International Journal of Interpreter Education

Volume 7 | Issue 1 Article 3

2015

Vicarious Trauma Among Interpreters

Miranda Lai
Royal Melbourne Institute of Technology, miranda.lai@rmit.edu.au

Georgina Heydon
RMIT University, georgina.heydon@rmit.edu.au

Vicarious Trauma Among Interpreters

Miranda Lai [1], Georgina Heydon, Sedat Mulayim

[1] *Correspondence to: miranda.lai@rmit.edu.au*

RMIT University, Melbourne

Abstract

Public service interpreters in Australia work in a range of areas including welfare, health, education and criminal justice. Some of their assignments contain traumatic client material, which may be confrontational, upsetting or off-putting for an interpreter, potentially impacting on their perceived cognitive processes and emotions during and after the interpreting assignment. Through a large-scale online survey of 271 practicing interpreters in Victoria, Australia, the authors explore the extent of exposure to traumatic client material, interpreters' ways of coping with such material, and how institutional care and self-care are administered, if they are at all. The findings of the survey are presented in this article and the implications for public service interpreters are discussed from an occupational health and safety perspective. Limitations of the study and recommendations for future research are outlined.

Key words: vicarious trauma; public service interpreter; community interpreter; occupational health and safety

Vicarious Trauma Among Interpreters

Public service interpreters in Australia work in a range of government-funded services including welfare, health, education and criminal justice. Some of their interpreting assignments contain traumatic client material such as family violence, serious illness, death and accounts of torture experience, potentially impacting on interpreters' perceived cognitive process and mental health. However, to date, few researchers have conducted comprehensive research studies with Australian public service interpreters that cover multiple languages, have a large sample and contain analysis of the impact of traumatic client material on these interpreters. This article represents an important step in filling this knowledge gap. We present the results of a survey relating to traumatic client content in interpreting assignments and its

impact on professional interpreters[2] in Victoria. We focus the discussions on interpreters' possible acquisition of vicarious trauma as an occupational health and safety issue, and call for 'trauma curriculum' (Bontempo & Malcolm, 2012, p. 123) to be incorporated in interpreter training in order to raise awareness of such harm and provide tools for interpreters' self-care.

Similar to other "egalitarian states committed to the 'welfare' of all their citizens and residents" (Pöchhacker, 2004, p. 14), Australia has adopted language service policies for access and equity, which include the provision of publicly funded interpreters for citizens whose language barriers prevent them from easily accessing government services. Such language service is also referred to as *community interpreting* (Chesher, 1997). The professional work of a public service interpreter may cover seemingly harmless assignments from council services such as a meals-on-wheels program or home repair services to some of the most disturbing and deeply personal events. Although community interpreters are by no means alone in this experience, a lot of professionals engaged in public services, such as police officers (NSW Police Force, 2009), fire fighters (MFB, 2008; CFA, 2015), customs workers (Australian Customs Service, 2007) and social workers (Davys & Beddoe, 2010) have counseling or supervision arrangements in place to support them during and after traumatic events or when working with traumatized clients. There is an urgent need to research and analyze the extent to which community interpreters engaged by Australian public services confront such situations.

In the next section, we present the definition of vicarious trauma (VT), a concept that originated from professional practice in the healthcare field, and we review previous studies on VT in professional interpreters. We then present our study, conducted in 2013 in Victoria, Australia, involving responses from 271 community interpreters collected through an online survey. The data collected indicate the extent to which interpreters are exposed to traumatic client material and reveal ways of dealing with the material and their exposure and the organized institutional support available to help them. The subsequent discussion of the survey findings is framed from an occupational health and safety perspective. Our discoveries regarding how practicing interpreters deal with possible VT can help interpreter educators better prepare their students to confront disturbing material. In addition, we argue that community interpreters' emotional and physical well-being should primarily be of the state and federal governments' concern when they engage community interpreters in the various public services provided under their jurisdictions; the findings presented in this article will inform policy discussions on providing support services to public service interpreters. The findings also have relevance to English-speaking professionals and clients with language barriers who rely on interpreters to communicate.

Background

What is Vicarious Trauma?

In the field of trauma research, evidence has supported the notion that psychological distress affects not only those who have been personally traumatized, but also the healthcare professionals who work with such clients (Collins & Long, 2003; Figley, 1999; Pearlman & Saakvitne, 1995a). Pearlman & Saakvitne (1995b) define *vicarious trauma* as the "[negative] transformation in the therapist's (or other trauma worker's) inner experience resulting from empathic engagement with clients' trauma material" (p. 151). The American Counseling Association (ACA) provides a lay description of VT as the "emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear and terror that trauma survivors have endured" (American Counseling Assocation, n.d.). The academic and professional literature on VT is dominated by research and recommendations relating to those who work specifically with trauma survivors (e.g., trauma counselors, emergency medical workers, rescue workers, crisis intervention volunteers), as specified by McCann and Pearlman (1990), with a paucity of research or advice concerning professional interpreters (Shlesinger, 2007), who are an integral part of service encounters where the healthcare professional and the trauma survivor do not share a common language.

[2] The authors use the term *professional* to mean those interpreters in Australia who hold a certain level of national certification and are remunerated for the professional service they provide. Professional interpreters are not those involved in ad hoc interpreting provided by friends, family or staff members in public services who find themselves 'helping with' communication because they happen to speak certain levels of English or the other language.

The implication of possible VT among interpreters should not be overlooked. If VT can impact a trauma counselor on both personal and professional levels (ACA, n.d.; Trippany, White Kress, & Wilcoxon, 2004), so can it impact interpreters who work with trauma counselors. Pearlman and Saakvitne (1995b) refer to "profound changes in the core aspects of the therapist's self" (p. 152). Impacts on a counselor's personal life may manifest themselves in relationships with family and friends and affect the counselor's health, both emotional and physical (ACA, n.d.). On the professional level, VT may impact performance and function, and it can result in errors in judgment and mistakes (ACA, n.d.), presenting obvious ethical concerns (Crezee, Jülich & Hayward, 2013; Saakvitne & Pearlman, 1996).

Professional Interpreters and VT

Practitioners and researchers in interpreting American Sign Language (ASL) and Australian Sign Language (Auslan) have pioneered discussing and raising the awareness of VT among interpreters. Clare's (2000) study surveyed 12 Auslan practitioners and posited a higher likelihood of VT for interpreters who confront unexpected trauma material or graphic images, experience lack of closure to many assignments and have feelings of survivor guilt (Australian Institute of Interpreters and Translators [AUSIT], 2000).

In Baistow's (1995) study of 295 public service interpreters from France, the Netherlands, Germany, Italy, Spain and the United Kingdom, more than two thirds of the respondents agreed that they were sometimes upset by the material they had to interpret, and 49% experienced mood or behavioral changes related to their work (Baistow, 1999). Seventy-six percent reported that the effects lasted a few hours, whereas 50% reported that the effects could last from one to several days. Regarding the extent of employers providing support services, 34% of the respondents said their employer provided some kind of support service, and 20% had used the support service on some occasion; 22% did not know if any service even existed.

Loutan et al. (1999) studied 22 staff interpreters of spoken languages at the Geneva Red Cross. Interpreters reported having nightmares, depression and insomnia as a result of exposure to traumatic client material, to the extent that eight out of 10 interpreters working in the refugee program required psychiatric treatment.

Danish clinical psychologists Holmgren, Søndergaard, and Elklit (2003) reported on a study of 12 Kosovo-Albanian mental health interpreters working for the Danish Red Cross asylum reception center. Almost half had been exposed to either political torture or other traumas. Ten of the participants had previous interpreting experience, although whether they had professional training or not is unknown—they most likely did not, because Holmgren et al. (2003) describe them as 'either studying or working full-time [at the Danish Red Cross]' (p. 23) at the time of the interview. Two thirds of the cohort reported emotional reactions to their interpreting, and 78% described their work as either very distressing or to some degree distressing. These numbers may explain why over 80% of them expressed a strong need for supervision and assistance concerning their work-related emotional reactions.

Crezee, Jülich, and Hayward (2011) surveyed 90 interpreters in Australia and New Zealand and found that 60% of the respondents experienced difficulties when interpreting in refugee settings, such as professionals or refugee clients speaking too fast, unfamiliar terminology, unfamiliar dialects and so forth. Of these, 76% expressed that they found the stories told by refugees challenging to handle. The authors allude to possible vicarious traumatization or re-traumatization, particularly for those interpreters who were themselves from a refugee background, because "the retelling or revoking of trauma stories in such settings may unconstructively impact on the interpreters" (Crezee et al., p. 255).

In 2003, the Transcultural Mental Health Centre, under Western Australia's Department of Health, conducted a pilot study of 15 nationally certified interpreters. The data indicated that interpreters who were exposed to the details of clients' torture and trauma were at risk of psychological harm, particularly those interpreters who had experience in a war-torn country and were required to work with survivors of such experiences (Lipton, Arends, Bastian, Wright, & O'Hara, 2002, p. 16). This project recommends that mental health interpreters who are affected by stress related to exposure to torture and trauma details divulged by their clients be assisted by debriefing intervention workshops that provide support and supervision post-assignment (Lipton et al., 2002). However the recommendation stops short of how to identify interpreters at risk, a party responsible for providing intervention, and how intervention should be achieved. More than a decade after the publication of the pilot study, one of the authors (who still works in the mental health area in Western Australia) confirmed that there have been neither follow-up studies

nor official sanctions on the implementation of debriefing recommended by the pilot study 10 years earlier (B. Wright, personal correspondence, 17 February 2012).

Similarly, in a 2001 publication by the Transcultural Mental Health Centre of New South Wales, Australia, Becker and Bowles (2001) argued that the lack of training for interpreters undertaking work with traumatized clients can place them at substantially greater risk of VT. They contend that

> Since interpreters usually repeat clients' trauma stories in the first person, the impact of the trauma could be compounded for them. It was thought that offering interpreters a debriefing experience, plus insight into the psychotherapy process, could relieve stress as part of a structure that would support them in their work. This required both an experiential component and an educational component. (Becker & Bowles, 2001, p. 224)

Seven interpreters agreed to be identified in the Becker and Bowles study. All interpreters reported a need for undergoing training and debriefing, which is consistent with the literature (Acosta & Cristo, 1981; Pentz-Moller, 1992; Pentz-Moller & Hermansen, 1991a, 1991b; Westermeyer, 1990). However, with the exception of studies referring to public service interpreters in Australia, New Zealand and the U.K., where there are clear national certification systems, these studies do not indicate whether the participating interpreters were ad hoc, remunerated, unremunerated (e.g., volunteer), under certain employment arrangement (e.g., casual engagement or in-house positions), or held a certain level of education and/or training. The ambiguity about the interpreters' credentials and employment conditions is not surprising in that public service interpreting is by and large an underregulated or, in most cases in the countries mentioned in the above literature, an unregulated profession.

However, caution should be exercised in measuring levels of VT among interpreters. Authors such as Sabo (2011) and Hafkenscheid (2005) argue that not every individual who works with traumatized clients will develop VT, and the incidence rate of VT is much lower than claimed by McCann and Pearlmann (1990). Israeli clinical psychologist Yael Shlesinger also points out in her 2007 study of 53 interpreters working for various centres for survivors of torture in the U.S. that "the interpreters do not show higher levels of VT when compared to the general population. . . . interpreters who experienced past trauma did not show significantly higher levels of VT, nor did interpreters who do not receive supervision" (p. 166). Nonetheless, Shlesinger did report that the level of burnout positively correlated with interpreters' time spent in assignments with survivors of torture, and "interpreters who had a past experience of trauma showed significantly higher levels of burnout compared to those who had not" (p. 166). *Burnout* is a "general wearing down from the pressure of human service work" (p. 166), defined as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in some capacity" (Maslach, Jackson, & Leiter, 1996, p. 4). The purpose of the current article is therefore (a) to add to the understanding of community interpreters' perceived experience and exposure to traumatic client material; (b) to advocate for best practice in public service involving interpreters; and (c) to build awareness about VT in interpreter training.

The study

We sought to contribute to the somewhat limited international research in the field by conducting an extensive survey that would answer the following three questions, in the Australian context.

1. What is the extent of exposure to traumatic client material perceived by public service interpreters?
2. How do these interpreters perceive the impact of traumatic material on themselves and their work?
3. What kind of support do interpreters seek in order to manage the impact of traumatizing material?

The survey used in this study gathered data relating to the respondents' level of interpreting experience, their self-reported level of exposure to client traumatic material and the nature of the material they considered traumatic. These data were used in cross-tabulations to identify patterns in the responses to Questions 1 and 2.

Survey methodology

In early 2013, the authors obtained ethics approval to run an online survey targeting practicing interpreters in the state of Victoria. The survey was administered online using the U.S.-based Qualtrics online survey tool[3] and distributed through the four main interpreting and translating agencies in Victoria, all of which have around 1,500 actively engaged interpreters who take bookings on regular basis (personal correspondence with Racines, 16 April 2015). Survey respondents were asked to respond to 10 questions (see Appendix) and in several cases were invited to provide text comments. Participation in the online survey was voluntary, and no tracking number or personally identifiable features were built into the survey. Therefore, in theory, the survey subjects were able to complete the questionnaire multiple times. Because an identical email invitation was sent to all four main agencies, it is assumed that interpreters would realise it was the same study and not repeat themselves, and multiple entries from the same survey subjects would be unlikely. The survey questions were designed and workshopped by the researchers after incorporating feedback from practitioners and colleagues from the interpreting and psychology fields. The online survey was open for 2 months, and 271 valid responses were received from the total population size of around 800 registered interpreters (see above and Footnote 3), representing a higher than 95% confidence level for the given random sample size (confidence interval of +/– 5.4%). The results of the survey were extracted from Qualtrics data collation and its cross tabulation applications.

Demographics of survey respondents

Of the 271 respondents, covering a range of 54 languages, 16 of them (6%) were Auslan interpreters; the rest represented various spoken languages. Sixty-eight percent of the respondents were female and the rest were male, with an overwhelming majority of respondents (91%) aged above 30. Forty-one percent of the respondents had over 10 years of interpreting experience, although the survey did not seek to ascertain if the respondents practiced full time, part time or only occasionally. Only 8% of the respondents had no credentials or were awarded only "recognition" by Australia's National Accreditation Authority of Translators and Interpreters (NAATI) because their languages were not included in NAATI's testing programs. The remaining 92% were certified by NAATI as either Professional Interpreters (50%) or Paraprofessional Interpreters (42%).[4] The survey did not request the respondents' education levels, because NAATI's certification system has minimum education requirements.[5]

This study represents by far the largest state survey of interpreters concerning VT, and is exceeded in size only by the international study conducted by Baistow (1999). Because the survey was distributed by interpreting agencies located in Victoria, we assumed that almost all of the 271 community interpreters who completed the survey practiced in the State of Victoria. (It is possible that a small number of respondents may have been contracted by Victoria-based interpreting agencies but came from other states and territories in Australia.) The findings can therefore be regarded as representative of the interpreters from Victoria. However, the findings can also be applied to the broader Australian context, given that conditions for the engagement of interpreters do not vary significantly across Australia. In analyzing the results, we found that not only was the response rate high, but most respondents gave valuable comments that clarified or elaborated their quantitative responses to questions.

[3] More information about Quatrics can be found at www.qualtrics.com. The researchers' university is an institutional subscriber of the service.

[4] NAATI is the national standards and certification body for translators and interpreters in Australia. It is jointly owned by the Commonwealth, State and Territory governments. It awards two categories of credentials for translators and interpreters: (a) NAATI Accreditation (at Professional and Paraprofessional levels, earned by passing an exam or studying in an NAATI-approved course); (b) NAATI Recognition (for languages where accreditation testing is not yet available). As of 30 June 2013, NAATI maintained 51 language panels in its testing programs (NAATI, 2013).

[5] Paraprofessional Interpreters must have equivalent of at least 4 years of Australian secondary education (Year 10) and Professional Interpreters must have general education to degree or diploma level in any field (NAATI, n.d).

Survey findings

Level of exposure to traumatic client material

Given the heterogeneity of the survey respondents' practice patterns (including full-time, part-time, and occasional engagement), we felt it would be difficult to dictate a baseline of absolute number of hours to define the levels of exposure to traumatic client material. Instead, we opted to ask about the respondents' perceived exposure (scaled responses included *minimum, moderate,* a *great deal* and an *enormous amount*) in the previous 6 months and to ask them to provide an estimated total number of hours in this period that indicated their perceived frequency of exposure. Thirty-two percent of the respondents reported a minimal amount of exposure to traumatic client material in the 6 months prior to the survey (although the question did not probe whether the respondents intentionally avoid assignments of such nature). Close to half of the respondents (45%) said they had *moderate* exposure to traumatic client material, with the mean of the amount of exposure described by respondents as *moderate* being 30 hours, or a little over 1 hour per week. A further 20% reported a *great deal* of exposure (with a mean of 91 hours, or 3.5 hours per week) and 3% reported that they had an *enormous amount* of exposure (with the mean being an alarming 250 hours or nearly 10 hours per week). In other words, 68% of Victorian community interpreters have to confront traumatic client material about an hour per week of their interpreting assignments, and a third of these are experiencing exposure averaging 3.5–10 hours per week in their interpreting assignments.

Traumatic client material reported by respondents

I felt physically sick when interpreted for an incest case in a police interview.

I stepped out of the police station after a long session of interpreting for a murder suspect who was still covered in the victim's blood. The police officers may well go for a counseling session. Where do I go? I still have to go home and join the family dinner as if nothing has happened.

We were interested to find out what the respondents regarded as "traumatic client material," confining their responses to the reported exposure over the previous 6 months. From a range of options provided, the responses yielded the following distribution in Table 1:

Table 1: Distribution of Respondents' Reported Exposure to Traumatic Client Material

	Traumatic client material	Respondents' reported exposure to such client content in the previous **6 months (%** of total material**)**
1.	Client expressing sadness, helplessness and isolation	89.10
2.	Client talking about violence (family violence, sexual assault, physical assault)	71.09
3.	Client talking about traumatic events in his or her life	70.14
4.	Client talking about life-threatening illnesses	62.56
5.	Client talking about the loss of loved ones	55.45
6.	Client talking about sexual abuse, child abuse	50.24
7.	Client talking about torture	38.86
8.	Client talking about murder, criminal trial	28.91

Because this question allowed multiple responses, we can construe that the most common item chosen by 89.1% of the respondents (client expressing sadness, helplessness and isolation) represents the generic nature of the trauma content, whereas the items following with lower scores reflect the more topic-specific categories, such as violence, life-threatening illnesses and so on.

Perceived impact of traumatic client material on respondents

In response to the question probing the extent to which the respondents are affected after coming in contact with traumatic client material, the data in Table 2 indicate that the traumatic client material continues to affect 78% of respondents for some period following the assignment. There are 222 valid responses to the questions (see below in Table 2). Of the 173 respondents who do not forget about the traumatic material right away, 12% report that they feel *extremely upset…for some time* and a small number (3% of the total) report feeling *extremely upset…for a long time.* There is no doubt, therefore, that the survey respondents are identifying in themselves a sense of distress in response to traumatic client material.

Table 2: Response to Client Traumatic Content

Q7: When you encounter traumatic client content in an interpreting assignment, you			
#	**Answer**	**Response**	**%**
1	complete the assignment as per normal and forget about it	49	22.00
2	complete the assignment but would be somewhat disturbed by it for a while	140	63.00
3	complete the assignment but would feel extremely upset about it for a while	26	12.00
4	complete the assignment but would feel extremely upset about it for a long time	7	3.00
	Total	222	100.00

It is useful to compare these results to the findings reported by other similar studies. The present research found that the proportion of respondents reporting some degree of distress (78%) was higher than in both Baistow's (1999) survey of 295 European public service interpreters and Holmgren et al.'s (2003) study of 12 Albanian interpreters working in Denmark. Both of these other studies reported figures of around 66% for the same phenomenon.

From the cross-tabulation in Table 3, we observed that of those who would complete the assignment but feel *extremely upset for a while* (11.43% of the total responses), half said that they had been exposed to either a *great deal* or *enormous amount* of traumatic client material in the last 6 months, pointing to some sort of cumulative effect on the interpreter from the level or frequency of exposure. Paradoxically, such effect is not repeated in the category in which the interpreters would complete the assignment but would feel *extremely upset for a long time* (only 2.86% of total responses). Rather, over half of them (66.67%) were exposed to a lower amount of traumatic client material (*minimum* to *moderate* categories). Whether this is because individual interpreters in this category are themselves psychologically more sensitive or vulnerable, or because there might be a delayed effect of cumulative client traumatic content on these interpreters is beyond the scope of this research.

Table 3: Cross-Tabulation of Assignment Response With Level of Traumatic Material Exposure

		Q6: Interpreter self-perceived exposure to traumatic client material in the last six months				
		Minimum amount	Moderate amount	Great deal	Enormous amount	Total
Q7: When you encounter traumatic client material in an interpreting assignment, you	Complete the assignment as per normal and forget about it	13	25	8	0	46
						21.90%
	Complete the assignment but would be somewhat disturbed by them for a while	48	61	22	3	134
						63.81%
	Complete the assignment but would feel extremely upset about them for a while	7	5	11	1	24
						11.43%
	Complete the assignment but would feel extremely upset about them for a long time	0	4	1	1	6
						2.86%
	Total	68	95	42	5	210
		32.38%	45.24%	20.00%	2.38%	100.00%

Furthermore, 91% of these interpreters who felt extremely upset for a while reported that they had completed assignments that involved the client expressing sadness, helplessness and isolation (Item 1 in Table 1), and 75% of them had completed assignments that involved the client talking about life-threatening illnesses, suggesting a possible effect on the interpreters themselves of the intense emotions that the interpreter has to relay as part of the client content. Years of interpreting experience did not correlate with the interpreter's response to encountering traumatic client material, indicating that distress is experienced by interpreters regardless of how long they have practiced.

In addition to questions about the extent and duration of the emotional aftermath in relation to client traumatic material, the respondents were also asked about the impact on their interpreting work in general. As shown in Table 4, one in five respondents (21.36%) reported that the emotional distress was so severe that it reduced the perceived quality of their onsite interpreting performance, 16.50% said that they felt a loss of interest in interpreting, and close to 40% reported that they would try to avoid accepting these types of assignments in the future. Those who chose the *other* option entered text comments showing variations of the three options provided, for example, "try to avoid such type of assignments *for a while*", "weight my diary to not do too many assignments back to back or in a row", or "feeling sad", "stress", or "helpless and worn down". But there are also more positive comments such as "I'm glad I could help", "client appreciation encourages me to keep going", "appreciation of my own circumstances", and "I love the challenge". Additionally, some said they try to "seek professional supervision" or "clinical supervision", whereas others queried "I wonder why we don't receive specialist training".

Table 4: Cross Tabulation of Occupational Impact with Level of Traumatic Material Exposure

		Q6: Interpreter self-perceived exposure to traumatic client content in the last 6 months				
		Minimum amount	Moderate amount	Great deal	Enormous amount	Total
Q8: After interpreting in a number of assignments involving traumatic client content, you find	A decrease in your own perceived interpreting quality	10	6	6	0	22
						21.36%
	A loss of interest in interpreting	3	8	5	1	17
						16.50%
	That you try to avoid accepting these types of assignments in the future	15	18	6	0	39
						37.86%
	Other	6	22	14	1	43
						41.75%
	Total[6]	30	46	25	2	103
		29.13%	44.66%	24.27%	1.94%	100.00%

Support available to interpreters

When asked if they sought any support for the concerns they experienced as a result of interpreting traumatic client content, 70% of the respondents said they had not sought any form of support, citing reasons such as "no need" (n = 45), "there is no one to go to for help" (n = 8), "I do not know who I can go to for help" (n = 8), "my employer didn't offer any support" (n = 4), "lack of money" (n = 4), "trying to be professional" (n = 3), and "lack of time" (n = 2).

Of the respondents who sought support, the highest percentage (55%) reported that they went to colleagues, followed by 46% who talked to family, and then 38% who confided in friends. Only one in five had sought support from counselors, and 14% from therapists.

From the cross-tabulation in Table 5 below, we can see that apart from those who would "complete the assignment but would feel extremely upset…for a long time", all those who identified themselves under the other three categories mainly sought support from family, friends and colleagues as a way to deal with the stress and distress that came with interpreting traumatic client content. Note that Question 10 (From whom do interpreters seek support?) allowed multiple choices. Therefore the numbers of respondents in the last row in each column should not be read as the aggregate number of the rows above them in the same column. For the 10 respondents who identified themselves as feeling extremely upset for either *a while* or *a long time*, it is worth noting that very few of them sought support from the agencies that engaged them for the assignments or professional assistance from counselors or therapists.

[6] The numbers shown in this row do not correspond to the summation of the numbers in their respective column. This is because Question 8 allows multiple answers.

Table 5: Cross-Tabulation of Occupational Impact With Level of Traumatic Material Exposure

		Q7: When you encounter traumatic client content in an interpreting assignment, you				
		Complete the assignment as per normal and forget about it	Complete the assignment but would be somewhat disturbed by them for a while	Complete the assignment but would feel extremely upset about them for a while	Complete the assignment but would feel extremely upset about them for a long time	Total
Q10: Who have you sought support from? You can tick multiple answers.	Family	9	17	3	1	30
	Friends	7	16	2	0	25
	Community members	1	0	0	0	1
	Peers	4	7	0	0	11
	Colleagues	8	23	5	0	36
	Mentors	1	3	1	0	5
	Supervisors	4	4	1	0	9
	Agency staff	1	2	1	0	4
	Counsellors	4	6	2	1	13
	Therapists	0	8	0	1	9
	Other	0	9	1	0	10
	Total respondents	14	41	9	**1**	65

Analysis and discussion

Nature of the interpreted content

The findings presented above indicate that traumatic client content and assignment conditions are having a significant impact on community interpreters. Most interpreters surveyed were exposed to an estimated 1 to 3.5 hours of traumatic material on a weekly basis and reported as much as 250 hours of exposure in the previous 6 months, or nearly 10 hours a week. This material can involve both emotional and physical trauma, with physical violence and abuse identified by 70% of respondents as constituting traumatizing content. For 62% of respondents, traumatic material included the discussion of life-threatening illnesses. Over half the respondents had interpreted material relating to rape and sexual abuse, and nearly two fifths reported that they had interpreted cases involving physical torture—a figure that reflects the high number of interpreters working with recently arrived asylum seekers. These figures paint an alarming picture of a workforce that is exposed to the horrifying aspects of human suffering: violence, death, rape and torture. The remainder of the survey findings illustrate that these professionals are profoundly affected by the experience.

Perceived impact of VT and implications for practice and interpreter education

Almost four out of five respondents to this survey indicated that they continued to feel the effect of interpreting traumatizing material for a period following the assignment, and for half of these interpreters, this led to an avoidance of similar assignments in the future. No alleviation of the impact of possible

vicarious trauma over time could be detected, and long-serving interpreters were just as likely to report distress from exposure to traumatizing content as their junior colleagues. The potential for vicarious trauma to affect the emotional well-being of trauma workers is well documented in the literature, and, to a lesser extent, in interpreting literature. Some client material may be confrontational, upsetting or even off-putting to the interpreter with the soundest mind, let alone to those interpreters with personal experiences that leave them more vulnerable to the disturbing nature of the material. For instance, Harvey (2001, 2003) suggests that interpreters listen, comprehend, process and reformulate the discourse as their clients talk about their trauma, so the interpreter bears witness to their client's victimization. Bontempo and Malcolm (2012) also contend that "any traumatic experience told through an interpreter may test the interpreters' own beliefs about their own safety or that of their children or other loved ones and may affect their willingness or ability to trust others" (p. 106). The implications for the delivery of public service in Australia's heterolingual community are clear: Continued exposure to traumatic content may reduce the willingness of qualified professional interpreters to be engaged in assignments of such nature for public service delivery.

The quality of the interpreting service also suffers, with 21.36% of respondents reporting that they felt their response to traumatic content had a negative impact on the quality of their interpretation. This figure most likely represents underreporting, given the sensitivity of judgments of competence for any professional, and so must be taken very seriously indeed. McCann and Pearlman (1990), in addition to challenging the interpreters' sense of personal safety, as discussed by Bontempo and Malcolm (2012), argue that, for psychotherapists, these and other cognitive shifts resulting from exposure to traumatic client material might create emotional distress, including anger, guilt, fear, grief, shame, irritability, and inability to contain intense emotions. In addition, Dutton (1992) asserts that the cognitive shifts may interfere with effective functioning in the therapeutic role. This supports the findings of the survey that traumatic material can affect the capacity of interpreters to complete their assignments effectively. Interpreting requires an intense level of cognitive function and has been documented in the literature as demanding maximum cognitive-processing capacity to maintain accuracy and conversational flow (Gile, 1995, 1999, 2002, 2009). Any additional load caused by the cognitive shifts described above will divert the brain's finite resources away from the task of rendering one language comprehensibly into another and cause a decline in the interpreting performance, either in accuracy, fluency, or completeness.

Support networks used by public service interpreters

'Nowhere to turn. Agencies don't care; they are too busy just giving out jobs. We have to bear it alone as best we can.'

'I am supposed to forget it.'

'I didn't know who to seek support from.'

'I have stopped interpreting.'

[Survey responses from the study]

Public service interpreters in Victoria have taken steps to address VT when it appears. Respondents to the survey indicated that they relied most heavily on colleagues, followed by family and friends. However, only a minority (20%) sought professional counselling, and 70% of respondents indicated that they had no support at all. Although 16% of these interpreters indicated that they had no need of such assistance, this still leaves 54% of respondents who felt that they had no recourse to any form of support, counselling, debriefing or even a sympathetic ear.

The policy documents of relevant industry stakeholders do not indicate any formal, effective or well-promoted support for professional interpreters by the interpreting and translating agencies and public services that hire them. There is no mention of this issue in the 2008 Commonwealth Ombudsman report on the use of interpreters (McMillan, 2009), which details all aspects of engaging professional interpreters by major government agencies such as Australian Federal Police; Centrelink; the Department of Education, Employment and Workplace Relations; and the Department of Immigration and Citizenship. Nor is there mention of this issue in reports by Becker and Bowles (2001) and Lipton, Arends, Bastian, Wright, and O'Hara (2002) documenting the use of interpreters in New South Wales and Western

Australia and the lack of debriefing and other support by government agencies using services provided by professional interpreters. The government-owned Victorian Interpreting and Translating Service (VITS) is the only agency we are aware of that provides counselling, although anecdotal evidence shows that only a minority of interpreters engaged by VITS know about or use this service. Even so, this organization's care arrangements might provide a useful model for support programs across the sector, as long as the arrangements are adequately promoted to practitioners and they are encouraged to use it. With the high number of employees working in challenging environments in the public service sector, there should be no shortage of models for the appropriate delivery of support to this group of professionals. The lack of service provision to date most likely reflects a low regard for translating and interpreting professionals and the relative disempowerment of workers through agency-facilitated employment (Professionals Australia, 2012).

Raising awareness of VT and the role interpreter training should play

Interpreting is an inherently stressful occupation (Kruz, 2003). It is, therefore, paramount that interpreters be "properly prepared during interpreter education programs via training opportunities or through mentoring" (Bontempo & Malcolm, 2012, p. 108). In an occupational context, positive and negative coping strategies in response to VT manifest in behaviors such as avoidance, denial, negative emotions and substance abuse, as opposed to self-care, professional development, positive thinking and cognitive restructuring (Bontempo & Malcom, 2012). The answers in Question 8 of our survey and the text responses cover both positive and negative coping strategies. According to NAATI's (2013) annual report covering 2012–2013, 57% of its certified interpreters achieve their certification through training. Training programs both have an indispensable duty and provide an excellent opportunity to equip interpreting students with awareness of the possible acquisition of VT and the positive coping strategies.

Although the awareness of VT is comparatively higher in the sign language interpreting community (see Professional Interpreters and VT under Background section), it is a relatively foreign notion to the interpreting educators and practitioners of spoken languages. For example, Australia's interpreter training in the vocational education sector is delivered under the Public Service Training Package. There is no mention of possible VT in any unit of competency, nor are self-care or coping strategies mandated to be covered in any units so as to provide a toolkit for interpreting students for their future practice. Inserting the possibility of occupational health and safety risk in appropriate training unit(s), and promoting the idea among programs and teaching staff will be a good starting point.

Conclusion and recommendations

Vicarious trauma affects Australian public service interpreters both personally and professionally, and may even lead them to leave the profession. The present study indicates that about four in five interpreters report experiencing distress following exposure to traumatic client material. Although the majority of affected individuals report only feeling disturbed by the content of their assignments for a short period, such disturbance may impact on the performance of interpreters for assignments completed during the affected period. Moreover, this figure for affected interpreters is considerably higher than that reported in two international studies (Baistow, 1999; Loutan et al., 1999) that found that approximately two thirds of respondents reported experiencing distress as a result of their professional engagement. The findings may reflect the working conditions for public service interpreters in this country or the nature of Australian interpreting assignments. Traumatic client material may also impact upon the interpreter's perceived cognitive process and emotional reactions during and after the interpreting assignment. The issue must be addressed. Interpreter training education must prepare student interpreters for the disturbing nature of situations they may be called to interpret and the possibility of VT, and equip them with information about where and from whom to seek assistance.

Limitations of the study and recommendations for future research

This study only probes respondents' self-reported exposure to traumatic client material and their coping strategies if and when they perceived the aftermath of such exposure. Administering established psychometric tools such as Briere and Runtz's Trauma Symptom Check-list 33 and 407 would be useful as objective measures of trauma impacts. Conducting focus groups with a selected population of interpreters, to generate additional and deeper responses to traumatic client material might to identify the specific needs of those affected by such exposure.

The field will benefit from additional investigations into occupational health and safety policies within public services on their approaches to possible VT among interpreters working with their employees. A review of the trauma curricula included in interpreter training programs will highlight the issue and encourage interpreter educators to better prepare their students for potential psychological effects.

References

Acosta, F., & Cristo, M. (1981). Development of a bilingual interpreter program: An alternative model for Spanish-speaking services. *Professional Psychology, 12*(4), 474-481.

American Counseling Association. (n.d.). *Vicarious trauma fact sheet*. Retrieved from http://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=2.

Australian Customs Service (2007). *OHS Policy Instruction and Guideline–Counselling and the Employee Assistance Program (EAP)- 1 July 2007.* Retrieved 15 April, 2015, from http://www.customs.gov.au/webdata/resources/files/PS201067-ig-OHS_Policy_IG_Counselling.pdf

Australian Institute of Interpreters and Translators. (2000). *Recognising our humanness: Minimising the impact of interpreting on our professional and personal selves*. Retrieved from http://ausit.org/AUSIT/Documents/2000_jbl.pdf.

Baistow, K. (1999). *The emotional and psychological impact of community interpreting*. London, England: Babelea 2000.

Becker, R., & Bowles, R. (2001). Interpreters' experience of working in a triadic psychotherapy relationship with survivors of torture and trauma: Some thoughts on the impacts on psychotherapy. In B. Raphael & A. Malak (Eds)., *Diversity and mental health in challenging* times (Culture and Mental Health: Current Issues in Transcultural Mental Health Monograph No. 8 (pp. 222–230). Sydney, Australia: Transcultural Mental Health Unit.

Bontempo, K., & Malcolm, K. (2012). An ounce of prevention is worth a pound of cure: Education interpreters about the risk of vicarious trauma in healthcare settings. In K. Malcolm & L. Swabey (Eds), *In our hands: Educating healthcare interpreters* (pp. 105–130). Washington DC: Gallaudet University Press.

Chesher, T. (1997). Rhetoric and reality: Two decades of community interpreting and translating in Australia. In S. E. Carr, R. P. Roberts, A. Dufour, & D. Steyn (Eds)., *The critical link: Interpreters in the community* (pp. 277–289). Amsterdam , the Netherlands: John Benjamins**.**

Clare, K. (2000). *Recognising our humaness: Minimising the impact of interpreting on our professional and personal selves*. Paper presented at the AUSIT 13th National Annual General Meeting, Jill Blewett Memorial Lecture, Brisbane, Australia. http://ausit.org/AUSIT/Documents/2000_jbl.pdf

[7] See http://www.johnbriere.com/tsc.htm

Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. *Journal of Psychiatric and Mental Health Nursing, 10*(1)*,* 17–27.

Country Fire Authority (2015). Country Fire Authority: HeadsUp Manage your mental health (online resources). Retrieved 15 April, 2015, from http://cfaonline.cfa.vic.gov.au/mycfa/Show?pageId=headsUp

Crezee, I., Jülich, S., & Hayward, M. (2011). Issues for interpreters and professionals working in refugee settings. *Journal of Applied Linguistics and Professional Practice*, *8*(3)*,* 253–273.

Davys, A., & Beddoe, L. (2010). *Best Practice in Professional Supervision: A Guide for the Helping Professions*. London and Philadelphia: Jessica Kinsley Publishers.

Dutton, M. A. (1992). *Empowering and healing the battered woman: A model for assessment and intervention*. New York, NY: Springer.

Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the cost of caring. In B. H. Stamm (Ed) *Secondary traumatic stress: Self care issues for clinicians, researchers and educators* (pp. 3–28). Lutherville, MD: Sidran Press.

Gile, D. (1995). *Basic concepts and models for interpreter and translator training*. Amsterdam, the Netherlands: John Benjamins.

Gile, D. (1999). Testing the effort model's tightrope: Hypothesis in simultaneous interpreting: A contribution. *Journal of Linguistics, 23*, 153–173.

Gile, D. (2002). Conference interpreting as a cognitive management problem. In F. Pochhacker & M. Shlesinger (Eds.), *The interpreting studies reader* (pp. 162–176). New York, NY: Routledge.

Gile, D. (2009). *Basic concepts and models for intepreters and translator training* (rev. ed.). Amsterdam, the Netherlands: John Benjamins.

Hafkenscheid, A. (2005). Event countertransference and vicarious traumatization: Theoretically valid and clinically useful concepts?. *European Journal of Psychotherapy, Counselling and Health, 7*(3)*,* 159–168.

Harvey, M. (2001). Vicarious emotional trauma of interpreters: A clinical psychologist's perspective. *Journal of Interpretation* (Millennial Edition)*,* 85–98.

Harvey, M. (2003). Shielding yourself from the perils of empathy: The case of sign language interpreters. *Journal of Deaf Studies and Deaf Education, 8,* 207–213.

Holmgren, H., Søndergaard, H., & A. Elklit. (2003). Stress and coping in traumatized interpreters: A pilot study of refugee interpreters working for a humanitarian organiation. *Intervention, 1*(3)*,* 22–27.

Kruz, I. (2003). Physiological stress during simultaneous interpreting: A comparison of experts and novices. *Interpreters' Newsletter, 12,* 51–67.

Lipton, G., Arends, M., Bastian, K., Wright, B., & O'Hara, P. (2002, Winter). The psychosocial consequences experienced by interpreters in relation to working with torture and trauma clients: A west Australian pilon study. *Synergy,* 3–17.

Loutan, L., Farinelli, T., & Pampallona, S. (1999). Medical interpreters have feelings too. *Sozial und Präventivmedizin, 44,* 280–282.

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *MBI: The Maslach Burnout Inventory manual* (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

McCann, L., & L. A. Pearlman (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131–149.

McMillan, J. (2009). *Use of interpreters: Australian Federal Police, Centrelink, Department of Education, Employment and Workplace Relations, Department of Immigration and Citizenship*. Canberra, Australia: Commonwealth Ombudsman.

Metropolitan Fire and Emergency Services Board (2008). *Metropolitan Fire and Emergency Services Board Annual Report 2007-08*. Retrieved 15 April, 2015, from http://www.mfb.vic.gov.au/media/docs/mfbannualreport-singles-final-4bf19ea4-7776-416a-88a0-44d01daa27cb.pdf

National Accreditation Authority for Translators and Interpreters. (2013). *Annual Report, 2012–2013*. Canberra, Australia: Author.

National Accreditation Authority for Translators and Interpreters. (n.d.). *Accreditation by testing* (Information booklet). Retrieved 7 December 2014, from http://www.naati.com.au/PDF/Booklets/Accreditation_by_Testing_booklet.pdf

New South Wales Police Force (2009). *New South Wales Police Force Annual Report 2008-09; Section 4: People* (pp. 40-47) Retrieved 15 April, 2015, from https://www.police.nsw.gov.au/__data/assets/pdf_file/0018/165231/Annual_Report_-_People.pdf

Pearlman, L. A., & Saakvitne, K. W. (1995a). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. New York,NY: Norton.

Pearlman, L. A., & Saakvitne, K. W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150–177). Bristol, PA: Brunner/Mazel.

Pentz-Moller, V. (1992). The ethics and techniques of interpreting. *Torture, 1,* 17–19.

Pentz-Moller, V., & Hermansen, A. (1991a). Interpretation as part of the rehabilitation: Part I. *Torture,* 3(1), 9–12.

Pentz-Moller, V., & Hermansen, A. (1991b). Interpretation as part of the rehabilitation: Part II. *Torture,* 3(2), 5–6.

Pöchhacker, F. (2004). *Introducing interpreting studies*. London, England: Routledge.

Professionals Australia. (2012). *Lost in translation: Barriers to building a sustainable Australian translating and interpreting industry*. Melboure, Australia: Author.

Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: Norton.

Sabo, B. (2011). Reflecting on the concept of compassion fatigue. *The Online Journal of Issues in Nursing, 16*(1). Retrived from http://www.medscape.com/viewarticle/745292_4

Shlesinger, Y. (2007). Vicarious traumatization among interpreters who work with torture survivors and their therapists. In F. Pöchhacher, A. L. Jakobsen, & I. M. Mees (Eds.), *Interpreting studies and beyond: A tribute to Mariam Shlesinger* (pp. 153–172). Frederiksberg, Denmark: International Specialized Book Service Incorporated

Trippany, R. L., White Kress, V. E., & Wilcoxon, A. (2004, Winter). Preventing vicarious trauma: What counselors should know when working with trauma survivors. *Journal of Counseling & Development*, *82,* 31–37.

Valero-Garcés, C. (2005). Emotional and psychological effects on interpreters in public services: A critical factor to bear in mind. *Translational Journal, 9*(3), 1–15.

Westermeyer, J. (1990). Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease, 178*(12), 745–749.

Appendix: Survey questions

1. What is your gender?

#	Answer
1	Male
2	Female

2. Which age bracket do you belong to?

#	Answer
1	under 20 years old
2	20 to 29 years old
3	30 to 39 years old
4	40 to 49 years old
5	50 to 59 years old
6	above 60 years old

3. What is your interpreting qualification and the Language Other Than English (LOTE)? You can pick multiple answers.

#	Answer
1	NAATI Paraprofessional Interpreter, and your LOTE is:
2	NAATI Professional Interpreter, and your LOTE is
3	Other qualification, eg. bachelor of arts in translation studies etc
4	None

4. How many years of professional interpreting experience do you have?

#	Answer
1	1-5 years
2	6-10 years
3	11-15 years
4	more than 15 years

5. In the past 6 months, have you done interpreting assignments involving the following client content?

#	Answer
1	violence, e.g. LOTE client talking about family violence, sexual assault, physical attack, assault
2	intensive emotions, e.g. LOTE client expressing sadness, helplessness, isolation
3	bereavement, e.g. LOTE client talking about lost of loved ones
4	life-threatening illnesses, e.g. LOTE client talking about terminal illnesses, palliative care arrangement
5	abuse, e.g. LOTE client talking about sexual abuse, child abuse
6	serious crime, e.g. LOTE client talking about murder, criminal trial
7	trauma, e.g. LOTE client talking about dramatic event in their life
8	torture, e.g. LOTE client talking about own or other's torture experience
9	gruesome images, e.g. having to look at confronting photos or pictures during interpreting assignment
10	other difficult or stressful content, please specify

6. If you tick any of the boxes in the previous question, how much exposure have you had in the last 6 months to these types of interpreting assignments? Please enter an estimated total number of hours over the last 6 months.

#	Answer
1	minimum amount
2	moderate amount
3	great deal
4	enormous amount

7. When you encounter traumatic client content in an interpreting assignment, you

#	Answer
1	complete the assignment as per normal and forget about it
2	complete the assignment but would be somewhat disturbed by it for a while
3	complete the assignment but would feel extremely upset about it for a while
4	complete the assignment but would feel extremely upset about it for a long time

8. After interpreting in a number of assignments involving traumatic client content, you find

#	Answer
1	a decrease in your own perceived interpreting quality
2	a loss of interest in interpreting
3	that you try to avoid accepting these types of assignments in the future
4	other, please specify

Vicarious trauma among interpreters

9. Have you sought support for the concerns you experienced as a result of interpreting traumatic client content?

#	Answer
1	Yes.
2	No, please advice why not?

10. Who have you sought support from? You can tick multiple answers.

#	Answer
1	Family
2	friends
3	community members
4	peers
5	colleagues
6	mentors
7	supervisors
8	agency staff
9	counselors
10	therapists
11	other, please specify: