Interpreting in **Situations of Domestic, Sexual & Gender-Based Violence**

A DUBLIN RAPE CRISIS CENTRE HANDBOOK

As part of Justisigns2

JUSTISIGNS2
empowering people who experience domestic, sexual & gender-based violence

DRCC
Dublin Rape Crisis Centre

With the support of the Erasmus+ Programme of the European Union

A Dublin Rape Crisis Centre Handbook

As part of Justisigns 2

The JustiSigns2 Consortium is coordinated by Interesource Group (Ireland) Limited and partnered with Trinity College Dublin, European Union of the Deaf, Dublin Rape Crisis Centre, An Garda Síochána, University of Vigo and Herriot-Watt University.

Alongside this handbook, the JustiSigns2 outputs include:

- *Silent Harm Report:* A review of support for survivors of gender-based violence.
- Online training manual and course for for police forces, first point of contact staff, spoken and sign language interpreters who deal with victims of GBV.
- *Silent Harm Documentary:* Featuring deaf survivors of DSGBV recounting their stories and experiences.
- A Gender-Based Violence toolkit, as well as factsheets and training resources.
- Factsheets and resources.
- British Sign Language (BSL) glossary.
- Training sessions for interpreters and those working with interpreters.

To access any of these outputs, please go to: https://justisigns2.com/outputs.

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About this handbook

This handbook, developed by Dublin Rape Crisis Centre as part of Justisigns2,[1] is intended to support sign and spoken language interpreters working in situations of domestic, sexual and gender-based violence (DSGBV). It also aims to improve the accessibility and effectiveness of service provision, legal protections and justice for migrants, refugees and deaf people who have experienced such violence.

The mission of DRCC is to prevent the harm and heal the trauma of all forms of sexual violence. Our services are available to all victims/survivors of sexual violence, regardless of gender, nationality, sexuality, ethnicity, race or language. For many years, we have worked with victims/survivors from different countries, some of whom came to Ireland fleeing war and oppression. When victims/survivors do not have fluency in the language of the country they are living in, interpreters are an essential support. However, without adequate training in the area, interpreters may be ill-equipped to work with such sensitive and traumatic subject matter, and service providers may be daunted at the prospect of interpreter-mediated work. For people who are deaf and have experienced DSGBV, the availability of competent, trained and appropriate sign language interpreting is also essential to their being able to access supports and services.

The right of victims to translation and interpretation is recognised by the European Union under Directive 2012/29/EU. Under Article 25, member states are required to ensure adequate training for professionals who come into contact with victims, particularly in situations of DSGBV. Meanwhile, in its' 2021 "White Paper to End Direct Provision", the Irish government acknowledged that the current system of housing asylum seekers "failed to respect the dignity and human rights of individuals."[2] The White Paper outlines a new approach, which takes account of the mental health needs of asylum seekers, including the need for "appropriate interpretation services".

Since 2007, with European grant funding over a series of years, DRCC has developed and provided training for both spoken language and sign language interpreters. The first grant in 2007 enabled us to develop the DRCC handbook *Interpreting in Situations of Sexual Violence and Other Trauma*, alongside a training programme. In 2020, DRCC became a partner on the Justisigns2 project, which aims to raise awareness and access to supports for people from the Deaf, migrant, refugee and asylum-seeking communities who have experienced domestic, sexual and gender-based violence. The Justisigns2 project has afforded us the opportunity to develop this new handbook for interpreters, with a wider scope which includes domestic and gender-based violence as well as sexual violence, and to develop and roll out training courses for both sign and spoken language interpreters, as well as for mental health professionals working with interpreters. The opportunity to expand our work with interpreters could not have arrived at a more significant moment, as increasing numbers of people have come to Ireland seeking asylum and refuge from war, conflict, poverty and persecution.

In order to be an effective support to victims/survivors, and to ensure they themselves are supported in the work, training for interpreters and for those working with interpreters is vital. This handbook is intended to accompany DRCC's training course for interpreters, and is designed to equip and support interpreters in situations of domestic, sexual and gender-based violence and other trauma. The handbook is available to all those working as spoken or sign language interpreters in such situations. It may also help to inform service providers about the process of interpreting and of some issues that might be encountered in such work.

A NOTE ON OTHER SPECIALIST ORGANISATIONS

While developing the training programme and handbook, DRCC worked closely with our partners in Justisigns2[3] and consulted widely with interpreters, interpreting agencies, NGOs, and people who have accessed support services via interpreters. We are very grateful for the information and the support which we received from all of these sources. While DRCC specialises in supporting victims/ survivors of sexual violence, our clients may have also experienced other forms of violence, including domestic abuse, trafficking, female genital mutilation (FGM), and torture. While we have considerable knowledge of these issues, we are very grateful for the learning we receive from organisations whose specialised expertise in these areas informs our work on an ongoing basis. For further in-depth information, training and support on specific issues, please refer to one of the specialist organisations listed in Appendix Two of this handbook.

Explanation of terminology

"VICTIM" AND "SURVIVOR"

Throughout this handbook we use the terms "victim/survivor", "victim", and "survivor" interchangeably. The term "victim" acknowledges that a person has been victimised, and places the responsibility on the victimiser. Furthermore, victims have specific rights under European and Irish Law.[4]

Some people who have experienced gender-based violence feel that the term "victim" is disempowering and prefer the term "survivor". Others feel that the term "survivor" denies their pain and minimises the abuse against them, or that it sees them only in relation to the violence perpetrated against them rather than the whole person.

Some people prefer not to use either of these terms, and in this handbook, we also refer to "a person who has experienced gender-based violence". We recognise the impact of language used, and the individuality of thinking on this issue.

"SERVICE USERS" AND "SERVICE PROVIDERS"

In this handbook, we will use the term **service user** to refer to the person who has experienced domestic, sexual and gender-based violence, and who might require an interpreter to communicate effectively with services. In the context of this handbook, when we refer to a service user, we are generally referring to a victim/survivor who is a migrant, refugee and/or deaf.

We will use the term **service provider** to refer to support services as well as police and legal services. In most instances, it is understood that the service providers in this context will speak the local language, and will require an interpreter to communicate with service users who use a different language.

DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE (DSGBV)

"Domestic violence", "sexual violence" and "gender-based violence" are terms used to describe ways in which power is asserted over a person with an aim to dominate, degrade and control. Anyone can be the victim of domestic, sexual and/or gender-based violence (DSGBV), regardless of race, age, sexual orientation, religion, gender, or socio-economic background. However, if a person is already subjected to discrimination and/ or marginalisation, they are more vulnerable and the consequences are likely to be more serious given the difficulties in accessing support services.

Although experiences of domestic, sexual and gender-based violence can and do overlap, each of these terms holds quite a distinct meaning individually, which is explained in more detail below. When reading this Handbook, note that:

Gender-based violence is an umbrella term that encompasses sexual and domestic and other forms of violence such as trafficking, harassment, female genital mutilation (FGM) and forced marriage.

In Part One of this Handbook, we provide more detailed definitions and information about different forms of gender-based violence.

Domestic violence refers to violence within intimate and family relationships. Domestic violence can be perpetrated by parents, siblings, adult children, and other family members, as well as married, cohabiting and dating partners.

Experiences of domestic violence can include sexual and other forms of gender-based violence.

Sexual violence can occur within intimate relationships, including in situations of domestic violence, but can also be perpetrated by other known people, more distant acquaintances or strangers. It may also be perpetrated by security forces and militias.

"REFUGEES", "ASYLUM-SEEKERS", AND "MIGRANTS"

Refugees are people who have fled war, violence, conflict or persecution and have crossed an international border to find safety in another country.

The 1951 Refugee Convention defines a **refugee** as:

"someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion."[5]

An **asylum-seeker** is someone who has made an application for international protection (also known as refugee status) but who has not yet been recognised as a refugee.

A **migrant** is someone who has moved from one country to another. There are very many reasons why people migrate: to find work, to escape poverty, or to escape natural disasters. As Amnesty International has stated, "people can migrate 'regularly', which means they have official permission to stay in a country, or 'irregularly', which means they don't yet have this permission. Whatever their status, all migrants are entitled to have their human rights protected."[6]

Whereas a refugee is forced to leave their country of origin, migrants are often represented in the media as leaving their country "voluntarily", although, as the UNHCR says, "the factors leading people to move can be complex [and] the causes are multifaceted."[7]

In this handbook, we will use the term "asylum-seekers" when referring specifically to those people who have not yet been granted international protection status. However, when speaking more generally, we will follow the UNHCR's preferred practice of using "migrants and refugees" as an umbrella term for all people who leave one country for another – any of whom might have experienced or might yet experience domestic, sexual and gender-based violence.

Regardless of the circumstances which led them to leaving their country, all survivors of DSGBV have the right to access support and legal services, as well as the right to appropriate interpretation services if required.

PART ONE

Overview of Domestic, Sexual and Gender-Based Violence

GENDER-BASED VIOLENCE

What is gender-based violence?

According to the United Nations, gender-based violence (GBV) is any harmful act directed at a person, whether threatened or enacted, because of their gender.[8] It can take the form of:

- Physical violence (including the deprivation of liberty)
- Rape, sexual aggression, sexual assault and other non-consensual sexual acts
- Domestic abuse and intimate partner violence
- Verbal violence (such as hate speech)
- Harassment
- Coercion
- Withholding finances
- Denying education
- Trafficking
- Sharing of intimate images without a person's consent
- Female genital mutilation
- Forced marriage
- So-called "honour" crimes

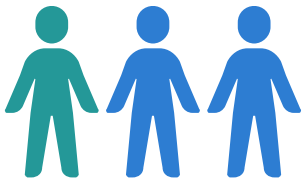
Gender-based violence can occur in public, private and online spaces, and can be perpetrated by intimate partners, friends, family members, officials, security forces and militias and/or strangers.

WHO EXPERIENCES GENDER-BASED VIOLENCE?

WOMEN AND GIRLS

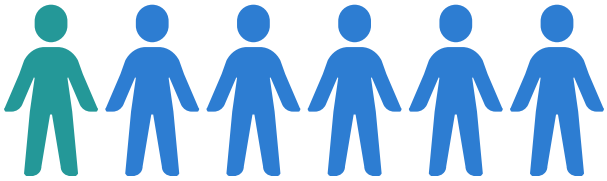
Although anyone can be the victim of gender-based violence, it is most often perpetrated against women and girls. Structural inequalities, social norms, cultural attitudes and gender stereotypes serve to normalise gender-based violence and it is estimated that **at least 1 in 3 women** experience sexual or physical violence during their lifetime.[9]

A UN report found that "in 2021, around 45,000 women and girls worldwide were killed by their intimate partners or other family members. This means that, on average, more than five women or girls are killed every hour by someone in their own family."[10]



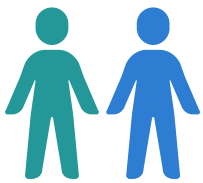
MEN AND BOYS

While the majority of victims of gender-based violence are female, men and boys also experience gender-based violence, although statistics are less readily available. Most victims of gender-based violence do not disclose, and men are even less likely to speak about their experiences due to traditional stereotypes of masculinity and social stigmatisation. It is estimated that **1 in 7 men**[11] experience domestic abuse and **1 in 6 men**[12] experience sexual violence during their lifetime.



PEOPLE WHO ARE GENDER DIVERSE, NON-BINARY, OR TRANS

Globally, gender diverse and trans people are at increased risk of gender-based violence. People who are transgender or gender diverse are targets of harassment, abuse and discrimination because of their gender identity, with some studies showing that **up to 50% of transgender people have experienced sexual violence during their lifetime.**[13] People who are gender-diverse or trans can face further discrimination from agencies who are supposed to support and protect them, such as in schools, health-care settings and/or law-enforcement.



SEXUAL VIOLENCE

What is sexual violence?

Sexual violence is any kind of unwanted sexual activity or contact. This includes words or actions of a sexual nature forced upon a person without their consent. Perpetrators may use manipulation, coercion, threats or force. Sexual violence can take many forms, including:

- Rape
- Sexual assault
- Groping
- Indecent exposure
- Child sexual abuse
- Harassment
- Stalking
- Non-consensual sharing of intimate images

> "The essential element of rape is the physical, psychological, and moral violation of the person. The purpose of the rapist is to terrorise, dominate, and humiliate his victim, to render her utterly helpless. Thus, rape is intentionally designed to produce psychological trauma."[14]

WHAT IS CONSENT?

It is hard to fully explain what sexual violence is without including a definition of consent. The Criminal Law (Sexual Offences) Act 2017 states that:

> " A person consents to a sexual act if he or she freely and voluntarily agrees to engage in that act" [15] (see p. 33 for more detail).

Consent is a voluntary agreement in a relationship with equal power to engage in sexual activity. Consent is retractable: in other words, a person can change their mind at any time. It is freely given: a person cannot be coerced or threatened to consent. And it requires the person to be capable of giving consent: i.e., the person must be of legal age, not under the influence of drugs or alcohol, and not prevented from giving consent due to physical disability.

INCIDENCE OF SEXUAL VIOLENCE

THE SAVI REPORT (2002)

In 2002, research on the incidence of sexual violence in Ireland was carried out by the Royal College of Surgeons on behalf of Dublin Rape Crisis Centre. The SAVI (Sexual Abuse and Violence in Ireland) Report found that of the 3,120 men and women interviewed:

- 40% of women said they had had at least one unwanted sexual experience and 10% of women said they had been raped.
- Over 25% of men questioned said that they had had unwanted sexual experiences and 5% of men had experienced rape or attempted rape.[16]

CSO SEXUAL VIOLENCE SURVEY (2022)

In 2022, the Central Statistics Office (CSO) surveyed 4,575 people to find a new baseline for levels of sexual violence in Ireland.[17] The CSO defined sexual violence as "a range of non-consensual experiences from non-contact experiences to non-consensual sexual intercourse."

Findings from the CSO Sexual Violence Survey included:

- 52% of women reported experiencing sexual violence in their lifetime.
- 28% of men reported experiencing sexual violence in their lifetime.
- 18% of women experienced non-consensual sexual intercourse as an adult.
- 3% of men reported experiencing non-consensual sexual intercourse as an adult.

NEW FORMS OF ABUSE

Advances in technology have seen new forms of abuse arise: in 2021, research by the Department of Justice found that one in 20 adults have had an intimate image of themselves shared without their consent.[18]

DOMESTIC VIOLENCE

What is domestic abuse?

Domestic abuse is sometimes also referred to as **"domestic violence"** or **"intimate partner violence"**. It can occur in all kinds of intimate relationships – marriages, cohabiting couples, couples who are dating – and can also be perpetrated against family members and children. The scope of the definitions varies between countries.

The United Nations defines domestic abuse, as:

> "a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorise, manipulate, hurt, humiliate, blame, injure, or wound someone."[19]

While domestic abuse affects and is perpetrated by all genders, a large majority of victims are women and the majority of perpetrators are men. Domestic abuse often involves the abuse of masculine privilege including physical and economic strength, and is supported by male domination of communities and societies. It is a form of gender-based violence.

Incidence in Ireland

DOMESTIC VIOLENCE AGAINST MEN AND WOMEN

A 2005 Report by the National Crime Council on Domestic Abuse of Women and Men in Ireland found that **one in 7 women** and **one in 16 men** have experienced severe abusive behaviour of a physical, sexual or emotional nature from a partner[20] at some time in their lives. The Report estimated that 213,000 women and 88,000 men in Ireland have been severely abused by a partner. 30% of female victims who disclosed being severely abused said that the abuse continued after the relationship had ended.[21]

VIOLENCE AGAINST WOMEN

In 2014, an EU-wide survey, 'Violence against women' by the European Union Fundamental Rights Agency (FRA), found that **14% of women** in Ireland reported having experienced physical violence by a partner since age 15. Some 6% of Irish women reported having experienced sexual violence by a current or former partner, and 31% of women reported having experienced psychological violence by a partner.[22]

ABUSE AGAINST YOUNG WOMEN

The *One in Five* Report by Women's Aid (2020) on intimate relationship abuse against young women shows that **one in five young women** in Ireland have been subjected to intimate relationship abuse, 51% of young women affected had experienced the abuse under the age of 18.[23]

ABUSE AGAINST PREGNANT WOMEN

Pregnant women are 60% more likely to be subjected to physical domestic violence and abuse than women who are not pregnant.[24] The HSE states that **one in eight women have been abused during pregnancy**,[25] while in 2021, 152 women told Women's Aid that they were abused while pregnant. 41 of these women suffered a miscarriage because of the abuse.[26]

INCIDENCE OF FEMICIDE DUE TO DOMESTIC VIOLENCE

Between 1996 and 2024, 267 women have died violently in the Republic of Ireland. 63% were killed in their own homes. Of the solved cases, **55% were killed by a partner or ex-partner**, and almost nine in ten of the women knew their killer.[27]

The Duluth Power & Control Wheel

The Duluth Power and Control Wheel,[28] developed by Domestic Abuse Intervention Programs after months of consultation with abuse victims, is commonly used to explain the dynamics of violence against women in intimate relationships. It shows how power and control are asserted through a range of everyday tactics, including:

- Coercion and threats;
- Intimidation;
- Emotional abuse;
- Isolation;
- Using children to control/manipulate/punish the victim;
- Using Male/ Hearing/ Citizenship or Residency privilege;
- Economic abuse and control;
- Minimising, denying and blaming.

Acts (or threats) of physical and sexual violence are tactics that are used regularly by some abusers, and by others occasionally. These tactics serve to instil the greatest amount of fear and reinforce other types of coercive behaviours that abusers use to dominate their partners.[29]

Where an abuser senses their control is weakening, e.g., where the victim begins to seek support or leaves, or when the victim is more vulnerable, e.g., when pregnant or ill, the abuser's use of physical and sexual violence is likely to escalate. It is important that those supporting victims of domestic abuse are aware of the potential for increased risk at these times

Incidents of domestic violence are rarely isolated. Rather domestic violence can be viewed as a dynamic pattern intended to assert power and control over another person.

IIncidents usually escalate in frequency and severity, and may culminate in serious physical injury or death. Responsibility for this pattern of abusive behaviour lies solely with the perpetrator. To end the abuse, it is not enough to end acts of physical and sexual violence, all behaviours exerted to control a partner would need to end.

THE DULUTH POWER AND CONTROL WHEEL

DOMESTIC ABUSE INTERVENTION PROGRAMS
202 East Superior Street
Duluth, Minnesota 55802
218-722-2781
www.theduluthmodel.org

COMMON ATTITUDES AND BELIEFS

Common attitudes & beliefs about DSGBV & their impact

Cultural beliefs and attitudes about sexual violence protect society from having to acknowledge and address the full reality of these issues. They often involve a blaming and shaming of the victim/survivor, which compounds the impact of the abuse, prevents them from reporting or seeking support, and protects those who perpetrate the abuse. The victim/survivor may expect other people to blame them for what happened, and may also blame themselves.

When working with people who have experienced DSGBV, it is important to consider how we ourselves might have internalised cultural beliefs, so that we don't allow our own sometimes unconscious beliefs and biases to impact our response to and support of the victim/survivor.

Myth: Victims cause rape by their dress & behaviour.

Victims/survivors of DSGBV are often questioned about their behaviour, as if it were their fault that the abuse occurred. For example, a girl who has been raped might be blamed for wearing a short skirt, with the inference that this 'caused' the perpetrator to carry out the attack and that the victim is at least in part responsible for being attacked. This globally prevalent and cross-cultural attitude of victim-blaming causes a huge amount of shame for victims and can prevent them from coming forward to seek help. However, the fact remains that the fault always lies with the perpetrator.

Domestic, sexual and gender-based violence is never the result of a victim's behaviour, dress or desirability, but is an assertion of power, domination and the desire to degrade another human being.

Myth: Gender-based violence occurs mainly in areas of socio-economic disadvantage.

Many societies hold the belief that DSGBV occurs mainly in disadvantaged families and communities. In fact, it occurs across the social and cultural spectrum. Some victims/survivors may feel they won't be believed because their family, or their abuser, are very 'respectable', or have a high status in society.

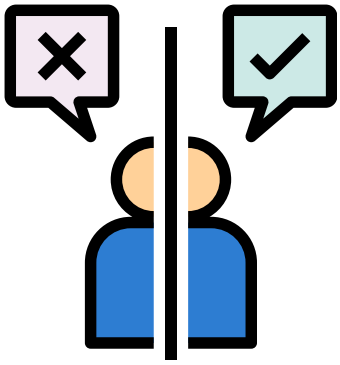
It is important to understand that the vulnerability of the victim may not be reduced by their family being economically advantaged. In such circumstances, the victim may not have any economic or social resources at their own disposal, and the perpetrator may be a powerful person in the community, acting as a barrier to protection or justice.

Myth: False allegations of abuse are common.

The belief that many allegations of domestic and sexual violence are false is not borne out by the facts. International research across 11 European countries has shown that in the case of over 90% of complaints of rape which were made to police a sexual crime had been committed.[30]

Meanwhile a 2013 study, conducted over 17 months by the Crown Prosecution Service in England and Wales, found there were 5,651 prosecutions for rape, and 111,891 prosecutions for domestic violence.[31] During this same period, there were only 35 prosecutions for false allegations of rape, six for false allegations of domestic violence, and three for false allegations of both rape and domestic violence.[32]

Although the great majority of reports of gender-based violence to police are genuine, the false allegations myth is extremely prevalent. It can deter victims/survivors from reporting because they fear they will not be believed. And indeed, most experiences of gender-based violence go unreported to police.

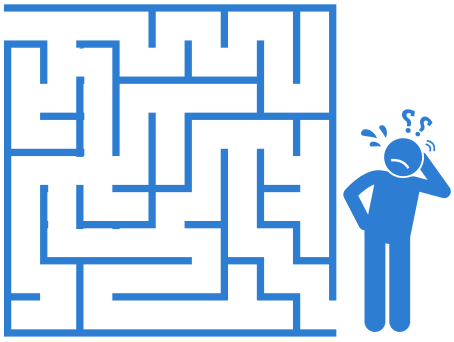


Myth: If the abuse were really that bad, the victim/survivor would leave.

Within relationships, abusers manipulate victims into believing it is their fault they are being abused, and victims may agonise over what they did to provoke attacks. Observers may also blame the victim for staying in an abusive relationship or situation, disregarding the many reasons why they remain in the situation and do not escape.

Abusers exert power and control physically, psychologically, emotionally and financially.

Victims may be dependent on their partner financially, for their immigration status, and/or may have children to care for. They may be culturally conditioned to believe that the abuse is "normal", and may not realise what they are experiencing is abuse, or that it is illegal in the jurisdiction they now live in.[33]



Myth: Men do not experience sexual violence.

While the majority of victims of domestic and sexual abuse are female, men and boys also experience these forms of abuse. According to the CSO Sexual Violence Survey, **28% of men surveyed reported experiencing sexual violence in their lifetime**, with 5% of men reporting having experienced non-consensual sexual intercourse over their lifetime.[34]

The myth that men and boys are not raped may be related to gender stereotypes and the fact that sexual violence against men is very under-reported. Men may feel they should have been able to fight off the attack, and may fear ridicule if they do disclose. Under some oppressive regimes, men, women and children in detention are routinely and systematically raped as a form of torture. Under such regimes and in conflict and border crossing situations, perpetrators can often be members of security forces, abuse is carried out with impunity, and in most instances, there is no hope of achieving justice.

In situations of war, conflict and repression, sexual violence may be used as a weapon against men and boys as well as women and girls, and boys may be used as sex slaves.

Myth: Rape is about sexual desire.

Women of any age, appearance, social class, ethnic origin and intellectual ability are vulnerable to rape. Men and children are also raped, as are people with disabilities. As a weapon in war, people of all ages and genders may be raped.

This underlines the fact that rape is not about overwhelming sexual desire 'caused' by the victim's desirability, dress or behaviour, but is in fact a crime of power, domination and a desire to degrade another human being.

In a situation of oppression and war, rape is used as a military weapon particularly against civilians, and to perpetrate ethnic cleansing and genocide.

Myth: Sexual violence is always perpetrated by strangers.

Most people sexually assaulted or raped in non-conflict situations know the perpetrator. **In 2023, 92% of DRCC clients who had experienced child sexual abuse, and 82% of clients who had experienced abuse as an adult, knew their attacker.** [35]

Where the perpetrator is known to the victim, they may be pressured or intimidated not to disclose. They may be afraid they will not be believed, fear that they will be blamed or worry about the repercussions if they do disclose – for example, they may fear being made an outcast by their families, social circles or communities and unfortunately this frequently happens.

Reflecting on societal beliefs & attitudes

1. Take some time to reflect on the beliefs and attitudes described in this section. Have you heard them before? Have you heard of any others? Do you agree or disagree with them, or perhaps you agree in some circumstances?
2. If a person held these beliefs and then became the victim of domestic, sexual or gender-based violence, consider how these beliefs might affect how they feel about themselves, and how they might feel about telling someone about their experience?
3. If a service provider or interpreter held one of these beliefs, how might it affect their interaction with the victim, and what might be the impact of this?

BARRIERS TO DISCLOSING DOMESTIC, SEXUAL AND GENDER-BASED VIOLENCE

Under-reported crimes

Domestic, sexual and gender-based violence are seriously under-reported crimes, and many victims/survivors find it hard to tell anyone of their experiences of abuse.

The CSO Sexual Violence Survey 2022 found that almost half (49%) of those who had experienced sexual violence as an adult had never told anyone (49% of women and 51% of men).[36]

Although they may have had friends, a partner, family, parents, a doctor, teachers, a counsellor - they had not confided in anyone.

This silence is one of the issues which makes domestic, sexual and gender-based violence different to other traumatic experiences.

Usually when something bad or frightening happens to us, like a car crash or being mugged, we tell people about it, we look for support and sympathy, we report it to the police; in retelling our experience, we try to make sense of it and are helped to recover from it.

Victims of DSGBV often do not do this, and as a result, many cope with the impact of these terrifying and deeply painful experiences alone, and without any hope of receiving justice.

Why don't people disclose?

FEAR AND EXPECTATION OF DISBELIEF

The beliefs and attitudes discussed earlier in this Handbook can prevent victims/survivors from coming forward to tell about their experiences, or to look for support. The victim/survivor may be making judgments about themselves; they may believe that it is their fault – that they shouldn't have worn that dress, that they shouldn't have drunk so much, etc.

In situations of domestic abuse, they may have internalised the abuser's consistent messages that they are stupid, to blame, mad, etc., and think that "It's my fault"; "I am so worthless, I'm lucky to have them"; "I have to try harder."

They may expect and fear disbelief, blame and judgement from anyone they disclose to, and indeed may have had negative past experience with disclosing abuse, which makes it very hard for them to tell of their experiences.

THE VICTIM/SURVIVOR IS BLAMED AND SEEN AS SHAMEFUL

Being the victim/survivor of rape or sexual abuse is often seen as deeply shameful, with the shame attached to the victim/survivor rather than to the perpetrator. Up until relatively recently in Ireland, unmarried women and young girls who became pregnant – sometimes as a result of rape – were forced to move away from their community and hide their pregnancy. Some were placed by their families in institutions in which many remained for the rest of their lives.

This attitude of victim-blaming and shaming is still prevalent. It remains common for the dress, behaviour and morals of victims/survivors of sexual violence to be questioned,

In some cultures, the sexual violation of a girl or a woman is viewed as so deeply shameful to her and her family that she is expected or encouraged to take her own life, may be forced to marry the rapist, or may even be murdered by her own family in a so-called "honour crime". Even where she does not lose her life, her knowing that what has happened to her is so shameful and dishonouring by her family and community, and her own internalised belief that this is true, impacts on her feelings about herself, her sense of her own worth and her relationship with her family and community.

RETALIATION FROM ABUSER AND OTHER CONSEQUENCES

Many victims/survivors do not tell about their experiences due to concrete fears of retaliation from the abuser.

Violence can escalate when a victim/survivor is seeking to leave, or has left a relationship, or if the abuser believes that the victim/survivor has told or will tell someone. There may be other practical consequences that prevent a victim/survivor from disclosing to anyone.

They may be financially dependent on their abuser, they may be trying to protect children from disruption, or there may be residency or citizenship issues that prevent the victim/survivor from coming forward.

FEAR OF POLICE RESPONSE AND LACK OF FAITH IN THE JUSTICE SYSTEM

As we have seen, there are very many reasons why victims/ survivors do not tell anyone about experiences of domestic, sexual and gender-based violence. These reasons also go some way to explaining why many victims/survivors in Ireland do not report do not report such crimes to An Garda Síochána (the Irish police force).

Some victims/survivors may have concerns around how the Gardaí will respond if they do report, while others may have a lack of faith in the justice system.

The National Crime Council's 2005 *Report on Domestic Abuse of Women and Men in Ireland* found that only 5% of men and 29% of women who had experienced severe domestic abuse had reported it to An Garda Síochána.[37]

According to the CSO Sexual Violence Survey 2022, 97% of people who experienced physical sexual violence as an adult *did not* disclose to the police.[38]

Rape Crisis Centres have found that where the victim knows the perpetrator, they are only half as likely to report to the Gardaí as when the assailant is a stranger.

In 2023, only 33% of DRCC's new clients had reported the crimes against them to Gardaí.[39]

REPORTING BARRIERS FOR MIGRANTS

Migrants and refugees may have additional reasons not to report.

In some countries, it may be unsafe to report to the police: sexual violence may not be viewed as a criminal offence, and in fact being a victim of rape might be a crime and the victim themselves may be punished. Migrants and refugees from those countries may expect a similar response from police in Ireland.

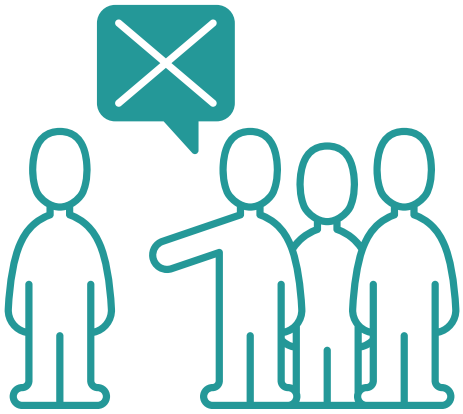
An additional issue for immigrants may be where their status is uncertain or up for review, and they may not wish to draw attention to themselves, or where they do not have a recognised status and fear deportation.

ADDITIONAL BARRIERS FOR LGBTQI+ VICTIMS

Victims/survivors who are LGBTQI+ may fear discrimination, harassment and abuse if they report to the police or seek medical attention, and this may prevent many from disclosing.

A 2016 RCNI report found that while "LGB victims/survivors experienced higher levels of multiple incidents of sexual violence than their heterosexual peers", they took over twice as long to report: "47% of LGB survivors waited over 10 years to report the abuse compared with 21% of heterosexual survivors."[40]

For LGBTQI+ immigrants who have experienced sexual violence, there might be additional fears around reporting or seeking medical attention, especially if homosexuality is a crime or very negatively viewed in their country of origin.



CRIMINAL LAW IN IRELAND RELATED TO DSGBV

Consent law

The Criminal Law (Sexual Offences) Act 2017 states that: "A person consents to a sexual act if they freely and voluntarily agree to engage in that act."

There is no consent if:

- Force is used
- There is a threat of force to self or other, well-founded fear of force
- The person is asleep or unconscious
- Under the effects of alcohol or drugs
- The person has a physical disability which prevents communication of consent
- The person is mistaken as to the nature or purpose of the act or identity of the other
- The person is unlawfully detained
- Consent is by a third party

Consent may be withdrawn at any time. Any failure or omission on the part of a person to offer resistance to an act does not of itself constitute consent to that act. [41]

Age of consent

The legal age for consenting to sexual acts is 17.

It is a criminal offence to engage in sex with a person under the age of 17.

Where a young person 'agrees' to a sexual act, this will not be considered as legal consent

Where sexual activity takes place with a child over the age of 15 but under 17 it shall be a defence that the child consented to the sexual act where the other person:

- Was younger or less than 2 years older than the child
- Was not a person in authority in respect of the child
- Was not in a relationship with the child that was intimidatory or exploitative of the child [42]

Rape

IRELAND HAS TWO LEGAL DEFINITIONS OF RAPE:

Rape is defined as 'unlawful sexual intercourse with a woman who, at the time of intercourse, did not consent to it' where the man 'knows that she does not consent…or is reckless as to whether she does or does not consent'.[43]

Rape under Section 4 is defined as a sexual assault that includes 'penetration (however slight) of the anus or mouth by the penis, or penetration (however slight) of the vagina by any object held or manipulated by another person'.[44]

Sexual assault

IRISH LAW HAS TWO DEFINITIONS OF SEXUAL ASSAULT:

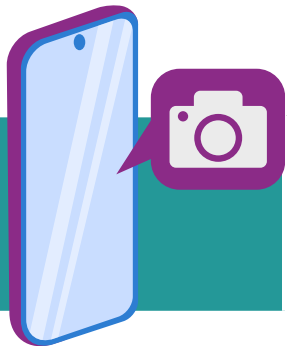
Aggravated sexual assault is defined as a sexual attack that involves serious violence or causes grave injury, humiliation or degradation of the victim.[45]

Sexual assault is defined as a sexual attack with a less serious level of violence.[46]

Sexual harassment

Sexual harassment can range from unwanted, sexualised remarks, to inappropriate sexual advances, to a person exposing themselves physically. It can also include sharing of sexually explicit photos.[47]

Image-based abuse



It is an offence to record, publish, distribute, or threaten to distribute an intimate image without consent of the person, and with intent to cause harm, or being reckless as to whether harm is caused.[48]

Non-fatal strangulation

Acts of suffocation and strangulation without consent are crimes under Irish law.[49]

Stalking

The offence of stalking occurs when by their acts, a person intentionally or recklessly causes another person to fear violence will be used against them, or against a person connected to them; or if the acts cause the other person serious alarm or distress impacting their day-to-day life activities.[50]

Female genital mutilation

This crime involves the total or partial removal of external female genitalia or any practice that purposefully damages or changes a woman's genital organs for non-medical reasons. In Ireland, it is outlawed by the Criminal Justice (Female Genital Mutilation) Act 2012. [51]

Trafficking

It is an offence to traffic adults or children for the purpose of their sexual or labour exploitation, forced criminality, forced begging, or the removal of their organs. It is also an offence to sell or purchase (or offer to sell or purchase) any person for any purpose.[52],[53]

The purchasing of sexual services and the soliciting or purchasing of sex from a trafficked person, are also criminal offences.[54]

The Criminal Law (Sexual Offences and Human Trafficking Act) 2024 includes measures for identifying and supporting victims of human trafficking. It establishes a National Referral Mechanism (NRM) which allows state bodies and NGOs - as well as the Gardaí - to formally identify and refer victims of trafficking.[55]

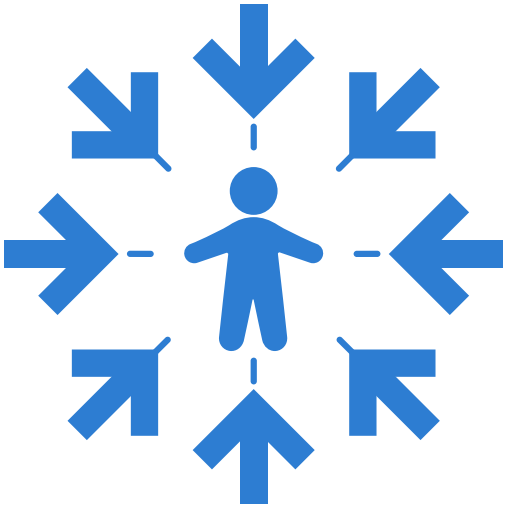
Domestic Violence Act (2018)

COERCIVE CONTROL

The Domestic Violence Act (2018) consolidates the law around domestic violence and provides additional protections for victims. It introduces a new offence of "coercive control of a spouse, civil partner, or intimate partner."

Coercive control is described as a "pattern of intimidation, humiliation and controlling behaviour that causes fear of violence or serious distress that has a substantial impact on the victim's day-to-day activities".

Under this legislation, the main kinds of protection available to victims are safety orders and barring orders.[56]



INTIMATE PARTNERS

The Domestic Violence Act (2018) extends protections to all partners within an intimate relationship, and the relationship does not have to be of a sexual nature for it to be considered intimate. Partners do not have to be cohabiting to be considered to be in an intimate relationship, and there is no minimum period of cohabitation for partners to seek barring orders. The relationship does not have to be "committed", and does not cease to be an "intimate relationship" just because it is no longer of a sexual nature. Former partners, as well as current partners are still eligible for protection.[57]

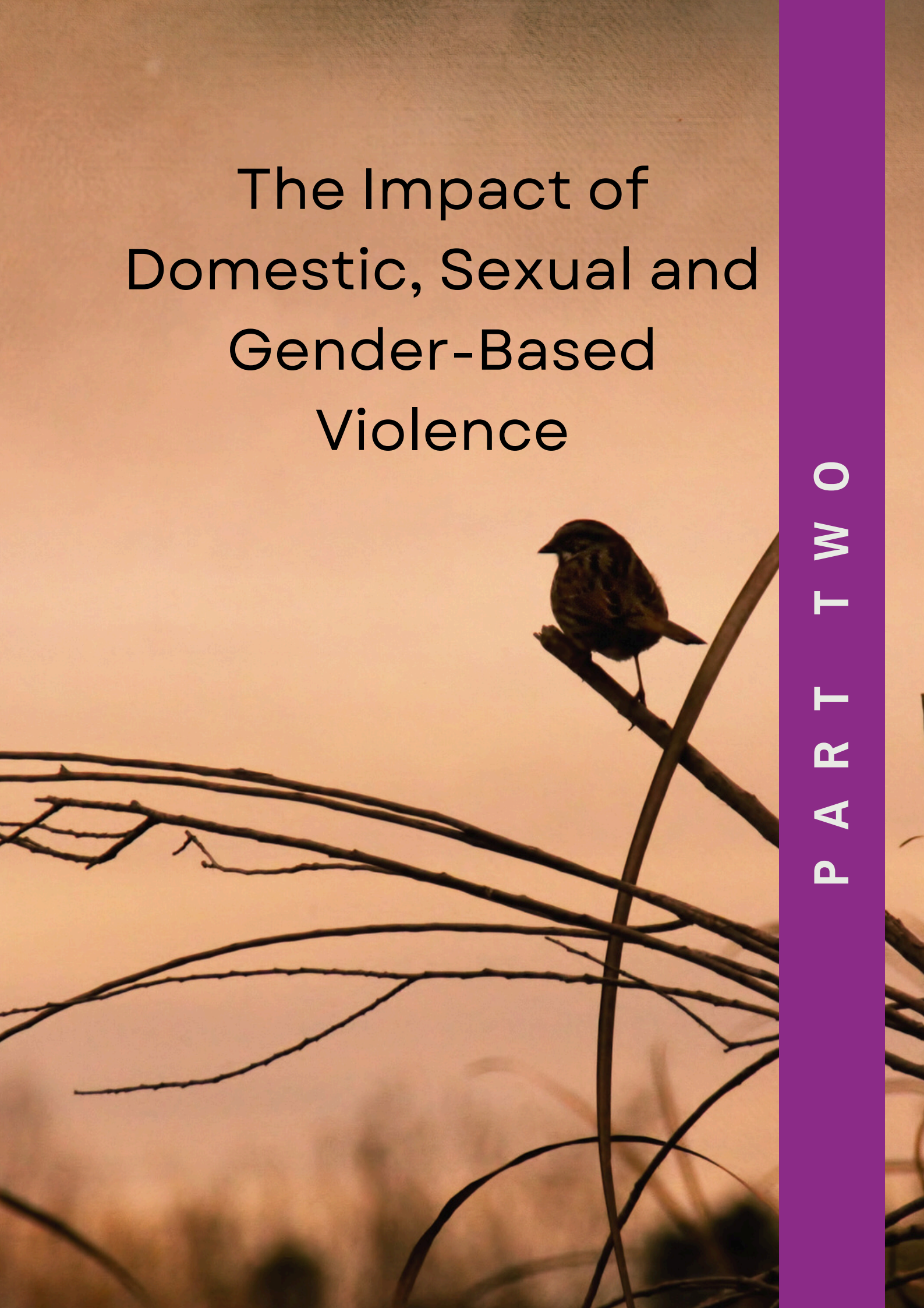
FORCED MARRIAGE

The Domestic Violence Act (2018) makes forced marriage, including removing someone from Ireland with the purpose of their being forcibly married, a criminal offence.[58]

Child marriage is also illegal in Ireland. It is illegal to marry a person under the age of 18. [59]

The Impact of Domestic, Sexual and Gender-Based Violence

PART TWO



SURVIVAL RESPONSES IN SITUATIONS OF TRAUMA

Responses to trauma

> "Trauma is a wordless story our body tells itself about what is safe and what is a threat. Our rational brain can't stop it from occurring, and it can't talk our body out of it. Something in the here and now is rekindling old pain or discomfort, and the body tries to address it with the reflexive energy that's still stuck inside the nervous system."[60]

Where a person is faced with a gravely dangerous or life-threatening situation, or perceives a threat to life or limb, automatic survival responses take over. This happens almost instantaneously. The classic survival responses include:

Fight

CHARACTERISED BY:
- Activation of sympathetic nervous system
- Mobilisation *towards*
- Anger, Rage, Frustration
- Hyperarousal: Increased heart rate, blood pressure

Flight

CHARACTERISED BY:
- Activation of sympathetic nervous system
- Mobilisation *away from*
- Fear, panic, anxiety
- Hyperarousal: Increased heart rate, blood pressure

Freeze

CHARACTERISED BY:
- Hybrid sympathetic and parasympathetic activation
- Immobilisation/ "deer in the headlights"
- Feelings of stuckness, numbness, dread, powerlessness
- Hyperarousal: Increased heart rate, blood pressure

Collapse

CHARACTERISED BY:
- Activation of parasympathetic nervous system
- Immobilisation/ "shutdown"
- Dissociation, numbness, depression, hopelessness
- Hypoarousal: Decreased heart rate, blood pressure

Where these responses were initiated but overwhelmed, they may continue to have an effect. After trauma, a person may be on a constant state of alert and easily triggered into the "fight" response. They may be poised for flight and dissociate in challenging or fearful situations. Or they may be programmed to freeze or collapse, thus are unable to resist or assert their own agency, and instead automatically endure and comply.

THE FREEZE/ COLLAPSE RESPONSE

Where either fighting off or fleeing from a dangerous person/situation is not possible, or is attempted but is not successful, a person might freeze or collapse (faint/ dissociate/ "play dead"). In some circumstances freezing or collapsing may be the first response, and this can often be the case with sexual violence.

We have all seen the scene in some film where the monster appears and one character stands frozen, while the other character pulls at them and shouts 'run!', or grabs the nearest object to ward off the monster. This is quite an accurate depiction of how two people may respond very differently to the same danger. The one who stands frozen has not chosen to do this. Freezing or collapsing are not the result of weakness, cowardice or stupidity, but automatic instinctive reactions to try to ensure physical and psychological survival.

For the person who froze or collapsed, there can be considerable self-blame after the event, and a fear that they will not be believed because of how they reacted. The person they tell about the event may ask or wonder 'why didn't you scream, there were people just in the next room?' The likely answer is that the person was immobilised, and lost their capacity to scream or to take any other action.

It is where the person freezes or collapses, that traumatisation is most likely to occur. When the fight or flight responses have been activated, but are cut off and not completed, the individual is left with an unfinished truncated response, held in the nervous system, that can impact in many different ways.

Where there has been prior experience of inescapable trauma – e.g., child abuse, torture in detention, ongoing domestic abuse – the person may be conditioned into an automatic response of 'freeze, dissociate and endure' which leaves them vulnerable to re-victimisation.

> "Those who were molested or beaten as children or teenagers might later be vulnerable to sexual abuse or violence, because their natural impulses to protect themselves and protest (physical and verbal) were extinguished. Expectation of hurtful treatment by others or one's own failed capabilities can stubbornly persist despite overwhelming evidence that such is no longer the case."[61]

THE COMPLY/APPEASE RESPONSE

Another survival response which victims/survivors of gender-based violence may have experienced is "comply" or "appease" (sometimes also known as "fawn"). Situations involving ongoing abuse and violence from which there is no escape may lead to a response of compliance, for example in situations of domestic violence, childhood sexual abuse, institutional abuse, trafficking, or detention.

The comply/ appease response occurs when there is a significant power differential between people (or between groups of people). Where a person has learnt that to say "no", to fight off, to disagree, or to try and escape will put them in danger, they might learn to stay safe by "complying" with the perpetrator, or trying to appease them in a variety of ways.

> "When you've been groomed to be compliant, confrontation in any form is uncomfortable because you were never taught that you have the right to say no; in fact, you were taught that you can't say no."[62]

> "Appeasement asks for nothing from the person holding power except that they do not harm us. When we have no hope of winning or getting what we want, appeasement is designed to at least let us live to fight another day."[63]

The victim/survivor becomes adept at conveying to their abuser that they can be trusted not to resist and are "on side."[64]

Were the abuser to become aware of the victim/survivor's fear and anger, it is likely that the victim/survivor would be placed in greater danger. So, although the victim/survivor's fight/flight/freeze responses have been triggered, they are pushed down and camouflaged by the appease response, which may involve apologising, smiling, laughing, joking, flirting, etc.

Although this survival response may protect the victim/survivor from an escalation of violence, the cost is extremely high. The comply response requires an extensive amount of energy from the victim/survivor: repressing an instinctual need to fight back/ escape and instead engaging in social interaction with the abuser can leave a person physically, mentally, emotionally and spiritually exhausted. It can also cause a person to question and blame themselves, and to be doubted by others.

EFFECTS OF DSGBV AND OTHER TRAUMA

Effects of domestic, sexual, & gender-based violence

The effects of these traumas can include:

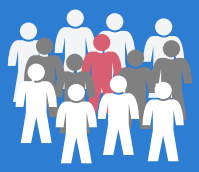
- Shock and withdrawal
- Panic and confusion
- Hypervigilance
- Disconnection from feeling - both emotion and sensation
- Dwelling on the details of the rape or other trauma
- Sleeplessness
- Very diminished self-worth and self-esteem
- Nightmares
- Isolation
- Intrusive thoughts, memories, images
- Recurrent flashbacks
- Great fear, sometimes paralysing
- Panic attacks
- Suicidal thoughts and attempts
- Spiritual impact: loss of faith/ of belief in humanity/ of meaning in life
- Great difficulty coping wtih normal routines and daily tasks
- Self-blame and constant self-criticism
- Startling easily
- Impaired concentration and memory
- Inability to cope with daily life and tasks, and to continue in work or college
- Difficulties around eating: not eating, or compulsive over-eating
- Using prescription medications, alcohol, or other substances to cope or “numb out”
- Washing obsessively
- Mood swings
- Depression
- Dysregulated physically and emotionally

The impact of the trauma may continue over a very long time and the person may, rather than recovering as time passes, become increasingly debilitated.

Effects of trauma within relationships

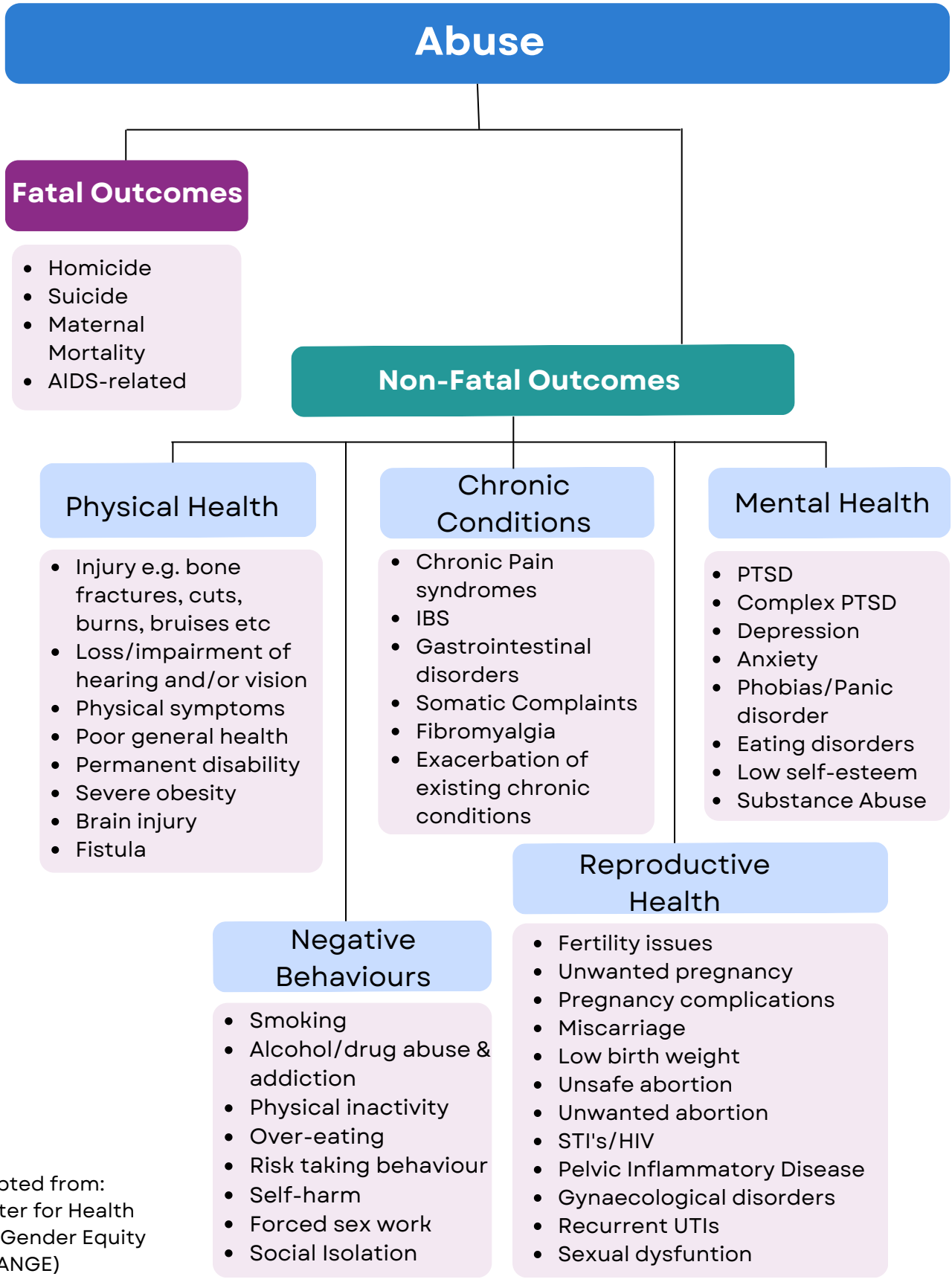
Where trauma is visited on the individual by another person or persons, as opposed to by a natural disaster or an accident, relationships may be fundamentally affected.

WAYS IN WHICH RELATIONSHIPS MAY BE AFFECTED

	Close personal relationships may be impacted, e.g. the person may be fearful in an intimate relationship
	Fearfulness of and inability to trust others
	Gender-specific impact, e.g. being afraid of men where the perpetrator was male
	Where the trauma involved a person whom the victim thought was safe, they may lose trust in their capacity to judge others
	Feelings of intense shame and self-blame, and fear of judgement and rejection from others
	Social settings, e.g. fear in crowds, or in settings where the person feels unable to get away easily
	The victim/survivor may be hypervigilant and feel a global and generalised sense of danger in every setting where there are people. This may lead to a strong need to stay in one setting which is felt to be safe, or to isolate themselves.

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

Health outcomes of violence against women



Adapted from:
Center for Health and Gender Equity (CHANGE)

Trauma, the brain & memory

Trauma can have a very considerable impact on a person's capacity to think clearly and to articulate and communicate. It is helpful for support workers to understand this, and for interpreters to realise the importance of communicating the person's state accurately.

When a person is in a traumatised state, their thinking brain will not be operating very effectively. The parts of the brain that process memory in terms of narrative, context and sequence may 'go offline'. During a traumatic event, our brains may focus solely on specific sensory aspects of the event - such as the smell of an attacker's aftershave, or the sight of a gun – while not recording other elements, such as what the attacker was wearing, or what they said.

At other times of heightened fear, our brain will focus on something seemingly irrelevant, such as the ticking of a clock, or a song on the radio. Either way, the memory is encoded as a sensory fragment, and it is often difficult or not possible for a victim/survivor to later recall what happened in terms of the sequence of events. This is extremely important for both support workers and interpreters to be aware of when it comes to victims' telling of traumatic experiences. To expect a traumatised person to remember things in terms of context and sequence will put pressure on them to provide a logical narrative to something that was for them an extremely illogical and unexpected event. They may get confused, or piece together and offer an account of events to try and help the enquirer, but then may later recall and say something different. It is important for interpreters not to try and "clean up" or create a more "logical" translation of a victim/survivor's narrative. Although the reasons for doing so may come from a wish to be helpful, it may in fact serve to obfuscate the details of the experience, its impact and the person's capacity to recall from the support worker, police officer or medical staff, and may undermine the person's story in later legal proceedings.

For further information on how trauma impacts the brain, see:

Trauma and the Brain – NHS Lanarkshire EVA Services

The Neurobiology of Trauma – Dr. David Lisak

PTSD AND COMPLEX PTSD

Post-traumatic stress disorder (PTSD)

Post-traumatic stress disorder (PTSD) may develop as a result of a traumatic event or events that cause feelings of intense fear, horror and helplessness. PTSD may be more severe if the trauma has been caused by a human agent rather than by a natural disaster. The more helpless the person is in the situation, the more likely they are to suffer PTSD and the more severe it is likely to be. Children who suffer repeated abuse or witness ongoing family violence are therefore very vulnerable. Rape, torture, and domestic abuse are associated with high levels of PTSD in the aftermath:

- Studies show that 31% - 84% of women who experienced domestic violence exhibit symptoms of PTSD.[65]
- Refugees and asylum seekers are 10 times more likely to have PTSD than indigenous populations.[66]
- People who are Deaf are likely to exhibit higher rates of PTSD and interpersonal trauma than their hearing peers.[67]

CAUTION ABOUT DIAGNOSTIC LABELLING OF PTSD

The American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists the diagnostic criteria for post-traumatic stress disorder PTSD.[68] While this can be a helpful categorisation of symptoms, it is important to note that most trauma survivors while experiencing some of the symptoms, do not develop full PTSD.

PTSD is only one of the ways in which an individual may be impacted by trauma.

Some people will not show a strong pathological reaction to traumatic experiences. Others will experience some of the symptoms but not across all of the different categories required for a clinical diagnosis of PTSD. Neither of these instances should be taken as a reason to doubt someone when they say they have had traumatic experiences.

While a person may be very impacted by a traumatic experience, it may be a considerable length of time, sometimes years, before they show the full range of PTSD symptoms. Others will experience PTSD and recover to an extent that a diagnosis of PTSD no longer applies.

It is important that this is understood, as there have been cases where due to a misinformed belief that PTSD always follows trauma, victims of trauma who are not diagnosed with PTSD are not believed when recounting their experiences, e.g. in an asylum hearing

Complex post-traumatic stress disorder (CPTSD)

Complex post-traumatic stress disorder, a concept first described by Judith Herman,[69] occurs where there is a history of subjection to totalitarian control over a prolonged period. Examples include hostages, prisoners of war, concentration-camp and detention centre and torture survivors, and survivors of religious cults. It also includes those subjected to totalitarian systems in sexual and domestic life: survivors of domestic violence, childhood abuse, and organised sexual exploitation.

Those affected by Complex PTSD experience the symptoms of PTSD. CPTSD also involves more deep-rooted alterations in personality – particularly with regards to how the victim/ survivor relates to other people, and how they feel about themselves. An interpreter considering the effects outlined here, will see how they may impact on memory and cognitive and communicative capacities.

EFFECTS OF COMPLEX PTSD INCLUDE

- **Alterations in affect/emotional regulation, including:**
  - Chronic suicidal preoccupation; self-injury; explosive or extremely inhibited anger (may alternate); and chronic depression.
- **Alterations in consciousness, including:**
  - Amnesia for traumatic events; dissociative episodes; reliving experiences, either in the form of intrusive post-traumatic stress disorder symptoms or in the form of ruminative preoccupation.
- **Alterations in self-perception, including:**
  - A sense of helplessness or paralysis of initiative; shame, guilt, and self-blame; a sense of defilement or stigma; a sense of complete difference from others.
- **Alterations in perception of the perpetrator, including:**
  - Preoccupation with the relationship with the perpetrator (includes revenge preoccupation); unrealistic attribution of total power to the perpetrator (caution: the victim's assessment of power realities may in fact be realistic); idealisation or paradoxical gratitude; sense of special or supernatural relationship; acceptance and internalisation of belief system or rationalisations of the perpetrator.
- **Alterations in relations with others, including:**
  - Isolation and withdrawal; disruption in intimate relationships; repeated search for rescuer (may alternate with isolation and withdrawal); persistent distrust; repeated failures of self-protection.
- **Alterations in systems of meaning including:**
  - Loss of sustaining faith; a sense of hopelessness and despair.

Finally, according to Herman, the experience of ongoing trauma such as domestic abuse, makes survivors at greater risk of "repeated harm, both self-inflicted and at the hands of others."[70]

IMPACT OF TRAUMA DURING CHILDHOOD

The impact of trauma on children

Childhood is the period of our lives during which we develop every aspect of ourselves: physical, social, emotional, psychological, spiritual, moral, intellectual, sexual, etc.

There are also specific developmental tasks for the child to complete, such as: developing a feeling of safety and a belief that their needs will be provided for; developing an attachment to the adult caregiver; developing a feeling of predictability, control and agency; developing the capacity to relate to others; and developing a sense of self and self-worth.

Some children have to attempt to achieve all of this while also coping with very traumatic experiences including child sexual abuse, domestic violence, war and displacement. A child's supports and resources are not yet fully developed, and the trauma may include the child losing some of the resources they do have – family members, home, community - and so the impact of the trauma on children goes very deep and impacts them developmentally.

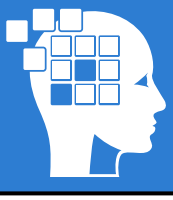
Where the trauma includes being sexually abused within the family, experiencing domestic violence, or living with addiction, the child also takes on the burden of keeping the secret and 'protecting' the family.

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

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

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

COMMON PROTECTIVE MECHANISMS INCLUDE:

	Emotional numbing		Self-blame and taking responsibility for the abuse
	Dissociation		Splitting from the body
	Denial or minimising of the reality of their experience		Repression of memory

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

> "What is adaptive for children living in chaotic, violent, trauma-permeated environments becomes maladaptive in other environments – especially school. The hypervigilance of the Alert state is mistaken for ADHD; the resistance and defiance of Alarm and Fear get labelled as oppositional defiant disorder; flight behavior gets them suspended from school; fight behavior gets them charged with assault. The pervasive misunderstanding of trauma-related behavior has a profound effect on our educational, mental health, and juvenile justice systems."[71]

DISSOCIATION

A child may cope with trauma through dissociation, and this disconnected state may be easily triggered afterwards. This will have ongoing consequences, for example the child may find it difficult to stay fully present and concentrate in the classroom. This may lead to the child being reprimanded for 'day-dreaming' or not paying attention, which will add to the child's anxiety and to their tendency to dissociate. Alternatively, the child's nervous system may be highly activated, leading to agitation and 'acting out', which will have their own sets of consequences.

THE EFFECT OF TRAUMA ON BRAIN DEVELOPMENT

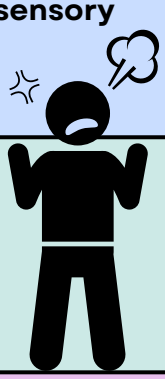
Children's brains develop much in the same way as the human brain developed over time. The first part to develop is the primitive survival brain – that part of our brain that initiates our fight-flight-freeze responses. When a child suffers neglect or abuse early in their development, or lives in an ongoing situation of violence, their survival brain remains constantly on, and even though they may later in their lives live in safer circumstances, their brain remains hyper alert to threat and danger and focussed on survival responses.

This impacts on the development of other parts of the brain – the limbic system, which manages emotional regulation, attachment and behaviour; and the cortical system, which manages the executive functioning of the brain and is the part we rely on for thinking, learning and language development.

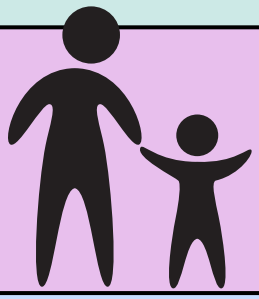
> "We know that when children experience distress and trauma–including poverty, homelessness, domestic violence, maltreatment–they will have some disruptions in development. Frequently the result is a "splintering" of the maturation of specific skills... So, a five-year-old child may have only developed the language skills of a typical two-year-old and the self-regulation capabilities of a typical four-year-old. Along with this fragmented development, the child will have an overactive and overly reactive stress response."[72]

A child who, at a young age, suffers adverse experiences such as abuse, living in a context of domestic violence, war, witnessing atrocities, forced migration, living in inadequate and unsafe refugee accommodation might struggle with:

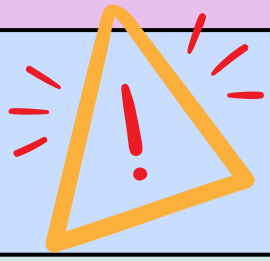
Perceiving their own emotional, somatic and sensory states



Regulating emotions and behaviour (they might act out, be seen as 'bold', find it hard to self-soothe, might be diagnosed with ADHD or autism)



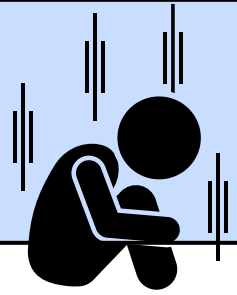
Attaching to others (they might withdraw, avoid attachment, or be very insecure, clingy and demanding of attention)



Hypervigilance (they might find it hard to feel safe, or never feel it, and always be on the lookout for danger)

Being present in the here and now (they might be prone to and easily triggered into a dissociated state as a way of coping with experiences that were overwhelming)

Planning, problem-solving, learning from mistakes (school and academic study might present a big challenge for them)



Feeling worthy of and being able to access and enjoy love and nurturing (their core self-belief might be that "I'm bad", "nobody wants me", 'I don't matter')

The impact of childhood experiences of abuse

A person who experienced neglect or physical, emotional or sexual abuse as a child or who grew up with domestic violence is often left living with deep pain and fear.

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

- Easily become dysregulated, and have difficulty regulating emotionally and physically
- Negative beliefs about themselves and the world
- Low self-esteem, affecting every aspect of life
- Deep emotional pain
- Anxiety
- A deep sense of powerlessness
- Difficulty with trust, intimacy and relationships
- Sexuality issues
- Heightened internal responses, leading to hyper and hypo activation
- An undermined capacity to set effective boundaries
- Difficulty detaching from the family of origin
- Addiction
- Parenting issues
- Depression
- Suicidal thinking and/or attempts
- Poor physical health
- Chronic pain conditions
- Panic attacks, nightmares, flashbacks
- Emotional deadness or disconnection
- Spiritual/meaning of life issues

Developmental trauma disorder

The impact of traumatic experiences on a child differs from the impact on an adult, because there is a developmental aspect to it. This can in turn lead to increased risk of further traumatisation as an adult. To ensure that children who have had such experiences are not misdiagnosed, and that they get the help and support required to address the underlying trauma, Dr. Bessel van der Kolk and his colleagues proposed that the diagnosis of Developmental Trauma Disorder (DTD) be included in the (APA) Diagnostic and Statistical Manual of Mental Disorders. [73]

THE CRITERIA FOR SUCH A DIAGNOSIS INCLUDE:

a. **Exposure:** The child or adolescent has experienced or witnessed multiple or prolonged adverse events over a period of at least one year beginning in childhood or early adolescence

b. **Affective and Physiological Dysregulation:** The child exhibits impaired normative developmental competencies related to arousal regulation.

c. **Attentional and Behavioural Dysregulation:** The child exhibits impaired normative developmental competencies related to sustained attention, learning or coping with stress.

d. **Self and Relational Dysregulation:** The child exhibits impaired normative developmental competencies in their sense of personal identity and involvement in relationships.

e. **Posttraumatic Spectrum Symptoms:** The child exhibits at least one symptom in at least two of the three PTSD symptom clusters (B, C, & D).

f. **Duration of Disturbance:** (symptoms in DTD Criteria B, C, D. and E) at least 6 months.

g. **Functional Impairment:** The disturbance causes clinically significant distress or impairment in at least two of the following areas of functioning: Scholastic; Familial; Peer Group; Legal; Health; Vocational.

For a more detailed overview of the proposed diagnostic criteria for DTD, see:

Bessel Van Der Kolk, *Developmental Trauma Disorder: A new, rational diagnosis for children with complex trauma histories.*

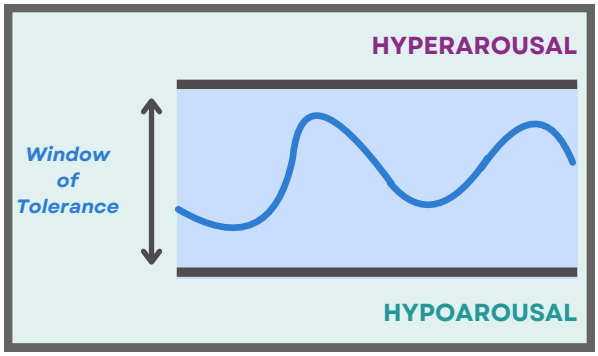
THE WINDOW OF TOLERANCE

The window of tolerance

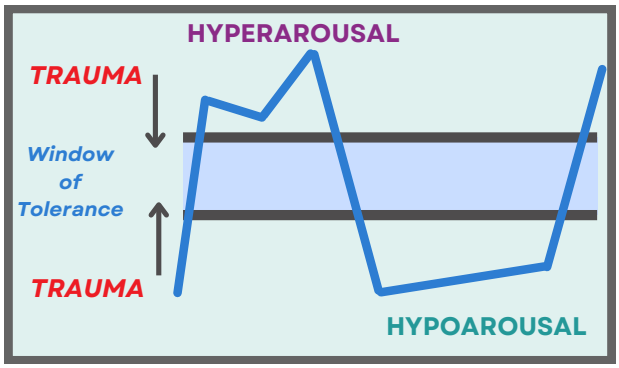
When working with people who have experienced gender-based violence, it is vital to prevent a situation of re-traumatisation, i.e., where an individual is triggered to experience a repeat of the internal experience of the original traumatic event.

The 'window of tolerance' model, first explained by Daniel Siegel and developed by Pat Ogden, helps us to recognise signs of re-traumatisation and to support victims/survivors when they are becoming hyper or hypoaroused.[74]

It suggests that each of us, when well, can tolerate or manage a certain range of daily experiences without being overwhelmed.



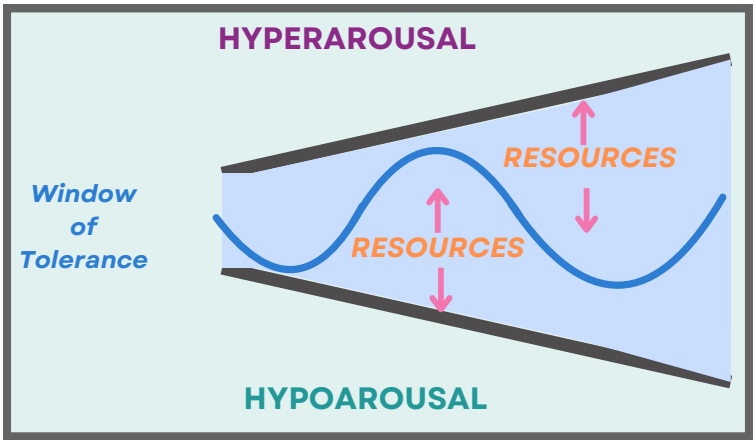
However, when we experience trauma, we are separated from our normal coping mechanisms, and our window of tolerance becomes much narrower. Our capacity to deal with the normal events of our lives is greatly impeded. We find ourselves outside our window, or being triggered outside very easily and suddenly: a noise, a smell, a thought, a memory, and we are triggered to become hyper or hypoaroused.



This is true in the immediate aftermath of trauma, and also in the longer term, especially where there has been repeated trauma. The person may be living almost all of the time outside their 'window of tolerance' in a state of hyper- or hypoarousal, or moving between both.

HYPERAROUSAL might appear as increased sensation, emotional reactivity, hypervigilance, intrusive imagery, and disordered cognitive processing. There may be panic attacks, breathing difficulty, blanking out, stiffening and constriction in the body, or emotional overwhelm and dissociation.

HYPOAROUSAL may appear as absence of sensation in the body, numbing of emotions, disabled cognitive processing, reduced physical movement, feelings of helplessness and hopelessness, collapse and numbing.



Support workers, therapists and others supporting trauma survivors will try to help them to restore, strengthen and widen their window of tolerance. They will support them in developing their capacity to regulate their physical and emotional state. This is done firstly through identifying, reconnecting with and developing the resources of the individual.

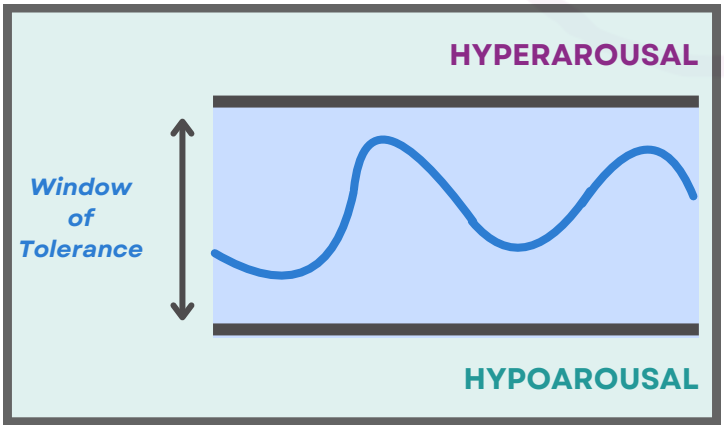
This is very concrete and practical work: restoring basic resources such as the capacity to eat and sleep are fundamental. It will include developing ways of coping with symptoms such as panic attacks, intrusive images, nightmares, and supporting the client to identify, access and develop resources which ground, calm, energise them

For those supporting a trauma survivor as they tell their story of trauma, in whatever context, the 'window of tolerance' is a useful model to keep in mind. A person will be best able to recollect and articulate their story when they are within their 'window of tolerance'. A skilled interviewer will support them to do this with the interviewer's own steadiness and calm, empathic presence. The interviewer can help by noticing when the person begins to be hyper or hypoaroused and making practical interventions – it may be as simple as offering a glass of water, or naming that this part of the interview is distressing and they can take their time.

The window of tolerance – modulation model

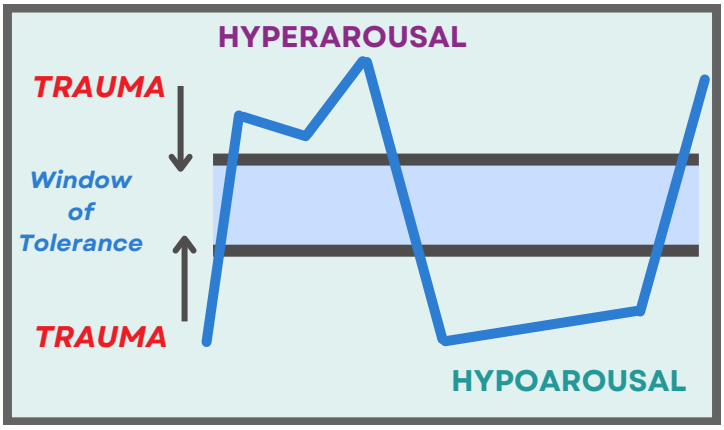
LIVING WITHIN THE WINDOW OF TOLERANCE

A well-resourced person can deal with the ups and downs they encounter in daily life, while remaining within their window of tolerance.



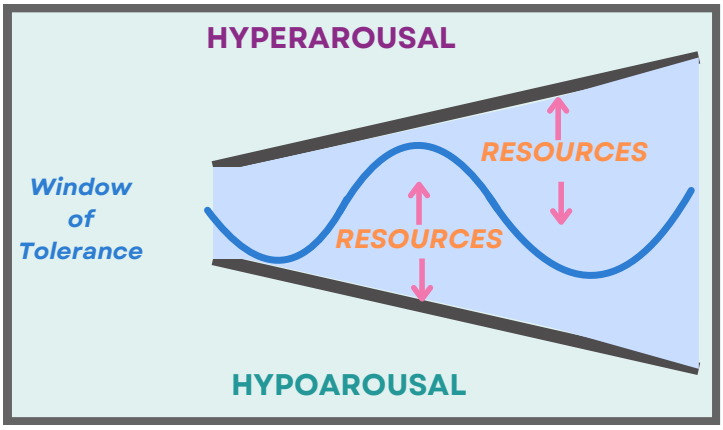
THE IMPACT OF TRAUMA

The window of tolerance narrows. The person is easily triggered outside of their window, or may live outside it most or all of the time.



RECONNECTING WITH & DEVELOPING RESOURCES

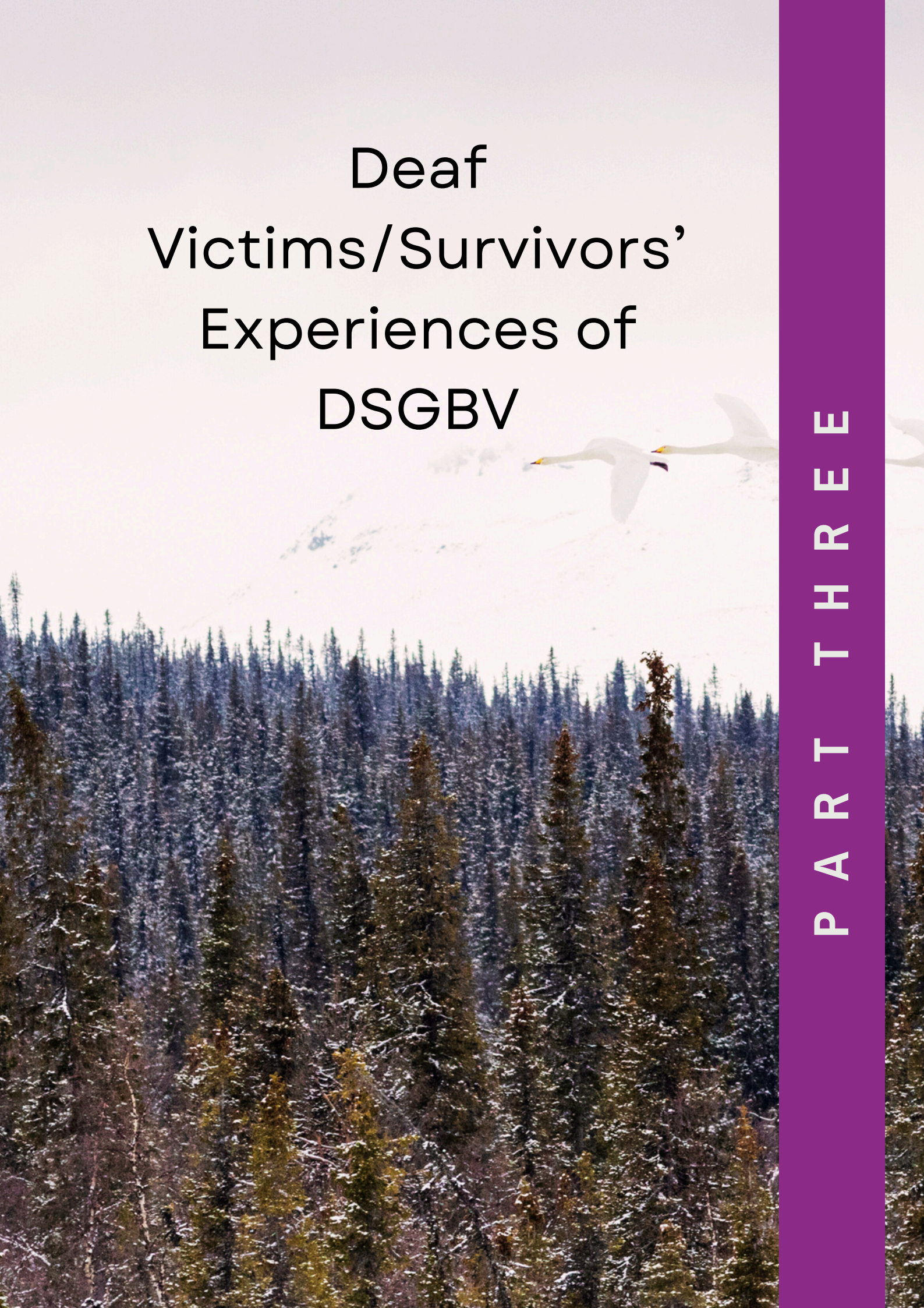
Reconnecting with pre-existing resources, and accessing and developing new resources widens the window of tolerance.



Trauma and the Body: A Sensorimotor Approach to Psychotherapy. Pat Ogden, Kekuni Minton, and Clare Pain. W.W. Norton: 2006.

Deaf Victims/Survivors' Experiences of DSGBV

PART THREE



INCIDENCE OF DSGBV AMONGST DEAF COMMUNITY

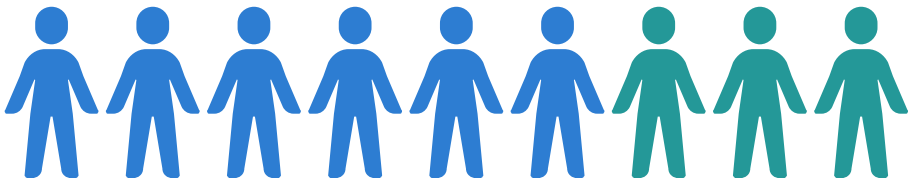
Incidence amongst Deaf community

INTRODUCTION

There is limited data on the incidence and experiences of gender-based violence among people who are Deaf, but the data that does exist indicates a significantly higher rate of experiences of gender-based violence amongst this population group.

INTIMATE PARTNER VIOLENCE

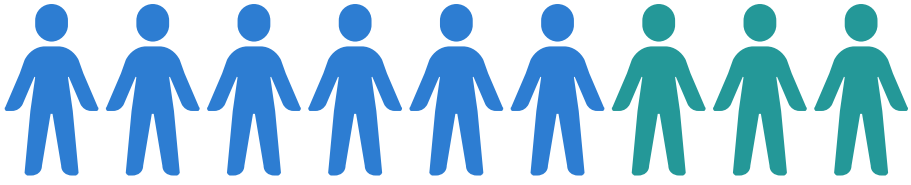
One eight-year study among several thousand US college students indicated that Deaf and hard-of-hearing individuals were 1.5 times more likely to be victims of relationship violence, including sexual harassment, sexual assault, psychological abuse and physical abuse than hearing individuals.[75]



Another study among US college students showed that Deaf females were roughly twice as likely to experience physical assault by their partner as hearing students.[76] This near-double prevalence of physical assault was replicated in a community sample of Deaf women in the US.[77]

SEXUAL VIOLENCE

The 2010 US National Intimate Partner and Sexual Violence Survey found that men with disabilities and Deaf men were twice as likely to experience sexual violence as their counterparts without disabilities.[78]

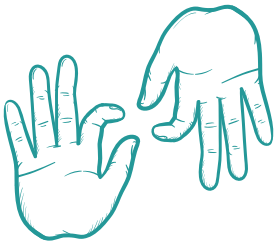


AGGRAVATING & RISK FACTORS

Aggravating & risk factors

PREVIOUS EXPERIENCES OF TRAUMA

Some Deaf victims of domestic, sexual and gender-based violence will have experienced other traumas throughout their lifetime; such as shaming and rejection within the family and community, abuse in educational settings, and isolation from social resources.



A child who is Deaf, and not taught how to sign, is not only deprived of language, but of the emotional and social development that depends upon language.

This may put them at greater risk of being the victim of abuse, and also may deny them resources and resilience to recover from the trauma."[79]

The trauma of gender-based violence as experienced by Deaf victims/survivors may be exacerbated by previous traumas, and put them at greater risk of more severe impact and PTSD.

RISK OF COERCIVE CONTROL

Domestic abusers typically isolate the person they are abusing. People who are Deaf or hard-of-hearing may rely on other people, or devices, to communicate with hearing individuals. This puts them at greater risk of coercion by a partner or another person, who can manipulate, and control a Deaf persons' communications, so that Deaf victims/survivors can find themselves isolated by abusive partners and obstructed from accessing support services.

ACCESS TO SEXUAL HEALTH INFORMATION

Deaf communities have historically lacked access to sexual health information, as well as to support services. Without comprehensive information and education around sexual health and healthy relationships, Deaf people who experience gender-based violence may not be aware that what they are experiencing is abuse and criminal.

They may lack information regarding their rights and the legal process, and may not know how and where to seek help, or what to expect if they do.

DEAF POWER & CONTROL WHEEL

Deaf Power & Control Wheel

INTRODUCTION

The organisation DeafHope, following five years of interviews with Deaf victims/survivors, adapted the Power and Control Wheel to demonstrate some of the particular tactics that are used to assert power and control over people who are Deaf and hard-of-hearing. When working with Deaf victims/survivors, it is a useful tool to consider the manifold ways in which they might be impacted by domestic abuse.[80]

STRATEGIES USED TO ASSERT POWER & CONTROL OVER A DEAF PERSON

Intimidation: The abuser uses sign language to make the victim afraid with gestures, facial expressions, over exaggerated signs, then uses Deaf culture to justify the behaviour; overuses floor stomping and pounding on the table or door; signs very close to the victims' face when angry; gets angry because the victim looks away while the abuser is talking; angrily throws things at them as a way to get attention.

Emotional abuse: The abuser criticises their speech, sign language, or English/local language skills; calls them "hearing-mind" because they aren't fluent enough in sign language or don't socialise or identify with the Deaf community; makes fun of their sign language style; puts down their education background, public school or residential school; tells them they are too sensitive "like hearing people"; "love bombs" in between episodes of abuse.

Isolation: The abuser checks the victim's pager, instant messenger, videophone, e-mail and/or teletypewriter (TTY) conversations; moves away from the Deaf community and/or the victim's family to isolate them; tells them no one will believe them, because the abuser is too well-known and liked in the Deaf community; takes advantage of the lack of accessible services for Deaf survivors of domestic and sexual abuse.

Minimising, Denying and Blaming: The abuser denies what they are doing is abuse by saying it is accepted in Deaf culture; tells people private things (e.g. "my wife is lousy in bed"), and says it is okay to share private information because it is part of Deaf culture; blames the victim's behaviour for aggravating them and 'causing' the abuse; tells the victim they are too sensitive and are over-reacting.

Using Children: A hearing partner doesn't allow the victim's children to use sign language to talk with them; doesn't allow their children to be proud of Deaf culture; criticises them as a Deaf parent and says bad things about them to their children; tells them and the children that they cannot go to a shelter because everyone there is hearing.

Hearing Privilege: A hearing partner excludes them from important conversations (e.g. talking to the bank without them knowing); leaves them out in social situations (such as a party or dinner) with hearing people; talks negatively about the Deaf community; if the victim calls the police, the abuser interprets to manipulate the situation to their benefit.

Economic Abuse: The abuser takes away social welfare checks or makies the victim lose it by reporting additional income; ruins their chances for a job by spreading rumours about them in the small Deaf community; demands they ask for permission before spending money.

Coercion and Threats: The abuser destroys the victim's reputation by spreading false rumours; uses their power in the Deaf community to pressure them to stay; uses the Deaf school as the reason to stay together to support their Deaf children; uses their position as a leader in the Deaf community to discredit their story.

Physical & Sexual Violence: Used either frequently or occasionally, but are escalated when the abuser feels they are losing control, when the victim threatens to leave or actually leaves, or when the victim is pregnant or ill.

BARRIERS TO DISCLOSURE FOR DEAF VICTIMS/SURVIVORS

Barriers to disclosure for Deaf victims/survivors

INTRODUCTION

There is a lot of stigma around gender-based violence; many victims/survivors feel considerable shame and self-blame, expect judgement from others, and fear the repercussions if they do disclose.

The barriers to disclosure are multiplied for victims within the Deaf community.

SMALL COMMUNITIES

Deaf communities are typically small and close-knit, which can make it very hard for a victim/survivor to disclose, particularly if the perpetrator is also Deaf. They may fear that their anonymity and confidentiality will be at risk if they do report.

Given the victim-blaming and shaming across most cultures, victims/survivors may worry that if their community finds out they will be ostracised and isolated.

INTERPRETERS

Deaf victims/survivors may have to rely on an interpreter from within their own community. They may fear being misrepresented by this interpreter, may feel ashamed in front of them, or might find it difficult to trust that what they say will remain confidential.

They might be concerned that if others find out, they will be blamed and shamed for speaking out.

Where the Deaf person is a migrant or refugee, there is unlikely to be interpreting available through their native Sign Language, and a Deaf relay interpreter will be needed but may not always be made available.

LACK OF SPECIFIC SUPPORTS FOR DEAF COMMUNITY

If a person who is Deaf experiences gender-based violence, the lack of specific supports for the Deaf community presents a significant barrier to reaching safety, accessing support, recovering and healing from the trauma.

If a person who is Deaf does manage to access support services, they are not guaranteed that these services will be culturally competent and appropriate to their needs.

Many services are uninformed and ill equipped to relate to Deaf victims/survivors and may not provide Sign Language interpreting, or may even rely on an abusive partner to interpret for the Deaf individual.

Some reports indicate that Deaf individuals who have experienced trauma may be misdiagnosed with personality or behavioural disorders, resulting in delayed and/or inappropriate treatment and re-traumatisation.[81]

Migrant and Refugee Experiences of DSGBV

PART FOUR

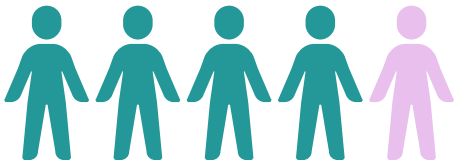
INTRODUCTION

Introduction

INCIDENCE

Refugees, migrants and asylum-seekers may experience domestic, sexual and gender-based violence in their country of origin - in everyday society and/or during political oppression and conflict - on the refugee journey, and on arrival in host countries.

The UNHCR states that 1 in 5 refugee or internally displaced women have experienced sexual violence, and estimates that this is a worsening situation.[82]



Men, especially gay men, and trans women are also very vulnerable to gender-based violence at all stages of the refugee journey. Given the stigma and lack of awareness around all forms of gender-based violence, the actual figures are likely to be much higher than available statistics suggest.

DIFFERENCES BETWEEN JURISDICTIONS

In many jurisdictions, domestic violence is normalised and seen as a private matter between husband and wife. A husband's sexual and physical abuse of his wife might not be a crime.

In some societies, women and children are forced into marriages, and discriminatory gender norms deny girls access to education.[83]

In some countries in Africa, Asia and the Middle East, cultural norms include female genital mutilation (FGM) of varying degrees, which is a very traumatic experience with often severe short and long-term health consequences.

In some jurisdictions, victims/survivors of rape and sexual assault have no hope of justice, and may even be beaten or murdered if their experience were to become known.

BARRIERS TO DISCLOSURE FOR MIGRANTS & REFUGEES

Barriers to disclosure

UNCERTAINTY

Migrants and refugees may not know that some of what is perpetrated against them is illegal in the new country, or where to access support services. They might be afraid that if they do disclose, they will be blamed and their application for legal status or asylum will be denied. Many abusers – whether intimate partners, or traffickers – will take a victim's documents, and threaten to have them deported, or to harm them or their family, if they disclose.

SHAME AND STIGMA

In some cultures, the stigma of being raped is so severe and the dishonour to the victim's family is considered so grave that the woman is under pressure to take her own life. In some instances she may be murdered in a so-called "honour killing". The victim/survivor or their family may be ostracised. Raped women may be unable to marry or to remain married. A woman may keep rape a secret, even from her partner. She may fear her partner's reaction: will she be abandoned? Blamed? Killed? For all of these reasons, confidentiality and reassurances of confidentiality, are of the utmost importance.

All involved must protect the woman's privacy with great care and discretion, as family or others discovering she has been raped can have very serious consequences – the issue of confidentially may literally be and certainly may feel, to the victim/survivor, like a matter of life or death.

FEAR AND DISTRUST OF POLICE & SECURITY FORCES

Of those asylum seekers and refugees who were raped in their own countries and later came to Irish Rape Crisis Centres, 46% had been raped by security forces and by multiple assailants, and had also been subjected to other forms of physical and psychological violence.[84]

Police and state services in the victim/survivor's country of origin may be oppressive and to be avoided, telling them about experiences of gender-based violence might put a victim at additional risk.

Because of this, engagement with state services, the asylum-seeking process or the Gardaí can be a source of great fear.

Language & interpreters as barrier

All of the challenges described below are compounded for sign language users.

WHERE A PERSON DOES NOT USE LANGUAGE OF HOST COUNTRY

Migrants, refugees and asylum seekers may not know the spoken or sign language of the host country and might have difficulty communicating their experiences.

INTERPRETERS AS BARRIERS TO DISCLOSURE

If a person does not use the language of their new country, interpreting will be required to engage with service providers. It is very difficult for most victims/survivors of gender-based violence to talk about their experience, and the presence of a third person can make it even harder. Furthermore if the interpreter is from their own community, the person might find it difficult to trust that what they say will remain confidential and might fear they will be blamed and shunned if their family or community find out. Any fears the victim/survivor has regarding confidentiality and the interpreter will need to be addressed and reassurance provided.

There may be no interpreter available in their first language, and they may be asked to communicate through a language in which they are not fluent.

If the interpreter is from a different ethnic or political group, the victim/survivor might not trust them, and this too can lead to barriers to disclosure.

GENDER OF INTERPRETER

Gender can be a very sensitive issue. It may be simply impossible for a female victim to reveal the details of a sexual assault through a male interpreter. Some details may feel too shameful to ever reveal to anyone. As such, it is best practice to offer victims/survivors the choice of working with interpreters of the same sex.

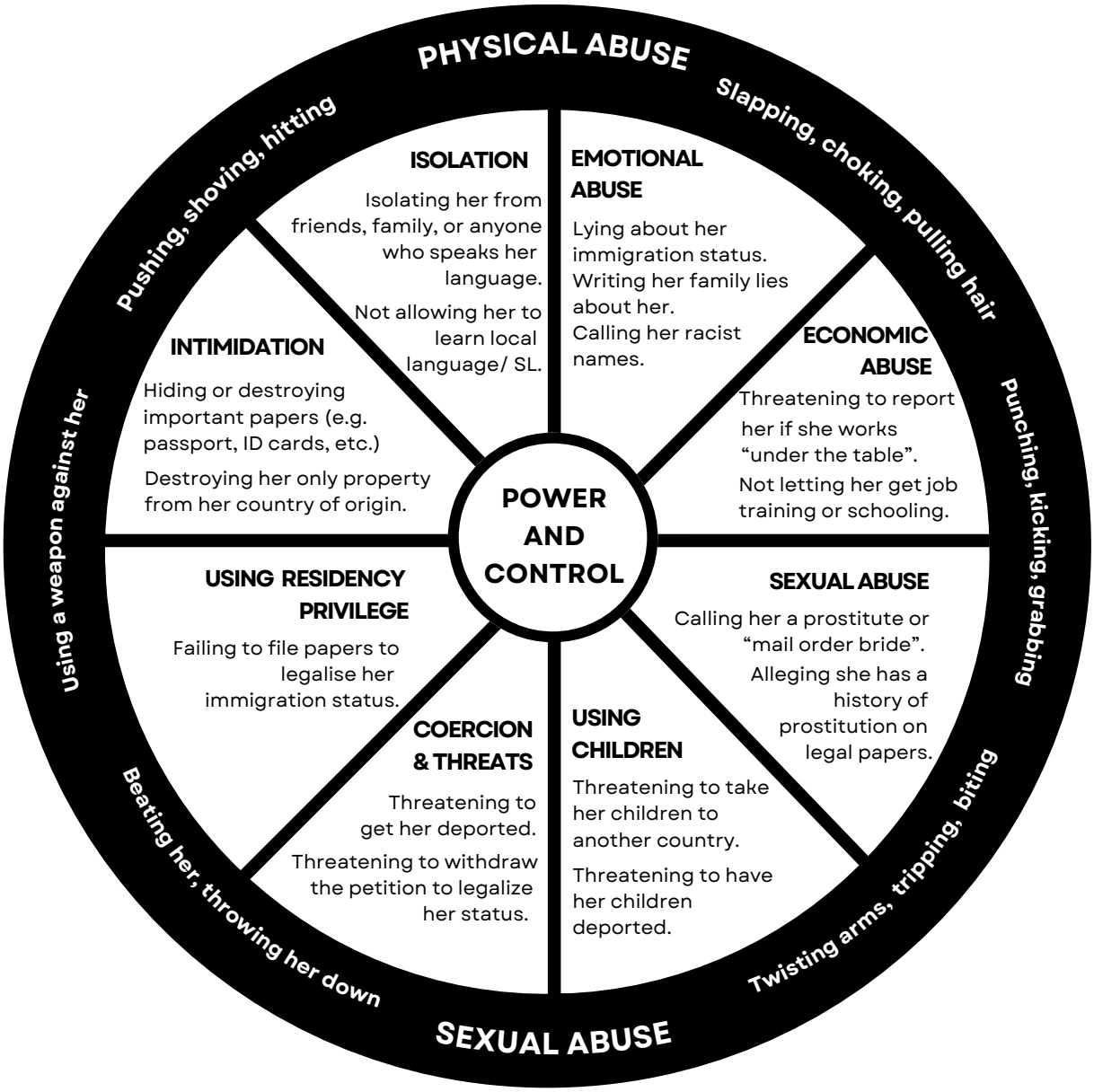
Article 23(2) of the European Union's Victims' Rights Directive recognises the challenge some victims/survivors might have in revealing details of sexual, domestic, or gender-based violence to a person of the opposite sex. It asserts their right to be interviewed by a person "of the same sex as the victim, if the victim so wishes, provided that the course of the criminal proceedings will not be prejudiced."[85] Although interpreters are not referenced specifically, they are the intermediary through which communication occurs, and as such one could understand this Directive as extending to them.

IMMIGRANT POWER & CONTROL WHEEL

Immigrant Power and Control Wheel

INTRODUCTION

For victims of domestic violence from a migrant background, power and control might be asserted in unique ways. The organisation Futures Without Violence adapted the Duluth Power and Control Wheel to demonstrate the daily tactics used against immigrant women experiencing domestic violence.[86]



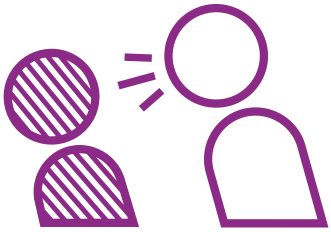
This graphic is based on the Immigrant Power and Control Wheel developed by Futures Without Violence (www.futureswithoutviolence.org), and adapted with permission from the Domestic Abuse Intervention Programme in Duluth, Minnesota.

HOW POWER AND CONTROL MAY BE ASSERTED AGAINST MIGRANTS, REFUGEES & ASYLUM-SEEKERS

Intimidation

- Hiding or destroying important papers (e.g. passport, ID cards)
- Destroying their only property from their country of origin

Emotional abuse



- Lying about their immigration status
- Writing to the victim's family and telling lies about them
- Calling them racist names

Isolation

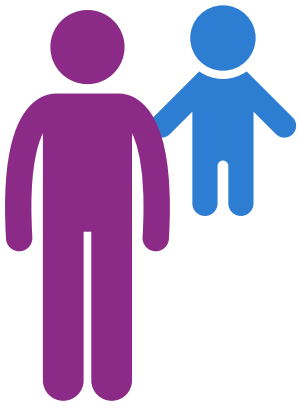
- Isolating them from friends, family or anyone who uses their language
- Not allowing them to learn English/the local language/local sign language

Economic abuse

- Threatening to report them if they work "under the table"
- Not letting them get a job, training or schooling

Sexual abuse

- Calling her a prostitute or "mail order bride"
- Alleging she has a history of prostitution in legal papers and applications



Using children

- Threatening to take their children away/ out of Europe
- Threatening to report the victim's children to immigration officials

Citizenship or residency privilege

- Failing to file the papers to legalise the victim's immigration status
- Withdrawing or threatening to withdraw papers filing for the victim's residency

Coercion and threats

- Threatening to report them to immigration officials to get them deported
- Threatening to withdraw the victim's petition to legalise their immigration status

ADDITIONAL VULNERABILITIES

Additional vulnerabilities

UNSUITABLE ACCOMODATION

When a person arrives in another country as a refugee or asylum seeker, they are often placed in unsuitable accommodation.

They may be homeless and living on the street, housed in tents, in special accommodation centres or in detention centres.

They may be forced to share rooms with strangers, and may have very little private space. Many accommodations are in isolated locations, leading to risk when walking to and from the centre.

In such vulnerable situations, they are at risk of gender-based violence from the public, other residents and from figures in authority.

A 2023 study exploring incidence of sexual violence among recently arrived asylum-seeking women in France found that 26.3% of the study's participants had experienced sexual violence in the past year of living in France.[87] This is approximately 18 times higher than the 0.26% incidence amongst the general female population in France.

In line with other research, the study found that risk factors included the absence of suitable accomodation supports. Higher incidence of sexual violence after arrival in the host country was also recorded amongst women who had prior experience of sexual violence.

POVERTY AND RISK OF RETRAUMATISATION

Poverty and lack of employment rights and opportunities in the new country of residence also put migrants at increased risk of gender-based violence and exploitation.[88]

Even where violence does not occur, the lack of safe accomodation and the impact of previous experiences may lead to them living in a constant state of fear, and at risk of retraumatisation.

Where migrants and refugees are subjected to domestic, sexual and gender-based violence in the host country, they will likely be coping not just with the trauma of that abuse, but also with prior and ongoing traumas.

The emotional effects of abuse are compounded by additional factors for some asylum seekers and refugees.

PREVIOUS TRAUMA

- Previous experiences of rape, torture, abuse and conflict-related traumas.
- A lack of any hope of justice where perpetrators are in the country of origin.

TRAUMAS RELATING TO FORCED MIGRATION

- Displacement, including loss of home, family and community, and forced migration.
- The ordeal of adapting to a strange country, language, etc.
- Lack of the most basic resources, housing, food, etc.
- Isolation.
- Lack of communication with loved ones (sometimes not knowing if family are alive or dead).

STRESS, TRAUMA & UNCERTAINTY RELATING TO THE ASYLUM PROCESS

- Retraumatisation through having to give detailed accounts of abuse and associated events at asylum interviews.
- Fear of being sent back to country of origin, and possible future trauma or threat to life.

HEALTH NEEDS & ACCESS TO SUPPORT SERVICES

- Ongoing medical or gynaecological complications, including chronic pain, operations, fertility issues.
- Lack of information about services and resources.
- Inability to access medical help or counselling.
- The ordeal of having to deal with professionals while not fully understanding what is being said, and having to tell their story through an interpreter.
- Difficulty accessing services due to practical issues, e.g. lack of childcare and family support, isolated location of refugee accommodation, cost of transport etc.

RESTRICTIONS ON WORK AND EDUCATION

- Lack of access to meaningful activities such as education and work exacerbates feelings of helplessness and depression.

RACISM

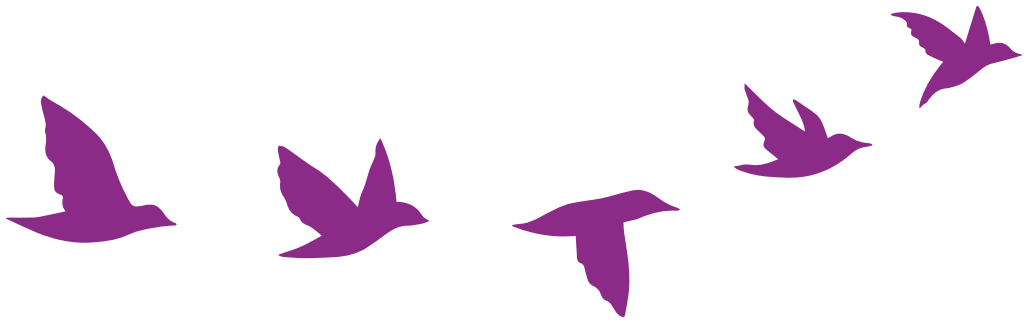
- Racist comments or attacks causing fear, feelings of danger and re-traumatisation.

Migrant, refugee & asylum-seeking children

A child who, either alone or with family members, has had to flee a conflict situation may have experienced significant traumas.

If their parents are also traumatised and/or suffering from Post-Traumatic Stress Disorder, this may impact the parents' ability to respond to the child's needs and to provide a sense of safety and security for the child.

The child may be affected by intergenerational trauma in their relationship with their primary caregivers as well as the trauma they themselves have experienced in their country of origin, on the refugee journey, and as a refugee/migrant.[89]



ADDITIONAL TRAUMAS

Rape as a weapon of war

INTRODUCTION

During periods of conflict and in situations of oppression, rape is used as a weapon of war, terror and oppression to subjugate, demoralise and terrorise men, women, children and the elderly.

In some conflicts, women have been raped and forcibly impregnated as part of a campaign to ethnically cleanse entire communities or ethnic groups.

Under oppressive regimes, men, women and children in detention are routinely, and systematically raped as a form of torture and to terrorise the entire community.

Perpetrators can often be members of security forces or powerful militias, abuse is carried out with impunity, and in most instances, there is no hope of achieving justice.

MEDICAL EFFECTS

A person raped in times of war or unrest or where there are very negative cultural attitudes may not have sought medical care in the aftermath. A woman may later experience gynaecological problems.

Both women and men may experience injuries related to anal rape or rape with an object.

The medical effects can include unwanted pregnancy, abortion, painful periods, inability to conceive, untreated STDs, risk of HIV, fistula and incontinence.

Trafficking

INTRODUCTION

The refugee/ migrant journey is often very dangerous, and can include crossing borders, negotiating passage and transport, and stays in inadequate and unsafe accommodation – putting people at risk of sexual abuse, trafficking and other forms of gender-based violence.

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

BARRIERS TO DISCLOSURE

There are risk factors associated with social vulnerability that leave some women additionally vulnerable to being trafficked, and there are multiple reasons why a victim of trafficking will find it hard to disclose to authorities or support organisations. Traffickers might have threatened their family, or might have taken their legal documentation, and victims might be afraid that if they do report they will be arrested and/or deported. Some trafficked people will not tell of their experiences due to coercive voodoo rituals that were carried out before they left their country of origin, and which make them very afraid to seek help or disclose.

INTERPRETING FOR A PERSON WHO HAS BEEN TRAFFICKED

An interpreter may be asked to provide interpreting where a person has been trafficked. The trafficked person will have had many traumatic experiences and may be extremely fearful, both of the traffickers and of the representatives of the state.

Where the victim and traffickers are of the same nationality or culture as the interpreter, it may be difficult for the interpreter to deal with the feelings evoked in them. However, it is **crucial that complete confidentiality is maintained** so as to protect the victim and their family. It is also crucial the victim/survivor is reassured that that confidentiality will be maintained..

Child marriage

INTRODUCTION

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. While the prevalence of child marriage has decreased worldwide – from one in four girls married a decade ago to approximately one in five today – the practice remains widespread and increased during the Covid pandemic and the consequent additional severe poverty.[90]

Some women who arrive in a country as asylum seekers and refugees will have been married while still children.

GENDER INEQUALITY

Child marriage is often the result of entrenched gender inequality, making girls disproportionately affected by the practice. Globally, the prevalence of child marriage among boys is just one sixth that among girls.

IMPACT OF CHILD MARRIAGE

Girls who marry before 18 are more likely to experience domestic violence and less likely to remain in school. They have worse economic and health outcomes than their unmarried peers. Child brides often become pregnant during adolescence, when the risk of complications during pregnancy and childbirth increases – for themselves and their infants. Once adult, they may be divorced by their husbands and become very economically and otherwise vulnerable

DISPLACEMENT INCREASES THE RISK

Studies show that among refugees and internally displaced populations, the incidence of child marriage can greatly increase, largely due to extreme poverty.

A 2016 survey conducted by UNFPA, the American University of Beirut and Sawa for Development and Aid found an alarming rise in child marriages among the most vulnerable Syrian refugee populations in Lebanon. The survey covered some 2,400 refugee women and girls living in Western Bekaa, and found that more than a third of those surveyed between the ages of 20 and 24 had been married before reaching age 18. Among refugee girls currently between ages 15 and 17, some 24% are already married.[91] Before the start of the war in Syria in 2011, child marriage was significantly less common among Syrians. Some estimates show rates to be four times higher among Syrian refugees today than among Syrians before 2011. This indicates that displacement, instability and poverty are driving underage marriages.

Torture

INTRODUCTION

The World Medical Association defines torture as:

> "The deliberate, systematic, or wanton infliction of physical or mental suffering by one or more persons acting alone or on the orders of any authority, to force another person to yield information, to make a confession, or for any other reason".[92]

While the media often portrays torture being used to extract information or the "truth" from individuals, the purpose of torture is to gain power or control, or to silence any opposition. Individuals are tortured as an example to communities of what will happen to anyone who opposes the regime in power.

COMMON METHODS OF TORTURE

- Beatings
- Application of electrical shocks
- Hanging by the arms, legs, or shoulders
- Being sexually humiliated and raped
- Being burned with cigarettes, hot water, acid
- Forced standing for extended periods
- Being forced to stare at the sun
- Having the head submerged in water, waterboarding
- Mock executions
- Being threatened with violence to loved ones
- Use of specially designed torture devices
- Being forced to watch or participate in the torture or death of others
- Forced nakedness, humiliation
- Exposure to continuous noise
- Being deprived of sleep
- Being forced to remain with dead bodies
- Undergoing interrogation at random and unpredictable times[93]

TORTURE AND SEXUAL VIOLENCE

> "Torture seeks to annihilate the victim's personality and denies the inherent dignity of the human being."[94]

Sexual violence and degrading treatment related to gender and sexuality are used as means of torture against all genders. Forms of torture include rape and violent rape with objects, forcing one victim to sexually assault another, or forcing someone to watch as a relative is sexually assaulted or raped.

INCIDENCE OF TORTURE

While it is difficult to access precise data, it is estimated that between **5 and 35%** of the world's refugees and asylum seekers are estimated to have been tortured.[95] In a 2024 report, the UN Special Rapporteur Alice Jill Edwards, noted "a devastating rise" in torture in armed conflict over the past year. She also noted the prevalence of this form of abuse in situations of detention, political repression, and persecution.[96]

WHERE IS TORTURE PERPETRATED?

Amnesty International's 2015/16 Annual Report cites instances of torture and "ill treatment" by state authorities in at least 122 countries.[97] Many refugees and asylum seekers in Ireland come from countries where torture and unlawful killings are practiced widely, including: Nigeria, Sudan, DR Congo, Pakistan, Afghanistan, Chad, Rwanda, Colombia, Central Asia, and the Middle East.

Below we describe the use of torture in four specific countries and contexts. We focus on countries where higher numbers of refugees and asylum-seekers in Ireland come from. It is not an exhaustive list, but rather demonstrates the widespread and systemic use of torture as a weapon of war, persecution and repression.

Syria

An estimated 17,723 people were killed in custody across Syria between 2011 and 2015, with the real number likely to be even higher.[98] Tens of thousands more were subjected to torture including rape. In January 2014, the Caesar photos were smuggled out of Syria. These photos depicted thousands of bodies of dead detainees; many apparently killed due to beatings, starvation or other torture in Syrian government detention.[99] In August 2016, Amnesty International released a report documenting the extent of death after torture and starvation in Syria's prisons.[100] And in 2017, they published a detailed report into the notorious Saydnaya Prison in Damascus.[101] The report states that:

> "There are no interrogations at Saydnaya. Torture isn't used to obtain information, but seemingly as a way to degrade, punish and humiliate. Prisoners are targeted relentlessly, unable to 'confess' to save themselves from further beatings."

Amnesty believe that a crematorium was built in Saydnaya to dispose of the bodies of thousands who were killed. Rape and sexual assault are so common in Syrian government detention, that when a woman is released it is assumed she has been raped, and she may be shunned by her family and community. Torture is used not just against the individual victim, but to terrorise, control and undermine community and society as a whole.

Nigeria

The most recent data demonstrates that torture and other ill-treatment are systematically practised with impunity by Nigeria's security forces. This is despite the introduction of the 2017 Anti-Torture Act, and the dissolution of the notorious police force - the Special Anti Robbery Squad (Sars) - which had for years been accused of widespread human rights abuses.[102]

Reporting on a 2024 visit to the country, the UN Subcommittee on the Prevention of Torture regretted the lack of cooperation from Nigerian authorities, and stated that:

> "The situation in most places of detention is abysmal. Nigeria must urgently take measures to prevent torture and ill-treatment, and to improve conditions of detention, especially in police stations and other similar facilities. Legal safeguards must be immediately implemented, and the current impunity of perpetrators for acts of torture must end."[103]

Conflict in the northeast and the northwest of the country, involving Boko Haram, Islamic State, Nigerian security forces and various militias has resulted in intensifying violence against civilians. A 2021 Amnesty International report described the unlawful detention and torture of children and adults by the state military.[104] Meanwhile abuses perpetrated by non-state actors include kidnapping, extortion, rape, and the recruitment of children as soldiers.[105]

Russia/ Ukraine

The October 2024 Report from the UN's Commission of Inquiry on Ukraine describes the "widespread and systemic use of torture by Russian authorities" against Ukrainian civilians and prisoners of war.[106] The report describes torture being perpetrated in areas of Ukraine under Russian control, and within the Russian Federation.[107] The violent practices described in the report include, beatings, electrical shocks, sexual violence, prolonged enforced standing or squatting, and "the absence or denial of medical treatment" to name but a few. Victims described severe physcial and pscyhological consequences of torture, including:

> "recurrent nightmares, anxiety, difficulties in communicating, including with family members, at times leading to separations, and challenges in reintegrating into society. They conveyed the constant fear of being detained again and subjected to the same ordeal."[108]

Palestine/ Israel

A 2024 UN report on "Detention in in the context of the escalation of hostilities in Gaza" states that "while the detention conditions for Palestinians in Israeli custody were already of serious concern prior to 7 October 2023, the situation worsened dramatically thereafter."[109] The report describes the IDF's detention of thousands of Palestinians, including men, women, and children, as well as medical staff, patients and human rights defenders. Most of those taken into custody are held without charges or trial in "prolonged secret and incommunicado detention with no information provided to their families on their fate or whereabouts."[110]

The inhumane detention conditions described in the report include severe restrictions on food, water, sanitation, and medical care, causing the deterioration of health - and sometimes death - of detainees.[111] Detainees are held in overcrowded conditions - sometimes 13-20 inmates in a cell designed to accommodate 5.[112] The report also describes systemic violence against and humiliation of Palestinian detainees, including serious physical assaults, sleep deprivation, electrical shocks, forced nakedness, waterboarding, sexual humiliation, rape, threats of rape, and rape with foreign objects.

TORTURE OF CHILDREN

Children are also subjected to torture, as described in 2016 by then UN High Commissioner for Human Rights Zeid Ra'ad Al Hussein:

> "Even very young children are spared no suffering – including the use of specific machinery to inflict pain; mock executions; the obligation to witness pain being inflicted on other children or family members; and sexual mutilation and assault. Indeed, children are often targeted because they are children, as a way of intimidating entire communities, or to leverage additional pain onto their parents."[113]

INCIDENCE OF TORTURE AMONGST ASYLUM SEEKERS

Available data suggests that "30-60% of international protection applicants seeking medical attention were survivors of torture."[114]

If a health care provider is caring for refugees or asylum seekers, the odds are great that the provider has worked with torture survivors even if they may not have been aware of it.

THE IMPACT OF TORTURE

Increased risk of PTSD

While many people who have experienced torture will have experienced other trauma as well – for example bereavement, displacement, injury, witnessing death and destruction – studies show that people who have experienced these traumas *and also* experienced torture exhibit higher levels of Post-Traumatic Stress Disorder than others whose experiences have not included torture.[115]

Mental health issues may affect claims for international protection

Victims/survivors of torture may struggle with mental health issues, such as PTSD, anxiety, suicidal thoughts, and depression. These issues may affect a person's ability to properly present their claim for international protection and may increase the likelihood of their "receiving a negative outcome."[116]

Symptoms specific to circumstances and methods of torture

Victims/survivors may experience symptoms specific to the circumstances and methods of torture, such as: fractures which have not properly healed; injuries to eyes, teeth, ears, genitals, urinary tract, rectum and reproductive organs; cardio-pulmonary disorders; brain damage; blindness; deafness; diseases arising from starvation, and extremes of heat and cold; arthritis; lack of trust - particularly of those seen as authority figures.

Anger

There can also be a lot of anger, which may be expressed externally in bursts of rage and aggression, with consequences for the individual and those around them. The anger may also be turned inwards, leading to leading to shame, severe self-criticism and depression.

Risk factors for greater severity of symptoms

Symptoms have been found to be more pronounced in refugees than in those who remain in their homelands, because of the added stress associated with the loss of one's family, community, and country, living as a refugee or asylum seeker in very difficult conditions, and having to adapt to a new culture. Risk factors for a greater severity of symptoms have been found to include longer duration and greater intensity of torture, a history of abuse during childhood (before the torture), an absence of social support after the torture, young age at the time of torture (children are particularly vulnerable), any history of mental illness. Another risk factor is having family members who were tortured or killed in retribution for the survivor's political or other activities.

Female genital mutilation (FGM)

INTRODUCTION

Female Genital Mutilation (FGM) is a harmful practice that violates the human rights of women and girls, infringes upon children's rights to special protections and has no health benefits, but serious social, health and psychological consequences. There are four types of FGM, involving different levels of tissue removal.

> "Female genital mutilation (FGM) involves the partial or total removal of external female genitalia or other injury to the female genital organs for non-medical reasons."[117]

WHO IS AT RISK?

FGM is mostly carried out on girls between the ages of 0 and 15 years in at least 30 African countries and in some South and Central American, Asian and Middle Eastern countries, and in immigrant communities throughout the world. The World Health Organisation (WHO) estimates that more than 200 million girls and women worldwide have been subjected to some form of FGM and a further 3 million girls are at risk each year. [118]

FGM IN IRELAND AND THE REST OF EUROPE

Some 600,000 women and girls in Europe are living with the consequences of FGM. FGM is a crime in all EU Member States. In many EU countries it is also possible to prosecute for conducting FGM abroad.[119]

All types of FGM have been illegal in Ireland since 2012. In 2017 Akidwa estimated that 5,790 women and girls living in Ireland have undergone FGM.[120] Most are from Nigeria, Somalia, Sudan, Egypt, Kenya and Sierra Leone. Based on the methodological framework set out by the European Insitute for Gender Equality, a further 1,632 girls in Ireland are at risk of experiencing FGM.[121]

SPECIALIST FGM TREATMENT SERVICE IN IRELAND

The Irish Family Planning Association (IFPA) - in partnership with AkiDwA - provide the only specialist FGM treatment service in Ireland. In 2022, there was a 370% increase in requests for support from this service compared to the previous year.[122] The clinic has only one location in Dublin, which makes accessing this important service challenging and costly to women living outside of the city centre.

FGM IS A FORM OF GENDER INEQUALITY

The reasons given for the practice of FGM vary across regions, countries and cultures, however in every society in which it is practiced, it is an expression of gender inequality. In some societies, women commonly have less access to education, power and resources, and there are often no viable social and economic alternatives to marriage for women.

In some cultures, a woman who has not undergone FGM is seen as impure and non-marriageable, and is at risk of social ostracisation and crippling poverty. It is important to be aware, especially from the point of view of child protection, that because the practice is embedded in some cultures, daughters of educated and wealthy families are also subjected to FGM.

Variations of FGM are performed to inhibit women's and girls' sexual desires, ensuring virginity on marriage and securing marital fidelity. For many communities, FGM is supported by religious teaching.

While not all families carry out the practice, understanding the reasons why many women may support FGM is essential in developing sensitive and effective services to support them.

IMPACT OF FGM

FGM has no health benefits and involves removing and/or damaging normal healthy tissue. It is often carried out without any pain relief and with unsuitable and unsterile instruments. The immediate and long-term health consequences can include:

Immediate:

- Severe pain
- Haemorrhage
- Difficulty passing urine
- Sepsis
- Shock
- Psychological trauma
- Infection
- Death

Long Term:

- Chronic pain
- Kidney and urinary tract complications
- Menstrual problems
- Pelvic inflammatory disease
- Cysts
- Infection
- Increased risk of HIV transmission
- Infertility
- Stillbirth
- Emergency Caesarean delivery
- Neonatal death
- Obstructed or prolonged labour
- Absenteeism from school
- Reluctance to attend for medical support due to shame and fear

The risk to women and girls' health is aggravated by the use of unsterile equipment, unsanitary environment, lack of anaesthetic and the procedure being carried out by medically unskilled members of the community.

In an effort to reduce the health risks to women and girls there is a growing trend in countries where FGM is customary to medicalise the procedure, but the WHO insists that this practice is contrary to medical ethics as it is unnecessary and undermines the message that FGM is a discriminatory act of violence

PSYCHOLOGICAL EFFECTS

Women who have undergone FGM also report negative psychological effects such as post-traumatic stress symptoms and flashbacks.

The trauma for some women subjected to FGM can be reactivated in situations that bring back memories of the mutilation such as a first sexual experience, childbirth and gynaecological examinations and procedures. An appropriate awareness, knowledge of and response to those experiencing such psychological effects is an essential part of providing services to women and girls who have undergone FGM.

CHILD PROTECTION

A proportion of young girls living in Ireland may be at risk of undergoing FGM because they are born into families whose cultures and communities practice FGM. FGM is specified in the Child Protection and Welfare Practice Handbook under "Child protection in a multi-cultural context".[123]

Where there is a concern that a child is at risk of FGM, the concern should be reported to the local child protection social worker in Tusla, or in an emergency, to the Gardaí.

LANGUAGE USED TO DESCRIBE FGM

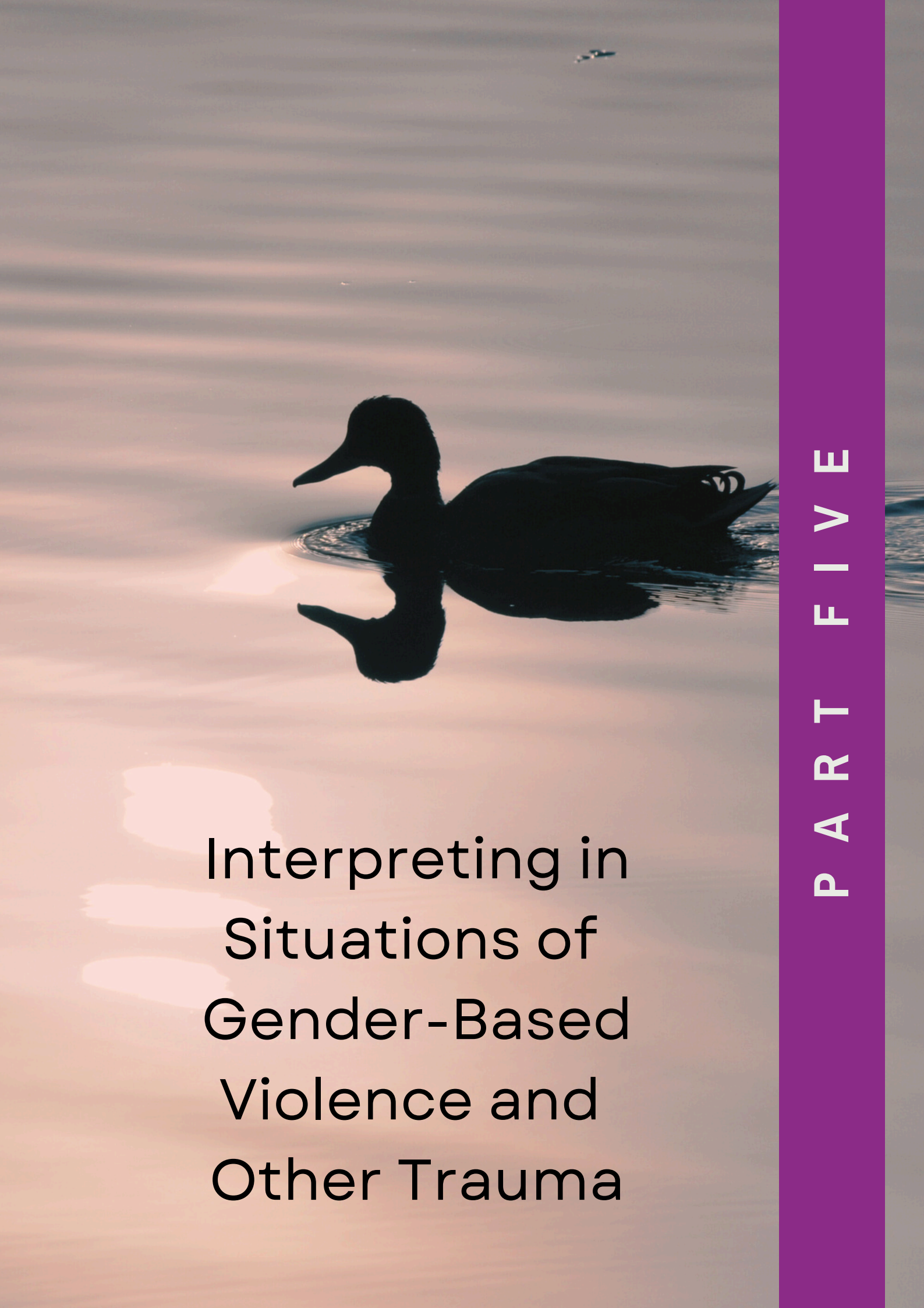
"Female genital mutilation" or FGM is just one of many terms used to describe this practice. In English it is also referred to as "cutting" or "circumcision". Interpreters and service providers should be conscious of the impact of different words. For example, the term "mutilation" might feel judgemental and shaming of a woman and her culture, and its use might close the door to her accessing of services. Be sensitive to the potential impact of language and as much as possible, follow the service user's lead in how they describe their experience.

ENCOUNTERING THE ISSUE OF FGM AS AN INTERPRETER

An interpreter may find themselves encountering the issue of FGM when, for example, working in the FGM support service at the Migrant Women's Health Clinic,[124] or in another medical or legal setting. FGM is recognised as a form of persecution under the Irish Refugee Act 2006 and so may be an issue cited in applications for asylum in Ireland.

When working with the issue of FGM, it is important that interpreters are aware that there may be deeply held cultural values, spiritual and religious beliefs and fears regarding this practice that the girl or woman may hold.

Be aware a woman may find it difficult to speak about FGM, and may fear judgement or rejection.
Be aware of one's own attitudes, beliefs and reactions. Ensure these do not impact on the woman in a way that leads to her feeling rejected or shamed.
Be conscious of the sensitivity of lanugage, and its impact on victims/survivors. Follow the service user's lead.
Be aware of the child protection issues involved and the appropriate reporting procedure where a child is at risk of FGM.



PART FIVE

Interpreting in Situations of Gender-Based Violence and Other Trauma

PRINCIPLES & ETHICS OF INTERPRETING

Introduction

Fundamental principles and ethics apply in all interpreting situations, and interpreters are required to adhere to Codes of Ethics and Professional Conduct. However not all those who act as interpreters have received professional training, and some may not be aware of these core principles and ethics.

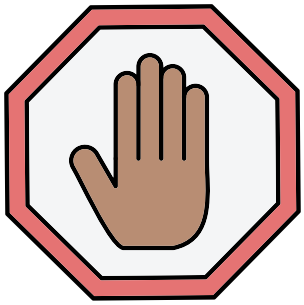
What follows is a consideration of some of the issues related to these principles which may arise when working in situations of extreme trauma and distress, and in legally sensitive situations.

1. Boundaries

The maintenance of professional boundaries helps to keep interactions between interpreters, service users, and service providers safe. For interpreters, this means appreciating the value and respecting the limitations of their role.

The role is strictly limited to translating as clearly and accurately as possible from one language to another between two parties. It does not include providing support, advice or any other duty. It is not the interpreter's role to analyse information, form opinions or make decisions as to what should or should not be conveyed.

- An interpreter may be asked cultural background information by a service provider or may be asked their opinion about the credibility of the service user or their story. The interpreter should clarify this is outside their role, and decline to become involved in such discussions.



- It is quite possible that the interpreter may meet the service user outside of the interpreting process, especially if they are from the same community. If this happens, they should not make any reference to the fact they have met or to what has been said. If the service user mentions the situation, the interpreter should avoid being drawn into talking about it.

2. Confidentiality

Confidentiality is a basic ethic of the interpreter and a right of the service user. Where the situation involves issues of domestic, sexual and gender-based violence, maintaining confidentiality is especially crucial.

SHAME, STIGMA, AND RISK OF FURTHER ABUSE

The victim/survivor may feel great shame about what has been done to them, and fear others finding out about it.

There may be a risk to the victim if the perpetrator were to discover they have told someone.

In some cultures, the stigma of rape is so severe that the victim's life or safety within their family or community may be at risk if people were to find out. For example, in some countries where rape is systematically used on detainees, a woman released from prison may be ostracised by her family and community on the assumption that she was raped.

For these and many other reasons, there is additional need for confidentiality to be held, and for the victim/ survivor to be reassured it will be held.

WHAT PRESSURISES CONFIDENTIALITY?

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

Confidentiality is a core principle, but in very particular and serious circumstances, interpreters may need to disclose certain information in accordance with National Safeguarding guidance. This may arise when the life or safety of someone is in danger, particularly a child or vulnerable adult, or for reasons of child protection.

In Ireland, interpreters should consult ***Children First*** and the ***Health Service Executive for Guidance on Safeguarding Vulnerable Adults*** for recommendations, guidance and training.

3. Neutrality and impartiality

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

Clarify the role	An interpreter does not act on behalf of the service provider, or speak on behalf of either party. This may need to be explained and clarified with the service provider. Neither do they act as an advocate for the service user.
Do not provide additional advice or support	This impartiality may be more difficult to maintain when faced with such emotive issues as domestic, sexual and gender-based violence and with very vulnerable and traumatised people. The interpreter may feel great empathy for a victim/ survivor and feel tempted to give advice/support. However, the interpreter must accept that this is not their role. It is imperative for the integrity of the interpreting that the interpreter does not become involved in providing emotional or other support to the service user.
Be aware of personal beliefs and avoid passing judgement	Before undertaking this work, interpreters need to be aware of their own internalised beliefs and attitudes about gender-based violence to ensure that these do not arise in a way that affects the interaction. For example, certain internalised attitudes such as 'rape only happens to women' or 'if she stays in that situation, then she mustn't find it too bad' could lead to an interpreter finding a story difficult to believe. If this comes across to the victim/survivor it could have a damaging impact, and may alter the interaction between the service provider and the service user. If an interpreter finds that it is difficult to maintain impartiality because of personal beliefs or feelings, then it is desirable that they withdraw from the assignment.
Find ways to process strong emotional reactions	The interpreter may on occasion feel that a victim/survivor is being treated unfairly, harshly, unsympathetically or is being let down by the service provider. This can lead to a strong emotional reaction for the interpreter, who needs to have the capacity to stay calm and complete their assignment without their personal feelings interfering in the work. Interpreters may need to find an outlet for these emotions afterwards, either through debriefing, physical exertion, a comforting activity or another form of self-support that restores their emotional equilibrium.

4. Accuracy

The interpreter's role is to convey as accurately and completely as possible everything that is said or signed, without adding or deleting anything.

Where a traumatised person does *not* speak slowly and clearly

- To facilitate accurate interpretation, both parties will ideally speak slowly and clearly, using straightforward language, with the service provider avoiding unnecessary jargon or complex sentence structure. However, a person who is relating traumatic experiences will not always speak slowly and clearly, or may speak in a very disjointed manner.
- It is important that the interpreter does not attempt to translate what they have not heard clearly, or to put their own order on chaotic or unclear content.

Where a victim/survivor gets confused, and loses track of the conversation

- Concentration and memory can be affected by traumatic events like domestic or sexual violence. A traumatised person may dissociate, lose track of the conversation, and get confused. It is important that the interpreter interprets exactly what the victim has said.
- **E.g. If a service user asks for a question to be repeated, the interpreter should ask the service provider to repeat the question rather than repeat it themselves.** This avoids filtering and is a more accurate interpretation. Otherwise, the service provider may not realise that the service user is in fact 'numbed out' and unable to take in what is being said.

Being familiar and comfortable with medical and legal terminology, and sexually explicit terms

- An interpreter working in the area of gender-based violence needs to be familiar and comfortable with using sexually explicit terms, and needs to have sufficient language skills to interpret medical and legal terminology.

Making it known if they are uncertain about language or meaning

- Where a statement is being taken by Gardaí, or in any other legal context such as an asylum hearing or appeal, accuracy is especially crucial. The accuracy of interpreting is vital to maintaining the integrity of the interview as evidence.
- **The interpreter should make it clear if at any point they are uncertain as to meaning, or where there is not a close translation available.**

5. Non-violence, dignity & respect

To work in ways which are non-violent, psychologically and physically, is a core principle when working with those who have experienced grave harm.

All those working with victims/survivors of domestic, sexual and gender-based violence have an ethical responsibility to ensure they do not contribute to re-traumatisation, further shaming of the person, or any other additional harm.

TREATING ALL PARTIES WITH DIGNITY & RESPECT

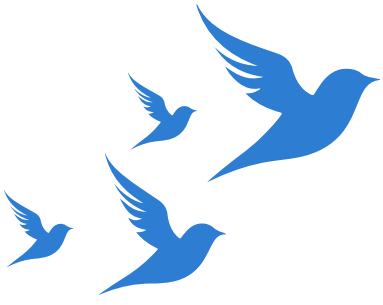
Interpreters are obliged to treat all parties with dignity and respect. This translates into high professional standards, for example in relation to timekeeping. The demeanour of the interpreter when interacting with the victim/survivor will also convey a respectful attitude.

ENSURING INTERPRETER IS TREATED WITH DIGNITY & RESPECT

The interpreter should themselves also be treated with dignity and respect. Unfortunately, this is not always the case, with interpreters sometimes being overlooked and treated almost as automatons. An interpreter should not hesitate to respectfully request everything they need to carry out their role and to look after their own basic comforts.

SELF-CARE AS A PRACTICE OF NON-VIOLENCE

Non-violence is also a core principle when considering self-care. Working with violence, abuse and trauma has an impact, and to continue to work in this area while being impacted without having the necessary supports and resources to maintain their own well-being can be a form of self-inflicted violence on the interpreter.



6. Professional capacity and limits

CAPACITY IN TERMS OF VOCABULARY, SKILLS, TRAINING AND PERSONAL ABILITIES

An interpreter should assess their own capacity to work in situations of domestic, sexual and gender-based violence in terms of vocabulary, skills, training for specific situations (e.g., court interpreting), and personal ability to cope with the traumatic nature of the content. Interpreters should work within the limits of their capacity and decline assignments for which they do not have the necessary competence.

ABILITY TO SIT WITH DISTRESS WITHOUT BREACHING BOUNDARIES

The interpreter also needs to have the capacity to sit with a distressed person and to resist the impulse to breach the boundaries in order to support, console or reassure them. This can often be difficult, but is crucial to maintaining the integrity and professionalism of the interpreting.

DEVELOPING SELF-CARE STRATEGIES

Account needs to be taken of the nature of the work, as interpreting traumatic material can be vicariously traumatising for the interpreter. An interpreter choosing to take up this work needs to prepare for it in advance by developing strategies for self-care which they can utilise before, during and after the interpreting session.

PERSONAL EXPERIENCE OF DSGBV AND OTHER TRAUMA

Where the interpreter – or someone they are close to – has experienced gender-based violence, the work may resonate or be triggering for them. They need to allow for this and prepare and resource appropriately. For some interpreters this may be an area of work they choose not to become involved in.

ACCESS TO ONGOING SUPPORT AND SUPERVISION

It is important that the interpreter has access to an opportunity to debrief after interpreting in a situation of domestic, sexual or gender-based violence and that ongoing support and supervision is either provided or readily accessible.

INTERPRETING FOR DISCLOSURES OF DSGBV

Introduction

When a victim/survivor of gender-based violence is telling of the experience, to a doctor, key worker, counsellor, solicitor or in court, they may be very fearful of the reaction they will meet - that they will be blamed, rejected or not believed and afraid of the consequences of telling. There may be feelings of deep shame or embarrassment.

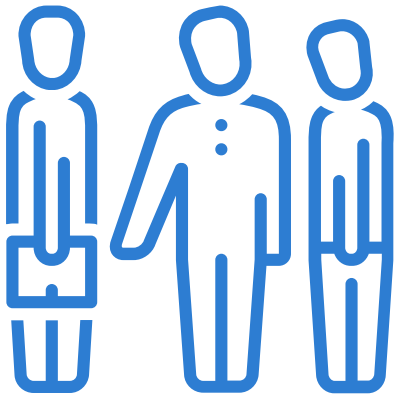
The role of the interpreter is crucial. They are the means through which this story will be told, heard and understood, and through which the victim/survivor will access the supports they need, legal protections and justice.

It is important that the service user trusts the interpreter to interpret accurately and fairly. It is also important that the interpreter is able to remain calm and respectful of the person and their story and has the competence needed to interpret in the situation.

Receiving an assignment

The interpreter should try to get as much information as possible in advance of the assignment, including the context: is it in a school? a police station? a person's home? Is the person a victim of domestic, sexual or gender-based violence, or are they an alleged perpetrator or a witness?

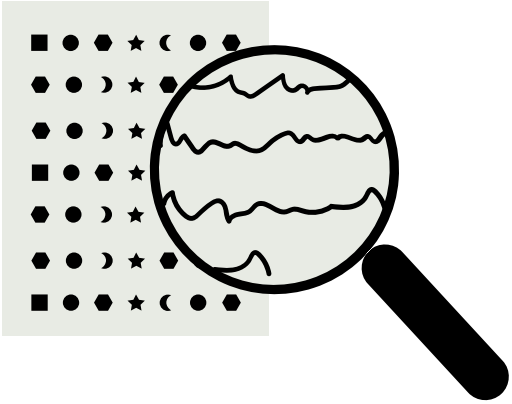
Where possible, the interpreter should be given the name of the service user, so they can assess if there are any issues regarding prior acquaintance. However there may be issues of confidentiality or GDPR which preclude this happening.



Preparing for an assignment: language

Where interpreters know in advance that the assignment is likely to involve domestic, sexual and gender-based violence, they should take some time to review terminology and familiarise themselves with commonly-used and colloquial terms and signs.

If there are terms that are likely to be used that do not have a direct translation, the interpreter should plan how they might deal with these. It might be helpful for the interpreter to prepare a glossary which can be updated on an ongoing basis, as a support for future assignments.



Language around domestic, sexual and gender-based violence can be highly emotive, but can also be quite tentative or cryptic, with victims/survivors feeling a lot of shame and self-blame about their experiences which may be very hard (if not impossible) to put into words.

Interpreters should be conscious of the sensitivity of this content, and be aware that the impact of particular words can differ depending on the person.

For example, some victims/ survivors and their communities might use the word “cutting” or “circumcision” or many other terms to describe their experience of FGM. The term “female genital mutilation” might never be used by them, or it might be avoided because it sounds too stigmatising of them and accusatory of their family, community, or culture. Interpreters should be sensitive to such usage and as far as possible, follow the service user’s lead in their use of language.

The interpreter may be aware that a term or word has a different meaning or important nuance when translated depending on the background and culture of the service user, and may need to clarify this.

Assessing linguistic compatability

When the interpreter meets the service user, they should assess if they are able to interpret for them. This may require some conversation to assess the person's fluency in a second language, the interpreter's understanding of their dialect, etc.

This preliminary conversation should not include any aspect of domestic, sexual or gender-based violence or other substantive issues.

People from specific ethnic/minority communities may not wish to communicate with the help of certain interpreters for political or other reasons. There are issues of trust, or anxiety about possible consequences.

ROADMAP FOR INTERPRETING DISCLOSURES OF DSGBV

Where a service user is Deaf

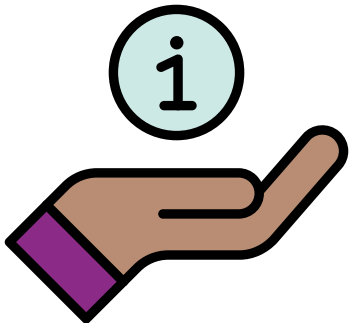
Where a service user is Deaf, the Sign Language interpreter should try to assess in advance of meeting them whether there is a need for a Deaf interpreter to be present also. However, it may not be clear until the Sign Language interpreter meets the service user that a Deaf Interpreter is needed.

Situations where the use of a Deaf Interpreter is recommended include where the person:

- Has a mental illness;
- Uses 'home signs' unique to a family or small social group, or localised signs from a specific region or ethnic group;
- Uses a foreign sign language;
- Has limited language and communication skills;
- Is deaf-blind or deaf with limited vision; and/or
- Is from an unfamiliar Deaf culture.

In these instances, the Sign Language interpreter should insist on having a Deaf interpreter present. In legal situations the interaction should not be entered into until the Deaf interpreter arrives.

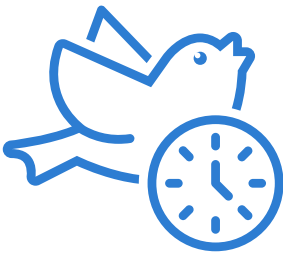
Not all hearing Sign Language interpreters are experienced in working with a Deaf interpreter, and may not fully understand why the presence of a Deaf interpreter is crucial to maximise the victim/survivor's ability to communicate



Where this is the case, the hearing Sign Language interpreter should inform themselves, access any training they themselves might need in order to be able to work with a Deaf Interpreter, and be able to explain to the service provider why this is important, and why in certain situations it is not possible to proceed without having a Deaf Interpreter present.

Resourcing oneself in advance

Where the interpreter is aware in advance that the content they will be interpreting is likely to be traumatic, they can prepare themselves for the stresses and possible impact of the day's work.



The interpreter can allow plenty of time to arrive at the location; then take a few moments of quiet time to prepare themselves, to ground and centre before commencing work.

They can try to leave aside any personal issues for the moment and to focus on the task in hand. A few moments spent in a short breathing/relaxation exercise or boundary exercise is invaluable as preparation for the work ahead.

Finding a way of marking the transition from their personal self and life to their professional role is very helpful in creating a psychological boundary. Some people do this through the difference in the clothes they wear: they take on their professional role as they put on their 'work' clothes; some do it with a thought process; others with a change in posture, or a short visualisation.

HAVE GROUNDING STRATEGIES PREPARED

Where the interpreter is not informed in advance of arriving of the possibly traumatic nature of the situation, they may need a few minutes to prepare internally, to ground and steady themselves before starting into the session.

In some cases, the story of trauma will emerge suddenly and unexpectedly in a situation which is dealing with other issues. Experienced interpreters know that they must always expect the unexpected and be prepared with grounding and steadying strategies they can use quickly and effectively during a session.

The interpreter's demeanour and professionalism

ACTIVELY PROJECT PROFESSIONALISM, CALMNESS AND NON-JUDGEMENT

In their greeting to the service user and in any conversation between the parties prior to the substance of the session, it is important that the interpreter comes across as being professional, calm and non-judgemental. This is always an aim in every situation, but, bearing in mind the great sensitivity of the issues we are dealing with here, it is helpful to try to actively project these qualities.

CONVEY TRUSTWORTHINESS THROUGH BODY LANGUAGE, TONE OF VOICE, CALMNESS AND ACCURACY OF INTERPRETATION

The victim/survivor who requires an interpreter has to rely on them so that they can tell their story truly and accurately. They are placing great trust in the interpreter, and the interpreter needs to convey that they can be trusted, through their body language, tone of voice, calm approach and accuracy in interpretation.

UNDERSTAND EMOTIONS MAY ARISE FOR VICTIMS/SURVIVOR, BUT REMAIN CALM AND SEPARATE

On a human level, the trauma of telling this story should not be underestimated. The victim/survivor may become upset or angry. Under questioning - for example in a court setting - they may become hostile, or withdrawn, or freeze up. No matter what is happening, the interpreter's role is to remain calm and facilitate communication. They must ensure they do not become over involved or get drawn into the client's emotions; the best way they can help the client is by remaining calm, professional and separate from the emotions arising.

Where the interpreter knows the service user

If an interpreter knows a service user - either personally or professionally – they should disclose any prior acquaintance and if necessary, decline to interpret.

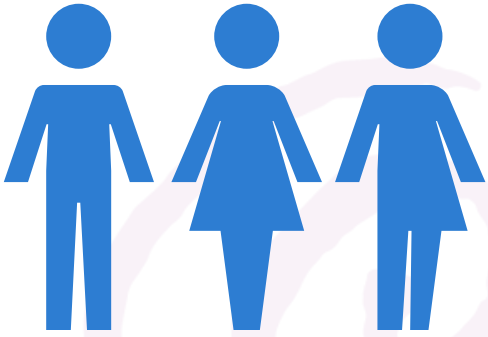
In legally sensitive situations, e.g., where a person is giving a statement to the Gardaí, prior acquaintance may affect impartiality or constitute a conflict of interests and could be used to undermine the witness' evidence if the case goes to court.

Gardaí should always be informed of any pre-existing acquaintanceship or relationship between the interpreter and the complainant. The same principle applies where interpreting for a suspect/accused person. Prior acquaintance does not preclude an interpreter working with a service user, indeed trust established in the past may support the interaction; but it should always be revealed and considered, particularly in legal or quasi egal contexts.

A previous acquaintance may influence what is said or not said, and there may be additional fears about confidentiality where the interpreter already knows one or both of the parties involved. It may be difficult to discuss sensitive and traumatic issues where the interpreter is someone the victim/survivor knows already and will see again, and this will need to be addressed.

Ideally the interpreting agency will negotiate, in consultation with all parties, the appropriateness of using a particular interpreter where parties know each other, or where there are political or ethnic issues.

Interpreting agencies should also take into account the victim's gender and where possible, provide an interpreter of the same sex if the victim requests this (see Article 23 (2) of the EU Victims' Rights Directive).



Setting the scene

EXPLAINING CONFIDENTIALITY

It is best practice for the service provider to explain to the service user that the interpreting is provided on a confidential basis.

However, not all service providers are trained to work with interpreters, and may not know that they should provide this information. Furthermore, some service providers may not be aware of the additional concerns regarding confidentiality that may be there for victims of domestic, sexual and gender-based violence.

Where the service provider neglects to address confidentiality with the service user, it is important that the interpreter informs and reassures the person that information shared in interpreting assignments is strictly confidential.

CLARIFY THAT *EVERYTHING* SAID WILL BE INTERPRETED

It is also necessary to explain that everything either party says will be interpreted, so that no party shares anything unwittingly. This is especially important in police and legal settings.

EXPLAIN INTERPRETER'S COMMITMENT TO ACCURACY

The interpreter should let both parties know that they are committed to communicating on their behalf with maximum accuracy.

EXPLAIN HOW OTHERS CAN SUPPORT ACCURATE INTERPRETATION

It can be useful for the interpreter to briefly explain how all parties can support accurate interpretation: e.g., service users and service providers should try to slow the pace at which they communicate; the interpreter might need to stop and ask for or provide clarification if the meaning of a communication is unclear, etc.

How victims/survivors may present when disclosing trauma

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

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

The interpreter should be conscious that there is no single way that a victim of gender-based violence will appear and behave when telling of their experience. There are many ways in which an individual may respond to shock and trauma, there is no “right” or “wrong” way to respond to or to disclose traumatic experiences. Interpreters should be conscious not to judge, doubt, or blame a victim/ survivor because they are not reacting according to the interpreter’s expectations.

Some people will appear dazed and confused.

Others will be quite numb or frozen.

Others may be hysterical, crying and panicked.

Some people may seem extremely rational, logical and disconnected from their feelings. Such a person may seem unaffected, but this is a way of coping and should not be seen as a sign that what they are saying is untrue.

A person may be very angry. This anger may be deflected and directed at themselves, at the service provider, or at the interpreter. An interpreter can remind themselves that any anger directed at them is not personal.

Where an adult who has been raped or sexually assaulted also experienced trauma in childhood, they can be in an even more severely traumatised state after the recent incident, and may be very dissociated and ‘out of it’ or numb.

It may also be the case that they have such a highly developed capacity to dissociate as to lead to them dismissing or even appear to be flippant about the current experience.

CONVEY BELIEF AND RESPECT

Victim/survivors of domestic, sexual and gender-based violence often fear or expect that they will not be believed. It would be extremely undermining and difficult for a person to feel that the interpreter who is communicating their story does not believe them.

Be aware that the individual may be anticipating disbelief, and so may misinterpret facial expressions, posture, tone etc. Belief is conveyed by the caring and respectful attention the interpreter shows.

**Note that it is not appropriate for the interpreter to state that they believe the person.*

BE CONSCIOUS OF TONE, FACIAL EXPRESSION, BODY LANGUAGE

The service user is placed in the situation of describing experiences, which were traumatic and painful and which may be felt as degrading. They will often feel ashamed, blame themselves in some way, and feel guilty. The interpreter needs to be sensitive to this and careful not to appear to express or to appear to express any judgement, in their tone, facial expression or body language.

WHERE WHAT IS DISCLOSED FEELS SHOCKING

Some of what the interpreter hears may be shocking. They may hear something which they experience as a sudden shock – if they allow this to be seen, it may be misinterpreted by the victim/survivor. It is important that the interpreter is mentally and physically prepared for this.

Maintaining professional boundaries

ACCEPT THE VALUE *AND* LIMITATIONS OF YOUR ROLE

When working with an individual who is very distressed or vulnerable, we can often feel that what we do in our role, whichever role it is, is not enough. Being aware of and accepting both the value and the limitations of the role will help the interpreter maintain their professional boundaries, and protect against burnout.

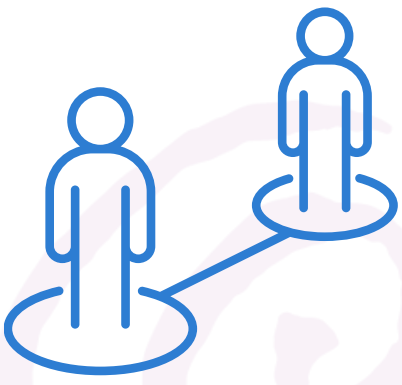
CONFINE INTERACTIONS TO INTERPRETING SESSIONS

The interpreter should confine their contact with the service user to their professional role. Overstepping the boundary may interfere with the role of the service provider, and may alter the interaction between the service provider and the service user. This may be difficult where the interpreter is part of the same community as the person they are interpreting for. The service user may expect or ask for interactions or a relationship with the interpreter which goes beyond the interpreter's role, and even extends beyond the interpreting session.

OUTLINE THE BOUNDARIES SENSITIVELY BUT FIRMLY

Some service users may expect the interpreter to act as supporter, advisor or even a friend in this context. If this is their expectation, the interpreter will need to outline the boundaries sensitively but firmly.

It is very important both for the interpreter and for the victim/survivor that the interpreter remain neutral. Where any legal process is involved, to maintain the integrity of the victim/survivor's evidence, it is important that the interpreter is not, is not perceived to be, or cannot be portrayed as being in any way enmeshed or subjective.



Self-support for the interpreter

HAVE SELF-HELP TECHNIQUES PREPARED

If an interpreter becomes affected during a session, self-help techniques can help to relax and ground them, e.g.: taking a long slow breath, pressing feet into the floor, drinking some water, noticing if they have tensed up physically and quietly changing position to loosen this tension.

DEBRIEF IN SUPERVISION IF THERE IS A STRONG IMPACT

in some circumstances the interpreter may find themselves feeling upset or angry or otherwise dismayed by what they hear. This is understandable and is a normal human reaction. The interpreter needs to develop and use their skills to contain any emotional response so that it does not interfere with their capacity to do their work. Where there is a strong impact, or the content of what are interpreting is disturbing, the interpreter may need to have a confidential supervision setting in which to deal with the impact later.

SIGN LANGUAGE INTERPRETERS MAY FEEL ADDITIONAL IMPACT

The role of the Sign Language interpreter is quite unique: not only do they have to listen with great attention to the story, they have to interpret it and retell it through an embodied language. The signs for some words relevant to sexual and gender-based violence can be quite strongly physical and graphic, even violent. While the concentration on interpreting can provide a protection from fully 'hearing' the story, there is a type of engagement with the story involved in sign language interpreting which is not found in any other role. Debriefing from interpreting strongly physical language may need to include a physical element.

AVOID PICTURING WHAT IS BEING DESCRIBED

It is important that the interpreter tries to remain separate from what they are hearing and saying. The interpreter should train themselves to picture what is being described as little as possible. They should especially not allow themselves to imagine someone they know and care for in the situation while or after hearing the story: e.g., a relative; a child in their life who is the same age as the victim/survivor was at the time of the abuse. This is more likely to occur after the session, and should be avoided, as imagining trauma itself can be traumatising, especially for those with vivid imaginations.

BE AWARE OF THE IMPACT ON ONESELF

It helps to develop the capacity to be aware of the impact of interpreting traumatic disclosures, and to take time to debrief after a session. Interpreters may need additional supervision and support when working in this context. Part Six of this Handbook contains more information on maintaining well-being while working with trauma.

INTERPRETING IN MEDICAL & LEGAL PROCESSES RELATING TO SEXUAL VIOLENCE

This section focuses on the Irish context and the detail of the processes described reflects this. However, many of the general points made are relevant to interpreting in medical and legal processes in other jurisdictions also.

For more information on interpreting in medical & legal settings, see Chapters Five and Six of the Justisigns2 *Silent Harm* training manual.

Medical processes & care

INTRODUCTION

A person who has experienced sexual assault or rape may or may not seek medical care in the aftermath. At DRCC, we always recommend and encourage a person to access medical care, including where the attack was some time ago as there may be undiagnosed internal injuries or infections. A refugee may have been attacked in a context where no medical care was available, or where accessing it posed risks, it is advisable that they access medical care now that it is available to them.

ACCESS TO MEDICAL CARE AFTER SEXUAL VIOLENCE

A person can access medical care after a sexual attack by attending a GP, an Accident and Emergency Department or a Sexual Assault Treatment Unit (SATU). An interpreter may find themselves in any of the above medical care situations interpreting for a patient who has presented for care after an experience of sexual violence.

THE ISSUE OF SEXUAL VIOLENCE MAY EMERGE DURING MEDICAL CONSULTATIONS

In addition, where a person is accessing medical care for other concerns or conditions, issues related to prior experience of childhood sexual abuse or sexual assault and rape in adulthood may be relevant and may emerge. This could be in consultations regarding fertility or pregnancy, but prior history of sexual violence is also associated with many chronic health conditions such as chronic pain or digestive conditions. A history of sexual abuse, or trauma more generally, may also lead to a patient requiring a different approach from a health practitioner at an appointment with a dentist.

Sexual Assault Treatment Unit (SATU)

LOCATION OF SATUS

There are 6 main Sexual Assault Treatment Units located around Ireland:

- Dublin
- Cork
- Mullingar
- Galway
- Donegal

There is also an out-of-hours service in Limerick, which only sees people following Gardaí referral.

Contact details for each of the SATU locations are available here:
HSE.ie – Where to find a Sexual Assault Treatment Unit

THREE OPTIONS FOR GOING TO A SATU

Victims/survivors have three options around going to a SATU:

1. If they report the assault straight away, the Gardaí will organise a visit to the nearest SATU..
2. If the victim/survivor does not want to report the assault, or have a forensic examination, they can still go to the SATU and get a health check.
3. If the victim/survivor is unsure whether they want to report the assault, the SATU can look after their health needs, and can also gather forensic evidence and preserve it for a year in case the victim later wishes to report.

An interpreter might be required in any of these instances.

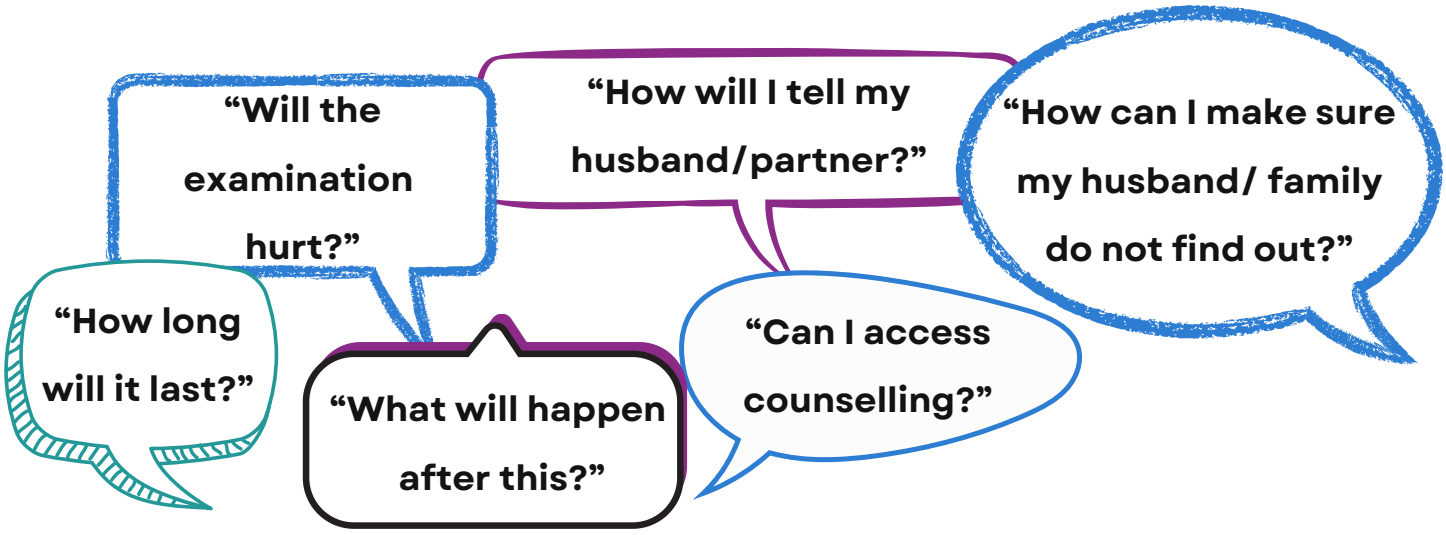
WHO COULD BE AT THE SATU?

Victims/survivors can bring a friend or family member with them to the SATU for support. A support worker from the local Rape Crisis Centre may also be present.

THE ROLE OF THE RAPE CRISIS SUPPORT WORKER

The Rape Crisis support worker is there specifically to support the victim and those accompanying them. The interpreter will interpret their interactions.

The support worker may answer questions from the victim/survivor about the examination and also support them and their supporters in dealing with the trauma. The Rape Crisis support worker will try to empower the victim to ask any questions they need to of the doctor and medical staff. The supporter may help the victim/survivor to make some initial sense of how they are feeling and to deal with questions such as:



If a victim is severely traumatised and crying or hyperventilating, the RCC support worker may help them to ground themselves. If they are numb or unable to speak, the support worker may just sit with them in silence.

A person experiencing this kind of overwhelm (shock) may find it difficult to hear, or to take in what is said and may repeatedly ask for the interpreter to repeat what was said. It is important to interpret the request itself rather than just repeat, so that the support worker recognises the state the victim/survivor is in.

Sometimes the victim may be very tired or recovering from the effects of drugs or alcohol, and the support worker may just allow them to sleep, whilst assuring the victim/survivor that they will "keep watch" for them until the forensic doctor or nurse is ready. A forensic or medical examination cannot be carried out until the person is sober and able to consent to the examination. The support worker may then help those accompanying the victim/survivor (family or friends) to deal with their own shock and trauma if needed.

Reporting a sexual offence to the gardaí/ police

THE VICTIM/SURVIVOR'S FIRST CONTACT WITH GARDAÍ

If a person has been sexually assaulted or raped, and wants to report the crime, they will usually begin by contacting their local Garda (police) station, either in-person or by phone.

They may have spoken to, texted or web-chatted with the **National Sexual Violence Helpline (1800 778888)** in advance. They may have a friend or family member or key worker supporting them, or they may be coping alone.

The first meeting may be at a location other than the police station, e.g., in the person's home. Sometimes a Rape Crisis Centre or other organisation will facilitate the first meeting with the police at their premises.

The interpreter may be called to a Garda Station or other location to interpret for someone who has experienced a recent rape or for someone who has disclosed past rape or childhood sexual abuse – or both. It may be the first contact with the Gardaí, or may be a later meeting to take a full statement or for some other business. The victim may be a child or vulnerable adult, in which case they will be interviewed in a special unit by specially trained investigators. The interview may be of a witness.

The interpreter should be advised in advance of the nature of the interaction and the case they will be dealing with so that they can be prepared, but sometimes this does not happen.

EACH PERSON RESPONDS TO TRAUMA IN A UNIQUE WAY

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

INITIAL CONTACT: WHAT TO EXPECT & WHO MIGHT BE THERE

Many Garda Stations are not ideally equipped for dealing with victims of sexual violence. They do not have comfortable spaces or pleasant surroundings, and in some cases, privacy may not be complete. The interpreter will need to ensure that the conditions allow for accurate interpreting, and explain what is needed if they do not.

An interpreter may also be asked to interpret for the victim/survivor's supporters or family members if they are present, either at the police station or at the Sexual Assault Treatment Unit (SATU).

From the victim/survivor's point of view, it is important that the needs and concerns of their support network are addressed so that they in turn will be better able to support the victim in the days and months after the attack.

The first contact may not be with a specialist Garda – it may be with the Garda on duty in the station. In the first instance, the Garda, having ascertained that the person is reporting a sexual assault, will ask for some necessary details, but a detailed statement will not be taken until later. They will ask about the circumstances of the crime so that they can take any necessary action, for example, in case a forensic medical exam needs to be organised, a crime scene needs to be isolated or a suspect apprehended.

Gardaí will have an 'Early Evidence Kit'. This allows the Garda to take samples of urine and oral swabs at an early stage. This means that victims/survivors can then go to the toilet and have a drink without the possibility of losing valuable evidence.

The victim/survivor will be asked to undergo a forensic medical examination, which will take place at a Sexual Assault Treatment Unit (SATU). The Garda will arrange this, and will accompany the person. In some cases, where injuries are more severe, the person may be brought to a general hospital where these injuries can be treated as a priority. They will then either be brought to a SATU or a doctor, who has specialised training in collecting forensic evidence, will attend the victim/survivor in this hospital.

An interpreter may be asked to interpret for a victim/survivor as they direct the Gardaí to the scene of the crime, or as the Gardaí take them around an area attempting to locate the scene, or in an attempt to find and identify the perpetrator. This could involve travelling around in a police car for a period of time.

THE VICTIM/SURVIVOR'S INTERVIEW AND STATEMENT

The full statement will usually be taken a couple of days after the attack. This interview might be carried out by Gardaí with specialist training. In the case of a child or vulnerable adult, it will take place at a special unit not located in a Garda station and designed to be comfortable and non-threatening.

When questioning the victim/survivor, police officers have to be very careful not to ask any leading questions, otherwise the evidence may be deemed inadmissible later in court. This means they have to ask questions in such a way that it allows the victim/survivor to reveal what happened.

It is important for interpreters to understand this, so that they don't (intentionally or unintentionally) restructure the questioning so it becomes more 'leading.' There are additional challenges for Sign Language Interpreters as abstract terms are hard to convey and concrete examples may be offered to convey the meaning. These examples may be 'leading'.*

The Gardaí will interview the person to find out exactly what happened. The victim/survivor can ask to be interviewed by a female police officer. The type of questions they will be asked include: the identity of the assailant if known; a description of the assailant; where and when the incident happened; what precisely was done to them; the circumstances of the assault; and if there were any witnesses.

When they have finished making the statement, the Garda will read the statement back to the victim/survivor. They can make any changes they wish at this time. All changes in the statement will need to be initialled, and they will have to sign every page. The interpreter may also be asked to sign the statement as they were present in the room. At this point the interpreter should identify any place in the statement where meaning is unclear or ambiguous for whatever reason. If the victim/survivor remembers other details about the assault at a later stage they can contact the Gardaí to make a supplementary statement. The victim/survivor can apply to receive a copy of their statement.

The Gardai will interview the accused, if their identity is known.
The same interpreter should not be used for interaction with the victim/survivor and the accused, both for legal and psychological reasons.

**For further information on the challenges of Sign Language interpreting for gender-based violence contexts, see Chapter 2 of: Silent Harm: A Manual for interpreters and service providers who work with Deaf, Migrant and Refugee Women and Girls who have experienced Sexual, Domestic and Gender-Based Violence.*

PREPARATION OF EVIDENCE AND DPP'S DECISION

The Gardai will prepare a file, which will include the victim/survivor's statement, the accused's statement, other witness statements, any forensic evidence which was collected at the medical examination or at the scene of the assault, and any other evidence.

This is sent to the Director of Public Prosecutions (DPP) who will decide if there is sufficient evidence to proceed with the case. If the DPP does not think the evidence is enough to secure a conviction, the case may not proceed. If the DPP decides to prosecute, the Gardaí then charge the suspect, who is then known as the "accused" or "the defendant". The DPP will then prepare the book of evidence, which includes all of the evidence against the accused.

INTERPRETING INTENSE EMOTIONS & DETAILS OF VIOLENCE

Interpreting in these situations may involve interpreting intense emotion and details of extreme violence and degrading treatment. The person may not communicate fluently, they may blank out at times, become silent, be confused, speak in broken sentences, or it may all pour out very fast and jumbled. It is a complex and challenging situation for the interpreter, who needs to have strategies ready to resource themselves internally if they are impacted by what they hear and witness.

TRANSLATE ACCURATELY AND AVOID "TIDYING UP"

In any legal context it is especially important that the interpreter translates as accurately as possible, and does not 'tidy up' what the person is saying. If the interpreter is unsure of meaning, they should say this, try to clarify and have any ambiguity noted.

KEY POINTS

In situations involving the police, it is crucially important that the service user understand that everything either party says will be interpreted, so that no party shares anything unwittingly.

If the interpreter has prior acquaintance with the service user, it is very important that they inform the Gardaí of this.

The forensic medical examination

INTRODUCTION

Where a victim/survivor of sexual violence reports to the Gardaí, they will be brought to a SATU for a forensic medical examination.

The staff in SATU will take a history from the victim/survivor. This will include medical history plus a detailed account of the assault. The reason for such detail is that the forensic examiner needs to know exactly where to look on the person's body for injuries and forensic evidence, plus they will be called to testify if the case comes to court.

When the medical staff are ready, they will invite the victim/survivor to the medical examination room. The interpreter will not be present in the room during the examination.

The forensic examiner will then conduct a medical and forensic examination of the victim. This may include combing the victim/survivor's hair, including pubic hair; taking oral swabs; examination of the whole body for injuries; taking samples from under the nails; internal examination and taking samples from the vagina and the anus. The Garda will be in the next room and will be handed the evidence by the forensic examiner.

The victim/survivor's clothes and shoes will probably be taken away to be forensically examined. These may be produced in court. Sometimes the Gardaí organise for the victim/survivor to bring a change of clothes with them. Otherwise, the SATU will supply clothes for them to wear when leaving.

For further information about options and supports after sexual violence - including the medical and legal processes - please see DRCC's online guide: *Finding Your Way after Sexual Violence:*

www.drcc.ie/fyw

Interpreting in a court situation

To provide interpreting in a court setting, the interpreter needs to have specialist training. The following is intended as helpful background information, and cannot take the place of such training

INTRODUCTION

Because rape and sexual assault are criminal offences, it is the State which prosecutes the accused person and the victim/survivor is only considered a witness for the prosecution.

Once the DPP makes the decision to prosecute, the victim is informed and the accused is arrested, brought to court and charged. Around a month or so later, the book of evidence will be served on the accused and their legal team. It may be another few months before a trial date is set. As of late 2024, there is around a 2-year wait for a trial to commence.

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

LEGAL REPRESENTATION

The State will appoint a barrister to prosecute the case. The defendant employs their own legal team. As a witness, the victim/survivor (complainant) is entitled to free legal advice, but is not entitled to have legal representation in court. The exceptions to this are:

- Where a victim refuses to disclose counselling notes.
- Where the defence applies to be allowed to refer to the complainant’s past sexual history. In that case, the complainant will have legal representation, but only for the part of the hearing that involves the judge deciding whether to allow the complainant’s past sexual history to be brought into evidence.

However, if a victim/survivor of sexual abuse or rape takes a civil case against the abuser, they have their own legal team and the court process is quite different.

DEFENDANT'S PLEA

If the defendant pleads guilty, the victim/survivor will not have to give evidence. The judge will set a date for sentencing. Before sentencing, the victim/survivor will get a chance to write their Victim Impact Statement. They can read this out in court or have someone read it out for them. In this way the impact of the rape or sexual assault on the victim can be taken into account in the sentencing.

Sometimes the defendant agrees to plead guilty to a lesser charge. For example, a person accused of aggravated sexual assault may plead guilty to sexual assault. The prosecution barrister will decide whether or not to accept a lesser plea.

TRIAL BY JURY

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

SUPPORT FOR VICTIMS

Victims/survivors can get support from RCC Accompaniment Services prior to and during the trial. Before the court case, the complainant will be invited to meet with staff from the Director of Public Prosecutions Office and to visit the court. The DPP staff will explain the trial procedure to them. There is a special suite in the Central Criminal Courts for complainants and their supporters while the trial is taking place. It is a secure unit for victims' use only.

COMPLAINANT'S EVIDENCE

The complainant will be called upon to give evidence. The prosecution barrister will lead them through their statement. The defence barrister will cross-examine the complainant on the statement and will try to show that it is untrue or misleading. The barrister may try to discredit the complainant's account of events, often by trying to undermine their character in front of the jury.

EXPERT WITNESSES

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

ENSURE APPROPRIATE CONDITIONS FOR INTERPRETING

Ensure physical comfort

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

Court can be intimidating, but the interpreter's role is crucial and their needs should be respected

Not all judges understand interpreting – what is required for it to be effective; how an interpreter may need to work in order to ensure accuracy; that translation 'word for word' is often not possible; that language and meaning are nuanced; that an interpreter has physical needs. An interpreter may find themselves intimidated, but can remind themselves that it is entirely appropriate that they ensure the situation in the court allows them to interpret as effectively as possible.

Interpreters should ensure the performance of their role is not undermined by the circumstances in which they are asked to work

Sign Language interpreters work in pairs, regularly switching so that neither is interpreting for a long period. This helps maintain concentration and accuracy and the interpreter's well-being. This is established and respected practice wherever Sign Language interpreters are employed. In contrast, spoken language interpreters are expected to work alone, for very long sustained periods, and to translate for multiple parties.

Although it may be difficult to do so, the spoken language interpreter needs to ensure that they are not placed in a situation where their performance of their role is undermined by the circumstances in which they are asked to work. If the interpreter is being asked to interpret for too long – or finds themselves losing concentration because of the intensity of the work –they should ask for a break. It is good practice to have a second interpreter for such cases as to interpret at this level of intensity, perhaps for many days, goes beyond what any one person can be expected to do.

INTERPRETING DURING CROSS-EXAMINATIONS

The witness will first be taken through their statement by the prosecuting barrister and will then be cross-examined by the barrister for the defendant. The defence barrister is likely to cross-examine in a vigorous, or even aggressive manner. Often, witnesses report feeling harassed, confused and manipulated into saying things that they did not intend to say.

It is very important that the interpreter:

Takes their time and does not allow themselves to be rushed.

Does not allow themselves to be intimidated by the methods used in the court.

Interprets completely accurately everything said by both parties.

Is aware of any impacts on themselves.Once they know how they are being impacted, they can choose to put it aside.

Without awareness, this choice cannot be made and the interpreter is more liable to act or speak as a reaction to this impact.

For example, if a barrister is using bullying tactics to cross-examine a witness, an interpreter may feel angry or concerned for the complainant. This could result in them not interpreting the full impact of the words, in order to protect the witness. This may then affect the witness's response, perhaps in ways which influence the jury.

Prepare to feel strong emotions and deal with them in debrief

It is not uncommon for the witness to break down and cry – remembering what happened can be painful, can evoke feelings of panic, fear, terror, shame, degradation, grief, loss, etc. The interpreter needs to be aware of the emotions evoked in themselves and to be able to put these aside and remain calm, remembering to deal with their own emotions or reactions later when they are debriefing in a confidential professional setting.

LANGUAGE CONSIDERATIONS DURING CROSS-EXAMINATIONS

Do not try and "tidy up" what complainant says

If the complainant does not complete a sentence or does not make complete sense, this needs to be accurately interpreted. If they have difficulty understanding and say so, this must also be interpreted in full rather than the interpreter elaborating on or clarifying on the question themselves.

Convey *full impact* of language, even if it seems graphic or aggressive

When translating in a situation of cross-examination in court, the interpreter needs to try to convey the full impact of the language being used, even where it seems it is intentionally graphic or aggressive, otherwise the interaction may be distorted and a jury may be misled.

State if uncertain as to meaning/ translation

If the interpreter is unclear as to meaning, nuance or vocabulary they should state this in the court. To do so is a sign of professionalism, not of weakness or incompetence.

THE VERDICT

The jury will usually find the defendant guilty or not guilty. There can be a hung jury, when jurors cannot decide on a guilty or not guilty verdict. The verdict – whether guilty, not guilty, or otherwise – can be impactful for all involved, including possibly the interpreter.

SENTENCING

If there is a guilty verdict - the judge will set a sentencing date which is usually around a month after the guilty verdict. This also can have an impact on the complainant and all concerned.

The victim will have that time to prepare a victim impact statement which they can read at the sentencing or it can be read by the garda or the judge. The judge will take the victim impact statement into account when deciding on the sentence.

INTERPRETING IN MEDICAL & LEGAL PROCESSES RELATED TO DOMESTIC VIOLENCE

Medical situations

MEDICAL SITUATIONS WHICH MIGHT FEATURE DOMESTIC VIOLENCE

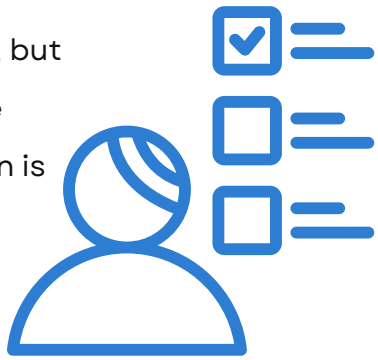
Interpreters may be required when refugee, migrant and deaf victims/ survivors of domestic violence seek medical support. This can include visits to GPs, Accident and Emergency Departments, or Maternity Hospitals.

The interpreter and service provider might have no knowledge of domestic violence in advance of a session – but if it becomes apparent, the interpreter might experience a wide array of feelings, including shock, anger, upset, fear and anxiety. As with all interpreting assignments, they should be prepared to expect the unexpected, so that such feelings do not interfere with the work between service provider and service user

HOW DO VICTIMS/SURVIVORS PRESENT TO MEDICAL SERVICES?[125]

A person who has experienced domestic violence may make a verbal disclosure to a healthcare worker while seeking care for physical injuries sustained from abuse, or whilst seeking care for some other health issue.

Victims/survivors may not disclose domestic violence, but the frontline staff (and the interpreter) may recognise injuries and other medical issues that signal the person is experiencing abuse.



Victims/survivors may present frequently with seemingly “minor complaints” relating to medical or psychological problems that they are experiencing themselves, or within a seemingly well child.

Victims/survivors may present with medical problems caused by, affiliated with, or masking domestic violence.

HOW MIGHT A SERVICE PROVIDER RESPOND TO A VICTIM/SURVIVOR OF DOMESTIC VIOLENCE

Frontline staff should generally be trained to recognise signs of domestic violence, and how to respond in such situations.

Types of questions

Depending on how and where the person presents, the service provider may ask a range of questions of the victim/survivor to assess the level of risk and the person's readiness to disclose. Such questions may range from very broad "how are things at home?" to very direct "are you ever frightened of your partner?"

Where an abusive partner is present

Very often, an abusive partner might accompany victims/survivors to medical appointments (such as maternity clinics). In such situations, service providers should be very careful not to ask such questions of a person in the presence of partners – as this could increase risk to the victim/survivor, or lead to the abuser preventing them from accessing medical care in the future.

Service providers will be careful when broaching the subject

When interpreters feel or fear that a person is being abused, it may be difficult for them to accept a service provider's more tentative questions. They may want to ask the person more directly about their experiences, and feel strongly that the service provider should advise the service user to leave the situation. However, there are very good reasons why service providers do not direct victims/survivors to leave a situation. Victims of domestic violence are more at risk when they are considering leaving, preparing to leave or after they have left. Service providers are very conscious of this when considering discussing the the possibility of leaving such a situation.

Where a child is at risk

Under Children First and National Safeguarding guidance, a child living in a situation of domestic violence in their home is considered to be at risk, and a cause of child protection concern. Professionals including interpreters may need to disclose certain information in particular circumstances. This may also arise when the life or safety of someone is in danger, particularly a child or vulnerable adult. In Ireland, the interpreter should consult Children First National Guidance for the Protection and Welfare of Children and the Health Service Executive for guidance on Safeguarding Vulnerable Adults for recommendation, guidance and training.

This section is based on information adapted from the Women's Aid website: https://www.womensaid.ie/help/options/legaloptions.html and from the Citizens Information Service website: https://www.citizensinformation.ie/.

Legal processes to protect victims of domestic violence

INTRODUCTION

Under Irish law, certain forms of domestic violence are crimes, e.g., physical assault and coercive control. The perpetrator may be prosecuted in the criminal courts accordingly and tried in a criminal process similar to that outlined in the previous section regarding sexual offences.

PROTECTIONS FOR VICTIMS OF DOMESTIC VIOLENCE

If a person is being subjected to violence in their own home, they can avail of legal protection through the courts. An interpreter may be required in the legal process – while the person is accessing support and information, consulting with their legal representative, interacting with the Court Clerk and when they attend the court itself.

While this is not a criminal process, everything that has been said earlier still applies when explaining the legal process for crimes of sexual violence concerning the sensitivities of the issues involved. A victim/survivor of domestic abuse applies to the court for protection because they are fearful for their own safety and the safety of their children, and sometimes for their lives. They may have been subjected to degrading treatment about which they feel shameful. They may have been physically assaulted and terrified, and must now speak about it.

Protections from the court

BARRING ORDERS & SAFETY ORDERS

Under the Domestic Violence Act 1996, there are two different orders for which a person experiencing domestic abuse can apply to the District Court which will provide protection.

- A **Barring Order** requires that the violent person leave the family home. It also prohibits the violent person from using or threatening to use violence against the applicant and/or any dependent children. The court can direct the respondent not to attend at or in the vicinity of, or watch the place where the applicant and dependents reside.

- A **Safety Order** prohibits the abuser from further violence or threats of violence. It does not oblige the violent person to leave the family home. If the abusive person does not live with the applicant, the Safety Order prohibits them from being in the vicinity of or watching their home.

APPLYING FOR A BARRING ORDER OR SAFETY ORDER

To apply for a barring order or a safety order, the applicant must go to their local District Court Office. When they get to the District Court Office, the District Court Clerk can help them to fill out the correct form. When an application for either of the above orders has been accepted by the court, the applicant will be given a date for a court hearing. The waiting time varies in different parts of the country. The applicant will be given their summons for the court hearing at the time of their application. A summons will be sent to the respondent by ordinary post.

URGENT TEMPORARY PROTECTIONS

While they are waiting for a court hearing, the court may protect them with an order which lasts only until the date of the hearing. There are two ways the court can protect them while they wait for the hearing: These are a Protection Order or an Interim Barring Order.

- The **Protection Order** can be granted if the court thinks there are reasonable grounds to believe the applicant's safety and welfare is at risk. The Protection Order has the same effect as the Safety Order, (but is only valid until the court hearing for the Safety/Barring Order takes place) - the abusive person is prohibited from further violence or threats of violence, but is not required to leave the home.
- An **Interim Barring Order:** If the court is of the view that a Protection Order would not be sufficient to protect the applicant while they wait for the court date, then an Interim Barring Order is granted, based on the opinion of the court that there are reasonable grounds for believing that there is an immediate risk of significant harm to the applicant.

  The Interim Barring Order can be granted 'viva voce and on oath' and written evidence is not necessarily required. It is a temporary barring order (requiring the violent person to leave the home) which lasts until the full hearing for the barring order, but can last no longer than 8 working days. The orders are made on an *ex parte* basis (only one side is represented at the application).

THE FULL COURT HEARING

At the full hearing, the applicant and the respondent will be in court. The applicant will give evidence and answer questions from the respondent's legal representative. The respondent will be allowed to respond, and can be cross-examined by the applicant's legal representative. The applicant is entitled to have legal representation at this hearing. The interpreter will interpret for conversations between the applicant and their legal representative as well as for the court proceedings. The applicant may have a support worker from a Domestic Violence service with them who may also require interpreting support.

Important: If both parties in the proceedings require interpreting in the same language, two entirely separate interpreters should be employed.

When the applicant gets the barring order, safety order, protection order or interim barring order, they show it to the Gardaí in their local Garda Station. They do not give them the order, a copy of which will be sent to the Garda Superintendent by post.

A safety order, barring order, interim barring order or protection order takes effect from the time the respondent is notified of the order. This can be done verbally, together with the production of a copy of the order. An interpreter may be employed when this is being done.

If the respondent is in court when the order is made, the respondent is considered to be notified. A copy of the order will be sent to the respondent by ordinary post. In some cases, the Judge may direct the Gardaí 'to serve' the order on the respondent. This means the Gardaí will hand the order directly to the respondent.

BREACH OF AN ORDER

If the abuser breaches a Protection, Safety or Barring Order it is an offence and the victim/survivor can call their local Garda station.

Anyone who breaks a court order (safety order, protection order, barring order, interim barring order or emergency barring order) is guilty of an offence. If the person accused of violence or domestic abuse prevents the applicant or their dependants from entering or remaining in a place to which the order relates (while the order is in effect), this is also an offence.

These offences under Section 33 of the Domestic Violence Act 2018 are punishable by a class B fine, a prison term of up to 12 months, or both.

PROTECTIONS FOR CHILDREN

The Domestic Violence Act 2018 contains specific provisions for the protection of children including:

- Children can make their views known to the court where a safety or barring order is sought on behalf of, or will partly relate to, a child. The court can appoint an expert to assist the court to get the views of the child, depending on the child's age and maturity. An interpreter may be required.
- When giving evidence in an application for a domestic violence order, a child cannot be cross-examined in person by the respondent or the applicant.

Tusla - The Child and Family Agency - may apply for a safety or barring order against a violent adult on behalf of a child, whether or not that violent adult is married to the child's parent.

An interpreter may also be involved in child custody and access proceedings where there have been domestic and other types of abuse.

Working with issues related to harm to children, listening to children tell about this harm and their wishes for the future, and dealing with parenting and attachment issues can be quite impactful, depending on the evidence being given and the decisions of the court. The interpreter may need to access confidential support afterwards, through supervision or, if this work resonates with their own experience, through counselling, to offload and deal with this impact.

INTERPRETING IN THE CONTEXT OF COUNSELLING & PSYCHOTHERAPY

> “Trauma is a fact of life.
> It does not, however, have to be a life sentence.”[126]

Interpreting in the context of counselling & psychotherapy

INTRODUCTION

A person may come for counselling/psychotherapy immediately after a devastating experience such as rape or sexual assault, or it may be years later, such as where someone was sexually or otherwise abused as a child and comes to therapy as an adult, or where they were raped in their home country and seek support in the country they now live in.

WHAT DOES THE THERAPIST DO?

The counsellor/psychotherapist facilitates the person in becoming aware of the impact on them of their life experiences, including any gender-based or sexual violence, and in finding ways of coping that support their well-being. They will listen empathically and be a witness to the person’s experience not just of trauma, but of other aspects of their life and of their daily experiences.

Sometimes, the client is not ready or able to speak about their traumatic experiences, and the counsellor will not pressure them to do so, but will work with them to support their enhanced well-being.

THE GOAL OF THE COUNSELLOR/PSYCHOTHERAPIST

The goal of the counsellor/psychotherapist is not to solve problems for or offer advice to the client but, through facilitating the client's exploration of their beliefs, feelings, physical experience, difficulties, life events and resources, to empower them to understand themselves, to understand and to recover from the impact of trauma and other experiences on them, to develop their capacities to cope, and to make choices that build their well-being.

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

THE IMPORTANCE OF THE THERAPEUTIC RELATIONSHIP

Given that the relationship between therapist and client has been found in numerous surveys to be the most crucial factor in the process, the presence of the interpreter needs to support rather than impede this relationship.

The relationship between therapist and client is the fundamental container and tool of counselling/ psychotherapy. The addition of an interpreter represents a significant change to the usual therapeutic relationship.

The therapeutic process is affected by the interpreter, the interpreter is affected by the process, and all three parties have the potential to impact on and to be impacted by each other. Therefore, it is vital that the interpreter is aware of the issues involved so as to minimise the impact of their presence on the therapeutic process and its dynamics, and to attend to their own well-being.

PROFESSIONALISM OF THE INTERPRETER

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

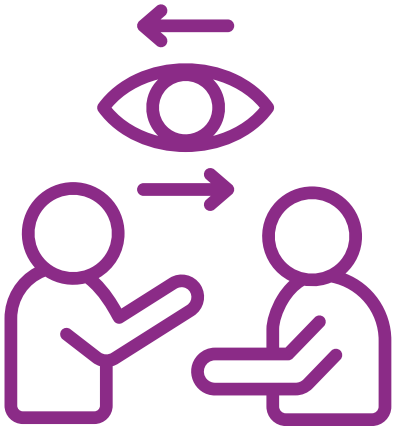
MANAGEMENT OF THE COUNSELLING/PSYCHOTHERAPY SPACE

It is best if the interpreter and the therapist can meet briefly prior to the first session working together. The therapist may wish to explain some aspects of how they work to the interpreter. They can agree the management of the space, such as that the therapist will introduce the interpreter to the client; where people will sit; whether the interpreter leaves with or after the client – if they leave together, the interpreter may be drawn into conversation by the client, while where the interpreter is seen to remain behind the client may wonder are they being discussed. The physical layout will decide whether it is possible for the interpreter to delay just slightly before leaving, so that the client knows they have also left the room, but they are not walking down a stairs or corridor together. The therapist may not be experienced in working with interpreters, or with Sign Language interpreters, in which case the interpreter may wish to explain what they need in order to be able to interpret effectively.

EYE CONTACT BETWEEN THERAPIST AND CLIENT

Ideally, eye contact, where it is made, should be between the client and the therapist. Initially this may not be the case, and the client may make eye contact with the interpreter.

The interpreter may encourage eye contact between client and therapist by how they position themselves, and by not themselves initiating and prolonging eye contact with the client. The client may sometimes glance suddenly at the interpreter to check how they are responding to something that has been said. The interpreter needs to always be ready for this, to show neutrality and non-judgement.

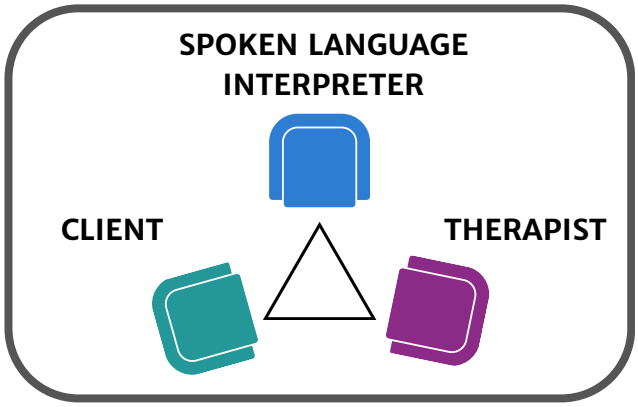


SEATING ARRANGEMENTS

Where the therapist is experienced in working through interpreters, the interpreter can take guidance from them as to where to sit. Where the therapist is inexperienced, the interpreter may provide guidance to them.

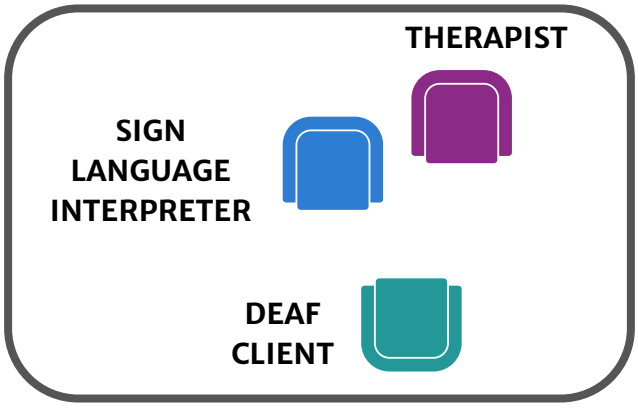
With spoken language interpreter

In spoken interpreting, the therapist and client will usually sit facing each other, with the interpreter to the side and out of immediate vision. This encourages eye contact and non-verbal communication to be between counsellor and client.



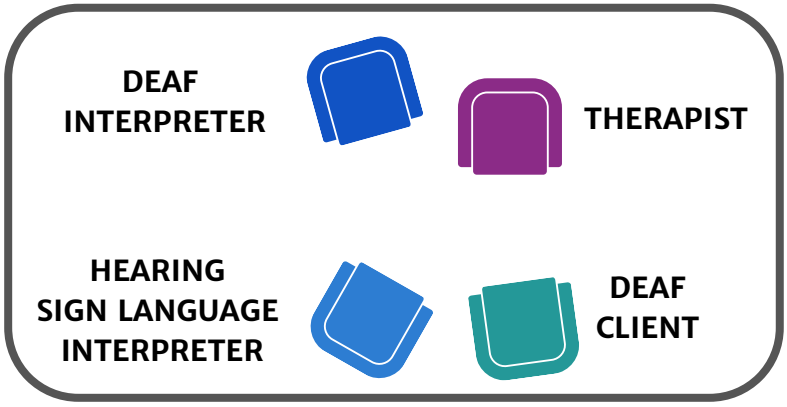
With sign language interpreter

Where the client is from the Deaf community, the interpreter will usually sit next to the therapist. This means that the client can see the signed language while still directing their gaze towards the counsellor.



With sign language and Deaf relay interpreter

If a deaf interpreter is required, they should be seated beside the therapist, in view of the client. The sign language interpreter will usually sit beside the client.



Counselling/psychotherapy sometimes involves movement and bodywork. It is helpful if the therapist can explain the range of ways in which they work in advance to an interpreter, but this is not always possible. Where the interaction involves movement, changes of location or position, artwork etc, the interpreter can continue to position themselves in such a way as not to intrude on or impede the work of the client.

CONFIDENTIALITY

Confidentiality is central to the counselling/psychotherapy relationship. While the therapist will tell the client about the role of the interpreter and stress that the interpreter is bound to and will maintain confidentiality, it will be helpful if after the therapist has said this, the interpreter reiterates it to offer reassurance on this issue to the client.

Where a therapist happens to meet a client outside of the counselling centre, the client will be acknowledged with a greeting only where the client greets first, and the greeting will be brief and the therapist will move on. A client may be surprised when they meet the therapist somewhere else, may greet them or show they recognise them, and if they are with a friend or family member, this may be awkward for them as they are asked to explain how they know the therapist: who is that person? **The interpreter also may meet the client in other contexts, and a similar approach of no or minimal greeting is recommended.**

On some occasions, there may be more prolonged contact with the client in another setting. For example, the interpreter may be interpreting for them in another context, or may meet them in a social situation as members of the same community. At such times, the therapy should not be referred to by the interpreter and if it is referred to by the client, the interpreter should not be drawn into any discussion of the therapeutic relationship or content. **Reminding the client that what happens in the counselling/psychotherapy context is confidential will help set the boundary, and also serve as a reassurance to the client.**

BOUNDARIES

Professional boundaries need to be maintained in order to ensure the progress of the counselling/ psychotherapy. It can sometimes be difficult to maintain boundaries, particularly when interacting with a person who is vulnerable, gravely harmed, or in distress. For example, the interpreter might be tempted to befriend or offer assistance to the client. The client might put pressure on the interpreter to befriend them or help them in some way.

It is particularly important in a therapy situation that the boundaries are strictly maintained. To do otherwise may undermine the therapeutic process, as well as the basic principles and ethics of interpreting.

CONTINUITY

There are no quick fixes in the counselling/psychotherapy process, and the client may need to attend long-term. **It is best if the same interpreter can be engaged throughout the therapy, as this will help to build safety for the client.**

Where an interpreter is working in this context and there are practical restraints around continuity for the interpreter, this needs to be made clear from the outset so that all parties are aware of this and can anticipate and prepare for the impact of a change of interpreter. Where an interpreter is working over a period of time in a therapy context, it is very helpful if any forthcoming absence(s) of the interpreter can be signalled to the counsellor in advance as much as possible.

JUDGEMENTS/ ATTITUDES

Non-judgement is a central requirement for a successful therapeutic relationship. The interpreter needs to be aware of and guard against any judgemental attitudes that they might communicate that might undermine the process. A client may be very anxious about how their therapist will view or judge them if they reveal certain things.

The client who is working through an interpreter is unique in that there are two people whose judgement they may be anxious about, and one of those people may be from their own community.

Some of what the interpreter hears and witnesses may shock or puzzle or confuse them; it may invoke judgements coming from the interpreter's own personal beliefs and values. These must not be allowed to influence the interpreter's demeanour or interaction with client and counsellor.

The interpreter needs to be very careful to maintain not just neutrality itself, but the active appearance and projection of neutrality and non-judgement. The interpreter may sometimes find the therapist's interventions, or a lack of intervention, puzzling, and may find themselves judging the therapist or the therapy. It is important too to avoid conveying this in any way, either to the therapist or the client.

TONE

Interpreting in a counselling/psychotherapy context requires the interpreter to communicate not merely the words spoken by the therapist but also as far as possible to capture the feelings or therapeutic intention underlying the words as communicated by the tone of voice and pace of delivery of the therapist.

On occasion, the pacing and tone of an intervention by the therapist may be technically important. One example: in the technique known as a probe, the therapist will set up an exercise with the client where the therapist will say a statement to the client and ask the client to notice the impact of the statement.

An example could be the statement 'it is safe here'. When used as a probe, the intention is to study with the client their response to this statement – what happens in their thinking, emotion, body, sensation, impulse, image, memory.

The therapist will first prepare the client by asking them to notice what happens internally when they hear the words. The counsellor will then pause briefly to allow the client a moment to turn their attention inwards, and then will speak the words in a neutral tone. The counsellor may repeat the words, still in a neutral tone.

The aim is to study with the client how they respond to what appears to be a potentially nourishing statement. The response may range from disbelief to anger to a heightened sense of danger, or there may be a response of great relief and emotion. **It is clear here that accuracy by the interpreter in tone and pacing is crucial to the use of this technique.**

INTERPRETING ACCURATELY

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

IMPACT ON THE INTERPRETER

Impact on the interpreter

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

INTERPRETING TRAUMATIC MATERIAL

Hearing stories of trauma & managing the impact in the moment

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

The impact may be greater because interpreters use the first person

The impact of trauma is added to for an interpreter over other professionals because they have to speak it in the first person. Given the nature of what the interpreter will be required to say about 'me' or describe 'I' as thinking or experiencing, there can be a deep impact on even a very experienced interpreter.

Sign language interpreters may have to embody the trauma

In Sign Language, the interpreter uses gesture, facial expression and their body. Some of the signs for assault, sexual violence and trauma are very physical and almost violent themselves. The Sign Language interpreter is unique among professionals supporting people who have experienced sexual violence in that they embody the trauma in order to do their work. Being aware of the physical impact of working with trauma is important for all professionals, and all the more so for Sign Language interpreters.

Somatic resourcing may be helpful after working with trauma

Somatic resourcing and strategies are important during and after a piece of work involving trauma, e.g., grounding, steady breathing during a session, shaking off, stretching, exercise, calm breathing, sitting still and relaxing muscles. These techniques may all be helpful at different times afterwards.

Debriefing sessions may help to deal with possibility of vicarious trauma

It is important that the interpreter has in place a structure to allow them to deal with the possibility of vicarious traumatisation. In Dublin Rape Crisis Centre, an interpreter is offered a de-briefing session for their own self-care. This is with a different counsellor to preserve confidentiality and so that the client does not feel that they are being discussed. Some interpreting agencies also provide an opportunity for debriefing for employees.

Issues for interpreters to consider

BEFORE STARTING AN ASSIGNMENT INVOLVING DSGBV:

Impact of the work

- Are you comfortable doing this kind of work and able to manage its impact on you?
- What issues might arise for you being in the presence of a traumatised person & watching them go through difficult processes, possibly not receiving the support they are seeking?
- What would it be like for you to interpret in situations of severe harm to a child/children?
- What would it be like for you to see obvious injuries or blood?
- What strategies do you use to support and resource yourself whilst interpreting?
- What strategies do you use to debrief after a session?
- What supports are in place for you? Are these sufficient for when you work with situations of violence and harm?

Language considerations

- Do you have the training, language skills and vocabulary necessary for detailed police investigative work/ medical terminology/ court language?
- Will you be comfortable enough to interpret accounts of violent acts, including sexual acts, and talking about genitalia, translating accurately the terms used by the victim/survivor, or might this cause embarrassment and discomfort for you?

Personal beliefs and issues that might arise

- Have you considered your own beliefs and attitudes about domestic, sexual and gender-based violence and how these might affect you in this work?
- If the person you are asked to interpret for is the alleged perpetrator of a violent assault, or an assault against a child, what issues might arise for you?
- Might there be any issues for you depending on whether the victim/survivor or perpetrator is male or female, gay, non-binary or transgender?

EXPLAINING BEST PRACTICE:

Do you know if the service provider or service user has ever worked with an interpreter before? If not, what issues might arise? You might need to clarify with them re:

- Seating/positioning arrangements.
- The length of sequences to be interpreted, how you will clarify where needed.
- Confidentiality.
- Boundaries, for example:
  - The service user should not be left alone with the interpreter.
  - How to respond if the service user begins to converse with you and asks for your help, etc.
  - How to respond if the service provider asks for your opinion on the service user's story, credibility etc, that this is outside your role.

You may need to inform both the service provider and the service user as to best practice in working through an interpreter.

ISSUES TO CLARIFY FOR SERVICE PROVIDER:

Payment

- Who is responsible for signing off on timesheets, etc.?
- Where there are multiple service providers involved, who is responsible for payment?

Considerations where there are multiple service providers

- If the interpreter is interpreting for different confidential sources, e.g. Gardaí, SATU medical personnel, RCC support worker, what issues might arise?
  - For example, if the Garda asks you about what the victim/survivor has said to a support worker, you may need to clarify that repeating this is outside your role.
- In contexts where multiple service providers are involved, clarify whether the interpreter employed, for example, by Gardaí can be used by medical staff in SATU and by a Rape Crisis support worker also.

ISSUES TO CONSIDER & CLARIFY AROUND SERVICE USER/ CLIENT:

Considerations about gender of the interpreter

- Has the service user been given a choice as to the gender of the interpreter?

Recognising the service user

- What should you do if you recognise the service user? Refer to page 114 of this handbook.

ISSUES TO CONSIDER AROUND TIME AND BOUNDARIES:

Length of the assignment and need for other interpreters

- Have you been given any guidelines as to the amount of time required of you?
- Should a second interpreter be considered? For Sign Language interpreters, are there factors which mean that a Deaf interpreter should be employed?

Considerations about time and boundaries

- Have you considered the implications for maintaining boundaries if the contact is to be prolonged? For example, where there is a journey of a couple of hours, a medical forensic examination, a journey back again and statements to be made at a Garda station.
- If you are likely to be called in to interpret on a 24-hour basis, there may be times when you will have to decline, for example where you are out – at the beach, at the cinema, with your children etc., where you are inappropriately dressed – shorts, evening wear, etc., where you have taken alcohol.

GUIDELINES FOR SERVICE PROVIDERS WORKING WITH INTERPRETERS

This section is included as a simple summary for interpreters to share with service providers should they need guidance on best practice.

Guidelines for service providers working with interpreters

GIVE INFORMATION AHEAD OF THE ASSIGNMENT

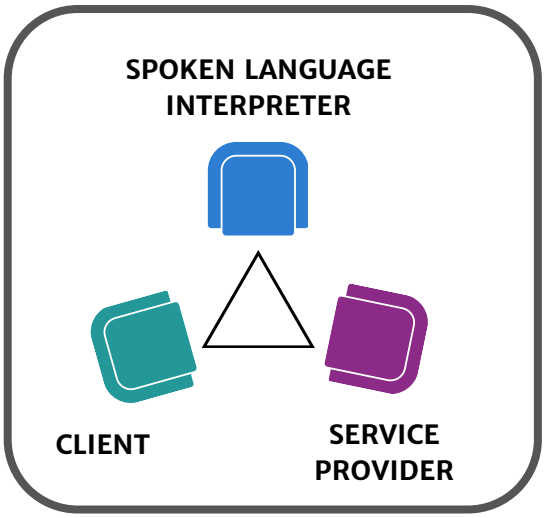
- Inform the interpreter in advance that the assignment may involve domestic, sexual or other gender-based violence. Respect that they may decide to withdraw; they may not feel equipped to deal with these issues.
- Inform the interpreter of commonly used terms/language to help them prepare.
- Advise the interpreter how long an assignment is expected to be. If the assignment is expected to be more than one hour, it is advisable to book two interpreters, to help ensure quality and accuracy of interpretation.

ENSURE APPROPRIATE CONDITIONS AND BREAKS

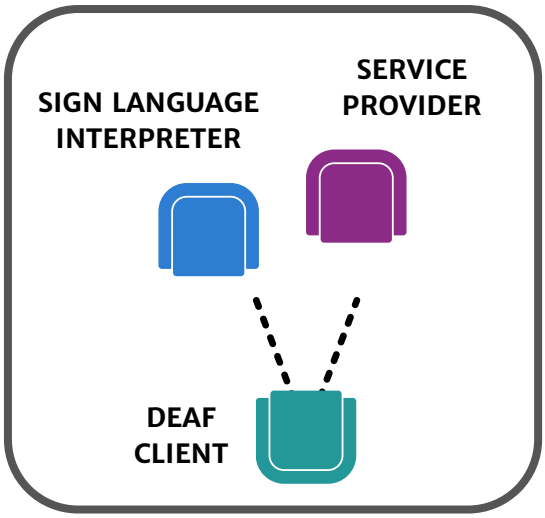
- Provide appropriate conditions for interpreting, e.g. quiet, privacy, water.
- Provide breaks for the interpreter and tell them where the water, coffee, toilet and smoking area is etc. The International Standards for Community Interpreting recommend that interpreters be provided with a break after 15 mins (simultaneous translation) and 60 min (consecutive translation).

RECOMMENDED SEATING ARRANGEMENTS

With spoken language interpreter



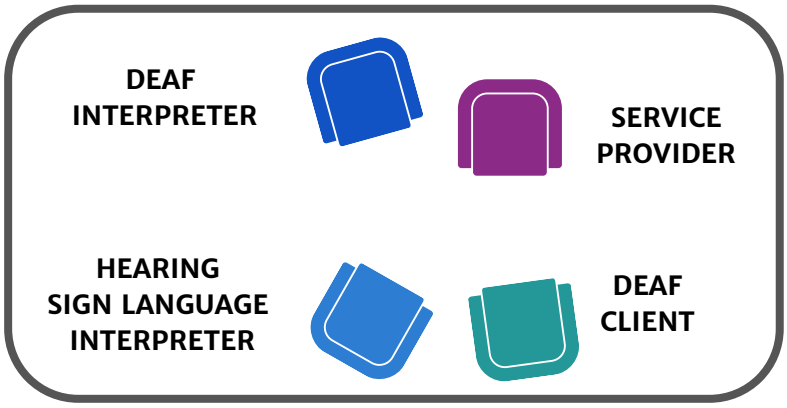
With sign language interpreter



FOR SERVICE PROVIDERS

WHERE A DEAF INTERPRETER IS REQUIRED

- If the service user is Deaf or hard of hearing, the Sign Language Interpreter may recommend that a relay/ Deaf interpreter is needed.
- Discuss this with the interpreter to confirm how best to go about this, and/or speak with the agency.



CONSIDER YOUR USE & SPEED OF LANGUAGE

- Speak slowly and clearly, using only one to two sentences at a time.
- Avoid using unnecessary jargon, or colloquial terms.

CONSIDER CONFIDENTIALITY & BOUNDARY ISSUES

- **If the interpreter and the victim/survivor know each other, consider this from the point of view of your role, e.g. the possible impact on evidence. Even where there is no concern from your point of view, always give both parties the option of deciding whether to go ahead.**
- The interpreter should never be left alone with a victim/survivor or an accused person.
- **The interpreter should never be asked to interpret for both victims/survivor and accused**.
- Where the interpreting is taking place in a sensitive area such as a police station, the interpreter should be accompanied at all times.

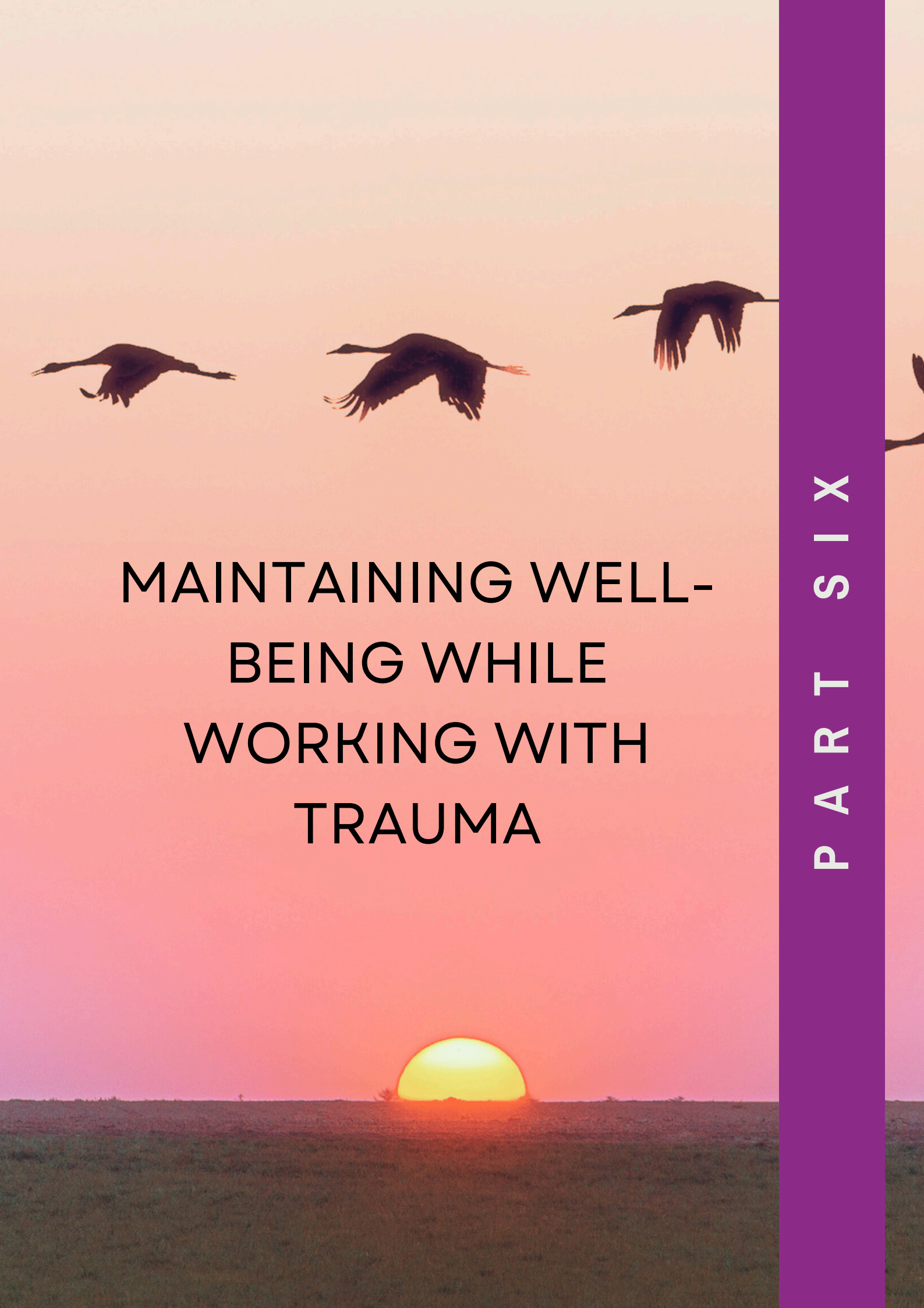
RESPECT THE INTERPRETING ROLE AND ITS CHALLENGES

- The interpreter should not be asked for background cultural information or for their opinion on the credibility of the story.
- Be aware that interpreting is not 'word for word' translation. Often there is no 'word for word' equivalent. The interpreter may need to clarify the meaning of particular words, phrases, concepts and lack of precise equivalence.

EXPLAIN WHAT THE INTERPRETER'S ROLE ENTAILS

It is the service provider's role, through the interpreter, to tell the victim/survivor that:

- The interpreter's role is completely neutral; they are there purely to translate.
- Everything said in the presence of the interpreter will be interpreted.
- The interpreter will keep everything that is said or takes place strictly confidential.



MAINTAINING WELL-BEING WHILE WORKING WITH TRAUMA

PART SIX

THE IMPACT OF WORKING WITH TRAUMA

Impact of working with trauma

INTRODUCTION

Interpreting in situations of domestic violence, rape or child abuse, torture or other violence can be stressful and traumatic. In the course of the interpreter's work they may hear details of horrific abuse and of the pain experienced as a consequence.

As you witness the stories and the impact of trauma, you may experience a traumatic response yourself.

It is worth reflecting on how working with trauma may be traumatising for you. Research indicates that those who listen to stories of trauma are highly vulnerable to vicarious traumatisation (also known as secondary post-traumatic stress).

SECONDARY POST-TRAUMATIC STRESS, BURNOUT AND VICARIOUS TRAUMA

Whether they recognise it or not, some of the trauma interpreters encounter in the line of their work is likely to affect them. Vicarious trauma can affect many of those caring for and in contact with traumatised people. It can impact on the cognitive, emotional, behavioural, spiritual, interpersonal and physical level.

Where vicarious trauma and secondary post-traumatic stress are not recognised, or are ignored, they can lead to relationship difficulties, depression and even suicide. Burnout can also affect the quality of the service delivered, leading to cynicism, suspicion, a coldness towards the client or a feeling of helplessness and 'what's the point'.

To be impacted by traumatic and emotionally challenging work is not a sign of failure or weakness, but a sign of shared humanity.

To maintain their own well-being and continue to deliver a fully professional service, the interpreter needs to take care of themselves emotionally, physically and psychologically.

IMPACT OF VICARIOUS TRAUMA

COGNITIVE Loss of concentration; confusion; lowered self-esteem; trauma focus; self-doubt; disillusionment; intrusive thoughts; intrusive disturbing imagery	**PSYCHOLOGICAL/ EMOTIONAL** Powerlessness; anxiety; guilt; anger; numbness; depression; feeling emotionally depleted or overwhelmed; hypersensitivity; flashbacks; nightmares; panic attacks
BEHAVIOURAL Needy; impatient; irritable; withdrawn; moody; disturbed sleep, disturbed eating; negative coping behaviours (drinking, smoking, substance misuse)	**SPIRITUAL** Questioning meaning of life; loss of purpose; lack of self-satisfaction; hopelessness; loss of faith; focussing on the negatives in humanity
INTERPERSONAL Withdrawn; loss of interest in intimacy or sex; mistrust; isolation from friends; intolerance; irritability; loneliness; impacts on parenting & other relationships; impact on feelings about gender and sexuality	**PHYSICAL** Shock; sweating; rapid heartbeat; breathing problems; impaired immune system; aches & pains; weight changes

WHERE THE WORK RESONATES WITH YOUR OWN EXPERIENCE

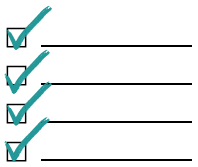
Given what we know about the incidence of domestic, sexual and gender-based violence in society, we know that some interpreters will themselves have experienced child sexual abuse, childhood domestic abuse and/ or gender-based violence in their adult life. Others will be close to people who have had these experiences.

If this work resonates with your own life experience, you will need to develop a support system which includes somewhere where you can become aware of how this work is impacting on you, and ensure the impact does not damage you or your relationships. You will also need to develop a capacity to become aware of times where your past experience may be adversely affecting you in your professional work: perhaps leading to you becoming over-involved in a case.

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

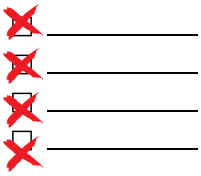
STRATEGIES FOR SELF-CARE

Strategies for self-care



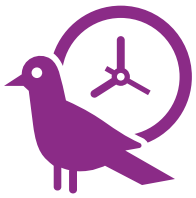
BEFORE AN ASSIGNMENT

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



Take on the protection of your professional role, reminding yourself that this is your job and that you will do it with seriousness and concern, but that your personal life is separate from this.

Before a session, some people do a quick bodily exercise to support them in remaining separate from what they will encounter. Think about what might be helpful to you. For example, some people draw a circle around themselves with their hands, or imagine a protective cloak or energy field around themselves.



When you know that you will be dealing with a situation of trauma, try to arrive a little early, and give yourself some moments beforehand. Try not to be rushing to an appointment, or focussed on other demands. Take a few minutes to clear your head.

TAKE CARE AROUND THE DEGREE OF YOUR INVOLVEMENT

Where a person is in crisis or vulnerable, we may want to rescue them, or to fix things.

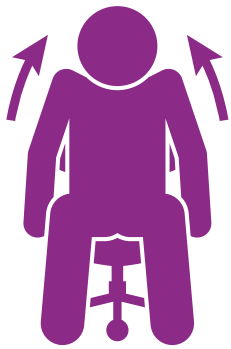
No matter how clear we are around boundaries, there can still be some situations of intense distress or vulnerability where we are tempted to push out the boundary.

It is important to resist this impulse, but also to acknowledge it to ourselves and any emotion we may have about not being able to act on our humane or compassionate instincts.

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

DURING AN ASSIGNMENT

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



Check if you are tense in any particular part of your body, such as whether you have been unconsciously rigid in the neck, shoulders etc.

Breathe and try to relax your body.

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

It is important to acknowledge that Sign Language interpreters may not be able to avoid this, as many of the signs and facial expressions used to describe violence and emotion are physically graphic.

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

AFTER AN ASSIGNMENT

After a session, take a few moments to register how you are feeling and to let go of or shake out the session. Stretch and loosen your body, which may be holding some tension and trauma.

Particularly those working on the telephone need to stretch and release tension in the shoulders and neck.

Allow time for debriefing between one assignment and the next. This can be difficult, there can be pressure to move on to the next assignment, but even a short while to become aware of the impact and plan to deal with it later is helpful.

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

TRANSITIONING FROM WORK LIFE TO HOME LIFE

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

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

When you reach home, it is useful to have a routine to mark the transition from your working life to your home life, with routines that differentiate them: showering, changing clothes, consciously leaving work behind, and taking on your personal life.

The more conscious you are of offloading through your evening routine, the more effective it will be. If you find you are bringing thoughts of work home with you and that they are intruding on your personal life, address this in a counselling or supervision setting.

NOTICE IF THE WORK IMPACTS ON YOUR RELATIONSHIPS

This work may impact on your relationship with your own family, partner or children. For example, you may find yourself feeling very over-protective and aware of danger. Seek support if necessary so that your own relationships are not adversely affected.

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

IF THE WORK AFFECTS YOUR SEXUAL LIFE

Don't be surprised if this work affects your own feelings about sexuality, or your own sexual life. Sometimes people experience flashbacks to images from work while engaged in sexual activity. If this becomes a concern, seek support. If a particular sexual violence crime is very upsetting to you – you can seek support through your local Rape Crisis Centre.

FIND WAYS TO RELAX AND RELEASE PHYSICALLY

This work is physically demanding, and trauma has a physical impact. Consider how you can relax and release physically.

Care for your back especially, by stretching and easing out regularly. For Sign Language interpreters in particular, it is important for your body to have a chance to release the tension and impact after sessions where you have used graphic signs

EXERCISE IS IMPORTANT WHEN WORKING WITH TRAUMA

When working with trauma, exercise is an important element of self-care.

Exercise is a great release of both the psychological and physical impact of trauma, and can bring back balance. It will also allow an outlet for the fight and flight energy which can build up when we are dealing with issues that cause us to feel a lot of anger or frustration. Exercise allows us to feel the competence, energy and power in our bodies after a period of absorbing a sense of powerlessness. It is very important to exercise when working with trauma.

BE MINDFUL ABOUT REST AND NUTRITION

Especially on prolonged assignments, be careful about rest and nutrition and monitor your alcohol and cigarette intake, which can increase beyond what you would wish when under pressure. Make sure you eat well: take a lunch break. Stress can cause us not to care what we eat, or to eat more junk food than is good for us.

MONITOR YOUR MEDIA CONSUMPTION

Limit your exposure to traumatic material outside of work, e.g. TV, newspapers, social media.

MAINTAIN BALANCE BY SEEKING OUT JOY AND CONNECTION

Consciously seek out the opposite to trauma: well-being, recovery, goodness, joy.

Stress and exhaustion can lead us to limit our social contact and become more solitary. It is important to maintain our social networks. Make a conscious decision to link in often wtih the ‘decent people’ in your own life, and provide yourself with as many opportunities as possible to enjoy activities which are fun, and which give you joy and pleasure.

Limit imagining disturbing events

THE BRAIN RESPONDS TO WHAT IT IMAGINES

Neurological research shows that watching an action being performed or imagining doing that action evokes a similar response and fires up the same areas in the brain as would be activated were we actually performing the action.

This means that if a person imagines a situation, their neurological response will be less intense but similar to that they would have if they were themselves actually in the situation.

An important strategy for self-care and avoiding vicarious trauma is to learn to limit your imagining of distressing events. Try to develop the capacity not to create images of situations that are being described.

The reverse is also true, and if the interpreter is in a distressing situation, and imagines even briefly a pleasant or soothing situation or activity, this evokes a response in the brain which affects both the emotions and the body. This will support the interpreter in the moment, and assist in preventing vicarious traumatisation.

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

Viewing disturbing images

In court, police or other legal situation, you may have to view disturbing images or videos. Where possible avoid this. When actually viewing the images is not necessary to your role, there is no need for you to see them. **Images are very powerful stimuli, which can trigger the mirror neurons in the brain, sometimes creating intense emotional and physical responses.** We may put the images out of our minds, but they can re-emerge in dreams, often in upsetting ways: children in the images may, in dreams, become children we know. Powerful images once viewed may never fully go away.

Try to protect yourself by maintaining emotional distance from the content of the images.
Prepare to watch by putting on your professional role.
Try not to imagine the life of the person before or after the image was taken.

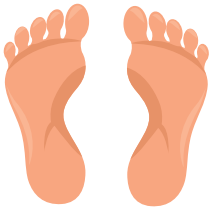
Resourcing oneself when impacted

USE YOUR THINKING

Have some thoughts prepared in advance, based on what you know about how you are sometimes affected, e.g., 'This person is safe now'; 'All I need do is fulfil my own role'; 'I am not in danger'.

USE YOUR BREATHING

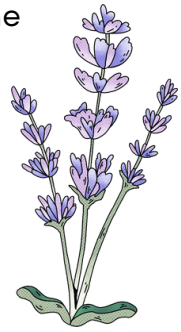
The quickest, most effective way to settle our nervous system is through our breath. One long, slow breath can settle a rush of emotion or nausea. During a break, take three slow breaths right down into your belly to calm any agitation and ground yourself.



USE YOUR BODY

Notice how your body is responding: are you tightening up? Holding your breath? What sensations do you feel? Ground yourself by pressing your feet into the floor, feeling the back of the chair supporting you.

Most of us resource ourselves a lot with our hands, spoken language interpreters can for example hold their hands over their belly to protect and support themselves with the sometimes visceral impact of hearing descriptions of violence.



USE IMAGERY

Have some images you can think of briefly to steady you: a place, person or pet you find comforting and steadying. There may be an image in the room you can glance at briefly to resource yourself. Or if on the phone, try doodling.

USE OTHER RESOURCES

For example, you may be supported by a piece of jewellery you can touch to connect you with the supportive person who gave it to you, or the place it comes from. A scarf you wear can give you an extra covering and something to touch and ground you.

How do you resource yourself?

When you notice you are impacted in your work, or find yourself stressed, anxious or overwhelmed, how do you resource yourself?

Can you think of any resources related to:

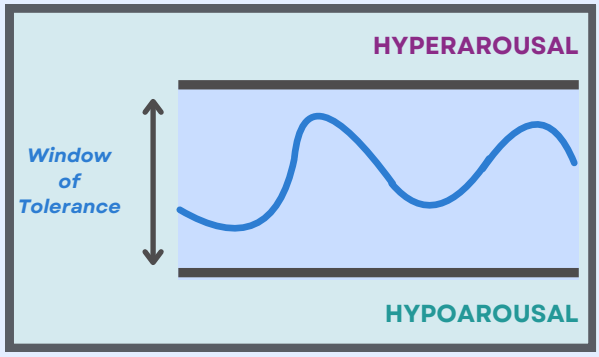
- **Cognition/ thinking?** E.g. Helpful phrases/ thoughts you might use.
- **Emotion/ feeling?** E.g. Supports when challenging feelings arise.
- **Physical/ somatic?** E.g. Grounding techniques/ exercises/ activities.
- **Imagery?** E.g. What images represent safety and protection to you?
- **Other?** E.g. Breathing techniques, supportive objects, people, activities.

Review & resource your own window of tolerance

The modulation model referred to in Section One is a useful tool for considering our own well-being. Ask yourself the questions below, regularly.

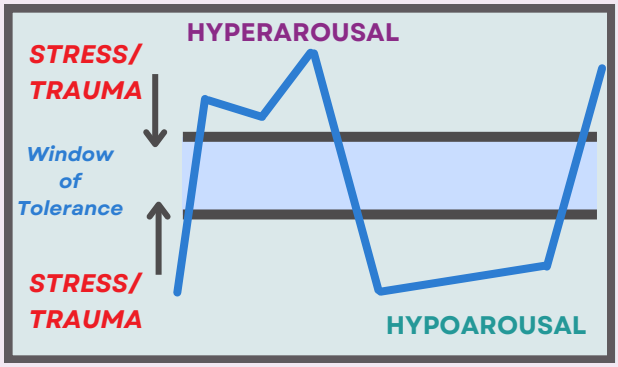
How wide and robust is your window of tolerance at this point in your life?

What circumstances/ situations/events/practices support it to be wide and robust, and which challenge, undermine and reduce it?



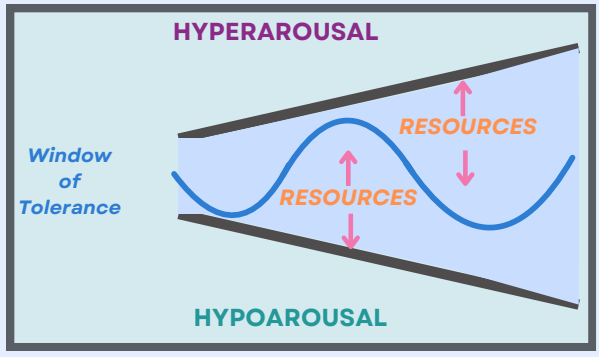
What tells you when your window of tolerance is narrow or frayed, or that you have been triggered outside of it?

- People commonly describe 'red flags' such as being irritable, not sleeping, eating unwisely, losing perspective, blaming self and others.
- Knowing your red flags will help you to know when you need to reduce stress and increase resources.



What supports and resources you to maintain a wide and strong window of tolerance, or to manage and move back into it when triggered out of it?

- People commonly name exercise, rest, nature, fun, time alone, cooking, or a pet as resources that help them to manage their nervous system response to stress and trauma.



APPENDICES

Appendices

About Dublin Rape Crisis Centre and our services

Our mission is to prevent the harm and heal the trauma of sexual violence. We work with victims/ survivors of any gender or sexuality, and their supporters.

24-HOUR NATIONAL SEXUAL VIOLENCE HELPLINE: 1800 77 88 88

The 24-Hour National Sexual Violence Helpline offers free and confidential support to anyone who has been impacted by sexual violence, as well as family, friends and professionals supporting and working with victims.

The Helpline has an interpreting service in over 200 spoken languages. It is available Monday to Friday, 8am – 6.30pm, and from midnight to 8am, Monday-Sunday.

TEXT SERVICE

For people who are Deaf or Hard of Hearing, there is a text service operating Monday to Friday, 8am to 6.30pm (excluding bank holidays). See www.drcc.ie/services/helpline.

WEBCHAT SERVICE

For people who are Deaf or Hard of Hearing and others, there is a webchat service from our website, Monday to Friday, 10am to 5pm (excluding bank holidays). It is also open 0:00 to 3:00 on Tuesdays & Wednesdays. See www.drcc.ie.

CRISIS COUNSELLING AND PSYCHOTHERAPY

DRCC offers a professional face-to-face counselling service for people of any gender (over 18) who have experienced sexual violence in childhood or adulthood. Young people aged 16 or over may be seen with parental or guardian permission. DRCC provides interpreting, including sign language interpreting, for its face-to-face counselling services.

ACCOMPANIMENT SERVICES

Our accompaniment services are available to any adult person who has been the victim of sexual violence. Our team provides psychological and emotional support at the Sexual Assault Treatment Unit (SATU) at the Rotunda Hospital in Dublin. We also offer accompaniment to those reporting sexual violence and those attending any court, trial or hearing process. The aim of the service is to inform, support and offer practical and emotional support to anyone who is attending court or making a statement in relation to sexual violence.

EDUCATION AND TRAINING

DRCC provides education and training to professionals, volunteers and those working with young people. We deliver bespoke trauma-informed training to meet the specific needs of client groups or organisations. We also offer courses that aim to prevent sexual violence through greater awareness of such important issues as sexual consent and healthy relationships among young people, including our flagship BodyRight programme and the #LetsGetReal course.

POLICY AND ADVOCACY

DRCC carries out advocacy, policy and research that aims to influence change in policies, services and legislation affecting victims of sexual violence. We believe that the experience and opinions of survivors must be heard and reflected in services, policy, legislation and education aimed at preventing sexual violence, and that the rights and dignity of survivors/victims are respected at all times.

FINDING YOUR WAY AFTER SEXUAL VIOLENCE

Finding Your Way after Sexual Violence is an online guide to options and supports after sexual violence. It provides information on accessing a SATU, reporting to the Gardaí, and navigating the courts and legal process. It is for anyone in Ireland affected by sexual violence, including victims and survivors, their supporters and others engaged in these systems. To access the guide, go to www.drcc.ie/fyw.

WE-CONSENT CAMPAIGN

We-Consent is the first National Consent Campaign aimed at igniting a national conversation about consent, and driving a cultural shift and behavioural change in Ireland across all age groups. To find out more, go to www.we-consent.ie.

Specialist support organisations

Dublin Rape Crisis Centre specialises in supporting victims/ survivors of sexual violence. However, many of our clients have experienced other forms of violence, including domestic abuse, trafficking, female genital mutilation (FGM), and torture. While we have considerable knowledge of these issues, we are very grateful for the learning and support we receive from organisations whose specialised expertise in these areas informs our work on an ongoing basis. For further in-depth information, training and support on specific issues please refer to one of the specialist organisations listed below.

CHILD SEXUAL ABUSE

One in Four: Supporting adult survivors of childhood sexual abuse. Treatment programmes for perpetrators.

- Phone: 01-6624070
- Website: www.oneinfour.ie

Tusla - The Child and Family Agency: Dedicated State agency responsible for improving wellbeing and outcomes for children. The Child and Family Agency has a primary responsibility to promote the safety and well-being of children. The Agency should always be informed when a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected. For more information about child welfare and reporting concerns, visit their website.

- Website: https://www.tusla.ie/services/child-protection-welfare/

CITIZENS INFORMATION

Citizen's Information Board: Statutory body supporting the provision of information, advice and advocacy on a broad range of public and social services. Information can be accessed via the Citizens Information website, or phone service, or in person at one of the Citizens Information Centres.

- Phone: 0818 07 4000
- Website: www.citizensinformation.ie/en/

APPENDIX TWO

DEAF AND HARD-OF-HEARING COMMUNITY SUPPORTS

Chime: The National Charity for Deafness and Hearing Loss.

- Website: www.chime.ie
- Freephone: 1800 256 257

Deaf Village Ireland: Collaborative organisation and complex, including social, administrative, religious, community, sports, heritage and education groups. Provides a range of facilities for both Deaf and hearing people.

- Website: www.deafvillageireland.ie
- Email: receptiondvi@deafvillageireland.ie

National Deaf Women of Ireland: The Irish Deaf Women's Group is a voluntary and non-profit representative organisation. Their mission is to empower Deaf women and to bring about equality among Deaf Women.

- Email: ndwi@deafwomen.ie

DOMESTIC VIOLENCE & INTIMATE PARTNER VIOLENCE

Barnardos Ireland: Support for children and families across Ireland, including those experiencing domestic violence. Barnardos provides information and resources for children, carers and practitioners dealing with the issues of childhood domestic violence and abuse.

- Phone: 01 453 0355
- Website: www.barnardos.ie

Male Advice Line: Confidential support for men experiencing domestic violence and abuse.

- Freephone: 1800 816 588
- Website: https://mensnetwork.ie/mal/

Men's Aid: Empowering and supporting men and their families experiencing domestic violence.

- Confidential Support Line: 01-5543811
- Website: www.mensaid.ie

Safe Ireland: Works closely with 37 frontline services throughout Ireland to create the social change needed to end domestic violence.

- Phone: 090 6479078
- Website: www.safeireland.ie

Saoirse Domestic Violence Services: Support service for women, children and families experiencing domestic violence in South Dublin/West Wicklow.

- 24/7 Helpline: 1800 911 211
- Website: https://sdvs.ie/

Sonas: Frontline service provider for women and children experiencing domestic abuse in the greater Dublin region.

- Emergency Help Numbers: 1800 222 223 and 01 866 2015
- For Advice, Outreach, Court Accompaniment: 087 952 5217
- Website: www.domesticabuse.ie

Women's Aid: National Domestic Violence Service in Ireland

- National Freephone Helpline (24/7): 1800 341 900
- Website & instant messaging service: www.womensaid.ie

FEMALE GENITAL MUTILATION (FGM)

Akidwa: National Network of Migrant Women Living in Ireland, with particular expertise in sexual and gender-based violence as experienced by migrant women, female genital mutilation, and health matters for migrant women.

- Phone: 01-8349851
- Website: www.akidwa.ie

IFPA FGM Treatment Service: Ireland's leading sexual health provider provides free specialised medical care and counselling to women and girls in Ireland who have experienced FGM.

- Phone: 0818 49 50 51
- Website: www.ifpa.ie

HOUSING AND HOMELESS SUPPORTS AND SERVICES

Depaul Ireland: Specialised accommodation and outreach services for people experiencing homelessness or who are at risk of homelessness. Depaul Housing aims to meet other housing needs within the sphere of homelessness, including for asylum seekers and immigrants who have been granted status in Ireland and currently reside in Direct Provision accommodation.

- Phone: 01 453 7111
- Website: https://ie.depaulcharity.org/

Focus Ireland: NGO providing support services and housing projects across Ireland.

- Phone: 018815900
- Website: https://www.focusireland.ie/

Peter McVerry Trust: National housing and homeless charity committed to reducing homelessness and the harm caused by substance misuse and social disadvantage.The charity provides low-threshold entry services, primarily to younger people and vulnerable adults with complex needs, and offers pathways out of homelessness based on the principles of the Housing First model.

- Support Line: 1800 140 244
- Website: https://pmvtrust.ie/

Simon Communities of Ireland: Network of independent communities that provide homeless, housing and treatment services to people facing the trauma and stress of homelessness.

- Phone: 01-6711606
- Website: https://www.simon.ie/

LEGAL ADVICE

Free Legal Advice Centres (FLAC): Independent voluntary organisation thhat offers free & confidential legal information and advice to the public.

- Telephone information & referral line: 01 906 10 10
- Website: https://www.flac.ie/

Legal Aid Board: Independent, publicly funded organisation providing civil legal aid and advice to persons unable to afford a solicitor. Also provides family mediation services.

- Phone: 0818 615 200
- Website: https://www.legalaidboard.ie/en/

LGBTQI+ SUPPORTS

BeLong To Youth Services: Supports lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people in Ireland.

- Phone: 01 6706223
- Website: www.belongto.org

LGBT Ireland: Provides support, training, and advocacy to improve the lives of LGBT+ people across Ireland.

- Phone: 1800 929539
- Website: www.lgbt.ie

Outcomers: Social and befriending support group for LGBT people in the North-East and border counties.

- Phone: 042 932 9816
- Website: www.outcomers.org

Transgender Equality Network Ireland (TENI): Support and health information for Transgender people and their families.

- Phone: 01-8733575
- Gender Identity Family Support Line: 01-9073707
- Website: www.teni.ie

MIGRANT AND REFUGEE SUPPORT ORGANISATIONS

Akidwa: National network of migrant women living in Ireland with particular expertise in sexual and gender-based violence as experienced by migrant women, female genital mutilation, and health matters for migrant women.

- Phone: 01-8349851
- Website: www.akidwa.ie

Cross Care Migrant Project: Provides help and advice about the Irish Immigration System.

- Phone: 01 872 6775 or 01 873 2844
- Website: www.migrantproject.ie

Doras: Promotes and protects the rights of people from a migrant background in Ireland via direct support, advocacy, and other programmes.

- Phone: 061 310328
- Website: https://doras.org/

Immigrant Council of Ireland: NGO promoting the rights of migrants in Ireland.

- Phone: 01 674 0202
- Website: www.immigrantcouncil.ie

International Organisation for Migration: Promotes humane and orderly management of migration, supports international cooperation on migrant issues, provides humanitarian assistance to migrants in need.

- Phone: 1800 406 406
- Website: www.ireland.iom.int

Irish Refugee Council: Provides services, support and legal advice for people seeking protection and those recognised as refugees in Ireland.

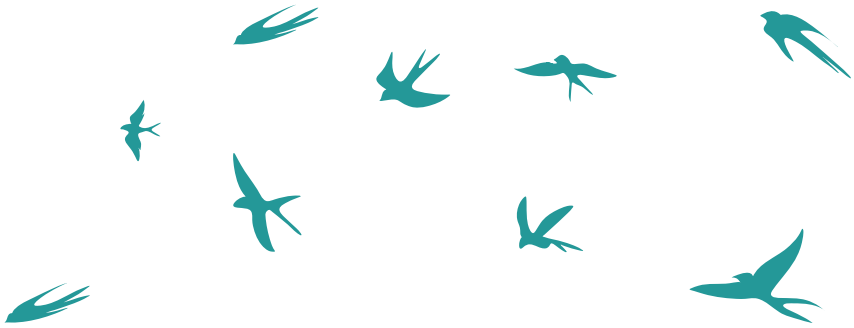
- Phone: 01 7645854
- Website: www.irishrefugeecouncil.ie

Migrant Rights Centre Ireland: Advances the rights of migrant workers and their families at risk of exploitation, social exclusion and discrimination.

- Phone: 083 0755387
- Wesbite: www.mcri.ie

Nasc Ireland: Human rights organisation working with migrants and refugees to advocate and lead for change within Ireland's immigration and protection system.

- Phone: 021 427 3594
- Website: https://nascireland.org/



RAPE CRISIS SERVICES

There are 16 Rape Crisis Centres around Ireland. DRCC's website (link below) provides details for each of these services. The 24-hour National Sexual Violence Helpline can also refer callers to their local service.

- **National 24-Hour Sexual Violence Helpline:** 1800 77 88 88
- Website: https://www.drcc.ie/support/find-local-supports/

SEXUAL ASSAULT TREATMENT UNITS

There are six SATUs available 24/7, in Cork, Donegal, Dublin, Galway, Mullingar and Waterford, which can be contacted directly, and an out-of-hours service in Limerick, which only sees people following Gardaí referral. Contact details for SATUs are available from the link below:

- Website: https://www2.hse.ie/services/satu/

SEXUAL AND REPRODUCTIVE HEALTH

HSE Sexual Health Programme: National programme aiming to improve sexual health and wellbeing and reduce negative sexual health outcomes. The programme includes support and information around contraception, unplanned pregnancy, STI testing, PrEP (Pre Exposure Prophylaxis), and HIV post exposure prophylaxis (PEP).

- Website: https://www.sexualwellbeing.ie/

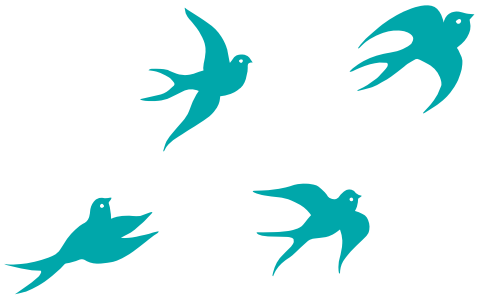
Irish Family Planning Association (IFPA): Ireland's leading sexual health provider.

- Phone: 0818 49 50 51
- Website: www.ifpa.ie/

SUPPORTS FOR TRAVELLER AND ROMA COMMUNITIES

Pavee Point Traveller and Roma Centre: National NGO addressing Traveller and Roma Issues and promoting Traveller and Roma rights.

- Phone: 01-8780255
- Website: www.paveepoint.ie



SUPPORT FOR MEN

Men's Aid: Empowering and supporting men and their families experiencing domestic violence.

- Confidential Support Line: 01-5543811
- Website: www.mensaid.ie

Men's Development Network: Focussed on promoting change and equality in society, the Men's Development Network interacts with men on various levels including one-to-one, developmental, parenting, behaviour change group work, training, phoneline support and awareness raising.

- Phone: 051-844260/1
- Website: https://mensnetwork.ie/

TORTURE

Spirasi: National Centre for the Rehabilitation of Torture Victims in Ireland.

- Phone: 01-8389664
- Website: www.spirasi.ie

TRAFFICKING AND SEXUAL EXPLOITATION

Immigrant Council of Ireland: Free legal representation to victims of trafficking for sexual exploitation.

- Phone: 01 674 0202
- Website: www.immigrantcouncil.ie

Ruhama: Nationwide support to women impacted by prostitution, sex trafficking, and other forms of sexual exploitation.

- Phone: 01-8360292
- Website: www.ruhama.ie

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