

# Interpreting Effectively and Safely for Deaf Survivors of Violence

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April 27 – 28, 2013  
San Jose Marriott  
San Jose, California

## Curriculum

*Presented by the  
Vera Institute of Justice  
Center on Victimization and Safety  
Accessing Safety Initiative*



*In partnership with the  
U. S. Department of Justice  
Office on Violence Against Women*

**Table Facilitator Role:**

- Provide an opportunity for participants to apply and explore what they have learned from the trainer's mini-lectures and large group discussion.
- Guide the participants at your table in specific small-group activities: reiterate instructions and provide structure; nurture discussion and critical thinking; and prompt as needed.
- Help create a safe and respectful group environment so that everyone has a chance to have their ideas and feelings expressed.
- Use your skills, knowledge, and experience to supplement the discussion and redirect it if it is heading off-topic or in a way inconsistent with best practices.
- Gently reframe victim-blaming or disempowering comments.
- Keep the discussion moving and on topic.

**General Facilitation Tips/Dealing with possible challenges:**

*One person is interrupting and taking over the discussion.*

Try drawing in the quieter group members. Even just shifting your gaze can be helpful. Look at the rest of the group when you ask a question. You might say, "This is an important point Jane is bringing up. Has anyone else had a similar/different experience?" OR "Thank you for your input on that. I'd like to hear what the rest of the group has to say."

*Participants are engaged in side talking or distracting chatter.*

Ask the group to have only one person talking at a time. You might say, "I'm having trouble understanding everyone. Can we bring it back to one person talking at a time?"

*Disagreement exists between group members.*

Allow for different opinions to be heard and remember that difference can be an opportunity to learn. Model that disagreement does not equal rejection. You might say, "Thank you for sharing your thoughts on this. These topics can be emotional and we don't all have to agree."

*The whole group is shy and quiet. There is no discussion.*

Share a specific short example from your experience to get the conversation started. Ask a particular person to share. You might say, "Scott, I know you have some experience in this area. What is your opinion about..."

*A participant keeps repeating the same story or opinion over and over.*

Help this person be heard by paraphrasing what they say. Keep encouraging others to share as well. You might say, "I can see that you are feeling strongly about this." OR "I think I hear you saying that...."

\*Adapted from "Around the Kitchen Table"

# Interpreter Training Curriculum

## Agenda

### Day 1 9-4:45p

9:00-9:20	Welcome	20 minutes
9:20-10:30	Violence in the Deaf Community	70 minutes
10:30-10:45	Break	15 minutes
10:45-12:15	Domestic Violence	90 minutes
12:15-1:15	Lunch	60 minutes
1:15-2:15	Sexual Violence	60 minutes
2:15-3:15	Domestic and Sexual Violence in Context	60 minutes
3:15-3:30	Break	15 minutes
3:30-4:30	Trauma-Informed Practice	60 minutes
4:30-4:45	Closing Discussion	15 minutes

### Day 2 9-5p

9:00-9:25	Review	25 minutes
9:25-10:15	"In her Shoes" Exercise	50 minutes
10:15-10:30	Discussion	15 minutes
10:30-10:45	Break	15 minutes
10:45-12:00	Language of the Movement	75 minutes
12:00-1:00	Lunch	60 minutes
1:00-2:15	Professional Decision-Making	75 minutes
2:15-3:15	Safety Planning for Interpreters	60 minutes
3:15-3:30	Break	15 minutes
3:30-4:30	Self-Care	60 minutes
4:30-5:00	Closing Discussion + Evaluation	30 minutes

## Materials Needed:

- Laptop, projector and screen
- Poster paper, easels
- Poster paper ready in advance: blank power and control wheel, self-care wall
- Markers
- 5x7 cards 6 per participant (pre-labeled with topics: DV, SV, Decision Making, Safety Plan, Self-Care, To Do)
- Till DV & Language Films
- Signing Environment posters
- In her Shoes cards and props
- Post-its
- Small keepsake boxes and craft supplies to decorate (markers, stickers, etc.)

*Key:*

*Bold – Topic, Time allotted*

*Bullets –Facilitator Talking points*

*Boxed – Activity instructions*

## Section 1 – Welcome

### Mini-Lecture: Welcome/Introductions/Logistics

0:20

Room Facilitator:

- *Amber:* Good morning! Welcome to San Jose. My name is Amber Hodson, I look forward to our next few days together. To begin, I would like to introduce you to our fabulous host from the Vera Institute of Justice, Nancy Smith, Director of the Center on Victimization and Safety. Nancy?
- *Nancy:* (Describe the history of the interpreter training project with Vera and OVW.)
- *Amber:* There is a great demand for trauma informed qualified interpreters. We sincerely thank each one of you for your participation in the work of the movement. This training is one step towards building your skills as a trauma-informed interpreter. (Brief introduction of myself.)
- It is normal to have fears around these issues.
- We are talking AROUND the issues, not giving THE answer because there is no answer. We hope you will leave with tools and the ability to think critically and apply this information to the ever varied circumstances you will face as an interpreter.
- We recognize that as interpreters you may play many different roles in the lives of Deaf individuals at different points in time, such as interpreter, advocate, friend, educator, etc. For our time together over the next two days, we will be focusing on the interpreting role. This does not preclude you from wearing those different hats, and the information you get here will be useful in any role you play. We want you to allow yourselves the opportunity to focus on your role as an interpreter as you go through this training.
- This training will be highly interactive. We have incorporated a variety of learning styles into our process to maximize incorporation of the material. This means you will be working and participating the entire time as we go through our five topic areas: domestic and sexual violence in the Deaf community, trauma-informed work, the language of the movement, professional and ethical decision-making, and finally, safety and self-care resources. Through our interactive discussion of these topic areas, our goal is that you leave this weekend with the ability to:
  - Recognize the dynamics of power and control and avoid colluding with those dynamics as an interpreter;
  - Understand how trauma may impact interpretation and be able to navigate that impact;

- Develop a vocabulary specific to interpreting for Deaf survivors;
- Incorporate best practices for interpreting in these contexts and
- Develop a plan to enhance emotional and physical safety.
- It is also our goal is for you to leave with a personalized resource guide that can be applied regularly and brought to specific interpreting scenarios rather than sitting on a shelf. At specific points throughout the next two days, we will guide you in developing that resource using the 5x7 cards at your table (labeled DV, SV, Ethics, Safety Plan, Self Care, To Do). Feel free to note points on the cards that you want to remember as they come to you.
- I would like to ask each facilitator to introduce themselves by name, agency and state.
- On behalf of Vera and the Office on Violence Against Women, I want to thank each of the facilitators here with us this weekend. As an advisory committee, over the past few years they have worked hard sharing their experience and expertise to develop this curriculum so that interpreters can develop the tools necessary for this work.
- Let's begin a group activity that will allow us to get to know each other more before we get to work.

**Activity: Let's get to know each other**

**0:10**

**Goal:** Allow participants to learn a bit more about one another and support the group process.

**Activity Instructions for Room Facilitator:**

Instruct participants to stand in a large circle. A statement will be flashed on the screen, participants should move to the middle of the circle if the statement applies to them. Give participants a moment to look around and observe others in the circle, then ask them to move back to the outer circle in preparation for the next statement.

**Statements:**

- I traveled more than 1000 miles to be here
- I traveled less than 50 miles to be here
- I have been interpreting for more than 5 years
- I have been interpreting for more than 10 years
- I have a dog
- I have a cat
- I have traveled out of the country more than 5 times
- I have interpreted in DV or SV settings in the past

### Room Facilitator:

- Thanks for joining in that fun activity. I love learning who is a dog person and who is a cat person! This is a useful first step in creating a safe and supportive learning environment for ourselves over the next two days.
- For the purposes of this training, safe space means a space in which you feel comfortable to share questions and comments without judgment. Safe space also means a space in which you are emotionally supported should you be triggered by something that is discussed.
- Some of the information and activities in this workshop may trigger intense emotions. We will encourage self-care throughout this training by incorporating short activities in between discussion that allow you to practice applying a specific self-care technique. We also encourage you to use the comfort zone located in Willow Glen 1 to take breaks as necessary, and to check in with available staff and faculty if the need arises. Be mindful of the areas where you experience an intense emotional response, as it is important to determining if you can be an effective interpreter in domestic and sexual violence contexts. As ethical interpreters it is our duty to regularly evaluate if we are the right fit for a job. In that evaluation, we can identify what additional supports and resources you may need to be an effective interpreter in these contexts. We will talk more about this tomorrow, but make note of those trigger points for yourself for later personal exploration.
- We request that you honor this space as a signing environment throughout our entire two days together, whether Deaf participants are in sight or not. We have fabulous interpreters available for communication with Vera staff.
- We also ask that you come to the designated area to make a comment or ask a question. This is a universal design approach, as everyone benefits by ensuring that everyone can see and hear you. Remember we are modeling self-care approaches throughout the training, use the brief moment of silence while waiting for participants to move to the designated area by taking few deep breaths.
- Lastly, the steering committee has worked hard to create a curriculum that addresses this topic as fully as possible. To support the flow of information, we are asking that you note general questions as they come to you on the post-it note paper on your table. The facilitators will review the questions and make sure they are addressed at some point over the next two days.
- What are some other agreements we can set in order to create this safe space? We use the term "agreements" as an empowering approach versus the more directive term "rules". This is a foundational concept for work with survivors of violence. Who has an agreement they would to suggest?

**Activity: Create a safe space****0:10**

**Goal:** Develop a set of agreements among participants to support a safe environment for shared learning.

**Activity instructions for Room Facilitator:**

Ask participants to suggest group agreements that will support a safe space. Consider communication preferences and sight lines. Write down agreements on poster paper to have in a visible location throughout the training.

**Mini-Lecture: Introduction****0:05**

Room Facilitator:

- We are going to begin our discussion together by exploring the context of domestic and sexual violence because as interpreters we understand that this basic knowledge will support more effective interpretation. We also know that in the Deaf community we often wear many hats. A survivor-centered, empowering understanding of domestic and sexual violence will serve us well in our capacity as interpreters, advocates, friends and allies. The information \*may\* already be familiar to you. We want to make sure we are all starting with the same foundational information as we delve into a more interpreter specific analysis. If you have heard it before, try to listen with fresh ears and make connections to your work.

**Activity: Language Video****0:15**

Room Facilitator:

- Throughout our discussion we will be using certain signs that are specific to this field. In order for us to have a shared vocabulary, let's take a few moments to reflect on the language and signs we will be using for the next two days. I encourage you to make notes about signs and terms that you would like to explore in greater detail tomorrow. This video was developed by DeafHope to show DV/SV related signs as demonstrated by people from the Deaf community. While these signs are not completely standardized, Deaf DV/SV organizations around the country are using many of the signs you will see.

**Goal:** To develop a shared vocabulary for the purposes of discussion.

**Activity Instructions for Room Facilitator:**

Introduce this video developed by DeafHope with domestic and sexual violence signs demonstrated by people from the Deaf community. Note that we will be discussing terms and their application more specifically in a later segment, the purpose of showing them now is to develop a shared vocabulary.



Room Facilitator: (Guide the large group in a discussion of the video. Respond to specific questions that are bound to come up, such as:)

- Stalking is signed in this way to indicate that no matter where she turns, the perpetrator is there.
- Trafficking – forcing individuals to come under your control.
- We sign violence and abuse as “terrible” so as not to limit the concept to physical violence like the sign “beat”.
- Trauma “scratch on forehead”, can also be signed as trauma “scratch on heart”.
- Consent is “agree” not “willing” which can be signed as doing something you would rather not do.
- Victim is not signed as “stuck” but a more neutral “shaking v”.
- Victim is a term I use rarely in this work – I almost exclusively use the term survivor. We believe that fits the empowerment model in that it frames the individual positively rather than victim (“stuck”) which could be experienced as a disempowering label.
- More on this later, but it is important is to be intentional about what term you use and why; take the lead from the person you are interpreting for. We will be discussing this in more detail in a later section.
- Domestic and sexual violence are connected in their root cause, in general dynamics, in trauma responses of survivors. Most domestic violence includes some form of sexual violence. We will explore both topics together and separately, and then close the day by expanding our understanding of trauma and how it impacts the interpretation process.
- So let’s continue setting the stage for our discussion.

## Section 2 – Violence against Women

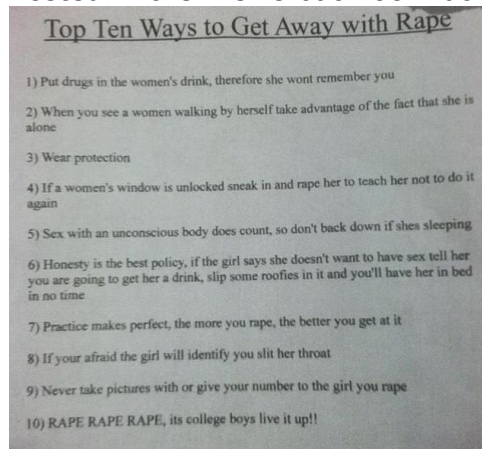
### **Mini-Lecture: Cultural evidence of violence against women** **0:10**

Room Facilitator:

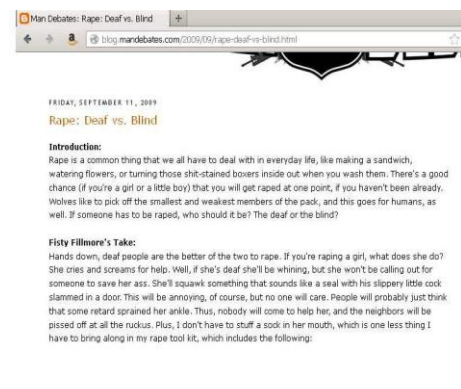
- The prevailing analysis of domestic and sexual violence is that it is a current and personal epidemic primarily directed at women and girls. (\*personal experiences → cultural evidence → statistics)
- Physical and sexual violence directed at women is created by and manifested in our society.
- We refer to domestic and sexual violence as gender specific crimes. Yes, violence happens to boys and men but we know that overwhelmingly women are the victims and men are the perpetrators. It is a crime largely motivated by a hierarchy of oppression in which those who have power maintain it through violence.
- In this training we will use gender specific language because we believe that domestic and sexual violence are gender based. There are numerous examples of how the status of women in our society is devalued: women still earn less than men, video games make the killing and degradation of women a sport, companies use women and sex to sell hamburgers, honor killings still go on throughout the world.
- As women we have a particular fear of physical and sexual violence that men in general do not experience. The threat is real and specific to women.
- The threat of violence shapes the context of women's lives. The way that our culture responds to violence is to accept it as inevitable and focus efforts on teaching girls and women to take action to avoid it. Ordinary actions such as entering our home become threaded with fear because we are told from a young age to prepare for and avoid violence.
- Through these messages and behaviors, we have grown to believe that certain actions (or inaction) affect whether we experience assault. Our beliefs about why violence occurs affects how we perceive survivors. When someone does experience domestic or sexual violence, we believe that it is because of something they did (victim-blaming).
- The following images are just a few examples of how our culture, on every level, devalues women, and allows this violence to occur and go unpunished. These examples are difficult to see, please be aware of potential triggers and use self-care options such as the comfort zone.



Posted in the men's bathroom at the University of Miami:



Comment by Republican Gubernatorial Candidate Clayton Williams (TX) March 25, 1990 - "If it is inevitable, just relax and enjoy it."



- (Some observations to state:) Women are depicted as meat, objects to be used, women with disabilities even less valuable.

- I know this is really hard to see and talk about. The take-away here is to understand that violence against women exists today. These behaviors are held together by larger cultural institutions and traditions (media, the criminal justice system, our social norms) that perpetuate a gendered power imbalance in relationships. Those institutions give implicit permission to use violence by excusing it when it happens.
- So assuming this sets the framework for our discussion, let's look at some data supporting it.

**Activity: Statistics Discussion**

**0:10**

**Goal:** To better understand the prevalence of violence against women

**Activity Instructions for Room Facilitator:**

Share the statistics below and ask several participants for comments in response to the subsequent questions. Guide the discussion to emphasize the following key points:

- Violence is primarily gender-based.
- Violence against women is a critical health issue.
- Oppression of women is not a thing of the past.

- Consider these statistics:
  - A woman is battered every 15 seconds.
  - A woman is raped every 2 minutes.
  - DV is the leading cause of death for women between the ages of 15 and 44. (More than car accidents, muggings and rapes combined.)
  - 90% of patients in hospital for SV are women.
  - There are nearly 3 times as many animal shelters in the US as there are shelters for women and children.
- What general themes do you notice?
- This contextual information is useful for us as interpreters because it shows us the landscape in which we are interpreting, it provides us markers to guide our choices. So consider this statistic - Women who leave are at a 75% greater risk of being killed by the batterer.
- How might that change the way interact with a survivor?
- Now consider this fact: 3 out of 4 survivors are raped by people they know.
- What implications does this fact have on the interpretation process?
- As advocates we know that Deaf people are at higher risk of experiencing long-term domestic and sexual violence due to the lack of accessible services. There is very little Deaf-specific data available, we rely mainly on anecdotal evidence from the community. In most cases both the survivor and perpetrator are Deaf.
- Violence against women is rooted in power and control. Let's discuss some of the theories floating out there about the causes behind this?

**Activity: What causes violence against women?**

**0:10**

**Goal:** To further the development of a framework of violence against women with a Feminist understanding of the root causes.

**Activity Instructions for Room Facilitator:**

Lead participants in a group brainstorm about possible causes of violence against women. Write ideas on poster paper.

**Key Points to Highlight:**

- Violence is rooted in a societal structure that devalues women and does not hold perpetrators accountable for violence against women.
- In general, perpetrators choose to commit acts of violence.
- Conceiving of things such as financial stress, being drunk, or having an anger issue as the cause of violence shifts prevention and intervention away from the larger and more pervasive societal causes.

Room Facilitator:

- These issues can be co-occurring issues but they are NOT causal.
- Many people have financial difficulty, they do not all abuse their partners. Many people get drunk, they do not all then rape a friend.
- Violence is rooted in the patriarchal power structure in our society. It is created and encouraged by sexism, oppression and abuse of power. So this is the feminist analysis of violence against women that will shape our discussions throughout the next two days: Power underlies it all, who has it and who does not. Our society perpetuates the abuse of this power, gives permissions and privileges to certain individuals. There is a hierarchy and oppression, where those in positions of power target others for domestic and sexual violence. Survivors (in many ways ALL of us) experience trauma as a result.
- And with that, we will take our first break of the day. Some food for thought during this break - How does your understanding of the cause of domestic and sexual violence impact your interpretation? Please use the poster paper on the wall to note your responses for our discussion after the break.

**Break until 10:45**

**0:15**

**Goal:** To connect the causes of violence against women with the process of interpreting

**Activity Instructions for Room Facilitator:**

Encourage participants to consider the following question during their break: How does your understanding of the cause of domestic and sexual violence impact your interpretation? Invite them to note them on the corresponding poster paper to share ideas with their colleagues.

## Section 3 – Domestic Violence

### **Mini-Lecture: Introduction to Domestic Violence**

**0:10**

Room Facilitator:

- Welcome back everyone. What links did you identify between the causes of violence against women and the interpretation process? (Read one or two responses written on the poster paper or ask for a response from participants.)
- We are going to move our discussion from the general framework of violence against women to the more specific topic of domestic violence. In this section we will talk about:
  - General power and control tactics
  - Unique barriers for Deaf survivors
  - Tactics abusers use against Deaf survivors and
  - Key resources and support systems available for Deaf survivors
- Domestic violence is defined generally in the field as a pattern of behavior that is used to gain and maintain power and control over their intimate partner.
- Intimate partner would include anyone married, living together, dating, or having a child in common. Domestic violence includes same-sex couples. We often refer to intimate partner violence rather than domestic violence, in part to be clear that it does not refer to other forms of family violence like elder abuse, and also to de-privatize the issue. Intimate Partner Violence (IPV) isn't something that just happens in the home, it isn't a private family affair.
- The basic legal definition of domestic violence is the willful intimidation, assault, battery, sexual assault or other abusive behavior perpetrated by one family member or intimate partner against another.
- With that basic definition of domestic violence, let's talk about how the myths surrounding domestic violence implicate our work as interpreters.

### **Activity: Myth Discussion**

**0:06**

**Goal:** To reframe myths about domestic violence and connect an understanding of myths to the interpretation process

**Activity Instructions for Room Facilitator:**

Instruct participants to raise their hand if they believe the statements are true. Read the statements and allow participants to respond and observe. Lead the group in a brief discussion after each statement.

Room Facilitator:

- There are almost one million reported incidents of domestic violence each year.
  - Raise your hand if you think that is a fact.
- Survivors need therapy to stop the cycle of violence.
  - Who thinks this is true?
- People who are violent in an intimate relationship are violent in all of their relationships.
  - What does this myth indicate about the causes of violence against women?
- Police officers are effective protection for battered women.
  - Can someone share an example of how this is a myth?
- Batterers can be loving partners.
  - If true, how might it impact a survivor's process?
- If women changed their behavior, their partner would be less violent.
  - How could this myth be disempowering to survivors?
- Most battered women cannot leave their batterers without assistance.
  - As an interpreter, why is it important to understand this and other myths?
- Children should be with their father even if he is violent to their mother.
  - How can prevailing myths like this shape our interaction with survivors?
- What surprised you in this discussion?
- The take home point of this section is that it is important for interpreters to have a clear understanding of the contexts in which we interpret to support our decision-making. It helps us to be aware of our personal opinions (which definitely impact our interpreting process). We can minimize adding misinformation, victim-blaming or disempowering messages into the interpretation.
- We are getting into some difficult discussions. As interpreters we are exposed to communication that is potentially traumatic to ourselves. Throughout the training we will be modeling various approaches to self-care, which is vital to mitigating the effects of vicarious trauma.
- So we are going to take a momentary break from the heaviness. Puppies, kittens and babies – always good for a smile!

## Activity: Self-Care

0:02

**Goal:** To model self-care techniques

### Activity Instructions for Room Facilitator:

Click through the images, allowing a few seconds for participants to view each one.



## Mini-Lecture: Power and Control

0:06

Room Facilitator:

- By a show of hands, how many of you are familiar with the Power and Control Wheel? Spend some time with this to make sure you understand it, that you consider ways to interpret examples from the wheel. We will talk more about that later but make a note to study this more if it is new to you.
- It was originally developed in 1981 by a group of battered women in Duluth, Minnesota, grass-roots organization around the kitchen table. The wheel challenged prevailing understandings of domestic violence as a cyclical experience, during which there are periods where no abuse is occurring.
- This was the cycle of violence which many people refer to, including the honeymoon period. Survivors and advocates came to understand that the periods in which the batterer was apologizing, bringing flowers etc. were actually still a part of the whole picture of control and violence. These behaviors were recognized as additional tactics, considered "offering hope" that things will improve in the relationship instead of the "honeymoon" framework. Advocates now often refer to the honeymoon activities as "recapture".
- The Power and Control wheel demonstrates that the abusive and controlling behaviors are occurring ALL OF THE TIME in an abusive relationship.



- The goal (represented by the center of the wheel) is to gain and maintain power and control over one's partner. Isolated incidences of calling your partner a jerk or not liking her friends do not necessarily establish a pattern nor rise to a level that could be considered domestic violence.
- At the same time, physical and sexual violence do not have to be present for there to be a pattern of power and control in the relationship – the use of violence once or the threat of violence can be enough to achieve the goal.
- Each spoke of the wheel demonstrates specific perpetrator tactics that are used to intimidate, manipulate or terrorize a person to become subject to the will of the abuser.
- The frequency and intensity of violent episodes generally increase over time.
- In 2006, the Power and Control Wheel was adapted by the Deaf community to illustrate specific perpetrator tactics used against Deaf survivors.
- Now I would like you to take a few moments in your small groups to identify examples of abusive tactics and behaviors. Before you begin this activity, please take a moment to do introductions once more within your small group.

**Activity: Abusive Tactics**

**0:07**

**Goal:** To identify abusive tactics used by perpetrators

**Activity Instructions for Table Facilitators:**

Ask participants to go around and do a brief introduction of themselves. Then ask them to engage in a discussion where they brainstorm abusive tactics and behaviors. Participants will have 7 minutes for this portion of the activity. Then the room facilitator will reveal a large poster paper with a blank version of the power and control wheel drawn on it in advance. They will ask each table to send a representative up to fill in a blank section of the power and control wheel with one category of abusive tactics their group identified.

**Key Points to Highlight:**

- Make suggestions from the Power and Control Wheel if the group is in need of assistance, such as criticizing her language, taking her SSI check, controlling or destroying assistive technology, and threatening to report her to immigration.

**Activity: Report Back**

**0:03**

Room Facilitator:

- Table 5, can you please send up a volunteer to fill out a section of this blank power and control wheel from your discussion? (Ask for each table to fill out a section of the wheel in this large group report back).

- Highlight abusive tactics from the wheel as appropriate (aspects participants missed or misunderstood):
  - Intimidation:** Signs very close to your face when angry; overuses floor stomping and pounding on the table or door
  - Emotional Abuse:** You are deaf, but your partner calls you “hearing-mind” because you aren’t fluent enough in ASL or don’t socialize or identify with the Deaf community; Criticizes your ASL skills or communication style
  - Isolation:** Breaking visual contact in order to cease communication- ie, refusing to look at victim while signing, if the abuser knows sign language; Refusing to communicate in sign; Preventing a victim from signing; Controlling/denying access to information such as captioned TV shows/news, telephone/TTY calls; Preventing victims from making contact with Deaf community and/or interpreters.
  - Minimizing, Denying, Blaming:** Makes you afraid with gestures, facial expressions, or exaggerated signs, then denies it by saying that is Deaf culture to justify the behavior;
  - Using the Children:** Telling children mom is unfit because you are Deaf; Making children believe because you can’t hear, you can’t do anything right; Making fun of your speech in front of children; Telling you that because you are Deaf and he is hearing there is no way the courts would award you custody.
  - Hearing Privilege:** Does not inform you when people try to call your attention or call on the phone for you; Excludes you from important conversations; Leaves you out in social situations with hearing people; Talks negatively about the Deaf community; If you call the police, he interprets to manipulate the situation to his benefit.
  - Economic Abuse:** Withholding money for needed treatments, appliances, batteries or devices.
  - Coercion and Threats:** Threatens to tell Deaf community lies about you; Threatens to cut all ties to Deaf community or interpreters.
- Lets look at a dramatic re-enactment to better understand examples of the power and control wheel from a Deaf perspective.

**Activity: Film Till Domestic Violence do us Part**

**0:22**

**Goal:** To develop a deeper understanding of the dynamics involved when domestic violence is present

**Activity Instructions for Room Facilitator:**

Introduce the film created by DeafHope. Advise participants that it is a dramatic depiction of violence toward a Deaf woman and it may be triggering. Encourage participants to be aware of internal responses and take advantage of self-care options such as the comfort zone.

Room Facilitator:

- Let's move into our small groups to discuss your perceptions of this video.

**Activity: Discussion**

**0:10**

**Goal:** To practice identifying elements from the power and control wheel and connect the dynamics of violence with the interpretation process

**Activity Instructions for Table Facilitator:**

Lead the small group in a discussion of the film with the following questions: What elements from the power and control wheel did you notice? What implications did this film bring up regarding your interpretation process?

**Key Points to Highlight:**

- Abuse and control are pervasive in the relationship (it is not an isolated incident or outburst).
- Batterers target specific behaviors to isolate their partner (effectively removing support systems) and fostering self-doubt (impeding confidence to leave the relationship).
- An understanding of the dynamics in play for a Deaf survivor allows interpreters to play a more empowering role as allies in the community.

**Activity: Report Back**

**0:04**

Room Facilitator:

- Table 2 would you please share a key point that came up in your discussion? (Ask for one or two more in this large group report back).

**Mini-Lecture: Empowerment-based advocacy**

**0:10**

Room Facilitator:

- As interpreters, it is important for us to understand the perspective and roles of each party involved in the communication. This movie was I hope useful in understanding one perspective.
- There are layers of oppression that affect the survivor's experience. Power is abused based on many factors outside of the survivor's control. As resources and support are chipped away by the abuser, resistance weakens. In addition, the system discriminates, there is a societal bias against Deaf people in the system, there is a lack of information, limited access to services in general, and very few Deaf-specific services. The abuser will exploit these systemic and structural issues. He will tell the survivor shelters don't accept Deaf people, and when she attempts to get into shelter and gets the response of we can't afford to get an interpreter, or we don't know how to get one, the effective result is the abuser is right.

- The survivor's access to communication is vital to increasing safety. The abuser will try to manipulate and block communication access. He can be very effective at charming other people in her life, including interpreters.
- Acts of resistance are a way for the survivor to negotiate the system, and take power back. She can use her community, access to services, education, background, self-determination – these can help her resist. As the system changes and people become more aware of Deaf rights, with the emergence of Deafhood, abusers will be less able to use these systems to control.
- Advocates for survivors ground their services and work in what is described as a survivor-centered, empowerment approach. The goal of this approach is increased safety. The goal is NOT to leave the abuser unless that is what the survivor wants and will lead to greater safety (remember the statistics – leaving is the most dangerous thing for a survivor to do). Domestic violence programs use a strengths-based approach. Her decisions are her own, are acts of resistance, and viewing them as such shifts the boundaries, impacts ethical decision-making. Advocates see the survivor as the expert in her experience – look to her as the expert, don't take it on ourselves to "fix" her or her situation.
- To share an example of this – advocates were working with a Deaf survivor for a long time. They were offering all sorts of options and avenues to increasing her safety (restraining order, shelter, opening her own bank account...) but nothing seemed to work, the survivor couldn't take action on any of the options suggested to her. The advocates were frustrated, the survivor was frustrated. At her wits end, one advocate finally asked – what do you need to feel safe? After considering, the survivor said she needed shoes. Seemed like an off the wall yet easy fix. As soon as she got new shoes, the survivor's path completely shifted, she was able to take action on many of the options available to increase her safety. Who would guess that shoes would mean safety, but the experience is so individual. It is a mistake for us to assume we know what's best for someone else.
- This approach is best for us as friends and allies of Deaf survivors. But it is also vital for us as interpreters. The interpreter has an important role as part of the survivor's resistance. As we provide accurate interpretation, allow her to guide her own communication process, avoid pushing the boundary toward "let me take help her" or toward "she is doing it wrong, she is to blame for this", we avoid becoming another tool perpetuating the abuser's control. We support the process of self-empowerment (which is a huge reason many of us got into this work). We minimize our personal risk for ethical violations and vicarious trauma.
- Let's apply this to a specific interpreting scenario. Please choose a partner for a discussion in response to the question.

**Activity: Dyad Discussion**

**0:08**

**Goal:** To apply an empowerment technique by reframing a common impulse to fix or judge the survivor's experience

**Activity Instructions for Room Facilitator:**

Ask participants to choose a partner to discuss the scenario and following question.

Scenario:

You arrive to an interpreting assignment for a woman receiving counseling services. You realize that you have interpreted for her at a previous assignment where she has indicated that she still accepts the abuse. You are severely concerned about her safety.

How do you handle your concerns in a way that maintains ethical and empowering interpretation?

**Note for Table Facilitators: Check in with the pairs at your table to respond to any questions and support dialog.**

**Activity: Report Back**

**0:02**

Room Facilitator:

- I'd like to ask for a volunteer to share a key point that came up in your discussion. (Ask for one or two more in this large group report back).
- We will now be taking a one hour lunch break. During this break discuss the following question with your colleagues: What are some specific manipulation tactics abusers use regarding interpreters and communication access? We will share some of your ideas after the lunch break.

**Lunch break until 1:15**

**1:00**

**Goal:** To identify how abusers can manipulate communication access and the interpretation process

**Activity Instructions for Room Facilitator:**

Encourage participants to consider the following question during their break: What are some of the specific manipulation tactics abusers use regarding interpreters and communication access? Invite them to note them on the corresponding poster paper to share ideas with their colleagues.

## Section 4 – Sexual Violence

### Mini-Lecture: Introduction to Sexual Violence

0:10

Room Facilitator:

- Welcome back! I hope you all enjoyed your lunch. Would someone like to share a manipulation tactic batterers might use to control their partner through the interpretation process?
- We are now going to move to the specific topic of sexual violence. We will focus on:
  - key aspects of sexual violence;
  - the complexities of coercion and consent in a sexual violence context; and
  - the unique dynamics of sexual assault against Deaf survivors.
- We define sexual violence as any forced sexual activity. It is a form of violence using sexual acts to control.
- There are a variety of terms used: sexual assault, sexual abuse, sexual violence and rape. We use the terms interchangeably (usually with a preference for sexual violence) to mean any form of unwanted sexual act. Others (police, courts, agencies) may use the terms differently. For example, some legal jurisdictions use the term rape to refer only to vaginal penetration with a penis, while advocates often say rape for any form. It is important to do some research prior to an assignment to prepare for how a specific context will use the terminology. More on this to come.
- Sexual violence comes in many forms such as molestation, stranger rape, or date rape.
- At the core, all forms of sexual assault are committed or attempted against a person's will, without their consent.
- It is an act motivated by a need for power and control, not sex.
- Rape is not about sex – it is about gaining power over others. Sex is only the mechanism for rape. A powerful way to understand this is to think of baseball as an analogy. If I want to play the fun game of baseball, I would use a baseball bat to do it. But if I take that baseball bat and bash someone over the head with it, I am no longer playing baseball, I am using that tool as an instrument of violence. The same applies for sex and rape – in a rape, we are no longer enjoying a consensual act, that person is using sex as a tool of violence and control.
- However, sex is the weapon used in rape and the survivor's sexual being has been terrorized. She may very well describe what happened to her in sexual terms (eg. he made me give him a blow job, he climbed on top of me and started having sex with me). It is important you follow her lead, no matter what her word choice.

- Most sexual violence is committed by someone known by the survivor, NOT a stranger. This means they often know intimate details, use their position of trust or power. Consider how much this affects reporting to your community and to the system. How does it affect the survivor's sense of safety or perceived ability to seek help, especially in a small community? When the survivor and perpetrator know each other, there is more likely to be a "he said, she said" approach to the rape, an increase in victim blaming. Her community says she should have known better or she wanted it.
- Yet there is a heavy media focus on stranger rape which can be traced to our cultural impulse to both minimize violence against women and pathologize perpetrators. In other words, we tell ourselves that people who commit rape are the bad people hiding in bushes on dark streets, not our good friends. This allows two things to happen: it shields the most likely suspects from suspicion and it plays into our tendency to blame the victim for not recognizing that something was wrong. It also suggests that some places (like our homes or a friend's guestroom) are safer than others (like dark alleys) when in reality very few places are safe when living in a rape culture.
- So let's think back to our previous discussion about the myths surrounding domestic violence. We identified some reasons why an understanding of myths is valuable to us as interpreters. Let's look at some myths related to sexual violence.

### **Activity: Myth Discussion**

**0:07**

**Goal:** To reframe myths about sexual violence and understand how this knowledge improves the interpretation process

**Activity Instructions for Table Facilitator:**

Instruct the group to read each myth and discuss at least one reason it is a myth. An example is indicated after each myth if needed to prompt the group. Reframe victim-blaming or disempowering comments that may come up. Refer back to the causes of violence discussion – these myths are rooted in a society that devalues women and excuses violence against women. Prepare participants for a report-back to the large group.

**- Rape is a last-minute thing, an impulsive act.**

Reason this is a myth: Rapists usually plan their assault. They find ways to get the survivor alone, they procure and bring drugs to facilitate the rape, they manufacture scenarios where they know they won't be caught in the act.

**- Women can avoid rape if they just fight back.**

Reason this is a myth: Often fighting back results in additional injury or death. This can be a victim-blaming statement, putting the responsibility for violence on the survivor; "I wouldn't let someone do that to me...."

**- Most rapists choose a stranger as their victim.**

Reason this is a myth: We know that most sexual assault happens within our family, friends and community, within our close circle. That is where perpetrators can exploit trust – the survivor's guard is down – and can manipulate the perceptions and support of people around the survivor

**- Many reports of rape are false.**

Reason this is a myth: When survivors of sexual assault share their experience with the community, there is a tradition of victim-blaming, disbelief and dismissal. Many survivors are reviled as sluts. Survivors of sexual assault experience shame imposed both internally and externally. Again, this is rooted in the societal message that women are not of value and that the responsibility for sexual behavior and sexual assault lies on them. In this climate of punishment for the survivor, most people would not consider false reporting as a successful avenue for "revenge"

**- Men have sexual urges they can't control which leads them to rape.**

Reason this is a myth: Perpetrators choose acts of violence, they aren't compelled by sexual desire to rape. People conservatively dressed still are targets of rape. Very young babies and elderly women are raped. People rape outside of their sexual preference as a means to oppress, demean and control them. Perpetrators use objects to rape. Many rapists do not experience sexual gratification during the rape. These are all indicators that the cause of rape is not uncontrollable sexual desire.

**Activity: Report Back**

**0:03**

Room Facilitator:

- Table 4 would you please share a reason that statement number 1 is a myth? (Continue asking for responses for each myth from each table.)

**Mini-Lecture: Coercion and Consent**

**0:10**

Room Facilitator:

- Anyone can be a target of sexual violence. This isn't something that only happens to "those" people. Women are the most affected. People with disabilities are often specifically targeted. Remember the goal is power and control. Advocates have worked with rape survivors that are babies only a few hours old and women in their nineties.



- Understanding the intricacies of coercion and consent are key to understanding sexual violence. Legal consent has three aspects. Age - people under a certain age are not considered able to give consent. That age is often between 16 and 18, but it depends on the state. Make a note to research this further if necessary.
- Ability to consent is the second aspect. Is the person unable to consent because they have had too much alcohol? Does a developmental disability limit the person's ability to understand the implications of consenting to a sexual act?
- The third part of consent is willingness. One must be free from threats or other force, able to freely choose yes or no. For both advocates and the legal system, it is not required to say no to sex for it to be considered force. A memorable example of the willing aspect of consent is the famous jeans case in Italy. For those of you who aren't familiar – a case came before a judge who determined a woman was not raped, could not have been raped because her jeans were so tight that she had to take them off herself, meaning she consented. There was a major outcry from the country and the decision was overturned. This is genesis of "jeans day" in support of survivors of sexual violence.
- As a society, the complexities of consensual versus forced sex (coercion) combined with the emotional need to distance ourselves from the survivor to believe we are safe lead to intense and systematic victim blaming. In fact, women are often the harshest critics of a rape survivor, scrutinizing her choices and assuring ourselves that we would never make similar choices and therefore will never be raped.
- Now I would like you to move into your small groups and continue this discussion of consent. Table facilitators, I will turn it over to you.

### **Activity: Consent Discussion**

**0:10**

**Goal:** To better understand coercion and consent in the context of sexual violence and how this understanding is important to maintaining neutral interpretation.

**Activity Instructions for Table Facilitator:**

Facilitators will lead their table in a group discussion of these questions: How does defining sexual violence in terms of consent shift the framework for understanding this issue? How can these concepts shape your work in the interpreting context? Reframe victim-blaming or disempowering comments that may come up.

**Key Points to Highlight:**

- Many experiences of rape can appear to an outside party as vague, not clearly sexual assault. Maybe she wanted it, maybe she is regretting having sex now so she is claiming it was rape, maybe they were both drunk so behavior can be excused.

- But understanding that sexual acts done without your consent can be confusing, disempowering and traumatic is key to the dynamics that are under the surface of the interactions we are interpreting.

- That an understanding of consent is elusive for survivors is important for framing the interpretation. Where is the survivor expressing a message of self-blame? Where is the survivor clear that these acts were without her consent? Through this analysis we can achieve a more accurate interpretation.

### **Activity: Report Back**

**0:02**

Room Facilitator:

- May I have a volunteer to share a key point that was discussed in your group? (ask for one or two more)
- So with that being said, let's talk a little bit about the what we know about perpetrators.

### **Mini-Lecture: Perpetrators**

**0:10**

Room Facilitator:

- Groth, director of a sex offense program did a national study of over 1000 men convicted of sex-related crimes. He found the following:
- When asked why they committed the rape, the response was because they could. Men across all demographics committed rape. The average age of rapists was 21-22. Most started raping at age 13. 10% had raped over 25 times before being caught. In general rapists got away with 10 rapes for every 2 they got caught for.
- Perpetrators of sexual assault use specific tactics to achieve their goal.
  - Give her a false sense of security, build trust
  - Take advantage of her lack of sexual knowledge
  - Give her drugs without her knowledge
  - Find her vulnerability, a means to coerce
  - Attack before she can sense what is coming
  - Exploit the lack of access to accommodations
  - Exploit the fact that people will not believe her
  - Steal adaptive equipment so she can't get help
  - Exploit the size of the Deaf community
  - Use hearing privilege

- So, we are having another really heavy discussion. We want to be very intentional about practicing ways to minimize vicarious trauma as interpreters, and we want to model some ideas in this training. For this self-care activity, I would like you to take a few moments to think of things that create a “sigh”, that bring a sense of calm and relaxation. Think of things that engage each of your senses. Some examples are dark chocolate, walking in the rain, the smell of jasmine, cuddle time with your cat. An important approach to self-care is to identify lots of things in your life that create your ahh moment.

**Activity: Self-Care**

**0:06**

**Goal:** To model self-care techniques

**Activity Instructions for Room Facilitator:**

Ask participants to write each self-care item on a separate post-it note and place it on the self-care wall (poster paper)

## Section 5 – Domestic and Sexual Violence in Context

Room Facilitator:

- So far today we have talked about the larger context of violence against women, then we explored some specific details about the dynamics of domestic violence and sexual violence. Now we would like to build on this by talking about some of the actual assignments you may be called to as an interpreter in this setting. We know that Deaf people face significant access issues. In most cases, interpreters are not provided. When they are, other communication and access barriers still often present themselves. I would like you to take a few moments to identify some of the specific barriers that Deaf survivors may experience – think broadly – internal personal barriers, systematic, social, etc.

### **Activity: Discussion**

**0:10**

**Goal:** To identify barriers that exist for Deaf survivors

#### **Activity Instructions for Table Facilitator:**

Facilitators will lead their table in a discussion about what barriers Deaf survivors experience to seeking help. Reframe victim-blaming or disempowering comments that may come up. Guide them to consider their attitudes of “if I were in that position, I would do it differently”. Inform them that the room facilitator will ask for a report back to the large group, without duplicating barriers mentioned by previous groups. They should identify someone for this report back. Prompt the group with suggestions if necessary: fear, small Deaf community, communication access, low self-esteem, limited access to information, lack of money and other resources, isolation, lack of support, self-blame, denial, PTSD.

#### **Key Points to Highlight:**

- Many barriers exist that make achieving safety difficult for survivors.
- These barriers are external and internal.
- Survival is a fundamental goal.

### **Activity: Report Back**

**0:02**

Room Facilitator:

- Table 6 would you please share a key point that came up in your discussion? (Ask for one or two more in this large group report back. Highlight any barriers that were missed or misunderstood.)
- Advocates in the field work to mitigate the impact of these barriers through empowering and survivor-centered support. As interpreters, it is important to understand their role in the interaction – for communication purposes AND to let us rest assured in the knowledge that emotional support doesn't have to leak into our role. Let's talk more about what this can look like for advocates so you can better understand their role.

## Mini-Lecture: Empowerment

0:08

Room Facilitator:

- Survival looks different for everyone. Remember the shoe story.
- The empowerment philosophy from an advocate's perspective includes
  - No judgment
  - Believe
  - Unconditional support
  - Listen
  - She is the expert
  - Normalize their experience – she is not alone
  - Don't assume - ASK
  - Support the survivor in getting her sense of power back
  - Present options to choose from
  - Show respect for their process
  - Identify and cultivate strengths
  - Exchange information among equals
  - Encourage them to take responsibility and action
- Now let's move into a discussion of how empowering advocacy relates to your role and the interpretation process.

## Activity: Discussion

0:08

**Goal:** To identify appropriate ways in which the interpretation process can be empowering to Deaf survivors

### **Activity Instructions for Table Facilitator:**

Facilitators will lead their small groups in a discussion of this question: In what ways do these principles of empowering advocacy relate to your role as an interpreter? Which tasks are appropriate for the interpretation process?

### **Key points to highlight:**

- In many ways the interpreter role is the same: the attitudinal approach of the consumer as the expert in their experience, entering into the communication without personal judgment or expectation, letting the consumer guide the process.

- The main difference is that interpreters are not direct actors in the communication – we would not be the one presenting options, but interpreting for those who do.

- When we present options (or any communication) can we do it in a way that is true to the speaker's intent, without putting on our own inflection?

**Activity: Report Back****0:02**

Room Facilitator:

- Table 1 would you please share a key point that came up in your discussion? (Ask for one or two more in this large group report back).
- Self-determination may have to be prioritized over safety. It can be tempting to take control. You may see potential consequences of her choice but she has reasons for making that choice which we are not aware of. Survivors (all people) need autonomy and decision-making power. Abusers specifically target their autonomy in order to maintain their power and control. Rape is a powerful way to send the message – you don't get to choose what happens with your body and your life. A key piece of a survivor of either sexual violence or domestic violence journey to healing is the restoration of power and control to her life.
- As interpreters we hold a position of power, we know that access to communication can make or break access to safety. By adopting an empowerment "she is the expert" approach to interpreting, it means we don't have to fix it. What are some examples of this approach to interpreting? (Elicit a few comments from the participants.)
- Let's consider these possibilities as we explore a specific scenario. Find a partner and discuss this scenario:

**Activity: Dyad Discussion****0:08****Goal:** To apply empowering approaches to interpretation in a specific scenario**Activity Instructions for Room Facilitator:**

Ask participants to pair up, read the scenario and discuss the following question:

You arrive at an interpreting assignment with a woman who is meeting with her hearing Department of Rehabilitation counselor regarding her job search. During the assignment it is disclosed that she was molested as a child (AMAC). This has clearly affected her self-esteem, she feels she is not deserving/capable of personal goals. What are some empowering interpretation and boundary choices available to you?

**Note to Table Facilitators: Check in with participants at your table to address any questions.****Activity: Report Back****0:04**

Room Facilitator:

- Table 2 would you please share a key point that came up in your discussion? (Ask for one or two more in this large group report back).
- As we come back to the large group, who would like to share one of the choices you identified in the interpretation process? (Ask for two others to share as well.)

## Mini-Lecture: Service Providers

0:15

Room Facilitator:

- As interpreters it is important to understand the potential contexts we will interpret in. This understanding dramatically enhances or inhibits our interpretation. Know your local regulations about what contexts you can interpret in. For example Michigan has regulations that interpreters can not interpret in legal settings without specific certification granted by the state government – ALL domestic and sexual violence is considered legal interpreting. Do your research! Ask about general policies and procedures in contexts you are interested in working. Get to know the perspective of the service providers, their roles and services. All of this will help you develop appropriate support systems. One great idea – volunteer in some other capacity for an agency you are interested in.
- Lets talk about a few common settings for interpreting:
  - First Response at the scene of the crime
  - Police Interview
  - Hospital Exam
  - Services at a Shelter or Rape Crisis Center
- Police First Response
  - What are some considerations for staging and safety?
  - Wait until officers arrive before entering the location or interacting with anyone at the scene. Stand with officer NOT on the side with the gun, NOT between the officer and the perpetrator.
  - Have a quick prep meeting with the officer, let them know your role, that you will interpret EVERYTHING that is said. Be very mindful of interpreting any threatening or potentially dangerous body language or gestures. What are some options for this? Would you shy away from this or exaggerate the interpretation out of fear?
  - If officer leaves you should leave
  - Triage (Be aware there may be a need for medical care)
  - Ask for escort to your car
  - Give information about available Deaf advocates
- Police Interview
  - What happens in a police interview?
  - What are some staging and safety considerations?
  - Food for thought: Do you understand the criminal process and options for interpreting about it? Videotaping – are you comfortable with it, should you request a CDI?

- Hospital
  - SART (Sexual Assault Response Team) / SANE (Sexual Assault Nurse Examiner)
  - As women, most of us have experienced a pelvic exam. The exam after a sexual assault is similar. Imagine that experience after you have just been raped. How will that impact the interpretation process.
  - Collection of evidence, chain of evidence
  - Who is in the room and where? It is usually a TINY room. There may not be space for many people. Can you position yourself to support the survivor's need for privacy.
  - Discharge and follow up appointments
  - Medical vocabulary, do you need to take a specific workshop?
  - Remember the survivor most likely is in trauma, you cannot make assumptions about her behavior.
- Service provider (rape crisis, shelter)
  - Intake (Staff may ask detailed questions about the abuse. Some shelters ask intentional questions that may screen out the survivor, such as their drug usage or their contact with the perpetrator. The answer to these questions may mean the difference between shelter and going back to the unsafe situation. Make sure you are accurately interpreting the questions and answers.
  - They may focus on addressing immediate needs
  - Collaboration and referral with other service providers
  - Are you aware of the advocate role?
- Consider other contexts you may be called in to interpret. What are resources in your area? Think about what information you would need to prepare for the assignment.
- Community DV/SV advocacy services
  - Domestic violence shelters
  - Transitional housing programs
  - Survivor centered legal advocacy services
  - Children's advocacy services
  - State DV/SV coalitions
  - National hotlines
- Legal Services/System based advocates:
  - Protection order advocates
  - Victim Witness support and advocacy
  - Prosecutor's office and advocacy
  - Civil court remedies and resources
  - ADA and civil rights resources
  - Family Protective Services



- More and more empowering resources are available to Deaf survivors
  - The Deaf community as a support system
  - Deaf Advocacy services
  - DV/SV Deaf advocacy services
  - Justice for Deaf Victims National Coalition (JDVNC)
  - DV/SV “aware” interpreters & referral services

**Activity: Personal Resource cards 0:07**

Room Facilitator:

- At key intervals in this training, we will be giving you an opportunity to create personalized resource cards – something portable and easily accessed when you are going out to a particular assignment. Use the 5x7 cards at your table to note terms, concepts, resources etc. that you would like to have available when you go out for a job. We will be making cards for these topics:
  - Domestic Violence
  - Sexual Violence
  - Professional Decision-Making
  - Trauma and Self-care
  - Task list
- We are going to give you a few moments now to fill in your resource cards for domestic and sexual violence.
- Samples are shown here, think back to the some of the key points that you would like to highlight for yourself as you are going out to an assignment.
  - Terminology
    - Restraining order, IPV, hearing privilege
  - Protocol
    - Shelter intake: Use care interpreting regarding alcohol and drug use
  - Local Resources
    - Haven 248.334.1274 [www.haven-oakland.org](http://www.haven-oakland.org)
    - Deaf CAN 313.340.3234
  - National Resources
    - JDVNC
- We will now be taking a 15 minute break. During this break, think about the following question. If you are so inclined, there is poster paper on the walls where you can share your ideas with each other.

**Break until 3:30**

**0:15**

**Goal:** With an understanding of appropriate empowering approaches, interpreters are able to support survivors in responding to certain barriers.

**Activity Instructions for Room Facilitator:**

Encourage participants to consider the following question during their break:

What are some specific barriers interpreters can support survivors to navigate?

What barriers are more appropriately within the advocates role to navigate?

Invite them to note them on the corresponding poster paper to share ideas with their colleagues.

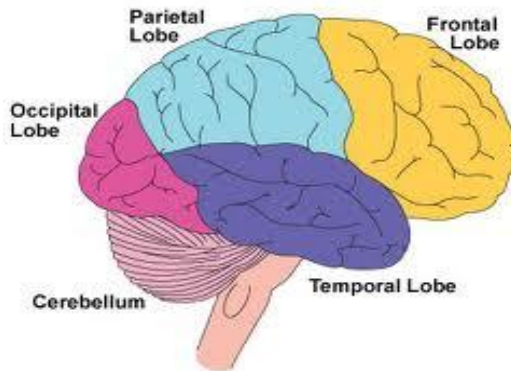
## Section 6 – Trauma-Informed Practice

### **Mini-Lecture: Introduction to Trauma-Informed Practice 0:12**

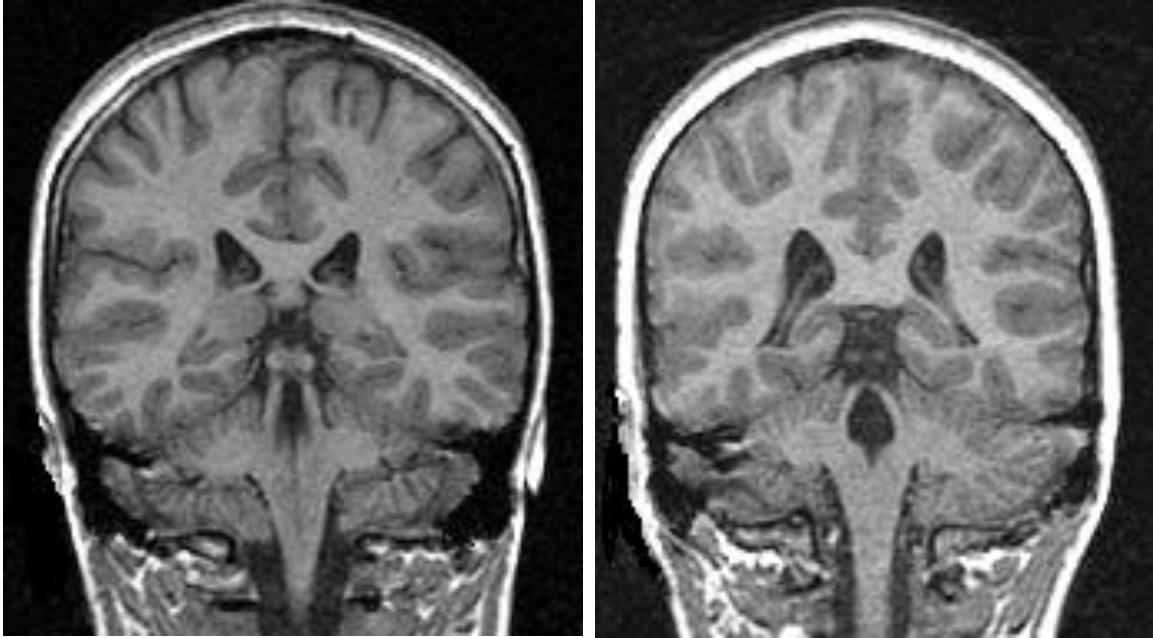
Room Facilitator:

- Welcome back. What are some barriers that interpreters can support survivors to navigate?
- We are going to move into talking about the effects of trauma on survivors and how that will impact the interpretation process. For the rest of the afternoon we will be discussing:
  - how the brain is impacted by violence;
  - how trauma manifests with survivors; and
  - and how an understanding of trauma impacts our decision-making as an interpreter.
- For interpreters there is value in a basic understanding of the context in which we are interpreting. Some of the information in this section about trauma is given for that contextual purpose. We will also discuss specific ways in which trauma impacts the interpretation process.
- In the field of domestic and sexual violence, there has been increasing focus on the role that trauma plays for survivors. Advocates are working to have a better understanding of trauma and providing more appropriate support. Trauma-informed work has evolved in part from other analyses you may be aware of like battered women syndrome, rape trauma syndrome or PTSD.
- At its core is the idea that a traumatic experience affects people physically and emotionally. Addressing the trauma and interacting with the person in a way that is sensitive to the impact of trauma supports more empowering and effective results, whether your role is advocate, friend or interpreter.
- As an interpreter it is crucial to keep the effect of trauma in mind. What could appear to be non-compliance, lying or manipulation may be the brain attempting to assert order when there isn't any. It may be the only way she has to exert control in her life. There is often a deep connection for Deaf survivors between communication access and a sense of safety or \*trauma\*. What creates safety for one survivor does not for another (Maslow). No two experiences are the same, so we can't say – she is at stage 5 trauma, let me pull out my stage 5 interpreting skills. We have to see the individual. This is why our training can't be about giving you THE answer on how to interpret for survivors. Its about creating an awareness of self and of the context in order to choose the best approach out of many that might or might not work in any given scenario.
- Let's start our discussion with an understanding of how the brain works. (Refer to the image of the brain.) The oldest part of the brain ("reptilian brain") senses risk to life, bodily integrity or sanity and automatically controls a physical response to it.

Blood flow is diverted to the peripheral muscles, in preparation to Fight Flight or Freeze (immobility can be life-saving). Adrenaline, and cortisol are released into the body, pupils dilate and the heart rate increases to deliver oxygen more quickly to muscles. Energy is used to escape the danger or overcome it. We physically experience escape or “victory” in the dangerous encounter and the energy dissipates. We feel a sense of success and capability, life resumes its rhythm and “norm” and is at the ready for when another perceived threat emerges.



- The dangerous event is the catalyst for trauma. If I interpret the experience as successfully resolved, it may not catalyze into trauma. It is wholly dependent on the perspective of the person experiencing the dangerous event. What becomes trauma for one person may not for another.
- Imagine the effects on the physiology and psyche of a survivor who is under constant danger.
- This slide shows brain imaging of two children – one who experienced abuse and one who did not. On the left side is an image of a healthy brain. On the right you can see a thicker white band around the skull – this is due to shrinkage of the cerebral cortex. You can also see an enlarged area in the middle. Higher functions like logic and analysis can be impacted by this shrinkage of the cortex, as the brain is working harder to maintain basic survival functions.



- This experience of trauma can manifest in a variety of ways. The survivor's affect may not reflect internal emotions. She may appear frustrated, annoyed, flat, withdrawn. She may experience fear, depression, lack of trust, an inability to feel safe. She may have difficulty staying in the present. Memories may be fragmented or non-sequential, timelines could be distorted. Gaps may be filled in with what seems logical. Her ability to absorb information may be limited. All responses are "normal" for that person. With an understanding of the varied effects of trauma, an advocate's role might be encourage her to stay in the present, to connect to who and what is in the room rather than re-experiencing the past trauma. The advocate could gently remind her that right now she is alive and safe.
- Deaf and hearing advocates in the field have found that Deaf survivors are most likely to reach out for support when they have:
  - Hope that the abuser is wrong
  - Knowledge of who to contact
  - Belief that someone will understand, care and attempt to meet their needs
  - The words to explain what they need
  - Access to communication modality
  - Trust in an interpreter to communicate needs

**Activity: Discussion****0:05**

**Goal:** To personally identify how trauma plays a key role in the interpretation process

**Activity Instructions for Table Facilitator:**

Guide a discussion with your small group around the following question:

How is an understanding of trauma relevant to my work as an interpreter?

**Key Points to Highlight:**

- Trauma will impact the Deaf survivor's communication, which in turn impacts the interpreter's ability to accurately interpret.
- As an interpreter, I can prepare myself for the fact that survivor's responses will be varied. This is related to the Demand-Control Schema that will be discussed later – I have a better understand of what demands to expect in these contexts.
- Understanding possible manifestations of this impact will help guide my decision-making as an interpreter. For example, contradictory statements about the timeline is flagged for me as the interpreter, so I can make the choice to stop the process and ask for clarification, or consider involving the advocate to clarify, or....

**Activity: Report Back****0:06**

Room Facilitator:

- Who would like to volunteer to share what you discussed? (Ask for one or two volunteers.)
- Clearly, the interpreter plays a vital role in the process of not only communication but in self-empowerment and safety. Hopefully, there is an advocate – a Deaf advocate even – involved the communication. We offer information about the role of an advocate in order for you to better understand your own boundaries.
- Remember that every interaction is an opportunity for healing. Each time a survivor reaches out for support there is an opportunity to regain a sense of personal control, of empowerment. Each time a survivor makes decisions about the communication preferences (even things as small as where do I sit and where does the interpreter sit) is a powerful step in diminishing the disempowering effects of her partners erosion of her self-confidence. It is a powerful step in a survivor regaining control over her body and her life when it was forcibly taken away by a rapist.
- View her experience and your own with the belief that there is no such thing as a mistake – consider it research. Viewing her decisions and actions this way relieves us as interpreters of the need to fix it, to “nudge” her in the what we consider to be the right direction. Let the process be hers rather than ours as we make professional decisions.

And for ourselves - rather than falling into feelings of inadequacy, guilt or frustration, believe that you learned something valuable in the process. If our empowerment approach is that she is the expert, foster an environment where in your goal of being the best interpreter possible, she can guide you in what she needs. Not only is this a best practice for interpreters, it is an important self-care technique.

- Let's spend a few moments considering two alternate scenarios.

**Activity: Trauma scenarios**

**0:10**

**Goal:** To better understand how to maintain effective interpretation given the varied responses of survivors in trauma.

**Activity Instructions for Table Facilitator:**

Ask participants at their tables to consider two alternate scenarios:

The survivor is laughing inappropriately throughout the communication;  
and

The survivor is constantly crying throughout the communication.  
Discuss their responses to the following questions: How might your introduction of yourself be different depending on the survivor's affect? Would you have to combat any of your own belief systems? How could that impact your interpreting relationship? Reframe any victim-blaming or disempowering comments that may come up.

**Key Points to Highlight:**

- The responses of survivors may not fit with expectations.
- Considering options prior to the confronting a situation supports more effective interpretation.
- Self-awareness is crucial to effective interpretation.

**Activity: Report Back**

**0:04**

Room Facilitator:

- Table 4 can you share with us an idea your table identified for minimizing the influence of your own experience on the interpreting process for these two survivors?
- Let's build this discussion with another scenario.

**Activity: Trauma/Language discussion****0:12**

**Goal:** To identify ways in which an assumption of linguistic or cognitive issues may actually be a result of trauma

**Activity Instructions for Table Facilitator:**

Ask participants to discuss the following question: In what ways could a trauma reaction mirror language dysfluency or a cognitive issue? How would the interpretation process be different if it is trauma versus cognitive?

**Key Points to Highlight:**

- Refer back to the trauma discussion. There may be gaps in the storyline, conflicting information, an unclear source message due to crying.
- Encourage interpreters to consider the survivor first, then the setting
- Ask for clarification; slow down the process to get it right.

**Activity: Report Back****0:05**

Room Facilitator:

- Table 2, can you share an example of a traumatic response that could be misunderstood as a linguistic or cognitive issue that? (Ask for one or two more comments.)
- Let's turn our discussion to some more specific resources for interpreting with survivors who are experiencing trauma.

**Mini-Lecture: Resources****0:06**

Room Facilitator:

- See the individual!!
- Remain calm
- Do not see responses as a lie, resistance, unwillingness to "cooperate"
- Interpret accurately, check with the survivor for clarity if needed
- Foster an atmosphere of "research" rather than mistakes
- Expect that people who have been traumatized will behave as if they have been traumatized
- Know where your boundaries are and communicate them clearly. Abuse could be disclosed when or where you don't expect it...what if you have set the "I don't do abuse" boundary?
- Consider exploring other resources for more information about trauma-informed practice:
  - "Waking the Tiger" by Peter Levine
  - The Post Institute [www.postinstitute.com](http://www.postinstitute.com)
  - "Creating Sanctuary" by Sandra Bloom
  - Trauma Stewardship by Laura van Dernoot Lipsky
  - David Lisak, Ph.D.
  - Each other
  - Those you serve



**Activity: Closing Discussion**

**0:15**

Room Facilitator:

- (Address any questions that have been identified as relevant from the post-its)
- As we move toward closing for the day, I would like to ask you to fill out an evaluation for the topics we have covered so far. Your feedback is invaluable and we will be reviewing it this evening to make improvements to our process tomorrow.

## Section 7 – Review

### **Activity: Agreements**

**0:15**

- Welcome back, hope you are well rested!
- (Address any logistical issues)
- Remember that we are creating a signing environment throughout our entire two days together, whether Deaf participants are in sight or not.
- Please also remember to come to the designated area to make a comment or ask a question.
- Apply self-care concepts we introduced yesterday. Use the comfort zone located in Willow Glen 1.
- (Review the agreements created on the first day and make any changes necessary.)

### **Mini Lecture: Review**

**0:10**

- Let's review some of the key messages from yesterday.
- Domestic and sexual violence are rooted in the social/cultural structures of oppression and the need for power and control.
- Survivors experience trauma, which can impact their thought process, language and message.
- Empowerment \*survivor choice\* is key to the process of increasing safety.
- Interpreters play a key role in increasing safety. Non-judgmental, accurate interpretation is vital.
- How do we achieve that non-judgmental interpretation? First check yourself - beliefs, biases, personal trauma, need to help. Second, educate yourself - develop resources, a personal plan.
- We are going to start our day with an experiential exercise.

**Activity: In Her Shoes****0:50**

**Goal:** To integrate an understanding of dynamics, barriers, power and control, and the personal experience of violence through an experiential exercise.

**Activity Instructions for Room Facilitator:**

The room (ideally a separate room next to where the rest of the training takes place that can be set up previously and allows our initial review in the regular group setting) will be set up with stations representing different services and systems that survivors interface (ie police, child protective services, etc.). Stations are decorated with small items to represent that service. Instruct participants to assemble into groups of three and move to the designated space for the exercise. They will be given a colored survivor scenario card by a Vera staff member. Read the scenario and consider the options presented. Together they choose a course of action, proceed to the corresponding station and read the next part of her story (in the "choose your own adventure" style). If their survivor scenario card indicates the character has children, each participant should carry a balloon representing each child. Prepare participants that this experiential exercise is purposely designed to mirror the survivor's experience – we intentionally create a sense of frustration and chaos.

**\*\* Note to participants that there will be a break after the discussion, so please come immediately back to this room when you are done with your scenarios. We will begin the small group discussion promptly at 10:15.**

Room Facilitator:

- Please come back to your small groups and take a moment to meet each other again before we begin a discussion.

**Activity: Discussion****0:10**

**Goal:** To connect the experiential exercise with the interpretation process.

**Activity Instructions for Table Facilitator:**

Ask participants to go around and do a brief introduction again within the small group. Then lead participants in a discussion with the following questions: What did you feel? How did your perspective change? What implications did this experience have for your work?

**Key Points to Highlight:**

- Each experience is unique.
- Without an understanding of the barriers that exist for survivors trying to be safe, it is easy to blame or expect them to take certain actions.
- As interpreters, understanding the systematic and personal barriers will allow us to provide the best interpretation possible.

**Activity: Report Back**

**0:05**

Room Facilitator:

- Table 4 can you share one way your group identified that this experience impacted your work as an interpreter? (Ask for one or two more responses from participants.)

**Break until 10:45**

**0:15**

## Section 8 – Language of the Movement

### Mini-Lecture: Introduction to Language of the Movement

**0:15**

Room Facilitator:

- Welcome back from your break.
- We are going to talk about terms and concepts that are unique to interpreting in the DV/SV field. We will see how the terms can be applied in different contexts and apply specific decision-making tools to improve language choice.
- Our goal is not to give you a dictionary of terms and their signs, but to discuss a variety of uses and considerations for how we make our choices as interpreters. We want to talk about how we use the language and the implications of sign/word choice in this context. This is not a course for sex-related signs. If you need that information, make a note on your resource card to find resources in your area or online.
- Deaf advocates in our field are working to develop a common way of signing domestic and sexual violence terms, but that doesn't mean those are the signs used in the community or by the survivor. They are conventions we use attempting to incorporate conceptual accuracy. The goal is to understand concepts, learn options and have them at the ready, with an understanding of the implications of their use.
- Honor the survivor's language and word choice. Consider the difference between voicing "I gave him a bj" and "he pushed my head down to give him a bj" when interpreting a police interview.
- Work toward conceptual accuracy in your sign choice (abuse "finger beat" versus spell).
- Consider ASL rules and how they may apply differently in this setting (he dv'ed her).
- Be cautious about how sign choice can impact on the survivor and possibly re-traumatize or exacerbate her emotional state ("force sex" versus "rape" versus spell). Does she consider her experience sex or physical abuse (remember the baseball analogy, remember the power and control wheel and the variety of forms abuse can manifest). Internalized victim-blaming may impact the survivor's sign choice (signed – "I did push", unspoken part of the message – in self defense).
- Think about the political and social implications of sign choice. Advocates at DeafHope purposefully use the term survivor rather than the term victim. We believe this fits into the empowerment, strengths-based philosophy that we center our work on. Some service providers say that someone is a victim while in the abusive situation and a survivor when they are out. By definition, there is a message of – the right thing to do is leave. Not reinforcing the message that she is the expert, not acknowledging that the most dangerous time is when she leaves.

When service providers use the term victim, they may be giving you a sense of their philosophical view – for example the criminal justice system uses the term victim. The survivor does not have a voice in the determination about prosecuting the perpetrator and is considered a “witness” in the process, implying a passive rather than empowering perspective. Given this, advocates may intentionally use the term victim or the term survivor in that setting to articulate a particular message. To an officer who is not directing questions to the survivor, having a patronizing attitude toward this Deaf person, we might push the survivor/empowerment philosophy. When we want to ensure that a restraining order is issued, we may play up the “victim” terminology. We have seen some interpreters still voice the term victim when we are specifically saying survivor (or vice versa).

- Be mindful of the setting. If I am interpreting “SA” in a support group for survivors, I get that would refer to sexual assault versus “SA” that would come up in a substance abuse support group. Interpreting in a professional setting, I might choose “SV” for sexual violence, but for a survivor in trauma, fingerspelling might not be the optimal choice.
- Most importantly remember that interpretation is not “one size fits all”. What works for one survivor or one moment in time may not work for another. The survivor is the expert so you don’t have to be, ask questions as appropriate. And view the experience as research, as a learning experience rather than seeing mistakes.
- Accuracy in our interpretation in this setting is crucial. It can impact legal outcomes, and child custody decisions.
- The effect ripples and builds at each interaction. Often as advocates we see that the initial police interview is interpreted by an in-house “signer”, and the survivor’s statement becomes a part of the record. Then by the time the case gets a certified interpreter and a CDI, it is in the courtroom in front of a judge and the mistakes made earlier are caught too late. In one case, there was a Deaf witness to molestation of a Deaf child by a Deaf perpetrator. The Deaf witness was from another country and ASL was her fourth language. She expressed herself accurately and consistently in all interviews, but none of the interpreters caught that she was signing “on her back” in a way that was the opposite of how we would in ASL, therefore voicing “on her front”. When this mistake was caught in the courtroom by the interpreter/CDI team and clarified, it appeared to the judge that the witness was changing her story. Her testimony was thrown out and the child was returned to the perpetrators home.

- This is not intended to make you scared off of this kind of interpreting. It is a request from advocates in the field to regularly assess if you are emotionally and professionally prepared for the particular assignment you are called to and if you are not, don't take it until you take the necessary steps to be ready. It is also crucial to work as a team – assess if you need (and can get) a CDI. If not, make sure you are working with another qualified interpreter and create the space with the hearing professionals for you both to consult and confirm the interpretation is accurate. Educate them that this is in the best interests of their goal (whatever that might be – ie to prosecute the perpetrator if they are in the criminal justice system).
- Let's use a few scenarios to discuss language use in this setting.

**Activity: Discussion**

**0:15**

**Goal:** To identify situation-specific terms and remaining flexible in using them

**Activity Instructions for Table Facilitator:**

Refer to Handout #1. At your table, ask participants to review the scenario that corresponds to their table number. Each group is given a different scenario to elicit the maximum amount of new information and to minimize repetition. Please note to participants that these scenarios are intentionally lacking in extensive details to encourage discussion – be creative and think of the range of possibilities that may come up in the scenario. Think about language, culture, and other factors that may be involved. Have the group choose a representative who will report back to the large group with a one or two sentence summary of the scenario and some of the key points they discussed. Guide them in a discussion that responds to the following questions:

- What "specialized" terms might come up in this setting?
- What are the sign alternatives for these terms?
- How might this scenario impact language choice?

**Key Points to Highlight:**

- Using a term that the survivor doesn't use isn't helpful, follow her lead on language choice.
- Having a range of sign choices maximizes your ability to get the message to the survivor.

**Activity: Report back**

**0:10**

Room Facilitator:

- Ask each group in turn to summarize their scenario in one or two sentences then describe the highlights of their discussion.
- Let's take a moment to practice another self-care technique. Laughter is the best medicine.

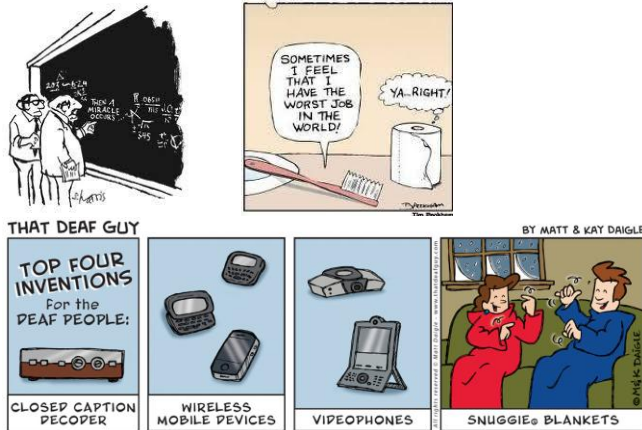
## Activity: Self-Care

0:03

**Goal:** To model self-care techniques

### Activity Instructions for Room Facilitator:

Click through the following images, allowing a few seconds for participants to view each one.



Room Facilitator:

- With a better understanding of the context and language use, we will now ask you to take a few moments to answer a few questions privately that will begin the process of regular self-assessment.

## Activity: Individual Writing

0:05

**Goal:** To practice self-assessment in determining if one is ready for a particular interpreting assignment

### Activity Instructions for Room Facilitator:

Ask participants to take a few moments to write their responses to the a few questions. These are questions that can begin the process of regular self-assessment to determine if we are ready for an assignment. Note that their responses will not be shared with anyone.

- Is there language that triggers me as the interpreter?
  - How does my experience & identity impact my interpretation choices?
- (as a survivor, or...)
- Do I avoid certain terms/concepts?
  - Can I identify situations in which I judge, choose victim-blaming terms?



**Activity: Discussion****0:15**

Room Facilitator:

- So with the self-assessment in mind...(Guide a group discussion in response to these questions):
  - What are some factors that help you decide on language choice?
  - What are some general guidelines to keep in mind?
- (Possible points to reinforce in this the discussion):
  - The survivor is the expert, you don't have to control the interaction or fix her experience.
  - Consider the setting and do more research on terms and process before taking an assignment.
  - Regular self-check in: are my personal opinions reflected in my language choice or am I honoring the survivor's story.
- We are going to give you a few moments now update your domestic and sexual violence resource cards with additional terminology that came up during this discussion.

**Activity: Personal Resource cards****0:07**

Room Facilitator:

- Note on your to do card if there are any workshops or additional training you need.
- As we move into our one hour lunch break, we would like to ask that you think a question that will lead into our boundary discussion. Often as interpreters hearing professionals try to engage us in activities outside of our role.

**Lunch Break until 1:00****1:00**

**Goal:** To identify specific techniques to support hearing professionals in understanding our role as interpreters

**Activity Instructions for Room Facilitator:**

Encourage participants to consider the following question during their break: How do you set a boundary with hearing professionals who ask you to do things outside of your role as interpreter (such as give your opinion or explain something to the Deaf survivor)? What are some options for redirecting hearing professionals about our role? Invite them to note them on the corresponding poster paper to share ideas with their colleagues.

## Section 9 – Professional Decision-Making

### **Mini-Lecture: Introduction to Professional Decision-Making**

**0:10**

Room Facilitator:

- Welcome back. I hope you enjoyed your lunch. This afternoon we will be focusing on your role and identifying how the Code of Professional Conduct applies to interpreting in the DV/SV setting. We will be talking about how boundaries can be established to maximize interpreter neutrality in this setting; and apply specific tools for ethical behavior to interpreting scenarios with Deaf survivors.
- Skilled interpreters make professional behavior and ethics a fundamental part of their work. In this module, we will work toward a better understanding of how to apply ethical decision-making to the domestic and sexual violence setting.
- We want to address your concerns and fears around accepting these assignments. We want you to build the confidence to do the work rather than turning it over to a legally certified interpreter. So we will rely on you to bring the discussion to a level that is useful.
- Our aim is an awareness of personal and professional boundaries (how do they intersect) and the options available to us.
- Some guidelines we look to in supporting this awareness is the domestic and sexual violence models we have discussed. The Power and Control Wheel is a primary resource for informing our process. Remember all the varied ways in which a perpetrator will assert power and control over his partner. Consider this example – you are interpreting for a survivor who is applying for a restraining order and is arguing her side in front of the judge. She says, but he sent me flowers! as an indicator of his pattern, the flowers were a message that she was in trouble, a threat. But the judge might not see the dynamics, the implicit power and control in the gesture. As an interpreter, it is helpful to be conscious of the possible intonations of – he sent me flowers.
- Consider the Survivor/Empowerment model we discussed yesterday. The key foundation to both violence/oppression and personal empowerment is power. We have power as interpreters. Where does that power manifest? Where do we wield that power in nudging a survivor into certain action? The survivor also has an internalized sense of oppression. How do we as interpreters incorporate a strengths-based perspective?
- How does an awareness of trauma guide our decision-making process?
- What are our personal attitudes about violence? Where do you fall on the (what I call) “Helper” – “Judge” spectrum? Meaning do I have an inflection in my interpretation that is intended to rescue the survivor or that judges her experience and action?

- A crucial part of this process is to very clearly differentiate between the role of the advocate and our role as interpreter. Hopefully an advocate (ideally a Deaf advocate) is involved in the communication. Their job will be to reframe the messages of the perpetrator and the system. It is not your fault. You deserve to be safe. How can we support you in feeling safe? Your job is what? To accurately facilitate communication. This means not editing information that makes you uncomfortable, or adding ideas that aren't there.
- A final and most powerful guideline in our professional decision-making is the survivor herself. How is our interpretation client-centered? Why is it important to have an understanding of their perspective? No two experiences are the same, yet as interpreters, we have taken on the responsibility of accurately conveying that experience.
- As interpreters we are aware and cautious about the assumptions we are making. We are doing regular personal check-in. This isn't just a best practice for interpreting in this setting – it is a best practice for ANY interpreting. Let's take a few moments now to think about personal experiences or beliefs that may impact your professional decision-making in this setting.

**Activity: Individual Writing**

**0:05**

**Goal:** To continue self-assessment and identification of ways in which we bring our personal experiences and beliefs to the interpretation

**Activity Instructions for Room Facilitator:**

Describe personal experiences or beliefs that may impact your professional decision making while interpreting in this setting. Your writing will not be shared with the group, feel free to write whatever comes.

**Mini-Lecture: Privilege**

**0:05**

Room Facilitator:

- Understanding the position of privilege we hold as interpreters is integral to an awareness of our professional and personal boundaries. We consider this definition of privilege – the rights, advantages and immunities enjoyed by (white, hearing, straight, young, abled..... etc.) people in a culture that values those qualities as the norm.
- Peggy McIntosh talks about “an invisible package of unearned assets which I can count on cashing in on each day, but about which I was ‘meant’ to remain oblivious.”
- What connection do you see between interpreter’s privilege and a survivor of violence? (Ask for two or three comments from the room.) Let’s continue this discussion in your small groups.

**Activity: Discussion**

**0:10**

**Goal:** To identify personal privilege and the connection to my work as an interpreter, to practice making power dynamics a central part of the interpretation analysis

**Activity Instructions for Table Facilitator:**

Refer to Handout #1. Use the same scenario your group used in the language module. Ask participants at your table to discuss power dynamics from the perspective of each person in the scenario.

- Where do I have privilege as the interpreter?
- How does that impact my interpretation, my interaction with consumers?
- How can I minimize my privilege or use it for good?

**Key Points to Highlight:**

- Power dynamics are always present in some form.
- They do impact the interpretation process.
- It is possible to minimize that impact through personal introspection and check in with colleagues and consumers.

**Activity: Report Back**

**0:05**

Room Facilitator:

- Table 7 can you please quickly share your scenario and an aspect of power dynamics that you identified?
- Table 2 can you please share a specific example where privilege impacts interpretation? (Ask for one or two more tables to share.)
- Lets take a moment and practice applying another self-care technique.

**Activity: Self-Care**

**0:02**

**Goal:**

**Activity Instructions for Room Facilitator:**

Lead participants in the two seated exercises. Make sure to complete them on both sides of the body.



Room Facilitator:

- Hopefully that was an effective technique for refreshing us to be ready for our next discussion on the two key guidelines to help us minimize the impact of our position of power and make ethically sound professional decisions.

**Mini-Lecture: CPC/DCS**

**0:10**

Room Facilitator:

- The RID Code of Professional Conduct provides valuable guidelines for ethical decision-making. Consider these as we discuss scenarios:
  - Confidential communication
  - Possess the professional skills and knowledge (2.1 judiciously share resources)
  - Manner appropriate to the situation (3.4 mandatory reporting?)
  - Respect for consumers
  - Respect for colleagues
  - Ethical business practices
  - Professional development
- The Demand Control Schema is another tool we can apply to interpreting in these settings.
- Demands can be present in the environment (setting), Limited space, temperature, specialized terminology, they can be interpersonal such as cultural difference, power dynamics, access to information, interactional goal of consumers and demands can be paralinguistic (does the hearing person have an accent, deaf person is so distraught the signed message is unclear).
- Control options are skills, decisions, or other resources that can be brought to bear in response to demands such as preparation (coming to a workshop like this), peer support, and behavioral interventions (asking the bailiff to walk you to your car after a restraining order hearing). Even just acknowledging the demand is a control option.
- There is a wide range of interpreter characteristics, abilities, judgments, and actions that contribute to effective work. Dean and Pollard are clear that term does *not* refer to "taking control," "having control," or "being in control" over demands. You can see how that reinforces our perspective of survivor-centered work.
- Let's apply the CPC and DCS to a few scenarios.

## Activity: Discussion

0:15

Room Facilitator:

- Consider this scenario: You are asked to interpret for a police interview. You do not know the name of the Deaf consumer. Upon arrival, you discover that you previously interpreted for this consumer in middle school for several years. He is now being accused of rape and the police are gathering evidence. How might this relationship affect your interpretation? What would the CPC guide us to do? What demands and controls are present?
  - Check your stuff at the door
  - Identifying potential traps for blurred boundaries and ethics
  - Know where your boundaries are and be able to communicate them clearly
- You are interpreting at the courthouse for restraining order hearing. Upon arrival you find that you are the only interpreter for BOTH the survivor and the perpetrator. The judge says they are trying to cut costs and can't afford two interpreters. What are your options? How would the DCS be a helpful tool in this scenario?
  - Put it on the record – this situation requires two interpreters (judges may comply as they don't want their decision overturned in appeal). What are other arguments we can use to "convince" hearing professionals to support the best interpretation possible? (ie getting the best interpretation for the prosecutor means a more credible witness which results in effective prosecution)
  - The parties each have attorneys, they also each need an interpreter (you wouldn't share attorneys, clear conflict of interest...)
- You are called to interpret for first responders at a 911 domestic violence call. Both the survivor and abuser are Deaf. When you arrive, you discover that there are three young hearing children present, who witnessed their father beating their mother. What impact does this have on your interpretation? What self-care options are present from a DCS perspective? What are the mandatory reporting considerations?
  - Spend a few moments to prep the officers, identify a cue to rephrase the question so the interpretation can't be called leading (ie did he use a weapon – interpreter signs did he use a gun or a knife).

- Certain professionals are required by law to report to DCFS (Department of Children and Family Services) if they have reason to believe that a child is in danger. DV/SV Advocates are not usually mandated reporters. Advocates generally believe that any violence in the home is abusive to children – it is not possible or survivor-centered to report on all survivors. While DCFS can be helpful in many cases, there are also many where they are ineffective: Punish survivors (“failure to protect”), Strikes against Deaf mothers, System involvement often results in punishment by abuser.
- In professionally complex and emotional situations like these we have been discussing, rescuing often becomes an issue.

### **Mini-Lecture: Rescuing**

**0:05**

Room Facilitator:

- Rescuing is a significant boundary violation for interpreters. We start thinking we can change someone else’s life. How does that mirror the power and control abusers exert over survivors. We do experience a sense of power.
- Reframe Learned helplessness (\*\*not sure I want to go here, I want to read the room and make a call on this...)
- We do it because we think it will work, because survivors ask us to. We rescue because often it is a concrete, easy solution to a complex and uncomfortable problem.
- We rescue because we see the flaws in the system, we become impatient with it.
- You might be rescuing when you start some of these behaviors:
  - Spend a lot of time thinking about the survivor
  - Emotional, angry about her decisions
  - Consider loaning money, taking her home
  - Work on her case during my time off
  - Making excuses for her
  - Think I know what is best for her
- Rescuing will connect again in our last segment of the day, vicarious trauma.
- But for now, let’s take a few moments to pair up and further our self-assessment discussion. As the CPC clearly dictates, we must assess if we are prepared to interpret in this setting. This will help minimize the affects of our position of power, it will help us make better professional decisions, it will support us in avoiding rescuing behaviors. How will we know if we are ready?

**Activity: Dyad Discussion/Resource Cards**

**0:05**

**Activity Instructions for Room Facilitator:**

Ask participants to pair up and discuss the following questions:

- How will I know if I am ready to work in DV/SV settings?
- What skills are important to possess?
- Identify two areas where you can further develop your skills.

**Note for Table Facilitators: Check in with participants at your table and respond to any questions.**

Room Facilitator:

- Use the information you discussed in your dyad in your personal resource card.

**Activity: Personal Resource cards**

**0:03**

Room Facilitator:

- Take a few moments to fill out your decision making resource card.
- A sample is shown here, think back to the some of the key points that you would like to highlight for yourself as you are going out to an assignment.
  - General Resources
    - Take a DC-S workshop
  - I will debrief cases once a month with:
    - Janet Doe 313.555.1212
  - Local legally certified interpreters
    - Bill Smith 818.444.5656
  - Mandatory Reporting resources:
    - [www.michigan.gov](http://www.michigan.gov)



## Section 10 – Safety Planning for Interpreters

### Mini-Lecture: Introduction to Safety Planning

0:15

Room Facilitator:

- Over the next hour, we are going to talk about the safety planning process for survivors; we will identify ways to improve your own safety as an interpreter before, during and after an assignment; and develop resources to support ongoing personal and community safety.
- We are going to consider this topic from the perspective of survivors and then interpreters. Interpreting in contexts involving domestic and/or sexual violence poses risks to your physical and emotional safety. If the survivor is working with an advocate, she will have the opportunity to create a safety plan for herself tailored to her unique circumstances. However, it is also critical that as interpreter you have a plan to enhance your own safety in these contexts.
- Working Definition: Safety planning in this context is a process of being aware of possible additional risks posed by situations involving domestic or sexual violence, to the survivor as well as to the interpreter, and planning to avert injury, danger or loss.
- Survivor-Centered safety - understanding the process of safety planning that an advocate will go through with a survivor is helpful for us as interpreters to relinquish the need to rescue, fix things for her. Rest assured that professionals can support her in this process. If there are no advocates involved, refer her to someone in your resource portfolio (CPC 2.1 judiciously share resources). The survivor is the expert in her process of safety planning - self determination is the best pathway to safety. Safety planning is an ongoing process for the survivor. Some examples of what is in a survivor's safety plan: creating a code for a neighbor to know to call 911, varying routes home from work, or identifying a friend to store important documents.
- The interpreter plays a key role in the safety plan of a survivor. Consider this example - the interpreter is working in the hall of the courthouse with the attorney and the survivor. The attorney is repeating her temporary address at the safe home, which the interpreter conveys to the survivor. But the interpreter is facing the direction of the abuser down the hall, who is watching the conversation. The attorney and survivor have their backs to the abuser and can't see him watching.
- For both survivors and yourselves as interpreters – a safety plan is only effective when it is applied intentionally.
- What are the implications of safety planning for interpreters?

- Safety planning requires flexibility. As for survivors, it is an on-going process, re-evaluating your safety plan regularly is important.
- Boundaries vs. limits - Remember your role (i.e. I *can* take this woman home with me because she has no place to go, but is that action within my professional and personal boundaries?)
- We suggest thinking of safety planning for yourself in three phases:
- Planning prior to the assignment:
  - Gather information (know communication access laws, have materials to share with professionals, know local domestic/sexual violence resources)
  - Strategize with advocates
  - Be aware of the communication environment
  - Should I accept this assignment?
  - Prepare for safe arrival/departure
  - Ask about site security
  - Communicate with a safety partner (someone you can inform where you are going and when to expect you back).
  - Be prepared – cell phone, gas, cash
  - Practice personal safety skills
- At the assignment
  - Remove credentials
  - Make sure car doors are locked
  - Be cautious about sharing personal information
  - Be mindful about interpreting menacing gestures, tone and incorporation of affect to fully inform professionals involved as to levels of risk on the scene
  - Ask for support from DV/SV professionals
  - Think about the precedent you are setting. The decisions you make this time affect the next interpreter who works with this survivor or hearing professional.
  - Demand-Control Schema – what is within your control and what isn't?
  - Think about perceived alignment with either the survivor or abuser. If the perpetrator sees you interacting directly with the survivor, could that put you in an unsafe position?
  - Position for privacy (who can see interpreter?)
  - Position for safety (do I have access to exit?)

- After the assignment
  - Remember everyday safety skills, what are common sense safety tips you already know?
  - Ask for a security escort to your car.
  - Do not leave with any of the parties.
  - Have your keys in hand.
  - Check your surroundings.
  - Inform your safety partner when you arrive home.
  - Debrief with another professional.

**Activity: Discussion**

**0:10**

Room Facilitator:

- Let's apply this information by looking at interpreter safety from two perspectives.
- What are safety considerations when you are interpreting for the survivor? (Possible responses: stay vigilant about not acting in violation of her safety plan, aware of sight lines for communication)
- What are safety considerations when you are interpreting for the perpetrator? (Possible responses: aggression toward interpreter, coercing interpreter into certain actions or inaction by taking advantage of a prior relationship, hearing consumer inadvertently revealing interpreter's private information to the perpetrator)

**Activity: Discussion**

**0:15**

**Goal:** To practice applying safety planning techniques to interpreting scenarios

**Activity Instructions for Table Facilitators:**  
 Refer to Handout #2. At your table, ask participants to review the scenario that corresponds to their table number. Each group is given a different scenario to elicit the maximum amount of new information and to minimize repetition. Have the group choose a representative who will report back to the large group with a one or two sentence summary of the scenario and some of the key points they discussed. Guide them in a discussion that responds to the following question: What are some additions you all came up with for each phase of safety planning?

**Possible tips to come out of this discussion:**

- Avoid the perpetrator – arrive early and leave late.
- Verbalize aggressive gestures, vocalize private potentially threatening conversations if a hearing person is within earshot.
- Use common sense, be extra mindful when interpreting in these contexts.

**Activity: Report Back**

**0:10**

Room Facilitator:

- Table 6, can you please briefly share your scenario and a safety planning technique that you identified? (Ask one or two more tables to report.)

**Activity: Personal Resource cards**

**0:05**

Room Facilitator:

- Take a few moments to fill out your personal safety plan resource card.
- A sample is shown here, think back to the some of the key points that you would like to highlight for yourself as you are going out to an assignment.
  - **Before:** I will discuss with my agency detailed information about an assignment which might include a perpetrator to prepare my safety plan ahead of time.
  - **During:** I am practicing clearly interpreting any menacing gestures at the assignment. I make note of possible options in interpreting decisions to discuss with my debriefing partner.
  - **After:** I debrief each month with an appropriate colleague about general challenges in the interpreting process
- As we go into our last break for the weekend, consider who in your interpreting community is an appropriate person to debrief or staff difficult assignments with? What qualities are important in that person?

**Break until 3:30**

**0:15**

**Activity Instructions for Room Facilitator:**

Encourage participants to consider the following question during their break:  
Who in your interpreting community is an appropriate person to debrief or staff difficult assignments with? What qualities are important in that person?

## Section 11 – Self-Care

### **Mini-Lecture: Introduction to Self-Care**

**0:10**

Room Facilitator:

- Welcome back to our last session of the weekend. Would someone like to share a valuable quality they identified in an appropriate debriefing partner?
- This person can also become a valuable partner in your process of self-care and minimizing your risk to vicarious trauma. For the next hour, we will be discussing the definition of vicarious/secondary trauma, and identifying strategies to process feelings and reactions to affect-laden information as well as strategies that promote health and self-care.
- Vicarious or Secondary Trauma is defined as pervasive, cumulative change in the helper's inner experience resulting from empathetic engagement with traumatic material. We can also experience burnout – physical, emotional, mental exhaustion caused by long-term involvement in emotionally demanding situations.
- There is a cumulative effect of regular and ongoing contact to traumatic material.
- Our presence and experiences affect what we bring into the room and how the dynamics play out. Some other factors that contribute to our experience of vicarious trauma include:
  - Intensity of contact
  - Degree of "need to help"
  - Limited opportunities to debrief
  - Lack of resources to cope in a healthy way
  - Personal history
  - Contentment with your work and workplace
  - Life circumstances (health, stress, relationships)
  - Professional preparation, self-esteem
- There is a physical manifestation of vicarious trauma. Continued disruption of chemical and hormonal levels result in tissue damage. Exhaustion. Frequent colds. Weight loss or gain. Inability to concentrate. Organ Failure.
- There are emotional symptoms of trauma. Inability to cope with stress. Anger, bitterness, resentment. Feelings of powerlessness. Overconfidence or risk taking behaviors. Apathy. Distancing. Changes in identity. Poor judgment. Decreased sense of safety. Cynicism about previously valued things. Feelings of failure.
- The behavioral impact is significant as well. Withdrawal. Loss of enthusiasm for your work. Increased drug/ alcohol use. Lacking a sense of purpose. Becoming accident prone. Workaholism.

- Interpreters are in unique roles where we “hold” information about individuals across situations and time – often without knowing the outcome of the situation in which we interpret.
- We are bound by confidentiality and therefore can often experience a sense of helplessness and loss of control.
- Interpreters are at a unique risk due to the use of first person language – “I was raped today...” We are physically taking on the role of the survivor.
- Remember our discussion yesterday about how trauma affects the brain – it is affecting our brain, our body. How do we approach our work: like Velcro, Teflon or a filing cabinet? Think about that analogy as you complete the vicarious trauma self-assessment in your workbook.

**Activity: Self Assessment**

**0:05**

**Goal:** To build on the practice of self-assessment and apply that in the context of self-care

**Activity Instructions for Table Facilitator:**

Ask participants to read Handout #3, marking the statements that apply to them. Count the number of checked boxes and read the corresponding information at the bottom of the page.

**Activity: Report Back**

**0:05**

Room Facilitator:

- Who would like to share what they noticed about their self-care habits?  
Did a pattern emerge?

**Activity: Trauma scenario**

**0:10**

**Goal:** To apply self-care techniques to a specific interpreting scenario

**Activity Instructions for Table Facilitator:**

Ask participants to consider the following scenario: You are called out to a hospital to interpret, you do not know the details until you arrive. At that time, you discover you will be interpreting for a rape survivor during her medical exam and police report. This triggers some past trauma of your own and you begin to have anxiety. Have participants discuss the following question - What are your self-care options?

**Key Points to Highlight:**

- Refer them back to the CPC and DCS – is there any assistance there for self-care?

**Activity: Report Back****0:05**

Room Facilitator:

- Table 7, what are some strategies you identified for self-care in this scenario? (Ask for one or two more comments.)
- Let's give you some additional examples of self-care options.

**Mini-Lecture: Self-Care Tips****0:15**

Room Facilitator:

- As interpreters we have an ethical imperative to monitor our exposure to vicarious trauma. Successful trauma work requires attention to the needs and experience of the professional.
- Here are some suggestions for developing personal resiliency
  - Diminish intensity in your life, limit exposure to outside traumatic material
  - Stop over-nurturing, develop detached concern for clients
  - Set boundaries between home/work (clothing, rituals)
  - Change your circumstances
  - Keep your sense of humor
  - Review priorities
  - Nurture a sense of joy, beauty, love and connection
  - Seek out experiences/people which instill comfort, hope
  - Exercise more, sleep more, eat better
  - Meditative activities - prayer, yoga, music, tai chi, gardening, walking, running, meditation
  - Enjoy nature as a healing force
  - Develop hobbies, creative interests
  - Challenge negative assumptions
  - Schedule your freak out
  - Process with colleagues
  - Identify what makes you feel safe (think survivor's shoes...)
  - Create meaning
  - Recognize that in our work we see only a slice of life, not the whole story. Since we often choose the ending anyway, assuming the worst, choose a positive ending to the story. Reframe your thinking about the survivor as incapable, doomed and see her as strong, value her personal journey.

**Activity: Discussion****0:05**

Room Facilitator:

- Which of these self-care techniques (and others) might be useful in an assignment where you know both the perpetrator and the survivor involved in the communication?
- What vicarious trauma issues might be present when you are interpreting for a child during a sexual assault exam? How can you minimize your exposure?

**Activity: Personal Resource cards****0:05**

Room Facilitator:

- Take a few moments to fill out your self-care resource card.
- Create a specific and executable plan that you commit to. We would like you to commit to implementing two specific actions discussed in this workshop.
- A sample is shown here, think back to the some of the key points that you would like to highlight for yourself as you are going out to an assignment.  
Two habits I intend to implement for self-care are:
  - I commit to reducing traumatic TV material
  - I check in with \_\_\_\_\_ (name of an appropriate colleague to staff cases) once a month about challenging interpreting scenarios
- Make any necessary additions to your task card.

**Activity: Closing Discussion /Evaluation****0:30**

Room Facilitator:

- As we close, we want to thank you for your hard work over the past two days, for your dedication to doing your best work, and for your support of Deaf survivors.
- We want you to create a reminder of your experience this weekend. Use the markers, craft supplies and the small boxes at your table to create this reminder – write a word, thought, memory that came out of this training on your box. Be creative!
- Please fill out the evaluations. We rely on your feedback to make important adjustments to how we deliver this information.



# Appendix

Handout #1 Language & Ethics Scenarios  
Personal Writing (Language Module)  
Personal Writing (Decision-Making Module)  
Handout #2 Safety Scenarios  
Handout #3 Vicarious Trauma Self-Assessment

## Handout #1 – Language Scenarios

What “specialized” terms might come up in this setting?

What are the sign alternatives for these terms?

How might this scenario impact language choice?

1. You have been called to interpret for a Deaf woman at a hospital for a rape examination. The hospital staff is not comfortable using a sign language interpreter. The survivor is in extreme distress, crying and vocalizing very loudly.
2. You have been hired to interpret for a Deaf survivor at the police station for an interview with the detective. The survivor has recently moved to the United States and is concerned about immigration issues.
3. You are interpreting for a Deaf survivor during the initial intake meeting with an attorney at the legal clinic. An advocate from the local Deaf domestic violence agency is also present at the meeting. The Deaf survivor seems to have some developmental or linguistic delay.
4. You are interpreting for a Deaf survivor who is entering a domestic violence shelter with her three hearing children. This is the intake appointment where the shelter gathers extensive information about the survivor’s experience and describes the rules and environment of the shelter.
5. You have been hired to interpret for a Deaf woman during a general physical exam with her primary care physician. The survivor is semi-lingual and may benefit from a Certified Deaf Interpreter, however one is not available. During the exam, the doctor notices some bruising hidden by her clothing that would indicate domestic violence. The doctor begins to ask questions about violence in her relationship.
6. You are interpreting for a Deaf man at the Social Security Administration office. He is there to discuss his benefits. During the appointment, he alludes to the fact that his wife has been taking his social security checks. The client is late-deafened and has limited ASL fluency.
7. You have been hired to interpret for a Deaf teenage girl during her IEP (Individualized Education Program) meeting. The meeting has not yet begun, however you are in the room with the Deaf client and a hearing/non-signing school counselor. The Deaf girl discloses to the counselor that she has been raped by her boyfriend, and this has been affecting her school performance, but she is afraid to tell her parents.

8. You are interpreting for church services with a Deaf woman in a hearing congregation. During a break in services, one of the hearing members of the congregation pulls the Deaf woman aside to express concern about the angry behavior her husband exhibited at the last church social. The Deaf woman is reluctant to discuss the issue but the hearing person persists.
9. You have been hired to interpret for a meeting at the local Social Security office. The client is a Deaf woman in her seventies. She has brought along her adult hearing son to help. During the meeting, the son expresses his concern for his mother's safety because of possible abuse by her Deaf roommate. The social worker talks about the need to contact Adult Protective Services.
10. You have been hired to interpret for a Deaf survivor during a meeting with her social worker at the Child Protective Services office. The social worker has told the survivor that she is required to leave her abusive partner if she wants to keep her two children. The survivor can't afford to move and doesn't know where she will go.
11. You have been hired to interpret for a Deaf woman for a disciplinary meeting with her supervisor at work. The supervisor is concerned that the Deaf employee's partner constantly calls and shows up at the office, disrupting her work and company operations.
12. The local law enforcement agency contacts you to interpret for a police interview for a Deaf teen who identifies as gay and is reporting violence by his partner. As the interview progresses, it is clear that the officer interviewing the Deaf teen does not believe his story and shows contempt for gay people.

Language Module - Personal Writing:

- Is there language that triggers me as the interpreter?
- How does my experience & identity impact my interpretation choices? (as a survivor, or...)
- Do I avoid certain terms/concepts?
- Can I identify situations in which I judge or choose victim-blaming terms?

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Decision-Making Module: Personal Writing

Describe personal experiences or beliefs that may impact your professional decision making while interpreting in this setting:

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## Handout #2 – Safety Scenarios

Discuss the scenario that corresponds with your table number. What are safety plan techniques that can be applied to this scenario at each phase (before, during and after an assignment)? Scenarios are intentionally lacking in detail – feel free to discuss a variety of possibilities.

1. You are interpreting in hospital in the ER for a deaf woman presenting with bruises and a broken arm. The nurse and doctor leave the room. You see the abuser (who has accompanied the survivor to ER) warning the victim not to say anything.
2. You are interpreting at courthouse for charges on the abuser. When walking out after the hearing, the abuser walks by you in the hall and signs 'I'm going to kill you.'
3. You are interpreting for a 911 call for DV in the home. You notice the abuser glaring at you.
4. You are interpreting at police station for reporting a restraining order violation. Upon leaving, you notice the abuser sitting in his car outside the police station.
5. You attend a community event and discover upon arrival that a Deaf man is present for whom you interpreted a restraining order hearing. He begins to walk up to you.
6. You are an interpreter in a Video Relay Call Center. While interpreting on the call you see someone slap their partner on the screen. They then turn to you and say, if you tell anyone, you'll be sorry.
7. You are interpreting for a couple at a therapy session. The husband starts to become extremely agitated and aggressive.

## **Secondary Trauma Questionnaire**

Put a check mark by the statements that apply to you

- I think about work (whether I want to or not) when I am at home or away from work.
- Pictures of things I have seen or heard in my work flash in my mind.
- I feel like I am "on call" (e.g., checking my cell phone) during my free time.
- I often dream about my work (related to a specific situation or in general).
- I have trouble falling asleep because I can't stop thinking about work.
- I feel I sleep too much (or feel like I need more sleep than normal).
- I have experienced a decrease in my appetite.
- I find myself eating more, whether or not I am hungry.
- When I arrive at work (or even in the parking lot), I experience: a racing heart, a tight stomach, nausea, headaches, perspiration, muscle tension, or other physical changes.
- I avoid people, activities, or places that frequently/strongly remind me of my work.
- At work, I find myself spending significant time on menial, less significant and/or easily completed tasks, at the expense of key/necessary tasks essential to my work.
- I feel as though I am going-through-the-motions at work.
- I feel that my work, while producing immediate changes, has no lasting impact.
- I feel a decreased ability to empathize or understand the perspective of my clients.
- I have experienced a steady and continuous decrease in my ability to concentrate.
- I have become increasingly irritable or moody since starting my current position.

- I feel increasingly jumpy or on edge since starting my current position.
- I find myself spending significant time checking and re-checking my work.
- I experience uneasy, anxious feelings or a sense of dread in response to previously common events (such as when the phone rings).



If you answered "yes" to five or fewer questions, it is likely that you have developed healthy skills to cope with the daily stressors inherent in your work. If you answered "yes" to 6 - 10 questions, don't be alarmed. Approximately 80% of all frontline workers have difficulty with these symptoms at one time or another. If you answered "Yes" to more than 11 of these questions and feel that your symptoms are persistent and interfering with your ability to do your work or enjoy your life, consider getting professional help with stressors in your work.