Translations into English of several chapters from the book *Interpretación en contextos de violencia de género* published by the Speak Out for Support (SOS-VICS) project and supervised by Prof. Jim Hlavac from Monash University, Melbourne, Australia

Book reference: Toledano Buendía, C. & Del Pozo Triviño, M. (Eds.) (2015). *Interpretación en contextos de violencia de género*. Valencia: Tirant Lo Blanch. ISBN: 9788416349319.

INTRODUCTION: FOUNDATIONS FOR THE EMERGENCE OF A SUBDISCIPLINE

[pages in original: 15-24]

Carmen Toledano Buendía
Universidad de La Laguna

Translated by Kim Martinow
Monash University

Introduction

For several decades now, many countries have had a strong track record in the fight against gender violence (GV). GV or violence against women refers to "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations 1993). It is one of the most tragic consequences of the inequality between men and women.

Nevertheless, the different programmes, measures and legal instruments devised for tackling this problem do not appear to be sufficient to put an end to this violation of human rights. At the European level – and it is safe to assume that this geopolitical zone is not the most exposed to these types of crimes – the European Union Agency for Fundamental Rights (FRA) report *Violence against Women: An EU-wide survey*[1] reveals the magnitude of abuse that women suffer, both in public and private. The survey results indicate that 13 million women in the European Union (EU) have experienced physical violence in the 12 months preceding the survey and correspond to 7 per cent of women aged between 18 and 74 years. In Spain, one in five women aged 15 and above (that is, 22 per cent) suffered physical or

[1] Report prepared by the FRA and based on interviews with 42,000 women across the 28 Member States of the EU

sexual violence, and less than a fifth of them reported their most serious incident to the police (FRA 2014).

Taking these figures into consideration, it seems evident that Member States must increase their efforts to combat this violence. Similarly, *Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime*, calls upon Member States to improve legislation and policies to combat all forms of violence against women, effect preventative action and guarantee the right to assistance and support for all such victims. Special attention must be paid to the needs of particular groups which, for various reasons, such as age, religion, or country of origin, find themselves in a situation of enhanced vulnerability. This is especially the case of foreign women who do not have or have only a limited knowledge of the local community language. Article 3 (Right to understand and to be understood) and Article 7 (Right to interpreting and translation) of the aforementioned Directive establish the need for interpreting services to be made available free of charge, in order to ensure effective exercise of rights to the said assistance and support.

It should be noted that communicative barriers reinforce feelings of isolation, vulnerability, fear and mistrust suffered by victims of abuse. They also make prevention and detection of crime difficult and consequently, constitute a risk factor.

It is against this backdrop that the European research project SOS-VICS was born, to help improve provision of linguistic assistance services to foreign female GV victims through interpreter training and specialisation.

Unfortunately, in many EU countries, including Spain, far from being a guaranteed right for victims, linguistic assistance in the field of public services in general, and within the GV context in particular, is characterised by the irregularity, discontinuity, singularity and deprofessionalisation of the service provided. In Spain, except in the legal field where the presence of a professional interpreter in criminal proceedings is prescribed by law[2], linguistic assistance is not guaranteed in any of the public services and nor, therefore, in the care and assistance resources and services for GV victims. In this area, finding solutions for effective service delivery through improvisation is virtually the norm, as seen in the research developed under the SOS-VICS project framework[3].

---

[2] In order to ensure the quality of linguistic assistance in criminal proceedings, *Directive 2010/64/EU of the European Parliament and of the Council of 20 October 2010, on the rights to interpreting and to translation in criminal proceedings* has sought to alleviate current deficiencies by requiring interpreter training and professionalization in Member States.

[3] The first stage of the SOS-VICS project consisted of different analytical studies based on a range of methodologies (discussion groups, surveys and interviews). The aim was to determine the communication and interpreting needs of victims and professionals across different intervention stages and fields, as well as expectations regarding the training and professionalization of mediators involved in these contexts. As a result of these studies, different materials and support resources for victims, professionals and interpreters, have been developed in the second stage of the project. This monograph is one of these resources.

The provision of linguistic assistance services usually depends on fluctuating budget appropriations. These resources are therefore dependent on political will or economic conditions, as has been reported by some professionals whose interpreting services have been withdrawn in recent years due to budget cuts:

> [...] We feel that this loss of service is very serious not only due to the professional difficulties involved but also due to the damage that it will cause directly on the most vulnerable group namely: foreign GV victims. (Questionnaire no. 580 in Del Pozo et al. 2014a).

Most of the different professionals involved in assisting GV victims and surveyed for the project shared the view that linguistic assistance not only improves the level of attention provided, but should also be considered as the victim's fundamental right (37.7 per cent agree and 21.8 per cent strongly agree with this statement).

As a result of the imbalance between the perceived need and availability of resources, mediation tasks often fall upon unskilled personnel: volunteers, friends, relatives and even the victims' sons and daughters. This practice, beyond its inevitable timely use, entails serious risks for everyone involved. The lack of trained personnel to perform linguistic mediation tasks means that women are sometimes obliged to seek their own mediators. The paradox is that sometimes the aggressors themselves are the ones who accompany the victims and act as their interpreters. One health professional states:

> I never worked with professional interpreters, just with persons close to victims. I have attended alleged foreign victims (Romanian, Moroccan) who did not make a complaint and it was impossible to talk to them about the matter since they were accompanied by the possible aggressor to the medical consultation. (Questionnaire no. 4 in Del Pozo et al. 2014a).

One consequence of this practice is the difficulty for victims to establish trust towards institutions, and consequently, to ensure the effectiveness and continuity of their interventions, given that victims may feel self-conscious or simply inhibited. As a result of not having qualified personnel and resorting to mediators who often belong to the victim's social or cultural environment, it is not possible to ensure the essential confidentiality, neutrality or compliance with any other ethical principle that, in the case of GV victims, may even safeguard their physical integrity. Occasionally, the mediator's apparent stance may limit the freedom of women to exercise their rights. Finally, this practice puts the people who act as interpreters at risk, due to their involvement in situations that pose an emotional burden, which can be difficult to manage. They are forced to adopt compromising positions and are exposed to consequences or even to reprisal.

The specialisation of both the assistance services and resources, as well as of the professionals and operators who provide them, is required due to the enormous complexity of the GV phenomenon and the multiple needs of the victims. The team of professionals assisting victims should be familiar with the current resources, legislation and measures available to women. They must act from a gender perspective and in a coordinated manner, following field-specific protocols to ensure efficient attention and avoid any double victimisation of women.

To encourage specialisation of the professional groups providing information, care and protection to victims is one of the guiding principles of the Basic Act 1/2004 of 28 December, on Comprehensive Protection Measures against Gender-based Violence. According to data from the SOS-VICS surveys, 90.6 per cent of professionals report having undertaken specialised GV training; the highest percentage being legal professionals (97.8 per cent), followed by social professionals (92.5 per cent), police (91.9 per cent) and health professionals (72.6 per cent). Of the professionals surveyed, 49.3 per cent consider that the training was sufficient particularly among legal professionals; whereas 40.4 per cent considered it to be insufficient. Out of the total group, 82.9 per cent of professionals would prefer to receive more training.

These same professionals consider it important that training be extended to interpreters who work with foreign victims. Almost half the people surveyed consider it to be very important (23.9%) or important (23.2%) that interpreters have specific training to work in their field. Among all the professionals surveyed, those in the legal and social fields allocate this the highest importance (in the social field 38.5% consider it very important and 24.8% important).

The interpreters themselves stated that lack of specialised training and problems of access to it are a barrier or difficulty to practice their work with GV victims, as reflected in the results of the Delphi survey (carried out on interpreters with experience) (Del Pozo et al. 2014b). This training must incorporate content related to interpreting, knowledge of intervention settings, and skills for handling emotions and stress, among other subject matter.

The objective of this book is to meet these training needs. It draws on the experience, guidance, knowledge, as well as concerns and demands of a large number of people involved with GV victims who did not speak or have a good command of the working language of the interactions. This includes professionals from all fields and ranks, including victims, research staff or trainers, and the interpreters themselves.

We must note that the information discussed and presented here is constrained to Spain, in terms of both the applicable legislation and the intervention pathways and action protocols described. Nonetheless, there are many contexts and conditions, constraints and cautions, and resources and recommendations which can be extrapolated to linguistic mediation with GV victims in other geographical contexts.

How can this book be used?

Our initial aim is to provide trained interpreters working in the public sector with the essential knowledge and resources necessary to work in GV contexts. For this reason, this book is defined primarily as a training resource that provides conceptual and methodological tools for interpreters to specialise in working with female GV victims.

However, this book can also be used as a research reference, to the extent that it contributes to the development of knowledge to and from the Interpreting Studies discipline. This occurs

from the perspective of public service interpreting, by examining its specificities in contexts, situations and with users who provide a characteristic nature to its practice. Linguistic mediation processes within GV contexts have not, until now, been subject to systematic research; and, although our contribution cannot expect to exhaust such a complex and changing phenomenon, it might, for that reason in particular, encourage the opening of new study and research channels.

Moreover, the aim of this publication goes beyond disciplinary usefulness and can be projected onto the social sphere, where it can also be conceived as an awareness-raising tool; firstly, regarding the importance of specialisation and training, professionalisation, and recognition of language mediators as another essential component in the provision of assistance to GV victims; and, secondly, as a tool to raise awareness of the significance of fully comprehensive attention. Therefore, this book aims to be a tool in the fight against GV – particularly in cases where a second or third victimisation occurs – since the professionalisation and correct provision of specialised linguistic assistance services contribute to a better understanding of resources; create more trust in institutions; bring services closer to their users; and, increase their effectiveness substantially. In summary, these contribute towards putting an end to this violation of human rights. They do so in relation to a specific group – that of foreign female victims, immigrants, often "illegals", isolated from their community of origin and from the host community – which surely marks the highest level of exposure to a "risk society" that sees social division increasing daily.

The diverse contributions in this publication address the subject matter and provide key concepts for the training and capacity-building of professional interpreters in GV contexts. They are based on an in-depth analysis of this practice undertaken as part of the SOS-VICS project research. These contributions intend to meet the needs and expectations disclosed by different participants in these communication processes. The focus of this content responds, in turn, to the inherent demands for interventions with GV victims: its fundamental interdisciplinary nature, the imperative adoption of a gender perspective, and the inevitable anticipation of the emotional burden experienced during the interactions.

The book begins with an article that puts the problem of violence against women into context. As stated by Pérez Freire and Casado-Neira, GV, in all its forms, must be understood as a threat to human rights characterised, as a starting point, by a social patriarchal structure based on traditions, beliefs and customs that incite and preserve gender inequality. To ensure action from a gender perspective, which understands and does not blame women nor justifies violence, it is essential to comprehend GV. This includes understanding its different typologies and phases, as well as the social inequalities and myths that perpetuate it. In order to understand the reality of women that underpins GV, including their role within society, living conditions and empowerment prospects, it is essential to consider the concept of gender as a socio-cultural construction of identity that preserves certain gender-specific privileges. This situation of inequality is perfectly evidenced by study indicators, which

reflect healthcare access for women, their literacy and schooling levels, their working conditions and degree of economic emancipation, trust in institutions, abuse, and GV.

The work of Abril, Toledano, Ugarte and Fernández focuses on interpreting. All professional interpreters must have, among their skills and knowledge, a set of theoretical, conceptual and methodological tools on which to base their translation practice. Knowledge of the discipline allows interpreters to accordingly identify and reproduce the established practices and norms that govern the translation process. It also helps them to transform that knowledge into action to appropriately respond to the requirements of diverse mediation contexts. The authors, as part of this publication, review some basic concepts related to interpreting and its different types and varieties, while paying special attention to the sub-discipline of public service interpreting. With the aim of contributing to the training of interpreters who work in the victim attention process, a number of general issues are raised related to interlingual mediation within GV contexts, including: its key and distinguishing characteristics; the socio-professional environments in which interpreting is required as part of a complex process of fully comprehensive attention; and, the participants who will presumably take part in the different interactions. They also address the essential competency attributes of the interpreter working within these contexts, and the professional codes of ethics and good practice standards that must be exercised when providing public service interpreting in GV cases.

The article written by Fernández Pérez is dedicated specifically to the analysis of the two remote interpreting modes: telephone and video-conference interpreting. The use of remote interpreting is growing as an alternative linguistic assistance resource to in-person interpreting, as a result of accelerated communication technologies development, its cost effectiveness, immediate service delivery, and the wide language coverage. This is a very useful resource in GV contexts, particularly in emergency interventions, as exemplified by the use of the 112 and 016 emergency services phone lines. The technical equipment used and the location of the interpreter in the communicative situation (with no or only partial visual contact with the interlocutors) are some peculiarities that differentiate this mode from in-person interpreting. These peculiarities require that, as stated by the author, the interpreter acquires and develops specific skills.

Knowledge of the thematic fields that frame the communicative interactions is one of the most important competencies required for the specialisation of interpreters in the public services. Attention and assistance to GV victims are provided in three fields: legal and police, health, and psychosocial. The development of thematic competence for mediation in these contexts requires an interdisciplinary knowledge that allows the interpreter, among other things, to be familiar with: the participants; their jargon and protocols; the resources and institutions with which they work; the applicable legislation and the documentation handled; the type of interviews done; and, the objective and communicative function of each interaction, etc. In order to provide interpreters with this extensive information, the following three contributions have been drafted.

Ortega Herráez, Fernandes del Pozo and González Navarro address interpreting in the legal and police context, two areas of attention to GV victims, that are intimately linked and coordinated. They explain in detail the process that the victim follows, from filing a complaint to the trial, particularly in the stages in which interpreter mediation is required. The authors also describe the different communicative situations, the interlocutors and the documents and legislation that they work with, the basic terminology, and also the aspects regarding how the interpreter should adjust to the protocols and specific needs of the interactions in this setting.

Similarly, Valero, Lázaro and Del Pozo offer a detailed description of GV victim intervention in the health field. They describe the typical process that victims follow in the primary care, emergency, mental health and forensic medicine services; the health personnel action protocols and the communicative situations that are most representative of the different stages of patient diagnosis and follow-up; and, the type of interviews conducted and reports issued. The role and function of the interpreter in the health field is a controversial topic in Interpreting Studies where the degree of visibility and involvement of the interpreter during the interaction are debated. To ensure successful interpreting interventions, the authors justify the incorporation of the interpreter into the multidisciplinary team of experts attending to the victims, acknowledging their professional limits, but also their active role in the interview.

Interpreter involvement in psychosocial field interventions is addressed by Arumí, Gil-Bardají, Vargas-Urpi and Aguilera. The article is organised into sections, which correspond to the stages that an interpreter goes through in practice – before, during and after the interaction – and offers a series of recommendations and guidelines regarding mediation with GV victims, from external and internal preparations through to the final result. To facilitate the performance of the interpreter during his or her interventions, the authors detail the type of assistance provided, such as social work and psychology in the different stages of his or her intervention, and the types of interviews and surveys conducted (including their purpose and communication styles).

A distinctive feature of interpreting for GV victims is the high emotional aspect of the interactions in which the interpreter works. The woman's emotional state, the unpleasant experiences reported, the high-risk situation that she may be facing, or the immediacy required by the intervention are all possible stress-provoking factors for the interpreter. On the other hand, direct interaction with the GV victim might cause excessive emotional stress or have an impact upon the professional, or cause an over-identification with the victim. These problems could make it difficult for the interpreter to perform his or her duties appropriately. The last article of this publication seeks to provide a series of tools and strategies that interpreters can implement to develop self-help skills and facilitate their work. To improve the interpreter's communication with both professionals and victims, Aguilera Ávila provides a number of guidelines for the development of assertiveness and empathy. Additionally, to deal with stress management and emotional pressure, the author explains some techniques that can be practised before, during and after a professional intervention.

Finally, some cognitive techniques are identified in relation to dealing with thoughts that might distort the perceived value of the professionals and their work.

This publication is intended to complement another training resource for interpreters in GV contexts: the SOS-VICS Training Website. This website supplements and complements the articles with the following: definitions of concepts and specialised terms; detailed descriptions of the victim's situation and assistance provided in a variety of contexts; resources and documents used in these interactions; and a variety of role plays.

Bibliography

DEL POZO TRIVIÑO, M.; VAAMONDE LISTE, A.; CASADO-NEIRA, D.; PÉREZ FREIRE, S.; VAAMONDE PANIAGUA, A.; FERNANDES DEL POZO,D.; GUINARTE MENCÍA, R. (2014a). *Communication between professionals providing attention and gender violence victims/survivors who do not speak the language. A report on the survey carried out on agents during the Speak Out for Support (SOS-VICS) project.* Vigo: Servizo de Publicacións da Universidade de Vigo.

DEL POZO TRIVIÑO, M.; VAAMONDE LISTE, A.; PÉREZ FREIRE, S.; CASADO-NEIRA, D.; VAAMONDE PANIAGUA, A.; FERNANDES DEL POZO, M.; GUINARTE MENCÍA, R. (2014b). *Specialised training for interpreters working with gender violence victims/survivors. A report on the Delphi survey carried out on interpreters during the Speak Out for Support (SOS-VICS) project.* Vigo: Servizo de Publicacións da Universidade de Vigo.

EUROPEAN UNION (2010). *Directive 2010/64/EU of the European Parliament and of the Council of 20 October 2010 on the rights to interpreting and to translating in criminal proceedings.* Electronic version: < http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32010L0064 >

– (2012). *Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime.* Electronic version: http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF

FRA – European Union Agency for Fundamental Rights (2014). *Violence against women: an EU-wide survey.* Electronic version: <http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report >

UN (1993). *Declaration on the Elimination of Violence against Women. New York: United Nations.* Electronic version: <http://www.un.org/documents/ga/res/48/a48r104.htm>

GENDER VIOLENCE DIMENSIONS: BEYOND 'INDOORS'

[pages in original: 25-52]

Silvia Pérez Freire, David Casado-Neira
University of Vigo

Translated by Kim Martinow
Monash University

Introduction

Violence against women involves the violation of fundamental rights that seriously impact on women's dignity and equality. For this reason, this issue firstly requires a critical view towards civil society and the institutional response to this type of violence, and also a solid conceptual and contextual framework to convey a phenomenon seldom analysed thoroughly. Gender violence (GV) is a complex issue with deep cultural roots that requires reflection. There are many preconceptions and prejudices to contend with and to detach from to provide good professional and ethical attention. The increasing social awareness of this issue has led to better services and to a greater visibility of GV, however, this problem has not decreased in recent years. This is due, in part, to prevailing social clichés that question the victim and reinforce the dominant patriarchal discourse.

GV victim vulnerability increases exponentially when the female victim is a foreigner and, particularly, when she does not have a good command of Spanish or speak the language at all. In this situation, the interpreter is indispensable to ensure that the victim's rights are respected and that she gets appropriate attention. The interpreter is an essential –communicative– link between the victim and the people working in GV services and programs, in order to provide better assistance by paying attention to the victim's personal and social contexts. Therefore, this task should be undertaken by professional interpreters specialised in GV settings, who must be trained for the particularities and complexities that GV treatment entails and requires, as well as other professionals like police, social or health professionals. Our aim is to summarise the basic concepts and significance of GV. We will take a brief look at the human rights of women, the gender-sex system –on which sexual

discrimination is based–, and clearly define the concept of GV (typology, stages and social myths). Finally, we will present the basic international indicators related to the conditions of women around the world (an extremely timely reminder of the current historical context of inequality).

The Human Rights of Women

This section outlines the basic principles through which human rights are articulated in the proclamation of justice and human dignity for women, a path not exempt from difficulties and where there is still much progress to be made.

The implementation and enforcement of the *Universal Declaration of Human Rights* (UN 1948) has not only meant the emergence of a new type of universal citizenship, but also the continued questioning of the "universal validity of androcentrism and of the model of Western man" (Rico 1996: 7).

In turn, this has led to greater concern and sensitivity towards all forms of diversity. In this regard, it is essential that we approach the condition of women from a human rights perspective for three reasons:

> (1) human rights have been interpreted from an androcentric perspective where issues mainly affecting women have been overlooked;
>
> (2) male hegemony is based on social control over women; and
>
> (3) human rights violations also take place within the framework of the sex/gender system and mainstream cultural values (Rico 1996: 8).

Violence against women is a phenomenon that goes beyond the domestic and personal spheres. All forms of violence (physical, sexual, psychological and financial), as discussed later, are interrelated (UN 2009). The violation of any one right implies the non-compliance of others. Therefore, in recent years, beyond a criminal matter, GV has come to be understood as a human rights issue that transcends the penal code.

This paradigm shift implies approaching GV from a wider and structural perspective, whereby it is no longer a matter of guaranteeing the fulfilment of universal rights only, but is also a way of fostering a more just, egalitarian and prosperous global society. As stated by the United Nations (UN) Secretary-General Ban Ki-moon at the celebration of *International Women's Day 2014*:

> Countries with more gender equality have better economic growth. Companies with more women leaders perform better. Peace agreements that include women are more durable. Parliaments with more women enact more legislation on key social issues such as health, education, anti-discrimination and child support. The evidence is clear: equality for women means progress for all (UN 2014).

It was not until 1979 that the *Convention on the Elimination of All Forms of Discrimination against Women*, signed by 185 countries, was adopted. It delves further into the application of

women's human rights in the political, legal and economic, public and private, labour, health, and education fields; and, explicitly acknowledges the profound magnitude of inequality:

> Art. 5. States Parties shall take all appropriate measures:(a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women (UN 1979).

The UN *Commission on the Status of Women* has been organising global conferences on women for more than 35 years (Mexico 1975, Copenhagen 1980, Nairobi 1985, Beijing 1995, and New York 2000 and 2005). In Beijing, 12 strategic action objectives in relation to women were defined (UN 1995: 18-118): poverty, education and training, health, violence, armed conflict, economy, power and decision-making, institutional mechanisms for advancement, human rights, media, environment, and the girl child. The *Millennium Development Goals* were adopted in 2010 (UN 2010). Of the eight objectives established, three are specifically relevant to the conditions of the majority of women globally: (3) to promote gender equality and empower women; (4) to reduce child mortality; and (5) to improve maternal health. Although the other five objectives are also, not exclusively but directly, relevant to women: (1) to eradicate extreme poverty and hunger; (2) to achieve universal primary education; (6) to combat HIV/AIDS, malaria and other diseases; (7) to ensure environmental sustainability; and, (8) to develop a global partnership for development.

The situation of women, as shown by successive initiatives, has a long and complex way to go towards the fulfilment of the *Universal Declaration of Human Rights*, which transcends the mere legal framework. A set of indicators that reflect the social reality of women globally and the urgent need for the initiatives launched within the UN framework are discussed further on.

The Sex/Gender System in Societies

To address the sex/gender system, it is necessary to reconsider concepts such as gender, equal opportunities or GV, not as isolated issues, but rather as part of the same reality that defines the role of women in our societies. This will allow us to identify the origin of the current situation, since "the concept's efficacy lies in its ability to recognise the reality that it names. To gain a proper understanding of the gender concept, it needs to be stressed that, behind this category, there is a social referent: that of women as a collective" (Cobo 2005: 250). Accordingly, gender is a category of indisputable analysis in social sciences, and the sex/gender system is a reference to the types of relationships established between women and men within a society. The sex/gender system underlies patriarchy, a concept introduced from feminist theory, which states that social organisation (the driving force behind the cultural, political and economic systems, and individual spheres) is based on the domination of men over women. The origin of violence does not lie in family ties, but rather in the condition of being a woman:

> The woman is attacked because she is a woman, not because she is a wife, a mother or a homemaker; for this reason, abuse often begins prior to the commencement of the family or domestic relationship (during courtship), and does not end when the domestic or family relationship is terminated. We should not confuse the means with the motives: the family or domestic relationship is only the setting in which cohabitation between a man and a woman occurs (Lorente 2001: 38 –own translation).

Half of the world's population is comprised of a group with chronic problems of exclusion, economic exploitation and social subordination. Hierarchical and asymmetric social groups are stratified and shaped within this context not only in terms of their social position based on gender, but also according to social class, race, ethnicity or sexual orientation. Moreover, although the notion of gender has been recently questioned by postmodernist and poststructuralist views, there is nevertheless no doubt about the historical fact that woman have traditionally been subject to discrimination, and therefore, to an unequal distribution of opportunities.

The "sex/gender system" concept was coined by Rubin (1975) who defines it as "the set of arrangements by which a society transforms biological sexuality into products of human activity, and in which these transformed sexual needs are satisfied" (1975: 159).

Benhabib (1997) specifies and clarifies this sex/gender system as follows:

> the gender-sex system is not a contingent but an essential way in which social reality is organized, symbolically divided, and experienced. By the "gender-sex" system, I mean the social-historical, symbolic constitution, and interpreting of the differences of the sexes (Benhabib 1997: 739).

Upon the biological nature that endows women and men with different sexual and reproductive organs, certain social and cultural features are constructed, which are attributable to males and females. Since the 1950s, a distinction has been made between two concepts that had traditionally been united. It was at this point that social sciences defined both terms. 'Sex' is conceptualised as the biological differences between male and female (these are biological characteristics: external and internal genital organs, the specific underlying endocrinology, as well as differences on the basis of reproductive functions); and, 'gender' as the social prescriptions constructed in each culture on the basis of anatomical differences, the set of ideas, beliefs and representations attributed to females and males. Gender is characterised by being learned, and therefore, its features change over time and are not configured homogeneously around the world, but rather vary across cultures and societies. Gender is constructed through a set of differentiated norms for each sex, developed by society according to its needs and imposed on individuals from birth as a model of identification. This occurs through a process of differential socialisation whereby men and women are positioned with different purposes, values and opportunities. Furthermore, gender is socially constructed and sex is biologically determined, as originally stated by the feminist Simone de Beauvoir (1973: 301) who asserted that: "One is not born, but rather becomes, a woman."In addition, resources (political, economic, cultural or authoritative, among others) are distributed according to gender.

Stereotypes are preconceived images of people who share similar characteristics (the social truism attributed to a group of people). Stereotypes involve ways of seeing and understanding reality according to parameters that are not ideologically neutral, but instead respond to values and value judgements disseminated over time and that, in many cases, are justified as part of a tradition or as something natural and unquestionable. In this respect, gender stereotypes are based on the following claim:

- To be born a man implies: being strong, invulnerable, having restrained emotions, with few emotional needs, and taking greater initiative that exposes him, to a higher degree, to challenges.
- To be born a woman implies: being the weak and secondary sex, vulnerable, expressing emotions, having greater emotional needs, being provided with physical attributes of lesser strength and ability that expose them to greater hazards.

Although social commonplaces do not always prescribe the way each individual thinks or acts –nor can the great achievements in terms of equality be denied– it is also true that, in many contexts, women are still faced with many obstacles and difficulties to access the echelons of power and the shared use of public and private spaces, as well as to achieve a progressive context for effective and genuine equality. Discrimination in Western societies persists in invisible and implicit forms, where the clearest and most sexist (politically incorrect) forms emerge in less obvious and ambiguous ways.

"Modern sexism" is characterised by the denial of discrimination, antagonism to the demands of women, and resentment of the assistance policies that have been achieved. These conflicts, between egalitarian values and negative sentiments, are conceptualised in what has been defined as "neo-sexism" (Tougas et al. 1995). This concept states opposition to open discrimination but defends the idea that women have already achieved equality, and therefore, there is no need for any policy to reinforce it, thereby hindering effective or genuine equality. The asymmetry of the sexes is, in this manner, blurred in its patentest form and occurs in less apparent and persuasive ways. Traditional sexism (Allport 1961) is characterised by prejudice towards women and is easily identifiable (aversion and/or clear hostility –also referred to as "hostile sexism"). This is reflected in developed societies with other behaviours and discourses of lesser intensity that hinder the implementation of genuine equality, known as "ambivalent sexism" (Glick and Fiske1996). This type of sexism poses the difficulty that, being a covert and non-aversive manifestation, it is difficult to perceive but plays an important role in perpetuating gender stereotypes.

Gender-based Violence Definition, Typology and Stages

The use of the term 'gender violence' is recent: it has been consolidated since the 1990s through initiatives such as the *World Conference on Human Rights* held in Vienna in 1993 (UN 1993a), the *Declaration on the Elimination of Violence against Women* in the same year (UN 1993b), the *Inter-American Convention on the Prevention, Punishment and Eradication*

of Violence against Women (OAS 1994) or the *World Conference on Women* in Beijing (UN 1995). It is the result of women's increasingly visible and broad participation in the human rights movement, as well as of the questioning of the essentialist view of social hierarchies and the female subordination as something normal.

The term 'gender violence' has its precedent in the *Declaration on the Elimination of Violence against Women*:

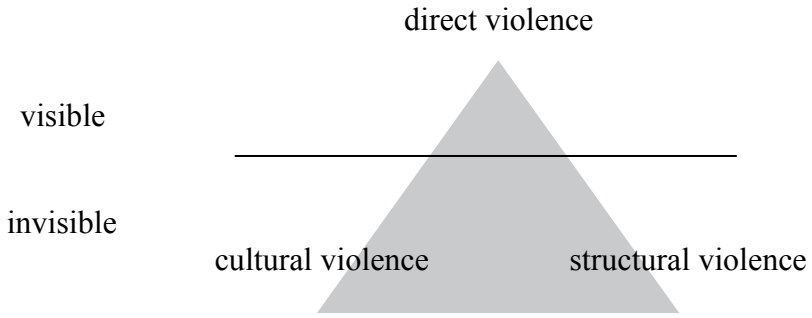
> Art. 1. [...] any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN 1993b).

However, it was at the *Fourth World Conference on Women* (Beijing 1995) that the term 'gender violence' was coined under the premise that:

> Art. 112. Violence against women is an obstacle to the achievement of the objectives of equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms (UN 1995).

According to international law, governments must exercise due diligence to guarantee women's rights (in accordance with the principle of non-discrimination); have policies and plans in place to enforce these rights; and, provide redress and reparations when a violation of these rights occurs. As a consequence, at the European level, the *Compensation to Crime Victims Directive* (Council of Europe 2004) and the Council of Europe *Convention on Preventing and Combating Violence against Women and Domestic Violence*, known as the *Istanbul Convention* (Council of Europe 2011), were adopted. In Spain, the *Basic Act 1/2004, of December 28, on Comprehensive Protection Measures against Gender-based Violence* identifies this violence as an expression of discrimination, the situation of inequality, and the power relations prevailing between the sexes (Spain 2004), limited to the scope of the couple's relationship, and not encompassing other aggression by a man towards a woman.

It is noted that the existence of conflict should not be confused with that of violence. Conflict involves opposing perspectives. Aggressiveness is the first or one of the responses to conflict, however, violence occurs when intimidation, aggressive or discriminatory language, or physical force are used to impose criteria on someone. The dimension of violence is deeper than that of aggression, as it constitutes a direct attempt against a person's personal, physical or sexual integrity. Although direct violence is the most visible and easily identifiable form of GV, we cannot ignore the fact that the submerged base of the iceberg that underpins this violence is broader and more persistent. It encompasses other forms of violence such as cultural violence (e.g. those justified in traditions) and structural violence (e.g. in the form of unequal work place conditions).



Forms of gender violence (Galtung 2001)

Historically, the paradigm of human rights has been based on the assumption that the civil and political rights of the individual find their place in public life, which has led to violations occurring in private life or within the family unit being ignored: GV constitutes a violation of the principles enshrined in the *Universal Declaration of Human Rights* (UN 1948), and therefore, an expression of inequality. To understand its cultural and structural dimension, it is essential to acknowledge that violence against women does not have a biological origin and is not a strictly domestic problem; but rather, a gender-based issue:

> This is an essential theoretical variable to understand that gender differences are not the reason for antagonism, that this is not a form of domestic violence or violence by who is physically superior (man) over the weaker sex (woman), but the result of an inter-temporal discrimination that originates in a social structure of patriarchal nature (Maqueda 2006: 2 –own translation).

For this reason, from a legal point of view, the use of terms such as "domestic violence", "violence in the home", "family violence" and "conjugal violence" are considered inappropriate since they ignore the gender component that defines this type of violence (Debén 2006). Firstly, these terms seem to indicate the possible existence of certain reciprocity, according to which women and men are both victims and perpetrators. Secondly, because each of these definitions excludes other forms of violence: domestic violence (which does not occur in private space), conjugal violence (inflicted when the relationship ceases or within an analogous affective relationship), etc.

1. Typologies and phases

The three forms of violence proposed by Galtung (2001) (direct, structural and cultural) are closely interrelated, one leading to the others cyclically. This has certain specific effects on the way violence itself is exercised between individuals (and which appear in each of the forms mentioned above). This section discusses this violence in its most visible dimension, the characteristics that make it possible to identify a series of typologies and stages. According to the Council of Europe (2011), direct violence consists of the following:

- Physical violence: this includes all types of corporal aggression (pushing, hitting, attacking with weapons, biting, burning, strangling, mutilating, etc.).

• Sexual violence: includes any non-consensual sexual activity (forced viewing or involvement in pornography, forced intercourse, trafficking and exploitation in the sex industry, etc.).

• Psychological violence: a broad notion, which recognises multiple forms of intellectual or moral aggression (threats, isolation, contempt, intimidation and insults in public, etc.).

• Economic abuse: unequal access to shared resources (denying access to money, preventing access to a job, to education, etc.).

• Structural violence: a term closely related to economic abuse, but which also includes invisible and intangible barriers against the fulfilment of the possible options within the individual's basic rights. It is based on the existence of firmly entrenched barriers replicated daily in the social system (e.g. the power relations that generate and legitimise inequality).

• Spiritual violence: a concept incorporating behaviours that force another person to adhere to a particular cultural or religious belief system, or, aimed at eroding or destroying another person's belief through ridicule or punishment.

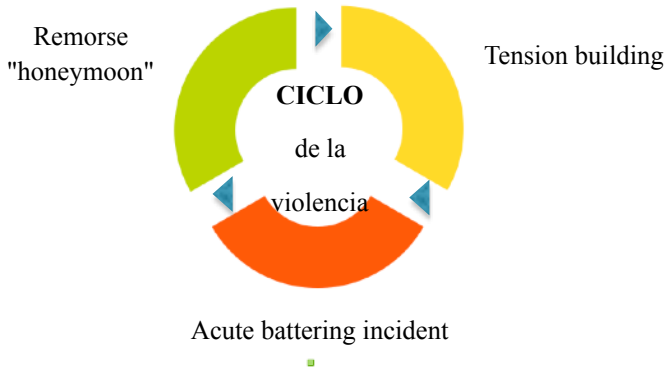
The existence of different forms of violence also implies that it does not arise suddenly in most cases; it typically begins gradually and in any of the different forms. A number of signs have been identified that often precede the onset of violence, including: attempts to control and isolate; verbal aggression; emotional blackmail; coercion; lack of acknowledgement of one's own mistakes; various forms of humiliation; and, undermining and disregarding the opinions and needs of the couple. These signs may go unnoticed to the victims and the behaviour may not be obvious to the victims' inner circle, thus undermining the possibility of reacting to it. Walker (1979) proposes understanding the way violence works as a recurring cycle during the time in which two people have some kind of relationship, in order to comprehend how a woman can suffer the violence and remain in the relationship over time. This is known as the "cycle of violence" and consists of three phases:

• Tension building: during this process, the man's tension escalates; he is irritable and seems angry for no apparent reason. He does not provide any explanation and denies his attitude, at times blaming his partner. He begins to internalise the idea that his partner is to blame for the unpleasant situations.

• Acute battering incident: in this stage, the man punishes his partner harshly. His expectations of her are not fulfilled and she is punished for not conforming to a 'gender mandate'. The release of tension can be expressed in various forms and degrees: insults, breakage of objects, physical aggressions, drunkenness, absolute indifference, etc.

• Remorse: the man admits his bad behaviour convincingly, experiencing a change that instils in the woman the false belief that it is an isolated event and will not be

repeated. She gives him another opportunity in the belief that she can help him to change. This phase is also referred to as the "honeymoon", since a period of emotional manipulation begins which emulates the idea of returning to the beginning of the relationship, expressing affection, kindness, attention, etc. This phase will gradually fade and the tension will slowly increase, starting the cycle again.



Cycle of violence (Walker 1979)

There are three fundamental characteristics in the cycle of violence (Medina 2006). Firstly, the more times the cycle is completed, the less time it takes to start over. Secondly, the intensity and severity of the violence increases progressively over time. Finally, the remorse phase tends to shorten and gradually disappears. In this way, the use of violence becomes a habit and the cycle tends to repeat itself endlessly.

2. Myths about women victims of violence

Despite the enforcement of Spain's *Basic Act 1/2004 of 28 December, on Comprehensive Protection Measures against Gender-based Violence*, egalitarian advancements achieved by feminist movements are disputed (Cobo 2011; Falcón 2014). Moreover, the spread and reinforcement of social clichés, which sustain the more traditional gender stereotypes, can be seen. If a woman suffers violence at the hands of her partner and decides to go to the authorities, she faces a series of stereotyped preconceptions (Larrauri 2008), also shared by many experts, which jeopardise her chances of being attended to in a professional and prejudice-free manner. These include:

- The irrational woman (who withdraws the complaint). The victim is treated as psychologically abnormal.
- The instrumental woman (who makes a complaint to keep the apartment). A judgement of the victim's intentions is made, whereby it is understood that the only reason the woman denounces the incident is to obtain a benefit in return. For example, an illegal immigrant woman that makes a denouncement in order to 'obtain documents'.

• The untruthful woman (who falsely denounces). The woman is perceived as evil. It is common to mistake the existence of shelved and/or withdrawn cases (on the basis of insufficient evidence and/or the victim does not wish to continue with the process) with the fact that the denunciation was false (knowing that abuse has not occurred). The latter is punishable by law and the prosecuting authority must act *ex officio* if it considers that the woman has committed this crime. In practice, there is no sufficient evidence to suggest this occurs. However, doubt is planted and the responsibility, from an inoperative system, is transferred to the woman whereby she is considered guilty.

• The punitive woman (who provokes her partner to approach her). Victims are increasingly penalised for breaching precautionary measures and restraining orders. This happens as the result of contradictory requirements imposed by the penal system.

• The vengeful woman (who wants to further punish the man). The most commonly repeated phrase that "for the same behaviour, the man receives greater punishment than the woman". The alleged comparison between a blow by a man and woman ignores the social context where the actions take place (higher probability of injury and greater impact on the person's life due to the fear produced, deriving from stronger force).

This poses a challenge for the interpreter since, like any social cliché or truism, it can lead him or her to unconsciously judge and assess the situation based on preconceived models. We cannot ignore that all of us, to a greater or lesser extent, are influenced by the gender stereotypes that operate in society, as well as by the myths about women who seek remedy from the penal system. In highly emotional contexts, we must also take into account that unfamiliarity with the language and setting (of the complaint, court case, etc.) poses an additional danger, since our subconscious and cognitive response takes on a greater relevance in our attitude towards the situation. Therefore, it is easy to make erroneous judgements of intentions, biased assessments of language and its motivations, omit information considered unimportant, etc. For this reason, it is necessary to be aware that the interpreter's decision-making in these contexts must be duly considered, and above all, exercised with scrupulous prudence and responsibility.

International Indicators on the Condition of Women

This section provides basic data on the condition of women from an international perspective in order to understand the socio-economic, political and health contexts that women come from, and which are key to identifying the causes and consequences of violence. Not knowing the background context on which GV is based implies disregarding that women's socialisation is defined by their roles in the societies of origin, their living conditions and empowerment prospects. This context is particularly relevant in cross-cultural settings.

Consequently, this section addresses the type of indicators that have been considered the most relevant in order to understand the reality of women in their countries of origin and their situation in Spain. These indicators reflect the living conditions in a particular territory and help us to understand the reasons for migration and the possibilities of access to, and integration into, the labour market in the host country.

Although we know that GV is not restricted to specific social classes, educational levels or working conditions, there are a number of key factors that make women more vulnerable. Additionally, in the case of many migrant women, this vulnerability is greater due to their economic dependence on their partners, low skill levels that hinder access to the labour market, or irregular residency.

The migrant population in Spain is estimated at 9.92% of the total population. Within this group 49.3% are women, of which more than 84.6% are over 15 years of age (INE 2017a). This information is relevant, since it must be taken into account that GV in Spanish legislation refers to relations between the women and "their present or former spouses or by men with whom they maintain or have maintained analogous affective relations, with or without cohabitation" (Article 1 of the *Basic Act 1/2004 of 28 December, on Comprehensive Protection Measures against Gender-based Violence* - Spain 2004), that is so say, it refers primarily to adults.

According to the official data (INE 2017a), it is estimated that 1,882,319 women over 15 years of age are foreigner, for more than 70% of these migrant women, Spanish is not the native or habitual language in their countries of origin. More than 4 to 6.5% of these women would also be undocumented (which restrains access to health, police, judicial and welfare protection services). Data also shows that from the top 20 countries of origin, 13 correspond to non Spanish-speaking countries[4]:

Country	Number of women	Country	Number of women
Romania	293,474	France	46,389
Morocco	213,840	Ukraine	46,373
United Kingdom	140,082	Russian Federation	41,146
Italy	75,987	Portugal	36,904
Germany	68,152	Brazil	36,300
China	67,447	Poland	31,682
Bulgaria	55,439	—	—

Foreign population by nationality from the top non Spanish-speaking countries by number of women (aged 15 years and over). Source: INE (2017a).

[4] Top 20 countries ordered by number of migrant female population in Spain: Romania, Morocco, United Kingdom, Italy, Colombia, Germany, China, Ecuador, Bulgaria, France, Ukraine, Bolivia, Russian Federation, Portugal, Brazil, Argentina, Paraguay, Poland, Peru, Dominican Republic.

These figures should be framed around the following: (1) in countries such as Ecuador, Bolivia or Peru, there is a significant presence of other languages, even though Spanish is also the official language; (2) these figures do not include tourists (surpassing 75.5 million annually) (INE 2017b) who can stay up to three months in the country, this being the most common form of entry for most immigrants; and, (3) neither do the figures recognise the undocumented migrants who enter as a tourist and stay beyond three months (Izquierdo 2008: 621). This population is twice as vulnerable due to its irregular status, and includes trafficked women. With respect to GV figures, it is necessary to specify that only those cases with further undertaking of interim measures are registered in the *Central Registry for the Protection of Victims of Domestic Violence* (which reports to the Ministry of Justice). Examples include cases where there is a sentence, precautionary measure or protective order, (that is, in cases where there is an explicit legal recognition). Therefore, unreported cases, allegations awaiting trial, and withdrawn or dismissed allegations are not taken into account. Consequently, only those victims characterised as judicial matter are contemplated. In Spain, 67.4% of female victims involved in a GV court case were Spanish citizens and 32.6% were foreigners from diverse countries, but the average of female victims –per thousand women among aged 14 years and over– was three times higher among women born abroad (3.1) than among women born in Spain (1,1) (INE 2015).

The selected socio-economic indicators are as follows: (1) access to healthcare (as a basic indicator of the living conditions of women); (2) literacy and formal education (level of training for entry into the labour market); (3) working conditions and economic empowerment (attitudes and previous experiences with regard to financial independence); (4) level of institutional corruption (which constrains the victim's trust in institutional services in which the interpreter will act as liaison); and, (5) indicators of abuse and GV (level of violence against women in which they have been socialised and have experienced directly or indirectly).

1. Access to healthcare

Access to healthcare is directly related to the development of public healthcare systems this depends directly on a country's income level; with the exception of Cuba (WHO 2017b). Nonetheless, there is a prevalence of diseases and situations that put women at higher risk. One aspect in which women's health has been best monitored has to do with their sexuality. This type of indicator combines two principles: the quality and availability of resources assigned exclusively to women, as well as their decision-making possibility to make choices regarding their sexual and reproductive life.

The percentage of women aged between 15 and 49, married or in *de facto* relationships, who are using at least one contraceptive method, regardless of kind (contraceptive prevalence), shows important geographical and economic differences. Although in America, Europe and the Western Pacific the average use of contraceptive methods is more than 70%, in sub-Saharan African countries the rate is less than 27%. According to income level, there is a

clear division between low income countries (average 46.4%), medium and high income countries (74.3%) (WHO 2014a).

It should also be noted that, for example, women subject to violence by their partners are 2.6 times more likely to suffer from depression or anxiety, and 2.3 to have alcohol use disorders; 1.5 times more likely to acquire HIV in some regions; twice as likely to have an abortion or 16% more likely to have a low birth weight baby. Moreover, 35% of these women have experienced sexual violence; and 38% of violent deaths were committed by their partners, and 7% by non-partners (WHO 2013b).

2. Literacy and education

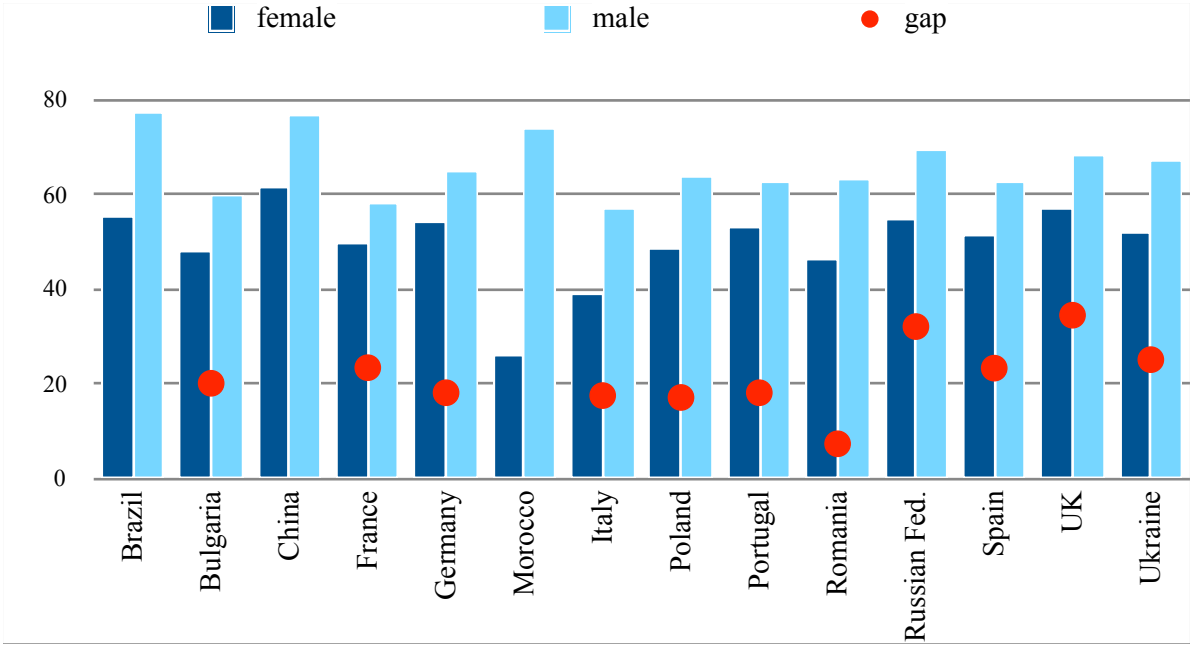
The situation of women regarding education policies has improved significantly in recent decades. In addition to recognising women's universal right to education, initiatives relating to education have also been motivated, in part, by increasing specialisation needs of the industry and by the positive effect of a higher educational level of women on the community (and families) as a whole. This makes them important subjects of social transformation on their own and due to their role as mothers and caretakers of the home (considering that 92,5% of women in the world between 40-44 years old have given birth at some point in their lives) (UN 2016).

In general terms, school enrolment rates have increased. Although in 126 countries the gender parity index for school life expectancy (from primary to tertiary education) for women is positive, it still remains negative in 70 countries (UNESCO 2016). Additionally, 63.1% of the entire adult female population aged 15 years and over is illiterate in the Regions of the *Millenium Development Goals*. Consequently, educational progress is hampered by a generational component that has a significant impact. The impact of educational progress on access to the labour market further reflects a less encouraging reality.

3. Working conditions and economic empowerment

Women's access to the labour market is characterised by poorer conditions than those of their male counterparts. This implies that women are more restricted in their ability to enjoy higher financial independence and autonomy. As a result, they face greater dependence on their spouse or partner, which is further increased when combined with caring for descendants or elders; when having to take care of the family as a widow; or, following abandonment by one's partner (due to separation, war or immigration).

For example, the female workforce participation rate (regardless of the type of work and workday) is lower compared to the male rate, in addition to a wage gap with substantial differences between countries.



Labour activity rate (by gender, aged 15 years and over, projection for 2021) and female wage gap % (by monthly earnings, 2014-2015). Source: ILO (2017), UNECE (2017a).[5]

Activity rates are not only lower but, beyond other considerations (such as the number of hours worked, job type, qualification, inactivity rate, etc.), women's wages also show a significant difference in percentage compared with monthly wages among men (ranging, at least, between 9.9 and 32.1 points). The feminisation of poverty is a phenomenon that, far from being eradicated, responds to the structural context that makes women in situations of poverty, economic crisis or family breakdown more vulnerable. Women's economic opportunities are not only restricted by their situation in the labour market, but respond to a multi-variable reality whereby we must also consider: (1) access to land, housing and other productive resources; (2) access to productive services; and, (3) access to social protection (UN 2009).

4. Trust in institutions

The way an institution's functioning is perceived is an important factor to take into consideration when working with the public services attending to female GV victims. For instance, corruption indices illustrate the public's perception of institutions, which determines the degree of trust and expectations. The four fields related to GV victim's attention (legal, health, police and social) where interpreting tasks are carried out are, in many cases, marked by a negative perception. Thus, corruption in public institutions and services is considered to be a widespread problem. An assessment of 107 countries, seeking to identify the most corrupt institutions among a total of 12, found that the police ranked second (after the political parties); the judiciary third; the public administration branch (including social services) fourth; and, health care fifth (Transparency International 2013).

[5] No female wave gap data available for: Brazil, China and Morocco.

In relation to the 12 countries that contribute to the largest female immigrant population from non Spanish-speaking countries (noting that the origin of foreign GV victims is not limited to those countries), the results concerning the perception of corruption are equally significant in the four action fields, namely; legal, health, police and the public administration entities.

Country	Judiciary	Health	Police	Public administration
Germany	2.6	3.4	2.7	3.4
Brazil	3.4	3.5	4	3.3
Bulgaria	4.4	4.2	3.9	3.4
China	n/a	n/a	n/a	n/a
Spain	3.5	2.3	3.1	3.3
France	3	2.8	3.3	3.4
Italy	3.4	3.6	2.9	3.8
Morocco	4	4.2	4.2	4.1
Portugal	3.9	3	3.2	3.4
Romania	3.7	3.6	3.5	3.4
Russia Federation	4.4	4.1	4.5	4.6
Ukraine	4.5	4.2	4.4	4.3
United Kingdom	2.7	2.6	3	3.3
TOTAL	3.6	3.3	3.7	3.6

Corruption perception scale (1 not at all corrupt, 5 extremely corrupt). Source: Transparency International (2013).

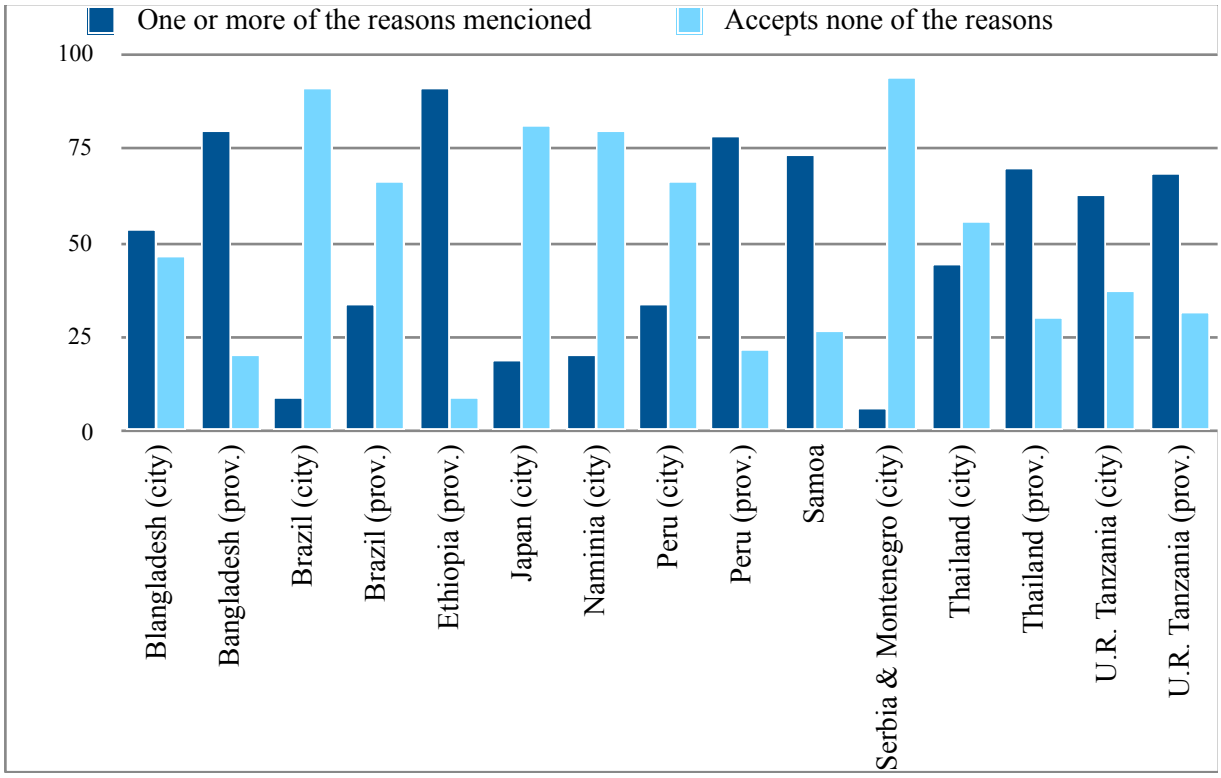
Excluding China (no available data) the rest of the countries included here all scored high on perceived corruption (2.5 and above save for Spain's health sector). Additionally, many countries surpass the global average per field: six countries in the judiciary, eight in the health sector, five in police, and five in public administration. The institutions and services, in which interpreters work and on which the victims depend directly, are challenged. Interpreters have to perform their communication work, between the victim and the institutions, under these circumstances.

5. Abuse and gender violence indicators

World Health Organization (WHO) data confirm that the incidence of sexual violence within and outside the couple relationship is widespread among women aged 15-69 years. These data refer to sexual violence defined within the couple as: being physically forced to have sexual intercourse due to fear of partner and/or being forced to engage in sexual acts considered humiliating or degrading. Or outside the couple relationship: the experience of being forced to perform any unwanted sexual act with someone other than the husband or partner (WHO 2013a: 6).

The incidence of violence within couples is a global phenomenon with significant differences existing between geographic areas. For example, in Western Europe and East Asia, the average prevalence is below 20%, while in areas such as Central Sub-Saharan Africa it exceeds 65%. In comparison, for sexual violence outside the couple, the average incidence is lower, with the lowest values in South Asia (3.3%) and the highest in Southern Sub-Saharan Africa (17.4%) (WHO 2014).

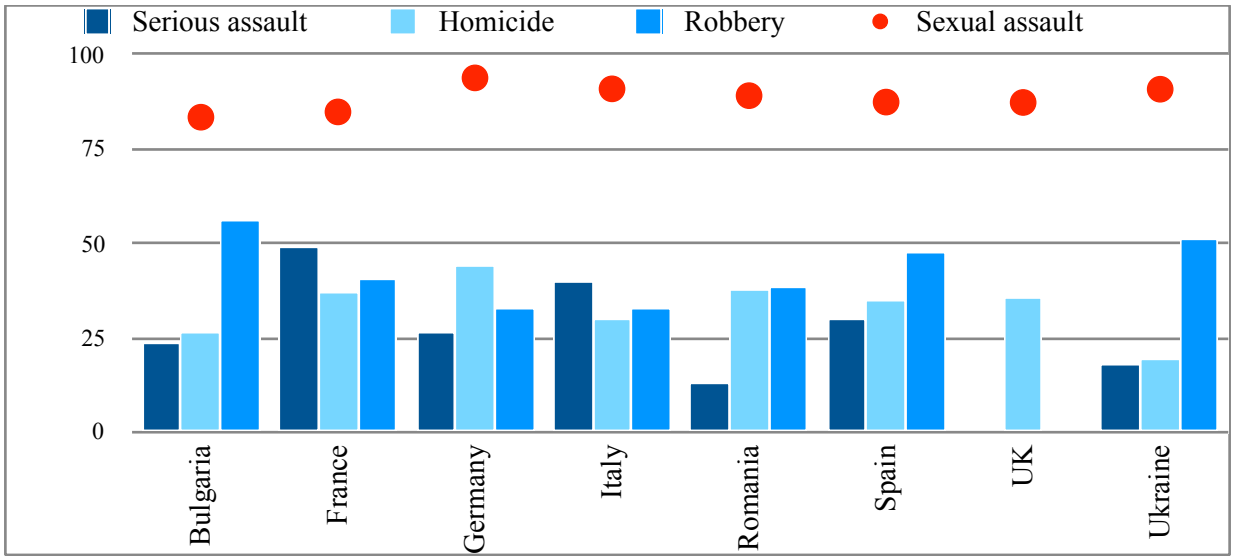
In both cases, the prevalence of violence against women presents a complex international profile conditioned by legal and cultural factors – relating to how women are perceived within communities – and economic factors. The distinction between violence outside or within the couple can be understood based on the attitudes and expectations of the woman within the household as wife (and mother). A WHO study (2005: 12) showed the way in which women themselves internalise domestic violence. In response to the question about the reasons they consider "wife-beating" justifiable, it shows that: first, there is a variation between countries; second, a greater acceptance in rural compared to urban areas; and, third, a clear scaling of the motives that would justify the aggression (in order: wife not complete housework, wife disobeys her husband, wife refuses sex, wife asks about other women, husband suspects infidelity, wife is unfaithful). These data reflect the degree of social acceptance of domestic violence among women. This shows the existence of a normalisation of intimate partner violence, the tolerance levels towards it, and the difficulty of initiating an allegation process.



Women agreeing with specific reasons that justify wife-beating, %. Source: WHO (2005).

It is not just a question of subjective perception or the attitudes of women themselves towards GV. On the criminal front, the data on serious assault, homicide and robbery show that the

victim percentage figures are often men (with the exception of Italy where this tendency is reversed), except in the case of sexual assault in which case the victims are always mainly (and by far) women.



Women with respect to men by crime type %. Source: UNECE (2017b)[6].

Within the European Union, it is estimated that over a one-year period 7% (12 million) of women aged between 18 and 74 years have been subjected to physical violence and 2% (3.7 million) to sexual violence (FRA 2014).

Summary

Of the total of these female victims, two thirds were born in Spain and one third abroad; however, by geographic area of origin, the victim rate (among those aged 14 and over) is inverted being three times higher among those born abroad. Of the female immigrant population, over 70% are from non Spanish-speaking countries, of which more than 4 to 6.5% would also be undocumented (which restrains access to health, police, judicial and welfare protection services).

Beyond the legal consideration of GV and the measures and means available to combat it, women's acceptance of GV in their lives is determined by their communities' expectations (roles and obligations), as well as by how they internalise their role as part of their communities and families (as partners, wives and/or mothers). In addition to their significant social value, their objective possibilities of autonomy and economic empowerment must be included. The condition of women in an international context displays a complex image characterised by a set of distinctive pillars:

- Sexual health, a basic aspect of women's living conditions globally and that derives from their access to health care resources, is worrying. Sexual health, access to contraceptive methods, prevention of sexually transmitted diseases, etc., is directly

[6] No data available for: Brazil, China, Morocco, Poland, Portugal and Russian Federation.

related to victim's country of origin, socio-economic situation and position within the couple relationship.

• Their possibility to access educational resources is a generational issue that sees women aged over 15 years at a disadvantage.

• Working conditions and economic empowerment: the labour activity rate is persistently lower among women and marked by a wage gap of different magnitudes but is always negative.

• Given the perceived levels of corruption in many countries of origin, it cannot be assumed that there is a favourable predisposition and trust towards institutional services (social, police, judicial or health).

• The level of violence against women is a socialisation factor with variable intensity: they experience it directly or indirectly. Violence against women is a global phenomenon with a higher prevalence among couples.

In relation to GV:

• The term "gender violence" is understood as any form of violence that causes physical, sexual or psychological harm or suffering in both private and public settings. Several categories of violence are determined: physical, sexual, psychological, economic, structural, and spiritual.

• GV constitutes a violation of the principles enshrined in the *Universal Declaration of Human Rights*.

• The social myths surrounding GV victims seek to discredit and disallow women in their right to access effective justice. Similarly, they limit our ability to understand the complexity of the condition of women.

Bibliography

ALLPORT, G. W. (1961). *Pattern and Growth in personality*. New York: Holt.

BENHABIB, S. (1997). The Generalized and the Concrete Other: the Kohlberg-Gilligan Controversy and Moral Theory. In: MEYERS, D. T. (Ed.), *Feminism social Thought: A Reader*, 735-756. New York: Routledge.

COBO, R. (2005). El género en las ciencias sociales. *Cuadernos de Trabajo Social*. 18, 249-258.

– (2011). *Hacia una nueva política sexual. Las mujeres ante la reacción patriarcal.* Madrid: Los libros de la Catarata.

COUNCIL OF EUROPE (2004). *Council Directive 2004/80/EC of 29 April 2004 relating to compensation to crime victims. Official Journal of the European Union. 261, 15-18.* Electronic version: <http://eur-lex.europa.eu/homepage.html>

– (2011). *Council of Europe Convention on preventing and combating violence against women and domestic violence*. Brussels: Council of Europe. Electronic version: <http://eur-lex.europa.eu/homepage.html>

DE BEAUVOIR, S. (1973). *The Second Sex*. New York: Vintage Books.

DEBÉN ALFONSO, M. (2006). *O tratamento penal da violencia contra as mulleres. Da intensiva aplicación de Intervención mínima á introdución da perspectiva de xénero.* Santiago de Compostela: Xunta de Galicia.

FALCÓN, L. (2014). *Los nuevos machismos*. Barcelona: Aresta Mujeres.

FRA [European Union Agency for Fundamental Rights] (2014). *Violence against women: an EU-wide survey. Main results*. Vienna: FRA. Electronic version:<http://fra.europa.eu/en/publications-and-resources/publications>

GALTUNG, J. (2001). After Violence: 3R, Reconstruction, Reconciliation, Resolution. Coping With Visible and Invisible Effects of War and Violence. In: Abu-Nimer, M. (Ed.), *Reconciliation, Justice, and Coexistence: Theory & Practice,* 3-23. Lanham, Maryland: Lexington Books.

GLICK, P. & FISKE, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*. 70/3, 491-512.

ILO [International Labor Organization] (2017). *Labor force participation rate by sex and age(%).* Geneva: ILO. Electronic version: <http://www.ilo.org/global/statistics-and-databases/lang--en/index.htm>

INE [National Statistics Institute] (2015). *Violencia doméstica y violencia de género*. Madrid: INE. Electronic version: <http://www.ine.es>

– (2017a). *Continuous Register Statistics.* Madrid: INE. Electronic version: <http://www.ine.es>

– (2017b). *Tourist Movement on Borders. Frontur.* Madrid: INE. Electronic version: <http://www.ine.es>

IZQUIERDO ESCRIBANO, A. (2008). El modelo de inmigración y los riesgos de exclusión. In: RENES AYALA, V. (Coord.), *VI Informe sobre exclusión y desarrollo social en España*, 599-679. Madrid: FOESSA.

LARRAURI PIJOAN, E. (2008). Cinco tópicos sobre las mujeres víctimas de violencia… y algunas respuestas del feminismo oficial. In: LAURENZO COPELLO, P., MAQUEDA ABREU, M. L. & RUBIO CASTRO, A. M. (Coords.), *Género, violencia y derecho,* 311-328. Valencia: Tirant lo Blanch, Alternativa.

LORENTE ACOSTA, M. (2001). *Mi marido me pega lo normal*. Barcelona: Editorial Crítica.

MAQUEDA ABREU, M. L. (2006). La violencia de género. Entre el concepto jurídico y la realidad social. *Revista Electrónica de Ciencia Penal y Criminología*. 8/2, 1-13. Electronic version: <http://criminet.ugr.es/recpc/08/recpc08-02.pdf>

MEDINA, J. (2006). Perfil psicosocial y tratamiento del hombre violento con su pareja en el hogar. In: ECHEBURÚA, E. (Ed.), *Personalidades Violentas,* 153-167. Madrid: Editorial Pirámide.

OAS [Organization of American States] (1994). *Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women "Convention of Belém do Pará"*. Washington, D. C.: OAS. Electronic version: <http://www.oas.org/juridico/english/treaties/a-61.html>

RICO, N. (1996). *Gender-based violence: A human rights issue. Mexico, Port of Spain Economic Commission for Latin America and the Caribbean.* Electronic version: <http://repositorio.cepal.org/bitstream/handle/11362/5860/1/S9700545_en.pdf>

RUBIN, G. (1975). The traffic in women: notes on the political economy of sex. In: REITER. R. R. (Ed.), *Toward and Anthropology of Women,* l57-210. New York: Monthly Review Press.

SPAIN (2004). Ley Orgánica 1/2004, de 28 de diciembre, de Medidas de Protección Integral contra la Violencia de Género. *Boletín Oficial del Estado. 313, 42166-42197.* Electronic version: <http://www.boe.es/boe/dias/2004/12/29/pdfs/A42166-42197.pdf>

TOUGAS, F., BROWN, R., BEATON, A. M. & JOLY, S. (1995). Neo-sexism: Plus Ça Change, Plus Cést Pareil. *Personality and Social Psychology Bulletin.* 21/8, 842-849.

TRANSPARENCY INTERNATIONAL (2013). *Global Corruption Barometer 2013. Berlin: Transparency International.* Electronic version: <http://www.transparency.org>

UN [United Nations] (1948). *Universal Declaration of Human Rights*. New York: United Nations. Electronic version: <http://www.un.org/en/documents/index.html>

– (1979). *Convention on the Elimination of all Forms of Discrimination against Women.* New York: United Nations. Electronic version:<http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm>

– (1993a). *World Conference on Human Rights.* New York: United Nations. Electronic version: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G93/142/33/PDF/G9314233.pdf?OpenElement>

– (1993b). *Declaration on the Elimination of Violence against Women.* New York: United Nations. Electronic version: <http://www.un.org/documents/ga/res/48/a48r104.htm>

– (1995). *Report of the Fourth World Conference on Women.* New York: United Nations. Electronic version: <http://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf>

– (2009). *World Survey on the Role of Women in Development.* New York: United Nations. Electronic version: <http://www.un.org/en/documents/index.html>

– (2010). *Keeping the promise: united to achieve the Millennium Development Goals.* New York: United Nations. Electronic version: <http://www.un.org/en/documents/index.html>

– (2014). *International Women's Day 8 March. New York: United Nations.* Electronic version: <http://www.un.org/en/documents/index.html>

– (2016). *The World's Women 2015.* Electronic version: <https://unstats.un.org/unsd/gender/worldswomen.html>

UNECE [United Nations Economic Commission for Europe] (2017a). *Gender pay gap.* Geneva: UNECE. Electronic version: <http://www.unece.org/publications/oes/welcome.html>

– (2017b). *Victims of crime by type of crime and sex.* Geneva: UNECE. Electronic version: <http://w3.unece.org/PXWeb2015/pxweb/en/STAT/STAT__30-GE__07-CV>

UNESCO [United Nations Educational, Scientific and Cultural Organization] (2016). *Education.* Paris: UNESCO. Electronic version: <http://data.uis.unesco.org/>

WALKER, L. (1979). *The Battered Woman*. New York: Harper & Row Publishers.

WHO [World Health Organization] (2005). *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Summary report*. Geneva: WHO. Electronic version: <http://www.who.int/publications/en>

– (2013a). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Full Report.* Geneva: WHO. Electronic version: <http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1>

– (2013b). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Executive summary.* Geneva: WHO. Electronic version: <http://apps.who.int/iris/bitstream/10665/85241/1/WHO_RHR_HRP_13.06_eng.pdf?ua=1>

– (2014). *Violence against women: Intimate partner violence and non-partner sexual violence.* Geneva: WHO. Electronic version: <http://www.who.int/publications/en>

– (2017a). *Contraceptive prevalence -modern and traditional methods (%).* Geneva: WHO. Electronic version: <http://apps.who.int/gho/data/node.imr>

– (2017b). *Cuba statistics summary (2002-present).* Electronic version: <http://apps.who.int/gho/data/node.country.country-CUB?lang=en>

INTRODUCTION TO INTERPRETING IN GENDER VIOLENCE CONTEXTS: BASIC CONCEPTS OF INTERPRETING, CONTEXTS, COMPETENCIES AND ETHICS

[pages in original: 55-105]

María Isabel Abril Martí[1],Carmen Toledano Buendía[2], Xus Ugarte Ballester[3], María Magdalena Fernández Pérez[2]

University of Granada[1], University of La Laguna[2], The University of Vic – Central University of Catalonia[3]

Translated by Matthew Millis

Monash University

Interpreting in Gender Violence Contexts

1. General features

As pointed out in the previous section, Public Service Interpreting (PSI) is a mode of interpreting named after the situational context in which it takes place. This activity thus falls within the public services sector, principally health, social, legal and educational services.

Within each of these fields, interpreting may be required in different situations of interaction that respond to more specific contexts and allow us to distinguish between what might be termed subtypes and sub-modalities. Examples would be interpreting in police or correctional settings within the field of legal interpreting; or mental health interpreting within the field of medical interpreting. All of these specific areas require that interpreters have specialised training in addition to their general interpreting training, given the particularities in subject matter, standard operating procedures and protocols, participants, etc. present in each one.

This section focuses on one such specific context in PSI: interpreting in GV contexts, which is the interpreting done in all of the services that a community or a society provides to GV victims with the objective of helping them to escape from an abusive situation.

Thanks to the advances made in social justice, Spain offers a series of measures, services and provisions in the area of prevention, assistance, protection and recovery to women who are GV victims. In the case of foreign women who live in or visit this country and suffer some type of violence because of their gender, access to these resources may be limited and even,

at times, impossible because the victim does not speak or understand Spanish or the official regional language, a factor which creates an additional barrier to reporting abuse and finding a way out of the situation. In these cases, the provision of language services is fundamental. The interpreter acts as an interlingual mediator between the victim and the various service providers that intervene during the entire process of care and assistance for the victims of GV. This type of interpreting can take place in any of the intervention stages; from the detection of abuse, its reporting and the provision of information about the different resources available, to treatment and even follow-up when the victim is considered to be a survivor.

One characteristic of GV victim assistance and intervention that interpreters must take into account is the multidisciplinary nature of this context, since the resources at the woman's disposition involve several different sectors. In particular, **there are three main fields in which assistance is provided and in which the interpreter will therefore work: the legal, psychosocial and health fields**.

In each of these fields several agencies and institutions make resources available to victims through different service providers in diverse settings and locations. This gives rise to a wide variety of communicative situations in terms of subject matter, participants, level of formality, objectives of the interactions, standard operating protocols, etc. **Such variety and multidisciplinarity also characterise the work of the interpreter whose professional practice, consequently, cannot be circumscribed to any one field of the PSI specialisation**.

2. Fields of intervention with victims in which interpreting services may be required

The fields of intervention will be briefly outlined, describing some of the common features of the communicative interactions in terms of participants, location and communicative purpose.

a. The legal field

Regarding interventions in the legal field a distinction must be made between the police stage and the judicial stage. In the police stage, essential protection and security services are provided to victims. Besides the victim, the participants involved in the different interactions may be police officers or agents that belong to the different state security bodies (national, regional or local police forces or the Civil Guard), preferably with specialised training in the care of female victims of violence. Interactions in this stage can have different communicative objectives, including the essential tasks of taking statements, assessing risk, protecting victims or doing follow-up in the later stages of intervention. The interaction can take place in police facilities (police stations or Civil Guard headquarters) or where the assault occurred, when the agents arrive.

The judicial stage of the intervention with GV victims refers to all interactions between the victim and legal professionals—such as judges, public prosecutor's staff, lawyers—the purpose of which is to protect and defend the rights of women. These interactions usually

take place in judicial buildings such as the courts for violence against women or the police courts and the communicative situations in which the interpreter may be involved include: lawyers giving legal assistance to the victim, judges taking the victim's complaint or the interrogation of the victim in the courtroom during the trial.

Legal advice can be provided to the victim outside of this context as well, as part of the comprehensive assistance provided by the specialised GV centres. In this case it is given by the centre's lawyer, although this person will not necessarily be the victim's legal representative. In this case the dynamics and the characteristics of the communicative situation differ in terms of the degree of formality or rigidity that characterise the general form of interactions in the legal field.

In this area, both at the police stage and the judicial stage, the interpreter should be prepared to offer language services not only to the victim but also to the other participants. For example, in cases where the victim is a minor or is disabled, a secondary interlocutor, who might be one of the people exercising parental authority, the victim's legal guardian or the director of the Centre, would participate in the communicative situation. Also, it is possible that the interpreter will have to translate for the perpetrator or the accused, for example, when taking the accused person's statement or when taking statements by any witnesses who do not speak Spanish.

b. The health field

The second field in which interpreters in GV contexts may be called upon to perform their role is the one related to health. Within this context we also make a distinction between two areas: one covers health services for victims of violence, including both primary and specialised care, as provided by local primary care centres and hospitals. The other covers forensic assistance, which is carried out in legal contexts. In addition to the victim, the participants in these interactions will be healthcare personnel, including nurses, physicians and medical examiners.

The purpose of the health services is to provide the victim with medical care, whether primary or specialised care (essentially gynaecological and mental health), to evaluate any harm or injuries, to assess the victim's situation and ensure her safety, as they activate the relevant protection measures in each situation. This stage is also fundamental in the detection of violence.

Forensic intervention falls between the health and the legal fields. The aim of these interactions with the medical examiner is to perform the necessary medical examinations to investigate and evaluate the evidence of abuse by way of a physical and psychological examination and evaluation. This allows the examiner to issue a report concerning physical and psychological injuries or their consequences. The examination may take place either in a hospital—when healthcare personnel request the presence of a medical examiner in an emergency—or in the comprehensive assessment units associated with the court.

The interpreter should know that in the forensic context, as in the judicial or police settings, it is possible that he or she will have to interpret for the alleged perpetrator as well, given that the medical examiner will likely perform an examination of the accused to make a ruling on the individual's personality traits, state of mind or any possible physical or psychological disorders.

c. The psychosocial field

Finally, the psychosocial field refers to resources dedicated to providing information, counselling and support towards the victim's recovery, services in which interpreters may be required to provide language services to foreign victims. The primary participants in the interactions in this area are social workers, who perform tasks mainly concerned with information, social evaluation and assessment, and psychologists, who carry out the psychological evaluation and assist victims and survivors of violence in their recovery. Social intervention is provided in social care settings such as the Social Work Units in primary care centres, in the courts, social services and centres specialised in GV victim assistance, or in temporary accommodations such as shelters or transitional housing. This area also includes the immediate care services that are provided through the emergency response protocol. In this case, when these services are activated, the service providers will go wherever is necessary to have direct contact with the woman, so as to provide the service. It is also possible that a worker from these services will accompany the woman in the process of informing the appropriate authority of the situation or of the risk of GV, during the filing of the complaint, the request for protective measures, the medical examination and the actions that must be taken just after the medical examination and initial steps have been completed. In all cases the interpreter will accompany the providers and the victim.

It should also be noted that included within the immediate care services are the telephone hotlines 112 and 016. These hotlines offer language services in the form of telephone interpreting. The interpreting is done by professionals who work for specialised companies hired to provide these language services.

As for the interactions related to the psychological intervention, their communicative objective is to evaluate the emotional state of the victim and the harm suffered and to undertake the intervention needed for her recovery, which may be in individual or group therapy. As in the health area, part of the psychological intervention takes place in legal contexts by forensic psychologists, also with the objective of evaluating the victim, her emotional state and the harm suffered in order to prepare a report.

3. Characteristic features of interpreting in GV contexts

As we have seen in this brief review, the diversity of participants, settings and communicative situations that characterise GV interpreting makes for great variety not just in topics and subject matter, each with its own vocabulary and terminology, but also in the degree of formality, conversational dynamics and turns of talk, the hierarchy of interpersonal

relations and the expectations of participants, etc. Interpreters who work in GV contexts may go from mediating in very rigid and vertical situations such as legal interrogations to other more flexible and horizontal situations, such as interactions held in transitional housing; also, they may have to interpret wide varieties of language, such as the highly specialised register of a forensic medical report or vulgar or coarse expressions used in the description of the abuse. Also, their performance and role in the interaction and their degree of visibility and intervention varies considerably from one context to another, which at times will require the use of more restrictive interpretation models, while at other times will warrant more interventionist and participative models.

However, it should be taken into account that despite this diversity, some common features can be found across all of the interactions and areas.

Firstly, the specialisation of the service providers. The people who provide services to GV victims are specialists in their field, belong to specialised departments or units within their organisation or have received specific training courses, not only with the objective of applying the protocols designed exclusively for intervention with GV victims in each of the different contexts but also to be familiar with the pertinent legislation and the different resources available to these women; and above all, to provide services informed by the gender perspective.

It is evident that this specialisation should also extend to interpreters. Such specific training not only ensures that the interpreter knows the subject matter and understands the procedures used by the service providers, and the purpose and objective of each of the communicative situations in which he or she participates; it also allows the interpreter to intervene with a perspective of gender, which is of fundamental importance in understanding the dimensions of GV. Intervening with a gender perspective requires an understanding of the concept of gender and the relationships of power and inequality that the concept of gender generates in our societies. It also involves comprehending that the situation of violence affecting a woman is a result of this inequality and not an isolated behaviour that is justifiable for different reasons. It is also necessary to know the effects that abuse and violence have on a woman and how they may shape her behaviour. The practice of interpreting in contexts of GV requires that the interpreter, like the other professionals who intervene, is able to evaluate his or her own ideas, beliefs and opinions with respect to GV. This enables him or her to recognise any prejudices that could prevent him or her from complying with the necessary standards of neutrality and objectivity. Only in this way is it possible to offer a service based on maximum respect and understanding; one that does not blame the woman for her situation and re-victimise her or culturally justify the violence.

Secondly, another common feature of all interactions with GV victims is the emotional component. GV victims or survivors are present in all of the interactions and communicative situations arising in contexts of this type of violence. It is important to remember that foreign GV victims find themselves in an especially vulnerable situation. Not only do they belong to

linguistic and cultural minorities, they often have a lower level of education and purchasing power, and might be unaware or only partially aware of the social reality of the host country. These circumstances are exacerbated by the vulnerability and isolation resulting from the situation of abuse.

The violence suffered creates an emotional state in which the woman may experience a mixture of feelings such as fear, distrust, shame, regret, etc. These condition the communicative interactions, the victim's perception of reality, her relationships with the providers, her account of the events and the way she expresses herself. Silences, hesitations, contradictions, disjointed ideas and the use of vulgar language are features that may pose a challenge for the interpreter in both the comprehension and reformulation of the message, and yet these features require the utmost accuracy in their translation.

In addition, both the emotional state of the woman and the harshness of the experiences she describes can represent a psychological burden that interpreters find hard to overcome, or that impedes their ability to do their job correctly and even affects their health. Therefore, it is necessary that interpreters be provided with the tools they need to manage the situation, both through training and external support (Huelgo et al. 2006).

Interpreter Competence with Special Reference to Contexts of Gender Violence

The objective of this section is to describe the competencies of the interpreter with special reference to PSI and, even more specifically, in communicative situations related to the assistance of GV victims and survivors.

We agree with Kelly (2002: 9) that the concept of competence encompasses the abilities, skills, knowledge and even attitudes displayed by professionals of translation and interpreting, which are understood to be expert activities.

An global analysis of Translation and Interpreting Studies and TI pedagogy (Pöchhacker 2004: 179; Sawyer 2004: 53-60) allows us to identify a series of competencies generally accepted as learning objectives of professional training in both disciplines, such as the following: a high standard of linguistic competence applied to interlinguistic and intercultural communication; knowledge of the sociocultural context associated with the working languages; specialised subject knowledge in different thematic fields; a high level of proficiency in translating and interpreting techniques; and a profound knowledge of the ethics of the profession.

While these competencies, insofar as they are generic and global, can be considered applicable to any genre of interpreting, the characteristics and needs of interlingual and intercultural communication in the public services, and even more so in GV contexts, make a specific competency profile necessary. To define it, we will begin with the model of translator competence proposed by Kelly (2005: 73-78), based on seven areas of competence and adapted for PSI by Abril (2006; Abril and Martin 2008). After describing each of these areas,

the specific implications of each of them for interpreting in GV contexts will be outlined, according to data obtained from the field work performed as part of the SOS-VICS[7] project.

1. Linguistic and communicative competence

This area refers to the interpreter's active and passive proficiency in the working languages. In the case of PSI, a communicative competence in different dialects and varieties of the working languages (especially for cases of diglossia, as in Arabic), as well as in different registers and discourse styles is particularly important, with special attention being given to the difficulties posed by cases of non-equivalence.

Given the characteristics of the primary participants for whom they are to interpret, the interpreter must be able to manage both the specialised discourse of the public service providers and the informal discourse of other individuals who may have a low level of education and who come from different cultures, who may have different ways of expressing themselves and of understanding the communicative protocols in formal contexts such as the public services.

In the specific case of GV, in addition to the above, specific skills, knowledge and attitudes are needed. It is worth noting that the interpreter must develop the capability of verbalising offensive language or language that describes parts of the body or types of aggression, which may be uncomfortable or stressful to express.

Also, interpreting in interviews related to GV requires that special attention be paid to the victim's forms of expression and her selection of words while making statements, for example, when referring to herself and to the abuser, and to her medical and psychological conditions. Only in this way can the specialised service provider receive the complete and accurate information he or she needs to conduct an evaluation or plan an intervention.

The accuracy and fidelity of the transmission of information, not forgetting non-verbal communication, are particularly relevant in the GV context. In fact, victims might give testimonies containing inconsistencies and inaccuracies. These can help the public service providers to identify the emotional state of the victim, possible attempts at simulation and even the effects of alcohol or drugs, so the interpreter must know how to identify and replicate such inconsistencies and inaccuracies. Similarly, it is essential that the interpreter be alert to other characteristics of non-verbal communication such as pauses and silences, and the meanings they convey, so as to recognise when they should be respected and not used as an opportunity to interpret what has just been said.

[7] In addition to the previously mentioned Delphi survey, which was administered to interpreters, the field work of SOS-VICS consisted of several needs analysis studies, carried out with distinct methodologies (focus groups, surveys and interviews) with the objective of gathering the perceptions of both the service providers who assist foreign GV victims in Spain and of the victims themselves.

2. Intercultural competence

This refers to the sociocultural background knowledge associated with the working languages. It can be understood in broad terms as the knowledge of the institutions, history and geography of a society, but also the perceptions, beliefs and values of the members of a linguistic community.

In the case of PSI, it points to the need for interpreters to have sufficient knowledge of the social and demographic phenomenon of immigration so as to readily understand the relationships and attitudes of the people they interpret for with respect to the host society. Equally relevant is knowledge of the cultural values that influence interpersonal relationships, central concepts in the public services (such as health, law and education) and the communicative strategies of speakers when it comes to interacting in formal contexts such as the public services.

In this regard, since it is not very realistic to expect interpreters to be completely competent in one or more cultures, it is essential that they develop a generic and contextualised intercultural competence, and above all, that they be able to distinguish purely cultural information from clichés and prejudices that make it difficult to recognise the individuality of the speakers. This competence allows interpreters to identify culture-specific information that might influence the content or the form of the messages, and discern when to act as a cultural expert (by giving explanations inside or outside the interview) and when to simply translate and allow the public service providers to act.

In GV contexts, interpreters must familiarise themselves with the basic general concepts of GV as well as the aspects of GV that are marked by culture. In other words, the interpreter must be familiar with the cultural patterns that influence how the victim understands, experiences and expresses her situation of GV. These aspects include the very concept of GV (for example, behaviour considered to be GV in one culture may be relatively normalised in another); the concept of public versus private, and the context in which certain conflicts, such as family or couples' conflicts, are resolved; the identification of taboo concepts in relation to sexuality, which can lead victims to express themselves with evasiveness due to modesty, etc.

Similarly, communicative patterns can be conditioned by culture, for example, in terms of the notions that different cultures have of the quantity and relevance of the information exchanged during conversation. In this sense, the interpreter must know how to analyse and respect the pace of a victim's narration, which could be affected by her state of mind or simply by the communicative protocols associated with her culture.

3. Subject area competence

This competence refers to the knowledge of the subject areas in which interpreters work. The variety of subjects is well defined in the case of PSI, since it involves the public services. It includes knowledge about the professional and administrative organisation of one or more public services, about the most common topics in one or more fields of specialised

knowledge (medicine, law or education, for example), and about the specialised discourse and terminology employed by public service providers. Additionally, it includes a familiarity with the documents commonly used in each service.

It should be mentioned that in the case of GV the assistance provided to victims has a highly interdisciplinary nature, given that it involves comprehensive intervention by various public services. In this sense, the interpreter needs to have multiple subject-area competence.

Moreover, the assistance provided by the various public services tends to respond to a regulated and protocolised dynamic. Therefore, interpreters will be better prepared and will do their job better if they know the rights of the victims and the services that the different administrations provide to them, and acquaint themselves with the different protocols and types of documents on which the interviews with victims and survivors are based (tests, questionnaires, semi-structured interviews, report forms, risk assessment reports, etc.). Also, it is essential that all of this subject-area knowledge be contextualised. In other words, the interpreter must be prepared to adapt to each type of interview and its particular communicative objectives and dynamics, even within the same public service.

Finally, working in contexts of GV implies an understanding of specific issues related to gender. Interpreters must approach their work from a gender perspective, since, without it, they are unlikely to truly comprehend the origin, dimension and dynamics of this particular form of violence, or understand the actions of the service providers specialised in assisting the victims.

4. Professional Instrumental Competence

This competence refers to the interpreter's proficiency in using documentary and terminological research and management tools and also to the interpreter's knowledge and understanding of the ethical considerations or the codes of ethics needed to practice the profession in a responsible manner. In the case of PSI, this implies knowing the role of the interpreter and knowing how to uphold it, if necessary, in the face of the many pressures to which interpreters may be subjected by contextual or communicative factors, or factors relating to the expectations of the participants. As explained in the section dedicated to ethics, interpreters must understand codes of ethics not as a rigid mould, but rather as frames of reference that permit them to make informed and contextualised decisions.

If PSI situations generally lend themselves to dilemmas concerning the limits of the intervention of the interpreter, this occurs even more so in contexts relating to GV, in which emotionally-charged communication often takes place. Interpreters might be exposed to conflicting expectations; on the one hand, the victim's expectations, and on the other hand, those of the providers of the various public services, in terms of both their tasks and their attitude. In some cases interpreters will be expected to be agents that facilitate communication, who can even intervene in their own name and, acting with empathy, help victims to express themselves freely and with confidence. In other cases the primary

participants may prefer that the facilitation work be done by the service provider, since he or she has been specifically prepared for this role. Similarly, some service providers will expect interpreters to act as experts and mediators, explaining common concepts and procedures to the victim, while there are others that prefer that the interpreter limit his or her involvement to translating as accurately as possible, without performing any other function. Interpreters must be alert to these contradictory and sometimes unrealistic expectations, having a clear concept of their role and knowing how to explain it, and learning to work impartially, maintaining an objective, empathic attitude—not overprotective or paternalistic—which does not usurp or interfere with the initiative or control of the situation, which corresponds to the primary participants.

5. Attitudinal and psycho-physiological competence

In general terms, this competence refers to the self-concept—and therefore to the attitude—of interpreters as professionals who work within a particular participation framework, in which they associate with other professionals. It also refers to their psycho-physiological capacities (such as attention, concentration and memory, and their analysis and reformulation capacities), which enables them to master the technical and cognitive process of interpretation.

As for the first facet of this competence, self-concept, in GV contexts interpreters must be aware of their values, beliefs and opinions, and of the attitudes that derive from them. They must examine their attitude regularly, to stay alert to the risk of being influenced by individual prejudices and generalisations, especially regarding the concepts of gender and gender violence. Both these and the attitudes of the participants—rejection, suspicion, over implication, etc.—can threaten interpreter impartiality and cloud their objectivity.

As for psycho-physiological capacities, given the nature of GV cases and the state in which the victims often find themselves, the interpreter needs to have a special capacity for concentration and analysis to be able to interpret testimonies that may be disjointed or incoherent. At the same time, a good memory and command of interpreting techniques is necessary so that the interpreter can relay extensive accounts without the need to interrupt the victim in order to interpret.

6. Interpersonal competence

In general terms, this competence refers to the ability to work professionally in a team and to interrelate with the other parties involved in translation and interpreting as professional activities.

In the case of PSI, we are faced with a specific participation and relational framework, since interpreting is carried out in dialogic communicative situations in which the interaction of the interpreter with the other participants is very visible. Thus, interpersonal competence includes social or interpersonal communication skills, as well as a capacity for active listening,

assertiveness and proficiency in strategies of negotiation and interrogation. Also specific to PSI is the ability to manage interpreted interviews, applying techniques to arbitrate the interventions of the primary participants, to ask for clarifications from a given participant and to know when to interrupt the interaction so as to introduce his or her own clarifications. Finally, the capacity to interrelate with the users of public services and the service providers should be highlighted, as interpreters must know how to explain their function and role and request background information prior to the interview (briefing sessions).

In GV contexts, within the different public service interviews can have differing objectives and dynamics, which interpreters should be aware of and recognise. In particular, they must identify and respect different discursive and interrogative styles, and their relationship with the communicative objective of each situation. This entails identifying and being able to faithfully reproduce the closed, open-ended, guided and neutral questions, etc., employed by the public service providers for different purposes: to obtain concrete information, relax the victim, invite her to express her case in her own words, etc. It also entails the capacity to adapt and select the most appropriate interpreting technique or method (interpreting without notes, with notes or whispered), with the objective of transmitting all of the information without interfering with the pace or duration of the statement.

To identify the objective of the communication and the strategies of the service provider assisting the victim, the interpreter must try to meet with the provider before the exchange begins. These briefing sessions allow the interpreter to understand the service provider's activity and thus work with him or her more effectively, and they give the interpreter the chance also to explain his or her role, so as to avoid unrealistic expectations. The briefing sessions can also be used to request the relevant documents to prepare a case or do a better sight translation during the interview.

7. Strategic competence

In general terms, this competence covers all the procedures for planning, organising and carrying out expert work, as well as the interpreter's problem solving and self-evaluation capacity.

It is a global and cross-disciplinary competence that, when applied more specifically to PSI, involves a proficiency in the cognitive process of interpreting through a command of different interpreting techniques; a solid decision-making capacity based on the internal analysis of all the factors that define each communicative situation; and a deep understanding of the basic ethical criteria for the resolution of the inherent dilemmas in PSI, which may include the delimitation of the role of the interpreter. In short, it is a “meta-communicative competence” that involves knowing what to do, why it has to be done and how to do it (Niska 2002: 134).

In the case of GV, given the variety of communicative objectives of the different interviews, a strong situational analysis capability and a mastery of different interpreting techniques

become especially relevant for the interpreter, as they allow him or her to be as effective as possible with minimum interference.

Furthermore, as previously mentioned, the nature of interactions related to GV and the communicative and personal profile of the victims create technical difficulties and ethical challenges, but, even more specifically, they can have an emotional impact on interpreters, which can threaten their objectivity or even affect their health. In this sense, interpreting in GV contexts requires a specialised preparation in emotional control, stress management and self-care strategies (*see the chapter* "*Estrategias de prevención y autoayuda para intérpretes que trabajan en contextos de violencia de género*" "Strategies of prevention and self-care for interpreters who work in contexts of gender violence" in this volume).

In other words, this final comprehensive competence could be defined as the interpreters' ability to analyse situations, identify and maintain their professional role amid contextual pressures and sometimes conflicting expectations, maintain their technical skills in peak form during the entire interpreted interview and also control their own emotions.

Ethics in Public Service Interpreting

1. General features

The branch of ethics known as deontology focuses on the science of duties or obligations. In reference to professions, the series of obligations and duties of those who practice a given profession are often laid down in a code of ethics. The objective is to establish the standards expected of the members of the professional community in question, so as to protect and promote its image (Baixauli 2008: 65).

In the case of interpreting, ethics represent one of the issues that most differentiate the various modalities or genres from one another. Conference interpreting, as mentioned before, is commonly considered to be the form of professional interpreting *par excellence*. This form of professional interpreting was developed by the practitioners themselves, who, from the beginning, received recognition from international organisations, who were their first employers. This is what Ozolins (2000: 32) describes as "profession-driven" evolution. From an early stage (1953) an international organisation of conference interpreters was created, the AIIC (*Association Internationale des Interprètes de Conférence*), and its code of ethics serves as a reference for all professionals, regardless of whether each country or region has its own code of ethics[8].

In contrast, what is referred to as PSI comes from an activity that is "institution driven" (Ozolins ibid), that is, it is determined by the public institutions themselves, driven

[8] Although it is beyond the scope of this article, it is worth mentioning a recent trend in research about conference interpreting examining the existence of asymmetric discourses in the context of international conferences and organisations. This brings up previously unexplored questions about the role and ethics of conference interpreters. See the articles by Boéri and De Manuel (2011) and Donovan (2011).

by the often urgent need to solve a problem of interlinguistic and intercultural communication that prevents them from adequately attending to users who do not speak the official language of the host country. Against this backdrop, and without a cohesive body of professionals or an association similar to the AIIC, we find that PSI is quite often carried out by non-professionals guided by a commendable humanitarian vocation but without the previous training that would allow them to define their functions or clearly identify their role. All of this, together with a general absence of sufficiently broad, cohesive and validated training programmes (although some countries are much more advanced than others in this area), means that there is no universally recognised professional profile and there are no commonly accepted standards of practice, duties and obligations.

As Hale explains (2007: 103), the majority of professional codes of ethics simply reinforce that which is learnt in training and validated by professional certification. In the case of PSI, in the absence of training and certification, the codes constitute practically the only frames of reference that can be looked to for rules of conduct and guidelines regarding the practice of such a complex activity, where, as we have seen, the interpreter fulfils an essential role in managing the interaction between participants who do not have the same level of power. Hence, codes are essential for PSI. However, what exactly do they provide and how much can they contribute to a better professional practice?

In contrast to conference interpreting, which has the code of ethics developed by the AIIC, there is no one single code for PSI. In fact, the number of codes of ethics, rules of conduct, standards of practice, etc.[9]) that exist for PSI is remarkable. Some come from professional interpreter associations and are national in scope (in the few countries where there are PSI associations, like in Australia or Canada); others are proposals made by the public bodies or institutions that frequently use interpreters and have attempted to standardise their performance in that field (as in the case of various state courts in the United States). There are also proposals from international associations which have emerged recently in an attempt to contribute to the generalised professionalisation of PSI, such as IMIA (International Medical Interpreters Association) or EULITA (European Legal Interpreters and Translators Association) (at the end of this section a selection of codes of ethics is recommended). However, despite their differences, there are certain features common to practically all of the codes.

This can be seen in the studies conducted by Bancroft (2005) and Hale (2007), which compare a wide range of documents related to ethics in PSI and published by various professional associations and public agencies or bodies. Some of these are generic, while others are specific to a particular public service (mainly medical services or courts). Bancroft

[9] Bancroft (2005) makes a distinction between codes of ethics/conduct, and standards of practice based on the fact that the former are more prescriptive and are intended to be binding, while the latter are usually more indicative and describe how to act in specific situations. Nevertheless, in terms of content, there are no significant differences between them, so in this case we will not make any distinction.

analyses 145 documents from 25 countries, while Hale studies 16 codes of ethics from nine countries. Both identify a significant degree of similarity in certain aspects of content, which is summarised below:

From an overall perspective, Hale (2007: 108) differentiates between three large areas in which the specific content of individual codes can be grouped, namely:

- Questions relating to the responsibility of the interpreter towards the primary participants (users and clients). These include confidentiality, accuracy or fidelity with respect to the original message, and impartiality (they appear in this order of frequency in the codes analysed).
- Questions relating to the responsibility of the interpreter towards the profession, with reference to questions of professional conduct (attire, punctuality and professional solidarity).
- Questions relating to the responsibility of the interpreter towards him or herself as a professional. In this area the codes usually include questions relating to the duty of professional development, role definition and working conditions.

Bancroft (2005: 18) identifies the following contents as being common to the majority of the analysed documents: confidentiality, accuracy and fidelity, and impartiality. Bancroft also identifies references to professional competence and solidarity in the codes and standards as being practically universal. These concepts include, on the one hand, the duty to guarantee the highest level of quality of the interpretation itself, continually working to improve one's professional competence, and on the other hand, professional solidarity in its broad sense, and more specifically, the interpreter's obligation to withdraw from an assignment in the event of conflict of interest.

Clearly there is a high degree of consensus with regard to the principles of confidentiality, accuracy and fidelity, and impartiality, so an in-depth analysis of these principles seems worthwhile.

a. Confidentiality

The basic definition of this principle seems obvious: interpreters are required to maintain strict professional confidentiality and not divulge any information that they receive while performing their work. If this is a basic premise in the work of any interpreter, in contexts such as GV, interpreters must be aware of the risks that any relaxation of confidentiality, however minimal, could bring to the safety of the victim and her children. In fact, in GV cases confidentiality can be a matter of life and death (Polzin 2007: 23).

Maintaining confidentiality includes aspects that might go unnoticed at first glance, such as protecting all of the documents relating to the interpreting assignment and refraining from mentioning logistical details (place, date, time, names) outside of the interview itself, inasmuch as these details could allow the people involved in the matter to be identified

(Baixauli 2010: 12). This is especially the case in small language groups, since the interpreter could belong to the same community as the victim or the perpetrator.

Furthermore, surveys administered to public service providers for the SOS-VICS project have confirmed that it is not always possible to assign different interpreters for the victim and the perpetrator. In these cases, interpreters must be especially rigorous as regards confidentiality, not only by not revealing information, but also by not allowing their knowledge of the testimony of one of the parties to contaminate their interpretation of the other, which would affect the fidelity of the translation as well as the interpreter's duty of confidentiality (*see the chapter* "La interpretación profesional con víctimas de violencia de género en los ámbitos policial y judicial: hacia una asistencia lingüística especialidad" "Professional interpreting for victims of gender-based violence in the police and legal fields: towards the provision of specialised language services" in this volume).

Furthermore, the fact that she must express herself through another person, someone who may even belong to the same community, could inspire fear and distrust in the victim, preventing her from speaking freely. To counter this effect, both public service providers and interpreters should ensure that the victim has been explicitly informed of the principle of interpreter confidentiality; if necessary, they should explain what this means and clarify, for example, that all notes taken during the session will be destroyed. It is even recommended that they be destroyed in the presence of the victim.

These details, together with an impeccable professional performance in all respects, will help the victim to view the interpreter as a professional she can trust to the same extent as the people who perform psychotherapy, medical services or legal activities.

b. Accuracy and/or fidelity

Although the various codes and standards formulate this principle differently and with differing degrees of explicitness, in general, they refer to the duty of the interpreter to convey the original message without adding or suppressing information, maintaining the greatest possible equivalence with the source speech.

Some authors have questioned the validity of codes of ethics that prescribe literal translation as a means of achieving fidelity. In response to these opinions, Hale (2007:105-117) demonstrates through her comparative study that the codes do not require robotic and word-for-word translations, as one might expect from a demand for literal renditions. Furthermore, it is often recommended that the interpreter make the necessary changes and search for the pragmatic equivalence of the original message in order to transmit not only the verbal information, but also the non-verbal information and the tone and intention reflected in the speaker's message. As the same author pointed out, the codes do not go into detail about how to achieve this last objective nor do they offer specific recommendations about how to act in circumstances where the nature of the message or the working languages hinder accuracy and fidelity (for example, in the case of the absence of linguistic equivalents in the target

language). In this respect, it should be noted that **codes are no more than guidelines that professionals should put into practice while applying their professional discretion and judgement, supported by solid training** (Hale 2007: 105, 114; 2008: 101; Mikkelson 2008: 90, 92). In any case, there are different models of guidelines about the role of the interpreter that do offer general suggestions for resolving some of the dilemmas regarding how to respect accuracy or fidelity in potentially problematic cases (see below).

In relation to the specific context of GV, the content and form of the messages can pose special challenges when it comes to maintaining accuracy and fidelity and the interpreter needs to be alert to them. In particular, the dramatic nature of some of the statements, offensive language and descriptions of violent events or of sexual abuse constitute a challenge for interpreters, who could feel the temptation to reduce the force of the message as a face-saving strategy for either themselves or the victims, or simply because they feel incapable of verbalising certain terms or descriptions that affect them emotionally. Yet, precisely in these contexts it is essential to translate as accurately as possible, given that these details, in form and substance, can be decisive for the assessment of the seriousness of the case and the state of the victim, and will help the public service professional to provide the most adequate assistance (Hale 2011: 36, Polzin 2007: 23, Toledano and Fernández 2012: 42). Only in this way can the interpreter facilitate the communication between the parties *faithfully and objectively*, in a way that the victims *can accurately and correctly report* their situation, and at the same time *be informed* about their rights and obligations (Toledano and Fernandez 2012: 44, our italics).

c. Impartiality

The concept of impartiality is one of the most complex and controversial in relation to PSI. As Hale explains (2007: 120), codes of ethics usually define impartiality in negative terms, that is, they list the actions that an impartial interpreter should avoid. Normally they specify that interpreters should not offer advice or opinions to the parties for whom they interpret, nor should they alter the message to adapt it to their ideology, beliefs or interests. In short, the interpreter should strive for the highest possible level of objectivity and neutrality. But to what extent is this possible and how does it materialise in the interpreter's day-to-day work?

We cannot lose sight of the fact that PSI takes place in situations with very specific characteristics in which, as we have seen, power asymmetries among the participants exist: asymmetry of languages, culture, knowledge, authority, initiative, power, etc. They are situations in which interpreters often feel that they can balance this asymmetry and help the party they perceive to be weaker. At the same time, the communication can be very highly charged emotionally—as is the case in international protection or GV contexts—, and staying neutral can pose a challenge. In contexts such as GV, over-involvement with the victim and a lack of gender perspective that aids in understanding the context of each case are especially likely to compromise the neutrality of the interpreter. During an interpreted encounter, the interpreter will develop his or her own impressions of the primary participants and of the

messages to be interpreted; at the same time, the primary interlocutors will bring their own views to the encounter and will communicate in a manner conditioned by their own needs and objectives; also, they will not communicate directly, but through a third participant, who holds the power of communication. In such a communicative framework, it is not surprising that the various participants each have their own expectations about interpreting and develop their own concept about the role of the interpreter, which has given rise to different theories and explanatory models, as we will see in the following section.

2. Different models for defining the role of the interpreter

The question of the role of interpreters and the limits of their intervention lends itself to various definitions and analyses. In fact, debates by experts and professionals have centred on this issue since PSI came to the fore on the global scale in the 1990s. In the first stage, an attempt was made to define the role of the interpreter in the public services by using the invisibility model, accepted for conference interpreting, or the conduit model (understood as relay or message conversion device), prescribed for legal interpreting in the countries in which it was more developed. However, as research in PSI has advanced, with studies based on conversational analysis of interpreted situations, it has been demonstrated that the invisibility of the interpreter is fictitious.

In the first place, simply by their physical presence and by the interpreting technique they employ (bilateral interpreting requires that the interpreter assume one out of every two speaking turns and interact with the other participants), interpreters are physically visible and it is impossible for the participants to disengage from or not react to their presence. Interpreters are not only visible, they are also part of the "psychology of the conversation" (Bot and Verrept 2013: 128).

Similarly, it has been shown that communicative interaction does not occur in a vacuum or in aseptic and sterile environments, but rather, it is produced as a contextualised practice in a particular setting (Angelelli 2008: 149-152), in which the participants, including the interpreter, interact conditioned by various sociocultural and institutional norms. Hence, it is impossible for the interpreter to translate like a mechanical device, since finding appropriate equivalents would be extremely difficult if he or she did not analyse the message to be interpreted as a contextualised utterance (Toledano and Fernández 2012: 43).

Angelelli (2008: 151) systematically reviews interpreter actions that clearly show his or her active personal participation and their patent visibility, and which have been documented in specialised literature: in practice, interpreters intervene co-constructing the message and as additional participants in the communication; they control the communication rules, for example, by managing speaking turns; they reformulate and explain terms or concepts; they adapt the register of the original messages; they filter information; they align themselves with the participants (taking sides), and assume the role of the participants, for example, by advising the user.

All of these aspects relating to the nature of PSI and the visibility of interpreters have inspired the definition of different models of interpreter role, which either describe it or even attempt to regulate it. Before referring to some of them, it should be emphasised that these models are usually based on a distinction between the public service fields considered to be more collaborative (medical, social and health services) and others that are more adversarial (police and courts). This distinction determines that a greater or lesser range of intervention is accepted for the interpreter (Roat et al. 1999: 19; Mikkelson 2008: 92).

For collaborative settings, especially the medical setting, in practice we find a certain preference for models of interpreting that accept a wider range of intervention. In Belgium and in countries with Romance cultures such as France, Italy or Spain the figure of intercultural mediators who perform interpreting tasks is frequent (Bot and Verrept 2013: 118). However, we consider this type of mediation to be different from interpreting; although we believe that intercultural mediation is a professional profile as necessary as PSI, it has very different objectives, competencies and standards of practice.

Many other roles have been described based on the behaviours observed in the practice of medical interpreting. Thus, the specialised literature has documented interpreter profiles that, in addition to providing linguistic assistance, defend the patient, or act as agents of integration, representatives of the public service, companions to the patient or even co-therapists (see the review by Bischoff et al. 2012); once again, profiles far from the definition of what an interpreter is in a strict sense. At this stage it is important to remember that, as Hale points out (2007: 126), the practices observable in real situations and collected in empirical studies very often reflect the performance of non-professional interpreters, and as such should not be viewed as 'what should be done', however frequent they are in practice, although they do illustrate that the interpreter is anything but invisible.

In police settings and even more so in judicial settings, the dynamics of interpreter-mediated communication is highly regulated, since the participation framework of communication in monolingual legal settings responds to a very rigid pattern. The interpreter, for example, will barely have to manage turn-taking, given that the interventions are predetermined (Angelelli 2008: 152). This rigid structure is one of the explanations of the generally accepted role of the legal interpreter as a conduit. It is a widely criticised approach, inasmuch as it has been regarded as equal to the translation machine model, which implies a literal translation without further consideration (Bot and Verrept 2013: 120). However, Hale (2007: 127) understands the conduit metaphor as not necessarily meaning that the interpreter must be a robot who translates word for word, but rather, that conduit should be understood as a reference to the role of the interpreter as a communication channel. In this regard, and without further specification of the practical operation of this channel, the conduit metaphor could be perfectly valid. In any case, a more restrictive profile of the interpreter is accepted in police and judicial settings.

In light of this diversity of interpreting models, it is natural that we should ask ourselves which role is the most appropriate one and which factors must guide the selection of one over another.

Having reached this point, we believe it is important to stress that PSI is an activity far too broad, diverse and complex to universally apply a single definition of the role of the interpreter and much less to prescribe one. **Rather, the interpreter must act with a clear and well-defined objective: to serve as a communication bridge and to facilitate communication between the primary participants, doing so with the least possible interference. Within this overarching objective, the interpreter must analyse the needs and limitations of each situation so as to be an effective bridge**.

In this respect, the models or approaches that describe the interpreter's role as something dynamic seem to us to be the most relevant and realistic. These approaches cohesively integrate a series of "sub-roles" or positions with regard to the communication, both in general (the interpreter adapts his or her role to the context of the specific public service involved) and in each particular interaction (the interpreter chooses various roles or positions as the communication needs of the encounter evolve) (cf. Angelelli 2008; Bischoff et al. 2012; Bot 2003; Bot and Verrept 2013; Hale 2008; Mason 2009; Mikkelson 2008; Roat et al. 1999, among others).

This dynamic approach is perfectly explained in the incremental intervention model proposed by Roat et al. (1999: 17-21) for the medical field and which has been adopted, for example, by the California Healthcare Interpreting Association (CHIA), whose code of ethics is one of the most respected in the medical interpreting world (see a selection of codes at the end of this article).

The incremental intervention model assumes that there are at least four types of communication barriers: linguistic; cultural; those based on the asymmetrical use and command of the register, concepts and terms specific to the health system; and systemic barriers, that is, the barriers that arise from the complexity of the health system or from the attitudes of its professionals. Therefore, the interpreter, whose mission is to achieve effective communication in spite of these barriers, can assume four different roles:

- Conduit: consists of rendering the exact message issued in one language into another with no editing or adapting of the message. This is the interpreter's default role, the most basic and most common, that is, that which interpreters assume unless they detect a potential conflict relating to a barrier that is not purely linguistic.

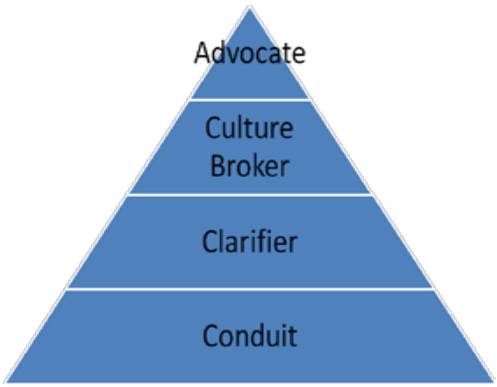
- Clarifier: the interpreter adopts this role only when the previous role is not sufficient or the participants require some type of intervention that facilitates understanding. It consists of explaining the concepts for which there are no equivalent terms in the other language or whose equivalents are not understood by

the person who receives the message; it also involves checking that both parties are taking the message in and to make it known if this is not the case.

• Culture broker: refers to an intervention where the interpreter provides a specific cultural framework in which a particular message is to be understood. This is only adopted when a cultural difference could hinder understanding or lead to a misunderstanding.

• Advocate: this role is more oriented towards ensuring the quality of medical care rather than the effectiveness of communication; and in fact it is performed outside the interpreted interview. It is adopted when a systemic barrier is detected that prevents the fulfilment of the patient's needs. As a general rule, it is limited to providing the patient with the information needed to resolve the situation, or to put them in contact with specialised personnel who can. It is an optional and complex role that requires special preparation. In fact, Polzin (2007: 24), referring to GV contexts, recommends that, before taking on this role, the interpreter call upon professionals from the public services who have received the specific training necessary to provide support and services to the victim.

The model is represented in the form of a pyramid, with the role of conduit at the base and that of advocate at the top.



Roat et al's (1999:17-21) Incremental Intervention Model

As we move up the levels of the pyramid, the roles become more "invasive" because they imply a greater independent intervention by the interpreter. At the same time, apart from the rising degree of intervention or interference, the pyramid assumes a descending progression in terms of frequency. As we move up the levels of the pyramid, each role is required less frequently. This means that interpreters are *always* conduits and very often *only* conduits. However, given the complexity of medical discourse and the lack of equivalence for some concepts in some languages, the interpreter may be obliged to intervene to describe concepts or to define a certain cultural framework in which a message is to be understood.

Ultimately, the rule in decision-making as regards the degree of intervention is clear: interpreters must choose the role that least interferes in the primary relationship, that is, that which connects the patient to the public service provider. At the same time, they must be

prepared to progressively increase the degree of intervention if they detect a barrier that could impede effective communication or even threaten the well-being of the patient (Roat et al. 1999: 21).

In the same vein, in the search for balance between non-interference and justified intervention, there is a second model, generally known as the impartial model, defined by Cambridge (2002: 123; Cambridge et al. 2012: 122). According to this model, an interpreter's performance should adhere to the following principles:

- Transmitting the original message in a complete and accurate manner, reproducing the style, level of language and emotions of the author of the original message as much as possible;
- Refraining from offering personal opinions or advice, except in the case of cultural or linguistic issues, if it is considered relevant or is requested;
- Also refraining from explaining terms or concepts and, where it is considered necessary, requesting that this be done by the service provider;
- Maintaining an impartial attitude, showing empathy while maintaining professional distance, as well as the strictest confidentiality;
- Intervening only when he or she needs a clarification in order to interpret (and alerting the parties that this is the reason for it), when an utterance was not heard clearly or it becomes apparent that there has been a misunderstanding.

The most interesting aspect of these models is that they clearly define the role of the interpreter in accordance with the principle of minimum interference but at the same time they identify the circumstances justifying interventions that go beyond translating messages. In this regard, they support the idea that interpreters can be accurate, faithful and impartial without implying that they have to limit themselves to translating mechanically or be insensitive to the human factors present in the communication.

3. Some conclusions regarding ethics

Together with these general guiding principles, it is important to remember that PSI is an example of communication in specialised and institutional settings, which as such is always contextualised, as mentioned above. This means that in different public services and in the specific interactions within each service, this communication presents its own relational characteristics, objectives and dynamics. In the case of GV specifically, the current system of victim assistance services is characterised by the intervention of different institutions and organisations working together in a complex network that aspires to function in an integrated manner. This means that **interpreters will intervene in very different settings and encounters and they must therefore know how to contextualise their role, being guided in this process by a deliberate and well-founded decision-making process**. In this process interpreters must consider two basic questions:

Firstly, they must have a very good understanding of the different models of the interpreter's role and the basic contents of the professional codes of ethics, with a view to referring back to them as frames of reference that provide clear guidelines but are not strict moulds or the perfect recipe for every occasion. In the words of Hale (2008: 101): "Interpreters will always need to resort to their discretion and better judgement to make the appropriate decisions for each situation, led by the general guidelines of the code of ethics."

Secondly, the interpreter must learn about and then stay well informed about the characteristics and functioning of each public service, and about the objectives and dynamics of each type of interaction between a public service provider and a GV victim. For this reason, interpreters should meet with the public service providers before the interpreted interaction (referred to as a briefing session). During this meeting, they can explain their role if necessary and at the same time gather details concerning the objectives of the interaction and the strategies of the provider. This will help to avoid incorrect expectations about the role of the interpreter and at the same time provide the interpreter with information essential for effectively carrying out his or her duties. Depending on the circumstances, it may be preferable, for example, that the interpreter introduces himself or herself to the victim in a particular way so as to create an empathetic relationship that favours communication; in other cases, the provider may prefer to introduce the interpreter. In certain more collaborative settings, the interpreter will check if he or she can interrupt the conversation to inform the participants that no equivalent term exists for a specific concept and request an explanation in order to be able to translate, or propose an explanatory translation. In less collaborative settings, it could be preferable to convey a term in its original form, so as to invite the public service provider to request clarification (Mikkelson 2008: 93) and then have the user provide it, through the interpreter. Certain interviews have the objective of carrying out a preliminary evaluation of the victim and her situation. In this case, the service provider may prefer that the victim express herself freely and in her own words. This is something the interpreter should be aware of, taking care not to interrupt the victim and even recognising which silences are significant and hence, not interpreting during them. The chapters in this publication on the various areas of specialisation within the public services provide contextualised reflections about the factors that should guide interpreters in their decision-making with respect to their role.

4. A selection of sample codes

Finally, after reviewing the basic aspects of PSI ethics, highlighting specific factors of GV contexts, we propose a selection of codes that can provide interesting orientations for a contextualised interpretation.

a. General

AUSIT (The Australian Institute of Interpreters and Translators) Code of Ethics for Interpreters and Translators (http:// ausit.org/AUSIT/Documents/Code_Of_Ethics_Full.pdf).

Baixauli Olmos, Lluís (2010). Propuesta de Buenas Prácticas para la Interpretación en los Servicios Públicos. In Baixauli Olmos, Lluís (2012). *La interpretació als serveis públics des d'una perspectiva ética: La deontologia profesional i l'aplicació al context penitenciari*. Castelló: Ed. Servei de Comunicació i Publicacions, Universidad Jaume I. (http:// www.tdx.cat/hand- le/10803/83723).

HIN (Healthcare Interpretation Network) from Canada: *National Standard Guide for Community Interpreting Services* (http:// www.multi-languages.com/materials/ National_Standard_Gui- de_for_Community_Interpreting_Services.pdf).

National Register of Public Service Interpreters of the United Kingdom: *Code of Professional Conduct* (http://www.nrpsi.org.uk/ for-clients-of-interpreters/code-of-professional-conduct.html).

b. Health setting

CHIA (California Healthcare Interpreting Association): *The CHIA Standards* (in English, http://www.chiaonline. org/?page=CHIA Standards; in Spanish, http://c.ymcdn. com/sites/ www.chiaonline.org/resource/resmgr/chia_califor- nia_standards_fo.pdf).

IMIA (International Medical Interpreters Association): *Standards of Practice* (in English, http://www.imiaweb.org/uploads/pages/102.pdf; in Spanish http://www.imiaweb. org/upload/ pages/102_4..pdf).

NCIHC (National Council on Interpreting in Health Care) of the United States: *National Standards of Practice for Interpreters in Healthcare* (http://www.mchb.hrsa.gov/training/ documents/pdf_library/National_Standards_of_Practice_for_Interpreters_ in_Health_Care%20(12-05).pdf).

c. Legal setting

APTIJ (Asociación Profesional de Traductores e Intérpretes Judiciales y Jurados): *Código Deontológico para Intérpretes y Traductores Judiciales y Jurados* (http://www.aptij.es/img/ web/ docs/codigo-d-aptij.pdf).

EULITA (European Legal Interpreters and Translators Association): *Code of Professional Ethics* (http://www.eulita.eu/sites/ default/files/EULITA-code-London-e.pdf).

National Association of Judiciary Interpreters & Translators (United States of America): *Code of Ethics and Professional Responsibilities* (http://www.najit.org/about/ NAJITCodeofEthicsFINAL.pdf).

Summary

The main ideas presented throughout this chapter are briefly summarised below.

Interpreting is a translation activity that permits communication between people who speak different languages. Interpreting can be classified into different types according to three criteria: temporal, situational and in-person. The temporal criterion refers to the moment when the original text is reformulated in the target language and includes interpreting techniques such as consecutive, simultaneous, whispered (*chuchotage*) and sight translation. The situational criterion takes into account the context in which the interpreting is produced, establishing two fundamental modalities: conference interpreting and public service interpreting. As for the in-person criterion, it applies to whether the interpreter is physically present or absent in the communicative situation, differentiating between in-person interpreting and remote interpreting. Telephone and video-conference interpreting belong to this last category.

Of all these varieties, in this volume we focus on PSI, as the modality in which language assistance is provided to GV victims. This type of interpreting is understood to facilitate communication between the national, regional or local public services (police, legal, medical, administrative, educational and religious) and the people who access these services that do not speak the official language of the country and commonly belong to linguistic and cultural minorities (indigenous communities that preserve their own language; political, social or economic migrants; tourists and the hearing impaired) (Abril 2006: 24). It usually takes the form of a dialogic interview and the most common technique used is bilateral or *liaison* interpreting, in which the interpreter works in two languages, translating each statement into the language of the other participants. Interpreters in the public services act as a communication bridge and their function is not limited to translating between two languages; they also assume other tasks such as coordinating the interaction between the parties and trying to eliminate the various cultural barriers that can hinder communication. Similarly, the relationship between the participants is characterised by a marked power imbalance in which foreigners are normally found in a position of greater vulnerability than the public service providers.

Within PSI, encounters in GV contexts have several specific characteristics. One of these is its multidisciplinary nature, given that numerous services are provided in the legal, health and psychosocial setting, and each of them gives rise to different communicative and discursive situations. Another distinctive feature is the specialisation of interpreters; as with the other professionals that intervene in these contexts, it is important that interpreters are proficient with the basic concept of gender and male violence, that they know the intervention processes and the legislation applicable to this field, and that they acquire a gender perspective that allows them to carry out their work, starting with the idea of gender as a social construct and not a series of individual attitudes. Finally, this type of interpreting is characterised by the emotional component, resulting from the situation of distress of the victim. This is an aspect that can complicate the work of interpreters, on the one hand because it can affect their state of mind and on the other because anxiety can make the discourse of the victim fragmented or disjointed and therefore much more difficult to translate into another language.

When working in GV contexts, it is important that the interpreter acquires a series of competencies necessary for the provision of the services: (1) linguistic and communicative competence, which is to say, an active and passive command of the working languages in a wide variety of registers, discourse styles and dialects; (2) intercultural competence, understood as familiarity with the sociocultural background of the communities where the working languages of the interpreter are spoken, emphasising the knowledge of those elements of GV most shaped by culture; (3) subject matter competence is of great importance in the multidisciplinary contexts where PSI occurs and refers to the knowledge of the public services in which the linguistic mediation is provided (how they are organised, the fields of knowledge they deal with, etc.) and the type of discourse used by its professionals; it is also related to the interpreter's knowledge of the basic concepts of gender; (4) the professional instrumental competence entails the management of those tools (documentary and terminological sources, etc.) that allow the interpreter to prepare for his or her assignments and the assimilation of the codes of ethics, which can allow the interpreter to make decisions in an informed manner; (5) attitudinal and psycho-physiological competence includes, on the one hand, aspects relating to the attitude of the interpreter towards the other professionals with whom he or she interacts, and on the other hand, command of certain cognitive capacities such as the attention, concentration or analytical capacity necessary to interpret; (6) interpersonal competence is the capacity of the interpreter to work in a team with the other parties involved in the care of victims, and knowing how to reproduce the type of discourse employed by them; (7) finally, strategic competence is perhaps the one that is directly related to the process of interpreting from a cognitive point of view. It covers both the aspects prior to the assignment (preparation) and the interpreting itself (mastery of interpreting techniques).

As with many of the other professional fields, the ethics and best practices that guide the behaviour of interpreters are set out in documents such as codes of ethics, where a number of obligations and tasks are established. At present, there is no single or international code of ethics, although a range of several professional associations and public entities have developed their own. The majority identify three aspects that are considered to be the pillars of best practice: confidentiality (in other words, the interpreter should not divulge any type of information concerning what he or she interprets); accuracy and/or fidelity (the full message should be interpreted and reflect exactly the content and intention of the original text) and impartiality (interpreters should not position themselves in favour of or against one of the participants).

Due to their prescriptive nature, codes are responsible for defining the role of the interpreter, but they have a limited capacity to anticipate the wide variety of situations that could arise in practice and that may not be covered by such definition. In this respect, literature has identified different models of interpreter role, ranging from the conduit model, under which interpreters are invisible figures who simply translate the message almost automatically, to approaches supporting the advocate role, in which interpreters position themselves in favour

of the foreign person to relieve them in some way of their vulnerable situation. Presently, it is accepted that interpreters must not only be invisible, but also take an active part in the communication, manage turn-taking, clarify cultural issues, etc. As a result, a balanced position in which the interpreter interferes as little as possible and only when justified (never, for example, to advise or offer personal views) is usually encouraged. Although it is recommendable to employ a code of ethics as a reference, interpreters should make their own decisions guided by their own professional judgement and adapt themselves to each type of interaction. This applies especially to interpreting in GV contexts, given the wide variety of communicative objectives and dynamics of intervention with victims.

Bibliography

Cited works

ABRIL, M.I. (2006). *La Interpretación en los Servicios Públicos: Caracterización como Género, Contextualización y Modelos de Formación. Hacia unas Bases para el Diseño Curricular*. Granada: University Doctoral thesis available online at <http://www.ugr.es/~biblio/>.

– (2011) "La formación en ISP: retos específicos para el diseño curricular". Lecture given at *II Jornada de Traducción e Interpretación en los Servicios Públicos de Cataluña: Formación, Análisis y Reflexión*, organised by the MIRAS group (Mediación e Interpretación: Investigación en el Ámbito Social) of the Universidad Autónoma de Barcelona, 20th May, 2011.

ABRIL, M.I. & MARTIN, A. (2008). Profesionalizar en la práctica: La competencia en interpretación en los servicios públicos como base para la formación de profesionales. In: VALERO, C. (Ed.) *Investigación y práctica en traducción e interpretación en los servicios públicos: Desafíos y alianzas = Research and a practice in Public Service interpreting and translation: Challenges and alliances*. Alcalá de Henares: Publications of the University

ANGELELLI, C. (2008). The role of the interpreter in the healthcare setting. A plea for a dialogue between research and practice. In: VALERO-GARCÉS, C. & MARTIN, A. (Eds.), *Crossing Borders in Community Interpreting. Definitions and dilemmas*, pp. 147-163. Amsterdam/Philadelphia Benjamins.

ARUMÍ, M. & VARGAS, M. (2014). Estrategias de interpretación en los servicios públicos en el ámbito educativo: estudio de caso en la combinación chino-catalán, *Intralinea*, vol. 16. Available online at <http://www.intrali- nea.org/current/article/estrategias_de_interpretacion_en_los_servicios_publi- cos_en_el_ambito_edu>

BAIXAULI OLMOS, L. (2008). *El codi deontològic com a eina professionalitzant per a la interpretació en els serveis públics. Anàlisi descriptiva de "National Standard Guide for Community Interpreting Services*". Castellón: Universidad Jaume I, Programa de doctorado "Traducción, sociedad y comunicación". Unpublished Doctoral Research Project.

– (2010). Propuesta de Buenas Prácticas para la Interpretación en los Servicios Públicos. En BAIXAULI OLMOS, L. (2012). *La interpretació als serveis públics des d'una perspectiva ética: La deontologia profesional i l'aplicació al context penitenciari*. Castellón: Ed. Servei de Comunicació i Publicacions, Universidad Jaume I. Unpublished doctoral thesis. Disponible en línea en <http://www.tdx.cat/handle/10803/83723>.

BANCROFT, M. (2005). *The Interpreter's World Tour. An Environmental Scan of Standards of Practice for Interpreters*. NCIHC. Available online at <http://www.hablamosjuntos.org/resources/pdf/The_Interpreter%27s_Wor- ld_Tour.pdf>

BISCHOFF, A., KURTH, E. & HENLEY, A. (2012). Staying in the middle. A qualitative study of health care interpreter's perceptions of their work. *Interpreting* 14/1, pp. 1-22.

BOÉRI, J. & DE MANUEL JEREZ, J. (2011). From Training Skilled Conference Interpreters to Educating Reflective Citizens: A Case Study of the Marius Action Research Project. *The Interpreter and Translator Trainer* (*ITT*), 5/1. Special Issue: *Ethics and the Curriculum: Critical Perspectives*, pp. 41-64.

BOT, H. & VERREPT, H. (2013). Role issues in the Low Countries: Interpreting in mental healthcare in the Netherlands and Belgium. In: SCHÄFFNER, C., KREDENS, K. & FOWLER, Y. (Eds.), *The Critical Link 6. Interpreting in a Changing Landscape*, pp. 117-131. Amsterdam/Philadelphia John Benjamins.

– (2003). The myth of the uninvolved interpreter interpreting in mental health and the development of a three-person psychology. In: BRUNETTE, L., BASTIN, L. G., HEMLIN, I. & CLARKE, H. (Eds.), *The critical link 3*, pp. 27-35. Amsterdam/Philadelphia John Benjamins.

CAMBRIDGE, J. (2002). Interlocutor roles and the pressures on interpreters. In: VALERO-GARCÉS, C. & MANCHO, G. (Eds.), *Traducción e Interpretación en los Servicios Públicos: Nuevas Necesidades para Nuevas Realidades*, pp. 119-124. Alcalá de Henares, Madrid: Universidad de Alcalá-Servicio de Publicaciones.

CAMBRIDGE, J., SWARAN, P.S. & JOHNSON, M. (2012). The need for measurable standards in mental health interpreting: a neglected area. *The Psychiatrist Online*, 36, pp. 121-124.

COLLADOS, Á. & FERNÁNDEZ, M. (Eds.) (2001). *Manual de interpretación bilateral*, Granada: Comares.

DONOVAN, C. (2011). Ethics in the Teaching of Conference Interpreting. *The Interpreter and Translator Trainer* (*ITT*). 5/1. Special Issue: *Ethics and the Curriculum: Critical Perspectives*, pp. 109-128.

GENTILE, A., OZOLINS, U. & VASILAKAKOS, M. (1996). *Liaison Interpreting.* Melbourne: Melbourne University Press.

HALE, S. (2004). *The discourse of court interpreting: Discourse practices of the law, the witness, and the interpreter*. Amsterdam/Philadelphia Benjamins.

– (2007). *Community Interpreting*. Hampshire: Palgrave Macmillan.

– (2008). Controversies over the role of the court interpreter. In: VALERO-GARCÉS, C. & MARTIN, A. (Eds.), *Crossing Borders in Community Interpreting. Definitions and dilemmas*, pp. 99-121. Amsterdam/Philadelphia Benjamins.
– (2010). *La interpretación comunitaria. La interpretación en los sectores jurídico, sanitario y social*. Granada: Comares. Traducción de Rosa Cobas y Carmen Valero.
– (2011). Breaking through the language barrier: Empowering refugee and immigrant women to combat domestic and family violence through cultural and language training. Interpreting and Translation Research Group. University of Western Sydney. Available online at http://www.uws.edu.au/ data/assets/pdf_file/0005/168584/ BREAKING_THROUGH_project_info_full.pdf

HATIM, B. & MASON, I. (1990). *Discourse and the Translator*. London: Longman.

HUELGO, V., KAUSHAT, S., SHAH, P. & SHUGRUE DOS SANTOS, C. (2006): The Voice of Justice: Interpreting Domestic Violence Cases. *Proteus*. *The Newsletter of The National Association of Judiciary Interpreters and Translators* 15/2, pp. 1-6.

JIMÉNEZ IVARS, A. (2002). Variedades de interpretación: modalidades y tipos. *Hermeneus* 4, pp. 1-15.

JONES, R. (1998). *Conference interpreting explained*. Manchester: St Jerome Publishing.

KELLY, D. (2002). Un modelo de competencia traductora: bases para el diseño curricular". *Puentes* 1, pp. 9-20.
– (2005). *A Handbook for Translator Trainers*. Manchester/Northampton: St Jerome.
– (2008). *Telephone interpreting*. Trafford: Lowell, MA, EUA.

LEANZA, Y. (2005). Roles of community interpreters in paediatrics as seen by interpreters, physicians and researchers. *Interpreting* 7/2, pp. 167-192.

MARTIN, A. (1990). *La traducción a vista, un híbrido*. Conferencia inédita, pronunciada en el *Día de Traducción e Interpretación en Moscú*.

MASON, I. (1999b). Introduction. *Dialogue Interpreting. The Translator. Studies in Intercultural Communication* 5/2, pp. 147-60.
– (2009). Role, Positioning and Discourse in Face-to-Face Interpreting. In: DE PEDRO RICO, R., PÉREZ, I. & WILSON, C. (Eds.), *Interpreting and Translating in Public Service Settings: Policy, Practice, Pedagogy*. Manchester: St Jerome.

MIKKELSON, H. (2008). Evolving views of the court interpreter's role. Between Scylla and Charybdis. In: VALERO-GARCÉS, C. & MARTIN, A. (Eds.), *Crossing Borders in Community Interpreting. Definitions and dilemmas*, pp. 81-97. Amsterdam/ Philadelphia: John Benjamins.

NISKA, H. (2002). Community interpreter training: Past, present, future. In: GARZONE, G. & VIEZZI, M. (Eds.), *Interpreting in the 21st Century: Challenges and Opportunities*, pp. 133-44. Amsterdam/Philadelphia: John Benjamins.

NORD, C. (1991). *Text analysis in translation: theory, methodology and didactic application of a model for translation-oriented text analysis*. Amsterdam/ New York: Rodopi.

OZOLINS, U. (2000). Communication needs and interpreting in multilingual settings: The international spectrum of response. In: ROBERTS, R., CARR, S. E., ABRAHAM, D. &

DUFOUR, A. (Eds.), *The Critical Link 2: Interpreters in the Community*, pp. 21-23. Amsterdam/Philadelphia: John Benjamins.

PÖCHHACKER, F. (2004). *Introducing Interpreting Studies*. London/New York: Routledge.

POLZIN, J. (2007). Interpreting in Domestic Violence Service Settings. *The ATA Chronicle* (June), pp. 22-26.

REISS, K. & VERMEER, H. (1996). *Fundamentos para una teoría funcional de la traducción*. Madrid: Akal. Translation by S. García Reina y C. Martín de León

ROAT, C., GHEISAR, B., PUTSCH, R. & SENGUPTA, I. (1999). *Bridging the Gap: A Basic Training for Medical Interpreters*. *Interpreter's Handbook*. Seattle, WA: Cross Cultural Health Care Program (CCHCP).

ROZAN, J-F. (1956). *La prise de notes en interprétation consécutive*. Geneva: Université de Genève.

– (2007). *La toma de notas en interpretación consecutiva*. Vitoria-Gasteiz: Universidad del País Vasco. Translation by Aurora Cuadrado.

SAWYER, D. (2004). *Fundamental Aspects of Interpreter Education. Curriculum and Assessment*. Amsterdam/Philadelphia John Benjamins.

TOLEDANO BUENDÍA, C. & FERNÁNDEZ PÉREZ, Mª M. (2012). Las barreras lingüísticas en la atención a las víctimas extranjeras de violencia de género: un factor ignorado. In: TACORONTE DOMÍNGUEZ, M. J., AZAO- VAGH DE LA ROSA, A. & ROMERO SÁNCHEZ A. (Eds.), *Actas de las II Jornadas de Investigaciones Feministas y Análisis de Género. Avances y propuestas*, pp. 33-44. Universidad de La Laguna.

WADENSJÖ, C. (1998). Interpreting as Interaction. London: Longman.

References of interest

BANCROFT, M. & RUBIO-FITZPATRICK, L. (2011). *The Community Interpreter: Professional Interpreter Training for Bilingual Staff and Community Interpreters*. Culture and Language Press.

BLOG DE LA RED COMUNICA (Observatorio Permanente sobre Traducción e Interpretación en los Servicios Públicos). http://red-comunica.blogspot.com. es/

BLOG SOBRE LA COMUNICACIÓN en los servicios públicos con los chinos que viven en Cataluña = comunicar. http://goutongcomunicar.blogspot.com.es/.

DESDE MI MUNDO. La interpretación y la traducción en los servicios públicos. http:// desdemimundo3.blogspot.com.es/

LINKTERPRETING. Plataforma de recursos para la interpretación de enlace. http:// webs.uvigo.es/linkterpreting/

NATIONAL STANDARDS FOR INTERPRETATION SERVICES / NORMES NATIONALES POUR LES SERVICES D'INTERPRÉTATION. http://www.ailia.ca/ Normes+nationales+pour+les+services+d%E2%80%99inter- pr%C3%A9tation

PLATAFORMA DE RECURSOS PARA LA ISP. Grupo MIRAS. http://pagines. uab.cat/ recursos_miras/

RUDVIN, M. & TOMMASSINI, E. (2011). *Interpreting in the Community and Workplace: A Practical Teaching Guide*. Basingstoke: Palgrave Macmillan.

SALUDyCULTURA.com, portal informativo con recursos documentales relevantes para la mediación intercultural y la interpretación en el ámbito sanitario público. http://www.saludycultura.uji.es/BLOG DE UNIVERSAL DOCTOR. Http://universaldoctor.wordpress.com/guia-medica/

UGARTE BALLESTER, X. (2010). *La pràctica de la interpretació anglès- català*. Vic: Eumo Editorial.