is the real Congolese and who are not the real Congolese.*
>
> *When I go to an institution like immigration, I want to talk about my people, the situation which is happening for them, and I have him as an interpreter from one side. When I am talking, he will not agree with what I'm talking because it's like a country situation. So sometimes all this information, if I know them [the interpreter] I can't be free to talk to them, because this can be hard for me.*

> *For example, if I go back home, because of the political situation, they [the interpreter] can put my family in danger because we don't know… Some people, they come with different statuses. They can be here and they are a spy from their own country. And so when I talk about that, I just think "This is good, confidential, all things will be [stay] here", and sometimes when I go back to my country that's when they can give me problem.*

Mona and her community may be confronted by complex and sensitive sociopolitical contexts that people outside of her community may not be aware of or fully comprehend. Nevertheless, the dynamic between the refugee woman client and the interpreter could be impacted, as they are both aware of these differences. The interpreter from the same community is experienced with suspicion and as a potential threat. This creates a power imbalance between the client and the interpreter that can be completely invisible to the third party, although that same third party is paradoxically the one responsible to make decisions based on the information exchanged during the interaction (Bletscher & Spiers, 2023; Marianacci, 2022; Schider, 2017).

The underlying notion of trust

Underneath Mona's lived experiences, there is an underlying phenomenon that prevails and informs her interactions with interpreters from her Congolese community. That phenomenon is trust. Mona's experiences illuminate how interpreters belonging to the same community may not be desired, or even be avoided, when clients need an interpreter to assist them with more intimate matters. It is the lack, or the level of mistrust that seems to inform a greater sense of trust and security that may allow a Congolese person to open up and accept the assistance of another Congolese person to act as their interpreter. To better understand how profound trust is in the relationship between refugee/migrant/client/patient and interpreter, it is useful to reflect on the etymology and definitions of the word 'trust':

Etymology

The etymology of 'trust' can be traced back to the Proto-Germanic term 'treuwaz' that subsequently became an old English word 'treowian', meaning "to believe, trust," and the word 'treowe' to be "faithful, trusty". The 12th century old Norse word 'treysta' meant "to trust, rely on, make strong and safe". In the following centuries trust also meant fidelity, faithfulness, confident expectation, and that on which one relies (Online Etymology Dictionary, n.d.).

Contemporary usage

(verb) to believe that someone is good and honest and will not harm you, or that something is safe and reliable

(noun) the belief that you can trust someone or something

Cambridge Dictionary, retrieved in August 2023 from: https://dictionary.cambridge.org/dictionary/english/trust

> assured reliance on the character, ability, strength, or truth of someone or something, one in which confidence is placed
>
> Merriam-Webster Dictionary, retrieved in August 2023 from: https://www.merriam-webster.com/dictionary/trust

Mona's experiences reveal how a person from a specific community or background may not be necessarily trusting of someone sharing their same sociocultural background. Such presence or absence of trust extends to the relationship between client and interpreter, as Mona does not trust the community interpreter enough to open up to them and allow the interpreter-mediated interaction to take place in an atmosphere of safety and trust.

Mona appears to be willing to build a relationship of trust more easily with someone who, on the contrary, is unrelated to her culture and community: this may bring a more freeing feeling, allowing Mona to voice her message without restraint or suspicion. There would be no expectations from either party, as a different cultural background would create a mutual understanding, an invisible wall of being mutually aware when two people do not share the same background and cultural values. A conscious "distance" is created, in which it can become easier to open up about delicate subjects, as there is no pressure of a pre-existing culture that may impose worldviews on either the client/patient and the interpreter. Mona's experiences of trust and mistrust with the interpreter is also experienced as fear, fear of censure, fear of being exposed, fear of being seen negatively, fear of the They that weave faceless cultural norms and behaviours which creates a fear of the They in her cultural group. As such, Mona's experience of trust with the interpreter of her own community can extend to feelings of fear where she cannot be authentically herself and give her authentic message to be interpreted, for fear of breach of her confidentiality or exposure of her family to potential dangers.

Davina experienced a similar dilemma when she had her first encounter with an interpreter in Ecuador, the country where she sought asylum and from where she was selected to be resettled in New Zealand with her children. Her memories of this first experience with an interpreter shaped her second encounter with a local interpreter in New Zealand:

> *In Ecuador, when we did an interview about us coming here, it was the first time that I had an interpreter, and, well, having to recount our story… I was thinking "Oh Jesus, could this be a trap, is something wrong, can I really trust this person?" So… I'm telling you, I really had my doubts, but this is all part of what happened to us, right?*

> *In Mangere, they were asking us questions and I was not feeling comfortable about answering. I wasn't so sure about trusting these people, I don't know why… The girl was asking me, and I was thinking "should I reply or not?". I knew what the answer was, but I was wondering, if I were to reply "yes", would they send me and my children to prison, what will happen? Because these were difficult questions, about what had happened to me in the past with my peers, so at the end I thought "Well, now I'm here, I can't lie, I have to say the truth", and I said "Yes, this took place, that day at that time". And, well, I gave all the details.*

During Davina's first encounter with an interpreter in Ecuador, her country of asylum, she felt highly suspicious of the interview process and the presence of the interpreter, wondering if the interview was a sort of trap, instead of it being something set to help her. She attributes her doubts to her difficult past, not to the attitude of the interpreter or the interviewer. She states, "I really had my doubts, but this is all part of what happened to us, right?". For Davina, her past difficult experiences have made her wary of situations where she needs to reveal her story.

Upon arrival in New Zealand, she must recount and confirm her story again, and transfers that same mistrust to the interpreters and the interviewers. She doubts herself, whether the information that she provides could put her in a dangerous situation, such as facing the authorities or going to prison with her children. It seems that Davina convinced herself to answer truthfully some "difficult questions", about "what had happened to (her) in the past with (her) peers". She thinks to herself "now I'm here, I can't lie, I have to say the truth". The fact that she has arrived in her new country gives her an incentive not to lie and say the truth of her story.

As Dasein, one is always thrown somehow. Davina is thrown into the family she was born into, thrown into a socio-political situation that caused her to flee and seek asylum, thrown into single motherhood, now she is thrown into a new situation in her host country, New Zealand. Heidegger (1962) explains that "the expression "thrownness" (Geworfenheit) is the facticity of its being delivered over" (p.174) and that for Dasein there is never a time in our existence that we are not thrown one way or another. Davina also describes a Mood (Stimmung) of mistrust, doubt, and uneasiness about what happens next. Her mood is a result of her Thrownness. She is thrown into a suspicious, threatening environment where the interview seems to be feeling more like an interrogation – the attuned anxiety is palpable.

Heidegger (1962) describes attunement when explaining that "Dasein's openness to the world is constituted existentially by the attunement of a state-of-mind" (p.137). Davina's attunement is anxiety: due to this existential attunement she has fears of something, of not being understood, of not knowing the culture and context, of putting her children in danger through

her words. Her attuned anxiety is how she understands and interprets her own thrown reality as she ponders whether to trust the interview process and, consequently, the interpreter.

As if experiencing this stressful situation of relating difficult events through an interpreter in her country of asylum was not enough, Davina gets to relive a similar experience upon her arrival in her country of resettlement and "safety", in New Zealand. Davina feels, quite literally, *thrown* into a situation where she may be delivered over to the authorities, depending on what she decides to reveal. Heidegger states that Dasein "finds itself [sich befindet] in its thrownness" (p.174) – Davina doesn't only find herself physically and mentally thrown into this situation, her Being is thrown into it and she is assailed by anxiety forming her understandings and interpretations of the events. Interpreters are there, present, in these moments of intense thrownness that Davina experiences. Interpreters are the ones that Davina encounters at her moment of thrownness and attunement to anxiety, as the only presence that can understand her message and then make it understood to others. The way in which Davina chooses to respond and deliver her message to the interpreter is in fact linked to the degree of trust the interpreter can instil in Davina. Trust is the foundation that the interpreter lays for Davina to take the step forward and tell her story. The importance of trust in the relationship between refugee women and interpreters is further explored in the following unfolding stories.

7.6 "I felt trust": The Interpreter as the Creator of Trust

Pondering on the significance of community interpreters, I asked Sonia, a 47-year-old mother from Colombia, if it is important that the interpreters come from the same cultural background or country as her:

> *It doesn't matter where the interpreter comes from, the important thing is that they have good ethics, and that they are very neutral. Because you see, for example, most of us who have had problems with this [specific] interpreter who does not respect confidentiality, she is Latina. So when you think that you have advantages because the person is from the same background, no, it's not always like that.*
>
> *The interpreter that I trust a lot is from [foreign country]. But she feels like I'm talking to someone from my Colombia, she feels very familiar. In the end, the most important thing is humanity. The human, right? And ethics. It doesn't matter where one is from.*

I then asked Sonia if she had an example of an interpreter who seemed like an excellent interpreter or who made her feel that they would do their work well:

> *My interpreter with my doctor, she is very neutral, very professional. I live far from the hospital and she said "I would love to drive you, but I can't because my job doesn't allow me to associate with you more than what's permitted". Another day, we needed to go to a church, she told me "I would like to take you to my church, but I can't, if you want I can give you the address and you look it up yourself, but I can't relate with you because of my work". See? So I didn't take it badly. I thought "now this is professional, this is ethical". I think it's nice that she said "no, I can't talk to you because I don't want to cross that line". This seemed positive to me. I felt trust. I felt better.*
>
> *I've always felt in trust with her, with my doctor. And I say "this is being professional". I don't see her passing judgement, she strictly dedicates herself to saying the doctor's words. So she seems very professional to me. She doesn't give her opinion, she's very neutral. If I meet her in the supermarket, she says "hello", and no more. She keeps her distance.*
>
> *I think it is possible to establish a relationship, let's say a friendly one, as long as there are professional ethics. So you can separate one from the other, I think it will be easy. I don't know, but I think it is possible.*

Sonia thought it was good that the interpreter communicated with her that she would like to help her, but that she could not really do it. It seemed like a positive thing to her. She gives examples of the interpreter's behaviour that she views as indications of her professionalism. Sonia specifically states that the interpreter's way of conducting herself by not crossing any lines allowed Sonia to trust fully: "I felt trust. I felt better".

On these conditions, Sonia is accepting of the possibility of developing a "friendly relationship" with the interpreter, if "there are professional ethics". Sonia enters an "open" state-of-mind into the possibility of friendship, a trustful openness in which she opens herself to trust the interpreter and their good values, practices, and intentions, on the condition that they can respect professional ethics and "separate one from the other". Heidegger (1962) finds that "Dasein's openness to the world is constituted existentially by the attunement of a state-of-mind" (p.167). By attuning to her state-of-mind, her wishful thinking that interpreters *can* be professional, ethical, neutral and "separate one thing from the other", Sonia enters a "positive" state-of-mind (or attunement), allowing trust to enter her relationship with the interpreter, for Sonia to be able to make use of the interpreter's services without having to stress about any eventual repercussions, lack of professionalism or breach of ethics.

Having trust in the interpreter is paramount to initiate the interpreting process. Without trust, there cannot be full disclosure of the refugee woman's information to the person who is there to interpret for her. However, trust is also dependent on factors that go beyond the interpreter's professional role, as they relate to how the interpreter *is,* acts and behaves as a person, as seen in the following section.

7.7 "You can always tell": Sensing the Quality of Interpreting Despite Not Speaking the Language

Jenifer had an interpreting experience during which she felt that there was misinterpretation, and she could not assess accurately if this was a result of the clarity of her own question, the interpreter's understanding, their rendering or the doctors' own comprehension. She reflects on how this experience got her thinking:

> *It got me wondering if they are interpreting the same thing you are saying. Ultimately... we are human beings. And as much as a person is an interpreter, they're a human being. We are not machines. Out of 1000 words that I tell them, I don't think that they are going to tell the doctor exactly the 1000 words that I told them.*

Jenifer recognises that the interpreter is not a machine. Nevertheless, the importance of the interpreter lies in their ability to interpret as accurately as possible for their clients. Although the refugee women who use the interpreter's service usually lack significant understanding of the host country's language, they attune deeply into their senses to try and assess how well their interpreter-mediated interactions went. Miranda experiences "impotence" as she senses that her interpreter cannot understand her and doubts the accuracy of the conveyed information:

> *I have felt impotence with interpreters because… I know the accents, I know the Chilean accent, the Argentinian accent, our own Colombian accent... So, a lady from [country], I don't know why, she could never understand what I was telling her, so it was like… "Please repeat and tell me again". So I start filling up with impatience, a bit of anger… I would always end up not knowing, because what was said wasn't what I wanted to convey, that wasn't what I wanted to say, right?*
>
> *Because I can always tell. When she [the interpreter] speaks to someone in English, I can't understand, but when I get an answer from whomever from English into Spanish, I say "No but… that's not the information I wanted to receive from this person. I wanted other information, to get more clarity. That's not the information I want, this is the information I want". So then I start arguing with the interpreter… Well, I don't like it.*

Miranda, a 43-year-old mother from Colombia is describing an experience of misunderstanding with an interpreter. Every Spanish-speaking country has its own expressions, its own idioms, which are not always understood by interpreters from different Spanish-speaking countries. This is reflected in Miranda's experience with the interpreter: although they speak the same language, their individual accents and dialect differences are causing miscommunication, and the interpreter struggles to understand Miranda and keeps asking her to repeat herself. Miranda is thrown into a challenging situation and grows impatient and attunes to anger and frustration at the situation she encounters with the interpreter. This colours her understanding of the event

unfolding and eventually she starts arguing with the interpreter as she realises that she is not getting her message across and is not receiving the clarity of information that she seeks. Although Miranda does not speak English, she "can always tell" whether the interpreter was able to convey her message accurately or not to the other party.

Miranda's interpreter-mediated interaction seems to be a disconnected process, during which she starts "arguing" with the interpreter as she feels the interpreter does not understand her or did not render her message accurately to the other speaker. Heidegger talks about how our "mood" is synonymous to us "Being-attuned" to the world and to our everyday existence. Heidegger (1962) mentions the way we can "slip off into bad moods" (p.173). Miranda's "anger" is a result of her feelings towards the mood that she comes to experience through her interaction with the interpreter.

However, Miranda does not seem to "slip off into" a mood of anger by herself, but rather, it is her perception of the service that she receives from the interpreter, and the interpreter's inability to understand and assist her, as Miranda would have liked to be assisted, that "bring" Miranda into a certain mood. In this instance, the interpreter's conduct and ability (or inability) to do her job effectively are leading Miranda into a mood of anger and frustration. My understanding is that the performance of interpreters has a direct impact not only on the unfolding conversation (as a human language conductor), but also impacts (the mood of) the person they interpret for. Miranda is a refugee woman who is struggling to communicate. She enters the exchange hoping for communication and clarity to her questions. Instead, her experience of the interpreter's performance brings her into "impatience", "anger" and a mood of "arguing". The interpreter's linguistic power is not only a power of language, but also holds a power of mood. One can assume that, had the interpreter understood Miranda, her accent/dialect, and interpreted well for her, Miranda would have been in a very different mood. Thus, the client's mood may be dependent on the quality of service and assistance they receive, or happen to "fall into".

Just like Miranda, Paula Ana ponders on how the interpreter's performance impacted not only her understanding of the resettlement services offered to her, but also her own feelings as being a client in need of assistance, having to rely on this specific interpreter:

> *On one occasion, there was a man, whom I didn't like. We had just arrived and we went to an orientation session with the Red Cross and I saw that the person who was in charge kept speaking and speaking and speaking, and he [the interpreter] got there and said four words and that was it.*

> *They spoke so much and I get to deal with a summary of it. I mean, it [the behaviour] made me uncomfortable because you're not a random fool, you know. If you are addressing me and you're talking and talking, how could I summarise, like, [by saying] "this and that". No!*
>
> *I see that there are some of them who like to say "I summarise everything in a few words". But I could see how interpreters from other countries [the ones interpreting for the other refugees in the room] kept explaining and explaining. They took the time, yes. In the meantime, he barely said it in four words, while the other interpreter took her time to explain it to her person. And the interpreters weren't even pressed [for time] by the person in charge of the orientation meeting, so...*

Paula Ana's experience is one of (dis)respect, disempowerment and underestimating the service user. Her need to receive full messages of what is being said during her meeting shows a preference for unpacking or even explanation of what is happening, when she is only getting a key idea or summary. There is resentment expressed for the interpreter being in a hurry, not taking Paula Ana seriously but ultimately not taking the time to be there for her and interpret well, by transferring to her the full information that he heard, instead of providing a summary.

Paula Ana looks across the room at the other groups of refugees from other countries who have their own interpreters. She sees another interpreter who "took her time to explain it to her person", referring to other refugees as the interpreter's person. Her experience implies the need and expectation of a close bond, which Paula Ana is not experiencing on her own side. The warmth of the relationship and care is absent, replaced by an uncaring interpreter who seems to be detached from the essence of his work [accurate transfer of a message] and from his client [uncaring attitude reduced into summarising for someone who they know does not understand what is being said in the meeting]. Trust is covered over, hidden, ultimately removed in that moment as Paula Ana attunes to resentment.

When Vivienne experiences being misinterpreted for, she does not hesitate to interject:

> *Many times I felt that the Red Cross interpreters were not saying exactly what I was saying. It always happens on occasion when I have to talk to someone from the Red Cross and I want to say what I want to say, and the interpreter says the wrong thing. And so I try to say it in English, even if it's said in a very ugly way, but I say it. Then the interpreter stares at me wide-eyed [in a shocked expression], but it's because he's not saying what I want him to say.*
>
> *What happens with me is insecurity. I try not to speak because I am very insecure. But I understand a lot of things that you speak to me in English, I will understand twenty-five or thirty percent. So I try to find MY words in MY English, to say what I want to say in a way that can be understood.*

> *I do this when I feel they are not saying what I need them to say. I understand that they put a lot of fillers and a lot of embellishments or just that everything I say is reduced to one word. I feel that the message is half-baked or they just kind of pick and choose and put together a tiny summary of what I am trying to say. And I always say what I need to say as it is. It's like that, it may be my education, out of politeness, out of I don't know what, but it has to be interpreted.*

When Vivienne senses that the interpreter did not transfer her message accurately, she does not hesitate to jump in with what she calls her own words and her own English, to say what she wants to say, even “if it's said in a very ugly way”. She is wary of the interpreter’s capacity to render her message fully and correctly, as she is sensing that it is “half-baked”, “summarised”, with a lot of “fillers”. Vivienne underlines the importance for her to “say what I need to say as it is". As she is thrown into this predicament of being misunderstood and not heard properly, she attunes to frustration and perhaps annoyance about her situation. She interprets the situation as untrustworthy sensing she not being interpreted correctly. Instead of being disempowered Vivienne turns to courage and takes action by speaking up despite the language barriers. Vivienne is taking back her agency by seizing her own means to communicate, even if her tool (English language) does not allow her to do so in the best way. However, not all the refugee women had the same capacity to bring forth courage in these moments of trust and mistrust.

7.8 Conclusion

Interpreters hold a deep significance for refugee women. Their presence into their lives often extends far beyond the role being a language mediator. For Heidegger (1962), the world and the being are inseparable, one exists within or through the other. Being in the world means being with others in the world, in shared humanness and shared interactions (Horrigan-Kelly et al., 2016). As such, refugee women experience a Being-with interpreters, who they experience as a presence of guidance and support, as opposed to simply using their service of language assistance. Refugee women report experiencing the interpreter as the embodiment of their own voice, as another person speaking on their behalf. As such, interpreters become more than a person helping refugee women to communicate; they become an extension of refugee women themselves, an extension of the women’s mental being (thinking the message) and physical being (saying the message). In such rapport, the phenomenon of trust is shown as trust becomes necessary to allow the interpreter-mediated interaction to take place.

Through trust, refugee women experience the interpreter not only as a person facilitating communication, but as a person with qualities that go beyond the interpreters’ professionally defined role, expectations and duties (NZSTI, 2013), such as friendliness, helpfulness, orientation and guidance that interpreters can offer (Marianacci, 2022). The way refugee women perceive

interpreters, and the traits that they value in them, render interpreters capable of influencing the refugee women's experience and understanding of the resettlement services offered to them in their host country, by creating a rapport of trust in sensitive settings such as healthcare interviews and accessing essential services. Refugee women call simultaneously for a trustworthy interpreting service that can encompass a professional language service *and* a humane behaviour and humanity in the service of the interpreters they come in contact with.

Nevertheless, interpreters hold the power to create, to initiate, to bring in trust or mistrust in their service. As such, the phenomenon of trust is revealing itself both in its presence and in its absence during interactions. Sameness does not always equal helpfulness and closeness, which is shown when the proximity of interpreters and clients from the same community and cultural background becomes the source of mistrust, doubt, fear towards the interpreter; yet another barrier for refugee women to overcome. Sometimes, trust is only present when there is a sense of comfort and safety in not knowing the other [the interpreter], to be able to truly open up during interactions. These relationships of trust and mistrust point towards a power imbalance that the client and the interpreter can have, which can be invisible to the third party (Bletscher, & Spiers, 2023; Marianacci, 2022; Schider, 2017). Depending on the level of trust that they experience, refugee women may decide to disclose - or conceal - important information during interpreting assignments for fear of retaliation or breach of confidentiality.

Having trust in the interpreter paves the way for a successful interpreting process. Without trust, a refugee woman cannot open up and disclose information to the person who is there to interpret for her. However, trust alone is not an indicator nor a guarantee of the quality of interpreting that refugee women may receive. By 'missing out' on language understanding, refugee women attune deeply into their senses to assess their interpreter's behaviour, the quality of interpreting service that they receive and the subsequent outcomes of their interpreting session, whether these outcomes were successful or not. The lived experiences presented in this chapter reveal how trust, or its absence, is a significant phenomenon in the quality and impact of interpreting services. The next chapter develops this understanding and further foregrounds the phenomenon of trust, not only from its presence, but also from its absence in the experiences and interactions of refugee women with interpreters.

Chapter 8

The Absence of Trust in Interpreters and Services

8.1 Introduction

The previous chapter revealed the phenomenon of trust as an overarching foundation in the relationship between refugee women and interpreters, as one comes to Being-with interpreters as opposed to 'using' their service. Interpreters hold a deep significance for refugee women and their service to them can extend far beyond the role a 'language mediator'. Subsequently, interpreters also hold the power to create mistrust, doubt and fear through their practices, especially when these are considered to be unprofessional or unethical by today's industry standards (NZSTI, 2013).

This chapter explores what happens in the lived experiences of refugee women when there is 'absence' of trust in the interpreters and the language services that they receive upon their resettlement to their new host country. The thrownness, Being-in the world and the mood in which refugee women can find themselves into are explored in further detail through the lived-experiences of the participants. Important institutional and essential services, including medical, reproductive and mental health care settings are among the prevalent services that resettled refugee women require and in which the absence of trust can be felt the most, often with devastating consequences on the life and wellbeing of the refugee client/patient and their dependents. The phenomenon of trust shows itself in its presence, but also in its absence during interactions. When trust is 'not there' or 'absent' for refugee women, then the meaning behind its presence and its absence is illuminated in the refugee women's experience of being interpreted for, and the results or outcomes of such interpretation. This chapter sheds further light onto the phenomenon of trust.

8.2 "You feel powerless": Feeling Unable to Confront the Interpreter

The previous chapter ended with Vivienne's experience of solicitous concern and 'leaping-in' to speak in her own words, when she felt that she was being misinterpreted by the interpreter and that her message was not being transferred correctly. Mona went through similar experiences of not trusting how and what the interpreter was interpreting. I asked Mona if she ever confronted the interpreter when she felt that this situation was happening.

> *I can't [confront the interpreter], because sometimes I'm shy. Some interpreters are not patient to listen to the whole story. I can have an interpreter and I see that he's busy. He just wants YOU to finish it quick, as quick as possible. He talked and I think he just got some and he gave some. And you just think "oh, he just [only] say that… I wish I could say this word". And I can't say "why you didn't say my thing?"*
>
> *Because I think it's very important to me, my doctor, to understand the whooole of my story. To know what I do, why this is happening to me, why this can come to my family, things like that.*
>
> *But I didn't say it. And you go home with that message… not telling it, you know. It's very sad. It's very sad for you because all the message that you were thinking to say, it is very important for yourself. And when you don't… You have that opportunity, maybe that opportunity can be once and you can't have it for the second time. And so you will go, you just feel guilty, to ask yourself "Ohh! Why I don't know English to say this for myself?" Because this was the good opportunity to say...*

Mona talks about an experience when she was at the doctor during which she was feeling too shy to confront the interpreter. Mona decided not to say all the things that she wanted to initially, during her consultation, because her interpreter seemed to be busy and wanted her to "finish it quick, as quick as possible". Mona expresses feelings of guilt for not confronting the interpreter, and not having been able to relay "the whole of [her] story" to the doctor, which was important for her to do. Mona is frustrated for not speaking up, because she fears that she has missed her chance, thinking that maybe she had this opportunity to speak up once, and now the moment has passed and she will not have that moment again. It is a missed opportunity, that could potentially be detrimental to Mona's health if she was not able to convey her full message to the doctor.

Paula Ana experiences powerlessness when she doubts whether it is within her rights in New Zealand to confront the interpreter:

> *At the time, I felt like "ugh, this English is also frustrating" because I would like to know English so that I can understand myself, instead of having someone else telling me something which I cannot check whether it is correct.*
>
> *And the other thing is that I don't know this place very well. When I first arrive, I don't know the extent of my own rights, or other people's rights, or to what extent I think this person is respectable. And interpreters are so important that, at the same time, I cannot make them feel that they need to leave. There are new situations where I have new experiences, but as I go through things I start realising that I can at least start saying things like "no good" whenever I need, right? But at the time I felt, like, powerless.*

Paula Ana's experience is one of power, and more specifically, the meaning of having the power versus not having the power. For Paula Ana, the interpreter holds power as she views him as

someone who is “so important”. This in turn puts her own lack of power into perspective, as Paula Ana wonders to what extent she has rights in New Zealand, and if the interpreter is a “respectable” person or not. Through her experience Paula Ana raises the question of how much power service users have to speak up or disagree with a person seen to be in a position of power, especially when they are lacking the language skills to do so. Whether Paula Ana wants to speak up about the service not being good or to confront the interpreter, her ‘powerlessness’ is indicative of her ability and apparent inability to signal her discontent.

In addition to these dilemmas, Paula Ana is also inhibited by her lack of English, as she wishes she was able to understand for herself, “instead of having someone else telling me something which I cannot check whether it is correct.” Paula Ana is both frustrated by the lack of trust in the rendering of the interpreter and the inability to have control over her health to make sure she is doing the right things. When there is fear about the accuracy of the interpreter and the contents of the message transfer, the doubts linger for a long time after the interaction has taken place, with no means to appease these feelings or ability to return to the conversation.

The experiences of Mona, Paula Ana and even those of other participants, pose further questioning: are interpreters always a form of help? Or can they be yet another barrier to overcome for refugee women? Miranda shares how she experiences her need for clarity and accuracy when communicating through interpreters:

> *I think that sometimes we measure our words. It’s like we go and say only what we need to say because the interpreter needs to relay that. But if you are speaking in your own language or can speak English, if you can say it in English, you bring more into it.*
>
> *What the interpreter wants at the time is to, like, help the person there in front of her. Because the interpreter says “No, say it to me clearly and directly. That’s how it works. You talk to me and I will transfer the message, but please speak clearly and specifically”. So I need to accommodate to that request for clarity and specificity for them. They are the ones asking me to be clear and specific. Because sometimes I start talking about something that I feel and she says ‘No, no, no, no, you need to tell it to me how it is, okay?’.*

When using an interpreter, Miranda is experiencing restraint. She states that she sometimes needs to “measure” her words, indicating that she may not address the interpreter or the interaction around her with as much spontaneity or freedom as she would if she could speak her mind directly in English to bring “more into it”. By being aware of the “interpreting” and the “interpreter”, Miranda could be possibly omitting parts of her message, that may have been important for the third party to hear, moreover, she is losing her agency in the process. If the third party is a doctor or a counsellor, Miranda may be feeling inclined to stick to facts to

accommodate the interpreter, and therefore avoid talking about aspects that can be sometimes viewed as minor details (feelings, thoughts, circumstances…). However, such details can sometimes be crucial for health care providers to accurately assess, diagnose and treat what a patient may be requiring. If Miranda thought that she can "bring more into" her message by speaking English and expressing herself directly, does it mean that she is now "bringing less into" the communication through the interpreter?

Miranda seems to be very aware of the interpreting process. She is aware of the interpreter being the mediator in a situation where her message needs to be relayed to another person. Interpreters are often prompted by their professional guidelines to introduce themselves and explain their role, but never give directions or guide a conversation, which goes against the interpreter's Code of Ethics (NZSTI, 2013). Numerous speculations could be drawn about the interpreter's intentions for demanding from Miranda to speak "clearly and specifically": the interpreter may be tired, busy, traumatised or numb from hearing the same issues over and over from other patients and clients. Maybe Miranda is chatting about details that the interpreter views as not relevant to her health situation, or she is simply too busy that Miranda is just one of many 'jobs' that she must do. Nevertheless, the focus is not on drawing assumptions about the interpreter, but rather, to focus on Miranda's experience when faced with such circumstances.

Miranda does not know the Code of Ethics (NZSTI, 2013) that interpreters must follow. Despite having no obligation to do so, Miranda sees it as her responsibility to "accommodate" the interpreter's "request for clarity and specificity", despite this impeding her spontaneity and directness of her message and ability to express herself. The data shows that Miranda would prefer to talk about a general feeling as opposed to what is seen as "facts" or a "clear/direct" message. There is a sense that Miranda would prefer bringing "more into it" without being constrained to speak "clearly and specifically". By speaking her own words, she wishes to bring in more nuance and not just the bare minimum facts. Miranda's experience points towards a situation where the interpreter is no longer a form of help to Miranda, but a barrier impeding her from expressing herself how she wants to and to being understood.

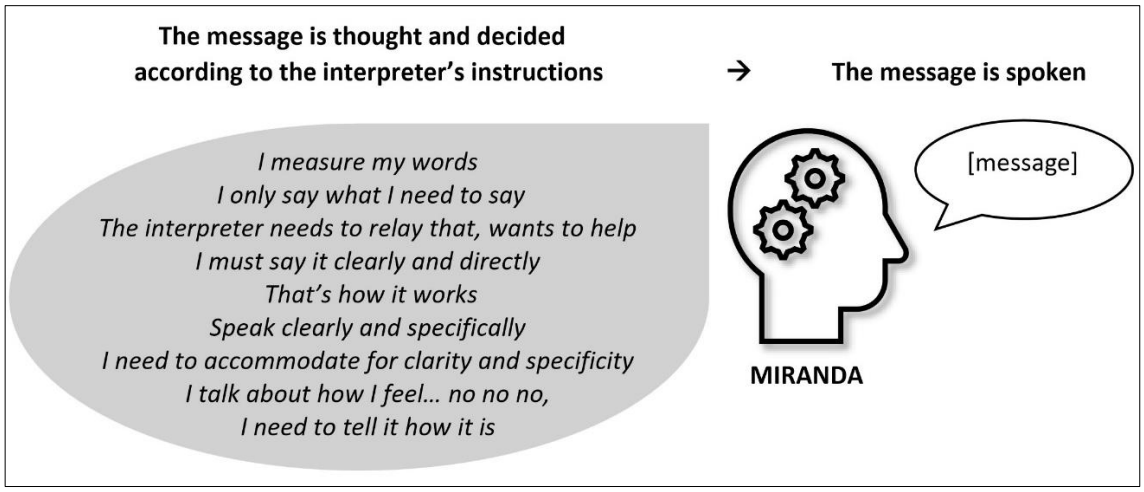
Gadamer (1970), reflects on how language and human communication can transform the viewpoint of two people conversing with each other. Gadamer explains that "the way we speak with each other and build up mutual understandings" allows us to "understand the structures and ordering of our world, to understand ourselves with each other in this world" (p.17). Therefore, the way the interpreter tries to guide Miranda to provide a message that the interpreter views as being direct and clear, and the way Miranda feels obliged to accommodate

the interpreter's instructions become reflections of how these two individuals understand themselves within their world. In this interaction, both Miranda as well as the interpreter try to "build up mutual understandings". It seems that the interpreter wants to provide a clearly interpreted message by asking Miranda to be specific and not digress in her speech. There is a sense of mismatched expectations from each party, as the interpreter tries to establish rules to ensure that Miranda's message is conveyed clearly, while Miranda is compelled to adapt her way of speaking to such rules.

Miranda's understanding is that the interpreter wants to help, and she wants to accommodate the interpreter so that they can relay her message. The danger is that, while this "mutual understanding" is taking place, something else is being lost: the spontaneity, the possibility to "bring more" into the message because now Miranda needs to "measure" her words. Maybe this is the only time that Miranda has had this type of experience. Nevertheless, is likely that refugee women like Miranda have experiences like this frequently. Perhaps this restraint to communicate not only brings frustration but also contributes to experiences of further stress in an already vulnerable group. Moreover, the health care provider who is the receiver of the interpreted messages may lack the full message to build an accurate picture of the patient's needs beyond the purely factual needs being presented. Some messages, emotions or words may become lost before the interpreter-mediated interaction even takes place, before the task of interpreting is even performed, and consequently, during the interaction, and long after.

Figure 16:

Rethinking and rewording the message to accommodate the interpreter



My understanding is that the way interpreters explain their role or give instructions to clients on how their messages should be conveyed may have a deep impact in the way these guidelines are interpreted by the person who is about to talk. Eventually, a whole message can be altered,

and parts of the message unintentionally or indirectly censored. Without any of the parties being aware of it, an emotional aspect of the message could be omitted or entirely lost, to favour what each of the parties may view as a "direct" or "clear" rendering. Ultimately, the act of interpreting may not be just the translation of an oral message from one to the other, but a message being mentally processed and analysed by the non-English speaker, before it is spoken, to accommodate the interpreter. A message within the message could be lost. This practice could impact the conversation with the health care provider and any outcomes, as the message is no longer the one that was intended to be.

I am now bringing a personal memory into the study to illustrate this reflexive passage. My partner and I come from different countries. We speak different languages (Russian and French/Greek) and communicate with each other in English. The first-time that I met his mother, she spoke little English and so we were both met with a language barrier. We used my partner as our de facto interpreter to help us communicate. Naturally, I wanted to make a good impression and be liked by my partner's mother. To do so, I tried to make jokes and recount family stories and events in detail. Although my partner did his best to interpret what I was saying to his mother, I could see that he struggled to convey jokes, or summarised my stories. His mother's expressions remained polite, and I could sense that she would not always get my joke, the points I was trying to make, or all the details of my stories, but only an idea of them. At times, when she responded back, she would speak for long, with enthusiasm, and I would only get a quick summary of what she had said in return. Of course, my partner is no professional interpreter, but something was definitely getting 'lost in translation'. It was a strange feeling, I believe, for both his mother and I. Although we managed to communicate, there was always a feeling of 'something' being left unsaid in the air. My partner, being the "interpreter" who understood both languages, was oblivious that strange feeling. Yet the feeling was often there.

8.3 "There's always a fear": Being Censored by the Interpreter

Miranda's experience foregrounds the importance of accuracy and impartiality for the patients and clients in need of interpreting. Vivienne reflects on a similar experience:

> *It's terrible because you say one thing and then the interpreter changes everything. She changes it for you or simply says something different. I was very upset with one [English speaking] lady, because she had lost some important papers I was waiting for. My question to her was "if you can't do your job, tell me and I'll try to find a way to do it, if you would like to help me, but you can't". That's what I said. Then the interpreter said that I had been too rude and that she couldn't translate that.*

> *I confronted her about this and she still said it was the rules and that she had to be neutral and she should be as polite as possible. According to her my vocabulary was a bit rude for her to interpret to the lady I was talking to. I said "it's not rude, it's my way of speaking". At the time, my message did not seem rude to me. I am simply demanding a right that belongs to me. These are things that happen and they say "no, but you can't say what you are saying". I am not being rude, I am demanding something. If I am given a right, I will demand it, because it's my right!*

The interpreter's interference in Vivienne's message and the words she chooses to address the other person breaks the agency that Vivienne holds as the client of a service. Her right is taken away from her as the interpreter refuses to convey her exact words and express her frustration with the loss of important documents. She does not share the opinion of the interpreter who thought that she was rude - in her own eyes, Vivienne was being true to herself and to her "way of speaking". Miranda also experienced a time when her message was distorted by the interpreter:

> *My conclusion about interpreters is that they always pick some stuff from here, some stuff from there, and they transfer that. And they often have difficulties - it depends on where they are doing it, the reason why they are sharing the information, because they need to have me repeat the question and then ask it again, and it gets distorted and there's confusion… And it's unpleasant. And it has happened to me at Work and Income, many times, because the interpreter says things wrong over there and the man replies in a different way and that means that she needs to reformulate the question, use other words so that the man or the woman [can understand]…*

Miranda's message seems to get distorted as she does not seem to receive the information that she is asking for, there is a sense of helplessness at the quality of interpreting she receives. She cannot choose her interpreter, she just has to work with the interpreter assigned to assist her, despite having to repeat herself or feeling that the interpreter "says things wrong" or "needs to reformulate the question". Miranda has no choice and is at the mercy of the interpreter's skill and patience as she is dependent on the comportment and mood of another. Miranda cannot speak or understand English, yet she is capable of assessing how the interaction is going, its efficiency, the sense of "confusion" or "unpleasantness" that she experiences.

In his three lectures on "The nature of language", Heidegger (1971a) opens with how we can undergo an experience with language, as something that "befalls us, strikes us, comes over us, overwhelms and transforms us" (p.27). It is clear through the participants' experiences that the relationship that refugee women have with and without language has shaped their lives and resettlement journey in many ways. It has even come to shape their interaction with the people around them, including interpreters. Heidegger (1971a) continues his description of an experience with language – as we come to "endure it, suffer it, receive it as it strikes us and

submit to it. It is something itself that comes about, comes to pass, happens" (p.27). Miranda has no choice in her interpreter-mediated interactions but to endure, receive the service and submit to the quality and professional skills or lack thereof that she may feel.

For Heidegger (1971a), to "undergo an experience with language (…) means to let ourselves be properly concerned by the claim of language by entering into and submitting to it" (p.27). Indeed, not only is Miranda entering into the world of "English", which she has no understanding of, she is actually thrown into it by leaving her own country and mother tongue, and becoming submissive to the claims of this new language, country, and new ways of communicating through someone else: the interpreter. Miranda has no choice but to undergo interpreting interactions and be subjected to the quality of interpreting that she will receive – whether she is assisted by a competent interpreter or someone who seems to be "having difficulties". Miranda's language experience is imposed on her, it is not something that she can control, although she is able to comprehend "how well" it is unfolding, despite her lack of knowledge of the spoken language, as revealed in the previous findings chapter 7.

Miranda further reflects on the importance of accuracy during a medical appointment where the interpreter summarised or conveyed an inaccurate message. Miranda's experience foregrounds the power imbalance that can occur in such a situation:

> *I said something to the interpreter and I feel like she didn't convey that. The doctor told me that I shouldn't feel bad, that I didn't have anything in my breast, there was nothing wrong with me, that I shouldn't worry.*
>
> *So I told [the interpreter] 'How could I not worry about my health? If I was up all night. If I'm not worrying about my health, because it's my health… I'm a family woman, I have children. They're still small, they need me, and I need them, we are one. How can this man tell me that I shouldn't worry about it?' And she transmitted a shorter message. She told him that I was worried about my health because it was very important for me. She didn't transfer my discomfort… Because if I'd had a doctor who could speak Spanish, I would have told him everything, of course.*
>
> *I wanted for the doctor to realise why I was worried and why it was so important. I felt terrible towards the interpreter, I didn't say anything to her, but I had like a bitter taste in my mouth, I didn't like that, I didn't like it at all. [I said nothing to the interpreter] because there's always like a fear… Because there's always someone else there, like the doctor or the men there, the managers from Work and Income, so you don't want them to perceive you - to perceive that as an aggression towards them. Because we're here really wanting to say 'Hey, that's not what I wanted to say', right? Because they're not transferring the complete information."*

Miranda recalls an emotional time when she visited the doctor to request a mammography as she has had long term health issues with her breasts. This interaction is emotionally charged for

Miranda, because it seems like the interpreter did not transmit the information about Miranda having small children, which Miranda regarded as being very important. Miranda was trying to convey her family situation so that the doctor could understand why she was so worried about her health and why it was so important to her. The interpreter's apparent omission, or decision to select or summarise Miranda's message impacts Miranda in many ways.

Although this is a medical appointment, Miranda's intention was very clear, as she herself clarifies that "I wanted for the doctor to realise why I was worried and why it was so important". The medical appointment is no longer a "simple" health issue, but an event much more complex, that touches Miranda's family life and her children. Miranda is not just worried about her health, but how her health issues will impact her children who are dependent on her. Miranda becomes frustrated, angry, feels "terrible" towards the interpreter as she is not able to speak for herself and does not have the power to convey her message to the doctor exactly as she would like to. The interpreter has the power to choose which of Miranda's words and messages will be conveyed to the health professional. What the doctor will hear is what the interpreter *decides* to say. This is not what Miranda wants.

Despite this clear power imbalance and breach of accuracy from the interpreter, Miranda does not dare to interfere and confront the interpreter. "There is always someone else there": this is what stops Miranda from interfering. The third person or party in her interaction becomes like a blockade – an obstacle or a wall that she does not dare to disturb. She is afraid of herself, or her intervention being perceived as an "aggression towards them". The fear of disturbing and being misunderstood is stronger than the wish to confront the interpreter. Consequently, the full import of Miranda's message is lost. There is now a double barrier, a double limit, a double feeling of frustration for Miranda: her message is not conveyed to the doctor AND she does not dare to salvage it by confronting the interpreter. Miranda is left frustrated and resentful towards the behaviour of the interpreter.

Miranda's message was censored by the interpreter, who may or may not be aware of the severity of breaching the interpreter's principle of accuracy from the Code of Ethics (NZSTI, 2013). Nevertheless, the quality of work of the interpreter has a direct impact not only on the interaction, but the type of lingering feelings that Miranda develops during her appointment, and even after as she reflects on her interaction. The interpreter's incompetence results in Miranda losing her agency.

In his three lectures on "The nature of language", Heidegger (1971a) analyses Stefan George's poem "The Word" (1919). Heidegger is inspired by the poem as he dwells on the relation between word and thing, noting that ""No thing is where the word breaks off." Where

something breaks off, a breach, a diminution has occurred. To diminish means to take away, to cause a lack" (p.60). I find that this analysis encompasses the deep feelings of linguistic – and emotional – "breach", "diminution" and loss of agency that Miranda may have experienced because of the interpreter's omissions during her medical appointment.

Heidegger (1971a) continues, "The word alone gives being to the thing" (p.62). Here, the "thing" is the core message that Miranda wishes to express. Only by her message being spoken accurately by the interpreter can her situation really exist. By omitting parts of her message, the interpreter prevents Miranda's reality to "be": to come out, to exist, to be told and thus heard by the doctor. By not speaking, or using "word", and omitting information, Miranda's "thing" simply never comes to "be". It is not there, because it is never spoken. At least, never spoken by the interpreter into the language of the doctor. Her "word", or reality, is only spoken by Miranda, but then never conveyed to the person she wants to express it to. She might as well have been talking to herself in her own mind. If her words are not spoken, they are not heard, and they remain hidden within a silenced refugee woman.

8.4 "He was inventing stories": The Danger of Interpreter Incompetence

'Bad' interpreting can lead to a negative resettlement experience for resettling refugees, going as far as impacting their overall wellbeing. For instance, Marie relates two events that occurred with a Swahili interpreter during her first two weeks in New Zealand. Marie, a Burundian refugee mother, resettled with her young children during the COVID-19 pandemic, and spent her first two weeks in a hotel that was being used as a Managed Isolation and Quarantine (MIQ) facility, before she was able to be transferred to the MRRC with her children. Marie remembers:

> *At Mangere, there was an interpreter for Swahili. I know Swahili well. But what he was saying, no, no, no, no, that wasn't Swahili. At that moment, I refused [using an interpreter], but we needed to understand what we were being told in Mangere. I said « if you can use an interpreter, use [somebody else], because what that person is telling us, it's totally different. » He was inventing stories. The Swahili that this person was using was no Swahili. He didn't know Swahili. I understand the mother tongue. And that person was mixing, was putting together mother tongue and Swahili. But there is a rule that they use, that the interpreter must be there. Whether you understand or not, the interpreter MUST be THERE. So the interpreter stayed there, but I knew that what he was saying to me was not what the person in English was saying.*

Marie's lived experience of being interpreted in her first two weeks of resettlement is appalling. She is forced to listen to someone who is being deceitful, pretending to speak a language that they do not master, and lies by inventing stories, knowing that what they are saying to their client is not what is being said in reality. However, Marie is no fool: she knows her language, yet

she had to endure the interpreter lying to her face, in front of other people (employees of the MRRC) who probably had no idea of the dishonest situation unfolding. Marie is being duped by the interpreter during a vulnerable time when she has recently arrived, alone with her children, in an unknown country, and needs information to understand her new situation. Such an experience can break someone's trust in the system completely.

Such dishonest interpreting service can lead to misinformation, information loss and even missing out on essential services, as this was unfolding at the crucial time of COVID-19 strict sanitary measures. Marie is missing out on accessing important information with the resettlement organisation that could impact her and her children's health, as the interpreter's dishonesty causes her to 'skip' the informative session. It is not only the person who uses an interpreter who may be impacted by the quality of interpreting that they receive, but also their dependents, as Marie is a single mother to young children. These events may not seem severe, but Marie's family conditions are unknown. Maybe they missed out on important medical information that could have prevented spreading illness or delayed any treatments for them. Therefore, the quality of interpreting they receive, and the interpreter's professionalism or understanding has the power to impact important aspect of their life and health, especially when Marie and her children were resettled during a period of extremely strict movement and communication regulations, to a new country where they do not know the language and were obliged to wait for external assistance, when available or offered.

Marie remembers another interpreter who was incompetent. His interpreting was particularly slow during Marie's interviews at the MRRC, to the extent that his interpreting ability was impacting negatively on the service provision and Marie's overall experience:

> *That interpreter, he was using a dictionary while interpreting. It was a video call. I don't know if he had a paper dictionary or his phone, but I could see that he was searching. And he was using difficult words, words that I do not understand in French. I was thinking: "What is this word? What is this word?". And he was using a lot of time interpreting. We used almost 2 hours for something that was scheduled for 30-40 minutes, because he was really slow. The person who was talking in English spoke slowly. I was trying to understand a few words of what he was saying. But again, it was different from what the interpreter was saying. So then I said, "ok, I don't need an interpreter", because what he's telling me makes me feel… confused.*

The role of the interpreter is now reversed: instead of facilitating communication, he seems to have poor command in French and is confusing Marie to the point that she decides she no longer needs an interpreter. If this interpreter keeps being used, there is an increased risk of misinformation. But Marie finds herself again in the unfortunate position of using the same

interpreter that she had found inadequate in the past. She relates a medical interpreting incident that almost put her at risk:

> *The doctor called me to give me medicine and instructions, what I should do, what I should not do. And they called the same interpreter. The doctor said that before taking the medicine, I should not eat oranges. Do you know what the interpreter said to me? He said that I must take oranges. Imagine, if I hadn't understood what the doctor said… and it was also written, on the medicine [label]. And I thought: « No, I never need an interpreter ». He did not speak French, that was the problem. I tried [not using] this man, but in Mangere they told me that there was only one more interpreter who spoke French, but she was busy with other families. So for me it was only [him].*

Traumatic experiences like these keep happening as incompetent interpreters assist Marie. Not only is the experience creating a vicious circle of bad interpreting incidents for Marie, but there is also a repeated risk to her well-being by using an interpreter who does an inadequate job, potentially putting Marie's life and health at risk. What would have happened if Marie did not have basic command of English to understand the correct information that the doctor was telling her? The right to effective communication is breached, denied, and again Marie does not have the choice to defend her needs and request a competent, professional interpreter to assist her. Once more, there is no safety for Marie, and it is therefore no surprise when Marie decides to no longer use an interpreter:

> *At Mangere, I refused [using more interpreters]. I decided to fend for myself. I would ask the [English speaking] person to speak slowly, so I could understand.*

Ultimately, the repeated negative experiences made Marie decide to stop using interpreters and to 'fend for' herself. Unfortunately, negative interpreting experiences do not occur solely during the initial weeks of arrival of the resettlement stage of refugee women in New Zealand. Such lived experiences can also occur during crucial events throughout their lives post-resettlement in New Zealand, sometimes in settings where the presence of a competent interpreter is a matter of life or death. The necessity for an interpreter in such settings is not limited to the services that refugee women receive upon their arrival in their resettlement country but extends to all the ongoing vital services that they may need to access daily, for example, in healthcare and legal matters.

8.5 "I didn't have enough support": Disappointment in the Interpreting Services

Aida is a survivor of domestic violence. A few years ago, she lost a Court case which she blames on the ability of the interpreter to interpret correctly during her trial. Aida's experience of

disappointment at the trial was such that she refused to use interpreters for three years following the event. She remembers:

> *I separated because of domestic violence. I called the Police many times during this difficult process of domestic violence, but the Police could not understand me. Even when I read my statements to the Police, the first thing I would tell them is that my English is not good, that I didn't speak it, and yet they never offered to bring an interpreter to help me, although they couldn't understand me.*
>
> *During my final hearing in Court, I had an interpreter. I know that she did everything that was possible, but I also understood that there was a vocabulary that was my own, that the Court used against me, probably because the interpreter had interpreted in the way that she understood it. And maybe my explanation was not the right one. And I felt that it was 'me' against 'myself', my jargon of my vocabulary.*
>
> *And I lost in Court. Until this day, I keep thinking that they did not understand me, but I also wasn't given the opportunity to explain myself in another way. I think that the interpreter did not interpret in the way that they should have interpreted. I did not want an interpreter anymore. And for almost 3 years, I refused interpreters because I kept thinking "they do not understand me, I don't want them". I was left feeling so frustrated… I believe that all this has impacted my health. It's like I've kept all this inside, and today I feel that my health has deteriorated, I think, without lying or exaggerating, about 60%.*

Aida's experience is of language and service disappointment. She is a survivor of domestic violence who is caught in a language fight. Her whole experience with her fighting for language assistance was a disappointment from beginning to end. Aida felt disappointed in the authorities, let down by the Police who were aware of her poor English but did not provide her with access to an interpreter. Such response makes me wonder if there were also severe consequences of Aida's language barrier in her statements provided to the Police, since she is not a fluent speaker of the language of the local authorities. Unfortunately, the Court decision was unfavourable for Aida, which leads to Aida feeling such a deep frustration that she attributes her health deteriorating because of the event. She appears in Court, and she states that it was "me against myself" whilst she was conscious that her own jargon and vocabulary could be the very thing that could allow her to navigate her Court trial. It seems as if Aida is in a trial situation where the decision will be made by weighing her "own original words" versus the "words interpreted" that the Court will hear. Aida's lack of trust in the interpreting rendered by her Court interpreter added to her frustration which led to a negative impact on her health.

Aida's disappointment with the interpreting service she received is echoed in Anne-Sophie's own experience. Anne-Sophie has lived in New Zealand for many years, but remembers vividly an experience she had at her arrival in New Zealand, when she was 27 years-old. The following

experience occurred between Anne-Sophie, a doctor of the MRRC and a female interpreter, at a medical appointment during which Anne-Sophie finds out she is pregnant:

> *This was my first time in the country, and they didn't know about my culture, my background… In the Mangere Centre, we must go through a lot of medical exams, x-ray and the pregnancy test. All my exams were fine and when it came to the pregnancy test, they said "Oh. Are you surprised?" I said "No". I just found out about it.*
>
> *They said "What do you think about it? Was it an accident?" - "Maybe." And then the doctor said "You need to think about it because you are just new in the country, you have no job, no car…" I say to the doctor: "I'm not alone. God is with me. If I came from [country of asylum] to New Zealand, God brought me here and that's why I'm here. I am not alone. God will send people for me and don't worry about it."*
>
> *And then the doctor said "It's OK. You can come back and think about it again." And when I went to see the doctor again, I said the same story again, I said "I will keep it, ok? There's nothing that should change this. I made up my mind, I made my decision and" [I said to the interpreter] "just tell the doctor this." I don't know if she tells the doctor because the doctor kept asking the same issue. I said "But I already spoke." But why they keep bringing the same issue? They want me to change my mind? In the end they say "OK, you can go. If you manage to change your mind, you have less than three months. You can still come back and we can help you."*
>
> *For me, [the interpreter] was not saying a lot. Because if she did say exactly what I was saying to her, the doctor would not be coming with the same question. I don't think the interpreter did her job. She had to say everything I said to her. And sometimes I also was a little bit angry with her. Because I was alone too, see, I have a baby in my hand, and the baby cries and I must take care of the baby while I talk to them. From my side, I was not very protected because I didn't have enough support in those sessions. I think the interpreter was subjective, because if she was objective she was supposed to say to the doctor [exactly what I said], then the doctor would never, never talk about it again.*

Anne-Sophie's frustration and lack of protection shows through the way her decisions are questioned by the doctor and the interpreter called to assist her. Anne-Sophie is adamant and confident in her own decision and has the conviction of a strong faith that she is guided and protected by God, her 'divinity'. Yet, she feels that her decision is not respected by others as the doctor keeps trying to change her mind. Anne-Sophie blames the interpreter for not being accurate and impartial (NZSTI, 2013) when interpreting her words. For Anne-Sophie, had the interpreter conveyed her exact words to the doctor, the doctor would have respected her decision and not questioned her further. There is "anger" felt towards the interpreter who Anne-Sophie also experiences as unempathetic towards her in this appointment while she is comforting her crying baby.

Much of what Anne-Sophie feels does not result from her feeling vulnerable in a new country but from the way her interaction is unfolding with and through “Others”. If anything, Anne-Sophie seems very aware, calm and secure in her own choices, but it is the “Others” that mess with her “Being-in-the-world”. Her world changes and clashes with another, as the doctor and the interpreter appear to be coercing Anne-Sophie, trying to make her reconsider her decisions. The interpreter was “subjective” and not “objective” and that impeded Anne-Sophie from having a smooth conversation with the doctor. There is a lack of what Heidegger (1962) calls hearkening [Horchen], which “has the kind of Being of the hearing which understands” (p.164). As such, there is not true listening to the other in Anne-Sophie’s appointment as there is a sense of the They penetrating into these communications.

The astonishment in this experience does not result from Anne-Sophie’s discovery that she is pregnant in a new, unknown country, but emanates from a conflicting session during which she feels unheard, unprotected and her decision questioned. It seems that the doctor is trying to convince her to have an abortion because of her circumstances as a newly arrived refugee woman. There is a sense of coercion in Anne-Sophie’s experience, although she appears to be certain and unwavering in her own decision about keeping her baby. The lack of cultural awareness becomes apparent when Anne-Sophie’s pregnancy is compared to a status or to materialistic possessions, such as the lack of “job or car”, as if the life of her unborn child could be measured against such conditions. Anne-Sophie finds herself in a process of machination – becoming a cog in a process and not a person - an uncontextualised person navigating an un-listening process. Yet perhaps the doctor and interpreter think they are helping and caring, possibly being unaware that they are deliberately causing this woman psycho-emotional harm by acting contrary to her faith, values and meanings that inform her life.

There is a clash of cultures and opinions that appears to be fuelled by a lack of effective or “objective” language communication. Anne-Sophie’s experience of “Being-with” “Others” illuminates “otherness” as dismissal and rejection towards her own unwavering beliefs. Anne-Sophie finds herself in a mood of anger and vulnerability as she feels unsupported and unprotected during an appointment that was supposed to offer her support and protection. Instead, Anne-Sophie feels misinterpreted for by the interpreter and thus not understood by the doctor. Trust is absent in both the interpreter’s abilities and the doctor’s understanding of her.

8.6 "I relive again everything that I'm trying to eliminate": Working with One Interpreter

Davina, a Colombian single mother reflects on the medical and mental health therapy sessions with a psychologist during which she was interpreted for by different interpreters:

> *One day I go to the doctor's and I tell them my son's whole story. I have the next appointment on Monday, and I arrive with my son. And so I have to recount again the story from scratch to another person because it's not the same interpreter anymore. And so on, if I have a routine or an appointment with the psychologist, well, there's one psychologist and therefore there should be one interpreter. Because the [new] interpreter arrives and I'll have to tell my whole story to them today. We're going to start [the therapy]. And on the next appointment they bring me another interpreter. Ugh, no, that kills me. Truly. I don't like that.*
>
> *I would love it for us, the people arriving here in this country with this huge need, that the Government would give us the opportunity to have an interpreter for at least a year. That they may assign to us one person for our basic needs, for example, to go to the doctor, to school, to WINZ [NZ Work & Income]… That I may give my trust to this person and that they may know our life, our story, because having to recount it to one person, then another, ugh, no way!*
>
> *Many times, I've felt uncomfortable because of this, but not because of the interpreter. The interpreters are always doing a good job with us all. But I don't like this situation where I have to recount my story today, it will be hard for me to recount everything all over again because this person [interpreter] comes for the first time, they don't know what we're talking about nor what the subject of my visit is during this appointment."*

It was quite shocking to listen to Davina's experience with different interpreters during her therapy sessions with her psychologist. Davina explains very clearly how uncomfortable, possibly even traumatic, it is for her to repeatedly recount her personal story and that of her son, to another stranger [an interpreter], almost every week.

Davina makes it clear that her issue is not about the interpreters' ability to do their job well. What "kills her" is the emotional strain of having to repeat her and her son's story, continuously, because she has no control over who will be coming to interpret for them. Aside from repeating a difficult or traumatic story, she feels like she is "giving her trust to this person and that they may know our life". Imagine having a deep secret you must entrust to someone, only to find out that you will have to reveal it repeatedly to different people that you may never see again. I could imagine that, after a certain point, you would refuse to talk about your secret anymore.

Professional, trained interpreters are bound in their professional practice by confidentiality (NZSTI, 2013), and whatever is discussed between parties must remain known only to them. But

everyone has their own perspectives and experiences, and one cannot force trust upon another. However, it is difficult to know if the interpreter who assisted Davina was trained or untrained, and thus, knew or not about the importance of confidentiality (see chapters 2 and 3). In the previous findings chapters 6 and 7 we saw through the participants' stories that trust must be earned for patients and clients to open and share sensitive parts of their life. Yet Davina does not get the opportunity to nurture this relationship of trust which could allow her to open up during therapy. Davina is clear that having to work with constant strangers is untenable. She makes an interesting comparison of going to her therapy appointment: "I have a routine or an appointment with the psychologist, well, there's *one* psychologist and therefore there should be *one* interpreter". To her, there is no difference between the psychologist and the interpreter: they are both important to her, to hear her story, to allow her to understand, speak and to be there for her. If it is important to have *one* psychologist to help her through therapy, why not have *one* interpreter to know exactly what is going on, to hear her story once, and to provide Davina with the peace of mind that she knows who she's placing her trust in?

In relation to Davina's story, Heidegger (1962) writes about an interesting expression; "Being-in" or "Being-in" 'in the world'. He explains that:

> …we are inclined to understand this Being-in as 'Being in something' ["Sein in ... "]. This latter term designates the kind of Being which an entity has when it is 'in' another one, as the water is 'in' the glass, or the garment is 'in' the cupboard. By this 'in' we mean the relationship of Being which two entities extended 'in' space have to each other with regard to their location in that space. Both water and glass, garment and cupboard, are 'in' space and 'at' a location, and both in the same way. (p.79)

This philosophical concept is applicable to what Davina is experiencing every time she goes to therapy, or a doctor's appointment, and has to face a new interpreter. First, there is a dimension of spatiality and temporality in Davina's "Being-in" – just like the water is 'in' the glass, Davina finds herself 'in' a therapy room, her Being is thrown into a very specific and sensitive setting. Although Davina knows what lies ahead in terms of the therapy, she is also in a space where she has to confront her feelings, her memories, her emotions, listening to the psychologist's analysis and advice, trusting that what they said is conveyed accurately by the interpreter, taking the words in, taking the body language in, replying to the interpreter: Davina is Being-in 'in the world' in a very emotionally sensitive setting.

Moreover, the factual reality of her situation is that Davina is Being-in "into the interpreter". Davina has her story, which she needs to share with the interpreter, to share information and prepare them for the contents of the therapy appointment. Davina's story leaves her Being to enter that of another Being. Davina's Being is like a pot containing a beautiful, delicate flower –

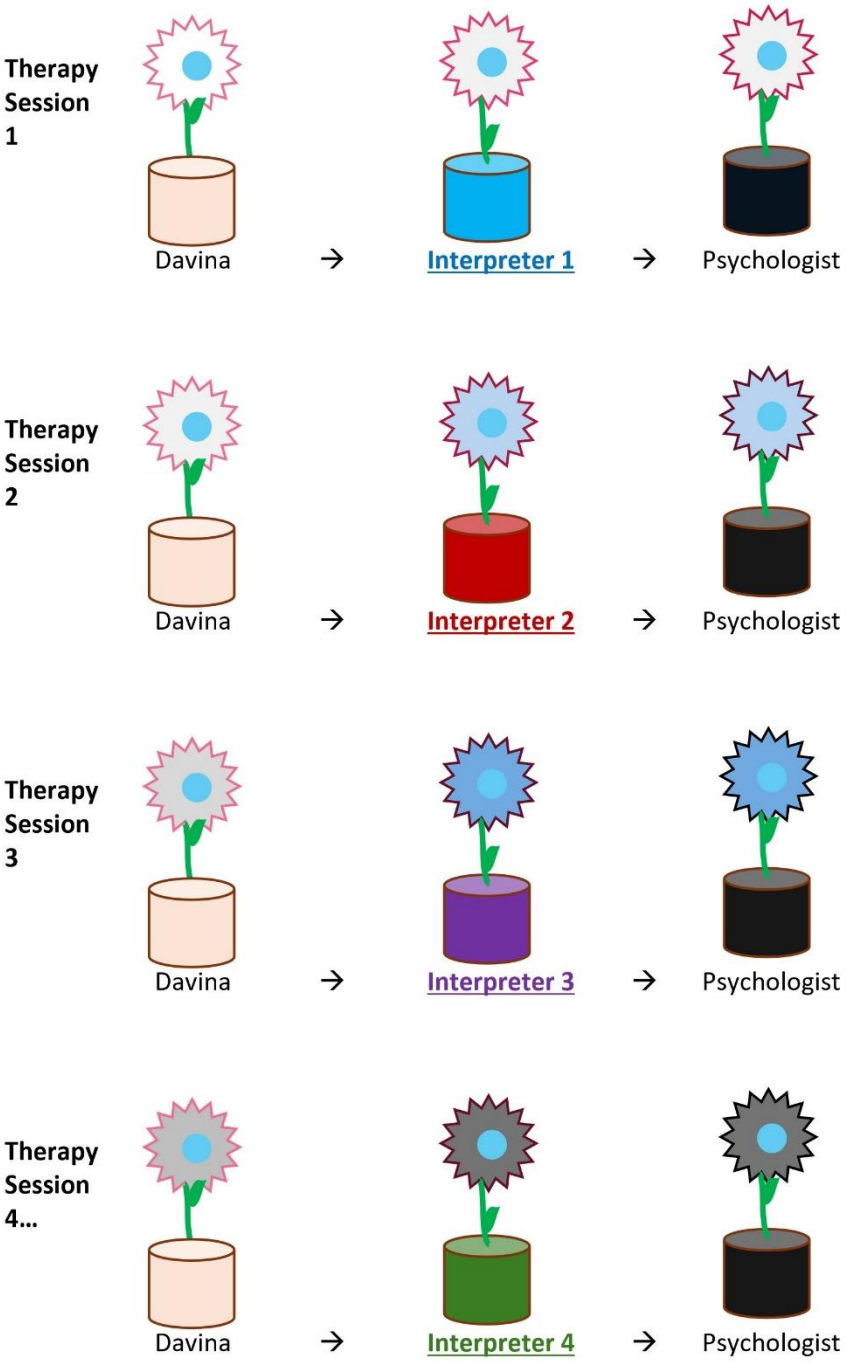
her story. Each time that she meets an interpreter, she must take out her flower from her pot and replant it into the interpreter's pot (see figure 17 below for imagery of this metaphor). The interpreter will then take Davina's flower out of their pot and replant it into the psychologist's pot. The flower is delicate and must survive being replanted in different pots and environments, but through mutual trust, and care. Davina, the interpreter, and the psychologist all take very good care of Davina's story - her 'flower' - whether this is in sharing it, linguistically transferring it or analysing it. At least, this is bound to happen in an environment where all parties have trust, respect and care for the job they do, and for one another as human beings.

Let us imagine that Davina has to replant her story (flower) into a different interpreter's pot, every week. Not only the flower will become frail in the process, but it will then have to be replanted to the psychologist as well, by someone new (another interpreter), every week. It is improbable that the flower will be treated with the same care and way every time that it will be passed along through different pots. Not to mention, that Davina must let go of her flower every single time to pass it to someone else – how can she trust that they will all take care of it in the same way? In Davina's experience, trust is no longer created nor earned: it is forced. Davina *must* trust the interpreter if she wants to access her therapy and carry on with counselling. She *must* give her story away again to someone new. She *must* accept to do this again next week. Trust is forced, and so, is it really trust unfolding, or something else? There is a sense of unease, of coercion in Davina's experience of *therapy* and *accessing therapy*; the process she is going through 'doesn't feel right'. She says, "many times, I've felt uncomfortable because of this".

Just like the flower, Davina is giving a piece of her "Being-in" to interpreters every time that she has to recount her story, and then proceeds with therapy. Davina's testimony is of course her own, but I cannot help but imagine, how many other refugees, men or women, had to go through a similar process of letting go such a sensitive part of themselves, to someone they have never met before and may never see again, repeatedly? Furthermore, to know that they will have to go through such an emotionally difficult process again and again, in different situations and changing settings. While I am certainly not a psychologist, nor have any knowledge related to this field, I cannot help but imagine the possible re-traumatisation that refugees may be going through, while they are undergoing therapy or treatment to overcome having been traumatised.

Figure 17:

Davina's 'flower': giving a piece of her Being-in as she recounts her story through different interpreters



In this second part of her story, Davina expands on her experience of recounting her story to different interpreters before having her usual therapy session:

> *Every time that I go to the psychologist and there's another interpreter, and I have to explain to them all over… I feel bad, I feel really bad because… The psychologist and I, we know why I'm there, right? If the same interpreter came, we could say "we stopped there" or "today we'll carry on with this", therefore… No. I have to relate once more my story to the interpreter, so that he can help me carry on. Because this person, no matter how professional they may be, they can't go guessing what I'm talking about.*
>
> *And so I relate my whole story, I'm making an effort and I tell them everything that happened to me… These stories are not really pleasant, unfortunately, and so I want to eliminate them, but yet I'm recounting them to the interpreter because we're about to initiate a process and I want to forget all of that. And on the next appointments it turns out to be another person, another interpreter, and so I end up having to relive again everything that I'm trying to eliminate.*
>
> *I just bring it all back to life and I really don't… I don't feel good about it. But, anyway, I say, if we want to grow and carry on, then we need to make a bit of an effort. I have asked the psychologist if we can request the same interpreter for the next week. But their reply is that "we don't know, it depends on that person's own schedule. We don't even know who will reply to us now, at the time of the appointment", they said "from this week's schedule, we need to find interpreters for all the upcoming appointments". Therefore, whoever comes is random, like picked out of a hat.*
>
> *And I'm saying to the psychologist, "You, as the psychologist, should understand this matter". If you are a psychologist, you should understand this, more than anyone else, right? But I think that the psychologist doesn't know that I'm recounting my story again. Because I'm talking about this to the interpreter once they arrive, right? I should ask the interpreter to let the psychologist know about this, since this is something that's important to me. Because, we all have our own things, our own feelings, our own pasts, so… I'm now understanding this for the next time. It's a good idea to let them know, yes, 'cause to be honest the psychologist didn't know.*

In this story Davina makes four points and takes us through her experience in detail. This is clearly an event that has impacted her and keeps affecting her in her daily life. Through this crafted story, a potential re-traumatisation emerges through the dynamic and multiple interactions between Davina (patient), the interpreter and the psychologist. The necessity to protect women's and any vulnerable refugee's mental and physical health in the country where they have resettled is paramount. Below I unpack Davina's story in four parts.

In paragraph 1, Davina explains that recounting her story multiple times, not only does this make her "feel bad, (…) feel really bad", but she also finds that she is obliged to do so for the sake of having a successful therapy session. She understands that the interpreter, no matter how professional they may be, cannot guess what the therapy session will be about if Davina does not give them a "heads up" (=recounting a painful past). Davina feels that *she has to* relate her story, so that the interpreter will be able to "help (her) carry on". She may be feeling that it is

no longer a choice for her to recount it or not, but an obligation she applies to herself, hoping it will be useful. The meaning of the interpreter helping her "carry on" is also multiple: by having some context, the interpreter will help her *carry on* with the therapy conversation more smoothly, which will help Davina *carry on* with her therapy, and that will hopefully allow her to *carry on* with her life and let go of her past.

In paragraph 2, Davina confirms what was implied in paragraph 1: "I'm making an effort". It is difficult not to quote her entirely when she says, very clearly that "these stories are not really pleasant, unfortunately, and so I want to eliminate them, but yet I'm recounting them to the interpreter because we're about to initiate a process and I want to forget all of that". Although I am not a psychologist, Davina's testimony sounds like a cry for help, to make this process stop. Every time she meets a new interpreter, she ends up "having to relive again everything that (she is) trying to eliminate".

Through my background and literature review (see chapters 2 and 3) and other readings on the lives and journeys of refugee women, it became apparent that many of them have experienced at least one disturbing traumatic experience. Davina gets to relive her own, personal traumatising experience every time that she must recount it, although she is going to the psychologist with the hope of letting go and eliminating those very negative feelings. The process that Davina is going through seems inhumane and disrespectful. The process of multiple interpreters and the need to repeat the same traumatic stories at each subsequent psychology session is re-traumatising and could be construed as cruel and unnecessary.

In paragraph 3, Davina's story escalates even more. In her Spanish tongue, she uses the expression « sacar en vivo » which means "relive" or "bring it back to life again", and she "really (doesn't) feel good about it" – there is re-traumatisation taking place. It is difficult to imagine the trauma Davina goes through repeatedly. Davina is also trying to convince herself that repeating her story to the interpreter is a necessity, that she needs to accept this unpleasant and difficult experience, saying that "if we want to grow and carry on, then we need to make a bit of an effort". It seems that Davina is forcing herself through this process and viewing it as a necessary task she must simply execute, whether she likes it or not, as if she has no right to complain about what she is going through. Finally, Davina asks the psychologist about having the same interpreter for her next appointment. The psychologist follows the standard procedure that is currently in place to book interpreters – whoever is available and can come, will come. Just as Davina understood, finding an interpreter is often "random, like picked out of a hat".

In paragraph 4, Davina complains about the psychologist not understanding what she is "going through, as that's important to (her)". She is surprised that the psychologist does not understand

how uncomfortable she is, although they are the person she entrusts her past with. Davina believes that, more than anyone else, the psychologist should be the one understanding what is 'going on', how she is feeling and that they need to prevent her as their patient from going through this process every week, implying that this is probably the psychologist's responsibility to do so. However, Davina also realises something important during our interview. She figures out that the psychologist probably does not know that she is recounting her story repeatedly. It seems that Davina recounts her story to the interpreter before they are inside the session, when she first sees the interpreter (in the waiting room, or even in front of the psychologist, who may be thinking that Davina is going through a friendly introduction with the interpreter). If that is the case, Davina is doing the job of briefing the interpreter herself, when it should be the psychologist briefing them. If the psychologist has no knowledge of Spanish, any conversation between Davina and the interpreter could seem unimportant unless one of them raises a point, or unless they consider that the therapy session has formally begun. Davina also realises that she should probably ask the interpreter to tell the psychologist exactly what is going on.

8.7 "The interpreter divulged the secret": When Interpreters Breach Confidentiality

Many refugee women like Davina require interpreting assistance during health and mental health appointments to discuss sensitive topics with their doctor, psychologist and other health care professionals. Such appointments are highly confidential and the patient's identity, privacy and confidentiality must be protected by law (see Health Information Privacy Code 2020; New Zealand Public Health and Disability Act 2000; Privacy Act 2020). The following section explores the significance of interpreter confidentiality for refugee women.

Davina's experience on using the assistance of multiple interpreters for her therapy sessions can go beyond herself as a single mother in need of health care services, and extend to the experiences of her children, or children from other resettled refugee women in her community. Lack of trust in the interpreters and the provision of essential services does only impact Davina, but can also extend to the members of her family, including her children.

Sonia is a Colombian mother whose teenage daughter, Noemi, goes to therapy with a psychologist, as resettlement has been difficult for her. Noemi went through difficult experiences, and the arrival in a new country has been quite challenging for her. Sonia talks about the effects of having different interpreters at each of her daughter's therapy sessions with the psychologist:

> *When my daughter Noemi has her appointments with the psychologist, she tells me "Mummy, it doesn't feel the same because it's like talking about your life to someone different every time". The one who always interprets for us is someone we already knew, someone we had already seen at the shelter [Mangere], because she had interpreted for us personally with the psychologist, so she is more familiar to us. So, there is a kind of familiarity, but when it's not her turn [to interpret], then Noemi (feels disappointed) "oh, she's not here today...".*
>
> *When she is not there, we have to tell the new interpreter again, explain to her what happened, that my daughter has been through some situations... The interpreter doesn't know, and we have to tell her everything again, so that she can express herself well to the psychologist. And to do this again... it's very uncomfortable, because you must tell someone different and you feel like "no, not again"! And telling them something from the last therapy session, since the interpreter wasn't there, and so to tell them again, no... it gets lost. I think that communication gets lost.*
>
> *The problem is that Noemi was with me the day that another interpreter [divulged personal] information from another family, saying "look, what happened to so-and-so from such-and-such a family", with the name and everything. So, I thought, "Ohhhh no way, there is definitely no confidentiality here, nothing is respected", so I better close my door. So, when Noemi was given the option to have that lady to interpret for her with the psychologist, Noemi said to me "No mummy, if that interpreter goes, I'm not going!" You see? Because she said, "if that's what she said about another person, can you imagine, mummy, if she's going to talk about my things, I'm not going!" So she closed off worse. She closed off.*
>
> *It would be good that they prepare interpreters better, they need to prepare them very well. Because it's not only me who is complaining, but also other families as well. Imagine going to the doctor with a person like that? I wouldn't be able to do it, because it's a lot more delicate, a lot more personal, a lot more confidential… That person is still working as an interpreter. I think it's because we don't have many interpreters here. It's a pity, but I can't establish a conversation, nothing, I now have a barrier.*

Sonia and her daughter Noemi's experiences are interwoven. What Sonia witnesses as an adult is also perceived by her daughter who then develops the same distrust and fears regarding having therapy with interpreters as required for her counselling. Consequently, witnessing the interpreter's unethical behaviour, the mother, Sonia, "now [has] a barrier" and her daughter Noemi has "closed off worse". It is not only Sonia affected but her vulnerable daughter too. It is disturbing to learn that young refugee women and children, due to indiscreet interpreters who act unprofessionally and unethically, "close off" from services and decide not to pursue important counselling and therapy sessions that could prove vital for their individual and collective wellbeing.

Sonia's experience and the experiences shared by other participants continuously call out from the refugee women themselves for better professionalism and ethical behaviour from the

interpreters and the language assistance services to "prepare interpreters better [and] very well." Through the refugee women's experiences of mistrust, a mood is revealed that foregrounds their understanding and interpretation of these interpreter-mediated interactions. They are confronted by the Thrownness of being present and a witness to something that does not align with their values and beliefs. Heidegger writes that "Dasein for the most part evades the Being which is disclosed in the mood" but also finds that "Dasein is unveiled in its Being-delivered-over to the "there"" (p. 174).

Marie has an experience that further highlights the power and importance of the interpreter's professional behaviour, and how it can compromise Marie's relationship with her own community. Marie opened up about her interpreting experience during an appointment with the psychologist during her stay in the MRRC, narrating how the interpreter did not respect professional secrecy.

> *The interpreter divulged the secret. This woman was in our community. After Mangere, I later met this person at the house of another family. When she started saying stories, they were laughing, there were words that she would throw around that resembled the ones we had said there, in Mangere. [I recognised] and I felt bad, I told myself « My God! What is this? ». With the psychologist, it's the [professional] secret. This hurt me. I regretted. Why did I say it, really, why did I say it? I regretted. Since that day, I said that I will no longer use an interpreter for myself, for us. Even now, it makes me feel unwell when I meet with this family. It's like they know my situation. I feel ashamed, really, yes. It hurt me. It was a personal secret, I had never shared it with anyone. Now, I can't go to Church, with my community, because they will talk about me. So I say no.*

The words used by Marie to describe her emotional and mental state following the interpreter's breach of her personal information are poignant: "I felt bad", "this hurt me", "I regretted", "why did I say it", "I feel unwell", "I feel ashamed". Marie's betrayal by the interpreter reveals the devastating long-lasting effects of breaching confidentiality and when trust is absent. Marie decides not to use interpreters anymore, for her, but also for her family. The consequence of this decision may have a far-reaching impact on her and her entire family. Additionally, Marie no longer wants to attend community events because she feels exposed to others, knowing very personal details about her life. She now lives with a fear of censure and feelings of shame associated with the matters discussed with the psychologist that only exacerbates the pre-existing difficult feelings of vulnerability and trauma.

With one personal secret alone that was divulged, Marie loses her trust in trusting others, in using the service of interpreters, and such absence of trust extends to various areas of her life. Marie's absence of trust initiates from within herself, extends to impact her relationship with

others she encounters and ultimately, isolating and ostracising her from her own community, which could have possibly been her own haven of support within New Zealand, if it was not for the interpreter's unethical conduct of breaching her confidentiality.

8.8 Conclusion

The absence of trust in interpreter-mediated interactions not only impacts the resettlement experience of refugee women but can also affect their physical and mental health. Interpreters who act in an unprofessional and unethical manner by not delivering messages in an accurate, impartial and confidential manner can have long-lasting detrimental impacts on the lives and wellbeing of refugee women, that can extend far beyond the duration of a specific interpreter-mediated appointment. Gadamer and Heidegger's writings on how humans undergo an experience with language allowed trust to be revealed as the phenomenon that can be both present or illuminated through its absence in the experiences of refugee women with interpreters and language provision within essential services.

Refugee women expressed feelings of guilt, frustration and fear that prevent them from speaking up and confronting the interpreter when they feel that they were misinterpreted for. Refugee women expressed fear on confronting the interpreter as they do not know the full extent of their rights in New Zealand and if standing up to the interpreter would be permissible. The refugee women's fear of challenging authority and appearing rude, unfriendly or misunderstood by doing so, is often stronger than their wish to confront the interpreter. The participants' experiences of "Being-in" and "Being-with" "Others" illuminated the women's "otherness". Such otherness becomes exaggerated when trust is not there, and not present in the services they receive from interpreters.

The absence of trust is also experienced in interpreters who summarise, omit or misunderstand information, resulting in refugee women losing their agency and even putting their health in danger. When interpreters interpret 'badly' and inadequately, they become detrimental to the interaction, leading to confusion, misinformation and sometimes exacerbating the feeling of frustration and distrust of the refugee women to the point where they decide to no longer use interpreting services, even if they need to. Refugee women seemingly have no choice in their interpreter-mediated interactions but must endure and submit to the service and the quality (or lack thereof) that they are given by service providers. Some of the participants' experiences speak loudly on the lack of regulation in the industry and the inability for clients to raise issues and concerns in a safe way.

Refugee women whose interpreter divulged private confidential information experience feelings of shame, guilt and regret that isolate and eventually ostracise them from their own communities. For refugee women, losing attachment to their local community as a result of the interpreter's unethical conduct and breach of confidentiality could mean losing the best form of support that they could have found within New Zealand. The interpreter's own ethos, work ethics and professional conduct has the power to compromise the refugee woman's relationship with their community. The interpreter can either create trust and encourage interpreter-mediated interactions or break that trust and replace it with fear, reluctance and mistrust in using essential, everyday services for those who may need them the most.

It seems that refugee women can identify professional and unprofessional behaviour amongst interpreters despite not understanding the interpreter's renderings in the other language. Their ability to do so allows refugee women to assess if the interpreting services that they are receiving are trustworthy and effective, or of poor quality and unreliable. Their conclusions inform in turn the trust that they place (or not) in the local systems of the resettlement country, and reflect the level of trust or mistrust they may feel towards the new people they meet, the interpreters they encounter, the services that they access and the local systems in place.

Evidently, there is a possible occurrence of re-traumatisation that refugees may be going through under the current language provision practices, when they must confide sensitive topics repeatedly to different interpreters. Some participants' lived experiences brought forward the absence of trust when services and authorities failed to provide access to an interpreter for refugee women in situations of need. The next and final findings chapter takes a close look at how the system works and if language assistance provision is working effectively or not for the benefit of CALD communities and the vulnerable refugee women who require such crucial service daily.

Chapter 9

Being Thrown into Services and Language Assistance

9.1 Introduction

The previous chapter dwelled on the meaning of the 'absence' of trust in the interpreters and the language services that refugee women may come to experience upon their resettlement to their new host country. The presence of the interpreter and their ability to conduct their role in a competent manner can deeply affect not only the experiences of the refugee women, but also the functioning of essential services in different institutional, public service and healthcare settings that refugee women are often bound to use. The previous chapter brought forward the apparent ineffectiveness of local institutions in providing consistent access to competent interpreters for refugee women in situations of need. In this chapter I present participant stories that reveal how refugee women are often thrown into a situation that causes them distress, when an interpreter is missing and thus communication cannot occur.

9.2 "I trust him more": When Children Become Impromptu Interpreters

Refugee women often arrive in New Zealand with dependent children under their care. Depending on their age, children follow their mothers closely during their initial period of resettlement and may even come to act as interpreters for them, when a situation arises where there is no interpreter available or where the accompanying children are accepted as a 'chaperone' or 'support person' during consultations. In the literature, this phenomenon is referred to as "child language brokering" and the children are referred to as "child language brokers". This phenomenon can negatively impact the children's well-being and result in their traumatisation, stress and discomfort (Antonini, 2016; Tang, 2023; Tomasi & Narchal, 2020).

Lydia, a 39-year-old Colombian mother goes to the hospital to conduct some sensitive medical assessments during COVID-19 health mandates. Lydia asks her daughter to accompany her, because she did not understand the COVID-19 related questions at the entrance of the hospital. Her daughter quickly ends up acting as her interpreter during the consultations:

> *Last week, I went to do some examinations. A pelvic ultrasound. I asked my daughter to accompany me, because I did not understand the questions at the entrance of the hospital. But once we entered, we realised that there was no interpreter, and so she said: "My mum doesn't speak English, can I go with her?" – "Yes, yes, no problem, let's do that." They didn't ask if we needed an interpreter, and I didn't know how to call or ask for one either.*

> *So, my daughter came with me, and she was obviously necessary. Very necessary in the moment of doing a medical exam, because there was a lot of information. She also used the translator (on the phone) when I wanted her to ask something to the other person, and so, she was able to manage.*
>
> *It was as uncomfortable for her as it was for me. Because the pelvic ultrasound wasn't the just external, they also performed an intravaginal ultrasound. And I wasn't expecting that, right? My daughter didn't say anything, we were sort of mentally prepared, but I didn't know that they would do an intravaginal one…*

Lydia's language dilemma starts from the moment she enters the hospital, as no one asked if she and her daughter needed an interpreter, and she did not know how to call or ask for one by herself either. By Lydia bringing her daughter to the hospital, and the medical staff accepting her daughter as a support person who can potentially help communication, Lydia's daughter is not just exposed to the weight of interpreting and witnessing intimate body checks done by health care providers to her own mother; she is also thrown into and forced to confront an unexpected situation. Both Lydia and her daughter arrive unprepared to face sensitive interventions, which are routine checks for medical staff but may be an intense experience for everyday people who are not used to them nor trained to see them. Such sudden exposure can be traumatic for both Lydia and her daughter. Lydia is particularly taken aback by the fact that there was a 'surprise' intervention in the form of an intravaginal examination. The medical situation quickly changed without the accompanying person (Lydia's daughter) being able to remove herself, because she do not dare to, or does not want to leave her family member (mother) alone. There is an uncomfortable mood that lingers during the medical assessment as no one dares to say anything. Although the presence of her daughter was "very necessary" since no interpreter was present, Lydia stated that this experience "was as uncomfortable for her [daughter] as it was for me [the mother]".

Miranda is a 43-year-old Colombian mother who has been suffering from breast complications for several years, since her time living in Colombia. She has had multiple medical appointments to monitor the growth of a breast cyst. This was a major concern to her, and we had to reschedule our interview several times as she was in and out of medical appointments. Miranda brought her eldest son to one of her doctor's appointments. She remembers:

> *I was at the doctor's with my son because he helps me a lot with English. He understands and is a bit more advanced, therefore, depending on where I'm at, I sometimes need to convey an information well, and so I call him. When it's a medical appointment, I ask for an interpreter, and they book them. But when it's not possible [to find an interpreter], I say "Yes, my son can help", and they reply "All right then." During my latest medical appointment, I asked my son to accompany me, and he interpreted for me. The lady was explaining to us about doing a mammography and the steps that would follow.*

> *And so, my son really helped me heaps. In that sense, it's very comfortable, so easy to explain, right? But sometimes we go together, and he says to me "Mum, have someone who's a professional, because for this, yes, I can say anything that's essential, but for other things, I can't." And when my son sees that the topic is really complicated, he says "No, mum, call an interpreter, because I can't say that yet." I go with him because I trust him more. He's 24 years old.*

Miranda regularly asks her son to assist her with interpreting for medical and everyday matters. Through Miranda's recount, three distinct points of view jump out: Miranda's own experience of asking her son to act as her interpreter, her son's own experience with doing so and the health/service provider's experience of allowing this dynamic to take place. All three experiences are recounted by Miranda, through her point of view, as Miranda focuses on her own experience of feeling "comfortable" to have her own son "help" her and "trusting" him to interpret for her. Although Miranda asks for an interpreter during her medical appointments, it is sometimes impossible to get hold of one, at which point Miranda reaches out for her son's assistance with English. For Miranda, she experiences her son as helpful and able to convey information "well".

For Miranda, her son's presence is that of "help", "comfort", he's there for things which are "easy to explain". However, her son is an adult man who is called to interpret for sensitive, female specific medical information, a mammography. Through this experience, Miranda's son appears to be uncomfortable: he is most probably unfamiliar with medical terminology and tells his mother he feels uncomfortable interpreting such questions. It is possible that he does not want to 'know' such details about the body or health of his mother. Within this medical and interpreting interaction, one may wonder what is the exact role of the son or his 'place' within this specific exchange. It seems that Miranda's son asks to be replaced by a "professional" as he struggles to interpret some "things", as even Miranda recognises that some topics can be "really complicated". We can imagine how challenging it must have been for her son to talk about his mother's breasts in a medical setting. He may possibly feel concerned for his mother's health issues and may also feel very reluctant to interpret back to his mother difficult health issues that the medical staff say. Miranda's experience is not just her own, it is that of her son, who appears to be having his own host of emotions to work through in this situation.

Nevertheless, Miranda's connection to her son's presence goes beyond the linguistic. Certainly, he is present at her appointments to help her as he "understands and is a bit more advanced" in English. But Miranda is feeling a sense of security and comfort through his presence. She very clearly states that she goes to appointments with him because she trusts him *more*. She seeks this feeling of trust, familiarity, comfort and safety more than she seeks the language assistance

of a professional interpreter. For Miranda, if no interpreter is available, and her son can understand the English language better than she does, he becomes the perfect candidate to have by her side during sensitive appointments that can be emotional, such as doing a mammography. Perhaps the logistics of securing an interpreter are challenging, yet what seems evident is Miranda's mistrust in interpreting services to provide the same level of comfort, safety and trust that her son provides. Trust and comfort are more valued than the quality of interpreting services she receives, and these feelings supersede her son's discomfort.

9.3 "I am not open when I am with a man": Male Versus Female Interpreters

The notion of trust becomes particularly prevalent when women of reproductive age require access to maternal/mental healthcare and other essential services. I asked refugee women participants if they had any preference between using a male or female interpreter. Clio explained that, for her, the gender of the interpreter is not what matters the most:

> *It's the same to me. What matters more is the quality and the willingness of the interpreter towards me. And that they give the information to the person I am talking to. That the interpreter is willing and they speak with their heart, to what I am telling them, if it is something important, if it is something that affects me. Because I've already been to a psychologist about a delicate subject, and I don't have a preference. I don't.*

Clio raises the "quality" as the foundation for trustworthy interpreters, no matter their gender. What is important for Clio is the willingness of interpreter to "speak from their heart". What matters to her is having a good quality and humane interpreting service. Laura, a 31-year-old Colombian mother, refers to the importance of a male interpreter being professional:

> *Most interpreters have been women, but… I met a male interpreter who received us at the airport and was also present during various meetings. He was also a very neutral person, he wasn't just all about his work, no, he would also help us and reply to any of our concerns, and it was also a very, very good experience. There was also another interpreter for my children, and he was helping us a lot.*
>
> *It is a bit uneasy, depending on the subject that's being tackled, you know what I mean. But he was doing his work professionally, he was not only helping with my children in intermediate school, he would also help us. I met him in various occasions during hospital appointments. I always trusted him, because he was a very serious person, of older age… He was just carrying on with his work, he would never sit down and start talking to you about your private life. Sometimes he would ask about how the children were doing, but that was it. So this allows more trust.*

Laura talks about being “neutral”, which refers to the interpreter’s professional principle of impartiality, of remaining impartial at all times (NZSTI, 2013). She considers the interpreter’s ability of being open to other people’s story and offer help as important elements of their work. The aspect of “neutrality” in interpreters was raised many times by the participants, especially when pondering on their positive and negative experiences with interpreters. Refugee women consistently wanted a professional, ethical and “neutral” (impartial) interpreter who would not judge, give opinions, interpret badly by omitting or changing information and would respect confidentiality. Such key traits are also stipulated by the interpreters’ Code of ethics and Code of Conduct (NZSTI, 2013). However, Laura does find that having a man interpret can be “a bit uneasy depending on the subject”. What made the situation easier for her was having trust in his seriousness, professionalism, respect of confidentiality and willingness to help, with the last trait moving expectations beyond the interpreter’s defined role and conduct (NZSTI, 2013).

When Sonia is asked about her preference, she immediately talks about the country she comes from and the personal experiences of male chauvinism that is prevalent in her society:

> *I like female interpreters only because I feel more trust. It has to do with being macho towards women, I think. I think it's more, more of a mind thing. It's the mind.*

Sonia’s preference is informed by her own history and socio-cultural background experiences. The level of sexism and male chauvinism she has known throughout her life shapes how she experiences the world and how Sonia interacts with male and female peers, including interpreters. Sonia’s trust and connection to a female interpreter is shared by Marie.

> *For me, there are things that I can’t… I do not feel well, I am not open when I am with a man. There are things that I do not want to say. But when I talk with a woman, there, I am open, I can say everything. All the things that have happened in my life, I can’t share that with a man. I feel good when I share it with a woman, like myself.*
>
> *There are feminine matters that you can’t say from a woman to a man. For example, if you have been raped. Something like that, I can’t say that in front of a man. There are also some illnesses, there is a part of the body, there, where you do not feel well, and this you do not want to say to that man. You will keep quiet. It’s cultural.*

Marie facing a male or female interpreter puts her in a place of vulnerability, in the interpreting situation where she needs to discuss and divulge private and sensitive information. Marie indicates that the presence of a male interpreter could have an adverse effect on her and ‘close’ that process of openness which could be created by a female interpreter. Marie appears to be identifying herself to the other when that other is a woman, stating that she would feel good

sharing some aspect of her life with a woman rather than a man. Marie says that she "will keep quiet" if met by a male interpreter. There appears to be a sudden, absolute shutting, or gagging of a woman in front of a man. It is not the interpreter's fault, as he may be a lovely, respectful man, but his gender is experienced as a position of power and authority that makes Marie feel vulnerable and silenced about her health issues. Furthermore, there is the possibility of re-traumatisation when talking to a man about intimate health and sexual abuse issues, if the perpetrator of the trauma was in fact a man. The symbolism and difference of male and female is very apparent in such interactions. The gender of the interpreter takes over the entire interaction. The interpreter-mediated interaction is no longer that of a client speaking to an interpreter, but becomes an interaction of a woman speaking to a man.

Davina expresses a clear preference for women interpreters over men:

> *When I would go to the doctor, I would always hope that there wouldn't be a man, that they wouldn't send me a man [laughs]. Because it is not, it is not so comfortable, but God bless I was lucky enough to always have women since Mangere, in all places up to here, it has always been women.*
>
> *So I believe that there's a difference between a man and a woman when I have to be at the doctor's, even more so during a special appointment. I believe so, because, between us women, well, we understand each other, yes?*
>
> *When I go to the psychologist, I don't want a male interpreter during a therapy appointment. Because if I'm about to talk about something generic, it doesn't matter, but if I go to a gynaecology appointment, I would preferably choose a woman. Because we understand each other between us. Yeah. I would feel ashamed [with a man]. I would feel bad, not because of the person, but because, how to say, we get each other."*

Every time that Davina goes to the doctor or to therapy, she "hopes" that "there wouldn't be a man" interpreter, as for her, this would not be a comfortable experience. She expresses relief when thinking that up to now, she "was lucky enough" to encounter only women interpreters. For her, there is a difference between the two genders, as she finds that women "understand each other". Davina says that "it doesn't matter" using a male or female interpreter for what she calls a "generic" topic, probably because she wouldn't feel like she would be exposing herself in any way. However, the thought of using a male interpreter for more sensitive situations, such as a therapy or gynaecology appointment, would make her feel "ashamed" or "bad". It seems possible that Davina and a female interpreter would be able to connect through the same bodily experience of having female bodies.

Heidegger never distinguishes between men and women since Dasein is ontological and ontical and does not confine itself in a gender. For Heidegger, all beings are Dasein: unique, individual

entities that interact within the world and perceive it in their own unique way. My understanding is that, for many participants, including Davina, interpreters are not just Beings, but are humans defined by their male or female gender, and can be viewed or experienced differently according to their gender. Davina never mentions the linguistic or professional ability of the interpreter as a reason behind her preference for a female interpreter. Her main justification behind her preference is that as *women*, "we understand/get each other". We cannot assume to know or guess Davina's past. It would be wrong to assume that she has experienced trauma related to men (which would inform her preference), as not all refugees have necessarily been traumatised or had negative experiences with men throughout their journey. However, the study of the lives of women refugees (see chapters 1 and 2) shows that it is possible that Davina has been exposed to challenges with men, including acts of violence towards her and her peers. For whatever reason, being in the presence of a man makes Davina feel uncomfortable. She feels "ashamed" and "bad" to use a male interpreter, and it is her right to feel the way she feels and to have a personal preference.

Heidegger (1962) states that "in Being with and towards Others, there is thus a relationship of Being [Seinsverhaltnis] from Dasein to Dasein" (p.162). For Davina, others are separated into two groups: male Others and female Others. From there, she views these two groups of Beings differently. For Davina there is a male world and a female world, with some topics and intimate issues belonging within the perceived safety of the female world. Her perceptions of these two groups are distinct enough that she forms a gender preference when using the professional service of an interpreter.

9.4 "You always have that fear": The Physicality of Face-To-Face and Remote Interpreting

When refugee women arrive at the hospital and in other essential services, an interpreter can be physically present or contacted remotely via phone (OPI) or video interpreting. I asked participants if they had a preference over such service and if the physical versus remote presence of the interpreter had any impact on the way they experienced their service. Clio told me that she could "feel" the difference:

> *In person, everything becomes clearer. I can feel it, it's difficult over the phone. Sometimes you can't understand the other person well over the phone, that's often the situation, and they can't pass the right information. More than once, I have felt that the interpreter was not conveying exactly the information that I was telling her to the doctor, to the psychologist or to the other person. And I can feel it, through the question that they come back asking you from the person who speaks directly to you. And so, I realise that they are not transferring well the information that they need to convey. So, I feel that I prefer someone in person. The expression speaks a lot. The expression helps.*

Clio experiences how her interpreter was not conveying the right information and that being physically present would have allowed her to communicate better. Clio's experience foregrounds the value of "feeling" something non- tangible, non-quantifiable in communication. As revealed in the previous findings chapters, refugee women are able to attune to interpreter-mediated interaction and use their senses to help them understand and analyse the situation they are in, despite not speaking the language.

The helpfulness of seeing the interpreter's "expression" comes to solidify what is being said, as we are beings of communication, using facial and physical communication as part of our human interaction. When words cannot express, the face can give us cues. All these are intuitive indications on which Clio relies a lot to gain understanding of the interaction other than spoken language alone. Clio is using what tools she has to keep control when verbal communication is no longer an option. Clio's experience illuminates the importance of seeing the other's bodily expressions to consolidate meaning and transfer of her message from one language to the other.

Conversely, some participants, like Lourdes, describe their preference for over-the-phone interpreting:

> *I think there is more trust on the phone. They don't see my face. They don't know me, they don't know who is talking, because I think they don't even give you a name, they say "we have this patient, tell me what you need".*
>
> *I think I feel safer. On the phone they can't see my face, they don't know me and I don't know them. So I think I feel more confident when it's over the phone. I don't know if it's mistrust or what, but in my case I don't want the person to be looking at me, and I don't know who the person doing the favour or the service is. Because there's always that doubt, like "will they be confidential, will they respect what's there". It's like I'm left with that shame. I think I would feel more comfortable, that they don't see me, that they don't know who I am.*

Clio felt the need to physically see the interpreter to keep track of the conversation, however, Lourdes feels more trust, safer and protected by anonymity when she does *not* see the interpreter and the interpreter does not see *her* in return.

Clio and Lourdes find different ways of experiencing trust in the interpreting service; one finds trust in familiarity whilst the other finds trust in anonymity. Lourdes prefers over-the-phone interpreting because she feels that there is a guaranteed respect of confidentiality because no one can see the other person, allowing her to trust in the preservation of her identity and enabling her to communicate without holding back. There is an experience of trust in how Lourdes receives interpreting services. Lourdes' experience gestures safeguarding one's own intimacy. According to Heidegger's lecture (1951/2006), to safeguard, or to save something is to "leave something free in its own nature" (p.6), to ensure something continues. In Lourde's case this is concerned with maintaining her privacy and safety. Davina reflects on her experience of feeling more "secure" during face-to-face interpreting:

> *I would prefer a face-to-face interpreter which is a lot better than through the phone… Because these calls, they often interfere with each other, and the interpreter can't hear very well and doesn't understand very well what we are talking about. Many of them say "I can't really hear very well. I think that the other person said this", and so I reply to them "well, could you please kindly ask the person to repeat what they said, because I need to be sure".*
>
> *So, yes, there are lots of times when they [interpreters] don't feel so secure. Even I, myself don't feel so secure when we do these types of calls. Well, this hasn't happened to me at the doctor's, but it happened to me with WINZ [NZ Work & Income] once or twice. I can say that really, I couldn't understand the call we had with my interpreter. Because there was an interference, a strange noise, she couldn't hear well and that wasn't her fault, nor mine, nor that of the other person. I really wasn't satisfied, but that wasn't because of her work, but because of this whole… situation."*

Davina does not feel "secure" when using over-the-phone interpreting and would prefer a face-to-face service. She is already in a position where she does not understand English and needs language assistance. However, in this situation, her feelings of "insecurity" do not arise from her own lack of English understanding, but by the fact that she senses that the interpreters *themselves* are having trouble following the conversation over the phone. This is interesting because interpreters are usually the people she turns to, to help her understand situations, gain clarity, and ease her communication. They are her messengers, passing the information to her speaker and back between interlocutors.

When Davina understands that the communication is not going smoothly, she experiences a feeling of "insecurity", she attunes to the fear of not being understood. For Heidegger, moods represent the way in which Dasein becomes attuned to the world, therefore Davina interprets and understands the situation she is thrown into as unsafe. If Davina finds 'bad' phone interpreting to be the result of unfortunate circumstances, and not an indication of the interpreter or service provider's (in)competence, this experience still leaves her hesitant to use

the service that is supposed to be there to help and prevent feelings of uneasiness, misunderstanding and confusion. Also, in what space is Davina 'left', if she comes to feel insecure because her only - language - support, the interpreter, is also feeling insecure? For Davina, phone interpreting is increasing her sense of aloneness and feeling 'othered', in a service that is there to make her feel included.

9.5 "The interpreter is a right for us": The Unused Right to Effective Communication

Most refugee women are not aware that they have the right to request an interpreter free of charge to help them access essential public services in New Zealand. When I mentioned this to Clio, she was very surprised:

> *It was very useful for me to know that the interpreter is a right for us. Wow, that helped me. Because it's information that you don't know. If someone doesn't tell you, it's all up in the air. For sure it's all up in the air, that "Oh, there's no interpreter? Well, bear with me, I'll try to understand what you're telling me", I'm still in the air. Now this can change, like "Ah, excuse me, can I make an appointment for another day?". So now you know how to say "no, please, the next appointment [with an interpreter]".*

Clio not knowing her rights is a problem that does not only affect her directly but is reflected in the way services seem to operate without being aware of the degree of severity and impact that the language barrier can have on vulnerable clients and patients. The individual experiences of refugee women participants often allude to a deeper systemic issue regarding the awareness, provision, availability and accessibility of interpreting services for vulnerable clients and CALD patients in need. Services become untrustworthy if they do not provide, guarantee and safeguard the rights and information to people who may not be aware of their rights or know how to access and use services, including that of an interpreter. Trust comes to link patients, interpreters and service providers, but if trust in services is absent, the rights of refugee women and their equal access to healthcare are at stake.

Lydia's experience unfolded during a time of strict lock down measures imposed by the restrictions during the COVID-19 pandemic. Lydia's experience reveals how essential services and language assistance provision need to go hand-in-hand:

> *Another difficulty is when I go to the hospital and there is no interpreter. It's always a challenge because, now with COVID, we need to queue to enter, and they ask you a series of questions that I do not understand. I said to the gentleman that I do not speak English. Nevertheless, he just spoke to me slower, but I still didn't understand. I do not know what's happening, but I am quite sharp, and so I look at the people standing in line in front of me. I pay attention to what they say. If they reply "yes" or "no" to the questions. I see that they reply "no" and they walk through. And so, I realise "Aha! The answer is no". And so, I say "no".*
>
> *This happened two times. This is terrible, really, and I am grasped by this sense of frustration, and I get caught in a feeling that you can't imagine. I am like a little girl… no, not like a girl, like a disabled person, like they are speaking to me, but I can't hear. That's how I feel… I enter the waiting room, and I think to myself "My God, how long do I have to wait before I understand English?".*

By not accessing an interpreter, Lydia, and the health care provider at the entrance of the hospital, are inadvertently putting everybody in danger by not seeking interpreting assistance. Amidst a global pandemic this is a potentially risky situation for her and everyone else involved. When Lydia does not understand the COVID-19 related questions about her infectiousness status, she simply mimics the answers that she hears so that they can let her pass and wait in the waiting area. When the hospital does not provide the assistance of an interpreter, the entire staff and patients are put into danger. One is to wonder how Lydia can get optimal healthcare if both her and the medical staff are unable to communicate.

Lydia attempts to put into words a "feeling that you can't imagine" as she describes herself as being "a disabled person", as this is how she views herself when facing language and communication barriers. Overall, the deficiency from the services - whether this comes from the lack of awareness of what the language barrier is, or training on the importance of the right to communication or how to link a patient to language services and contact interpreters – is deficiency reflect on the patients' care, healthcare provision and (in)accessibility of services.

Vivenne uses the services of interpreters for her reproductive health concerns and to access essential services. However, she feels that she is the one responsible to ensure that she receives an interpreter on the day of her appointment.

> *I use interpreters in health settings, but the problem here is that I always must ask for an interpreter to make an appointment. I would think that the doctor would know that I am a Spanish-speaker and that they should automatically use the system to ask for an interpreter themselves, but no. The doctor doesn't ask me if I need an interpreter, I always have to ask for one myself, always. If I forget to ask for an interpreter, then I don't have an interpreter.*

> *It's very difficult because even the doctor doesn't know how to use the interpreting service properly, so he passes the phone to me or doesn't know how to put the loudspeaker on, things like that. I would think that this would already be systematised, like, automatic. If a person is Spanish-speaking and asks for an appointment, the system should automatically provide them their interpreter, right? You would think that if you don't speak English, and you've been with the same doctor for one or two years, eventually they would say "well, you need an interpreter", and they would ask for one for you. The same in WINZ, with the power companies, the internet providers, all that...*

Even when Vivienne does receive an interpreter during her medical appointment, it does not seem to her that the medical staff know how to navigate the interpreting service effectively. Vivienne states specifically that if she forgets to ask for an interpreter herself, then she will not have an interpreter to assist her. She wonders how it is possible for the system not to be automatically registering that she requires an interpreter, although she has been going to the same doctor for years and thus, her need for language assistance should be known and recorded. There seems to be an unrealistic expectation for Vivienne to navigate the local system, to fend for herself and ask for her own interpreter to be provided.

Raquel's experience reveals how interpreting services are needed in moments of great need:

> *I had a surgery and you won't believe it, but I didn't have an interpreter. The nurse who explained the anaesthesia to me and who was giving the injections spoke Spanish. The only thing I felt was that she asked me to "relax" and they injected me and I didn't know anything else after that. And I didn't know any more of what happened that I had already been operated on. I woke up and there was no interpreter at all. They visited me and asked me questions and I said that I needed an interpreter because I always ask for an interpreter for everything.*

Raquel's experience is one of absence, and presence: the presence of terror and fear in the absence of trust in the services and procedures that are happening to her, without her understanding them due to the lack of interpreter. A Spanish-speaking nurse was present at the beginning of the operation to explain the process of anaesthesia, but once Raquel wakes up, the Spanish-speaking nurse is no longer there and there is no interpreter to assist her. Raquel's experience of aloneness, fear and terror speaks of the harshness in which she is treated and poses major ethical concerns. Raquel's vulnerability is palpable as she has to trust the health system without knowing what is happening. She has to blindly trust the medical process and environment whilst being in a place of unknowing, having been silenced. Raquel becomes a woman who is treated as if she has no agency. Raquel's experience of not having an interpreter is one of trauma and lack of agency, as she is unable to access information regarding her health, as per Right 5 of Code of Health and Disability Services Consumers' Rights (Health & Disability Commissioner website, n.d.).

My understanding is that the absence of an interpreter constitutes a violation of Raquel's right as a consumer to access effective communication in a language that enables her to understand what is being said and done to her, which includes the right to a competent interpreter (Health & Disability Commissioner website, n.d.). It is appalling to think that, without the assistance of an interpreter, Raquel probably did not understand what was happening to her body, nor what would be done to her as part of surgery. Raquel is in a situation of fear and absence of information, without which she cannot give informed consent. Raquel's experience of not having an interpreter present elevates the importance of such service when it is indeed there, ready to be used, in comparison to when it is not. The next section dives into the experience of absence of the interpreter.

9.6 "I think I could have died": The Absence of Interpreters Illuminates Their Presence

When something is absent or missing, the significance of that skill set is shown more prominently. The experiences that follow reveal how vital interpreters are, and how deeply their absence is felt in the lives of refugee women, who may be in urgent need of their service, but not being able to access it.

We come back to Clio when her daughter broke her arm and she stayed at the hospital for 6 hours onsite without being able to communicate due to the absence of an interpreter. I asked Clio if any medical staff approached her to see if she needed an interpreter, or if she had to go and request an interpreter herself. Clio was not aware of the local systems and procedures in place, because she and her family had recently arrived in New Zealand. She recounts her "absolutely crazy experience" on a day that she "wouldn't want to live ever again":

> *My daughter broke her arm and we went to the hospital to have an X-ray, and there was no interpreter. That day was absolutely crazy. From 11 in the morning until 5 in the afternoon we stayed at the hospital without an interpreter, my daughter without having any food… It was nuts! I don't know what to do, but I imagine that the staff know what they have to do. I didn't know if it was up to me to find someone to help the doctor with translating. Because we just arrive here, and we don't know how things work. And so I don't know if I am supposed to say "please book me an appointment" or "I need an interpreter", I just don't know. But no one ever came to ask me "do you need an interpreter? Do not worry, we'll call you one".*
>
> *I told the doctor the most essential thing that we learn to say, which is "I do not speak English". The doctor continued to examine my daughter, saying "Please wait", and so I wait. I do not know if they were trying to find an interpreter, but we stayed at the hospital for a long time. It's a horrible feeling. I felt horrible, horrible, horrible, because I didn't know what was happening nor how to express myself.*

> *There was an interpreter in Mangere, who became a very close friend to us. I had her phone number because she was calling us every day for our online classes, and she had told me "if you have any doubts, about the classes, any questions, I'll help you out". She has a big heart, that's why I got the confidence to contact her, I knew to turn to her to help me, because I felt trust with her.*
>
> *And so I took the liberty to call her and I explained to her what was happening. I was very distressed. And she explained to me that she couldn't break the rule that interpreters have, that she couldn't interpret in the hospital, because she was working for an entity within Mangere. And so, I explained to her, very distressed, that the doctor doesn't understand us, that I do not know how to talk to her. She would say "But you know that I can't", but she was still willing to help, and then she said "ok ok do not worry. Pass the doctor to me" and she did! She wasn't allowed to help, but she did!*
>
> *She was so nice, so kind. The hospital experience was so distressing. Imagine if no one had helped me, what would we have done? …I have had experiences, especially regarding health issues, that I wouldn't want to live ever again.*

Clio's experience is one of complexity. Her discomfort and thrownness become apparent through various challenges that just 'hit' her on a single day. Her experience is not just impacting herself, but also her daughter, who she is trying to take care of, not knowing what to do and how to communicate in an already stressful situation.

Clio's experience exposes a lack of knowledge about how refugee women are often unaware of the local systems in place, what they can do if they encounter a language barrier in public services. Furthermore, the medical staff, in Clio's story, appear to be trying to locate an interpreter for the patient, but this was not explicitly asked or explained to Clio. Clio thus remains in a position of uncertainty and anxiousness: she simply doesn't know, anything. Due to the lack of language assistance, Clio eventually resorts to calling an interpreter she has met in MRRC to ask for assistance. She feels trust with her as the interpreter informed her that she could contact her if she had any questions about the programme of online classes. The interpreter knows that she is not allowed to step in and assist Clio and tries to explain her professional principles to Clio. Eventually, the interpreter crossed these principles to help Clio. Clio is relieved after a whole day ordeal at the hospital. Clio's experience is one of thrownness, and the need to seek help wherever this may be possible.

The notion of 'thrownness' goes beyond time and place to the diverse, socio-cultural, historic contexts of our lives. Consequently, the notion of 'thrownness' also assumes that our 'Being' is being thrown into possibilities of 'being-in-the-world', as seen in previous participant stories (Heidegger, 1962). As 'Dasein' is already thrown as part of our 'Being', and our 'being-in-the-world' is not separated from 'being-with' others, Clio finds herself in a situation of such

thrownness, being-with other. Clio and her daughter are thrown into the hospital's system without knowing if language assistance will be provided to them or not. Clio is thrown into, trying to find a solution and fend for herself, wondering if it is up to her to seek her own interpreter. The interpreter is contacted and she is in turn thrown into a situation where she must choose between respecting her professional code of conduct or attuning to her humanity and help someone in need. Distressed, Clio is thrown into a new stress of having to explain to the interpreter of the seriousness of her situation and to convince her to help her and her daughter. The interpreter is thrown into her choice and assists Clio by agreeing to speak to the doctor. Clio is finally relieved. Trust is brought back with human assistance through language.

The weight of the thrownness and mood of anxiety is palpable. Clio and her daughter were completely isolated at a time of great need as they find themselves thrown into the 'unknown'. If not for the interpreter's kindness, compassion and willingness to provide pro bono work, Clio may not have understood anything that happened to her and her daughter for her entire stay at the hospital. Eventually, Clio's experience of thrownness illuminates the phenomenon of trust: the trust, both present and absent, that Clio places in the hands of the interpreter, the doctor and the services, to assist her in times of utmost need.

Laura also encountered an unforgettable experience at the hospital when she waited for 24 hours without knowing what was going on.

> *One night, I fell ill with a stomach ache. I couldn't explain what I had, I could only show, with body language. The people from Mangere weren't able to find an interpreter, so they brought me to the hospital. They couldn't do anything else for me and they left me alone at the hospital and I wasn't able to communicate in any way. It was really late, and it lasted all night at the hospital because there was no interpreter.*
>
> *This experience was really sad for me because, aside from being in pain, I couldn't express well what I was feeling. I was in distress because, I couldn't do anything, I couldn't say anything, they were just touching me and they would sort of ask in their language "Does it hurt here?" or "Does it hurt there?", but in reality, I understood nothing, nothing, nothing absolutely nothing, I couldn't understand.*
>
> *Until the next day, at around 10am, a girl arrived, and she understood a bit of Spanish and spoke a little, so I explained to her what I had. I wrote one or two words on my phone [Google translate] and one of the doctors understood a little, but still, if you don't write properly, you can't understand well, it's not the same. So, that was a bad experience. Perhaps, that wasn't something very urgent, but if it had been something quite urgent, I think I could have died because I couldn't express what was happening to me.*

Laura is thrown unexpectedly into a challenging hospital experience. It is late at night: this is usually a time of rest – it is the end of the day, where most businesses are closed, and people go to sleep. Yet, she has to deal with an intense physical pain, a stomach-ache, whilst enduring psychological frustration and distress, alone, in a foreign environment, in a hospital that speaks a foreign language to her.

Within this overwhelming experience, she finds herself without an interpreter, as she is now alone, within her own being, undergoing an experience with a foreign language around her and her own thoughts in her native tongue. The language barrier is seeming like an impossible bridge to traverse. For Heidegger (1971a), undergoing an experience means that we "endure it, suffer it, receive it as it strikes us and submit to it" (p.57). Laura is undergoing such a language experience in which she is unable to make use of it, and no one is there to assist her by acting as an intermediary. Her own everyday native language is normally a ready-to-hand tool for communicating with the world, yet in these moments language as a tool has become unready-to hand. She finds herself powerless in front of such a situation. Heidegger (1971a) explains that undergoing an experience with language touches the core of our existence. We can become transformed by such experiences as our attention is drawn to our relation to language. For Laura communication is no longer taken-for-granted within the referential totality of communication, but instead the spoken word becomes present-to-hand in its incomprehensibility; her relationship to language is fractured and her experience becomes one of fear of not knowing while her whole Being is attuned to anxiety and distress.

Laura is deeply impacted by this event, in fact, the first memory that she shares with me about her experience *with* interpreters, is the one experience where there was *no* interpreter. Laura's experience lasts a whole night and day, until someone from the medical staff arrives, speaking a bit of Spanish and tries to assist both Laura and the medical staff. This experience would have been a completely different one if Laura had been able to communicate. She reckons her life may have been in danger because she was not able to communicate. If that were the case, an interpreter could have saved her life. The absence of an interpreter during this incident illuminates the importance of communication service that interpreters can provide by creating a space of mutual understanding between interlocutors. The fact that no interpreter was available and present reveals how important mutual understandings between interlocutors are, especially in times of a health emergency.

Vivienne faced a reproductive health emergency during which she underwent a traumatic experience at her local hospital, in the city where she was settled to live with her husband and children:

I was in the emergency room, I had lost a baby. I was pregnant, but I didn't know it. It was an ectopic pregnancy and it got complicated and I had to have emergency surgery. And it's been two to three hours waiting for them to get in touch with an interpreter. The doctor didn't know what to tell me, that he had to operate me, because it was the weekend and the Red Cross had no service. Everyone is disconnected, phones are switched off, there is no way to communicate with anyone from the Red Cross to tell them "come on, help me, interpret".

So you are left in the middle of nowhere, in pain in the emergency without knowing what to do. You can't imagine the pain I was in and they put me on morphine again and again and the doctor said "where does it hurt" and I said "it hurts here" and the doctor didn't understand me and I didn't understood the doctor, we didn't understand each other! All of this was very scary because I also have to face this all alone. My husband couldn't be with me, he took me to the hospital, left me and went back home because the children can't be left alone, there is no one to look after them. So today I am alone, by myself and we can't be together.

Then came a doctor whose wife spoke little Spanish. She didn't work as an interpreter, but she wanted to help me. I told the lady how I felt, she told the doctor and then she left because the doctor could not continue with that because of privacy issues and that the lady could not interpret for me. So, what to do? Because the doctor is trying to look for a way to help, even if it's in an unprofessional way. At that time the doctor's wife was not a professional, but nevertheless he looked for a way to help me, because I had already been in the hospital for four hours. They had relieved my pain but they didn't know what was wrong with me. I was scared because I didn't know what was wrong with me. I thought I was going to die there without knowing why.

I left the hospital on Saturday evening and they operated on me the next morning. The next day they managed to connect me with the interpreters and then a man from the church arrived. He was like the chaplain of the church at the hospital, and he interpreted for me. I felt relieved. This was all terrible on the side of the services and the Red Cross. They are to blame because they turn off their phones, don't they know that there are people who don't speak English? And you turn everything off because you just don't work. What are people supposed to do? Does the hospital let people die because no one answers?

Vivienne recounts her story and as she relives it, her anger escalates, and she sends a cry for help. She is thrown into a situation of shock, physical pain, and fear. Within one day she learns she is pregnant but needs to undergo an emergency surgery leading to her losing her baby. She is facing all this alone within a foreign English-speaking environment, without an interpreter. It is the weekend, and no one is answering their phones. It is plausible to assume the doctor is equally stressed by the unfolding situation. He cannot diagnose his patient because the patient cannot communicate with him. The doctor's wife, who is not an interpreter, is thrown into the situation as the only means available to facilitate communication, despite this breaching the doctor's principles and code of conduct. The next day, Vivienne undergoes surgery and is

connected to interpreters. At the end of our conversation, Vivienne wonders what people are to do in such desperate situations when interpreters cannot be allocated to assist them. Vivienne's terror and distress is palpable through this terrifying experience of non-communication, she says "I was scared because I didn't know what was wrong with me. I thought I was going to die there without knowing why."

Clio reflects on her experiences and raises the importance of having an interpreter, but also, of knowing about her right to access and request an interpreter in New Zealand:

> *I am very grateful that you are paying attention to something that is so significantly important to us. I am thankful because, this has happened to me, with a health issue that I am going through. I was called about it and I didn't have an interpreter with me and I was in distress. I cried on the phone that day. I couldn't understand what was going on, that's why I'm telling you, it's very important for me to know that I can ask for an interpreter. Because I didn't know that, for us here, it's our right to ask for an interpreter. I really didn't know that. That's why it's very important for me to know that, because I wouldn't like to go through the same situation again, for a legal matter, or a health issue. I wouldn't like to relive again the experience of not understanding what is happening.*

Participants' experiences of thrownness into situations where there is no interpreter for them to access information and communicate their needs foregrounds how such situations are traumatic for them. It can also be construed that this sense of unknowing would also throw the healthcare professionals themselves into a space of uncertainty, risk and professional difficulty when communication is impeded in these clinical circumstances.

9.7 Conclusion

The thrownness of refugee women into situations where language assistance is a necessity foregrounds the phenomenon of trust and its underlying presence in all interpreter-mediated interactions. The absence of interpreters to enable communication can create highly stressful situations that can lead to traumatic experiences for refugee women. As clients and patients not receiving the language assistance they require, refugee women are thrown into dangerous situations for their health, which are also problematic for the health care providers who are unable to treat them without the assistance of an interpreter.

In specialist settings such as medical environments, situations can quickly escalate, without the refugee women's accompanying children being able to remove themselves from interpreting, or dare to leave their mother alone. Such occurrences can expose all parties to extremely uncomfortable situations that can lead to traumatisation (Antonini, 2016; Tang, 2023; Tomasi & Narchal, 2020). Refugee women value the trust, comfort and safety they feel towards their child,

showing once again the power of trust within interactions. The use of children as interpreters or language brokers translates a lack of trust and consistency in the provision and quality of interpreting services.

In the context of face-to-face and remote interpreting, the importance of physicality and presence hold different significances, as refugee women tend to attune to their senses to help them understand and analyse the situation they are in. Attuning to intuition and physical cues becomes a coping mechanism for refugee women to analyse their interpreter-mediated interactions, understand what is going on and assess the quality of interpreting that they receive. Nevertheless, participants who indicated a preference for over-the-phone interpreting raised the guaranteed confidentiality and full anonymity of the process as the main benefit.

The thrownness of refugee women and the trust they place (or not) in interpreters was also apparent in their interactions with men or women interpreters. Numerous participants indicated feeling intimidated, ashamed or uncomfortable when using male interpreters, sometimes going as far as deciding to conceal intimate yet important healthcare information. Refugee women are constantly thrown into a local system they are not familiar with, as they are often unaware of their own rights, namely the right to effective communication in their own language through an interpreter (Health & Disability Commissioner website, n.d.). When a right that is not known, it turns into a right that is not used, pointing towards services that operate without understanding the severity and impact that the language barrier can have on clients and patients.

The absence of an interpreter during particularly severe incidents such as emergencies at the hospital illuminates the significance of their presence and the importance of their role as communication facilitators. When interpreters are not available, it is the weight of their absence that reveals how needed they are, especially in times of a health emergency. Ultimately, the thrownness of refugee women in a new life and country where the language barrier is prevalent means that their trust or mistrust in interpreters and local services can impact their access to information and essential services, and shape their resettlement experience and life in their host country accordingly. Overall, the phenomenon of trust, and whether trust is indeed present or absent, influences the dynamic and impacts the interaction of all the parties within a single interpreting experience. The trust that refugee woman can feel towards the interpreter (as a person) and the interpreting service they receive (quality of interpreting, service provision) informs how the whole interpreter-mediated interaction will unfold.

9.8 Epilogue to Findings: Significance of the Study from the Refugee Women's Perspective

This section provides an epilogue to the interview process and the key findings of the study. Participants often shared their thoughts on their experience of being interviewed about communicating through interpreters in New Zealand. To closely attune to the phenomenological nature of the study, I decided to elevate the refugee women's voice and sentiment in regard to their participation in this research, by bringing forth some of their afterthoughts on taking part in this research. This epilogue provides an opportunity for the simple message to shine forth, therefore I decided to strengthen the voices of participants by including three final crafted stories followed by their "I poems" (Koelsch, 2015).

Koelsch (2015) explains how the creation of "I poems" can be used to study phenomena by allowing the reader to emotionally engage with the participants' stories. In his writings, Heidegger (2001/2010) reflects on the meaning and importance of poetry, stating that through art, and poetry, "we first attain the basis and directive for seeing reality, for comprehending each individual reality as what it is, in the light of the possibilities" (p.127). As such, I provide three stories followed by their "I poems" without any commentary, to allow the reader to attune to the worldview of refugee women participants and the significance of the study, as experienced from their own perspective.

I have to say something to interpreters: respect the people, respect their choice. If I want you to interpret for me, you do the job, but if I say "no", you need to respect that. Number 1, respect me. And then, number 2, be objective and interpret exactly what I am saying and don't mix up. If I have emotions, interpret my emotions. If I am angry, interpret it. Because sometimes I will be angry and speak in my language, because I am frustrated, but the interpreter will not say it. Say exactly everything, even if I am angry, if I am swearing, you have to say it, you need to convey it.

Also, be neutral. Be objective, neutral and confidential, and respect the people. In your community, if you're being confidential, the people will know about it and then they will trust you. Getting trust with a lot of people, it's hard. But once you get trust, it's ok. Yes, that's the message I can send.

Anne-Sophie, 49

I have to say something to interpreters

I want to be respected

I want you to interpret for me, but, if

I say 'NO' it means 'NO'

I want my choices respected

I need you to interpret my words and needs exactly

don't mix my words

I have emotions – please interpret these

If I am angry or frustrated – interpret these

I want you to convey my feelings, even if

I am angry, even if

I swear

I want you to say exactly everything

I want you to be neutral, and objective

I need you to be confidential

Trust is hard

I need to trust you

That's the message

I can send

Yes, it is very important for me to do this interview, because I know it is very important for others who will come in the future, to improve so they can help them. And so, in the whole system, they can know what are the obstacles they can find in that area, and how they can improve those who are working in the company of interpreters.

Mona, 48

I do this interview

and

I know it is very important

for me, because

I know it is very important

For others, who will come, in the future

Women in my community don't speak up because it's very hard to trust people. I've been encouraging them and said "Look, you need to take part in this research so that you can explain how you've been affected by the system". We are not helped because people don't know about what's going on in our community. And this is very sad. We are not helped because we don't speak up. We have a lot of rumour, and then we don't want to speak to have other people help us. Taking part in your research, it's supposed to be one way to speak up, but [women] they don't do it, they don't want to do it. I hope they will do it one day. It's very hard, I hope with time they might change their mind.

Anne-Sophie, 49

In my community

I don't speak up

I find it very hard

to trust people

I am not helped, because

I don't speak up

I take part in your research

To speak up

I hope one day

Others will do it

I've been encouraging them

I hope with time

They might change their mind

Chapter 10

Discussion

10.1 Introduction

The research explored the lived experiences of resettled refugee women of reproductive age (18-49 years old) from Burundi, the DRC and Colombia with interpreters in New Zealand. The research aim was to provide insights into how these women access healthcare and essential services through interpreters in New Zealand and gain deeper understanding to enable a more mindful access to services. As such, the research findings provide an opportunity to reflect on improvements towards a more comprehensive interpreting provision approach to refugee and migrant communities. The research provided an opportunity for refugee women to voice their experiences and share their own perspective on using interpreters to access essential services. In this chapter I discuss and summarise these findings.

The research aim, the interview process of participants and the data analysis were all research components that I viewed as a single entity which I tried to always approach through three main intentions. First, I aimed to always bring forward the lived-experiences of refugee women of reproductive age with interpreters as they resettle in New Zealand. Secondly, I sought to understand how these lived-experiences of using interpreters are meaningful for resettled refugee women. Thirdly, I sought to foreground key learnings from the lived-experiences of refugee women, to inform improvements in New Zealand language services.

In this final chapter, I re-examine Heideggerian notions that allowed the phenomenon of trust to be revealed through the lived-experiences of participants. Thereafter, I discuss how research findings lead to recommendations to improve language provision for all. To begin this final chapter I return to where I started: entering the hermeneutic circle in the right way, through the journey of understanding that unfolded (Crowther & Thomson, 2020).

10.2 Uncovering the phenomenon

Entering the hermeneutic circle

The experiences that participants confided in me allowed me to gain precious insights from their perspective, making me constantly reflect on my own lived-experiences as a migrant woman, a researcher, and an interpreter working within our current language provision system in New Zealand. The iterative process of interpretive data analysis through hermeneutic phenomenology requires the researcher to dive into the human experience and think it,

understand it, feel it, explore it. In a way, I did not consciously 'think' of philosophical notions that I applied to gain deeper understanding of the research findings, but rather, possible ideas kept coming to mind whilst I was listening to the participants interviews, writing crafted stories, reading phenomenological authors, and conducting data analysis.

As I listened and crafted the participants' stories, I kept asking myself "What is the phenomenon of interest?". I found myself desperately trying to find the phenomenon and name 'it' from the descriptive themes created from the interview data. I knew that naming the phenomenon is crucial, yet somehow, I was never sure of going in the right direction. I found myself with a rich amount of data and my supervisors were convinced that I already knew what the phenomenon was, that it was time to name it, and yet something always seemed to escape me. I looked at the ontological insights emerging to help me reveal the phenomenon of interest, which at first, I had identified as 'being in limbo'. Yet this was not quite what I sensed was revealing itself as I kept diving deeper into the data.

Taking interpretive leaps

Initially, the phenomenon of 'being in limbo' encompassed the experiences of refugee women fully: they are in limbo when they become refugees, stay in limbo whilst fleeing and becoming asylum seekers, and remain in a state of limbo when they resettle into an unknown country, still hanging in limbo as the language barrier hits them and they cannot communicate. When needing interpreters, they are still in limbo, wondering what is being said, and if their message came across just right. Being in limbo seemed a self-evident normative notion that concealed something else that was emerging. I realised I had not truly grasped what was laying under the appearance of being in limbo.

Gradually, the phenomenon of 'trust' kept emerging like an obvious fact, that was there all along, hiding beneath all experiences, waiting for me to notice it and bring it forth to everyone's attention. Through constant study I was able to confidently move from 'being in limbo' to the phenomenon of 'trust'. This involved taking interpretive leaps to see beyond the self-evident and normative assumptions to foregrounding what was in the everyday experiences of these women. Heideggerian philosophical notions helped me in this task of moving beyond obvious descriptive layers by entering interpretive leaps when studying the participants' crafted stories and reading relevant literature (Crowther et al., 2017; Crowther & Thomson, 2020).

As I was reading and reflecting on the relationships between the notions, the descriptive themes, the tensions, the contradictions, the discordant data, the paradoxes, the metaphors, the data that seemed out of place or that 'jumped out' at me, it was the phenomenon of trust

that revealed itself to me. This iterative process of deep study and interpretation lasted many years and brought me to seeing how the phenomenon of trust is the pillar on which the entirety of the interaction between an interpreter and refugee woman is based. Trust is not 'one of the components' of a good and successful interpreting service. It is the principle that binds the interpreting interaction together, enabling the interaction to happen, to exist and unfold in the first place.

A deep dive into the phenomenon of 'trust'

Trust repeatedly shone through as phenomenological notions allowed the phenomenon to surface (Heidegger, 1962). Refugee women experience a "Dasein-with" [Mit-dasein] moment when they encounter an interpreter, a connection is established, and refugee women are no longer "alone" in this new world (New Zealand) that they are thrown into (resettlement and language barrier). Being-with [Mitsein] is a connection to others that is missing when refugee women face a language barrier that impedes communication to take place. Conversely, Being-with [Mitsein] can also become an established connection to others through the language and communication assistance that an interpreter guarantees.

As "the world of Dasein is a with-world [Mitwelt]" (Heidegger, 1962, p.155), the refugee women's Being-with [Mitsein] can also turn into a traumatic experience, depending on the interpreter's conduct. The trust that the interpreter brings into the interpreter-mediated interaction can be a source of relief or shame for refugee women. Trust can quickly turn into mistrust. The phenomenon of trust is a double-sided coin: just like a coin, trust has two sides, trust and mistrust. Through their behaviour, their quality of service, their actions, interpreters are always flipping "the coin of trust", and thus have the power to make it land on the side of trust, or on the side of mistrust, for the resettled refugee women who experience their services.

The thrownness [Geworfenheit] that resettled refugee women experience can be all consuming. Trust – and the lack thereof – becomes apparent in the loop of constant experiences of thrownness, from being a woman, living in an unstable, perhaps unsafe world, becoming a refugee, to the thrownness of arrival in an unknown country, to resettlement, learning a new language, being surrounded by beliefs and opinions different to one's own, adapting to a new culture and society; all these are challenges that refugee women encounter in various degrees whilst needing access to essential services and meeting and communicating via interpreters. The mood [Stimmung] of refugee women's arrival into New Zealand and during resettlement can be one of sadness, frustration, and shame, when confronted with the language barrier and potentially incompetent interpreting services. On the contrary, the mood can be that of relief and joy when meeting a competent and willing interpreter who enables communication.

Trust can also be found through the attunement [Befindlichkeit] that refugee women have towards the moods they sense. Their attunement allows them to assess their situation, their interpreter-mediated interaction and surroundings: how does the mood and behaviour of this interpreter make me feel? Do I sense that I can I trust this interpreter? How much can I trust them? Does my trust in this interpreter allow me to disclose sensitive, private information about myself? Heideggerian notions helped me to foreground questions that refugee women seem to ask themselves each time they meet an interpreter. These notions coalesced into a whole that shone a light on the phenomenon of trust. Trust revealed itself as an attunement that opens the world to interpretation and understanding for refugee women.

Others have examined the phenomenon of trust. Utley (2014) explored the "phenomenology of trust" and reflected on Merleau-Ponty's idea of trust as a singular, fundamental characteristic of human existence, an intertwined affective state of anxiety and courage. Utley (2014) argues that trust is not a separate element, but rather the unity, or what Utley calls the "something beyond" that binds the states of anxiety and courage together. Utley explains how "courage is demanded when we feel least courageous, or we are propelled towards courageous transformation when what we have known in our world vanishes (…) phenomenologically basic trust propels us into the world despite its inherent risks and our vulnerability" (p.3). Refugee women are indeed calling on their sense of courage as they are "propelled" into their experience of resettlement which also requires them to disclose intimate and sometimes traumatising information through interpreters, whom they do not know but must confide in anyway. The notion of trust is therefore paramount within interpreter-mediated interactions.

The role of trust is reflected in the way refugee women find themselves thrown into uncertain situations of [non]communication, where the interpreter is needed and expected to inspire trustworthiness in return (NZSTI, 2013; SLIANZ, 2012). Trust must be prevalent, it must be there, generated, ever-present, trusting that there will be trust, otherwise the interaction between the refugee woman, the interpreter and the third party cannot unfold. Utley (2014) adds that a phenomenological exploration of the notion of trust complements other philosophical explorations, such as Baier's (1995) who claims that the "special feel" of trust is "most easily acknowledged when it is missed" (p.132). Refugee women attune to the feel of trust, as their interactions become based on whether they can sense a presence or absence of trust. Baier (1995) further compared the feel of trust to someone moving from a "safe neighbourhood to a tense insecure one" (p.132). This comparison reflects the reality that refugee women face when they resettle: they leave their 'neighbourhood', the familiarity of their own home and country to be placed, without the option of choice, to an unknown country in which they are to settle in – without the ability to communicate.

10.3 What the research reveals

The research reveals the phenomenon of trust as the underlying foundation that informs the experiences that refugee women of reproductive age have with interpreters during their resettlement in a new country. The section that follows encompasses and examines the most salient research findings and their relation to trust for refugee women requiring interpreters.

The thrownness of resettlement

The stressful, anxiety-inducing experiences that refugee women often undergo during resettlement reveal an existential threat to their safety and survival and can become exacerbated by the language barrier met upon arrival to their host country. Interpreters were thus found to play a vital role in the resettlement of refugee women as they are experienced as a presence of relief, connection, understanding and growth during this period of thrownness, in an environment that is new, foreign, and in which only interpreters seem to be able to bring understanding. Participants collectively expressed how interpreters have been (and in many cases, still are) a vital part of their experience of resettlement. For refugee women, interpreters become much more than just professionals facilitating communication during resettlement: they become the portal through which resettling refugee women come to understand the world around them and enter their new life in New Zealand. When there is no interpreter to help them understand and communicate, the thrownness that refugee women experience leaves them – Dasein - bereft and vulnerable, attuned to anxiety and fear. When the interpreter is absent, or acts incompetently or unethically, there is no trust, and when trust is absent, Dasein finds itself thrown into a sense of uncertainty, captivity, alienation, and restriction.

The frustration of overcoming language barrier

Participants all raised language as the most challenging experience that they had to face upon their arrival to their host country and during resettlement. Resettled refugee women experience the language barrier as anxiety, frustration, invisibility, loneliness, and helplessness in relation to themselves, to others, to language and language learning. Language barrier is an obstacle that has deep-rooted effects on the refugee women's resettlement process, impeding interaction with the local community and becoming a hindrance to personal growth, work opportunities and gaining independence. Dasein's being-in-the-world and with-world [Mitwelt] brought forth the isolation that refugee women experience due to the struggle of learning a new language.

Aida, a Colombian participant, shared how painful it was for her going to English classes despite her motivation and willingness to learn. Every time she tried to concentrate and study, she experienced intense anxiety from resettlement, worried about the wellbeing of her children and

family, suffered from sequalae of PTSD, migraines, stress and mental illness and felt continuously incapable of focusing during class, or studying at home, which made her feel guilt and shame over her lack of progress in English. Such experiences were shared by other participants. For some, the guilt and shame associated with not being able to progress in English was enough to make these women feel depressed, cry and hide in shame. In such circumstances, refugee women trust interpreters as the only people capable of helping them communicate until they can do so by themselves.

The impact of interpreters' comportment

More than language professionals, interpreters are experienced as a form of support, relief, guidance and a friendly presence during resettlement. These interpreter characteristics are viewed as traits of humane behaviour that refugee clients value in their service (Marianacci, 2022). The interpreter's behaviour, mood, conduct and professionalism were experienced as bringing trust *in* and creating a safe environment for refugee women to feel trust and safety and thereby talk about difficult personal situations and intimate healthcare issues. Conversely, if trust is not there, refugee women experienced wariness, staying quiet and keeping information to themselves. Depending on the level of professionalism, conduct and overall comportment of the interpreter, an interpreter's presence becomes an experience of Mit-Dasein of positive as well as negative outcomes for refugee women and service providers.

As Dasein, every person has a comportment that is concerned with the way our being relates to itself and to others within the world (Heidegger, 1962). The translators' notes explain how comportment, or "Verhalten", can be understood as 'behaviour', 'conduct' and 'relationship' as Dasein understands Being when it "relates itself" towards Dasein (Heidegger, 1962, p.162). Although our comportment may be invisible to us, it is nonetheless apparent to others and can leave enduring impressions upon the people that we come to interact with (Chapman, 2021; Koch, 1995). As such, the women's experiences revealed how the interpreter's comportment is always apparent, felt and experienced by refugee women, and thus creates a relationship which, as Chapman (2021) points out, has an impact, "for better or for worse" (p.109).

In Being-with and with-world, interpreters can create trust and mistrust through their comportment. Findings revealed that trust begins before the interpreting interaction has started, from the moment the interpreter presents themselves and sets the tone through their mood and behaviour and then during the interpreter-mediated interaction itself. Findings also revealed that trust and mistrust can persist long after the interpreter-mediated interaction has concluded. The interpreter may break confidentiality by divulging confidential information, possibly impacting the life of the refugee woman and her relationship with her peers.

Interpreters are thus capable for bringing trust into the interaction but can also take it away through their conduct and performance, by not respecting the precepts of impartiality, confidentiality and other ethical principles (NZSTI, 2013). Through their comportment, interpreters become a presence of significance for refugee women as they have a lasting impact on them during their time of resettlement and beyond.

Participants disclosed that interpreters met at the MRRC and those encountered early in New Zealand would leave a profound impact in their memory - either in a positive way or a negative way. In turn, these initial encounters could 'set the tone' of subsequent relationships with interpreters and future interpreter-mediated experiences to follow, by informing positively or negatively the expectations and preconceptions of refugee women. My understanding is that the interpreters at the MRRC can leave a deep imprint of either trust or mistrust because they are the first local interpreters that the refugee women meet upon resettlement, a particularly stressful time during which they are in desperate need of support. If such support is not provided and trust is not created, trust is broken. These early experiences open the pathway for trust or mistrust to emerge depending on the interpreter's - aware or unaware - (in)sensitive, (un)ethical or (un)professional comportment, before, during and after their assignment.

Trust in the interpreter's comportment

The research revealed that refugee women 'tune-in' to assess the quality and outcome of their interpreter-mediated interactions, despite not understanding the language used during these conversations. By tuning into the interpreter's conduct, refugee women gather clues to assess how the interaction 'is going', but also, to judge the level of proficiency of the interpreter through a felt sense of trustworthiness, professionalism, and accuracy that the interpreter would inspire in them. Based on such intuitive assessment, refugee women would then bring in or remove their trust from their interactions. In turn, participants identified traits that they wish interpreters always respect. Some of these traits are principles that professional interpreters must abide by (NZSTI, 2013). Participants referred to the importance of maintaining "neutrality", in reference to NZSTI's (2013) principle of impartiality, and respecting the accuracy of the client's message, exact language, emotions, anger, and frustration to be conveyed and not suppressed by the interpreter. The respect of confidentiality was perceived as a major component in the creation of trust in interpreter-mediated interactions (Edwards et al., 2005). Moreover, refugee women issued a call for better professionalism, asking services to "prepare interpreters better". Ultimately, refugee women in this study appear to rely enormously on their instincts and first impression of the interpreter to assess whether:

- The interpreter can be trusted for the refugee woman to feel safe to open up and divulge confidential matters, and if so, to what extent; and whether
- The interpreter interprets well and thus provides a good service.

As such, findings reveal that the experience and the relationship between refugee women and interpreters starts before language interpreting is even involved in the interaction. The significance of comportment shows itself as trust originates from the human rapport first, before entering spoken language and ensuing service.

Trust and professional boundaries

Whilst refugee women in this study appreciate friendliness from interpreters, they also understand professional roles and boundaries and view them as a sign of professionalism on behalf of interpreters who respect such rules. Nevertheless, many of the characteristics that participants valued in interpreters seemed to be going against the interpreter's Code of Ethics and Conduct (NZSTI, 2013). Most examples given by refugee women as to what makes a good and trustworthy interpreter (even prior to interpreting, which is seen as useful to build trust and rapport), namely guidance, help, assistance, friendliness, are listed in the Code of Ethics as practices that practitioners should not engage in (Gao, 2021; Marianacci, 2022; NZSTI, 2013). My study thus reveals that there is often a conflict between what is experienced and valued by clients in practice compared to the industry expectations and rules on the role and comportment of interpreters.

Trust and mistrust disclosing power imbalance

The phenomenon of trust and its importance in interpreter-mediated interactions has previously been identified (Britz, 2017; Cassim et al., 2022; Edwards et al., 2005; Kanengoni-Nyatara et al., 2024; Priebe et al., 2016). In my study this was particularly illuminated through the lived experiences of participants in times of tensions and potential breakdown in interactions. In these moments the phenomenon of trust prevails when refugee women are confronted with two different situations:

- **Trust and mistrust in interpreters from the same community**

  An interpreter who comes from the same community as refugee women is not automatically trusted because of a supposedly similar lingo-socio-cultural identity or background (Cassim et al., 2022; Kanengoni-Nyatara et al., 2024; Priebe et al., 2016; Thorogood & Crowther, 2014). Findings suggest that trust can only occur when there is a sense of comfort and safety, and this can sometimes happen only when the refugee women do *not* know the interpreter, which allows them to speak without reticence. An

absence of trust in the interpreter can create a power imbalance that influences what information refugee women will decide to share or hide for fear of retaliation or breach of confidentiality. The impact of such power imbalance thus impacts all parties involved in the conversation, as it is usually invisible to the third party who is unaware of any power imbalance occurring but is nevertheless relying on the interpreter to communicate, as highlighted in the literature (Bletscher, & Spiers, 2023; Marianacci, 2022; Schider, 2017).

- **Trust and mistrust in male interpreters**

  Most women indicated a strong preference for a woman interpreter, as they expressed a sense of connection, comfort, and mutual understanding in having someone of the same gender interpret for them. Some participants claimed not having a preference or feeling at ease with a male interpreter to discuss 'generic' matters only. For most participants, talking to a male interpreter about personal experiences, health, sexual and reproductive matters, and other sensitive information was not possible. Although Heidegger's (1962) Dasein does not confine itself to a gender, refugee women distinguish their relationship of Being [Seinsverhaltnis] towards others, "from Dasein to Dasein" (p.162), between male Others and female Others. Participants revealed a tendency to view these two groups of Beings differently due to their gender, as they generally reported feeling uncomfortable, intimidated, ashamed, even scared when using male interpreters, often deciding on keeping important private information secret. Depending on the refugee woman's socio-cultural background and life experiences, a male interpreter may become an overwhelming presence triggering fear and possible re-traumatisation, and thus impeding an open interaction to occur during interpreting (González Campanella, 2022; Kanengoni-Nyatara et al., 2024; Shrestha-Ranjit et al, 2020; Thorogood & Crowther, 2014).

Trust in interpreting within essential and healthcare services

Congruent with previous research, findings revealed that the provision and quality of the interpreting service that refugee women receive impacts their access to essential services and healthcare, which impacts, in turn, the effectiveness of essential services (Crezee & Jülich, 2020; Crezee et al., 2020; Clark & McGrath, 2009, Enríquez Raído et al., 2020; Shrestha-Ranjit et al., 2020). In the case of remote (OPI) interpreting, participants raised the inability to rely on facial expressions and issues with connection as problems that impeded good understanding of what was said during the interaction. When accessing services face-to-face, refugee women were surprised and negatively impacted by the appointment of seemingly unprofessional or

incompetent interpreters during highly sensitive assignments (e.g. at the hospital or in Court trials) or reported that services struggled to find interpreters to assist them, all factors that compromised their trust in interpreters and local services.

Another common practice that jeopardised trust was the constant change of interpreters which makes it difficult to build a relationship of trust, particularly in sensitive mental healthcare settings. Davina suggested having "*one* psychologist and therefore there should be *one* interpreter" to confide to during counselling to support her and her children in their therapy journey, to build a relationship of trust and avoid possible re-traumatisation (Bartolomei et al., 2013; Gao, 2021; González Campanella, 2022; Hlavac, 2017; Keefe & Hage, 2009; Marianacci, 2022) by recounting trauma repeatedly to ever-changing interpreters. The constant change of interpreters impedes the creation of a safe environment and disturbs rapport building which makes it difficult for refugee women to feel trust in the interpreter-mediated process and talk about sensitive matters. The constant flow of different interpreters forces refugee women to recount traumatising events over and over to provide interpreters with context, causing refugee women to relive "what they are trying to eliminate". As such, refugee women revealed engaging in talks in which they briefed the interpreters themselves, instead of appropriate professionals briefing the interpreter (Gao, 2021). It is important to note here that we now understand how re-visiting traumatic events has neurobiological impacts that can have harmful influences on people's lives (Levine, 2021; Porges, 2022).

Moreover, refugee women revealed that, due to interpreters not respecting confidentiality, refugee women and children "close off" from services and decide not to pursue important counselling and therapy sessions that could prove vital for their individual and collective wellbeing. This lack of trust was even more prominent when refugee women and interpreters came from the same community; concerns previously described in the literature (Cassim et al., 2022; Kanengoni-Nyatara et al., 2024; Priebe et al., 2016; Thorogood & Crowther, 2014). The findings showed that the breach of confidentiality had devastating, long-lasting effects on the level of trust, wellbeing, and mental health of refugee women, but also extended to their families, children, friends and negatively affected their relationship with their community peers. Refugee women reported avoiding and hiding from others and their community because of feelings of guilt and shame resulting from their personal information being leaked from interpreters who did not abide by their professional ethics (NZSTI, 2013).

Additionally, refugee women reported being surprised that local systems are not automated and that there are seemingly no notes left on medical files to indicate that a person should require an interpreter for every appointment, to ensure an interpreter is always made present or

booked in advance. Ultimately, this recurring lack of consistent, high-quality, trustworthy interpreting provision leads refugee women to using their children to act as interpreters. The participants' experiences are congruent with the phenomenon of "child language brokers" or "child language brokering" which can negatively impact the well-being and result in traumatisation, stress and discomfort of these children (Antonini, 2016; Tang, 2023; Tomasi & Narchal, 2020). Studies on the impact of intergenerational trauma suggest long lasting consequences for these children of refugee women (Starrs & Békés, 2024).

Interpreters as an extension of refugee women

The research revealed that refugee women experience a Being-with interpreters, as they experience interpreters as a presence of guidance and support during their resettlement process as opposed to simply using their service. Participants referred to interpreters as the embodiment of their own "voice", as another person speaking on their behalf, being a friendly presence that allowed them to "grow" when the language barrier made them feel like "children", "illiterate" or "disabled" – all words used by participants to describe them trying to communicate in a new foreign environment. As such, interpreters not only help refugee women to communicate, but become an extension of refugee women, as they try to reach and understand the new world around them. This finding echoes with Merleau-Ponty's (1945/2005) description of how the blind man uses his walking stick to navigate the world. The blind person experiences the walking stick not as an object but an extension of their bodies to live in the world, as the walking stick and their bodies are one in the pursuit of their possibilities. Likewise, interpreters become the "walking stick" that refugee women use as an extension of themselves to navigate the world around them. The research reveals that interpreters are an extension to the refugee women's hearing (ears) and talking (voice) to communicate their needs to further their possibilities in their new world. The interpreter's conduct is so impactful to refugee women, because they are experienced as an extension of the refugee women themselves, and an expression of who refugee women are to a world that cannot hear, understand and acknowledge them without language interpreting.

The absence illuminates the presence

Pondering on Merlau-Ponty's (1962) stick for the blind, Malafouris (2019) explained that "from a phenomenological perspective it can be argued that the blind man using a stick does not sense the stick but the presence or the absence of objects in the outside environment" (p.117). As such, the experiences of urgency and intensely stressful situations for both refugee women and their dependents revealed that interpreters are experienced as a life-saving service that is either present for them to use, or absent, unavailable. The significance of trust and mistrust was

illuminated through the absence of interpreters, when refugee women were alone, without the ability to communicate with healthcare providers or understand what was happening. Such experiences were possibly traumatic as they unfolded in highly stressful moments of panic, when alone, in pain, undergoing surgery, being examined, needing urgent care, or needing to access healthcare for their children.

In emergency healthcare situations, several participants experienced moments of such intense stress and solitude when interpreters were not available to assist them in crucial times, that they thought they would die, and die without knowing why and without understanding what was happening to them. As such, the importance of having an interpreter to communicate became apparent in situations where no interpreter was present or available. Shockingly, this was often the case during important medical appointments, emergency interventions and even surgical procedures. The participants' experiences repeatedly exposed a lack of knowledge of their rights and local systems, preventing them from providing informed consent:

- Refugee women are often unaware of their right to effective communication and how to navigate the local systems in place. As a result, they encounter a language barrier in public services which leaves them scared and unable to give informed consent.
- Despite interpreting being a legal requirement in New Zealand (Enríquez Raído et al., 2020; Health & Disability Commissioner, n.d.), health care providers do not always acknowledge the need for interpreting, may accept the accompanying person to fulfil that role, and whether they attempt to locate an interpreter or not, all these actions are not always explicitly discussed or explained to the women patients.

The absence of interpreting reveals how needed the interpreting service is to refugee women to provide them with understanding in situations that can become traumatic for them, when they report resorting to using machine translation tools on their phone, and using body language and hand signals in desperate attempts to communicate with health care providers (Floyd & Sakellariou, 2017). Some women were surprised that there appeared to be no "emergency interpreting" service during out of office hours (nights and weekends) or for emergency departments. In such situations they are placed in a dangerous health predicament that can also be problematic for the health care providers who are unable to diagnose and treat them without the assistance of an interpreter. As Beings, we seek to understand and be understood, so when the interpreter is absent, the possibility of understanding via the interpreter is gone. The absence of interpreting to enable understanding is what matters most to refugee women who need to understand and be understood to be safe and well and have their possibilities

safeguarded. Interpreters enable this access to understanding when they have an agreeable and professional comportment for trust to awaken between a woman and an interpreter.

A paradox: the refusal of using interpreters despite needing their service

"Bad" interpreting, poor language assistance, unethical behaviour and overall negative experiences with interpreters contributed to refugee women declining the use of interpreters, either progressively, or abruptly, following specific events. Findings showed that mistrust and distrust in interpreters can be such that refugee women decline working with them and try to communicate by themselves to be autonomous, despite not mastering the foreign language yet (Pym, 2021). This paradox, shaped through the trust and mistrust in interpreters gestures towards a palpable tension. In phenomenology that which shows itself, shows itself more clearly and more explicitly in times of breakdown and disruption when things are not working well. Here, the experiences of so called 'bad' interpreting reveal more about the experience of receiving interpreting services and creating broken relationships of trust and mistrust between the client and the interpreter. In these times of 'bad' interpreting, the breakdown highlights the significance of trust and comportment to help women feel more at home when they feel in a place of unhomeliness. When interpreting works 'well', refugee women experience being more welcomed, able to feel comfortable to trust and express their needs.

10.4 The thesis of my thesis

The lived-experiences of refugee women illuminate the phenomenon of trust which reveals how the comportment of interpreters can enable or remove such trust from interactions. Comportment denotes the skilful conduct of the interpreter, which, when agreeable and effective, helps women to trust and navigate their thrownness so that their possibility to achieving what matters most to them is graspable. Trust is therefore the link that binds the experiences of refugee women to interpreters and the services of the host country. Trust ultimately indicates that the lived-experiences of refugee women with language and communicating through interpreters is a reflection of the refugee women's own being and wellbeing; their relationship to language is a reflection of how they view themselves, and their place among society, everydayness and the world that surrounds them. Refugee women live with and through language to simply *be*, to exist, to navigate life and access essential services like any other non-refugee person. As such, a refugee woman's personal relationship with language reflects the way she sees herself, and the way she is considered, seen, and treated as a being, in the world, by others.

10.5 Implications and recommendations

Resettlement strategies and language acquisition

This study exposes a general unrealistic expectation for refugee women to first learn their host country's language, before they can start engaging in the local community and become part of its society. Refugee women are expected to engage in important activities such as finding work or study only *after* the language learning process has taken place and English proficiency has been acquired. Language learning is a lengthy process which can be particularly difficult due to their unique pre-migration experiences and resettling conditions (Burn et al., 2014; Field et al. 2020; Hope, 2013). Yet this lengthy process of language acquisition impedes refugee women from 'moving on'. Although they want to become independent and participate in activities, they are unable to do so, as English is a major component of finding work, but also a requirement to study, or building a business. This can make refugee women feel trapped by a system that does not allow them to grow unless they comply to academic expectations (e.g. IELTS etc.). The expectation for women refugees to attend English classes may not the best solution for them, as it may not consider factors such as their level of education, psychological and mental capacity to learn a new language post-resettlement and the need to be primary care givers and find work to sustain their families.

Recommendation(s): Refugee women cannot be simply thought of in terms of ESOL English language students (Mortensen, 2008). The condition of refugee women and the impact of the language barrier on their wellbeing and resettlement experience must be reflected on and considered when governing bodies create and motion resettlement strategies around language and participation in the country of resettlement. The possibility and benefits of working in an English-speaking environment must be reflected on, to enable interaction and facilitate language learning through immersion when working with the local population (see Figure 13). This can be achieved by:

- Identifying local activities and volunteer programmes that refugee women can participate in and simultaneously improve their language skills, and
- Identifying work positions that can be occupied by refugee women who are still studying or learning the local language, and
- Set study paths for refugee women with language requirements that are realistic for them to achieve, for education and growth to become a possibility and not an obstacle, and

- Ensure that all the above-mentioned options are communicated to resettled refugee women so that they are aware of such programmes being accessible to them.

Safeguarding user rights through effective provision of interpreting services

The refugee women's individual experiences often alluded to a deeper systemic issue regarding the awareness, provision, availability, and accessibility of interpreting services. Interpreting services are necessary to provide equal access to essential services for those who need language assistance, and should be offered to refugee women directly by the service providers, rather than expecting refugee women who lack the language skills and knowledge of the local system to fend for themselves and be the ones to ask for an interpreter. Refugee women often disclosed being unaware of the local systems in place or how to navigate them, not knowing their rights, not knowing what is appropriate or allowed for them to ask for, including how to seek an interpreter when needed. To compound this, health care providers and employees of essential services appear to be oblivious of the severity of the situation of these women experiencing a language barrier. Consequently, they may not acknowledge the need to contract an interpreter, and may easily accept fast but inadequate solutions, e.g., allowing children to interpret.

My study has revealed that refugee women have limited or no knowledge of their rights in New Zealand despite the fact that accessing essential services through interpreters is critical. Some participants were surprised to find out about their right to effective communication in their own language, including the assistance of an interpreter (Health & Disability Commissioner website, n.d.). Essential services and the provision of interpreters appear to function in a dissociated manner instead of jointly. Services that cannot identify the need for interpreting nor seek appropriate interpreting services on behalf of their clients end up putting everybody in danger by failing to enable communication and guarantee the user's rights.

Recommendation(s): Educate CALD communities (especially recently arrived refugee women) to exercise their rights and train the essential service providers and frontline staff (hospitals, psychologists, lawyers, police, government services (e.g. Work and Income - WINZ), power companies etc.) on how to work with CALD clients and use interpreters. A mandatory training module could be designed for both clients and services on the importance of accessing and providing high-quality interpreting (Gao, 2021; Hlavac, 2017). This training module could be developed by creating co-design participatory processes involving all stakeholders (MBIE, 2016). The Government could foster a long term collaboration with NZSTI, by allocating funds to support NZSTI's volunteer workers to oversee, implement and run service users' education.

Rethink mental healthcare and interpreting provision as 'one' service

The sensitive nature of mental healthcare assignments heightens the importance of establishing a relationship of trust with the interpreter. Only then can refugee women make progress in their mental health journey through the programmes offered to them, in line with research on the importance of trauma-informed interpreting (González Campanella, 2022; Hlavac, 2017), allyship (Marianacci, 2022) and interpreting as a form of social justice (Bancroft, 2015).

Recommendation(s): Refugee women must be allowed the possibility to request, if possible, the same interpreter for sensitive topics such as ongoing therapy or counselling (Hlavac, 2017). This can be easily applied by attaching on the patient's file the interpreter's name or gender preferences (female vs male interpreter). A mention about a gender preference when booking an interpreter would not require any effort from the service provider's part, but it would make all the difference to vulnerable clients and patients, and to the medical professionals who rely on a smooth consultation and interpreting service to accurately assess the patient's needs. In turn, interpreters should give their consent to be contacted for ongoing interpreting for a specific woman, as mental and healthcare interpreting can cause vicarious trauma to interpreters (Bancroft, 2015; Hlavac, 2017; Crezee et al., 2015).

Rethink current practises and the Interpreters' Code of Ethics and Conduct (NZSTI, 2013)

In New Zealand, the quality and provision of language services designed to assist refugee women can have adverse effects. My study has highlighted how the current interpreting system may lead to re-traumatisation of an already vulnerable population. Refugee women are in dire need of effective essential services and high-quality language assistance to grow and overcome obstacles in their country of resettlement (Bartolomei et al., 2013; González Campanella, 2022; Keefe & Hage, 2009; Marianacci, 2022). The research reveals that refugee women need someone to rely on during resettlement; a person who speaks both their language and the language of the host country, who knows the local system and whom they can trust to ask for guidance and assistance to navigate this new country that is unknown to them.

There is a need to confide in one interpreter only in sensitive settings; in her interview, Davina asks the government to allocate one interpreter for each refugee family for a period of one year. The significance of Davina's suggestion needs to be acknowledged and reflected upon. Being assigned a specific interpreter long-term would allow the interpreter to become a beneficial presence as an ally for refugee women (Marianacci, 2022) which could quickly turn the interpreter's role into advocacy (Crezee & Roat, 2019; National Council on Interpreting in Health

Care, 2004). Although engaging in advocacy might blur the interpreters' clarity of role boundaries (NZSTI, 2013; Pokorn & Mikolič Južnič, 2020), interpreters engaging in acts of cross-cultural mediation "seemed beneficial to healthcare interactions as the effort helped patients gain familiarity with the Aotearoa New Zealand Health system and medical culture" (Gao, 2021, p.239).

Currently, the local New Zealand Code of Ethics and Conduct (NZSTI, 2013) prevents interpreters from stepping outside of their predefined professional roles, whilst other countries (e.g. USA) have allowed more flexibility for the interpreter to point out health literacy, cultural differences or potential misunderstandings (Crezee & Roat, 2019; Gao, 2021; National Council on Interpreting in Health Care, 2004). Clause 7 of the USA National Code of Ethics for Interpreters in Health Care (2004) tries to weave the definition, role, and limitations of advocacy within the interpreter's role:

> When the patient's health, well-being, or dignity is at risk, the interpreter may be justified in acting as an advocate. Advocacy is understood as an action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes. Advocacy must be undertaken only after careful and thoughtful analysis of the situation and if other less intrusive actions have not resolved the problem. (p.19)

Nevertheless, the same clause recognises that advocacy in relation to health care interpreting is a controversial issue (Crezee & Roat, 2019; National Council on Interpreting in Health Care, 2004). Interpreters are asking for guidance on how to apply advocacy as some practitioners feel that such role is inappropriate while others are confused about its implications in practice (National Council on Interpreting in Health Care, 2004; Pokorn, & Mikolič Južnič, 2020). As such, the establishment of bilingual patient navigators was found to be highly beneficial to advocate for patients in a USA children's hospital, with authors suggesting the potential usefulness of a similar role within healthcare settings in New Zealand (Crezee & Roat, 2019). However, the present research revealed that refugee women require such advocacy in all aspects of their daily life, beyond healthcare settings, to understand and navigate all essential services in their host country (Badu et al., 2023).

Recommendation(s): There is an urgent need to question the current status quo of the whole interpreting industry in New Zealand, by examining needs, education, training, expectations, and practices in a transparent way. Impactful, practical, and necessary changes to services can be realistically applied if the current stakeholders reflect on them and place the CALD refugee women's interests first. This can be done by:

- Reviewing the New Zealand's Code of Ethics and Code of Conduct (NZSTI, 2013) by taking into account considerations and recommendations of the interpreter's role from other countries (e.g. National Council on Interpreting in Health Care, 2004) to define a principle, always in full respect of the interpreters' professional role, to:
  - reflect the real-life challenges of interpreting work;
  - consider the client's needs to build trust and connect through a humane comportment;
  - allow flexibility for interpreters to create such trust to facilitate interpreting.
- Introducing the role of a bilingual resettlement navigator to act as a knowledgeable bilingual guide for refugee women during their first year of resettlement. This would be different from a patient navigator who is only present in healthcare settings and different from a settlement cross cultural worker (NZ Red Cross) who is contracted to assist in practical tasks only. This person (ideally a woman) would act in collaboration with refugee resettlement services and their role would be to follow closely refugee women in their resettlement journey and help them access information suited to their personal needs, in tasks that interpreters cannot assist them with.
- The lack of funding to promote effective interpreting and culturally appropriate practices in New Zealand (Gao, 2021; González Campanella, 2022) keeps impeding systemic change and new resources. An efficient and realistic approach would be to allow practitioners to 'wear two hats' but always with appropriate understanding of and training for each role. This can be achieved by training flexible and willing professionals to act with different but complimentary scopes: bilingual patient navigators (intercultural mediators or cross-cultural workers) can train to become interpreters. The opposite is also feasible: trained interpreters who wish to act as bilingual resettlement navigators can train to hold both credentials. The feasibility of this approach and any possible ramifications should be reflected on within the existing New Zealand industry context.

Trust within refugee women participation

The feelings of gratitude that participants expressed on the importance of sharing their experiences and being heard through research were very telling. Anne-Sophie encouraged other interested but reluctant Congolese refugee women to trust the research and seize this opportunity to "speak up" and explain how they have been "affected by the system". Nevertheless, many refugee women would rather not take the risk to speak about their experiences, even anonymously. This observation must be taken seriously to urge researchers and the government to find ways to gain the trust of their refugee and migrant populations

before they issue calls to participate in research or give opinions. It is not by interviewing women that one may gain their trust, there needs to be first a sequential, acceptable and trustworthy process. This begins with collaboration and women experiencing trust and feeling secure enough in their everyday life to be able to trust those in a position of power, such as academics conducting research or government representatives approaching refugees to conduct work on their behalf. Only when a collaborative approach is initiated can we begin to understand refugee women and CALD populations to create more inclusive strategies (UNHCR, 2011). Anne-Sophie expressed the problem clearly:

> *We are not helped because people don't know about what's going on in our community. And this is very sad. We are not helped because we don't speak up.*

Anne-Sophie's portrait of the Congolese women refugees draws a vicious circle that needs to be broken: unless refugee and migrant women feel safe and trust in the system and the people who represent said system, they will not speak up. Similarly, the systems in place cannot improve if the women from the refugee and migrant communities do not trust them to speak to them. This research revealed that refugee women lack the trust that is so necessary for them to voice their concerns. This lack of trust impedes them from sharing crucial information that could allow local services to understand their needs and inform better practices to safeguard their rights and needs going forward in their new lives.

Recommendation(s): Governments and stakeholders must implement caring and culturally appropriate ways to create trustworthy relationships and safe spaces for refugee women so that, with time, they can feel comfortable to speak their mind and have their voices heard without fear. If there is no trust, knowledge cannot be shared. If knowledge stays hidden, there will always be misinformation, misunderstanding, lack of transparency and faulty practices that impact the life of those most in need for understanding and support: resettled refugee women and their communities.

Education, industry regulation and feedback mechanism for clients

Refugee women expressed shock, mistrust, fear, and negative consequences when assigned to interpreters who were acting in an unprofessional, incompetent, or unethical manner, sometimes not even having adequate command of the required languages during important or high-risk assignments (e.g. resettlement information sessions, medical consultations, Court trials etc.). The recurrence of such reported deleterious incidents points towards an urgent need for industry practice reviews, strict regulations and monitoring. Refugee women called on both interpreters to be professional, to study and work with professionalism, skill, willingness, and

respect, and on services to train interpreters to work more effectively (Bancroft, 2015; González Campanella, 2022; Marianacci, 2022). Presently, there is no formal and safe way for refugee women to raise confidential, anonymous feedback to bring interpreters' inadequate service or behaviour to the attention of stakeholders and services. More effective industry regulation is necessary to remedy to this situation, for the benefit of all parties involved in interpreter-mediated interactions. In support of this, Marianacci (2022) highlighted the "need to ensure understanding before finalising a job (…) with the importance of escalating any problems—linguistic or otherwise—so that they can be addressed by a competent authority" (p.208).

Recommendation(s): Education, industry regulation and the possibility for clients to raise concerns are essential components that inform the interpreting industry as a whole. The experiences of refugee women speak loudly to the lack of regulation in the industry and the inability for vulnerable women to raise issues and concerns in a safe way. Stakeholders must:

- Create an official national feedback and complaints mechanism without fear of retribution for refugee women. This would both greatly benefit health and legal practitioners, as well as vulnerable CALD refugee women who want to raise concerns for the quality of interpreting, they have received to raise attention on practises that may harm themselves and their community in the long-term, and
- Assess the quality of interpreters and ensure continuous, up to date professional development on working with vulnerable refugee women, and
- Regulate the interpreting industry and monitor the trustworthy provision of effective, high-quality interpreting services for refugee women and CALD populations considering the LAS project and NAATI requirements for interpreters in New Zealand (Enríquez Raído et al., 2020; Gao, 2021; Immigration New Zealand, n.d.).

New Zealand provision of interpreting services: is the system flawed?

This study revealed that resettled refugee women are often denied access to optimal healthcare because interpreters do not accept assignments, even in the case of high-demand languages (e.g. Spanish) and in high-risk environments (e.g. hospitals). Informal conversations with interpreters indicate that many are turning down assignments due to unsustainable working conditions. Gao (2021) suggested a mismatch between New Zealand "interpreters' compensation and working conditions and the complexity and importance of their work" (p.264) which can be further appreciated when reading Hlavac's (2017) work and training requirements for Australian mental health interpreters.

Following NZSTI's 2023 annual conference, two colleagues and I initiated a report which raised low remuneration, interpreters' dissatisfaction with their working conditions and resulting career abandonment leaving "CALD communities without language and communication support during crucial events, such as medical interventions, health emergencies, court hearings and immigration/legal appointments" (Cannard et al., 2023, p.4). The President of NZSTI issued an open letter (see Appendix J) urging the New Zealand government to take urgent action as interpreters leave the industry to seek better employment "meaning that some individuals currently have their basic right to effective communication denied" (NZSTI, 14 June 2023). Anecdotal evidence shows that some LSPs working with MBIE (and by extension essential services) hire untrained interpreters who accept to work for low rates. Professional exodus due to unsustainable working conditions must therefore be tackled (Gao, 2021) as it impacts the quality and availability of interpreting that refugee women receive, impeding their access to essential services and leading to a violation of the right to effective communication (Health & Disability Commissioner website, n.d.) as revealed by the research.

Recommendation(s): The government must urgently examine the current language assistance and interpreting system in place to assess if it is serving or failing its purpose. Recognising the vital role of interpreters in bringing together CALD communities, local governments, and essential services, and the necessity of improving the remuneration, work conditions of interpreters and regulating the interpreting industry (Gao, 2021; MBIE, 2016) would not only benefit the interpreters themselves, but it would improve the quality of services that vulnerable CALD communities receive, as they rely on the assistance of interpreters for access. It is hoped that the findings of my study will help inform the LAS Project and future systems in place as efforts are being made to ensure higher quality standards for the profession in New Zealand from July 2024 onwards (Enríquez Raído et al., 2020; Gao, 2021; Gray, 2019; Immigration New Zealand, n.d.), as discussed in detail in chapter 2.

10.6 Suggestions for future research

The research findings call for research in this domain from three perspectives.

Firstly, from a 'women's wellbeing and healthcare perspective', phenomenological research is needed to explore the lived-experiences of refugee women in maternal and mental healthcare and (trauma) therapy through interpreters, when experiencing a language barrier. This recommendation also leads towards additional qualitative research on the psycho-social effects of the language barrier and the acquisition of the language of the host country (feasibility, pre-migration experiences and gender norms impacting learning, challenges, recommendations) for refugee women.

Secondly, from a 'refugee & migrant health perspective', further phenomenological research is needed on the lived-experiences of resettled refugees who work as untrained interpreters and refugee children who act as language brokers, to understand how their interpreting activity may impact their lives, resettlement experiences and relationship with their family and community. Findings also point towards further research into the possibility of resettled women acquiring language proficiency and agency in their host country's society through non-traditional opportunities, such as through volunteering, paid or unpaid work, immersion in the local community, community engagement etc.

Thirdly, from an 'interpreting services perspective', evaluation focused research is needed to investigate the improvements and effectiveness of interpreting service provision for refugee women and CALD populations in New Zealand following the LAS project and the implementation of the NAATI certification requirements post July-2024. The interpreting industry is at a turning point in New Zealand and these new requirement changes have the potential to impact the industry profoundly. Therefore, both quantitative research would be needed to measure such impacts but also qualitative research would allow to gain more comprehensive and in-depth knowledge from service users and providers. Intervention based research is required to examine the possible implementation of bilingual navigators or interpreters who have been trained to act as bilingual navigators within the New Zealand context. Both recommendations would benefit from an action research approach working directly with stakeholders to work out the best solutions that are acceptable to the targeted communities. Moreover, the importance of collaboration in any research in this domain cannot be overstated. Due to the trust issues highlighted in this study any research and policy proposals need to be with refugee women in collaboration and not simply done about them on their behalf.

10.7 Limitations

The research presented some limitations. I am a French-Greek migrant who was born and raised in Europe meaning that I do not share a similar culture nor life-experience background with participants who are all resettled refugees. I have unavoidably approached the research as a practising interpreter and my professional practical and empirical knowledge has always informed my understanding during the research process and resulting data analysis. Nevertheless, I considered it my duty to approach research and findings with an open mind. I believe that a researcher coming from a refugee background would have been able to inspire more trust amongst the participants by connecting with them through a similar experience of having become a refugee and having experienced resettlement firsthand.

The research was also conducted in the time of the COVID-19 pandemic which greatly disrupted my ability as a researcher to build rapport amongst small communities by meeting participants face to face, individually or in groups. The participants' language group was confined to French and Spanish speakers, which represents only a small cohort of all the languages spoken everyday by resettled refugees in New Zealand. Most participants were of Christian faith and their experiences, practices and beliefs may be different from other refugee women of Islamic or Buddhist faith for example. This is a qualitative study using hermeneutic phenomenology, so the numbers were smaller because saturation or generalisation is not the aim of the study. Sufficiency of the data was gathered to reveal the phenomenon of trust through in-depth data analysis knowing that there is always more to reveal. Although the research was open to women who arrived in New Zealand as either quota refugees or asylum seekers, only quota refugee women agreed to participate in the study.

10.8 Trustworthiness of the study

The trustworthiness and credibility of the research findings was safeguarded by thoroughly respecting the ethical considerations regarding recruitment and data collection. The research credibility was ensured by constant de-briefing with the research supervisors at all stages of the research, from the research proposal to the thesis completion as well as providing several presentations to peers and others both nationally and internationally (see Appendix I). The duration of the research allowed me to have a prolonged engagement with participants, to collect data over time, but also with stakeholders and academics to further my understanding of the study subject. When studying the implications of qualitative research, Guba and Lincoln (1994) stated that "findings are created through the interaction of inquirer and phenomenon" (p.107) and, in my case, I took all necessary steps to consider, implement and safeguard to the best of my ability, all ethical requirements and academic processes as set out in detail in Chapters 4 and 5 on research Methodology and Methods. For transparency I have stayed aligned to the reflexive nature of this genre of inquiry and provided a detailed paper trail to show my research thinking and processes (see Appendices A to O).

10.9 Personal reflections on the research journey

The methodology chosen invites reflexivity and, in this section, I provide my personal reflections on the impact and effect that the research had on me, as a person and a professional. While I was conducting my doctoral research, I had my own child within the New Zealand context. Neither my partner or I are native English speakers or cognisant of maternity services and local practices, and despite a high level of English comprehension, I found myself sharing many of the emotions that women expressed in this study. Reflecting on the experiences of refugee women

has shaped the way I understand my role as an interpreter and the impact that my work can have on someone's life. Listening to the experiences of resettled refugee women about our service as interpreters was a motivation and a reason for me to start a petition to advocate for "Fair pay for professional interpreters in Aotearoa New Zealand" in 2022, which collected 1,600 signatures (NZSTI, 2023) and to disseminate findings through conference presentations (see Appendices I and J). The 2022 petition was also sent to the Refugee and Migrant Services (MBIE) along with interpreter testimonies, one of which was mine, and in which I raised the voices of the refugee women participants of my study to make sure that they are heard by important stakeholders.

Research also led me to volunteering and later working for the NZ Red Cross, which was a human, eye-opening experience that brought me in direct contact with refugee families and the complexity of their resettlement process in depth. I have seen families and single mothers with young children who have no toys to play with and have no one to talk to aside from the people working as part of their resettlement process. Seeing women and their families in such vulnerable moments showed me how we are all connected as humans and how we must all work together to support each other and create a warm, kind environment to live in for all. In times of doubt and exhaustion, when I felt mentally drained and tempted to halt this PhD, I kept reminding myself of the refugee women that I had met and talked to. Their voices gave me the strength and motivation to carry on and bring the research to completion.

Anne-Sophie, a Congolese participant, openly asked me to justify the use that I will make of the information that refugee women shared with me about their life and experiences. I wish to honour the knowledge derived from this research to help participants have their voices heard and not just being 'used' for the benefit of conducting research on them. I therefore call on the New Zealand government and MBIE to reflect on the experiences of refugee women that are presented in this research to improve today's language service provision system with respect and consideration towards refugee women, CALD communities and their future lives in New Zealand.

10.10 Closing

What becomes apparent through this research is that everything is interdependent and interconnected. The lived-experiences of refugee women, the local system of the refugee women's new host country and the interpreters as part of the services offered to them form one single entity: all depend on each other and are informed and developed by and through each other. Consequently, the trust that refugee women place on interpreters is connected to the consistency and quality of interpreting and essential services that they receive. If there is

trust in interpreters and services, refugee women feel comfortable and safe enough to disclose their private information to the people representing their new country of resettlement, be that interpreters or essential service providers. As the research revealed, interpreters are an undeniable part of the refugee women's resettling journey. Therefore, the trust placed in them reflects the trust that refugee women place in the environment of their host country.

All participants recognised the paramount importance of interpreters in their lives in New Zealand, with Davina, a Colombian participant, stating characteristically that "without these people, we are nothing at the beginning here in New Zealand." Nevertheless, participants asked me to raise their experiences of negligent behaviour from either interpreters or services who do not provide competent interpreters systematically, and the severe consequences that the non-provision of high-quality interpreting could entail. Essentially, refugee women asked me to bring their reality to the attention of practitioners, stakeholders, to the government and the employees of essential services and the healthcare system, and have their concerns be considered to inform improvements. To not take the refugee women's voices into account is to ignore them and keep them silenced causing harm and distress: a perpetuation the very issues these women sought to escape.

Lyytinen (2017) explains how the 'journey' and 'trust' are two issues for refugee populations that are essential to understand their experiences. The author states that 'journey' and 'trust' can thus be analysed jointly as "journeys of trust" (Lyytinen, 2017, p.1). My conclusion from studying the experiences of refugee women of reproductive age with interpreters in New Zealand is that interpreters are a vital part of the refugee women's "journey of trust" as they resettle in a new country.

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Appendices

Appendix A: Ethics Approval

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

20 May 2021

Susan Crowther
Faculty of Health and Environmental Sciences

Dear Susan

Ethics Application: 21/68 **Refugee women of reproductive age sharing their experiences on using interpreters while resettling in New Zealand.**

We advise you that the Auckland University of Technology Ethics Committee (AUTEC) has **approved** your ethics application at its meeting of 17 May 2021.

This approval is for three years, expiring 17 May 2024.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through http://www.aut.ac.nz/research/researchethics

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Cc: carolina.cannard@gmail.com; Ineke Crezee

Appendix B: Interview indicative questions sheet (English version)

INTERVIEWS – INDICATIVE QUESTIONS

Project title: ***Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.***
Project Supervisor: ***Susan Crowther***
Researcher: ***Carolina Cannard***

Interview set-up:
Recorder with fresh batteries, notebook for note taking, discuss the content of the Participant Information Sheet and provide time for questions relating to their participation, sign the consent form, leave a copy of the consent form with the participant and keep the other, begin the interview, hand the Koha at the end of the interview.

Interview content:
The table below contains indicative questions in English. Once AUTEC has approved the questions below, they will be translated in all three languages involved in this research: English, French and Spanish.

ENGLISH **(original version before translation into French and Spanish)**
1. What was your experience when you found out that you were going to be resettled in New Zealand? 2. Did you know what language people speak in New Zealand? 3. What was your first experience when you arrived in New Zealand? 4. How was your experience of communicating when you arrived in New Zealand? 5. Tell me about an experience when you couldn't understand what was being asked and you couldn't respond? 6. Tell me about an experience when you could understand and you could respond easily? 7. Where you assisted by an interpreter during your first days/weeks in New Zealand? How where you assisted? 8. Tell me your experience the first time you met an interpreter in New Zealand? 9. Tell me your last experience with an interpreter in New Zealand? 10. How did you experience communicating through an interpreter? 11. How was it helpful to have the interpreter present? 12. How did you feel about the interpreter being a man/woman? 13. Have you experienced health concerns since arriving in New Zealand? (Eg. Being pregnant, having a baby, having an STI, being treated for HIV, being physically examined…) 14. Have you communicated through an interpreter in a healthcare setting in New Zealand? Tell me about that experience? 15. Have you communicated through an interpreter in a maternity or reproductive setting in New Zealand? (Eg. being pregnant, having a baby, being treated for HIV or an STI, being physically examined…) Tell me about that experience? 16. Tell me a health-related experience which was difficult since you came to New Zealand, for yourself or your family? 17. Tell me a health-related experience which was positive since you came to New Zealand, for yourself or your family? 18. Is there anything else you would like to share or tell me about? 19. Prompts will be used to further develop the above questions. Eg. "Tell me more about that, how that was good/difficult experience..., tell me more about the experience of having an interpreter…?"

Appendix C: Participant information sheet (English version)

Participant Information Sheet

For English speaking participants

Date Information Sheet Produced:

24th February 2021

Project Title

Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.

An Invitation

My name is Carolina Cannard and I'm a French-Greek Doctoral researcher at Auckland University of Technology.

I arrived in New Zealand as a migrant in 2015 and have been working as a translator and interpreter to assist people who struggle with English and need help to communicate in New Zealand.

I would like to invite you to participate in my research and hear about your experiences with interpreters in New Zealand. If you accept this invitation, we will do a face to face or online interview lasting about 1 to 1.5 hours.

What is the purpose of this research?

The aim of this study is to learn more about the experiences of refugee women of reproductive age (18-49 years old) who use interpreters while resettling in New Zealand. Women refugees face many risks during their resettlement to their host country. You may be a refugee woman who has faced family separation, particularly stressful situations or health complications while migrating in New Zealand. Maybe you didn't understand or speak English, and therefore you relied on interpreters to help you communicate during the process of resettling.

The main intention of this study is to give refugee women such as yourself "a voice" and to improve your experiences of using interpreters as you settle into New Zealand. As a woman of reproductive age, you may have needed interpreting services in various situations, such as immigration and health appointments. The research will focus on your experience of using an interpreter. Understanding your experience with interpreters will enable a more mindful and comprehensive language assistance to refugees. It will also provide deeper understanding for interpreters and health professionals to work with former refugees like yourself.

So far, there has not been any similar study conducted from the refugee women's perspective. This has left the voices of refugee women, using interpreting services, silent and hidden, and kept their experiences and unique points of view concealed. Therefore it would be valuable to have your participation in this research and hear about your personal experience of using interpreters in New Zealand during your resettlement. Please note that the findings of this research may be used for academic publications and presentations.

How was I identified and why am I being invited to participate in this research?

You may have received this information sheet or poster by a health professional or an organisation working with refugees that may have worked with you in the past. This research involves women who are former refugees, asylum seekers or came under the "women at risk" category in New Zealand. You are invited to participate because you have resettled in New Zealand in the past 5 years, you are between the ages of 18-49 years old and you speak Spanish, French or/and English.

How do I agree to participate in this research?

If you agree to participate in this research, you can contact me by email or phone call through my personal contact details that appear at the bottom of this page.

I will then send you a Consent Form for you to read, either by mail or email. If you can't read it, I will read it for you if you wish, or I will send a recording to you on a USB stick to your address. This information sheet may have been sent to you in French, Spanish or English. If you feel more comfortable reading this information in one of the other three language versions, you can let me know and I will sent it to you by mail or email.

When we meet for an interview, I will ask you to sign two copies of the Consent Form and give one to you and keep one for me. If you are unable to read or sign the Consent Forms, I will ask for your permission to record our exchange, then read the Consent Form to you and answer any questions you may have, before proceeding with

the interview. Your participation is confidential, and I will not use, include or publish any of your identifying or personal details at any point without your consent.

Your participation in this research is voluntary (it is your choice) and whether you choose to participate or not will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

I will propose to meet with you for a face to face interview at your preferred place. It will be up to you to choose the place where you feel more secure and open to conversation and I will travel to meet you there, e.g. at your home, a friend's home, or any other private space (AUT campus, Red Cross service centre, community hall room etc.). The option to be interviewed online is also available if you prefer via a password protected Zoom link. In case of Covid-19 restrictions we will be able to do interviews online.

Interviews will last about 1 to 1.5 hours, I will ask you a few questions and you'll be able to answer them and share your experiences. I will record the interview with a recorder so I can listen to them again and I may also be taking some notes while we are talking. The interview recordings will be transcribed in your own language as spoken at the interview, and I will send or read them to you. You will be able to verify the transcripts and delete, change or add anything you wish before they are included in the research. To maintain confidentiality, full transcripts will not be included in the thesis, but interview extracts will be included.

When we meet for the interview, you may choose to be alone or with a support person of your choice. I will hand you the participant Consent Form or read it to you if necessary and answer any question you may have. If you agree to continue, I will ask you to sign the Consent Form and hand one copy to you and keep one copy to myself. I will then start the recording and proceed with the interview.

What are the discomforts and risks?

During the interview, you may experience some discomfort as you will be talking about the time of your resettlement in New Zealand. This may bring back some stressful or difficult memories. Of course, it is not the intention of the interview to make you feel any discomfort, but if such a situation occurs, you will be able to stop or leave the interview at any moment you wish. The interview will be conducted in a respectful and sensitive way respecting your feelings, wishes and cultural needs.

How will these discomforts and risks be alleviated?

If you experience any discomfort resulting from the interview process, you will have the right to stop/leave the interview and to withdraw from the research project at any point you wish.

If you experience any discomfort due to this study and need to speak to someone independent of the research team then arrangements can be made with a number of New Zealand associations and NGOs who work with resettled refugees. These associations are able to offer counselling sessions and support, in your mother tongue or with the help of an interpreter. I can direct you or put you in contact with people from these organisations. Also, a list of those organisations appears at the end of this sheet.

What are the benefits?

Participating in this research will give you the possibility to share your experiences and become the research protagonist along with other refugee women. You will have the freedom to express yourself into your mother tongue, as the interviews will be conducted in French, Spanish or English, without the use of an interpreter. This will allow you to express yourself freely without any language barrier. Ultimately the intention is to improve the experiences of refugee women with interpreters as they settle into their new homes in New Zealand.

In terms of the benefits to the wider community, understanding the experiences of refugee women such as yourself will provide deeper understanding to how interpreters are experienced. This will allow future improvements to provide culturally sensitive interpreting services to refugee and migrant people. Understanding your experiences could greatly benefit interpreters and professionals working with resettled refugees. This research would enable interpreters and health professionals relying on interpreting services to better collaborate, especially in the face of the current Covid-19 pandemic and the increased number of quota refugees to come as of July 2020.

This research will also benefit me on a personal as well as professional level. I have always had a deep desire to use my privilege of being an educated woman to benefit other women who have not had the same opportunities as myself, by giving women from refugee backgrounds, like yourself, the possibility to be part of a research and

share their experience. On a professional level, understanding your experiences of using interpreters will allow me to gain a valuable insight that will help me improve my work as a professional interpreter throughout my future career. The present study will also allow me to obtain my PhD qualification once the research is completed.

How will my privacy be protected?

All data will be treated as private and confidential and I will be the only one who knows your identity and information details. Your privacy will be protected by ensuring that no identifying details are communicated without your consent nor appear in the data analysis. Unless you wish to disclose your true identity, a pseudonym will be used in the thesis and I will not use, include or publish any of your identifying or personal details at any point without your consent. You will also have the right and the possibility to withdraw from the research. Your participation or withdrawal does not have any impact on your status in New Zealand and will not impact your situation in any way whatsoever.

What are the costs of participating in this research?

There are no costs involved for you to participate in this research. However, you will need to dedicate 1 to 1.5 hours of your personal time to allow the interview to take place. If, for any unlikely reason you need to commute or travel to meet with me, your travel expenses will be covered (petrol or bus tickets).

What opportunity do I have to consider this invitation?

You have one month to consider if you wish to participate in this research from the moment you receive this information sheet. Even if you agree to participate, you still have the right to decline and withdraw at any point.

Will I receive feedback on the results of this research?

Yes, once the research is finalised, I will send you the research results through an executive summary of the final study and a link to the full report online.

What do I do if I have concerns about this research?.

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Professor Susan Crowther, susan.crowther@aut.ac.nz, (+649) 921 9999 ext 7912

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, *ethics@aut.ac.nz* , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Carolina Cannard, carolina.cannard@gmail.com, 09 921 9999 ext 7912

Project Supervisor Contact Details:

Professor Susan Crowther, susan.crowther@aut.ac.nz, 09 921 9999 ext 7912

Professor Ineke Crezee, ineke.crezee@aut.ac.nz, 09 921 9999 ext 7851

Counselling and support in your mother language:

The following associations are able to offer counselling sessions and support, in your mother tongue or with the help of an interpreter:

- Mangere Refugee Resettlement Centre (MRRC), phone: 022 567 9893
- Refugees as Survivors NZ (RASNZ), phone: 09 620 2542, email: enquiry@rasnz.co.nz
- Auckland Latin American Community, phone: 09 636 5313, email: socialworker@alacinc.org.nz or socialservices@alacinc.org.nz
- Red Cross NZ, phone: 0800 733 276
- Supporting Ethnic Women (SHAMA), phone: 07 843 3810, email: info@shama.org.nz
- Christchurch Resettlement Services, phone: 03 335 0311, email: admin@crs.org.nz
- Aotearoa Resettled Community Coalition, phone: 09 846 0110, email: admin@arcc.org.nz
- Change Makers Resettlement Forum, phone: 04 801 5812 , email: info@crf.org.nz
- Diversity Counselling New Zealand, phone: 04 801 5812 , email: contact@dcnz.net

Approved by the Auckland University of Technology Ethics Committee on *type the date final ethics approval was granted*, AUTEC Reference number *type the reference number*.

Appendix D: Consent form (English version)

Consent Form

For use when interviews are involved.

Project title: ***Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.***

Project Supervisor: ***Susan Crowther***

Researcher: ***Carolina Cannard***

- ○ I have read and understood the information provided about this research project in the Information Sheet that was given/sent to me.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that notes will be taken during the interviews and that they will also be recorded and transcribed.
- ○ I understand that, in order to protect my confidentiality, full transcripts of the interview will not be included in the thesis, but interview extracts will be included in the thesis.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used with or without the use of a pseudonym. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature: .....

Participant's name: .....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number

Note: The Participant should retain a copy of this form.

Appendix E: Participant Recruitment Poster

Appendix F: Researcher safety protocol

Researcher Safety Protocol

Researchers may face several safety risks when meeting participants for face-to-face interviews. This Researcher Safety Protocol outlines the policies and procedures to be used by the researcher in this study to prevent, avoid or minimise these risks.

Project title and brief description:

Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.

The aim of the proposed study is to provide insight to the experiences of refugee women of reproductive age who use interpreters while resettling in New Zealand. Understanding the experiences of using interpreters will enable a more mindful and comprehensive language assistance to migrant communities. It will also provide deeper understanding for interpreters and health professionals to work with former refugees.

Women refugees of reproductive age are shown to be the most vulnerable refugee group, as they face many risks during their resettlement. They are less likely to speak English, and therefore more likely to rely on interpreters to assist them during their resettlement. The demographic of women of reproductive age means that interpreting services may include (but are not limited to) health appointments, which may tackle the refugee women's health and reproductive needs. However, the research will focus on the experience of using an interpreter – not on the health needs or health services themselves. Ultimately the intention of this study is to give refugee women "a voice" and to improve their experiences as they settle into New Zealand life.

This research will involve women who came into New Zealand as refugees, asylum seekers or under the "women at risk" category. Participants must have resettled in New Zealand in the past 5 years, must be of reproductive age (18-49 years old) and must be native speakers of Spanish or French.

Participants will be recruited through third party (refugee organisations, NGOs, midwives…) and interviewed face to face. In case of Covid-19 restrictions the facility to do interviews via a password protected Zoom link will be made available. Interviews will last 1 hour and will use indicative / open-ended questions to allow participants to open up and talk about their experiences. The interview recordings will be transcribed verbatim and communicated to the participants in their own language if they wish to verify them before they are included in the research.

Applicant

Professor Susan Crowther, susan.crowther@aut.ac.nz, 09 921 9999 ext 7912

Primary Researcher

Carolina Cannard, carolina.cannard@gmail.com

Where is the research being undertaken?

Interview location

Once a participant has expressed her interest in participating, I will propose to meet with her for an interview at their preferred place. It will be up to her to choose the place where she feels more secure and open to conversation, e.g. the participant's home, a friend's home, a community hall /private room space or a room offered by a refugee organization (Red Cross etc.).

People present during the interview

Participants will be allowed to have a support person of their choice present with them during the interview process. Also, if the interview is conducted at the participant's home, there may be family members present or children in proximity. There should be one else present at the interview except for the interviewer, the participant and the participant's support person/family members.

Location in New Zealand

As this will take place after participants leave the MRRC and relocate to their new home, they might be living in any part of New Zealand. I will use GPS or Google maps to verify the participants' or their chosen place for the interview meeting before I visit participants and interview them wherever they feel most safe, anywhere in New Zealand.

Travel to conduct interviews

Where necessary, I will use my own means of transport (my personal vehicle). If the interview location is too far or not accessible by car, I will travel by taxi, bus, train or plane. A record of all these will be kept, both to ensure safety and transparency of the interviewing process, but also to be mindful by keeping a track of visited locations in the event of a Covid-19 outbreak.

Covid-19 protection measures

At the time of the present research, the world is experiencing unprecedented events due to the current Covid-19 pandemic. Therefore, appropriate measures must be taken to act fast in the case of any outbreak that involves the researcher or the participant.

- The researcher regularly checks the "Updates for graduate research students during Covid-19" section at AUT's website. She also receives regular emails from Auckland District Health Board in this regard and keeps up with the Government's announcements and regulations in place.
- In case of Level 1 & 2 restrictions, interviews will be carried respecting social distancing and wearing a mask, if the participant and research wish to do so and find this necessary, unless interviews are moved online.
- In case of Covid-19 future lockdown or Level 3 & 4 restrictions, the potential facility to do interviews via a password protected Zoom link will be made available.
- In case of Covid-19 future lockdown during the time of an interview visit outside of Auckland (the place of residence of the researcher), the researcher will contact a hotel to stay until it is safe to return to her place of residence. She will respect any restrictions in place, will not risk further travelling and will always practise social distancing and wearing a mask.

Who will be collecting the data and interacting with participants?

The only person collecting data and interacting with participants will be the primary researcher, Carolina Cannard.

How familiar is the researcher with the social or cultural context of the research ?

Researcher's familiarity with the social and cultural context of participants

The research migrated herself in New Zealand in 2015, so she can understand the feelings of disorientation and struggling with a new system and culture.

The researcher has been in contact with French-speaking refugees and asylum seekers and interpreted for them in New Zealand through her work as an interpreter. She has previously travelled to two French-speaking African countries, Senegal and Morocco, which enabled her to "open up" her worldview and understand how people live from other sociocultural contexts and religions despite sharing a common language.

The researcher also studied extensively Spanish and speaks it fluently. She travelled to Mexico and lived with a Mexican family who taught her a lot about the Mexican and Latin American cultures. The researcher travelled to some poor parts of the country where violence is part of everyday life and came in contact with people exposed to violence and social injustice. These trips had a profound impact in her and enable her to approach the refugee community in a humble, respectful and humane way.

Consultations

The researcher has been engaged with numerous refugee organisations and community representatives. She sent an email with a short questionnaire to present herself and the research project and ask for finding on safe and culturally sensitive participant recruitment. She is still in contact and in discussion about the consultation process with numerous refugee organisations.

The researcher has also consulted with midwives and interpreters working with women from migrant, asylum seeker and refugee backgrounds, such as community and health professionals working with refugee and vulnerable women, and interpreters working with refugees, asylum seekers and people from migrant communities.

Consultations are still under way, however it is particularly busy time for most organisations as they are working towards receiving the first quota refugee intake for 2021 under all mandatory Covid-19 restrictions and regulations in place.

To stay informed and engaged, the researcher also regularly assists to numerous presentations (informed by MRRC, RASNZ, NZSTI, ARCC), both on site (pre-Covid restrictions) and also online conferences to stay informed about the health practices and latest news of the refugee communities (further conference names and details can be provided upon request).

Community leaders endorsing this research

Numerous refugee organisations and community leaders have expressed their support:

- Refugee organisations who work with Spanish-speaking refugees, such as Auckland Latin American Alacinc NZ,

- Refugee organisations who work with vulnerable women, refugees and/or asylum seekers from different cultural and linguistic backgrounds and play a key role for their resettlement in New Zealand. To name a few: the Mangere Refugee Resettlement Centre RASNZ, the Red Cross, SHAMA, Refugees as Survivors New Zealand (RASNZ), Christchurch Resettlement Services, NZ Ethnic Women Trust, Asylum Seeker Support Trust, Change Makers Resettlement Forum, and others.

- The researcher has also carefully studied the "New Zealand Red Cross and Migration Research Guidelines", the "Red Cross Privacy Policy" as well as the "Red Cross guidelines for research with refugees in New Zealand" that were sent to her by Red Cross New Zealand.

Numerous exchanges are still under way or have been informal so they were not named at this stage.

Language assistance during interviews

There will be no need for interpreting or translation during the interviews as they will be conducted into the participant's native tongue (English, Spanish or French). The researcher speaks those languages fluently and will not need any language assistance.

How safe are the activities in which the researcher is taking part?

Research safety risks

Visiting people at their homes or at their place of preference carries some safety risk. These safety risks include:

- Risk of physical or verbal threat or abuse by the participant, their support person or a family member present at the interview.
- Risk of psychological trauma or physical harm for both researcher and the participant.
- Risk of being in a compromising situation in which there might be accusations of improper behaviour.
- Risks of everyday life, such as car accidents and infectious diseases.
- Risks of the current Covid-19 pandemic, where the researcher, the participant or any close contact may be infected by the virus.

These risks arise because:

- The researcher is a stranger to the participants.
- Interviews are conducted one-on-one, so the researcher will work alone during the interviews.
- There can be other members in a household or people who are known to the participants at the time of the interview.
- The researcher may visit a location (a neighbourhood or suburb) that she is not familiar with.
- Participants' addresses may have some additional safety risk (such as a dog on the property, or a house or street with gang and/or criminal activity) and these may not be known prior to the visit.

- Participants or close contacts or family member of participants do not respect any Covid-19 restrictions in place.
- Participants may disclose illegal activity or behaviours during the interview.

How are these safety risks managed and mitigated?

The following precautions and strategies will be used to mitigate the safety risks identified above. These will help to keep the researcher safe and minimise any risks associated with conducting face-to-face interviews.

- The researcher will have her mobile phone on her at all times during research duties to be able to make any necessary calls or send text messages.
- The researcher will advise her supervisor(s) of her whereabouts and of all appointments with participants. Supervisors' mobile phone numbers will be inputted into the researcher's mobile phone and will be available for after-hours communication.
- The researcher will notify the supervisor(s) of all appointments and confirm with the supervisor(s). Specifically, the researcher will keep a timeline of dates, locations and participants that she will meet, which she will communicate in advance to the supervisors, before conducting any trip or interview, to make sure her whereabouts are known.
- The researcher will provide the contact details of their next of kin (e.g. partner, close friend) so that, in the event the researcher does not respond to attempts by her supervisors to contact her, next of kin can be contacted to locate the researcher.
- Recruitment of participants will generally involve telephone contact with the participant prior to visiting the participant at home or workplace, providing an opportunity to assess risks or threats.
- The researcher will respect any Covid-19 related restrictions in place, practise social distancing and wear a mask during face-to-face interviews if needed.
- In the case of participants becoming overly emotional, upset, angry, or need help (e.g. for psychological problems) during the visit, the researcher will terminate the visit and refer them to an appropriate service provider that can offer professional help, if the participant is interested.
- The researcher will terminate the visit if she feels uneasy or anything untoward occurs and contact her supervisor(s).

What emergency plans are in place? Who can help?

1. Schedule communication

From the start of the interviewing process, the research supervisors, Professor Susan Crowther and Professor Ineke Crezee) will be made aware of the researcher's itinerary and research schedule. The researcher will keep a timeline of dates, locations and participants that she will meet, which she will communicate in advance to the supervisors, before conducting any trip or interview. After meeting with participants, the researcher will also keep notes about any other important or particular event during the interview, but she will also communicate to the supervisors if necessary. This information will be documented to ensure the safety of the researcher, of the participant but also to remain mindful within the current Covid-19 pandemic situation.

2. In case of loss of contact between the researcher or the participant

Appointments may vary in length, but if notification of completion of the visit has not been received after 1 hour of commencement, the supervisor(s) will send a text message to the researcher requesting an immediate reply confirming that the visit has finished. If a response is not received within 10 minutes, the supervisor(s) will call the researcher to confirm. A maximum of 3 such calls over the next 15 minutes will be placed. Where the supervisor(s) cannot get hold of the researcher, the supervisor(s) will attempt to contact the researcher's next of kin (e.g. sibling or children) to confirm her whereabouts. If this is not successful, the supervisor(s) will personally visit the appointment location or contact the authorities.

3. In case of a Covid-19 transmission

At the time of the present research, the world is experiencing unprecedented events due to the current Covid-19 pandemic. Therefore, appropriate measures must be taken to act fast in the case of any outbreak that involves the researcher or the participant. If the researcher, participant, or any of their family members or close contacts become sick, then:

- the researcher will let the participant know by contacting them through the personal details that the participant allowed the researcher to use to set up an interview,
- the researcher will contact the supervisors to inform them about this situation and seek further advise,
- the researcher will immediately self-monitor for COVID symptoms for 14 days,
- if symptoms develop, the researcher will get tested in our of the approved COVID-19 Testing Centers and stay at home until negative test result is received.

4. Incidents

If any incidents do occur, they will be documented, discussed, reported, and escalated where appropriate, and reflection will be given on how procedures could be improved.

5. Disclosure of illegal activity

The researcher has discussed with her supervisors of how to address disclosure of illegal activity during interviews. The researcher has a duty of care towards the participants and will abstain from judging any "right" from "wrong" or any societal law during the interview process, as this is not within her role. She is only there to hear about the experience of refugee women with interpreters and not to judge their life choices or moral conduct. However, if there is disclosure of violence in the household or severe health issues arise, immediate action will be taken:

- **INSTANT THREAT OR OBVIOUS RISK**

If there is an **instant threat or obvious risk =** the research will report this immediately to Police using number 111 in the case of serious risk to human life, if someone is in danger or if I am afraid for my own safety or for those around me (https://www.police.govt.nz/105info).

- **NO IMMEDIATE OBVIOUS RISK**

If there is **no immediate obvious risk,** but illegal behavior is disclosed about wrongful practices of interpreters or the conduct of participants within New Zealand, the researcher will talk to their supervisors who have a better understanding of safety protocols and procedures to decide on the seriousness of the situation in health and social care situations in the NZ context.

During every interview, the researcher will have quick access (for herself or to communicate to the participant if needed) to emergency mental health numbers provided by the Mental Health Foundation of New Zealand (https://mentalhealth.org.nz/helplines). The following National Helplines numbers are available 24/7 and will be saved in her mobile phone:

- Shakti Crisis Line – 0800 742 584 for migrant or refugee women living with family violence
- Are You Ok? – 0800 456 450 family violence helpline
- Shine – 0508 744 633 confidential domestic abuse helpline
- Women's Refuge Crisisline – 0800 733 843 for women living with violence or fear
- Lifeline – 0800 543 354 or text 4357
- Suicide Crisis Help – 0508 828 865
- Healthline – 0800 611 116
- Depression Helpline – 0800 11 757 (or text 4202) to talk to a trained counsellor

These contacts and numbers will also be provided to participants after the interviews if the researcher believes that this would be necessary.

Don't forget to update your safety protocol regularly:

Date for next review

Appendix G: Confidentiality agreement for the Spanish transcriber

Confidentiality Agreement

For someone transcribing data, e.g. audio-tapes of interviews.

Project title:	***Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.***
Project Supervisor:	***Susan Crowther***
Researcher:	***Carolina Cannard***

- ○ I understand that all the material I will be asked to transcribe is confidential.
- ○ I understand that the contents of the tapes or recordings can only be discussed with the researchers.
- ○ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature: .....

Transcriber's name: .....

Transcriber's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Project Supervisor's Contact Details (if appropriate):

Professor Susan Crowther, susan.crowther@aut.ac.nz, 09 921 9999 ext 7912

Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number

Note: The Transcriber should retain a copy of this form.

Appendix H: Confidentiality agreement for the Spanish translator/reviser

Confidentiality Agreement

For a translator.

Project title:	***Experiences of refugee women of reproductive age using interpreters while resettling in New Zealand.***
Project Supervisor:	***Susan Crowther***
Researcher:	***Carolina Cannard***

- ○ I understand that the interviews meetings or material I will be asked to translate is confidential.
- ○ I understand that the content of the interviews meetings or material can only be discussed with the researchers.
- ○ I will not keep any copies of the translations nor allow third parties access to them.

Translator's signature: .....

Translator's name: .....

Translator's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Project Supervisor's Contact Details (if appropriate):

Professor Susan Crowther, susan.crowther@aut.ac.nz, 09 921 9999 ext 7912

Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTEC Reference number type the AUTEC reference number

Note: The Translator should retain a copy of this form.

Appendix I: Research dissemination through Conference Presentations

Abstract for SATI / ATIM conference accepted
2 messages

[redacted]@translators.org.za> Tue, Jul 25, 2023 at 12:57 AM
To: "carolina.cannard@gmail.com" <carolina.cannard@gmail.com>

Dear Carolina,

It is our pleasure to inform you that your abstract titled:

A different perspective: Experiences of refugee women from Burundi, Democratic Republic of the Congo and Columbia with interpreters in New Zealand

has been accepted for presentation at the SATI / ATIM Conference to be held on 25 and 26 September 2023. The reviewers have the following comments:

"This paper is a perfect fit for this conference."

Please send us your professionally edited final abstract by 1 August for inclusion in our programme.

Congratulations! We look forward to meeting you at the conference.

Kind regards

[redacted]
Executive Director
[redacted]@translators.org.za
www.translators.org.za

SATI
Your language is our language

South African Translators' Institute
221-495 NPO

Carolina Cannard <carolina.cannard@gmail.com> Wed, Jul 26, 2023 at 11:05 AM
To: [redacted] <[redacted]@translators.org.za>

Dear [redacted]

Thank you for your kind words, it makes me very happy to know that the reviewers find my abstract interesting and relevant to your upcoming Conference.

Please find attached my reviewed abstract. Feel free to make any changes if you need to as English is not my first language.

Ps. Do I still need to register for the Conference or will I be automatically included as a presenter?

Best regards from Auckland, New Zealand!
Looking forward to meeting you at the Conference!

Carolina Cannard
Translator & Interpreter - PhD candidate @AUT
+64 (0)20 411 800 96
French - Greek - English – Spanish

1WORLD
TRANSLATION & INTERPRETING
NZBN: 9429050397112
Member of: NZSTI, SINZ, AUSIT
www.1world.co.nz
www.simultaneousinterpreters.co.nz

[Quoted text hidden]

Carolina Cannard - abstract - SATI-ATIM 2023 Conference - Final.docx
17K

Appendix J: NZSTI's open letter of support to the Petition for fair pay for professional interpreters in Aotearoa New Zealand

New Zealand Society of Translators and Interpreters
Te Rōpū Kaiwhakamāori ā-waha, ā-tuhi o Aotearoa

14 June 2023

Petition for fair pay for professional interpreters in Aotearoa New Zealand

Tēnā koutou,

The New Zealand Society of Translators and Interpreters (NZSTI) fully endorses the petition by NZSTI member Carolina Cannard on Change.org calling for 'Fair pay for professional interpreters in Aotearoa New Zealand'. This petition has met with overwhelming support and has now been signed by 1,546 individuals, including many members of NZSTI.

Ever since its inception in 1986, NZSTI has been advocating for the professionalisation of the translation and interpreting industry in Aotearoa. Interpreters are professionals trained to bridge a language gap. They provide a critical service to culturally and linguistically diverse individuals to ensure that everyone in New Zealand has equitable access to public services.

Under the Language Assistance Services (LAS) programme, the New Zealand government is working towards improving the quality of interpreting services by requiring interpreters to obtain NAATI certification. This, it is envisaged, will further help lift the standard of interpreting services provided in Aotearoa, something NZSTI has long advocated for. However, current pay rates fail to reflect the high level of specialisation, skill, time and continued study required to provide clients with the service they have the right to receive. Many experienced interpreters have had to leave the industry and seek better paying employment elsewhere, meaning that some individuals currently have their basic right to effective communication denied. Unless pay rates are set at a fair level that reflects the professional nature of an interpreter's job, we envisage that this trend will continue to accelerate.

We ask that the New Zealand government take urgent action to remedy the situation and fully support the petition's call for better pay for interpreters.

Ngā mihi,

Isabelle Poff-Pencole
President

New Zealand Society of Translators and Interpreters
Te Rōpū Kaiwhakamāori ā-waha, ā-tuhi o Aotearoa
PO Box 34-530, Birkenhead, Auckland 0746
E: info@nzsti.org | W: www.nzsti.org

Appendix K: Reflexive diary excerpt: "The Congolese lady from the hair salon" (redacted)

Meeting the women of the African community

The Congolese lady at the Hair salon

I first met with [redacted] at 2pm at a café inside [redacted] [...] She said that would take me to see her friend, [redacted], a Congolese lady who has a hair dressing salon. [redacted] said that her friend has a big influence in the Congolese community because she is also [redacted].

We took our coffee and set for the hair dressing salon. We went outside and walked for a while behind the mall and the train station to a sort of backyard parking lot. We passed by the [redacted] and said that I should come there to meet with people from the community. Before I knew it, she pushed a door that looked like the back of a restaurant where waiters go for their short cigarette breaks to be out of view from clients. It was the back door of her friend's hair salon, I hadn't see it coming! Before I knew it I was inside the shop, through the backdoor, not the main entrance, into a small African style hair dressing shop with wigs and hair extensions on the walls from top to bottom. I saw a few adults in the shop. I was the only white person there. A lady was going through a huge box full of wigs. A younger lady was braiding the hair of a client, a Pacifica-looking man. Another younger lady was sitting in the corner of the shop with a cute 3 year-old girl on her lap. [...] [redacted] waived at me and said "Go on, you can speak French to them, they are from Congo". [...] [redacted] asked me to sit down in one of the client hair-dressing chairs. She started going through the wig box. I didn't know how to behave. It didn't feel right for me to be sitting down, in the client chair, with my back to them.

I got up and started going around the tiny and colorful shop, trying to think of an interesting thing to say. I fixated on a wall full of hair products, trying to read hair mask labels while the ladies were talking, calling each other "Mama" and laughing. It felt very foreign to me, standing there, focusing on the hair products with my back to them, it felt wrong. I couldn't hide behind hair products waiting for a moment to become "visible". I didn't know who [redacted] or the shop owner was, but I felt I had to go next to [redacted]. I went to stand next to her, to show that I too, was there, a woman, and not a fearful little girl, shy under [redacted]'s protection. I tried to make some comments about the wigs in the big box and the date the shop was established ([redacted] years ago), but the older lady talking to [redacted] wouldn't look at me. I felt very out of place. Looking at the man getting his hair weaved beautifully, I asked the older lady talking to [redacted] – who of course, turned out to be [redacted] - what percentage of men she was receiving at the shop. To my genuine surprise, about 70% of the customers were men – this ignited many questions which managed to break the ice and made us all laugh for a while.

Eventually [redacted] introduced me as her friend and explained that I am doing a research and was looking into meeting women from the Congolese community. She kept things very simple but I knew the energy had changed as everyone was quiet, listening. I saw the young woman with the little girl on her lap shift her body so she could take a good look at me. It was the start of a heated discussion, during which I felt almost disconnected. [redacted] wouldn't look at me, but she would share stories with heavy English, I could feel she was agitated, maybe angry, as her English became thicker and harder for me to understand and follow the discussion. I never stopped looking at her as I wanted her to know she had all my attention and respect. She was talking about white French woman who had sat at a saloon in New Zealand had said in French "I can't believe these black women will cut our hair!". [redacted] replied to her "I am from Congo, my French is not so good but I understand the language". Apparently, the woman went quiet, and was very happy at the end with the way her hair was cut. She got up and hugged [redacted]. [redacted] said "I didn't hug her back". As she was relating those stories, I started making comments too as I was touched by her experiences. At some point, [redacted] loosened up, and locked eyes with me, and kept relating more stories. The shift had happened. She

was agitated, maybe angry, speaking non-stop, but this time, I was there. Not only that – she had locked me in her stare, I had become her target. She was speaking to everyone but looking at me. I will not forget the intensity of the moment, it is something that stayed with me long after I left the shop.

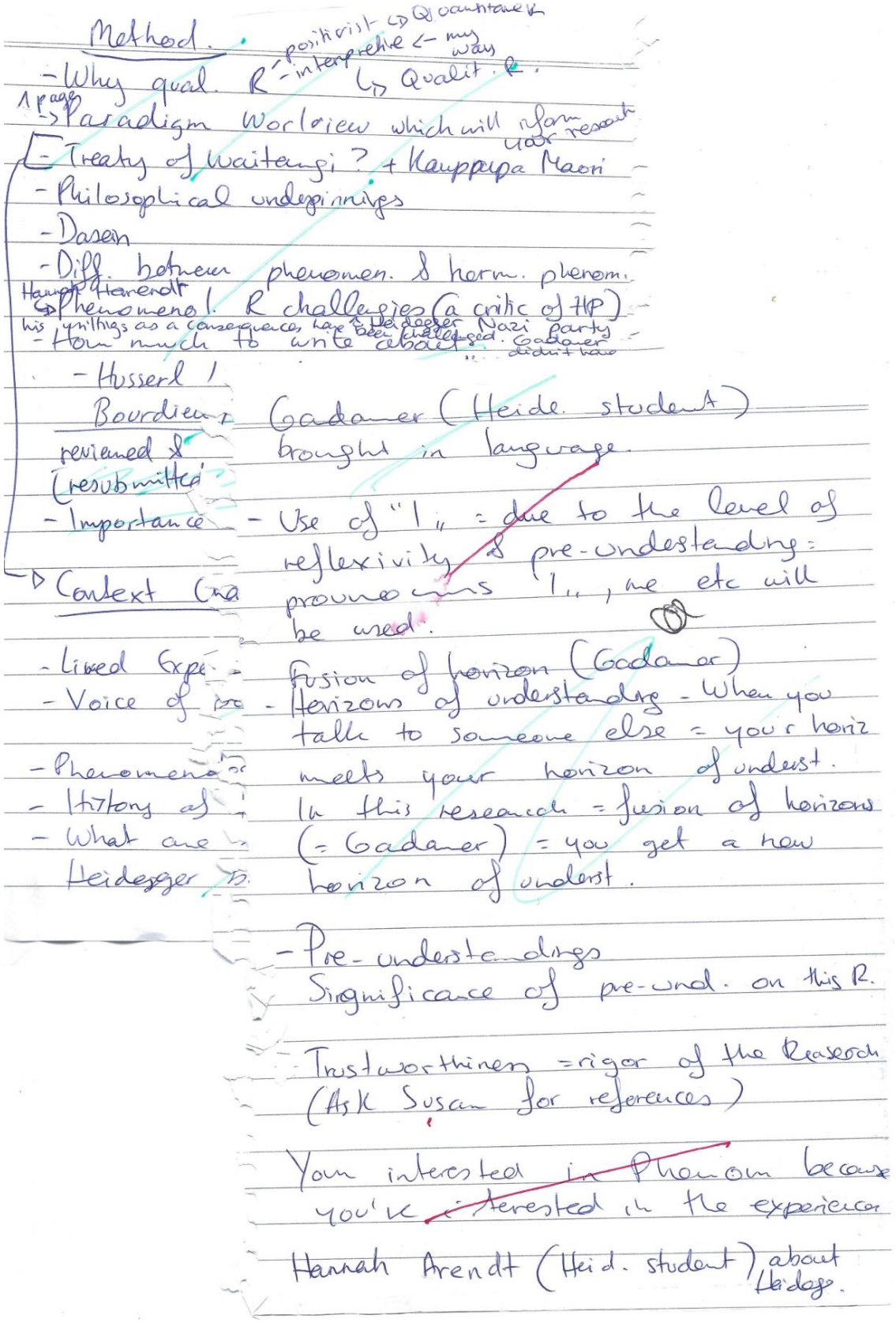
[…] [redacted] started preparing her client but her attention was to the discussion. She also spoke about a Pakeha woman who was welcomed by the community, maybe at someone's house. Apparently the Pakeha lady was served African food, and later wrote in her paper about how the food was so hard, impossible to chew, and comparing how people ate of the floor as opposed to people usually sitting on the table. [redacted] said she tried to find this book again to condemn it but couldn't remember it – she said that people come to talk to them but nothing good ever happens for them. How people look at them and judge them. She looked at me up and down, the way others have looked at her. I felt very self-conscious about how I looked and wished I had dressed not so nicely that day. I know that at some stage I tried talking about me, to explain that, even though I am "white", I do not come to judge, but to hear them. This sparked more heated discussion, all while [redacted] was still staring at me, we would not leave each other's gaze. She spoke about being black, and [redacted] weighted in, relating how she called her children "black" since they were born, because they are black, she wanted them to know that this is who they are, so when children at school would call them "black", they would not feel anything about it. [redacted] said that Black is the most beautiful colour, and that she told her children that they can do better than white people in their lives.

This discussion lasted for a while, and I felt present, completely attentive and submerged, but also like a spectator, missing information. [redacted] tried coming back to the research, and [redacted] remembered the young Nigerian lady on the chair, who was silently listening to all this. I felt bad for her, I wondered if she was in a hurry to get her hair done, as clearly I was the one motivating this discussion and taking away [redacted]'s attention. [redacted] asked her how she wanted her hair done, and then turned to me and said "I have a lot of pain in my heart. I have a lot of pain. One day, I want to write a book about my life, because I have a lot of pain". She said it to me, but I didn't reply, I couldn't.

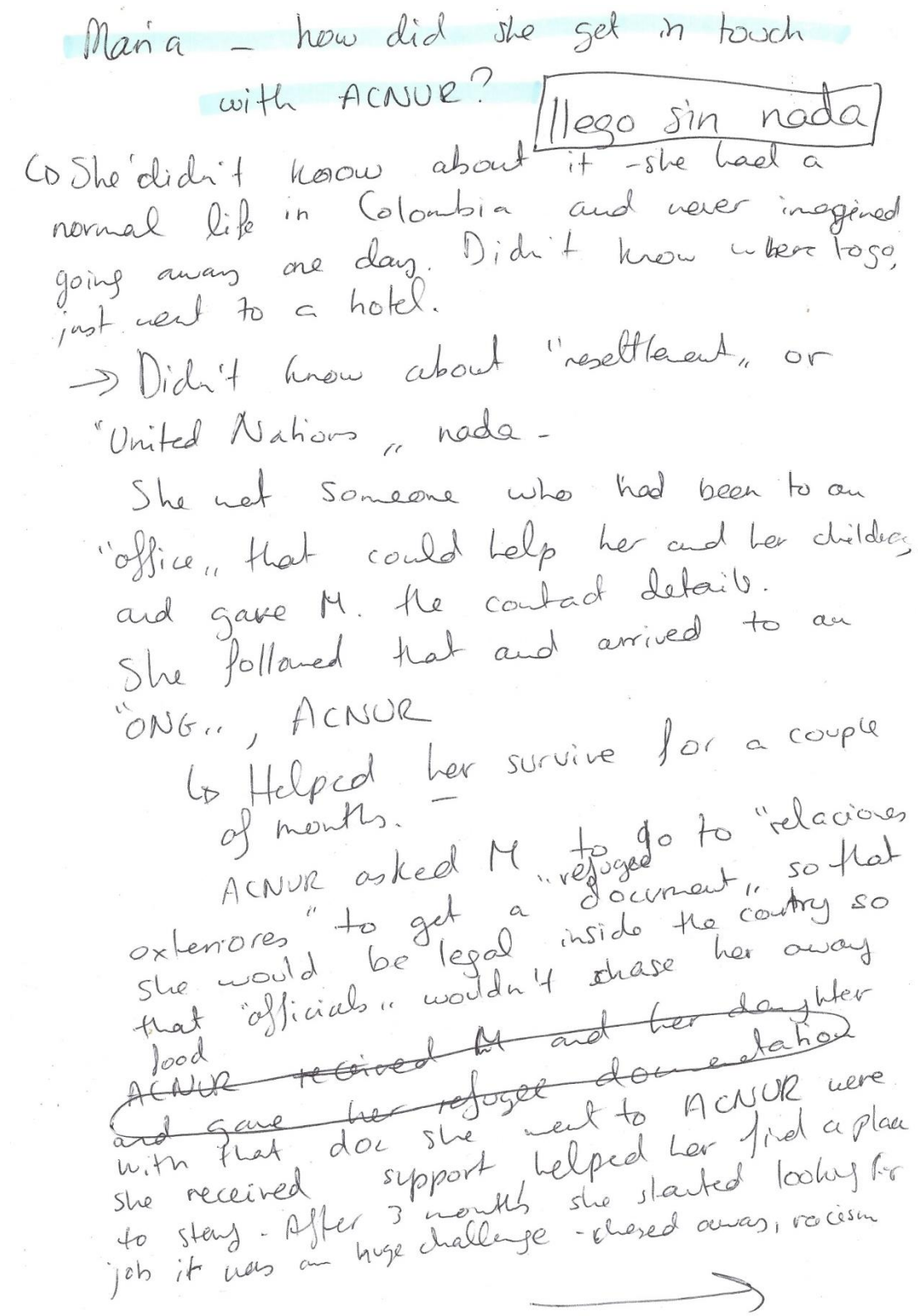
[redacted] asked [redacted] if I could come to the Church with her to meet the community. [redacted] was still agitated, she said "not this week, we have an event, and not the other week, it's not possible, maybe after, I see what I can do, I don't know, I will see". She started paying more attention to her client, but before we left she said to [redacted] twice "I trust you Mama, I listened to you because I know you, I trust you Mama." She looked at me and said "If Mama didn't come with you, I wouldn't listen to you.". I touched her arm and said "One day, you will trust me too." It was a very bold move. I now feel very silly to have said that, but on the moment, I knew it was right. I said what I felt, woman to woman. I now feel bad because I'm afraid to disappoint. Before leaving, I asked [redacted] for a good hair mask, trying to loosen the tension before leaving, and buying something from her shop as a "thank you". I grabbed it along with its matching shampoo. [redacted] wasn't moved by my purchase, if anything, she went silent, maybe going back to shop owner mode.. I said "merci" and she replied the same in French. […] We made our way out with [redacted], through the same back door as before, not the front of the shop. I felt the tension while leaving. I wonder if they talked about me and my intentions once I left.

[redacted] brought me back to the car park where my car was parked. She continued talking about the community and her life, but it was very hard to concentrate on everything she was saying as I was full of energy and tension from the hair salon and was trying to process everything. Before leaving me, she said that she wanted to help me, because she could see that I was good natured. In my car, I opened the hair mask and smelled it. It smelled great. The ingredients were perfect, exactly what I would usually look for and buy. I drove three times around the back of the hair salon and the surrounding shops, trying to spot its main entrance or the shop's front signage. I never saw it. I drove back home wondering what the front entrance of the shop looks like.

Appendix L: Reflexive diary excerpt: "Notes on methodology and hermeneutic phenomenology"



Appendix M: Reflexive diary excerpt: "Notes on Maria's journey as a refugee"



María — how did she get in touch with ACNUR?

llego sin nada

↳ She didn't know about it - she had a normal life in Colombia and never imagined going away one day. Didn't know where to go, just went to a hotel.

→ Didn't know about "resettlement" or "United Nations" nada -

She met someone who had been to an "office" that could help her and her children and gave M. the contact details.

She followed that and arrived to an "ONG", ACNUR

↳ Helped her survive for a couple of months.

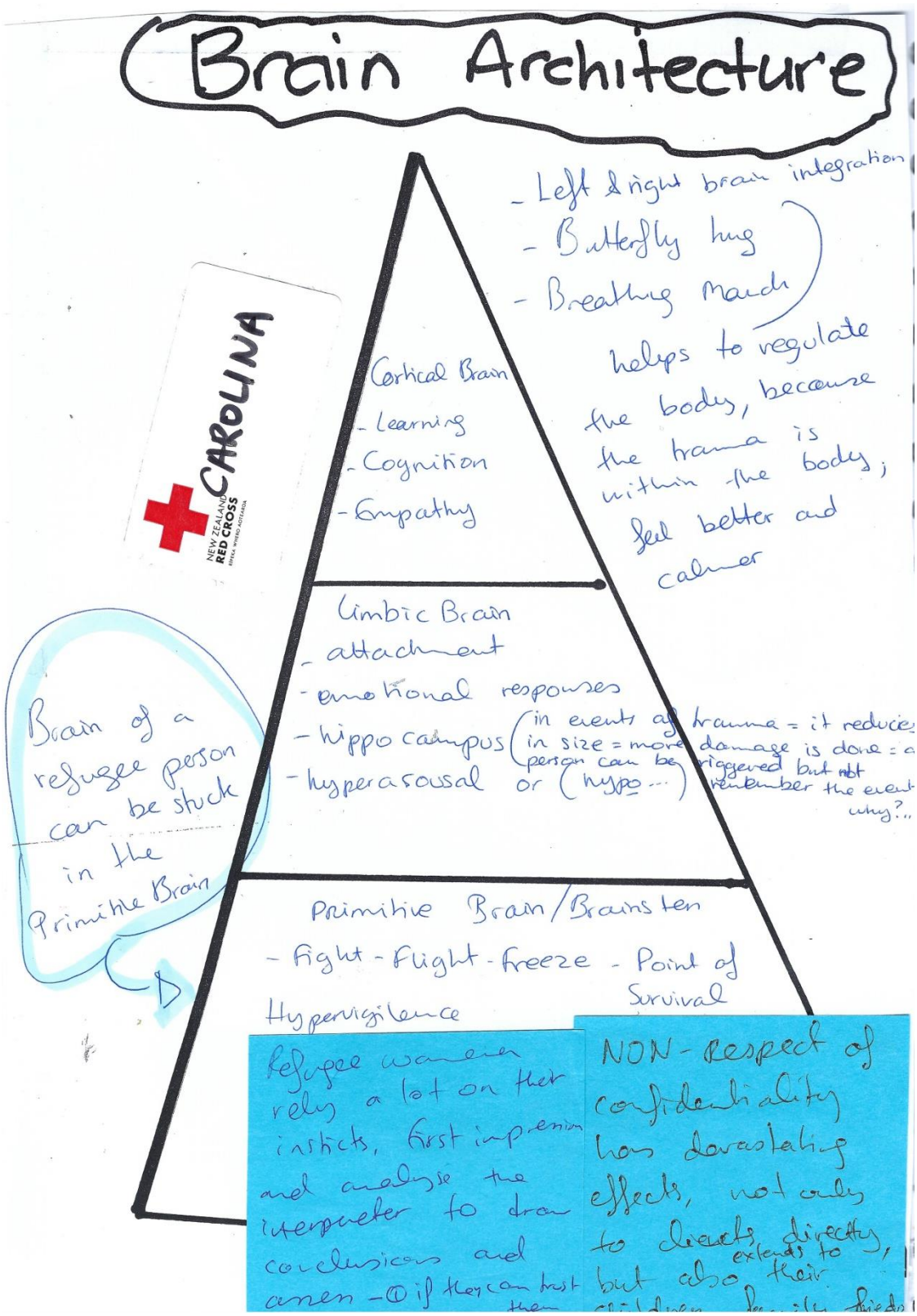
ACNUR asked M to go to "relaciones exteriores" to get a "refugee document" so that she would be legal inside the country so that "officials" wouldn't chase her away

~~ACNUR received M and her daughter and gave her refugee documentation~~

with that doc she received support to stay - After 3 months she started looking for job it was an huge challenge - closed doors, racism

M. thought that ACNUR's help was for Ecuador. She didn't know that these people would send her case to other countries to asses her situation & resettle her. She was focused into finding a job & find a way for her children to study & go forward.
It was very hard, although they spoke the same language, this wasn't her country. She spent a long time in Ecuador, 3 years. Life was very hard, but at least she had food and a place to sleep. It was very hard to work the whole day and not see her children. Arrive late - make up early
After 1,5 years she received a call from the people of the ONG "You have been selected to be resettled. M. had heard of other people who had moved to other countries before, but she thought had she should be very lucky to have any such thing happen to her. Her case had been studying by the NZ Gov't and they would be interested to resettle her to NZ - that was the best news she could ever receive!! She has to give her consulate reply that allowing resettlement - She told her kids: very happy
The whole process lasted over 1,5 years + pandemic delays. The some representatives of NZ came to interview her directly. She heard them speak English and panicked cause she realised that people would be speaking another language in this new country.

Appendix N: Reflexive diary excerpt: "Notes during NZ Red Cross training on volunteering and working alongside a refugee person"



Appendix O: Reflexive diary excerpt: "NZ Red Cross certificate for volunteering as a refugee resettlement volunteer"

CERTIFICATE OF

APPRECIATION

NEW ZEALAND RED CROSS

KIPEKA WHERO AOTEAROA

Thank you

Carolina Cannard

FOR YOUR VALUABLE CONTRIBUTION TO PATHWAYS TO SETTLEMENT AND MIGRATION PROGRAMMES

Sue Price

SUE PRICE
ACTING GENERAL MANAGER

23/06/22

DATE

Jorge Zuiraute

JORGE QUIRARTE
NATIONAL MIGRATION MANAGER