

## **The complexities of interpreting in refugee contexts: an examination of issues and practice**

**Dr. Ineke Crezee, Maria Hayward, Dr Shirley Jülich**

### **Introduction**

New Zealand has welcomed over fourteen thousand refugees under the quota programme into this country over the last couple of decades; additionally, others have applied for refugee status on-arrival at the border. Quota refugees entering New Zealand spend an initial welcoming period at the New Zealand Refugee Resettlement Centre in Mangere, Auckland, where they undergo assessments and attend English language and orientation to New Zealand classes for approximately six weeks (Hayward, 2007). At the Resettlement Centre, refugees have contact with a range of specialist services, including those provided by the Public Health Service, Refugee Services and Refugees As Survivors (RAS). Interpreters are used during many of these encounters, most of whom have completed an interpreter training course. However, sometimes individuals are employed to act as 'interpreters' or language aides on an ad hoc basis if trained interpreters in minority languages are not available. These individuals share a language with the incoming refugee group, although they may not derive from the same culture or ethnicity and will not have received the relevant professional interpreting training. For interpreters to be effective, it is important that they share the same language and cultural background as the clients for whom they interpret. The lack of ability to attract interpreters from identical ethnic background in itself creates challenges (dialectal differences and variance in cultural understandings, for example); but this may be unavoidable in refugee contexts, as they may constitute entirely new ethnic or language groups in New Zealand. This was the case with Rohingya refugees from Bhutan, and with minority ethnic groups from Burma, for example. This presents challenges in terms of dialect and correct cultural interpretations, but there are also other challenges in refugee interpreting situations and this occurs when interpreters themselves share the same experiences as the clients they work with. The Interpreter Code of Ethics demands that interpreters are at all times accurate and impartial (Roberts-Smith, Frey & Bessell-Browne, 1991); however, the fact that interpreters might share the same traumatic experiences as the clients they work with, may make it problematic for interpreters to be impartial at all times.

The aim of the research project described in this paper is to explore the need for an examination of interpreters' experiences and practice in relation to interpreting in refugee settings. It will also look at the need to explore interpreters' need for support, such as that provided in briefing and debriefing sessions, further training, and post-interview counselling. The methodology of this study will be outlined, and feedback and further suggestions will be invited.

This paper has two parts. The first will look at the refugee experience in general. This is followed by an exploration of interpreting in refugee settings within the context of interpreter training and the interpreter code of ethics. The section will conclude with a brief examination of the degree of professional awareness of the issues involved. Finally, this paper will provide an overview of the proposed study to explore the need for an examination of interpreters' experiences and practice in relation to interpreting in refugee settings, the rationale, pertinent issues involved and the proposed methodological approach.

## **Background to the study**

The literature highlights ample evidence of the many aspects of the refugee experience, including trauma and its effects such as, significant loss, lack of choice, lack of power, gender issues (Pittaway & Fergusson, 1999), reduced capacity to cope with new challenges (Anderson, 2004) as well as the fact that many refugees come from very divergent backgrounds from the New Zealand context (Stein, 1980). Individuals from refugee backgrounds may be averse to trauma triggers (Stone, 1995; Tukelija, 2005), or experience changed family or social roles (with its accompanying impact on self-esteem, dignity and “mana”). In addition, they may suffer from concentration difficulties, flashbacks, nightmares and emotional withdrawal. The power differential which occurs in many interpreter-mediated encounters, with representatives of government services, may trigger memories of traumatic experiences, which may in turn impact on refugee client responses.

The retelling or revoking of trauma stories, in such settings, may unconstructively impact on the interpreter; especially if he or she shares a similar background to that of the client. Yet, there is a paucity of studies which investigate the risk of re-traumatisation of interpreters working with professionals and clients in refugee settings, especially in the New Zealand context. Interpreter education is offered in several main centres around New Zealand, including Auckland, Wellington and Christchurch. The aim of the training is to prepare those who are proficient in two languages to work as facilitators of communication between clients and professionals. Where those clients are refugees, interpreter-mediated interactions, with teachers or counsellors, may involve refugee clients retelling their experiences; and these stories may be shared by those who act as their interpreters, trained or untrained.

### *Interpreter Code of Ethics*

Where interpreters have been trained, they have been taught to conduct themselves in accordance with the Code of Ethics for Interpreters, which emphasises the need for accuracy and impartiality in all situations (Crezee, 1998). Accuracy involves always using the first person (i.e. if a male interprets for a female, he assumes her “voice”). It means the interpreter does not add or detract from the client’s statement, does not modify the statement in any way, does not add comments, and conveys the message with the same expression as the client. The need for impartiality involves the interpreter being humble, giving the client a voice without adding his or her own opinions and views. A triangular seating arrangement facilitates communication between the professional and the client with the interpreter sitting to one side at equal distance to both the client and the professional. Other important aspects of the Code of Ethics involve the interpreter always disclosing any possible conflict of interest, seeking a high level of professionalism, and declining assignments which are outside of his or her area of competence (Crezee, 1998; Gentile, Ozolins & Vasilakakos, 1996; Ginori & Scimone, 1995). Untrained interpreters will usually not be aware of the interpreters’ Code of Ethics and may interpret their role in a highly individual manner. There is in fact a dearth of studies examining the extent to which interpreters, trained or untrained, abide by the Code of Ethics, especially in refugee settings. Within refugee contexts, the consequences of unethical interpreting can be dire as refugees may already have survived situations of extreme betrayal and disloyalty.

Good trained interpreters will generally ask for repetition or clarification if anything is unclear, use notebooks, and will use the first person (so the professional will not hear their own name being used). They will also use similar paralinguistic features to those used by the speaker, and will not talk for too

much longer or shorter than the speaker. In addition, they will ask for permission to add cultural background information and interpret this back to the professional or the client.

Anecdotal evidence suggests that most professionals are unaware of critical aspects of interpreter training and the Interpreter Code of Ethics, nor of the need for briefing and debriefing. Furthermore, anecdotal evidence suggests that professionals may not be aware when interpreters are censoring or “coaching” clients. On one occasion, when one of the authors of this paper noticed inappropriate interpreting behaviour (obvious summarizing), she, was told by another professional that “it’s the interpreter’s job to interpret the main points only”. The interpreter later commented: “Oh, I just made your statements more culturally accessible...”. Another author was told the following examples, by a student doing a courtroom interpreter observation involving a male interpreting for a female in a domestic violence case. ‘The woman made a long and seemingly detailed statement upon which the male interpreter said : “nothing further to add...”.’ Another departure from the Interpreter Code of Ethics may occur in refugee interpreting contexts in order to avoid re-traumatisation. In this instance, it is plausible that interpreters may construct “defence mechanisms” to avoid re-traumatisation, for instance by summarising or censoring information.

There is some evidence in the literature of growing awareness among (sometimes monolingual) professionals of these issues (Minas, Stankovska, & Ziguras, 2001). Overall, professionals need to be aware that individuals from refugee backgrounds may experience difficulty feeling safe (lack of trust) and they may feel vulnerable (fear of rape, interrogation, harassment), which may be made worse by a lack of family or community support persons. Professionals should also be aware of refugees’ lack of English language skills and lack of familiarity with the systems in their host society. When working with interpreters, professionals need to be aware that refugee clients may have reduced understanding of concepts or colloquial or specialised language. Professionals, themselves, also need to be aware that interpreters may not adhere to the Code of Ethics, for any of the reasons stated above.

### **Rationale for the proposed study**

The impetus for the proposed study was threefold: anecdotal evidence of lack of professionalism, the existence of trauma (and its powerful effects), and the vulnerability of both interpreters and their refugee clients. The assumptions underpinning the proposed study were that interpreters may become traumatised or re-traumatised while working with refugee clients and that they may use various “survival” techniques to cope with the resulting trauma. Another assumption was that such survival techniques may negatively impact on the quality of interpreting; and hence, indirectly on refugee clients.

The proposed study seeks to explore the issues and complexities of interpreting in refugee settings, involving both professional and interpreter experiences, with a view to identifying possible solutions; be they (more) targeted training or the provision of counselling services to interpreters. The latter are already being offered by Refugees As Survivors (RAS), an organisation supporting new settlers, in Auckland. Evidence of the awareness of of the issues involved, however, do not appear to be commonly offered by professionals working with refugees in other settings.

## **Aims of the proposed study**

The proposed study aims to contribute to the body of knowledge about the extent of interpreting imprecision, especially in New Zealand settings. The study also aims to achieve improved interpreter-mediated services to refugees. In addition, the study seeks to explore interpreter response to interpreting in refugee settings as well as professional awareness of these issues and considerations for supporting interpreters.

## **Methodology**

The proposed study aims to use the following research instruments:

- Questionnaire for Interpreters working in refugee settings
- Focus group meeting involving a small group of six to eight interpreters

The questionnaire is aimed at exploring interpreters' training and background (to identify if they, too, are refugees). It also aims to examine interpreters' experiences and practice in relation to interpreting in refugee settings. Finally, this questionnaire seeks to examine interpreters' need for support (e.g. briefing, debriefing, further training, post-interview counselling). The questionnaire will be placed online and interpreters will be invited to complete the questionnaire through the various services, including professionals working at the Refugee Resettlement Centre, Auckland.

Data from the questionnaires will be supplemented with information obtained during a focus group meeting involving six to eight interpreters working in the metropolitan Auckland area. Interpreters who wish to participate in this focus group meeting can indicate their interest when completing the online questionnaire. Findings will be analysed using both SPSS and a qualitative analysis software such as NVivo.

The resulting report will be presented to all stakeholders, the government, and will be made available through a link on the website of the Auckland University of Technology. Results may also be presented in scholarly journals or at relevant conferences.

## **Summary**

It is hoped that the findings of the study can be used to inform future interpreter training design; and, where appropriate, that they may provide an impetus to explore the wider provision of counselling and de-briefing options, where necessary, for interpreters working in refugee settings.

Interpreters play an important role in refugee encounters with professionals in the host country. If, for any reason, interpreters feel unable or unwilling to adhere to the interpreter code of ethics, be it because they are re-traumatised, or do not want to revisit painful experiences, it essentially means that the refugees being interpreted for, lose their voice. The proposed research is important because it aims to investigate whether this does in fact occur and, if so, what can be done to prepare and support interpreters, and through them, the refugees for whom they are providing a service.

## Bibliography

- Anderson, A. (2004). Issues of Migration. In R. Hamilton & D. Moore (Eds.), *Educational interventions for refugee children* (pp. 64-82). London: RoutledgeFalmer.
- Burnett, A., & Peel, M. (2001). Education and debate: Asylum seekers and refugees in Britain: Health needs of asylum seekers and refugees. *British Medical Journal*, 322, 544-547.
- Crezee, I. (1998). *A brief guide to healthcare terminology and healthcare settings: For interpreters and other professionals*. Auckland: New Horizons Advisory Services.
- Crezee, I. (2009). Interpreting and the New Zealand healthcare system. In Editors? *Interpreting in New Zealand: The pathway forward* (pp. 102-107). Wellington: Crown.
- Demetriou, S. (1991). Interpreters in psychiatry. In I. H. Minas (Ed.), *Cultural diversity and mental health* (pp. ). Melbourne: Royal Australian & New Zealand College of Psychiatry and Victorian Transcultural Psychiatry Unit.
- Gentile, A., Ozolins, U., & Vasilakakos, M. (1996). *Liaison interpreting : A handbook*. Carlton South, Vic.: Melbourne University Press.
- Ginori, L., & Scimone, E. (1995). *Introduction to interpreting*. Sydney: Lantern Press.
- Hayward, M. (2007). *Applying post-critical approaches to refugee-centred education*. Unpublished MA thesis, AUT University, Auckland, New Zealand.
- Herman, J. L. (1997). *Trauma and recovery*. London: Basic Books.
- Hoffman, C. (1990). *Culture, health and illness*. Oxford: Butterworth-Heinemann.
- Minas, I. H. (1994). *Cultural diversity and mental health*. Melbourne: Victorian Transcultural Psychiatry Unit.
- Minas, I. H., Stankovska, M., & Ziguras, S. (2001). *Working with interpreters: Guidelines for mental health professionals*. City/State: Victorian Transcultural Psychiatry Unit.
- Pittaway, E., & Ferguson, B. (Eds.). (1999). *Nobody wants to talk about it* (Vol. 6). Parramatta BC: Transcultural Mental Health Centre.
- Stein, B. (1986). The experience of being a refugee: Insights from the research literature. In C. Williams & J. Westermeyer (Eds.), *Refugee mental health in resettlement* (pp. 5-25). Washington DC: Hemisphere Publishing.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Roberts-Smith, L., Frey, R., & Bessell-Browne, S. (1990). *Working with Interpreters in law, health and social work*. Canberra: National Accreditation Authority for Translators and Interpreters.
- Stone, N. (1995). Teaching ESL to survivors of trauma. *Prospect: A Journal of Australian TESOL*, 10(3), 49-58.
- Steele, W. (2002). Trauma's impact on learning and behavior: A case for interventions in schools. *Trauma and Loss: Research and Interventions*, 2(2), ~~pages?~~.

Tukelija, S. (2005, September). Torture and trauma. *ATESOL Newsletter*, 31, 12-13.

Wenger, E., McDermott, R., & Snyder, W. (2002). *Cultivating communities of practice*. Boston, Massachusetts: Harvard Business School Press.