Working with interpreters by phone in a domestic and family violence (DFV) setting

A resource for healthcare professionals

This resource is for healthcare professionals. It is aimed at providing best practice information particularly when working with victim-survivors of family violence who are from refugee and migrant backgrounds.

The COVID-19 pandemic and the subsequent restrictions around social distancing, has required a major shift from in-person to tele-health service delivery across a range of sectors. For many hospitals and other service providers working with women and families from migrant or refugee backgrounds, this is a new and potentially unfamiliar setting. Building trust and understanding by phone, and working with interpreters takes skill and practice.

This resource shares some key insights on getting the most out of engaging and working with interpreters by phone and ensuring effective engagement with clients is maintained.

When working with clients experiencing DFV, we have a duty of care to keep individuals safe. In Queensland, the legislative Domestic and Family Violence Protection Act 2012 asserts that domestic and family violence are violation of human rights and not acceptable in Queensland communities. The Act therefore aims to provide safety and protection for the victims in relevant relationships.

### Prior to the phone consultation

- Confirm language and dialect with the client prior to booking an interpreter. Remember that the country of birth is not a reliable indicator of the language spoken.
- Depending on the situation, access a hands-free telephone, a dual handset or phone with a loudspeaker facility. Via the interpreter explain to the client how the process will work.
- Brief the interpreter. Make sure they understand and are comfortable with the nature of the work.
- Check whether the client would like to remain anonymous when speaking with the interpreter by using a different name.
- Think about context and environment. It can be tempting to work to the availability of the interpreter but it is critical that the client has a safe and quiet space to talk freely, with a good phone connection.
- Allow more time. Working with an interpreter can take longer, especially by phone.
- Be sensitive about gender. Victim-survivors often feel more comfortable with female interpreters when discussing family violence. If possible ask the client if they would prefer a female interpreter.
- Remind the interpreter and client to ask for clarification if they do not understand something.

**Pro-Tip: How to brief the interpreter**

Even though an interpreter speaks the language it does not necessarily mean they are trained to know how to discuss sensitive matters appropriately. Remember that there may not be a perfect ‘textbook’ translation for technical terms such as risk assessment or intervention order. It is best to use simple, clear language, rather than putting the interpreter in a position where they have to guess how to explain something.

For example, instead of economic abuse, you could say, “Do they stop you from having your own money?”

Instead of surveillance, you could say, “Do they check your phone all the time and tell you who you can spend time with?”
At the beginning of the phone consultation

- Introduce yourself, the interpreter and the client (unless the client wishes to remain anonymous in which case use a pre-agreed name).
- Discuss the role of the interpreter clearly. Don’t assume a client knows what interpreters do. Explain that interpreters are not there to provide thoughts, opinions or explanations, but instead interpret what is being said and nothing more.
- Explain that interpreters are bound by confidentiality through the Queensland Government Code of Ethics and AUSIT Code of Ethics to keep all information confidential.

On occasion within some smaller communities, the interpreter and client may be known to one another and the client may feel uncomfortable disclosing private matters. If you believe this may be influencing the discussion, ask the client directly if they know the interpreter and confirm if they are still happy to proceed. If not, a new appointment should be made with a different interpreter or potentially an interpreter from a different state or territory.

Pro Tip: Building trust with your client

Not all clients from migrant and refugee backgrounds are happy or confident to speak with healthcare staff. Some clients may have a significant fear of authority figures or organisations from their prior experiences. Others may doubt the confidentiality of interpreting services. Explain that if the interpreter does not adhere to the Code that they can make a formal complaint.

During the phone consultation

- Allow sufficient time.
- Speak clearly. Avoid using acronyms or jargon. For example, instead of using the term physical violence, discuss specific acts such as hitting, punching, choking.
- Listen out for signs of interpreter discomfort. If an interpreter seems to be doing minimal interpretation they may feel uncomfortable with the subject matter. Use direct language that doesn’t leave room for euphemism or guesswork. If you are still concerned that the interpreter’s discomfort or conduct may be influencing the discussion, you can check with them, discontinue the call and schedule another appointment.

Pro Tip: Engage with your client

Talk directly to the client. Ensure that the client is doing the same, addressing you directly not the interpreter. Using the client’s name often may help.

Have a conversation. Despite using short sentences and pausing for interpretation, use an engaging, conversational style rather than a question / answer approach.

Available resources:

Department of Local Government, Racing and Multicultural Affairs—Queensland Language Services Policy

Metro South Health (Health Equity Access Unit)

Queensland Council of Social Service (QCOSS) - A guide for engaging and working with interpreters in cases of domestic and family violence, and sexual assault.

This fact sheet has been developed by inTouch Multicultural Centre Against Family Violence (inTouch). Metro South Health gratefully acknowledges inTouch for providing permission to amend this for Metro South Health staff.