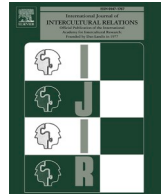




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Working with interpreters in the family violence sector in Australia: “It’s very hard to be in between”

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ABSTRACT

This study explores the role of interpreters and experiences of interpreting within family violence service provision in Australia. Data were drawn from the ASPIRE Project, a community-based participatory research project involving in-depth interviews with service providers ($n = 57$) and refugee and migrant women who had experienced family violence ($n = 46$), and a focus group discussion with interpreters ($n = 4$). The findings show that interpreting services are often inadequate and can create additional safety risks through breaches of confidentiality and other practices that undermine women experiencing family violence. Interpreters themselves are insufficiently supported to undertake the complex and sometimes traumatising task of working in family violence service provision. Cultural conceptions around gender that arise in family violence situations can complicate interpreted interactions, with each party to the triad bringing their own intersectional experiences. Expectations of the role of the interpreter in this context are at times expanded to the role of cultural and institutional broker by service providers. In contrast, migrant and refugee women interviewed prioritised a model based on directly interpreted interactions embedded in the norm of impartiality to promote trust in this high-risk practice area.

Background

The term ‘family violence’, commonly used in Australia, refers to any psychological, physical, sexual or economic abuse in a family setting and encompasses domestic violence, intimate partner violence and other forms of gender-based violence. Family violence is primarily perpetrated by men against women (Australian Bureau of Statistics, 2017). A feminist intersectional view demands that efforts to address family violence consider the needs of migrants and refugees, recognising that over 50% of Australians were born overseas or have a parent born overseas (51.5%), and 23% of Australians speak a language other than English at home (Australian Bureau of Statistics, 2021). Although language barriers have been recognised as crucial in shaping people’s access to services (Bauer et al., 2000; Green et al., 2006; Muijsenbergh et al., 2014), there is a paucity of empirical research exploring experiences of interpreted communication specifically within family violence service delivery (Tipton, 2018; Troshynski et al., 2021).

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All interpreter-mediated communications are complex sites of triadic interaction enacted under temporal constraints (Wadensjö, 1999). Although a growing body of research examines interpreting in court, medical and social services settings, interpreting in family violence service delivery settings involves particular considerations and circumstances that should be explored (Tipton, 2017; Toledano Buendía et al., 2015). Family violence support services involve an array of institutional contexts, including medical settings (such as primary health care and hospitals), social services settings (such as social security, specialist family violence services, women's refuges, housing and homelessness services, settlement services) and legal settings (including law enforcement agencies, legal advice services and courtrooms). These institutions often work concurrently and sometimes collaboratively to address family violence issues, and migrant and refugee women who have experienced violence encounter different interpreter services across each setting. Notwithstanding this, in Australia the model of interpreting employed is generally the same across settings and entails casual, agency-contracted interpreters undertaking consecutive interpreting in highly pressured and under-resourced environments (Hale, 2007; Murray et al., 2022). Particular concerns related to family violence are also common across settings, such as the importance of prioritising safety, empowering women and gender equality issues. Different sites may involve particular power imbalances between clients and service providers, including formal hierarchies in contexts such as courtrooms and police stations.

Interpreters working in family violence service delivery settings in Australia – often referred to as ‘community interpreters’ – usually work across various community and public institutions, including within health, social work and legal sectors. There are challenges regarding the availability and quality of language services. The Australian National Accreditation Authority for Translators and Interpreters (NAATI) provides interpreter accreditation and maintains a database of ‘certified interpreters’, ‘certified provisional interpreters’ and ‘recognised’ interpreters (NAATI, 2022b). Certified interpreters are accredited to interpret complex (but not specialised) messages, whereas certified provisional interpreters are accredited to interpret non-complex, non-specialised messages. Recognised interpreters have not been through the NAATI accreditation testing process. Family violence response services employ interpreters with each of these classifications, largely determined by availability. At the time of writing, there is no NAATI accreditation process for a third of the languages spoken by interpreters on the national Translating and Interpreting Service database (Department of Home Affairs, 2022; NAATI, 2022a). Specialised training in family violence for interpreters has been developed; however, a survey found between 2017 and 2019, only 18% of community interpreters in Australia had accessed professional development in this field (Tobias et al., 2020).

Theorising interpreted interactions within family violence service delivery settings

Community interpreting is a complicated enterprise at both organisational and interpersonal levels (Greenhalgh et al., 2007; Hale, 2007). MacFarlane and O'Reilly-de Brún, 2012, p. 609 conceptualise interpreter interactions in health consultations as ‘complex interventions’, as they: (a) simultaneously involve many different elements (e.g. policy, resources, triadic rather than dyadic interaction); (b) involve coordination of multiple actors for an interpreter to be present during a consultation (e.g. general practitioners, interpreters, administrative employees, contracted companies, patients); and (c) require additional labour and time on top of service providers' usual workload.

Adding to complexity, relationship-building and the development of trust within interpreted interactions are multifaceted and fraught but vital for effective communication (Greenhalgh et al., 2006; Lionis et al., 2016; Robb & Greenhalgh, 2006; Skaaden, 2019). Notwithstanding this, research has found that mistrust in community interpreter services is common among both service providers (Hsieh et al., 2010; Olen et al., 2022) and service users (Gustafsson et al., 2022). The development of trust in service delivery is particularly important in situations of violence, where clients may be recounting traumatic events and immediate safety may be at risk. Family violence situations are often highly emotional for the people involved, requiring complex legal, medical and cultural information to be quickly processed and interpreted (Del Pozo-Triviño & Toledano Buendía, 2016). Such interactions can be considered “high-risk, multilingual communicative events...where unskilled help might result in negative life-changing or life-threatening events” (Pokorn & Mikolić Južnić, 2020, p. 102).

Community interpreters have traditionally been required by codes of conduct to translate impartially and accurately. These norms have been associated with a ‘conduit model’ where interpreting is conceived as a linear, machine-like practice, which renders the interpreter invisible. For many years, scholars have noted the inadequacy of the conduit model of interpreting in both health and legal settings (Brisset et al., 2013; Hale, 2007; Hsieh, 2007, 2008; Kaufert & Koolage, 1984; Leanza, 2005; Wadensjö, 1999). The interpreter as conduit may be an idealised metaphor as it allays fears about interpreters inappropriately intervening; however, it is unrealistic as it fails to account for interpreters' agency and interactive role in the communication triad (Angelelli, 2004; Dysart-Gale, 2005; Kaufert & Koolage, 1984; Kaufert & Putsch, 1997; Leanza, 2005).

The definition and limits of interpreter agency remain live issues within interpreting scholarship. Some believe expressions of interpreter agency should continue to centre on norms of impartiality (see Ozolins, 2016) and fidelity, defending the importance of directly relaying each speaker's utterances without mediation (Skaaden, 2019). ‘Directly interpreted interaction’, as this approach has been termed, need not reduce interpreters to invisible conduits (Hale, 2007, p. 42). Rather than translating speech word-for-word, it involves actively rendering the meaning of utterances, “taking into account the pragmatic dimension of language, transferring the intention behind the utterance and attempting to produce a similar reaction in the listeners” (Hale, 2007, p. 42). Impartiality requires interpreters to understand, value and articulate both parties' points of view. Some refer to this as ‘bi-partiality’ as it describes the shifting obligation to relay each party's utterances from their perspective (Llewellyn-Jones & Lee, 2013, p. 57). Skaaden (2019) argues that preserving the norm of impartiality enables interpreters to fulfill their allegiance to both parties and underpins trust. While the interpreter avoids intervening, even if misunderstandings and confusion arise, it is posited by proponents that the interactive and dialogical nature of community interpreting facilitates clarification in such circumstances (Hale, 2007; Ozolins, 2016; Skaaden, 2019).

In contrast, an expanded view of interpreter agency creates space for ‘mediated interaction’ in which the interpreter intervenes to clarify misunderstandings or actively works to achieve particular communicative ends (Hale, 2007, p. 41; Killman, 2020). According to Downie (2017, p. 268), this concept of interpreter agency is context driven and, rather than focussing on particular professional norms such as impartiality or on “a single, fixed role for interpreters”, the emphasis should be on how “roles shift throughout a given interpreting situation”. Studies of interpreting in health settings have found that many interpreters take an active role, acting as co-diagnosticians or institutional gatekeepers for the health provider (Davidson, 2000, p. 402). Greenhalgh et al.’s (2006, p. 1178) research found that in “many situations, interpreters had to ‘double translate’—first from English to the minority language and then from medical to everyday talk, often with consequent loss of meaning”. This type of mediated interaction constitutes cultural and institutional brokering, with implications for power dynamics between service providers, interpreters and service users (Hsieh & Kramer, 2012).

Here we seek to shed light on service providers’ and service users’ role expectations within interpreter interactions in family violence service delivery settings. Intersectional feminist theory underpinned the research and informs our reading of interpreters’ positions within this context. Like intersectional feminist theory with its roots in critical race scholarship, community interpreting scholarship has an interest in how wider social-political contexts shape and constrain power and dynamics within communication (Cronin & Luchner, 2021; Hsieh & Kramer, 2012; Norström et al., 2012; Olen et al., 2022). Recent scholarship has touched upon and called for further engagement with intersectional feminist theory (Bonotti et al., 2022; Nordberg & Kara, 2022). This approach acknowledges that dynamics of privilege and oppression are social processes that constitute each other, and that practices which underpin oppressive arrangements of relations are not always readily apparent (Cho et al., 2013). Positions occupied by individuals or groups are contextual and produced by “the dynamic interaction between individuals and institutions” (Hancock, 2007, p. 253). We therefore sought to analyse participant experiences of interpreter services in view of the institutional/systemic structures in which they are embedded, attending to the dialectic relationship between the personal and systemic (Gkiouleka et al., 2018; Rahman, 2008; Sokoloff, 2008).

Social positionings within interpreter-mediated interactions reflect power dynamics between each member of the triad. Scholars interested in intersectionality stress the importance of attending not only to those who are minoritised, but also to the positions (and actions) of those with power and the social processes involved in producing so-called ‘unmarked categories’ (Choo & Ferree, 2010, p. 131). As such, it was important to consider the various social locations occupied by participants. It is recognised that refugee and migrant women themselves have diverse experiences of gender, race, sexuality, class, disability, religion and culture. Although they cannot be reduced to a particular social location, they often occupy racialised positions. While some services employ migrant and refugee staff and bilingual employees, family violence service delivery settings in Australia – including courts, hospitals, police stations, specialist family violence services, and refuges – are often white-settler spaces. A 2019–20 Family Violence Workforce Census found 80% of specialist family violence response sector employees were born in Australia, another 8% were born in the UK and NZ and 99% use only English in the course of their role (Family Safety Victoria, 2021). Thus, specialist services do not reflect the diversity of the Australian community. In contrast, interpreters, like migrant and refugee women, often inhabit racialised social positions. Interpreters are more likely than service providers to come from similar cultural backgrounds to refugee and migrant women and have shared the experience of migration, although other characteristics, such as education, class and country of origin, may differ. It cannot be assumed however, that there will be *any* intersectional commonalities between interpreters and clients, as instances occur where women do not have access to an interpreter who speaks their first language (either by choice or due to unavailability).

This paper explores experiences of interpreters and interpreting within family violence service delivery settings from the perspectives of migrant and refugee women who have experienced family violence, service providers and interpreters. We analyse role expectations of interpreters and intersectional positionings within the triad, focusing on professional interpreter services rather than the recognised problems associated with the use of informal interpreters.

Methodology

The ASPIRE project

This study draws on data from the ASPIRE project, a qualitative, community-based participatory research project investigating family violence experiences of migrant and refugee women across eight locations in Tasmania and Victoria, Australia. We include data from in-depth interviews with migrant and refugee women who have experienced family violence ($n = 46$); interviews with service providers ($n = 57$); and a focus group discussion (FGD) with interpreters ($n = 4$). The interpreter FGD was added to the published study protocol (Vaughan et al., 2015), as interviews highlighted interpreter-related issues. The protocol sets out the community-based participatory research methodology, which involved extensive consultation throughout research design, implementation and analysis with migrant and refugee women as well as representatives from family violence response services, women’s health organisations, multicultural/settlement services, the justice system, local government and academics. The positionality of the research team itself was diverse and involved white settler Australian researchers as well as researchers from multicultural backgrounds including bilingual health educators who assisted in all phases of the project (Vaughan et al., 2015). In reflecting on this positionality, we should note that researchers themselves frequently occupy an ‘unmarked’ category (Choo & Ferree, 2010) but that a western feminist stance was likely assumed by participants. Such assumptions can of course also influence responses in the research encounter (Mellinger, 2020).

Service providers who participated in the study represented family violence response services, health services, settlement/multicultural services, legal services and judicial officers. We sampled for diversity among migrant and refugee women, accounting for general migration patterns to Australia, with participants tending to migrate from Asia, Africa, the Middle East and the Indian

subcontinent (including China, the Democratic Republic of the Congo, Eritrea, Ethiopia, India, Indonesia, Iraq, Lebanon, Mauritius, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Sri Lanka, Sudan, Thailand, Tunisia, Turkey and Vietnam). No women from North or South America and a limited number of women from Europe participated, with English generally a secondary language among participants. Visa status, English language proficiency levels and time spent in Australia varied, with half of the women interviewed spending five years or fewer in Australia.

The FGD with interpreters included two participants who were bilingual health educators working on the ASPIRE project who also worked as interpreters in family violence response settings, and two community interpreters. The interpreters were female, came to Australia on humanitarian visas and had varying levels of professional training and accreditation. Although not representative of all interpreters, they provided valuable perspectives on emerging patterns in the data.

The phases of thematic analysis, as outlined by Braun and Clarke (2006), guided data analysis, with our interpretations of the data underpinned by intersectional feminist theory. Following coding and identification of the interpreter-related data-set we conducted an in-depth secondary thematic analysis (Braun & Clarke, 2006). Quotations below have been edited to remove grammatical errors and to protect anonymity.

Ethics approval was granted by the University of Melbourne Human Research Ethics Committee (ID 1544857.1) and the Tasmania Social Sciences Human Research Ethics Committee (ID H0015235).

Findings

The study demonstrated that family violence response settings lacked sufficient resources to provide adequate interpreter services, placing further pressure on those involved in high-risk situations. Interpreters themselves were vulnerable to vicarious trauma while working in this field. Conflicting norms surrounding gender and culture also pervaded communication in this context, which further complicated expectations of the interpreter's role. Some service providers preferred interpreters act as cultural and institutional brokers to deliver family violence services, whereas migrant and refugee women tended to favour interpreter impartiality.

Lack of qualified, appropriate and safe interpreting services

Service providers consistently reported frustrations regarding the lack of available interpreters to assist in family violence service delivery, echoing findings in other service delivery contexts (Jaeger et al., 2019; Lee et al., 2021). Newly arrived and small communities were particularly affected, most acutely in regional settings.

"Some languages [are] very difficult to get interpreted... I have to call almost 20 times to get one interpreter." (Specialist family violence practitioner).

When interpreters were available for languages with a small number of speakers in Australia, the interpreter often knew both the victim and the perpetrator, leading to a perceived or actual conflict of interest. Interpreter scarcity placed practical stresses upon service providers, who were concerned this would negatively impact service delivery and women's safety.

Specifically, service providers lamented the lack of female interpreters, noting many women found it difficult to discuss family violence with male interpreters. Furthermore, they reported that some male interpreters were averse to interpreting content they viewed as inappropriate or sensitive. Interpreter gender was particularly important where experiences concerned sexual and reproductive violence. Some participants emphasised however, that an interpreter's understanding of the gendered nature of violence was more important than the interpreter's gender. The priority was to ensure that migrant and refugee women who have experienced violence did not also experience judgement or victim-blaming from the interpreter.

Service providers and migrant and refugee women generally discussed concerns about interpreters without reference to, or necessarily knowledge of, their degree of professional training. However, they did note that at times the only interpreter available was not professionally accredited or trained.

Negotiating confidentiality and judgement: differing values and norms placing women at risk

Although confidentiality is important for interpreter services in all settings, such concerns are particularly crucial in family violence service provision, as the consequences of improper conduct can be severe (Toledano Buendía et al., 2015). Service providers raised concerns that women's lack of familiarity with standards of professional confidentiality, acted as a barrier to accessing services in and of itself.

"We always try to reassure them that there's strict confidentiality agreements but for a lot of women... that's not very reassuring because it's quite a foreign concept." (Legal service provider).

Despite services' expectation of confidentiality, women's fears were sometimes justified. Both service providers and women described experiences where interpreters breached confidentiality, in some instances placing women at significant risk. One migrant woman who had experienced family violence reported that she was berated by her family abroad after an interpreter contacted them and shared his evaluation of her case:

“[After] he interpreted me, you know what he did? He went overseas - [my family] said the interpreter said I put [my husband] in the jail... he said ‘I know your daughter and she’s a very bad woman. She put [her husband] in the jail, she takes him to the court every day.’” (Celine).

Participants also raised concerns about interpreters voicing their own judgements on women’s circumstances. It was reported that interpreters at times admonished women or told them to return to their families. In the following quote, a support worker understood the language being interpreted sufficiently to intervene to advocate for the client in Court:

“I had to arrange an interpreter with this particular Turkish woman and a gentleman turned up from Melbourne... the lady shut down and didn’t want to talk, because he was telling her to go back to her husband. I immediately jumped in and said this interview was over and told the police officer. What would happen if I didn’t understand her?” (Specialist family violence practitioner).

These types of experiences were described by women and service providers as examples of interpreters injecting their ideas about gender and family violence in ways that undermined women’s ability to communicate with service providers.

The consequences of judgement and breaches of confidentiality by interpreters could be significant. Participants described women who had experienced family violence being punished by their communities:

“Those translators are entrenched in the bloody community and then... they go back to their community and the whole community gives them a hard time. Not only are they abused by their husband but the whole community comes against them and ostracises their children as well.” (Court support volunteer).

This quotation also reveals how value-judgements made by service providers as well as interpreters further complicate interpreted interactions. When interpreters acted outside the bounds of professional standards, their behaviour was sometimes framed by service providers in racialising ways: interpreters were viewed as ‘too’ entrenched in community or ‘too’ steeped in cultural norms. One participant asserted migrant and refugee women voicing a preference for female interpreters was inconsistent with the practical realities of responding to family violence in the courtroom:

“Hey, I’d like a female plumber, but I might find them hard to get. So where women would prefer to speak with women or there’s a religious obligation to only speak to women, it’s if I may boldly say, it’s just religion. It’s a choice and the law and how we need to deal with that is critical. I would be happy to request female interpreters. Why not?... but if I can’t get one what am I doing to do? Not grant an order?. They have entrenched patriarchy and we are inadvertently calling that culture when it’s really patriarchy.” (Magistrate).

This participant’s understanding of the role of gender within culture and religion is likely at odds with many migrant and refugee women’s beliefs, as well as many interpreters. Indeed, the complexity of interpreted communication is compounded by the varying norms and values that all parties bring to the interaction.

Navigating interpreter role expectations

Refugee and migrant women communicating with service providers through interpreters wanted to trust that the meaning of their words was being accurately conveyed, asserting the importance of directly interpreted interaction based on impartiality.

“Some of them were fine, they interpreted what I had expected to say. But some of them didn’t really translate what I had said... they changed my stories and the social workers got confused.” (Hien).

“Exactly the words what you say, interpret it. So even if you a policewoman, and interpreter come, if I say I have pain and [the interpreter] say different things and if you didn’t help, I cannot blame you. I have to blame the interpreter because she telling you different things.” (Celine).

In contrast, service providers were more likely than women to frame interpreters’ roles as requiring mediated interaction. Some reported that they considered it part of the interpreter’s role in a family violence service provision setting to provide ‘cultural’ information where appropriate. Thus interpreters were sometimes framed as cultural brokers between service providers and women:

“And in some languages they use metaphor, if it’s bad news, they never give it directly, they use metaphors. So I learn more from the interpreters, than I do [from] any cultural [training], you know what I mean? ... [some] actually do become really good educators, when it comes to cultural issues.” (Refugee health nurse).

One service provider reported that a client had told her through an interpreter: “you’re making me sad in my soul.” The interpreter translated the words but did not explain that the woman meant she was suicidal. It was only after the woman was hospitalised and another interpreter was engaged that the meaning of ‘sad in my soul’ was explained.

As well as providing information about refugee and migrant women’s culture to service providers, service providers expected interpreters to translate Western cultural ideas about family violence and gender to women. However, service providers were only

willing to recognise and encourage interpreters' role as cultural brokers insofar as their input was considered compatible with institutional messages about family violence.

"You would want someone who is fairly educated and open minded because for some interpreters this might be too confronting or challenging or they might think that this woman is doing the wrong thing by 'selling out' her husband... I would stop a consult straight away if I picked up something." (Refugee health social worker).

Indeed, some service providers preferred that interpreters act as their trusted agents of service delivery, beyond the translation of cultural meaning. The following interviewee explained how they educated a particular interpreter accordingly:

"We had a lot of discussions about clients... so that he started breaking down some of those myths... and was able to then feedback properly to women to the point where I could really trust his opinion and his identification of risk etc. So he became educated about [family violence] to the point of... that you could trust him to do the work on his own" (Court support worker).

Others also voiced their appreciation of interpreters who took on such roles:

"I work with one interpreter, he told me 'I know this and this. Can I tell her that' before I can even ask, and I go 'Yes, that's perfect.'" (Specialist family violence practitioner).

Specialist training in family violence was viewed by many service providers as important to improve the quality of interpreting and enable the interpreter to support appropriate responses. They tended to see the role of interpreters in family violence service delivery as involving specific knowledge and skills, needing specialised training and accreditation beyond standard professional competency. Service providers emphasised that interpreters needed to understand the gendered nature of family violence, as well as specific family violence legal terms and concepts.

Service providers tended not to reflect on their own social position of power within the triadic communication, perhaps unsurprisingly, given the high pressure of their work. One participant from a legal service noted that duty lawyers have only 10 minutes with each client at court to receive instructions. Some service providers were, however, very cognisant of the tensions involved in translating competing values:

"Translating the concepts... that's very difficult and I think you're always rubbing up against a completely different culture... It's really difficult probably for women and workers to feel like there is an understanding and they're on the same page... especially if you're working in crisis... You need to let people make their own decisions but then you also have to have these conversations that allow that and it can get messy." (Specialist family violence practitioner).

"And the way we work with [interpreters] has to change as well, because they're actually partners in service delivery, they're not tools of communication." (Refugee health nurse).

These service providers were able to reflect upon their positions and assert the collaborative role that interpreters can take in family violence service delivery.

Strategies used by migrant and refugee women who had experienced violence and service providers to address risks

Participants described various strategies migrant and refugee women with low English proficiency used to mitigate risks that arose when working with interpreters. For example, multilingual women sometimes elected to speak in a language that was not the dominant language of their community to avoid engaging community members:

"So this lady said 'I don't want an Arabic speaking one, I want a Kurdish'... So the women who speak multiple languages will pick the language they think they'll have the less problems with." (Specialist family violence practitioner).

Service providers and women also described how women would direct the use of interpreters in order to preserve their safety or ensure quality.

"There are quite a few clients who don't want interpreters present in the room, but they'll use a telephone interpreter. And a few of them will say, 'Can you change my name?' [to] keep them anonymous." (Refugee health nurse).

One migrant woman related the type of conversation she would have with the service provider:

"Don't now give proper name to the interpreter, don't say I have 'Celine' with me... No. I have 'Belinda' with me. (Celine).

Other service providers described how women tended to request particular trusted interpreters. Through these diverse methods, women took back some control of interpreted interactions, exercising agency and resistance in the face of systemic challenges. However, institutions' contracts with particular language-service providers and the lack of coordination between different services/sectors prevented a specific interpreter from accompanying a woman across her interactions with the complex family violence response service system.

Service providers and women also collaborated to address shortcomings in language services. Service providers described many ad hoc strategies, such as using interstate phone interpreters; calling clients back with a second phone interpreter to check how the client experienced the first interpreter; watching the body language of both the interpreter and the client; and developing code systems with clients, through which a woman could alert the service provider that she was concerned about the quality of interpreting or wanted to end the session. These strategies were developed through trial and error rather than adhering to overarching policies or procedures.

Service providers developed pragmatic strategies and practices depending on the particular priorities and context of their service:

“[W]hen a patient has had a specific interpreter we generally try and request the same interpreter, or a pool of say two or three who know them and who are reliable. Where there are safety concerns or issues around privacy, we would always divert to a phone interpreter, which is not ideal either.” (Hospital social worker).

Service providers described different considerations when booking interpreters in specific contexts. For example, a provider who worked specifically with refugees was mindful of the problems associated with engaging an interpreter whose cultural or ethnic background might be linked to a ‘persecuting’ group. The flexible strategies described by women and services were developed to address systemic and organisational challenges in the sector as well as the inherent complexities of interpreted interactions.

Interpreters’ experiences in family violence service delivery settings

Some service providers expressed concern about interpreters who had been exposed to trauma in the past and how this affected their work in family violence service delivery. Service providers also considered that interpreters lacked the necessary support and training to address their own needs in this context.

“And then the other thing we tend to forget is this: interpreters come from the same communities, they are just as traumatised and while they’re travelling around Melbourne interpreting story after story, they’re re-living that experience.” (Refugee health nurse).

“I had one beautiful Burmese interpreter who was doing his job really well but was so affected by the information that was happening that I had to stop interviews to put him back together before we could continue.” (Court support worker).

The view that interpreters should have more training and support was sometimes framed by concerns over interpreter quality:

“I’ve had interpreters in here who are clearly traumatised themselves and I’ve said “No, I cannot use you until you go and get some help. Because you’re not doing me a favour by bringing in your own story. We’re here for the client, sorry.” (Settlement service provider).

“Oh, interpreters. It’s so frustrating. The quality issue. I acknowledge interpreters are not paid very much money. I acknowledge that listening to all of that family violence and the crime and all of the things that are my daily bread for 20 years, are very traumatic. We should have trauma counselling and we don’t.” (Magistrate).

This observation also speaks to the poor remuneration of community interpreters as agency contractors, which has an impact on the interpreting industry’s professionalisation and status.

Interpreters themselves described the tension they experienced when subject to competing obligations between their position as an interpreter and their role in the community:

“It’s very hard to be in between.... What can you say? Even just telling them, ‘I am here as an interpreter. I am not going to defend her or you. I am just called here.’ And they consent, but it’s very challenging because I am in the community.” (Interpreter FGD).

The interpreters also reported that interpreting in family violence situations was very stressful and took a significant emotional toll:

“You feel really bad. It impacts a lot. I did two big [family violence cases] – it impacted on me. I went home, ‘Oh my God,’ and there’s no one to talk to” (Interpreter FGD).

Two interpreters found interactions with authorities or the legal system particularly stressful. One described how this triggered their own past experiences of trauma, echoing reports from service providers:

“[W]ith all these things it triggers me. It feels like my mind goes back- flashback... Those are the challenges with interpreting in front of authority, in front of the law.... We have been chained, beaten, surrounded by authority, we’ve been interviewed and interrogated. And doing the court [work], the same thing again.” (Interpreter FGD).

Interpreters discussed the stress of situations where the consequences of the interpreted interaction were significant, such as police or court interpreting. They found the family violence system difficult to navigate due to legal terms and concepts for which there may not be equivalent concepts in the translating language. Two interpreters in our focus group discussion now refused jobs that concerned

the family violence legal system because of negative experiences:

“It’s too much for me. I don’t accept any police work, no court work. Don’t do it. I just say I can’t come that time.” (Interpreter FGD).

Interpreters also discussed the sensitivity required to carefully navigate cultural taboos and described feeling isolated without sufficient structured support to address the challenges they faced in family violence service delivery. Informal support networks such as family and friends were not available because of the need to preserve confidentiality. Some interpreter agencies provide counselling, supervision or debriefing sessions, though none of the participants had successfully accessed such support.

Discussion and conclusion

This study explored the complexities of interpreted interactions in family violence service delivery settings. Findings highlighted structural shortcomings, particularly in relation to the lack of qualified interpreters and safe interpreting services. These limitations placed women with low dominant language proficiency at further risk of suffering violence when they sought help. In some cases, women interviewed experienced violence in their homes, and then had to resist violence experienced in (and as a consequence of) interpreter-mediated communication, which compounded other forms of systemic oppression. Service providers and women developed creative strategies, sometimes collaboratively, to address systemic shortcomings. One strategy highlighted in this study, where service-providers used a second telephone interpreter to check a woman’s satisfaction with the first, is one that should perhaps be trialled more widely.

We found that interpreters’ professional and personal needs were not being met in family violence service delivery settings, confirming other studies’ findings (Bontempo & Malcolm, 2012; Crezee, 2015; Hsieh & Nicodemus, 2015; Mehus & Becher, 2016). Interpreters were expected to instantaneously process, interpret and produce sensitive content, with little consideration given to the impacts on them (Lai et al., 2015; Tribe, 1999). Failure to address the experiences of interpreters likely “reflects a low regard for translating and interpreting professionals and the relative disempowerment of workers through agency-facilitated employment” (Gentile, 2017; Lai et al., 2015, p. 6; Nordberg & Kara, 2022; Norström et al., 2012). Norström et al. (2012) argue that poor status and working conditions for community interpreters reflects a lack of respect for those who do not speak the dominant language and is a form of covert and insidious discrimination. This study underscores the importance of systemic change that provides interpreters with the working conditions and recognition that enable them to safely fulfill their role. There is some evidence that structural changes enabling an individual interpreter to accompany clients across settings may mitigate risks of vicarious trauma for interpreters (Splevins et al., 2010). Some women and service providers in this study also voiced a preference for being able to call on a known and trusted interpreter.

Our research also highlights how cultural norms surrounding gender and violence compound the complexities of interpreted communication in this context, with each party to the triad having their own beliefs and experiences. Interpreters were criticised by both service providers and migrant and refugee women for judging and reprimanding survivors of violence and placing them at further risk. Service providers were inclined to view interpreters as useful cultural brokers only insofar as their views accorded with western feminist understandings of violence against women and their priorities in family violence service delivery. Although service providers tended to claim a position of neutrality, an ‘unmarked category’, their values and intersectional positionings are also implicated in triadic communication (Choo & Ferree, 2010).

In this context, where parties regularly bring strong cultural assumptions to bear, migrant and refugee women interviewed emphasised the importance of having their words accurately conveyed without filter or distortion, supporting the argument for directly interpreted interactions based on impartiality. Other research confirms that women’s concerns about mistranslation in the context of violence are well-founded (Troshynski et al., 2021). The women we interviewed reported that when they perceived that interpreters did not convey information and meaning accurately it undermined their trust in service providers and interpreters (see Gustafsson et al., 2022).

Norma and Garcia-Caro (2016, p. 1310) argue that interpreters should adopt feminist principles and discard the norm of ‘impartiality’ in favour of advocacy for migrant women who have experienced violence. However, in view of the diverse intersectional positionings of interpreters, including their manifold experiences and views of gender and violence evidenced in our findings, it is perhaps unrealistic to add the role of feminist advocate to community interpreter role expectations. Our findings indicate that migrant and refugee women’s priority was to have their voices heard, which may or may not align with services’ institutional agenda. This suggests that interpreter ‘advocacy’ for women who have experienced violence may therefore align with the case for impartiality/bi-partiality. Furthermore, service providers working in this context should balance expectations that interpreters act as cultural and institutional brokers with the primacy of hearing migrant and refugee women’s (and men’s) voices.

That impartiality is not always achievable in practice or demonstrated within interpreting research (Downie, 2017) does not undermine its potential importance as a guiding value. Our finding that interpreters commonly interfere in family violence matters endangering women underscores the norm’s importance. Emphasising impartiality/bi-partiality nonetheless recognises that interpreters must constantly use agency, judgment and discretion to frame context and intention in order to relay meaning. Indeed, the question is not whether but how such agency should be exercised and constrained by professional norms (Skaaden, 2019).

We recognise that prioritising directly interpreted interactions may involve misunderstandings and confusion between service providers and migrant and refugee women. This is consistent however, with a broader intersectional feminist project to allow space for confusion and divergence in interactions rather than reducing or flattening migrant and refugee women’s voices in the name of linear

legibility (Ergun, 2020). Creating such a space demands additional time and resources be devoted to interpreted interactions in family violence service delivery settings. Such a shift should not only prioritise migrant and refugee women's voices and their safety but also promote community interpreters' wellbeing, which has to date been systemically neglected.

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Declaration of interest

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