
RESEARCH ARTICLE

Vicarious Trauma among Interpreters Serving Asylum Seekers and Refugees from the Northern Triangle

Graziela Rondon-Pari

Assistant Professor, Department of Modern and Classical Languages, State University of New York Buffalo State College, Buffalo, New York, USA

Corresponding Author: Graziela Rondon-Pari, **E-mail:** rondongb@buffalostate.edu

ABSTRACT

This paper centers around the emotional reactions by interpreters when hearing and verbalizing in the target language traumatic events narrated by asylum seekers and refugees. It intends to provide answers to the following questions: Are interpreters serving asylum seekers and refugees been emotionally affected by the narrations they interpret, as evidenced by the Compassion Fatigue Self-Test? Are immigrant interpreters more prone to suffer from compassion fatigue? What type of topics do English-Spanish interpreters identify as more emotionally troublesome when interpreting for asylum seekers and refugees? Twenty-one participant interpreters took the Compassion Fatigue Self-Test (CFST), which included the job burnout risk test, and answered a survey via the Qualtrics platform. Results indicate that the immigrant interpreters showed a greater risk for compassion fatigue and vicarious trauma, especially those who had experienced trauma in their home country. Wilcoxon Rank Sum/Mann-Whitney U test revealed a significant ($p=0.044$) difference in mean CFST scores between immigrant and non-immigrant interpreters. In contrast, non-immigrant interpreters scored at an average of extremely low risk for compassion fatigue. The job burnout risk provided a closer range of results, with an average moderate risk of job burnout among immigrant interpreters and low risk for domestic interpreters. Taking into consideration the CFST results of the non-immigrant interpreters, there is a need for interpreters working with asylees and refugees to be aware of the risks of vicarious trauma and have access to debriefing meetings with trained personnel when especially emotionally difficult cases take place.

KEYWORDS

Asylum seekers, interpreters, refugees, vicarious trauma

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1. Introduction

Although asylum seekers are often mistaken as refugees, according to Homeland Security, a "refugee is a person who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution ... Applicants for refugee status are outside the United States, whereas applicants seeking asylum are within the United States or arriving at a U.S. port of entry" (Baugh, 2020, p. 1). In this paper, we take into account both immigrant populations.

According to the United Nations Refugee Agency (2020), by the end of the year 2020, approximately 82.4 million people worldwide have been displaced because of conflict and human rights violations. Among the people displaced, 26.4 million were refugees, and 4.1 million were seeking asylum. While the United States has traditionally been the world leader in refugee resettlement, in 2020, The United States was no longer one of the top 5 host countries for asylum seekers and refugees. As Monin et al. (2021) asserted:

... admissions fell dramatically under President Donald Trump, whose administration increased vetting procedures and reduced the number of refugees accepted annually to record lows. In 2018 the United States fell behind Canada as the top resettlement country globally. And in fiscal year (FY) 2020, the United States resettled fewer than 12,000 refugees, a far cry from the 70,000 to 80,000 resettled annually just a few years earlier and the 207,000 welcomed in 1980, the year the formal U.S. resettlement program began. (Monin et. al., 2021).

The period of 2015-2020 was a difficult one for asylum seekers and refugees in general, and it was especially difficult for those coming from the Northern Triangle, which comprised Guatemala, El Salvador, and Honduras (Baugh, 2020; Kandel, 2018). Gangs, torture, and violence have transformed this area into one of the most dangerous regions in the world, to the point that the only countries that are more dangerous are those at war (Kandel, 2018).

The Northern Triangle is home to some of the largest gangs in the world, such as the MS13 and the 18th Street gang, both of which had their origin in the U.S. (Dudley, 2018; Kandel, 2018). Runde & Schneider (2019) argue that "...violence [from the part of the gangs] is the direct driver of migration" (p. 4). As a result, during the 2015-2020 period, there was an influx of asylum seekers looking for safety in the U.S., while the U.S. enacted some of its strictest immigration rules (TRAC 2017).

2. Review of Literature

2.1 Interpreters serving asylum seekers and refugees

Kabot (2021) reported that there are approximately 470,000 refugees and asylum-seekers from the Northern Triangle. In the process of requesting asylum and refugee status, applicants receive the services of interpreters. While most Central American asylum seekers and refugees require the services of a Spanish-English interpreter, many prospective asylees and refugees do not speak Spanish. This is especially true in Guatemala, where there are 22 indigenous languages, most of which were spoken by the Mayas. According to Guatemala's census, approximately 7% of Guatemala's population does not speak Spanish (<https://www.censopoblacion.gt/censo2018/poblacion.php>). In order to facilitate the linguistic exchange with the judicial process, interpreters who speak the indigenous languages interpret into Spanish, and a Spanish interpreter then formulates the message into English, in what is called relay interpreting (Medina, 2019). "Relay interpreting is used when no interpreter is available to provide direct interpretation between the languages in question" (Pöchhacker, 2015, pp. 339-340). The U.S. immigration process for people from the Northern Triangle is even more difficult for non-Spanish speakers: Children who do not speak Spanish are especially isolated, shelter workers say. They are left without the ability to speak with counselors and are more likely to act out, then are punished or medicated. Parents who only speak an indigenous language often cannot communicate that they have been separated from their children (Medina, 2019).

This paper takes into consideration the experiences of Spanish interpreters serving the Spanish speaking population as well as indigenous language speakers through relay interpreting.

Asylum seekers are usually young, with an average age of 30 years, including males, females, and children. According to Homeland Security, children comprised 22.1% of individuals granted asylum affirmatively in 2019 (Baugh, 2020). When adults or children appear in court, asylum seekers are not provided legal representation because "Under federal law, immigration courts are classified as civil as opposed to criminal. As a result, government-provided lawyers are not required in immigration courts-even when juveniles are involved" (Goldberg, 2020).

According to U.S. Customs and Border Protection, between 2012 and 2018, a total of 227,897 unaccompanied minors from the Northern Triangle were apprehended at the U.S.-Mexico border (CBP, 2018). Unaccompanied children from the Northern Triangle ... "accounted for 92 percent of all unaccompanied child asylum applications in 2019 and made up the majority (52 percent) of affirmative asylum applications from these three countries" (Baugh, 2020).

Accompanied and unaccompanied minors crossing the border alone were not the only group of children at immigration courts. Between 2017 and 2018, President Trump enacted a "zero tolerance" policy that resulted in the separation of children from their families, *which included infants and toddlers* (Cheatham, 2021; Davis & Shear, 2018; Mindock, 2018). Foreign born children without legal status in the U.S., as well as adults, go through many instances of the asylum process, which includes interviews and court appearances. Interpreters are provided at those legal procedures, which may be emotionally intense, especially taking into account that "...in 2017 the Trump Administration rescinded and replaced the Asylum Guidelines with a new set that removed guidelines on child-sensitive questioning" (Laquer Estin, 2018). Baillot et al., 2013 assert that "Central to the process of claiming asylum is applicants' narrations of experiences of fear, trauma violence, and persecution; accounts that, at a human level, are primed to provoke emotional responses, not only in the narrator but also in those whom the account is narrated" (p. 510). Interpreters working with asylees and refugees face the emotionally charged difficulty of interpreting for the vulnerable population

as well as unaccompanied minors (Bergunde & Pollabauer, 2019; Keselman et al., 2010), and sometimes this difficulty comes with the toll of vicarious trauma and burnout.

2.2 Vicarious Trauma and Burnout

Interpretation of traumatic events puts interpreters at risk of vicarious trauma (VT) (Costa et al., 2020; Darroch & Dempsey, 2015; Engstrom et al., 2010), which is also called secondary traumatic stress disorder, secondary traumatization, and compassion fatigue (Baillot et al., 2013; Birck, 2001; Chamberlain & Miller, 2008). Persons affected by VT may display a series of symptoms, which may include deep sadness, insomnia, irritability, preoccupation, intrusive thoughts, and ruminations (Splevins et al., 2010).

According to the American Institute of Stress (September 29, 2020), VT is the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. In the case of interpreters, they not only hear the traumatic narrations but verbalize in the target language the accounts lived by asylees (Costa et al., 2020), and these recounts may be especially difficult for interpreters who are immigrants themselves (Engstrom et al., 2010; Hassan & Blackwood, 2021).

Constant exposure to trauma may be difficult to absorb for individuals not trained in mental health issues, as is the case of most interpreters. The U.S. Immigration Court relies heavily on freelance interpreters (Killman, 2020; Medina, 2019), who may not have access to mental health services, leaving them vulnerable to VT. Two factors that may hinder interpreters' initiative to search for emotional support are cultural inhibitions (Lai & Costello, 2021) and confidentiality standards (Darroch & Dempsey, 2016; Killman, 2020). Interpreters' cultural beliefs may hamper them from revealing their emotions and difficulties when interpreting emotionally difficult narrations (Lai & Costello, 2021). For some interpreters, there is a belief that expressing vulnerability would jeopardize their jobs (Gomez 2012), which may, in turn, limit their initiative to seek professional help. According to Darroch and Dempsey (2016) as well as Killman (2020), confidentiality standards could limit interpreters' opportunities to receive support, creating a circle of burnout and frequently leaving the situation unchecked.

A higher frequency of exposure to VT may place interpreters at a higher risk. Between the years 2017 and 2020, the Executive Office for Immigration Review [EOIR] sought to minimize the presence of unused immigration courtrooms as a response to the fact that "A combination of sluggish immigration judge hiring between FY [Fiscal Year] 2010 and FY 2016 and the prevalence of overlapping alternate work schedules contributed to a proliferation of dark courtrooms." On May 1, 2019, the Department of Justice (DOJ) passed the "No Dark Courtrooms" policy (<https://www.justice.gov/eoir/eoir-policy-manual/OOD1911>). This policy aimed at making sure that all available immigration courtrooms be "used for hearing cases every day during normal court operating hours." (<https://www.justice.gov/eoir/eoir-policy-manual/OOD1911>). As a result, there was a considerable increase in the number of cases needing interpreters.

Closely related to VT is burnout. Burnout is described as emotional exhaustion common among individuals who work in human services related careers (Schlessinger, 2007). Empathy is one of the main sources of burnout (Miller et al., 1988).

As asserted by psychotherapist Gomez (2012), "My first degree was in translation and interpreting. In my faculty corridors, rumours had it that it was safer to become a translator than an interpreter because most interpreters ended up in psychiatric hospitals due to stress" (p. 3).

2.3 VT among professionals working with asylum seekers and refugees

VT has been studied among several occupations in which language interpreters are employed, especially in the field of mental health, by inviting an interpreter to join counselor-client sessions to solve language impasses and also help as cultural mediators (Engstrom et al. 2010). Miller et al. (2005) found a lack of studies on interpreters working with refugees in mental-health-settings, as they were unable to find a prior study from the interpreters' perspective on the process of psychotherapy as a triadic as opposed to the classical dyadic mode. Based on a study of fifteen mental health therapists and interpreters, they found that interpreters help in establishing trust in this triadic dynamic, especially when the interpreter and client share the same background; this sense of trust and rapport from early in the therapeutic relationship was then transferred to the therapist (Hassan & Blackwood, 2021; Miller et al., 2005). As expressed by Holmgren et al. (2003), "Little attention has been given to the emotional plight, background and working conditions of interpreters, who have the same origin as the refugees for whom they interpret" (p. 22). As a matter of fact, in a study involving interpreters for refugees and asylum seekers suffering from Post-traumatic Stress Disorder (PTSD) in the United Kingdom, Hassan, and Blackwood (2021), stressed the need for interpreters to obtain practical support due to complex emotional responses as a result of shared client-interpreter trauma history, an idea echoed by Dubus (2016, p. 654), who suggested: "... social support of some kind for the interpreters to de-brief from the trauma stories".

Gomez (2012) conducted qualitative research on the mental health area among six interpreters working with asylees and refugees in Ireland. Interpreters reported being emotionally impacted by the narratives of asylum seekers and asylees, "The need to handle

intense emotions during the sessions was found challenging, and some of them reported intrusive thoughts after working hours” (p. 5). Interpreters reported that the support system they received helped them overcome their emotional difficulties.

A study among interpreters working with refugees was carried out by Hernandez-Wolfe (2018), who found VT to be present, but the author also found the positive outcome of vicarious resilience, in which the person affected by VT overcomes adverse effects and finds positive adaptation and growth.

Loutan et al. (1999) performed a quantitative study among medical interpreters working with asylees and refugees; interpreters expressed emotional reactions and symptoms, such as nightmares and insomnia, which increased with the number of sessions and a need to share feelings with medical colleagues after sessions.

2.4 VT among professionals serving asylees and refugees in the legal area

Medical and community interpreters may act as cultural brokers (Mikkelson, 2013) and may engage in advocacy, but in the legal area, the focus is on a strict code of ethics and regulations, with a focus on accurate and complete language production (Killman, 2020; Morris, 2015). Sagy (2005) conducted a study among lawyers representing asylum seekers. Sagy (2005) identified emotionally difficult areas and concluded that lawyers were not trained to handle them and recommended that lawyers should receive training on handling the effects of PTSD.

Baillot et al. (2013), through qualitative research involving 104 legal professionals, among them 14 interpreters working with asylum seekers in the UK, reported severe emotional difficulties, including distancing themselves from the situation and detachment as coping mechanisms.

Bergunde and Pollabauer (2019) also noted a “near-absence” of support services such as supervision and peer counseling for interpreters. “Interpreters need to develop strategies for coping with the emotional impact of having to interpret and “re-tell” stories of victimisation, trauma, and torture ... the need to develop heightened resilience, the risk of burnout and compassion fatigue and even vicarious traumatization” (Bergunde & Pollabauer, 2019, p. 4). Studies focusing on immigration interpreting, the challenges, and possible emotional consequences to the interpreter have been a “grey zone” (Bancroft et al., 2013) and not studied enough (Bergunde & Pollabauer, 2019). This article aims at providing some light on these issues.

3. Method

3.1 Participants

Twenty-one interpreters participated in the study. Participants sought for this study met the following guidelines: They were at least 22 years old, held at least a bachelor’s degree, and had at least one year of experience as an interpreter working in a setting where interpreting services were offered to asylum seekers and the refugee population (see table 1 for demographics). Participant interpreters were recruited based on being publicly advertised on the National Association of Judiciary Interpreters and Translators (NAJIT) directory. The researcher e-mailed the interpreters that performed work at immigration courts and requested their participation in the study.

Participants were informed of the purpose of the study and assured that data would be stored securely, in an anonymously fashion, and were also informed of their right to withdraw from the study at any point. All participants provided informed written consent prior to responding to the interview and completing the Compassion Fatigue Test.

Table 1. Participants’ sociodemographic profile

Sociodemographic characteristics n		%
Gender		
Female	15	71.43
Male	6	28.57
Age		
22-30	0	0
30-39	1	4.76
40-49	5	23.81
50-59	12	57.14

60 or more	3	14.29
Years of interpreter experience		
1-5	2	9.52
6-10	3	14.29
11-15	6	28.57
16-20	3	14.29
Over 20 years	7	33.33
Are you an immigrant to the U.S.?		
Yes	18	85.71
No	3	14.29

3.2 Instruments

There were a survey (Appendix A) and the application of the Compassion Fatigue Self-Test (CFST) from the American Continuing Education, Copyright 1994 Florida State University Psychosocial Stress Research Program. The CFST is a very commonly used instrument to measure compassion fatigue, also called vicarious trauma. "The CFST was originally developed based on clinical experience and designed to assess both compassion fatigue and job burnout" (Bride et al. 2007, p. 152). The CSFT is composed of 40 items, with the first 23 items measuring compassion fatigue and the remaining 17 items measuring job burnout. Participants indicate the frequency in which the mentioning statement takes place, with possibilities running from 1 = rarely/never, 2 = at times, 3 = not sure, 4 = often, to 5 = very often. For the compassion fatigue subscale, scores falling to 26 or below signal extremely low risk, scores between 27 and 30 correspond to low risk, scores between 31 and 35 indicate moderate risk, scores between 36 and 40 indicate high risk, and scores of 41 or more indicate an extremely high risk of compassion fatigue (Figley, 1995). For the burnout aspect of the test, scores of 36 or below indicate extremely low risk, scores from 37 through 50 indicate moderate risk, scores between 51 and 75 correspond to high risk, and scores between 76 and 85 show an extremely high risk of burnout (Figley, 1995).

3.3 Procedure

This paper intends to provide answers to the following questions: Are interpreters serving asylum seekers and refugees been emotionally affected by the narrations they interpret, as evidenced by the Compassion Fatigue Self-Test? Are immigrant interpreters more prone to suffer from compassion fatigue? What type of topics do English-Spanish interpreters identify as more emotionally troublesome when interpreting for asylum seekers and refugees?

The Institutional Review Board (IRB) of the affiliated educational institution approved all components of this research.

Participants were informed that both sources of information would remain completely anonymous and were going to be carried out via the Qualtrics platform. The participants received an email inviting them to participate in the study with the Qualtrics link to complete the survey and test. Both instruments were administered in the summer and fall of 2021.

4. Results and Discussion

The 21 participant interpreters who qualified for the study took the Compassion Fatigue Self-Test (CFST) and Job Burnout risk test. Results seem to indicate high levels of compassion fatigue and moderate risk for burnout, as seen in Table 2.

Table 2. Compassion fatigue self-test (CFST) and job burnout

Test #	CFST	CFST Risk	Job Burnout	Job Burnout Risk	Immigrant
1	23	Extremely low	17	Extremely low	Yes
2.	23	Extremely low	21	Low	No
3	32	Moderate	28	Moderate	No
4	35	Moderate	20	Low	Yes
5	37	High	21	Low	Yes
6	28	Low	21	Low	Yes
7	75	Extremely high	41	High	Yes

8	26	Extremely low	21	Low	Yes
9	28	Low	28	Moderate	Yes
10	50	Extremely high	35	High	Yes
11	56	Extremely high	33	High	Yes
12	44	Extremely high	28	Moderate	Yes
13	56	Extremely high	32	High	Yes
14	47	Extremely high	34	High	Yes
15	49	Extremely high	28	Moderate	Yes
16	49	Extremely high	28	Moderate	Yes
17	56	Extremely high	25	Moderate	Yes
18	43	Extremely high	24	Low	Yes
19	24	Extremely low	20	Low	Yes
20	30	Low	20	Low	Yes
21	23	Extremely low	18	Extremely low	No
Total: 814			543		
Mean:	38.76	High	25.86	Moderate	
Range:	23-75		17-41		

The CSFT prompted an ample range of responses, from extremely low risk to extremely high risk, with a mean of 38.76, corresponding to a high risk of compassion fatigue. The job burnout test, on the other hand, provided slightly more homogeneous results, with an average score of 25.86, corresponding to moderate risk of job burnout. While these were the general results among all the participant interpreters, there were differences between the 18 immigrant and 3 non-immigrant interpreters, shown in Table 3.

Table 3: CFST and job burnout among non-immigrant interpreters

Test #	CFST	CFST Risk	Burnout	Burnout Risk
2.	23	Extremely low	21	Low
3	32	Moderate	28	Moderate
21	23	Extremely low	18	Extremely low
Total:	78		67	
Mean:	26	Extremely low	22.33	Low
Range:	23-32		18-28	Extreme low - moderate

As depicted in Table 3, as a group, U.S. born interpreters showed extremely low levels of compassion fatigue, with an average score of 26 among the 3 non-immigrant interpreters and low job burnout risk (22.33), contrasting with the scores obtained by their immigrant counterparts, as reported in Table 4.

Table 4: CFST and job burnout among immigrant interpreters

Test #	CFST	CFST Risk	Burnout	B. Risk
1	23	Extremely low	17	Extremely low
4	35	Moderate	20	Low
5	37	High	21	Low
6	28	Low	21	Low
7	75	Extremely high	41	High
8	26	Extremely low	21	Low
9	28	Low	28	Moderate

10	50	Extremely high	35	High
11	56	Extremely high	33	High
12	44	Extremely high	28	Moderate
13	56	Extremely high	32	High
14	47	Extremely high	34	High
15	49	Extremely high	28	Moderate
16	49	Extremely high	28	Moderate
17	56	Extremely high	25	Moderate
18	43	Extremely high	24	Low
19	24	Extremely low	20	Low
20	30	Low	20	Low
Total:	756		476	
Mean	42	Extremely high	26.44	Moderate
Range:	23-75		17-41	Extremely low – high

As a whole, immigrant interpreters averaged an extremely high risk for compassion fatigue and a moderate risk for job burnout. There was a sharp contrast in compassion fatigue risk between the scores obtained by immigrant and non-immigrant interpreters. It is worth noting that in Test #7, the score received by the immigrant interpreter was much higher than those of all of the other interpreters, 75. Without CFST #7, the group would have scored 37.1, corresponding to the high risk for compassion fatigue, as opposed to extremely high risk.

A Mann-Whitney test indicated that the CFST was greater for the Immigrant group (mean rank=12.11) than for the Non-immigrant group (Mean rank=4.33), $U=7.00$, $p=.044$.

However, job burnout did not vary significantly between the groups; the Immigrant group (mean rank=11.53); the Non-immigrant group (mean rank=7.83), $U=17.50$, $p=.334$.

Based on the survey among Spanish interpreters in the U.S. serving refugees and asylees, 95.24% of interpreters reported feeling affected in some way while interpreting for asylees and or refugees, most of them health wise, physically, or emotionally, as seen in table 5.

Table 5: How has interpreting for asylees and refugees affected interpreters

Item	Percentage
Health wise (Physically or Emotionally)	68%
Professionally	8%
Culturally	24%
Total:	100%

Among the emotionally related responses, when asked for the type of situations that are more emotionally difficult to interpret, there was a large array of responses, with a frequent mentioning of torture, children suffering, and sexual abuse, as depicted in table 6.

Table 6: Emotionally Difficult Situations to Interpret

Cases in which children are abandoned or when children witness torture
Torture and abuse
Cases with underage respondents
Child abuse, torture, and killings
Torture, gang rape
Relay interpreting. People who don't speak Spanish in Guatemala are treated badly.
Cases in which the defendants narrate their family members being killed

Child abandonment and children witnessing their relatives being tortured and killed
 Domestic violence
 Descriptions of rape, torture, and gang violence
 Human suffering
 Physical abuse
 Abuse of defenseless people, sexual abuse
 Rape, sodomy

Based on the information gathered through the survey, interpreters employed strategies to deal with some of the content to which they were exposed. When emotionally overcome, some interpreters indicated the following emotionally charged narrations “have choked me up while interpreting”, “the stories of violence and torture that I hear sometimes shock me and make me feel sad ...”. When faced with emotions affecting the interpreter, some interpreters have indicated avoiding thinking about the case, “sometimes I try not to think on what I heard once I leave the courtroom or it affects me throughout the day”, “I had to ask for a break to compose myself after a youngster explained how his relatives were tortured.”

Most participant interpreters in the study were foreign born. Some of the foreign-born interpreters expressed that they had encountered trauma when living in their home country (38.89%), while the majority did not experience this (61.11%). Table 7 shows the levels of compassion fatigue and burnout displayed by the interpreters who had experienced trauma in their country.

Table 7: Compassion fatigue and burnout among immigrant interpreters who experienced trauma in their home country

Test #	CFST	CFST Risk	Burnout B. Risk	
5	37	High	21	Low
7	75	Extremely high	41	High
9	28	Low	28	Moderate
13	56	Extremely high	32	High
15	49	Extremely high	28	Moderate
16	49	Extremely high	28	Moderate
17	56	Extremely high	25	Moderate
Total:	350		203	
Mean	50	Extremely high	29	Moderate
Range:	28-75	Low – Ext. high	21-41	Low – High

The average compassion fatigue level of immigrant interpreters is 50, corresponding to an extremely high score of compassion fatigue, as opposed to 42 among all immigrant interpreters and 26 among domestic interpreters. The risk of burnout scores was also higher among immigrant interpreters who experienced traumatic events in their home countries, 29, compared to 26.44 among all immigrant interpreters in the study and 22.33 among the U.S. born and raised interpreters.

Interpreters who had not experienced trauma reported lower CFST scores than those who had experienced trauma; $t(19)=2.64, p=.016$. However, there were no differences in job burnout based on trauma experience; No trauma ($M = 24.29, SD = 6.16$), Trauma ($M =29.00, SD = 6.27$); Mann-Whitney $U = 27.500, p = 0.105$.

5. Conclusion

Studies have explored the issues involved in working with interpreters in several fields (Bischoff & Denhaerynck, 2010; Chang et al., 2021; Hadziabdic et al., 2015; Hadziabdic & Hjelm, 2019; MacFarlane, 2008); Nevertheless, few studies centered on the perceptions of interpreters (Dubus 2016; Miller 2005, Holmgren et al., 2003).

Research questions 1 and 2: Are interpreters serving asylum seekers and refugees been emotionally affected by the narrations they interpret, as evidenced by the Compassion Fatigue Self-Test? Are immigrant interpreters more prone to suffer from compassion fatigue?

Based on the results of the present study, most interpreters serving asylees and refugees are affected by the information they hear, which they later interpret into the target language. In this regard, Darroch and Dempsey (2016) asserted that when interpreting,

"The material must be processed by imaging the client's perspective, so interpreting becomes far more intense than just hearing the words (p. 175). Therefore, the risk for compassion fatigue.

As a whole, participants scored at high risk for compassion fatigue, while immigrant interpreters showed an extremely high risk for the same. This seems to be especially true in the case of immigrant interpreters, who were more prone to develop a higher risk of compassion fatigue, coinciding with results obtained by Costa et al. (2020); Engstrom et al., (2010); Hassan & Blackwood (2021). As a matter of fact, Costa et al. (2020) found that "Those who interpret in asylum-seeking contexts may be affected further by the experiences they hear about, including loss, torture, and trauma; by the powerlessness of their client; and by shared experiences, if the interpreter is also from a refugee background" (p. 38).

The results are consistent with studies among interpreters working with asylees and refugees in several fields, such as mental health, medical, and the legal area (Baillot et al., 2013; Dubus, 2016); Engstrom et al., 2010; Gomez, 2012; Hassan & Blackwood 2021; Loutan et al., 1999). This study shows a marked difference between compassion fatigue risk among immigrant and domestic interpreters. Immigrant interpreters reported CSFT scores that placed them at extremely high risk for compassion fatigue, a notion already found by Dubus (2016).

Dubus (2016) conducted a study with thirty-six mental health interpreters working in person and over the phone with refugees in the United States and found that "the histories of the refugees provoked reactions in the interpreters who often shared similar experiences" (p. 654). The present study also found a positive relationship between immigrant interpreters who experienced trauma and a higher risk for compassion fatigue. Interpreters who had experienced trauma in their home country were at a higher risk of compassion fatigue than immigrant interpreters who had not experienced this trauma.

Burnout was also present among the participant interpreters, although at a moderate level. Just as in the case of compassion fatigue, immigrant interpreters who experienced trauma in their home countries were at a higher risk of burnout, 29, than immigrant interpreters in general, 26.44, and higher than all interpreters in general, 25.86. These results approach the ones obtained by Schlessinger, 2007, who found that interpreters with a past experience of trauma had significantly higher levels of burnout compared to those who had not experienced trauma. As explained by Schlessinger, "It is possible that interpreters who experienced trauma in the past are left with less emotional resources to deal with stressors on the job and are therefore more likely to experience emotional exhaustion when stressors accumulate" (p. 167).

Research question 3: What type of topics do English-Spanish interpreters identify as more emotionally troublesome when interpreting for asylum seekers and refugees? While there was an ample range of responses on this topic, there seemed to be a common mentioning of torture, child trauma, and sexual abuse. It is important to note the interpreter's reactions when facing emotionally difficult narratives, such as "have choked me up while interpreting", "the stories of violence and torture that I hear sometimes shock me and make me feel sad ...", "sometimes I try not to think on what I heard once I leave the courtroom, or it affects me throughout the day", "I had to ask for a break to compose myself after a youngster explained how his relatives were tortured". By these statements, there is a clear notion that narrations have affected some of the interpreters deeply, for which reason the author suggests taking steps to help interpreters serving asylees and refugees help deal with the emotionally charged accounts they very often encounter while on the job. As expressed by Engstrom et al. (2010), "... after a session with a survivor of torture, the interpreter should be debriefed and given a chance to process any vicarious trauma that may have been generated in the interview" (p. 71).

6. Limitations and Recommendations

While sample size and the lack of an interview with the participant interpreters to elicit further information are limitations to this study, the present study serves as a stepping stone to further research in the field of interpreting for asylum seekers and refugees in the U.S., which literature is lacking.

Based on the results of this study, there is a need for interpreters working with asylees and refugees to be aware of the risks of vicarious trauma and job burnout and have access to debriefing meetings with trained personnel when especially emotionally difficult cases take place and idea also shared by Bontempo & Malcolm, 2012; Costa et al., 2020; Darroch & Dempsey, 2016; Engstrom et al., 2010; Holmgren et al., 2003; Woolf, 2011.

As far as recommendations, the author would like to echo Bontempo & Malcolm 2012 in their suggestion for a "call for 'trauma curriculum' to be incorporated in interpreter training in order to raise awareness of such harm and provide tools for interpreters' self-care" (p. 123) an idea also stated by Lai and Costello (2021). Lai and Costello (2021) also support the notion that briefing and debriefing sessions are necessary and should be included in training sessions by "...interpreting educators, professional interpreter associations, interpreting agencies and other professions, and institutional users of interpreting services to be aware of the risk of

interpreters' VT and work respectfully and collaboratively to prevent and help interpreters recover from VT" (p. 82). This researcher advocates for the implementation of awareness of the risk of VT in the training of interpreters at the educational level and the implementation of debriefing meetings after emotionally charged cases involving the asylum seeking and refugee populations.

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Appendix A

Qualtrics Survey

Consent statement

The following procedures will occur: You will complete a survey and the application of the Compassion Fatigue Test from the American Continuing Education, Copyright 1994 Florida State University Psychosocial Stress Research Program. Both sources of information will be carried out via Qualtrics system. Data will be recorded anonymously, which means no one, including the research team, can identify you from the study data. Both forms of information are expected to last approximately 20 minutes.

Gender:

Male

Female

Age:

22-30

30-39

40-49

50-59

60 or more

Years of interpreting experience:

1-5

6-10

11-15

16-20

Over 20 years

Language/s other than English:

(specify) ___

Are you an immigrant to the US?

Yes

No

If yes, have you personally witnessed extremely violent/traumatic events in your home country?

Yes

No

Type of interpreting setting (mark all that apply)

Court

Mental health

Medical

School

Other (specify)

Are you certified as an interpreter?

Yes

No

If yes, what type of certification?

Federal Court Certification

State Court certification

SOSi certification

Other ____

Have you interpreted for asylum seekers in the last 5 years?

Yes

No

If yes, approximately how often?

Every week

Every month

A few times each year

Once a year or less

Have interpreted for minors that were asylum seekers?

Yes

No

Have you participated in relay interpreting? (Frequently used in less common languages, usually indigenous languages, with a Spanish interpreter interpreting into English).

While interpreting for asylum seekers, have you encountered occasions of: (mark all that apply)

extreme violence

bereavement

abuse

torture

description of gruesome scenes/pictures

life threatening events

gruesome injuries

Has interpreting for asylum seekers ever affected you, even if for a few minutes?

Yes

No

If yes, how? (Mark all that apply)

Healthwise? (Physically or emotionally)

Professionally?

Culturally

Some other way

If you are an immigrant to the U.S., has the experience of listening to asylum seekers brought difficult memories?

—

What type of situation are more emotionally difficult for you to interpret?

What do you find most challenging about your work as an interpreter?

Thank you for your cooperation.