



Dublin Rape Crisis Centre

Preventing and healing the Trauma
of Rape and Sexual Abuse

Interpreting in Situations of Sexual Violence and other Trauma

A handbook for community interpreters



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Introduction

The mission of Dublin Rape Crisis Centre is to prevent and heal the trauma of rape and sexual abuse. As part of this mission, the Education and Training Department of DRCC offers professional training to those working with people who have experienced sexual violence, designed to enhance their capacity to support their clients. Training is provided for counsellors and psychotherapists, Gardaí, prison officers, youth workers, social workers, teachers, those working in the areas of addiction, homelessness, and mental health, and many others.

Over the past number of years, as we have worked directly with immigrants who require the use of an interpreter so as to access our services, and as we have provided training to others who are providing services to immigrants, we have become aware of the need for information and training for interpreters who work in situations of sexual violence and other trauma.

According to C.S.O. statistics 109,500 immigrants arrived in the state in the year ending April 2007, an almost 2000 increase on the previous year. The number of immigrants in the country at present has been estimated at 427,000, and the number of different languages spoken in Ireland as 167. Asylum seekers of 96 different nationalities are currently placed in accommodation centres throughout the country. Many of these individuals will require an interpreter when they need to access support and health services.

In 2007 Dublin Rape Crisis Centre received a grant from the *Fund to Support the Integration of Legally Resident Immigrants* to allow us to develop a training course and handbook for interpreters, to equip and support them in interpreting in situations of sexual violence and other trauma. The handbook may also be helpful for service providers, to inform them about the process of interpreting.

DRCC developed the training course and delivered it on a pilot basis on four occasions, twice in Dublin and once each in Galway and Cork. The training programme has been finalised and will continue to be delivered by DRCC training staff to community interpreters into the future.

This handbook is intended to accompany that training course, and is also being made available nationally to all those working as community interpreters in situations of sexual violence and other trauma.

While developing this training programme and handbook, DRCC consulted widely with interpreters, interpreting agencies, organisations providing services to victims of sexual violence and other trauma, and people who have accessed these services via interpreters. We are very grateful for the information and the support which we received from all of these sources. We are also very grateful to the participants in the four pilot training programmes who provided us with detailed evaluation and feedback which informed both the training programme and this handbook.

There are three sections in this handbook. Section one provides information on the incidence and impact of sexual violence and other trauma. Section two provides suggestions for interpreters working with these issues in a variety of settings. Section three addresses the impact of this work on the interpreter, and offers suggestions as to how he or she may prevent and deal with secondary post traumatic stress.

Sexual violence and other trauma

INCIDENCE

Many people living in Ireland have experienced sexual violence

In 2002, the SAVI Report, an extensive piece of research carried out by the Royal College Of Surgeons on behalf of Dublin Rape Crisis Centre into attitudes to, beliefs about and experiences of sexual violence in Ireland, was published. What the 3,120 men and women interviewed for this report said was that:

- More than four out of every ten women said they had had at least one unwanted sexual experience.
- One in ten women said they had been raped.
- Over a quarter of men questioned said that they had had unwanted sexual experiences.
- One in twenty men had experienced rape or attempted rape.

(**The SAVI Report: Sexual Abuse and Violence in Ireland.** McGee, et al The Liffey Press 2002)

DISCLOSING

Many victims will not tell anyone

The SAVI Report found that almost half (47%) of those who had experienced sexual violence had never told anyone before telling the interviewer. (42% of women and 57% of men). Although they may have had friends, a partner, family, parents, a doctor, teachers, a counsellor: they had not confided in anyone.

This silence is one of the issues which makes sexual violence different to other traumatic experiences. Usually when something bad or frightening happens to us, like a car crash or a fall or being mugged, we tell people about it, we look for support and sympathy, and in retelling our experience we try to make sense of it and are helped to recover from it. Victims of sexual violence often do not do this, and many cope with the impact of these terrifying and deeply painful experiences alone.

Our beliefs about sexual violence make it hard to tell

Commonly held beliefs and attitudes about sexual violence can prevent the victim from coming forward to tell about their experience, or to look for support. The victim may have fears or expectations about how others (including the interpreter) will feel about what has been done to them.

The victim may be making all sorts of judgments about him/herself and expecting that the other person and the interpreter will do the same. The interpreter, as an individual may have her or his own attitudes or prejudices: after all s/he has, like everyone else, grown up in and been influenced by a society where certain beliefs and attitudes predominate. However in his or her professional role s/he must ensure that these do not impact on neutrality, and that they are not conveyed even in subtle ways, as this will impact on the interaction between the English speaker and the non-English speaker.

All those who come forward to seek support after sexual violence must do so in spite of any anxieties and concerns they may have about how the other person will react. Those who must access support

through an interpreter have an extra person whose response may be of concern, even more so where the interpreter is a member of their own community, or someone they may meet again in another context.

Few victims report to Gardaí

Rape and sexual assault are seriously under-reported crimes. Less than one in ten victims interviewed in the SAVI report had told the Gardaí. Some reasons which discourage reporting are personal, others are social and cultural, others are to do with fears as to how the Garda might behave, and a lack of faith in the justice system. RCCs have found that where the victim knows the perpetrator they are only half as likely to report to the Gardaí as when the assailant is a stranger.

An additional issue for immigrants may be where their status in Ireland is uncertain or up for review, and they may not wish to draw attention to themselves.

The victim is seen as shameful

In many cultures, being a victim of rape or sexual abuse is seen as deeply shameful, with the shame attached to the victim rather than to the perpetrator. In Irish society up until relatively recently, women including very young girls who became pregnant, sometimes as a result of rape, were forced to move away from their community and hide their pregnancy, and in some instances were placed by their families in institutions where some of them remained for the rest of their lives. The resulting degree of stigma attaching to pregnancy and rape lives on in attitudes of shame.

Non-Irish clients of Rape Crisis Centres

In 2004, the 14 Rape Crisis Centres which make up the Rape Crisis Network of Ireland saw 155 clients who were refugees or asylum seekers and 114 other non-Irish clients.

According to the UNHCR (2003), crossing borders, going through checkpoints, and requesting goods and services from armed forces can increase the risk for refugee women of becoming subjected to sexual and gender-based violence for refugee women. Security forces were the perpetrators in most of the sexual violence sustained by refugees and asylum seekers using Rape Crisis Centre services.

Relationship between refugee/asylum seeker attending RCC for counselling in 2004 and the perpetrator of sexual violence

71.8%	Security forces
7.8%	Male relative
7.8%	Stranger
6.8%	Friend or acquaintance
3.9%	Male partner or ex-partner,
1.9%	Other

COMMON MYTHS AND ATTITUDES ABOUT RAPE AND SEXUAL ABUSE

Societies develop and hold myths and attitudes about rape and sexual abuse, which protect them from having to deal with the full reality of these issues. These myths can be deeply unhelpful to the victim. Often they can involve a blaming and shaming of the victim rather than the perpetrator, and compound the impact of the actual attack(s).

Myth: Victims provoke rape by their dress and behaviour

Unfortunately this is a belief which can be shared by the victim, who may agonise over whether s/he did something to provoke the attack. The victim is blamed for his or her behaviour. This behaviour may be quite normal in society, but when the person is raped, people wonder 'what did s/he expect?'. The fact that thousands of other people have acted and continue to act in the same way while remaining safe demonstrates that it is the choices and behaviour of the perpetrator, not the victim, that are responsible for the rape.

Myth: A woman who has been raped has brought dishonour to her family

In some cultures, the sexual violation of a woman is viewed as so deeply shameful to her and her family that she is expected or encouraged to take her own life, or may in fact be murdered by her family. Even where the woman does not lose her life, the knowledge that what has happened to her is viewed as so shameful and dishonouring deeply impacts on her feelings about herself, and her sense of herself in relation to her family and community.

Myth: Men and boys are not raped or abused

Rape and sexual assault of men and sexual abuse of boys is very under reported, but it is clear that men as well as women are subjected to these crimes. Men can feel they should have been able to fight it off, and can fear ridicule. According to the SAVI report, 3% of men in Ireland have experienced rape in their lifetime. Rape is sometimes used as a very

powerful weapon of torture and demoralisation of men as well as women.

Myth: People are usually sexually assaulted by strangers

In 2006, 60.6% of clients of the Dublin RCC knew their attacker. For 11.4% the assailant was a husband, cohabiting partner or boyfriend. Where the perpetrator is known to the victim, they may be pressured or intimidated not to tell and may be afraid they will not be believed or that they will be blamed or seen as contributing to the assault. Although rape within marriage has been a crime since 1990, there has been only one successful prosecution of this crime in the intervening years.

Myth: Only young attractive women are raped

Women of any age, appearance, social class, ethnic origin and intellectual ability are vulnerable to rape. Men and children are also raped, as are people with disabilities. This underlines the fact that rape is not about overwhelming sexual desire 'caused' by the victim's desirability or dress or behaviour, but is in fact a crime of power, domination and a desire to degrade another human being. Rape is used as a weapon in war, where people of all ages and both genders may be raped.

Myth: Sexual abuse occurs mainly where there is socio-economic disadvantage

Research shows that sexual abuse occurs equally across the social spectrum and in apparently 'model' families. This myth can lead to a victim feeling they won't be believed because their family, or the abuser, are very 'respectable'.

Myth: False allegations of rape and sexual abuse are common

It is a commonly held belief that many allegations of rape are false. This belief is not borne out by the facts. International research has shown that over 90% of allegations of rape and sexual assault to police are found to be genuine, while between 2% and 9% have been false allegations. This figure includes those allegations made by people with mental illness whose allegations are made genuinely, although the incidents may be found not to have occurred in reality. The great majority of reports of rape and sexual assault to police are genuine.

THE CRIMINAL LAW IN IRELAND: SEXUAL OFFENCES

Rape is defined as ‘unlawful sexual intercourse with a woman who, at the time of intercourse, did not consent to it’ where the man ‘knows that she does not consent...or is reckless as to whether she does or does not consent’.

Rape under section 4 defines sexual assault that includes ‘penetration (however slight) of the anus or mouth by the penis, or penetration (however slight) of the vagina by any object held or manipulated by another person’

Aggravated sexual assault is defined as a sexual attack that involves serious violence or causes grave injury, humiliation or degradation of the victim.

Sexual assault is defined as a sexual attack with a less serious level of violence.

The Criminal Law (Sexual Offences) Act 2006

It is a crime to engage in a sexual act (sexual intercourse or buggery) with a child (boy or girl) under 17 years of age. The accused has a defence available that he or she honestly believed that the child was older.

The Criminal Law (Sexual Offences) Act 1993

It is an offence to commit an act of buggery (anal intercourse) with anyone under 17 years or with a mentally impaired person. This Act created a new offence of gross indecency of a male with a male under 17 years.

THE IMPACT OF SEXUAL VIOLENCE AND OTHER TRAUMA

"The essential element of rape is the physical, psychological, and moral violation of the person. The purpose of the rapist is to terrorise, dominate, and humiliate his victim, to render her utterly helpless. Thus rape is intentionally designed to produce psychological trauma."

(Judith L.Herman, Trauma and Recovery, Basic Books 1997)

Survival responses in situations of trauma

Where a person is faced with a gravely dangerous and even life threatening situation, or perceives a threat to life or limb, automatic survival responses take over. This happens almost instantaneously.

The three classic survival responses are:

- Fight
- Flight
- Freeze

Where either fight or flight is not possible, or is attempted but is not successful, the freeze response will take over. In some circumstances freezing may be the first response. Freezing is not a result of weakness, cowardice or stupidity, but an automatic instinctive reaction to try to ensure physical and psychological survival.

We have all seen the scene in some film where the monster appears and one character stands frozen, while the other character pulls at him or her and shouts ‘run, run!’, or grabs the nearest object to ward off the monster. This is quite an accurate

depiction of how two people may respond very differently to the same danger. The one who stands frozen has not chosen to do this; it is an automatic unconscious response.

For the person who froze in a situation that appeared life threatening, there can be considerable self blame after the event, and a fear that they will not be believed because of their reaction. The person told about the attack may ask or wonder ‘why didn’t you scream, there were people just in the next room?’ The likely answer is that the victim simply froze, and lost their capacity to scream or to take any other action.

How will a person appear immediately after a rape or other trauma?

There are many different ways in which an individual may respond to shock and trauma. There is no single way that a victim of rape or sexual assault will appear. The person has experienced a dreadful violation, often accompanied by other violence, and has been in terror, even of death.

- Some people after a severe trauma will be dazed and quite numb or frozen.
- Others may be confused or hysterical, crying and very panicked.
- A person may be very angry.
- Some people in the aftermath of trauma become extremely rational and logical and disconnected from their feelings. Such a person may seem unaffected, but this is a way of coping and should not be seen as a sign that what they are saying is untrue.
- Where an adult who has been raped or sexually assaulted also experienced serious trauma in childhood, they can be in an even more severely

traumatised state after the recent incident, and may be very dissociated and ‘out of it’ or numb. It may also be the case that they have such a highly developed capacity to deal with trauma and separate from themselves as to allow them to dismiss or be flippant about this experience.

The effects of rape and other trauma often include some or even all of the following:

- Shock and withdrawal
- Panic and confusion
- Becoming very calm and rational, disconnected from feeling
- Dwelling on the details of the rape or other trauma
- Sleeplessness
- Nightmares
- Isolation
- Recurrent flashbacks
- Great fear, which is sometimes paralyzing
- Panic attacks
- Suicidal thoughts and attempts
- A spiritual impact
- Great difficulty coping with normal routines and daily tasks
- Self blame
- Startling easily
- Impaired concentration and memory
- Inability to continue in work or college
- Difficulties around eating: not eating or compulsive over eating
- Using alcohol or other substances to ‘numb out’
- Washing obsessively
- Mood swings

Where a victim of rape reports to the police he or she will be under ongoing stress throughout the investigative process.

S/he may:

- feel that s/he brought the attack on him/herself and fear disbelief and blame.
- be experiencing many or all of the symptoms above.
- be living in fear of the perpetrator.
- be isolated.
- be ostracised by their family/friends for reporting.
- be thinking about the investigation a lot and fearful of the legal process, adding to difficulties in sleeping.
- be under pressure from family and friends to 'move on' and forget about it.
- have lost their job, failed exams, be struggling in school.

This may result in the victim, in the weeks or months after the rape, becoming irritable, angry, hopeless, self-doubting, and they may withdraw their co-operation from the legal process.

The impact of the trauma may continue over a very long time and the person may become increasingly debilitated.

Trauma within relationship

Where trauma is visited on the individual by another person or persons, as opposed to by a natural disaster or an accident, relationships may be fundamentally affected.

This may:

- Include close personal relationships – eg the victim of rape may be fearful in an intimate relationship
- Involve a fearfulness of and inability to trust others
- Be gender specific eg the rape victim being afraid among men
- Where the trauma involved a person whom the victim thought was safe, s/he may lose trust in his/her capacity to judge people
- Involve feelings of intense shame and self-blame and fear of judgement and rejection from others
- Include social settings – eg fear in crowds, or in settings where the person feels unable to get away easily
- Involve a global and generalised sense of danger in every setting where there are people, maybe including a strong need to stay in a setting which is perceived to be safe

In this situation, being treated with respect, dignity, understanding and gentleness by the professionals with whom they come into contact while seeking support will maximise their ability to access services while also contributing to their healing and rebuilding of safety and trust.

ISSUES FOR ASYLUM SEEKERS AND REFUGEES

Interpreters may work with asylum seekers and refugees who have experienced sexual violence. Issues of which the interpreter needs to be aware in interpreting for these individuals include:

- Of those asylum seekers and refugees who came to Irish Rape Crisis Centres for counselling in 2004 having been raped in their own countries, 71.8% had been raped by security forces. Many had been raped on more than one occasion and by a number of assailants, and had also been tortured in other ways.
- Because of this, contact with state services, the asylum seeking process or the Gardaí can be a source of great fear.
- Asylum seekers and refugees may live in settings which make them vulnerable to sexual assault or exploitation while in Ireland, e.g. an unaccompanied minor living in a hostel.
- In some cultures the stigma of being raped is so severe and the dishonour to the woman's family is considered so grave that the woman is under pressure to take her own life. The raped person or their family may be ostracised. Raped women may be unable to marry or to remain married. A woman may keep rape a secret, even from her partner. She may fear her partner's reaction: will she be abandoned, blamed?
- All involved must protect the woman's privacy with great care and discretion, as family or others

discovering she has been raped can have very serious consequences. Where an interpreter comes from the same community as the person who has been raped, there will be extra issues and fears concerning confidentiality which will need to be addressed.

- Gender can be a very sensitive issue. It may be simply impossible for a woman to reveal the details of a sexual assault through a male interpreter. Some details may feel too shameful to ever reveal to anyone.
- Asylum seekers and refugees who are sexually assaulted while in this country will be coping not just with the trauma of that assault, but also with displacement, lack of the most basic resources, isolation, lack of communication with family (they may not know if family are alive or dead), and in some cases with previous experiences of rape.
- A person raped in times of war or unrest or where there are very negative cultural attitudes may not have sought medical care in the aftermath. A woman may later experience gynaecological problems. The medical effects can include unwanted pregnancy, abortion, painful periods, inability to conceive, untreated STDs, risk of HIV.

The emotional effects of rape are compounded by additional factors for asylum seekers and refugees:

- The ordeal of adapting to a strange country, language etc.
- Re-traumatisation through having to give detailed accounts of rape and associated events at interview.
- Delay in accessing medical help or counselling.
- Ongoing medical or gynaecological complications, including chronic pain, operations, the trauma of HIV testing.
- Lack of information re services and resources.
- The ordeal of having to deal with professionals while not fully understanding what is being said, and having to tell his/her story through an interpreter.
- Difficulty accessing services because of practical issues such as lack of childcare and family support, cost of transport etc.
- Lack of access to meaningful activities such as education and work exacerbates feelings of helplessness and depression.
- A lack of any hope of justice where perpetrators are in the country of origin.
- Fear of being sent back to their country of origin, and possible future trauma or threat to life.

- Racist comments or attacks causing fear, feelings of danger and re-traumatisation.

Trafficking

Because of its illegal nature, the full extent to which women and children are trafficked into Ireland for use in the sex trade is not known. However there is no doubt that this lucrative slave trade exists in Ireland, and that some of the hundreds of children who have arrived in this country unaccompanied and have then gone missing from their accommodation are victims of trafficking into the sex trade.

Where an interpreter finds him or herself providing interpreting where a person has been trafficked, that person will have had many traumatic experiences, and may be extremely fearful, both of the traffickers and of the representatives of the state. Where the victim and traffickers are of the same nationality as the interpreter, it may be additionally difficult for the interpreter to deal with the feelings evoked by the knowledge that this situation exists, but it is also additionally crucial that complete confidentiality is maintained so as to protect the victim.

CHILDHOOD EXPERIENCE OF TRAUMA AND CHILD SEXUAL ABUSE

Childhood is the period of our lives during which we develop every aspect of ourselves - physical, social, emotional, psychological, spiritual, moral, intellectual, sexual etc. There are specific developmental tasks for the child also, such as developing a feeling of safety, a belief that his/her needs will be provided for, developing an attachment to the adult caregiver, developing a feeling of predictability and control, developing the capacity to relate to others and developing a sense of self and self worth.

Some children have to attempt to achieve all of this while also coping with very traumatic experiences. A child's supports and resources are not yet fully developed, and the trauma may include the child losing some of the external resources they do have – family members, home, community - and so the impact of the trauma on children goes very deep. Where the trauma includes the child being sexually abused within the family, he or she also takes on the burden of keeping the secret and 'protecting' the family. This applies also where the trauma involves domestic violence or issues of addiction.

The courage, resourcefulness and creativity shown by many children while they live and develop through these circumstances is extraordinary, but the impact of coping with all of this can be very severe.

The child may develop fundamental beliefs about

him or herself that underlie and affect every aspect of their lives. Examples of such beliefs might include 'I can never be safe', leading to the child and later the adult always being on the alert for danger and conscious of the need to protect him or herself, or 'I am disgusting and shameful', leading to fear of rejection and a constant consciousness of the need to keep the secret.

To protect the child from the full impact of what they are experiencing, automatic and unconscious protective mechanisms come into play. These protect the child, but can be counter-productive in other ways, and can affect the child's whole life into adolescence and adulthood.

Common unconscious protective mechanisms include:

- emotional numbing
- dissociation
- denial of the reality of their experience
- self blame and taking responsibility for abuse
- splitting from the body
- repression of memory

Where a child experiences trauma his or her capacity to learn may be impeded. Where this is the case, the child will be faced with the ongoing experience of difficulties in school and other settings which may lead to frustration, low self-esteem, feelings of helplessness and bewilderment, conflict with teachers.

A child may cope with trauma through dissociation, and this disconnected state may be easily triggered afterwards. The child may find it difficult to stay fully present and concentrate in the classroom. This may lead to the child being

reprimanded for ‘day-dreaming’ or not paying attention, which will add to the child’s anxiety and to their tendency to dissociate.

The impact of child sexual abuse

A person sexually abused as a child is often left living with deep pain and fear. Living daily life can require a great deal of courage and strength, and often extraordinary coping capacities.

Ongoing issues for those who have experienced child sexual abuse may include:

- Low self esteem, affecting every aspect of life
- Deep emotional pain, which may sometimes lead into addiction
- A deep sense of powerlessness
- Difficulty with intimacy and relationships
- Sexuality issues
- Boundary and control issues
- Difficulty detaching from the family of origin
- Parenting issues
- Depression
- Suicidal thinking and/or attempts
- Poor physical health
- Chronic pain conditions
- Panic attacks, nightmares, flashbacks
- Emotional deadness or disconnection
- Spiritual issues

THE IMPACT OF TORTURE

Amnesty International’s 2004 annual report cites instances of torture and “ill treatment” by state authorities in 132 out of 155 countries. According to Amnesty International, torture often occurs in the context of other severe stressors such as war and armed conflict.

While many people who have experienced torture will have experienced other trauma as well – for example bereavement, displacement, injury, witnessing death and destruction – studies show that people who have experienced these traumas and also experienced torture exhibit higher levels of Post Traumatic Stress Disorder than others whose experiences have not included torture. Torture is a particularly traumatic event, even when other war-related trauma is taken into account.

Symptoms have been found to be more pronounced in refugees than in those who remain in their homelands, because of the added stress associated with the loss of one’s family, community, and country and having to adapt to a new culture.

Risk factors for a greater severity of symptoms have been found to include longer duration and greater intensity of torture, a history of abuse during childhood (before the torture), an absence of social support after the torture, young age at the time of torture (children are particularly vulnerable), any history of mental illness. Another risk factor is having family members who were tortured or killed in retribution for the survivor’s political activities.

The families and communities surrounding survivors of torture are also profoundly affected. A study of 85 children whose parents had been tortured showed that 68% had emotional disorders, physical symptoms, or both.

The impact of torture will often include severe Post Traumatic Stress Disorder (flashbacks, nightmares, panic attacks, intrusive thoughts etc.) and depression. There may in addition be symptoms which are specific to the circumstances and methods of torture, such as fractures which have not properly healed, injuries to eyes, teeth, ears, genitals, urinary tract, rectum and reproductive organs, cardio-pulmonary disorders, brain damage, diseases arising from starvation, extremes of heat and cold, arthritis, lack of trust, particularly of those seen as authority figures. There can also be a lot of anger, which may be expressed externally in bursts of rage and aggression, with consequences for the individual and those around them. The anger may also be turned inwards, leading to severe self criticism and depression

Interpreting in situations of sexual violence and other trauma

PRINCIPLES AND ETHICS OF INTERPRETING

Fundamental principles and ethics apply in all interpreting situations. Below are outlined some of the issues which may arise when working in situations of extreme trauma and distress and in legally sensitive situations.

Confidentiality

Confidentiality is a basic ethic of the interpreter and a right of the non-English speaker. Where the situation involves issues of sexual violence, confidentiality is especially crucial.

The victim of sexual violence may feel great shame about what has been done to them, and fear others finding out about it. In some cultures the stigma of rape or sexual abuse is so severe that the victim's life or safety within their family or community may be at risk if people were to find out. There may be a risk to the victim if the perpetrator were to discover they have told someone. For these reasons, there is an additional need for confidentiality to be held, and for the non-English speaker to be reassured that it will be held.

It is best practice for the English speaker to establish clearly with the non-English speaker that the interpreting is provided on a confidential basis. However, not all English speakers are trained with regard to using interpreters, and may not provide this information to the non-English speaker. In addition, many English speakers may not be aware of the additional concerns and anxieties regarding confidentiality that may be there for the victim of sexual violence.

Where the English speaker neglects to address confidentiality with the non-English speaker, it will be important that the interpreter informs and reassures him/her that information shared in interpreting assignments is strictly confidential.

There may be additional fears about confidentiality where the interpreter already knows one or both of the parties involved, and this will need to be addressed.

It is also necessary to explain that everything either party says will be interpreted, so that no party shares anything unwittingly.

When working with trauma and descriptions of violence, the impact of this on the interpreter may put pressure on the maintenance of confidentiality. Put simply, where the interpreter has heard of or witnessed something shocking or horrific, s/he may feel a need to speak about it to someone else. For this reason it is important that there is professional support that an interpreter can call on, where they can talk about the impact of the work on them and be supported, without revealing the detail or breaching confidentiality.

Boundaries

The aim of the community interpreter is to facilitate communication between two persons who do not speak the same language.

The role is strictly limited to translating as clearly and accurately as possible from one language to another between the two parties.

It does not include providing support, offering advice or extend to any other duty outside the role of interpreting.

It is not the interpreter's role to analyse the information, form opinions or make decisions as to what should or should not be conveyed.

Where an interpreter is asked by the English speaker to provide cultural background information, he or she should redirect questions about this to the non-English speaker. An interpreter may be asked by the English speaker for their opinion about the credibility of the non-English speaker, or for background information. The interpreter should clarify that this is outside their role, and decline to become involved in such discussions.

It is quite possible that the community interpreter may meet the non-English speaker outside of the interpreting process, especially if s/he comes from the same community. If this happens, s/he should not make any reference to the fact that they have met or to what has been said in that process. Where there is a later meeting and the non-English speaker mentions the situation to the interpreter, the interpreter should avoid being drawn into talking about it. The interpreter should not socialise with the non-English speaker outside the session.

Where an interpreter is known to the non-English speaker

A community interpreter should disclose any prior acquaintance with the person and decline to interpret where a family or close personal or professional relationship may affect impartiality or constitute a conflict of interests. In legally sensitive situations, for example where a person is giving a statement to the Gardaí, prior acquaintance between the interpreter and the witness could be used to undermine the witness' evidence if the case goes to court.

A previous acquaintance between the interpreter and the victim of sexual violence may influence what is said or not said by him or her. It may be difficult to reveal or discuss sensitive and traumatic issues where the interpreter is someone the victim will see again afterwards.

People from specific ethnic communities may not wish to communicate with the help of certain interpreters for political or other reasons.

Ideally the interpreting agency will negotiate, in consultation with all parties, the appropriateness of the contact where parties know each other.

Impartiality

The interpreter's role is a neutral and impartial one. Both parties are in effect the clients, although the English speaker may be paying for the service.

A community interpreter does not act on behalf of the English speaker, nor speak on behalf of either party. Neither does he or she act as an advocate for the non-English speaker.

This impartiality may be more difficult to maintain when faced with such emotive issues as sexual violence and trauma. The interpreter may feel great empathy for a victim and feel tempted to give advice/support. However, the interpreter must accept that this is not his/her role. It is imperative for the integrity of the interpreting that the interpreter does not become involved in providing emotional or other support to the non-English speaker.

The interpreter may find their own value judgements about the situation rising to the surface. For example, the interpreter may have strong views

about dress and behaviour of victims in relation to rape, ‘women who dress like that or drink are asking for it’ or, ‘a man who is raped must be gay’. If an interpreter finds that it is difficult to maintain impartiality because of personal beliefs or feelings, then it is desirable that s/he withdraws from the assignment.

Accuracy

The interpreter conveys accurately and completely everything that is said without adding or deleting anything.

Ideally both parties requiring interpreting will speak slowly and clearly, using straight forward language, with the professional avoiding unnecessary jargon or complex sentence structures, to facilitate accurate interpretation. Obviously a person who is relating a traumatic experience will not always be able to speak slowly and clearly and the interpreter may need to indicate to both parties where it is not possible for the interpreter to hear, understand or keep up with what the person is saying.

The interpreter uses the first person, direct speech i.e. “I am feeling very frightened...” and not, “She says she is feeling very frightened.” In some instances the interpreter may need to resort to using the third person where there is no direct translation or when speech is particularly emotional, for example “He is using bad language directed at An Garda Síochána”.

The traumatised person who has dissociated or become numb may ask for the question to be repeated. It is important that the interpreter interprets exactly what the victim has said and asks the practitioner to repeat the question, rather than

repeat it him or herself. This avoids filtering and is a more accurate interpretation. Otherwise the fact that the non-English speaker is, for example, in fact ‘numbed out’ and unable to even hear as a result of trauma may be disguised from the English speaker.

Where a statement is being taken by Gardaí, accuracy is crucial. Interviews with children will, from now on, be videotaped for use in court. The accuracy of interpreting is vital to maintaining the integrity of the interview as evidence.

Working within own limitations

The interpreter needs to be aware of his/her own internalised beliefs and attitudes in relation to sexual violence before undertaking this work. For example, certain internalised attitudes such as ‘rape is very rare’ or ‘it only happens to women’ could lead to an interpreter finding a story difficult to believe. If this comes across to the non-English speaker who is a victim of sexual violence, it could have a damaging impact, and may alter the interaction between the English speaker and the non-English speaker. The interpreter needs to be aware of his/her own internalised beliefs and attitudes about sexual violence, and ensure that these do not come across in a way that affects the interaction.

An interpreter working in the area of sexual violence needs to be familiar and comfortable with using sexually explicit terms as well as having sufficient language skills to interpret medical and legal terminology.

The interpreter also needs to feel able to sit with a very distraught person and to resist the impulse to push the boundaries in order to console them. This can often be difficult, but is crucial to maintaining

the integrity and professionalism of the interpreting. Account needs to be taken of the nature of the work, as interpreting traumatic material can be vicariously traumatising for the interpreter. An interpreter deciding to take up this work needs to be prepared for it in advance in terms of developing strategies for self care before, during and after the interpreting session.

It is important that the interpreter is offered the opportunity to debrief after interpreting in a situation of trauma or sexual violence and that ongoing support and supervision is either provided or readily accessible.

INTERPRETING FOR A DISCLOSURE OF SEXUAL VIOLENCE

Introduction

When a victim of sexual violence is telling of the experience, whether to a doctor, counsellor, solicitor or court, s/he may be very fearful of the reaction s/he will meet - that s/he will be blamed, rejected or not believed, - and afraid of the consequences of telling. There may be feelings of deep shame or embarrassment. These can be issues for all victims with regard to the professionals they are speaking to. Non-English speakers have the added concern of an extra person – the interpreter – to consider. The role of the interpreter is crucial. S/he is the means through which this story will be told, heard and understood. It is important that the non-

English speaker trusts the interpreter to interpret accurately and fairly. It is also important that the interpreter is able to remain calm and respectful of the individual and his or her story.

The person who has experienced sexual violence or other trauma is being placed in the situation of describing experiences which were very traumatic and painful, and which may be felt as degrading. S/he will often feel ashamed, be blaming themselves in some way, and feel guilty. The interpreter needs to be sensitive to this.

The value and limits of the interpreter's role

The role of the interpreter in the process is very valuable, but also limited. The role is to interpret accurately: a crucial role. However when dealing with individuals who are very distressed or vulnerable, we can often feel that what we do in our role, whatever that is, is not enough, or of little real use. An impact of this is that we can begin to feel inadequate. It is important when working with vulnerable individuals for the interpreter to fully accept the great value of the role s/he is in, and to also accept that s/he is not, cannot be and should not be a friend, a counsellor, or in a position to provide other supports. Being aware of the value and accepting the limitations of the role may help the interpreter to remain calm and to maintain professional boundaries, and also protects against burnout.

Preparing yourself

Where the interpreter is aware in advance of the likely content of what s/he will be interpreting, s/he should prepare in advance for the stresses of the day's work. S/he can allow plenty of time to arrive at the location, then take some quiet time to

prepare, to ground and centre him or herself before commencing work. S/he can try to leave aside any personal issues for the moment and to focus on the task in hand. A few minutes spent in a short breathing/relaxation exercise or boundary exercise is invaluable as preparation for the work ahead. Finding a way of marking the step from the personal self to the professional self is very helpful. Some people do this through the difference in the clothes they wear: they take on their professional self as they put on their 'work' clothes; some do it with a thought process; others with a change in posture, or a short visualisation.

Professional, calm and non-judgmental

In meeting with and greeting the non-English speaker, it is important that the interpreter comes across as being professional, calm and non-judgmental. This is always the aim, but bearing in mind the great sensitivity of the issues dealt with here, it may be helpful for the interpreter to consider how s/he can actively project these qualities to the individual.

Maintaining a boundary

It is vital that the interpreter maintains professional boundaries. Any over-familiarity or involvement with the non-English speaker may make him/her uncomfortable. The interpreter as far as possible needs to be a person in the background, simply facilitating their communication with the doctor, counsellor, solicitor etc.

If the interpreter oversteps the boundary, this may interfere with the role of the professional, and may alter the interaction between the English speaker and the service user.

Some non-English speakers may expect the interpreter to act as supporter, advisor or friend in this context. If this is the expectation, the interpreter will need to outline the boundaries sensitively but firmly. Where any legal process is involved, to maintain the integrity of the non-English speaker's evidence, it is important that the interpreter is not perceived to be, or cannot later be portrayed as having been, in any way enmeshed or compromised.

Issues of trust

The non-English speaker has to rely on the interpreter to tell the story truly and accurately. S/he is placing great trust in the interpreter, who needs to convey that s/he can be trusted, through body language, tone of voice, calm approach and accuracy in interpretation.

A person meeting with Gardaí, giving evidence to a court or in a refugee application process may have had experiences which cause him/her to be suspicious of and not to trust an official body. The interpreter may be seen as being part of a legal process that seems alien, threatening or untrustworthy. If the non-English speaker is suspicious or hostile, it may help the interpreter if s/he understands that these feelings are not personal to him or her. The interpreter can be understanding and see it as part of his or her role to provide as much reassurance of his or her impartiality as possible.

The importance of feeling believed

Victims of sexual violence often fear or expect that they will not be believed. For a person to feel that the interpreter, who is communicating their story, does not believe them would be extremely undermining and difficult. The interpreter should be aware that the individual may be anticipating

disbelief and so may misinterpret facial expressions, posture, tone etc., and therefore the interpreter needs to be careful about these.

Confidentiality

The interpreter needs to ensure that the individual knows that s/he will maintain strict confidentiality. While this is properly the English speaker's role, where s/he does not make this sufficiently clear, the interpreter will need to do so. S/he may be a member of the non-English speaker's community, and it is very important that the non-English speaker knows the interpreter will not speak about what s/he hears. Confidentiality is a core ethical principle and always crucial, but given the highly sensitive nature of this information, and the non-English speaker's possible deep and maybe well-founded fears of the consequences of telling, it is important to actively reassure him or her that the interpreter is committed to maintaining absolute confidentiality.

Traumatic and distressing material

On a human level, the trauma of telling this story should not be underestimated. The non-English speaker may become upset or angry, or under questioning, for example in a court setting, may become hostile or withdrawn. No matter what is happening, the interpreter's role is to remain calm and facilitate communication and to try not to become over involved or get drawn into the non-English speaker's emotions. The best way the interpreter can help the non-English speaker is by remaining calm, professional and separate from the emotions arising.

Impact on the interpreter

However in some circumstances the interpreter may find him or herself becoming upset or angry or

otherwise dismayed by what s/he hears. This is understandable and is a normal human reaction. The role of the interpreter is quite unique: not only does s/he have to listen with great attention to the story, s/he has to interpret it and re-tell it in the first person. While the concentration on interpreting can provide a protection from fully 'hearing' the story, there is a type of engagement with the story involved in interpreting which is not found in any other role. Self-help techniques may help the interpreter to cope with any distress involved and to maintain his or her professional calm.

It is important that the interpreter tries to remain separate from what s/he is hearing and saying. It is useful for the interpreter to train him or herself not to picture what is being described and to not allow him or herself to imagine someone known and cared for in the situation - for example a relative or a child in his or her life that is the same age as the victim was at the time of the abuse - either while interpreting the story or afterwards.

If an interpreter finds him or herself becoming upset during the session, s/he can try to use some self-help techniques such as breathing, relaxation, grounding, having a glass of water, noticing if s/he has tensed up in the body and quietly changing position to loosen this tension. S/he can watch out for him or herself mirroring the victim's posture or breathing, which can occur without being noticed and which will increase the impact of what is being heard and said. This may be something that happens afterwards also - on the bus on the way home, or later while at home. Where an interpreter becomes aware that this is happening, it will help to change posture and breathe.

The interpreter should try and be aware of the impact of hearing and speaking such a disclosure, on his or her thinking, mood, how s/he relates, and his or her body and take time to debrief after a session. An interpreter may need additional supports when interpreting in the context of sexual violence and other trauma.

THE LEGAL AND MEDICAL PROCESS

The Gardaí

The interpreter may be called to the Garda Station to interpret for someone who has experienced a recent rape or for someone who has disclosed past rape or child sexual abuse – or both.

Each person responds to trauma in their own unique way – no two people will have the same history prior to the traumatic event, and this will have an impact on how the person responds. Similarly, the interpreter's reaction to witnessing trauma will be influenced by his/her own life experience and learnt ways of coping.

Many Garda Stations are not ideally equipped for dealing with victims of sexual violence. They do not have a comfortable space or pleasant surroundings. In some cases privacy may be difficult to ensure, and the interview could take place in a cold interrogation room. Welcome current developments within the Gardaí include the provision of special suites with a high standard of

comfort, where Gardaí can interview victims of sexual abuse and rape.

An interpreter may be asked to interpret for a supporter or family member of the victim who may be present and who may also have concerns. From the victim's point of view it is important that the needs of their support network are addressed because in turn they will be able to support the victim in the days and months after the attack.

Reporting a sexual offence to the Gardaí

If a person has been sexually assaulted or raped, and wants to report the crime, s/he should contact his or her local Garda station.

- The Gardaí will interview him or her to find out exactly what happened.
- Usually s/he will be offered the option of being interviewed by a woman police officer.
- The type of questions s/he will be asked include: the identity of the assailant if known; a description of the assailant; where and when the incident happened; what precisely was done to him or her; the circumstances of the assault; if there were any witnesses.
- When s/he has finished making the statement, s/he will have the opportunity of reading it over or it will be read back to him/her and s/he will be asked to sign it.
- If the victim remembers other details about the assault at a later stage s/he can contact the Gardaí to make a supplementary statement.

- The victim is entitled to receive a copy of his or her statement.
- Some Garda stations will have an 'Early Evidence Kit'. This allows the Garda to take samples of urine and oral swabs in the Garda station. This effectively means that victims can then go to the toilet and have a drink without losing valuable evidence.
- The victim will be asked to undergo a forensic medical examination, which will take place at a Sexual Assault Treatment Unit.
- Depending on where in the country the assault happens, there may be a long journey in a Garda car to the Sexual Assault Treatment Unit.
- In some cases where injuries are more severe the victim may be brought to a general hospital where these injuries can be treated as a priority. The victim will then either be brought to a Sexual Assault Treatment Unit or a doctor, who has specialised training in collecting forensic evidence, will attend the victim in this hospital.
- An interpreter may be asked to interpret for a victim as s/he directs the Gardaí to the scene of the crime or in an attempt to find the perpetrator. This could involve travelling around in a Garda car.
- The Gardaí will interview the accused, if his or her identity is known.
- A victim may have to identify an alleged perpetrator at an identity parade. This is not done behind a one way mirror as is sometimes seen in

films or on television, but involves the victim being in the same room as the person who sexually assaulted or raped him or her. This can be extremely upsetting.

- The Gardaí will prepare a Book of Evidence, made up of the victim's statement, the accused's statement, other witness statements, and any forensic evidence which was collected at the medical examination or at the scene of the assault.
- This is sent to the Director of Public Prosecutions (DPP) who will decide if there is sufficient evidence to proceed with the case. If the DPP does not think the evidence is enough to secure a conviction, the case may not proceed.

The forensic medical examination The Sexual Assault Treatment Unit (S.A.T.U.)

In Dublin, the Sexual Assault Treatment Unit is housed at the Rotunda Hospital. This is a maternity hospital. Elsewhere in the country the facilities are varied, although they are generally situated in a hospital.

In Dublin the unit is based in the Colposcopy Clinic. In this unit there is a small public waiting room. During the day there may be other patients using this waiting room. It is also close to the reception desk so privacy may be an issue. At night time this waiting room will be more private.

The role of the Rape Crisis Centre support worker

In Dublin, the victim will be met at the Sexual Assault Treatment Unit by a support worker from the Dublin Rape Crisis Centre who is there

specifically to support the victim and those accompanying him/her. In other parts of the country, local Rape Crisis Centres offer similar services to victims of sexual violence. The support worker may answer any questions from the victim pertaining to the examination and also support the victim (and supporters) in dealing with the trauma. She will often try to empower the victim to ask any questions s/he needs to of the doctor and medical staff. This can be important for the victim who will most likely have experienced a sense of powerlessness and loss of control during the assault. The supporter may help the victim to make some initial sense of how s/he is feeling and may help the victim to deal with questions such as:

“How will I tell my husband?”

“What will my friends and family think?”

“Can I access counselling?”

“Will the examination hurt?”

“How long will it last?”

In the case of a victim who is severely traumatised who may be crying or hyperventilating, the RCC support worker may assist the victim in grounding him/herself. Or, if the victim is numb or unable to speak, the support worker may just sit with the victim in silence. A person experiencing this kind of overwhelm (shock) may find it difficult to hear, and may repeatedly ask for the interpreter to repeat what was said. It is important to interpret this request rather than just repeating, so that the person who is dealing with the victim has some sense of the state the non-English speaker is in.

Sometimes the victim may be very tired or recovering from the effects of drugs or alcohol, and the support worker may just allow them to sleep, whilst assuring the victim that she will “keep watch”

for him/her until the doctor is ready. The RCC support worker may then help those accompanying the victim (family or friends) to deal with their own shock and trauma if needed. Elsewhere the interpreter may be in the room, but on the other side of a screen.

The examination

When the medical staff are ready, they will come and bring the victim, together with the interpreter and Gardaí, to the medical examination room. The victim will be screened from the interpreter during the examination.

A history will be taken from the victim. This will include medical history and a very detailed account of the assault. The reason for such detail is that the doctor needs to know exactly where to look on the person’s body for forensic evidence, and also the doctor will probably be called to testify for the State if the case comes to court.

The doctor will then conduct a medical and forensic examination. This may include forensic hair combings, including pubic hair; taking oral swabs; examination of the whole body for injuries; taking samples from under the nails; internal examination and taking vaginal and anal swabs, where appropriate. The doctor will hand the evidence directly to the Garda.

The interpreter may be asked by the doctor to interpret during the examination. In Dublin the interpreter will stay outside of the room with the door ajar slightly so that s/he can hear what is being said. The victim will have his or her clothes and shoes taken away to be forensically examined. These may be produced in court. Often the Gardaí suggest that the

person brings a change of clothes or the SATU will supply clothes for him or her to leave the hospital in.

The person may then be taken back to the Garda Station for further questioning and preparation of a statement. Sometimes this is deferred to the next day

Court proceedings

Because rape and sexual assault are criminal offences it is the State which prosecutes the accused person and the victim is involved simply as a witness for the prosecution.

The person accused of a sexual offence (or his or her legal representative) appears before a District Court where s/he is given notice that a case will be brought against him or her. There will usually be a delay of a number of months before the date of the trial.

Cases of Rape, Rape under Section 4 and Aggravated Sexual Assault are heard before the Central Criminal Court or the Circuit Court. The accused is known as the defendant, the State as the prosecution and the victim as the complainant.

Legal representation

The State will appoint a barrister to prosecute the case. The defendant employs his or her own legal representative, a defence barrister. The victim (complainant) is not entitled to have legal representation, but is merely a witness.

The exception to this is where, in the course of the case, the defence applies to be allowed to refer to the complainant's past sexual history. In that case, the complainant will have legal representation, but only for the part of the hearing that involves the judge deciding whether to allow their past sexual

history to be brought into evidence.

Defendant's plea

If the defendant pleads guilty, the complainant will not have to give evidence. The judge will set a date for sentencing. The judge may, before sentencing, request a victim impact report. In this way the impact of the rape or sexual assault on the victim can be taken into account in the sentencing.

Sometimes the defendant agrees to plead guilty to a lesser charge. For example, a person accused of aggravated sexual assault may plead guilty to sexual assault. The prosecution barrister will decide whether or not to accept a lesser plea. The complainant will usually not be consulted about this. Hearing a plea to a lesser charge being entered and accepted in court can come as a shock to the complainant.

Trial by jury

If the defendant pleads 'not guilty', a jury of twelve people will be selected. In the Court will be the judge, the jury, the court clerk, the defence barristers and solicitor, the prosecution barristers and solicitor, the defendant, the Gardaí and journalists.

Cases where the defendant pleads not guilty may take a long time to come to court.

A support worker from the Rape Crisis Centre will accompany the victim if s/he wishes. Other witnesses in the case may also be present.

Complainant's evidence

The complainant will be called upon to give evidence. The prosecution barrister will lead him or her through his or her statement.

The defence barrister will cross-examine the complainant on the statement and will try to show that it is untrue or misleading. The barrister may try to discredit the complainant's account of events, often by trying to undermine his or her character in front of the jury.

Expert witnesses

Expert witnesses, such as the doctor who examined the complainant and the Garda who took the statement, will give evidence. There may also be other witnesses. An interpreter who interpreted when a victim was giving a statement to the Gardaí could be called as a witness.

The jury will decide if the defendant is guilty or not guilty. If the defendant is found guilty, the judge will pass sentence on him or her. The sentence is at the discretion of the judge, up to the maximum penalty. Before imposing a sentence, the judge may request a victim impact report.

The victim's name cannot be published, except in very exceptional circumstances, with the judge's approval.

Interpreting in the court situation

To provide interpreting in a court setting, the interpreter needs to have specialist training. The following is intended as helpful background information.

- The waiting area before being called in to court is there for all parties to the case, which means that a victim and his/her family/supporters may be sitting close to the perpetrator and his/her family and supporters. This can often cause an escalation in emotions such as fear or anger, and witnesses can feel intimidated.

- There is a room available in the courts for victims to wait in which is run by the Court Support Services.
- If requested by the victim, a Rape Crisis support worker will accompany him or her throughout the trial.

The trial

When taking the stand with a witness, the interpreter should try to make sure that s/he is physically comfortable: asking for a seat if one is not supplied, making sure s/he is near to the microphone so as not to have to lean across the witness all the time, having access to water. The giving of evidence and cross examination may take a long time, and the task will be more difficult if there is the added stress of being uncomfortable or tired.

The witness will first be taken through his/her statement by the prosecuting barrister who is acting for the State. S/he will then be cross-examined by the barrister for the defendant.

The defence barrister is likely to cross-examine in a vigorous manner. Often witnesses report feeling harassed, confused and manipulated into saying things that they did not intend to say. It is very important that the interpreter:

- takes his/her time, and does not allow him/herself to be rushed
- does not allow him/herself to be intimidated by the methods used in the court
- interprets completely accurately everything said by both parties
- is aware of any impacts on him/herself. Once s/he knows how s/he is being impacted, s/he can choose to put it aside. Without awareness, this choice cannot be made and the interpreter is more

liable to act or speak as a reaction to this impact. For example, if a barrister is using bullying tactics to cross examine a witness, an interpreter may feel angry or concerned for the witness. This could result in him or her not interpreting the full impact of the words the barrister is using, or their full meaning, in order to protect the witness from this impact. This may then affect the witness's response, perhaps in ways which influence their case.

It is not uncommon for the witness to break down and cry - sometimes through frustration and anger but also because remembering what happened can be painful, can evoke feelings of panic, fear, terror, shame, degradation, grief, loss, etc. Again, it is important for the interpreter to become aware of what feelings such emotions evoke in him/herself and to be able to put these aside, to deal with later when s/he is debriefing.

If either party does not complete a sentence, or does not make complete sense, this needs to be accurately interpreted. If either party has difficulty understanding and says so, this must also be interpreted in full, rather than the interpreter elaborating on the question him or herself.

If the interpreter is being asked to interpret for too long - or finds him/herself losing concentration because of the intensity of the work - s/he should ask for a break. It would be good practice to have a second interpreter for such cases, as to interpret at this level of intensity, perhaps for many days, may go beyond what any one person can be expected to do.

ISSUES FOR THE INTERPRETER

Are you the right person for this assignment?

Are you comfortable doing this kind of work?

Do you:

- have the language skills and vocabulary necessary for detailed police investigative work/medical terminology/court language?
- will you be comfortable translating accounts of perhaps violent sexual acts and talking about genitalia and other sexual organs, translating accurately the terms used by the victim, or may this cause embarrassment and discomfort for you?

What issues might arise for you

- Being with a traumatised victim?
- Seeing obvious injuries or blood?
- Interpreting for the alleged perpetrator of a violent assault?
- With regard to gender
 - if the victim is male or female?

What strategies do you use to support and resource yourself whilst interpreting and to debrief after a session?

What supports are in place for you?

Have you been given any guidelines as to the amount of time your services will be needed for?

Have you considered the implications regarding maintaining boundaries if the contact is to be prolonged? For example where there is a journey of a couple of hours, a medical forensic examination, a journey back again and statements

to be made at a Garda station?

Should the use of a second interpreter be considered?

Issues to be considered and clarified

If you are likely to be called in to interpret on a 24 hour basis, there may be times when you will have to decline, for example where you are out - at the beach, at the cinema, with your children etc., and as a result you are inappropriately dressed – shorts, evening wear, etc., or you have taken alcohol.

If the English speaker (doctor, Garda, court personnel etc) or the non-English speaker has not worked with an interpreter before, you may need to inform them as to best practice in working through an interpreter. You may need to clarify

- Seating arrangements
- The length of sequences to be interpreted
- Boundaries
- Confidentiality

When an interpreter employed by Gardaí is used by medical staff in SATU and by the rape crisis support worker, it is important that the interpreter is clear as to who is responsible for signing off for payment?

If the interpreter is interpreting for different confidential sources – e.g. Gardaí, SATU Medical Personnel, RCC support worker, what issues might arise? For example, what do you do if the Garda asks you about what the victim has said to a support worker?

Has the non-English speaker/victim been given a choice as to the gender of the interpreter?

What should you do if you recognise the non-English speaker?

GUIDELINES FOR SERVICE PROVIDERS ON WORKING THROUGH AN INTERPRETER

Working with non-English speaking victims of trauma and sexual violence will involve working through an interpreter. The following are important points for the service provider to bear in mind.

- Inform the interpreter in advance that they will be interpreting in a situation involving trauma and/or sexual violence to give them an opportunity to prepare.
- Respect the interpreter's judgement if s/he withdraws from the assignment - s/he may not feel adequately equipped to deal with it.
- If the interpreter and the victim know each other, give both parties the option of deciding whether to go ahead. Consider issues re the implications of prior acquaintance on evidence where this is relevant to your role.
- The interpreter is there only to interpret and should not be asked for background cultural information or for their opinion on the credibility of the story.
- It is the role of the service provider, through the interpreter, to tell the non-English speaker that:
 - the interpreter's role is completely neutral
 - that they are there purely to translate
 - that everything the person says in the

presence of the interpreter will be interpreted

- that the interpreter will keep everything confidential

- The interpreter should never be left alone with the non-English speaker.
- Provide appropriate conditions for the interpreting to take place - i.e. quiet, privacy, water, tissues etc.
- Speak in short sentences and provide sufficient time for the interpreting to take place
- Do not ask the interpreter to interpret for both victim and accused.
- Provide breaks for the interpreter and tell him or her where water, coffee, toilet and smoking area is etc. Where the interpreting is taking place in a sensitive area such as a Garda station, it is preferable that the interpreter be accompanied at all times.

** This page is included as a useful summary for the interpreter to offer to the English speaking service provider to clarify the role of the interpreter, where this is necessary.*

INTERPRETING IN A COUNSELLING CONTEXT

Professional issues

The relationship that becomes established between counsellor and client is fundamental to counselling. The addition of an interpreter represents a significant change to the normal counselling relationship.

The counselling process is affected by the interpreter, the interpreter is affected by the counselling process, and all three parties have the potential to impact on and to be impacted by each other.

Therefore it is vital that the interpreter is aware of the issues involved so as to ensure the delivery of a professional service, to minimise the impact of his or her presence on the counselling process, and to empower them to understand themselves.

Counselling

A person may come for counselling immediately after a devastating experience such as rape or sexual assault, or it may be years later, such as where someone was sexually or otherwise abused as a child, or raped or tortured in their home country. The counsellor will try to facilitate the person in finding ways of coping with the impact of their experience. The goal of the counsellor is not to solve problems for or offer advice to the client but, through facilitating the client's expression of feelings, and exploring their resources and difficulties, to empower them to understand themselves, to understand the impact of trauma, to develop their capacities to cope, and to make decisions and choices that build their well-being.

Counselling may be quite short term, and involve supporting the client in a crisis situation. It may also be over a much longer term, sometimes several years. It can at times be a slow process, with progress and seeming setbacks along the way. Sometimes it is hard for the client to believe that things will ever improve for them. They may at times feel hopeless, even to the point of feeling suicidal or attempting suicide. At other times, the counselling may be celebrating positive changes and achievements in the client's life, and his or her consciousness of increased strength and well-being.

Given that the relationship between counsellor and client is a crucial factor in the process, the presence of the interpreter needs to support rather than impede this.

Professionalism

It is important that the interpreter is professional at all times. The counsellor from the very first contact with the client works to create a safe space – a container - where the client can feel safe and supported, so as to be able to fully explore the issues that have brought him or her to counselling. The professionalism of the interpreter is crucial to this. The interpreter should arrive in good time and be suitably dressed for the situation. If it were to happen that the interpreter arrived late for the session or, perhaps where the interpreter was socialising when contacted to interpret, was inappropriately dressed or smelt of alcohol, it is easy to see how this might prevent the client from feeling safe and supported in the counselling session.

Management of the counselling space

It is best if the interpreter and the counsellor can meet briefly, prior to the first session, to agree the management of the space, such as who sits where,

whether the interpreter leaves with or after the client. The counsellor may wish to explain some aspects of how they work to the interpreter. While the counsellor will tell the client about the role of the interpreter and stress confidentiality, it will be helpful for the interpreter also to offer reassurance on this issue to the client.

Confidentiality

Confidentiality is central to the counselling relationship. Where a counsellor or a member of the reception staff meets a client outside of the Rape Crisis Centre, the client will be acknowledged with a nod or brief greeting only where the client greets first, and the staff member will not engage beyond this. The interpreter also may meet the client in other contexts, and a similar approach is recommended. Where for one reason or another there is more prolonged contact with the client in another setting – the interpreter may be interpreting for them in another context, or may meet in a social situation where they are members of the same community- the counselling should not be referred to by the interpreter and if it is referred to by the client, the interpreter should not be drawn into any discussion of the counselling relationship or material.

Boundaries

Professional boundaries need to be maintained in order to ensure the progress of the counselling. There may be a temptation for the interpreter to befriend the client, or offer assistance especially where the client seems very distressed or especially vulnerable, or there may be pressure from the client for this. It is particularly important in a counselling situation that the boundaries are maintained.

Continuity

There are no quick fixes in the counselling process, and the client may need to attend long-term. It is best if the same interpreter can be used, as this will help to build safety for the client. Where there are practical restraints for the interpreter, this needs to be clear from the outset so that all parties are aware of this and can anticipate and prepare for the impact of a change of interpreter. If an interpreter will not be available for a session or sessions, the more notice that can be given of this the better.

Judgements/Attitudes

Non-judgement is a central requirement for a successful counselling relationship. The interpreter needs to be aware of and guard against any judgemental attitudes that s/he might communicate that might endanger the process. A client may be very anxious about how their counsellor will view or judge them if they reveal certain things. The client who is working through an interpreter is unique in that there are two people whose judgement they may be anxious about, and one of those people may be from their own community. The interpreter needs to be prepared for shocking or very affecting events to be described, and to be able to manage his or her own reactions to these, so that the non-English speaker does not see the reaction and think it is an expression of revulsion at them. The interpreter needs to be very careful to maintain not just neutrality itself, but the active appearance and projection of neutrality and non-judgement.

Tone

Interpreting in a counselling context requires the interpreter to communicate not merely the words spoken by the counsellor but also as far as possible to capture the feelings underlying the words as

communicated by the tone of voice of the counsellor. On occasion the pacing and tone of an intervention by the counsellor may be technically important. For example, in the counselling technique known as a probe, the counsellor will say something to the client and ask the client to notice the impact of the statement. An example could be the statement 'it is safe here'. The counsellor will first prepare the client by asking him or her to notice what happens when they hear the words. The counsellor will then pause briefly to allow the client a moment to turn their attention inwards, and then will speak the words in a neutral tone. The counsellor may repeat the words. The aim is to study with the client how s/he responds to a potentially nourishing statement. The response may range from disbelief to anger to a heightened sense of danger, or there may be a response of great relief and emotion. The counsellor and client may do some work around this response, and the probe may then be repeated. It is clear here that accuracy by the interpreter in tone and pacing is crucial to the use of this technique.

Interpreting accurately

In the counselling situation the interpreting will be provided in the first person. The interpreter is not required to present the content of the communication in a polished form. In fact this could be detrimental to the counselling process. It is essential that whatever the client says is communicated without any embellishment, and that half sentences or partially finished phrases are translated faithfully without any changes or additions. There may be long silences, during which the presence of the interpreter should be as unobtrusive as possible.

Eye contact between therapist and client

Ideally, eye contact, where it is made, should be between the client and the counsellor. Initially this may not be the case, and the non-English speaker may make eye contact mostly with the interpreter. As the relationship develops, the interpreter may encourage eye contact between client and therapist by how they position themselves, and by not initiating and prolonging eye contact. The client may sometimes glance suddenly at the interpreter to check how he or she is responding to something that has been said. The interpreter needs to always be ready for this, maintaining an appearance of non-judgement and neutrality.

Impact on the interpreter

Not all interpreters will wish to work in situations where they are interpreting deeply traumatic and painful material. Some interpreters may find their own experience of trauma being triggered in ways which are too painful or overwhelming. It is important that each interpreter works respecting his or her own limitations, and does not take on work which may be too traumatising and may adversely affect their own well-being.

Hearing stories of trauma will have an impact on the listener. It is important that this impact on the interpreter is not communicated to the client. For example, where the interpreter is disgusted or horrified at what is being described, if the client realised this, the client may feel judged, ashamed, or may feel that they have to censor what they say in order to protect the interpreter. It is not always easy to cope with the impact of what is being revealed at any moment, and the interpreter needs to develop techniques for doing this.

The impact of trauma is increased for the interpreter by having to speak it in the first person. Given the nature of what the interpreter will be required to say about 'me' or to describe 'I' as thinking or doing, there can be a deep impact on even a very experienced interpreter. It is important that the interpreter has in place a structure and supports to allow him or her to deal with the possibility of vicarious traumatisation. In Dublin Rape Crisis Centre, an interpreter is offered a debriefing session after each counselling session. This is with a different counsellor to preserve confidentiality and so that the client does not feel that they are being discussed. In order to maintain their well-being over the longer term, it is wise for the interpreter to avail of such debriefing when it is made available.

Preventing and dealing with secondary post traumatic stress

THE IMPACT OF WORKING WITH TRAUMA ON THE INTERPRETER

Interpreting in situations of rape or child sexual abuse, torture or other violence can be stressful and traumatic. In the course of the interpreter's work s/he may hear details of horrific abuse and of the pain experienced as a consequence. Research indicates that those who listen to stories of trauma are highly vulnerable to Secondary Traumatic Stress, also referred to as Vicarious Trauma.

Some of the symptoms of Secondary Post Traumatic stress include:

- loss of concentration
- intrusive thoughts and images
- anxiety
- anger
- depression
- feeling emotionally depleted or overwhelmed
- irritability
- becoming withdrawn, isolated from friends
- disturbed sleep
- disturbing dreams
- negative coping behaviours
(excessive drinking, smoking, substance misuse, overeating)
- focussing on the negatives in humanity
- impacts on parenting and other relationships
- impact on feelings re gender and sexuality
- physical impacts, aches and pains, digestive problems etc.
- flashbacks
- exhaustion, feeling very drained
- spiritual impact: loss of faith, questioning the meaning of life

To maintain his/her own well-being and to

continue to deliver a fully professional service, the interpreter needs to take care of him/herself emotionally and psychologically.

The brain responds to what it imagines

Neurological research shows that watching an action being performed or imagining doing that action evokes a similar response and fires up the same areas in the brain as would be activated were we actually performing the action. This means that if a person imagines a situation, their neurological response will be less intense but similar to that which they would have if they were themselves actually in the situation. An important strategy for self care and avoiding vicarious trauma is to learn to limit your imagining of distressing events. Try to develop the capacity not to create images of situations that are being described. Of course the reverse is also true, and if the interpreter is in a distressing situation, and imagines even briefly a pleasant or soothing situation or activity, this evokes a response in the brain which affects both the emotions and the body. This will support the interpreter in the moment, and assist in preventing vicarious traumatising.

Research also shows that where a person who has previous experience of an action imagines or watches that action, their brain lights up more strongly than the brain of someone with no experience. Thus the brain of a dancer who watches someone else dancing will be more affected than the brain of a non-dancer. This suggests that a person with experience of trauma will be more powerfully impacted by imagining or witnessing trauma than someone without that experience in their own life.

STRATEGIES FOR SELF-CARE

Whether you recognise it or not, trauma you encounter while working as an interpreter is very likely to affect you. Secondary post traumatic stress affects many of those caring for and in contact with traumatised people.

In the past, when this was not recognised or was ignored, and being impacted upon was seen as a sign of failure or weakness, effects on those dealing with difficult and emotional issues included excessive drinking or developing addictions, relationship difficulties and marriage breakdown, depression and even suicide. Burn out can also affect the quality of the service delivered, leading to cynicism, suspicion, a coldness towards the client or a feeling of helplessness and 'what's the point'.

Here are some suggestions for caring for yourself:

Clearly define the role of interpreter, its responsibilities and its boundaries. Appreciate the great value of the role, and also accept its limitations.

When you know that you will be dealing with a situation of trauma, try to arrive a little early, and give yourself some moments beforehand. Try not to be rushing to an appointment, or focussed on other demands. Take a few minutes to clear your head. Take on the protection of your professional role, reminding yourself that this is an important part of your job and that you will do it with seriousness and concern, but that your 'real life' is separate from this.

During a session, notice how you are feeling. If you

feel sick, light-headed, very emotional you can ground yourself by noticing yourself sitting in the chair and the floor under your feet, taking some deep breaths, briefly bringing to mind someone or something that is a real support to you, or drinking some water.

Check if you are tense in any particular part, have you been unconsciously rigid in the neck, shoulders etc. Breathe and try to relax your body.

Avoid mirroring the posture, facial expression or breathing of the person describing the traumatic or violent experience, as this can bring on the same feeling reaction in you.

Learn not to allow yourself to imagine people you care for, especially children, in the situations being described. Watch out for this later in the day: you may suddenly realise that on the way home you have spent ten minutes imagining this being done to a child you love. This is very traumatising for you.

After a session, stretch and shake out any tension which has built up in your body.

Where possible without breaching the boundaries of confidentiality, communicate with colleagues about how you are feeling about the work, or how it is affecting you, and draw on them for support.

Take care around the degree of your involvement. Where a person is in crisis or vulnerable, we may want to rescue them, or to fix things. No matter how clear we are around boundaries, there can still be some situations of intense distress or vulnerability where we are tempted to push out the boundary.

Where an interpreter has been involved in a lengthy trial, the verdict can have a strong effect. Try to be prepared for this by having access to professional support and supervision.

This work may impact on your relationship with your own children, e.g. you may find yourself feeling very over-protective. Seek support if necessary so that your own relationships are not adversely affected.

Don't be surprised if this work affects your own feelings about sexuality, or your own sexual life. This is quite a common impact. Again, find support if this continues.

Viewing disturbing images

In a court or police situation, you may have to view disturbing images. Images are very powerful stimuli, which can trigger the mirror neurons in the brain already referred to, some creating intense emotional and physical responses. We may put them out of our minds, but they can re-emerge in dreams, often in upsetting ways: children in the images may, in dreams, become children we know. Powerful images once viewed may never fully go away.

Try to protect yourself by maintaining an emotional distance from the content of the images. Prepare to watch by putting on your professional role. Try to develop techniques for leaving the person who is Dad, Mum, Aunty, outside. Try not to imagine the life of the person before or after the image was taken.

Your ongoing personal care

It is important for you to maintain your well-being. You need to have the energy to enjoy and celebrate the good things and the good times.

At the end of the day, take a little time to finish the day's work, being conscious of leaving the day behind. Develop a simple finishing ritual, which, when done consciously and mindfully, can help to leave it behind.

Use the journey home to unwind – maybe reflect on the day for the first third of the journey, consciously put it away for the second third, and look forward to what you will do in your time off in the last third.

Be careful when travelling: take a moment at the start of the journey to become conscious of the road and the traffic. A person who has been involved in intense work can be distracted on the journey home, and may speed, go through traffic lights, or walk out into traffic.

Mark the transition from work to home life with routines that differentiate them, for example showering, changing clothes, consciously leaving work behind, and taking on your personal life.

This work is physically demanding, and trauma has a physical impact. Consider how you can relax and release physically. Care for your back especially, by stretching and easing out regularly. When working with trauma, exercise is an important element of self care. Exercise is a great release of both the psychological and physical impact of trauma, and can bring back balance. It will also allow an outlet for the energy which can build up when we are dealing with issues that cause us to feel a lot of anger or frustration.

Stress can cause us not to care what we eat, or to eat more junk food than is good for us. Stress can also lead us to smoke or drink more than normal, or than we would wish. Be careful about rest and nutrition

and monitor your alcohol and cigarette intake.

During the period that you are doing this work, provide yourself with as many opportunities as possible to enjoy activities which are fun, and make a conscious decision to link in often with the 'decent people' in your own life.

It is important for you to maintain your social networks: stress and exhaustion can lead us to limit our social contact and become more solitary. Positive contact is especially necessary while you are doing this work. You need to help yourself to maintain balance by taking part in activities that give you joy and pleasure.

Stress can cause us to spark off with friends and family. Monitor how the work is affecting relationships. If it is, there is a need for increased self-care. Bottling it up is a recipe for later explosion. You need ongoing supports and outlets.

If you find thoughts related to work intruding on your personal life, you may benefit from addressing this in a supervision or counselling setting.

If a particular sexual violence crime is very upsetting to you – you can seek support through your local Rape Crisis Centre.

Where this work resonates with your personal experience

Given what we know about the incidence of sexual violence in society, we know that some interpreters will themselves have experienced child sexual abuse and/or sexual violence in their adult life. Others will be close to people who have had these experiences. In addition, other traumas such as

other types of abuse in childhood may be touched into by this work. If this work resonates with your own life experience, you will need to develop a support system which includes somewhere where you can become aware of how this work is impacting, and ensure the impact does not damage you or your relationships.

You will also need to develop a capacity to become aware of times where your past experience may be adversely affecting you in your professional work: perhaps becoming over-involved in a case.

Rape Crisis Centres provide counselling for all victims of child sexual abuse, rape, sexual assault and sexual harassment. If you feel you would benefit from counselling, you can contact your local Rape Crisis Centre to arrange a first appointment. Many private counsellors are also trained to do this work, and if you would prefer to see a private counsellor, the RCC will be able to give information about counsellors with relevant experience and training.

24 HOUR NATIONAL HELPLINE: 1800 77 88 88

A new beginning at the end of the line.

THE SERVICES OF THE DUBLIN RAPE CRISIS CENTRE

24 hour Helpline

Total Counselling Calls in 2006: 15,781

The Helpline is available for victims of rape, sexual assault, child sexual abuse and sexual harassment, and for family members, friends and professionals supporting and working with victims.

Face to face counselling service

Total clients seen in 2006: 617

The DRCC offers a professional face to face counselling service for men and women (over 18) who have experienced sexual violence in childhood or adulthood. Young people aged 16 or over may be seen with parental or guardian permission. Those who have been raped or sexually assaulted recently are offered an immediate counselling appointment. Others, including victims of child sexual abuse, will be offered an appointment when one becomes available, usually within a few weeks.

Education and training

The DRCC provides an education and training service to professionals and others who come into contact with issues of sexual violence and trauma in the course of their work. Training was provided to 1750 professionals and volunteers in 2006.

Support

Support workers are available to support a victim of sexual violence in reporting to the Gardaí, in attending the Sexual Assault Treatment Unit in the Rotunda Hospital, in court, at identity parades etc.

315 victims of rape or sexual assault were accompanied in the SATU in 2006.

RAPE CRISIS CENTRES IN IRELAND

NATIONAL DRCC 24HOUR
HELPLINE **1800 778888**

A new beginning at the end of the line

CONNACHT & ULSTER

BELFAST rape crisis
and sexual abuse centre
04890329001/2

DONEGAL sexual abuse
& rape crisis centre
1800 448 844

GALWAY
rape crisis centre
1850 355 355

MAYO
rape crisis centre
1800 234 900

SLIGO
rape crisis centre
1800 750 780

LEINSTER

DUNDALK rape crisis &
sexual abuse centre
(North East)
1800 212 122

DUBLIN rape crisis centre
1800 778 888

TULLAMORE sexual abuse
& rape crisis counselling
service
1800 323 232

ATHLONE & MIDLANDS
rape crisis centre
1800 306 600

CARLOW & SOUTH
LEINSTER rape crisis &
counselling centre
1800 727 737

KILKENNY rape crisis and
counselling centre
1800 478 478

WATERFORD rape
& sexual abuse service
1800 296 296

WEXFORD rape & sexual
abuse support service
1800 330 033

MUNSTER

CORK sexual
violence centre
1800 496 496

KERRY rape & sexual
abuse centre
1800 633 333

TIPPERARY rape crisis
& counselling centre
1800 340 340

RAPE CRISIS MIDWEST
LIMERICK
NENAGH
ENNIS
1800 311 511



Oifig an Aire d'Imeachtha
Office of the Minister for Integration



RCC

Preventing and healing the Trauma
of Rape and Sexual Abuse

Freephone Helpline

24 hours a day, 7 days a week,
personal support and advice.

Helpline 1800 77 88 88

A new beginning at the end of the line

Dublin Rape Crisis Centre
70 Lower Leeson St., Dublin 2
Tel: (01) 661 4911
Fax: (01) 661 0873
Email: rcc@indigo.ie
www.drcc.ie

Price: €5.00

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