

Vicarious Trauma Among Sign Language Interpreters: A Pilot Study

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### Abstract

We report a pilot study querying American Sign Language interpreters on the topic of vicarious trauma, which refers to the effects one experiences as a result of exposure to individuals who may have experienced or are presently experiencing trauma. Sixty-seven sign language interpreters were surveyed to determine the extent to which they have experienced vicarious trauma. Participants provided responses to questions concerning their gender, age, hearing status, professional certification credentials held, type of employment (freelance or staff position), average hours worked in various settings per week, etc. Participants were also asked questions concerning vicarious trauma using questions modeled closely after Bride's Secondary Traumatic Stress Scale (Bride, Robinson, Yegidis & Figley, 2004). Participants were also surveyed on strategies used to cope with and address the effects of vicarious trauma. Data were analyzed in order to determine any relationships between participants' level of vicarious trauma and the settings in which they most frequently work, and separately, participants' level of vicarious trauma and their experience based on credentialing. Coping strategies were also analyzed in order to determine the most commonly practiced technique. Post-analysis findings showed a relationship between setting and the degree to which one experiences vicarious trauma, with greater trauma experienced by interpreters working in the healthcare setting. However, no relationship was found between years of experience and the degree to which one experiences vicarious trauma.

*Keywords:* American Sign Language, ASL, interpreting, vicarious trauma, secondary trauma

### Vicarious Trauma Among Sign Language Interpreters: A Pilot Study

American Sign Language (ASL) interpreters are frequently placed in emotionally distressing situations and often work with clients who have experienced high levels of trauma themselves. These encounters can have a lasting impact on interpreters. The culmination of effects felt after such interactions can be referred to as “vicarious trauma.” This term was coined in 1990 by McCann and Pearlman in an article appearing in the *Journal of Traumatic Stress*, where it was used solely in reference to therapists. McCann and Pearlman (1990) described how as a result of working with victims of trauma, therapists can experience ongoing symptoms similar to those of their clients. Likewise, the American Counseling Association (ACA, 2011) defines vicarious trauma as “the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.” While these definitions refer specifically to the counseling professional, in recent years the focus of vicarious trauma research has grown to include members of various professions including nurses, social workers, crisis counselors, humanitarian workers, the clergy, and interpreters (Bontempo & Malcolm, 2012).

Figley (1999) stated that individuals experiencing vicarious trauma can exhibit symptoms similar to those that are exhibited by individuals suffering from posttraumatic stress disorder. Furthermore, the ACA (2011) provides a listing of more detailed symptoms, including: worrying about work-related aptitude, hopelessness, reduced satisfaction, intrusive thoughts relating to clients, and enjoying things less than they used to. The ACA notes that, as a result of these symptoms, professionals’ behavior and performance may be impacted as they could experience exhaustion, irritability, increased errors, low motivation, and frequent job changes.

Given that the addition of the interpreting profession to this body of research has been so recent, exploration into this specific field is limited. Dean and Pollard's (2001) description of interpreting illustrates some of the occupational stresses experienced by interpreters and attests to interpreters' vulnerability to stress-related illness, therefore showcasing the need for a deeper investigation into the field with respect to vicarious trauma:

Sign language interpreting is a high demand occupation, one where the demands are numerous, dynamic, and interactive and arise from complex linguistic, environmental, interpersonal, and intrapersonal factors. Interpreting is also a profession that appears to present severe restrictions in decision latitude, especially in terms of responding to demands other than linguistic ones. This combination of high demand and low decision latitude puts interpreters at high risk for stress-related illness, injury ... and burnout, according to demand-control theory and related occupational stress research. (p. 12)

Harvey (2001) explained several ways in which sign language interpreters may experience vicarious trauma, one of which is bearing witness to ordinary acts of oppression. It is generally accepted that one witnessing or undergoing situations characteristic of trauma, such as abuse, murder, or natural disasters, will later experience stress to some degree as a result of this encounter. However, Harvey claimed that witnessing inappropriate, subtle acts of oppression and discrimination towards members of the Deaf Community could be considered equally as traumatic and may result in emotional distress (2001). Harvey's article detailed an interview with an interpreter and illustrated her experiences with vicarious trauma. She discussed how the cumulative effects of stress and secondary trauma she experienced from witnessing the oppression of Deaf individuals ultimately caused her to suffer from emotional breakdowns. This article serves as a great example of what can happen should interpreters find themselves

vulnerable to the effects of vicarious trauma and without successful coping strategies. It is situations such as this that warrant the need for a deeper investigation into the presence of vicarious trauma among sign language interpreters.

Bontempo and Malcolm (2012) approached vicarious trauma from a different angle, focusing on the environmental and interpersonal factors in relation to the interpreter in a healthcare setting. While it is true that environmental and interpersonal factors impact all interpreting assignments, it is doubly true for those in the healthcare context as many consumers are patients who may be facing a medically challenging time in their life and are likely to be experiencing high levels of physical or emotional stress. All of these factors can put added stress on the interpreter, which can potentially result in vicarious traumatization. This article is a great resource in depicting how different stressors may affect interpreters in the healthcare setting, and it emphasizes the need for preventative action against vicarious trauma. While research has offered compelling evidence for the presence of vicarious trauma within the field of sign language interpreting, and has recognized that interpreters are at an increased risk for vicarious trauma, current literature has yet to examine the questions posed in the pilot study described here.

### **Questions for Analysis**

This article addresses the following questions:

*1. To what extent does the degree to which one experiences vicarious trauma depend on setting (i.e., medical, mental health)?* It is widely known that vicarious trauma is experienced among social workers, therapists, and other professions where one's clients/consumers might experience or express trauma themselves. Likewise, it is known that American Sign Language interpreters

working in these related fields may also experience vicarious trauma. We hypothesized that interpreters working in medical and mental health settings will have more exposure to traumatic information and therefore will be more likely to experience vicarious trauma than those interpreting in other settings.

*2. To what extent do years of experience relate to the presence of vicarious trauma in ASL interpreters?* We hypothesized that both very experienced and novice interpreters would experience less vicarious trauma than mid-career interpreters. We predicted that seasoned interpreters have the coping mechanisms required to deal with such trauma and novice interpreters have yet to be exposed to such jobs frequently enough for it to affect them. Mid-career interpreters however have the potential of exposure to traumatic jobs but may not yet have the tools to properly deal with the second-hand feelings and emotions related to their work.

*3. What strategies do ASL interpreters use to address, or cope with the effects of vicarious trauma?* We predicted that interpreters cope with the effects of vicarious trauma by confiding in a trusted friend or colleague, or seeking professional help such a therapist, counselor, or psychologist. We also hypothesized that many interpreters chose to avoid dealing with this, and therefore have not yet established a healthy solution for coping with said trauma.

## **Method**

### **Participants**

We surveyed Deaf, non-Deaf, and Hard of Hearing interpreters who subscribed to the Regional Interpreter Education Center at Northeastern University's (NURIEC) email list. NURIEC's email list contains 555 names of individuals who reside mainly in New England, New York, and New Jersey. Sixty-seven interpreters agreed to participate. The data pool

consisted of male and female interpreters, ages 21-70, residing in 20 different states and the U.S. territory of Puerto Rico. Participants identified as both staff and freelance interpreters working full-time, half-time, or part-time in various settings. Participants in the data pool ranged from interpreters with no credentials to those holding the national level certification for up to 40 years.

### **Development of Survey**

The Secondary Traumatic Stress Scale (STSS) developed in 1999 by Brian E. Bride serves as the cornerstone survey instrument for this study (Bride, Robinson, Yegidis & Figley, 2004). Question 12 in the web-based online survey is broken down in 10 questions which were closely modeled after Bride's STSS. Bride's STSS is comprised of 17 questions designed to indicate the presence of vicarious trauma in those engaged in "a professional helping relationship with a person or persons who have directly experienced traumatic events" (Bride et al., 2004, p. 28). All 17 of these questions were used in developing question 12 of the online survey for this initial study of vicarious trauma. We modified Bride's questions to make them more appropriate for the field of American Sign Language interpreting, rather than that of social workers. The decision to utilize an established set of questioning was deliberate. Bride's STSS has proved to be a reliable source for determining the presence of vicarious trauma in various professional helping relationships. To date, vicarious trauma among sign language interpreters has not been thoroughly examined. Given that research in this area is so limited, it was important to use questions previously determined as successful indicators of secondary, or vicarious trauma.

All demographic data were collected by incorporating an in depth series of demographic and credentialing questions used by the National Consortium of Interpreter Education Centers (NCIEC, 2013) for the Interpreter Practitioner National Needs Assessment of 2012. These questions were used to determine whether participants were employed as staff or freelance

interpreters, average weekly hours spent interpreting in a variety of settings, gender, hearing status, and any professional certification credentials held, to name a few. This information was vital in determining any relationships between participants' responses to questions concerning vicarious trauma, and their individual background information.

All interpreters were provided with a consent form before taking the survey. This was created by using a template from Northeastern University's Institutional Review Board (IRB). This template was specifically designed for online surveys and included an unsigned consent form. The presence of this form allowed the IRB to waive any requirements stating that investigators must obtain signed consent from their participants. This document explained the required eligibility of all participants, and informed them of their rights. In doing so, this document ensured the informed consent of all participants upon their agreeing to participate in the study.

### **Procedure**

In order to recruit participants for our study, we contacted the Regional Interpreter Education Center at Northeastern University (NURIEC). NURIEC is funded by the Interpreter Training Program grant from the U.S. Department of Education Rehabilitation Services Administration. A link to the survey and a request to participate were distributed to all 555 interpreters who subscribe to the NURIEC email list. The online software Qualtrics was used to develop and disseminate the survey electronically (see Appendix for full survey).

### **Analysis of Data**

While Questions 1-11 and 14-22 mostly concentrated on demographic data, questions 12 and 13 were designed to identify the effects of vicarious trauma and various coping strategies used among participants. As such, these questions were the starting point for our analysis. In



order to analyze the data in question 12, which asked about the effects of vicarious trauma, we developed a Likert-like scale system: Question 12 was broken into 10 sub-questions all related to the effects of vicarious trauma. Participants could select one of five response options for each question to represent the frequency with which they experience any effects of vicarious trauma: never, rarely, sometimes, often, all of the time. The point system enabled us to convert answers into a scale of 0 (*never*) to 4 (*all of the time*), and was applied to all participants' responses. For each participant an overall score was determined by summing the total number of points for questions 1 through 10. The total score was taken to be a measurement of each individual's level of vicarious trauma. Participants were then rank ordered according to their overall vicarious trauma score. From this list, we selected the top 10% and bottom 10% for deeper analysis. We created tables for each of the selected participants, logging their demographic information including age, gender, credentials held, and the various settings in which they work.

Participants were also asked to provide the number of hours during an average week that they spend interpreting in a variety of settings. Twenty-five predetermined settings were listed for participants to choose from. They were also provided with nine groupings of hours worked in each setting (*0, 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 31-35, 36-40, and More than 40*) and asked to select one per setting. For the purpose of analysis, we determined the median for each grouping of hours in order to represent an average number of potential hours worked. We then added together each individual participant's average hours per setting according to nine larger categories (see Table 1).

Participant #15, for example, selected 11-15 hours worked in Doctor's Appointments, 1-5 hours worked in Hospitalization/Surgery, 1-5 hours in Emergency Rooms, and 11-15 in Other Medical Settings. These four settings make up the larger umbrella category of *Medical*. To

calculate this participant’s total number of hours in this category, we determined the median for each of the four settings separately. These averages were then added together resulting in 32 average hours in *Medical* (see Table 2).

Table 1

*Settings in Which Sign Language Interpreters Work*

Medical	
Doctor’s Appointments Hospitalization/Surgery	Emergency Rooms Other Medical Settings
Mental Health	
In-Patient Services Out-Patient Services	Self-Help Appointments
Job-Related	
Job Interviews Client Meetings	Staff Meetings Training/Professional Development
K-12	
K-12 Classes	Other K-12 Activities
Post-Secondary	
College/University Classes Other College/University Activities	Vocational/Technical Trainings
Adult Education	
Adult Education Activities	Other Educational Settings
Social Services Appointments	
Legal Settings	
Other	
Family/Personal Matters Consumer Matters Performing Arts/Entertainment	Religious Activities Other

Table 2

*Demographic Information for Participant #15*

Staff or Freelance Credentials	Freelance No Credentials Held
Age	21-30
Gender	Female
Settings	Average (Median) Hours per Week
Medical	32
Mental Health	3
Job-Related	13
K-12	3
Post-Secondary	9
Adult-Education	6
Social Services Appointments	3
Legal Settings	0
Other	3

It is important to note that the hours participants spent working in these settings as a staff interpreter were excluded for reasons detailed in the Limitations and Future Research section of this paper. The numbers shown for each participant only reflect their time spent working in these settings as a freelance interpreter. We then compiled each participant's results into graphs comparing the average number of hours worked per week, against the nine larger umbrella settings. We created one graph to represent the top 10% of participants, and another for the bottom 10% (see Figures 1 and 2).

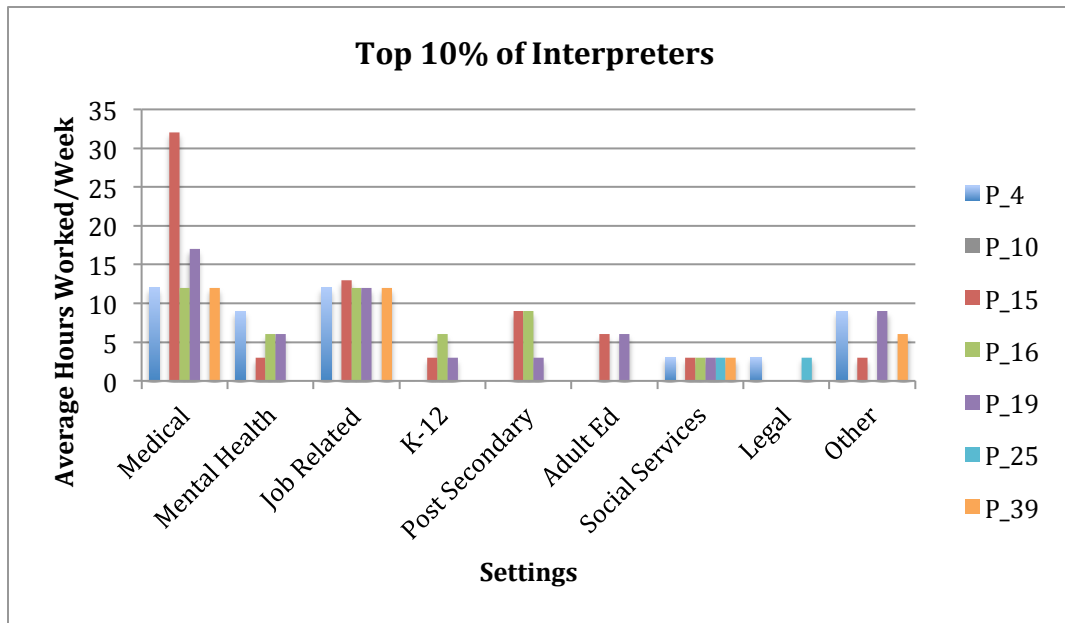


Figure 1. Top 10% of Interpreters. This figure illustrates the average hours worked per week in each of the following settings.

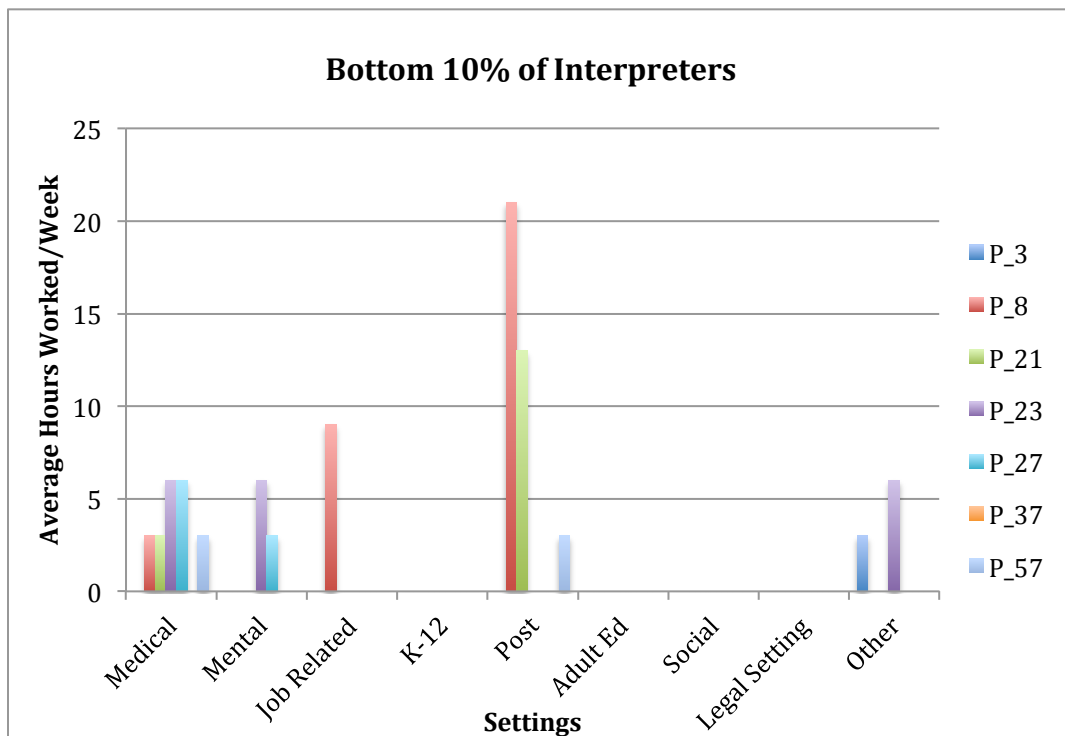


Figure 2. Bottom 10% of Interpreters. This figures illustrates the average hours worked per week in each of the following settings.

Participants were asked to indicate which, if any, professional certification credentials they held from the following options: National Credentials (e.g., National Interpreter Certification, Educational Interpreter Performance Assessment), State/Local Credentials, or No Credentials Held. Again, we analyzed and charted the responses of the top 10% and bottom 10% of participants to show the relationship between one’s experience and one’s level of vicarious trauma (see Figures 3 and 4).

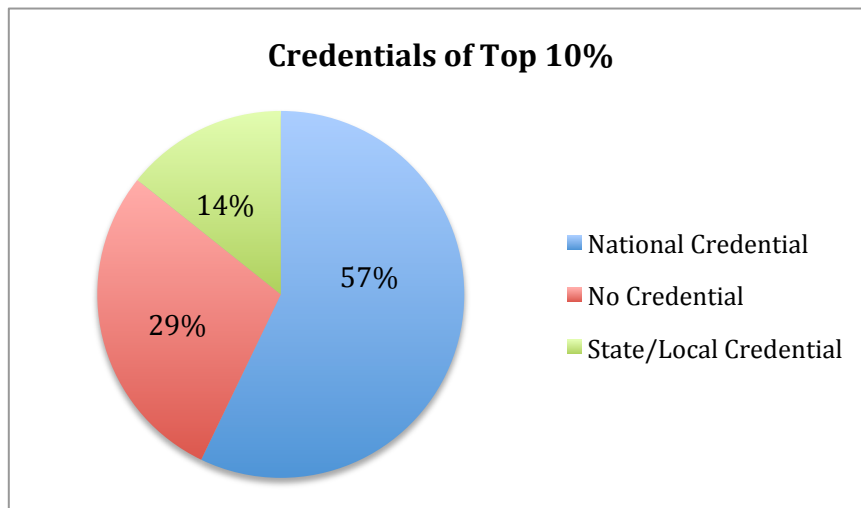


Figure 3. Top 10% of Interpreters. This figure depicts the breakdown of credentials held by sign language interpreters.

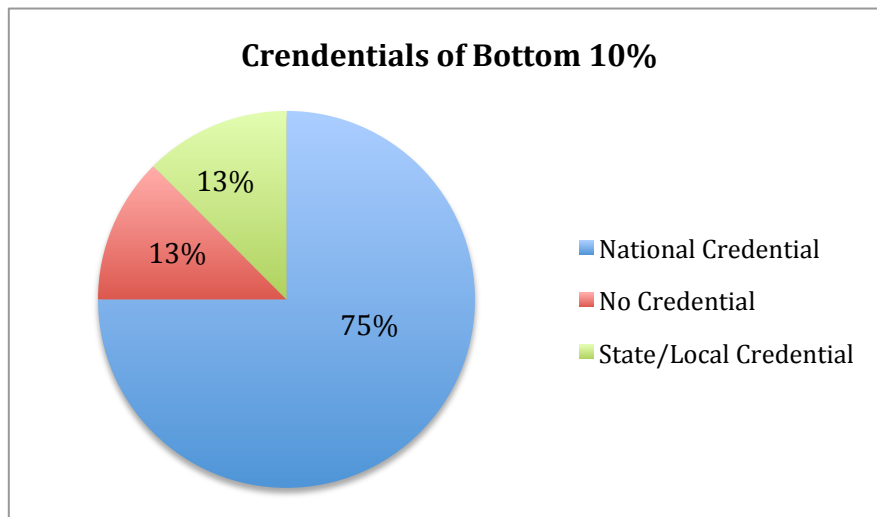


Figure 4. Bottom 10% of Interpreters. This figure depicts the breakdown of credentials held by sign language interpreters.

Question 13 in the online survey asked participants who responded to question 12 with any response other than *Never*, to describe what actions they took after experiencing the feelings described in question 12 by checking all answers that applied from a list of 10 response options. To analyze the data, we created a graph showing the number of participant responses for each of the 10 answers (see Figure 5). For participants that selected *Other*, we compiled their written responses into a table (see Table 3).

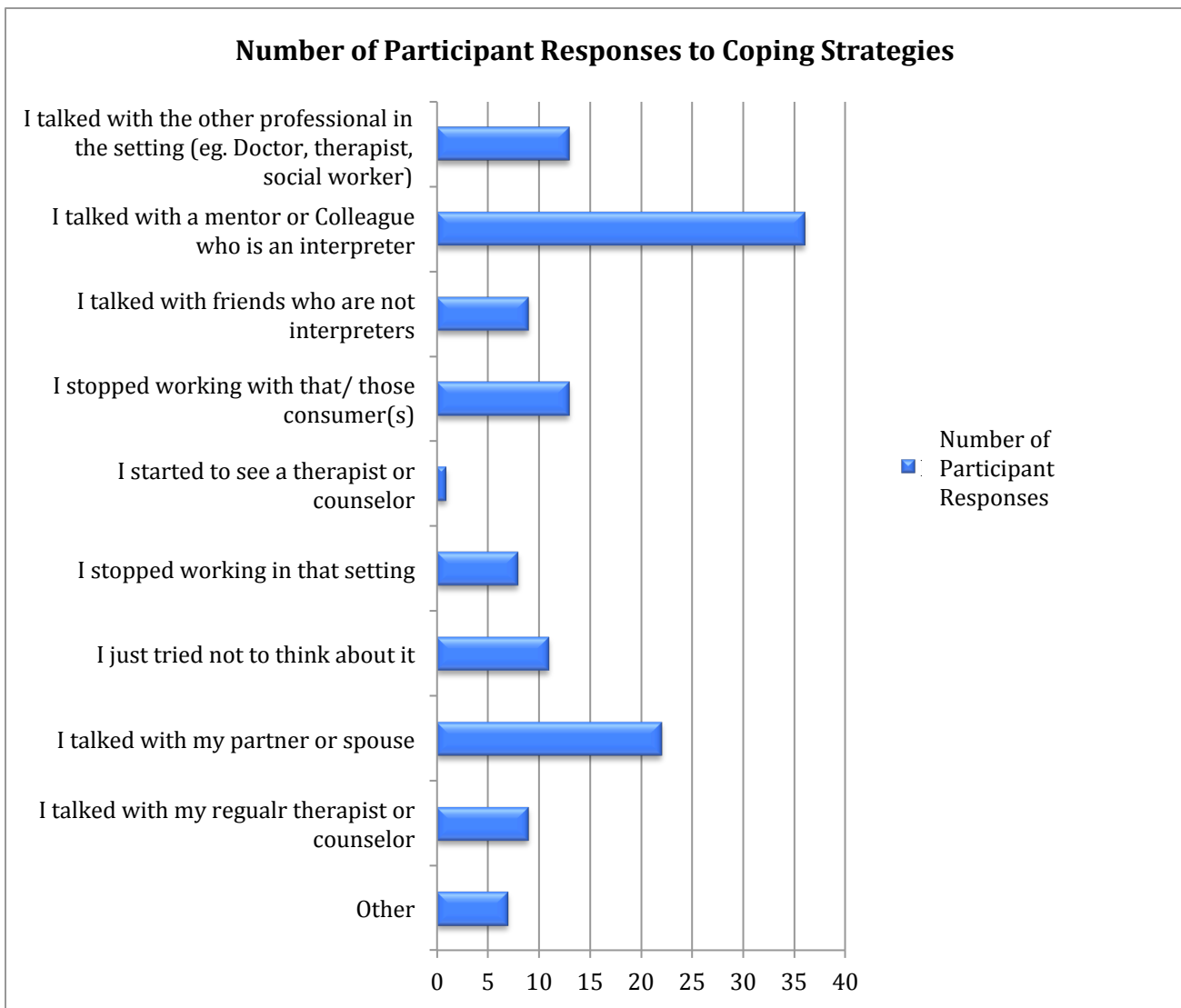


Figure 5. Participant Responses to Coping Strategies. This Figure illustrates the number of participant responses to various coping strategies.

Table 3

*Written Responses to Question 13*

I want to see a therapist or counselor, but I don't currently have health insurance.

Attend Deaf interpreters Sharesop whenever it's being offered

Reflect and understand the intensity of the situation/event

I talked with the referral specialist(s)

I probably should see a therapist because some situations trigger my own personal trauma, but that's to add to a long list of "shoulds."

Freelance work, that agency has a person that serves workers, help debrief the workers, interpreters are included.

Journal my thoughts and feelings and/or just internally think about my approach and the situation and how best to handle things for my own self preservation.

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### Findings

After analyzing our data, we returned to the initial research questions posed in this study.

Each of these questions are addressed below:

**1. To what extent does the degree to which one experiences vicarious trauma depend on setting (i.e. medical, mental health)?**

Based on the data collected, setting plays a role in the extent to which one experiences vicarious trauma. We compiled responses from the top 10% of participants (those with the highest scores of vicarious trauma) regarding setting and the average hours worked per week in these settings (see Figure 1). This graph indicates that five out of the seven participants work an average of 12 or more hours in the medical field each week. It also shows that the overall highest recorded hours are found within the medical setting. The second most frequent setting is job-related interpreting. The five participants found in job-related settings are also the same five

participants working an average of 12 or more hours in medical settings. Therefore, we speculated that the vicarious trauma experienced by these interpreters originated from their work in the medical field. Responses from the bottom 10% of participants (those with the lowest scores of vicarious trauma) indicate that these interpreters work far fewer hours each week, with the highest recorded hours being in post-secondary and job-related settings (see Figure 2). While five interpreters did indicate weekly work in the medical setting, the hours spent interpreting in this environment are half that of those found in the top 10%. Therefore, we speculated that, due to the brief time spent in a medical setting, it is likely that less vicarious trauma would be experienced.

Overall, the data demonstrates a relationship between setting and the degree to which one experiences vicarious trauma. This study originally hypothesized that medical and mental health settings would prove to be the areas in which interpreters experienced the most vicarious trauma. While the results did show that some interpreters work in mental health settings, there was nothing indicating that this setting was in fact related to vicarious trauma symptoms being experienced. Graphs for the top and bottom 10% of interpreters both depict a maximum average of six hours worked in this setting per week (see Figures 1 and 2). However, the medical setting did show a spike in the average number of hours worked per week. For the top 10% of interpreters, the medical setting showed the highest average of hours worked each week by far (see Figure 1). Therefore, it can be reasoned that the relationship between setting and the degree of vicarious trauma supports the initial hypothesis. Results showed that those working most frequently in the medical setting do in fact show greater levels of vicarious trauma.

**2. To what extent do years of experience relate to the presence of vicarious trauma in ASL interpreters?**



The professional certification credentials held by the top and bottom 10% of participants were compiled into graphs (see Figures 3 and 4). We presumed that one's certifications would equate to their years of experience as a working sign language interpreter. This study understood that those holding no credentials would fall under the category of novice interpreters, those holding state/local credentials could be described as interpreters mid-career or interpreters with moderate experience, and those holding national credentials could be labeled as experienced or seasoned interpreters. Of the top 10% of interpreters 29% hold no credentials, 14% hold state/local credentials, and 57% hold national credentials (see Figure 3). Of the bottom 10% of interpreters 13% hold no credentials, 13% hold state/local credentials, and 75% hold national credentials (see Figure 4). This does not support the original hypothesis. We predicted that novice interpreters and seasoned interpreters would experience the least amount of vicarious trauma, leaving interpreters mid-career with the highest levels of vicarious trauma. Upon analysis of the data collected, no such trend was evident. Within the top 10% of participants, those holding state/local credentials accounted for only 14% of interpreters. Both novice and experienced interpreters showed higher levels of vicarious trauma than those with moderate experience. This result was unforeseen, and does not align with the initial hypothesis indicating no strong relation between experience and degree of vicarious trauma.

### **3. What strategies do ASL interpreters use to address, or cope with the effects of vicarious trauma?**

Among the 10 coping strategies provided, the selection with the highest number of responses was, *I talked with a mentor or colleague who is an interpreter*. The second was, *I talked with my partner or spouse*. The original hypothesis stated that most participants would confide in a trusted friend or colleague, or seek professional help. While the most popular choice

was in fact to confide in a colleague, the options, *I started to see a therapist or counselor* and *I talked with my regular therapist or counselor* received relatively few responses. Seven participants selected *Other* and provided written responses to this question explaining alternative methods for coping, or personal conflicts which prevent access to necessary care, none of which aligned with the initial hypothesis (see Table 3). Therefore it can be argued that the hypothesis was partially accurate given that the top response was to confide in a colleague.

### **Implications**

Due to the interpersonal nature of the interpreting profession, it has been acknowledged that interpreters are likely to be impacted by traumatic information. Experiencing traumatic stories or events second hand, facilitating the delivery of highly emotional information, and bearing witness to oppressive behaviors are all examples of the ways in which ASL interpreters might experience trauma vicariously. The recognition that interpreters are at risk for the psychological effects of vicarious trauma is of the utmost importance. Widespread awareness of the symptoms of vicarious trauma is critical in both addressing existing trauma, and preventing the onset of trauma in the lives of interpreters. From the data collected in this survey, it is clear that vicarious trauma is something interpreters, especially those working in medical settings, are presently experiencing. Greater acknowledgment and acceptance of this condition is key in moving forward with the development of structured support systems, prevention strategies, and a deeper understanding among those involved in the interpreting community.

Knowledge is the first, essential step in the prevention of vicarious trauma. For many interpreters, their careers began in interpreter education programs (IEPs). In addition to their standard curriculum, it is essential to integrate instructional material relating to awareness,

prevention, and treatment of vicarious trauma into interpreting pedagogy. Informing interpreting students of this condition and preparing them for traumatic situations they may be exposed to in their future careers will help provide them with the necessary skill/knowledge set to cope with any emotional residue they might experience. Bontempo and Malcolm (2012) also support the notion of a proactive approach as they describe the real world effects that an early understanding of vicarious trauma could have.

Formal learning about grief, loss, suicide, depression, neglect, mental health, abuse, and other emotionally difficult topics, when integrated into interpreter education programs, would help mitigate to an extent the powerful impact of these topics in a real crisis.

Information is power, and effective coping in a traumatic situation will be enhanced by having a range of problem-solving strategies, practical information about what to expect, and tangible support networks. (p. 125)

Through an early intervention approach, interpreter education programs can play a pivotal role in increasing awareness of vicarious trauma among novice interpreters.

### **Limitations and Future Research**

#### **Limitations**

Given that this was a pilot study, there were several limitations. This study received only 67 responses, making for a rather limited data pool. Future research with a larger data pool would be more instructive. With limited responses, it is difficult to generalize results to the field of sign language interpreting as a whole.

Geography also posed a limitation for this study. Most participants were from New England, New York, and New Jersey. Surveying sign language interpreters from these areas

alone is not representative of the field as a whole. If this study were conducted on a national level, the participant pool would have better reflected the study population at large.

The demographic information section of the survey caused confusion for many participants. Question 6 and question 8 both ask participants how many hours per week they spend interpreting in their staff or freelance positions. In questions 7 and 9 participants were asked how many hours were spent interpreting during an average week in each of the 25 listed settings. Participants' overall responses were expected to total the number of hours indicated in the previous question (i.e., six or eight). However, many participants selected all potential settings for any given week, resulting in an unattainable amount of hours worked each week. This question should be more specific in asking for a sample of one's typical week, with a realistic distribution of hours. Given the overage of hours in participants' responses, rethinking the question design and provided durations of time might make analysis of this section easier and more meaningful.

Several participants noted holding both staff and freelance positions. This presented another limitation when it came to participants' responses to the vicarious trauma questions found in question 12. Because of the question design it not possible to determine whether a given participant's reported frequency of trauma was derived from their staff or their freelance position. While participants were asked to describe their staff and freelance work separately, the questions relating to vicarious trauma were asked only once and did not specify as to where said trauma originated. If a participant works solely as a freelance interpreter, and does not hold any staff positions, it can be assumed that any evidence of vicarious trauma noted in this survey is in relation to their freelance work. Most of the top and bottom 10% of participants were freelance interpreters and a few were also employed as staff interpreters. For the reasons described, time

spent in various settings as a staff interpreter was excluded from analysis. Furthermore, there were participants who did not complete the staff and freelance demographic information, yet still reported high levels of vicarious trauma. When analyzing the data, both of these situations made it difficult to identify those settings that may have been related to participants' vicarious trauma.

The section inquiring about participants' professional certification credentials also proved problematic. This study assumed that those holding no credentials would be novice interpreters, those holding state/local credentials would be interpreters with moderate experience, and those holding national credentials would be seasoned interpreters. However, this is an inaccurate portrayal of working interpreters. One's level of credentialing does not equate to one's level of experience, and this should be reflected in future studies. A better solution might have been to ask interpreters a more structured and straight forward question such as, *Would you define yourself as a 1) Novice interpreter, 2) Moderately experienced interpreter, or 3) Experienced or seasoned interpreter.* Additional questions could have inquired about specific credentials held, allowing participants to write in the number of years they have held each credential. A series of questions such as these would have better assisted in classifying participants as novice, moderately experienced, or seasoned interpreters.

### **Future Research**

Given that this was a pilot study, future research in this area is needed. A more in-depth approach must be taken in order to assess the intensity with which sign language interpreters experience the effects of vicarious trauma. It is clear that interpreters are experiencing symptoms of vicarious trauma, and it appears to relate to the settings in which they work, but to what extent are these interpreters feeling said effects? It might also be beneficial to survey interpreters about any specialized training they received in their respective fields. Would an interpreter trained in

the healthcare context be less likely to experience the psychological effects of vicarious trauma than an interpreter with no background experience or training in medical settings? Gender might also be something to consider when further surveying sign language interpreters. We collected data regarding participants' gender for this study, but an in-depth analysis was not conducted. Furthermore, knowing that an interpreter's psychological health is affected by vicarious trauma, it could be of benefit to conduct additional research into how this affects an interpreter's work.

Future research is also needed to determine the most successful coping mechanisms for addressing the effects of vicarious trauma. This could involve surveying interpreters to discover the successful coping strategies currently used by interpreters experiencing vicarious trauma, or could involve a process of trial and error where interpreters might be asked to implement an array of specific coping strategies in order to determine which method proved the most successful.

Harvey (2003) argued that “[interpreters are] in danger of empathically drowning” (p. 211). Occupational stresses put interpreters at high risk for the effects of vicarious trauma. This study provides evidence that this condition is currently an issue within the interpreting community. It is anticipated that this pilot study will aid future researchers in their attempts to not only spread awareness, but to gain a deeper understanding of vicarious trauma and how to address the psychological impacts it can have on sign language interpreters.

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## Appendix

## Initial Study of Vicarious Trauma Online Survey

**1. Northeastern University, American Sign Language Program: Dennis Cokely, P.I. Title of Project: Initial Study of Vicarious Trauma Request to Participate in an online survey. I would like to invite you to participate in a web-based online survey. The survey is part of a Research Capstone project by seniors Olivia Andert and Allison Trites. They are examining vicarious trauma and sign language interpreters. This survey should take less than 10 minutes to complete. I am asking you to participate in this survey because you are on the Northeastern University's Regional Interpreter Education Center email list and/or are subscribed to the Mass\_Deaf\_Terps listserve. If you receive two requests to participate, please only respond to the survey once. You must be at least 18 years old to take this survey. The decision to participate is voluntary. You do not have to participate and you can refuse to answer any question. Even if you begin the web-based online survey, you can stop at any time. However, if you decide to leave the survey you cannot save and return at a later time. The survey must be taken in a single sitting. There are no foreseeable risks or discomforts to you for taking this survey. There are no direct benefits to you from taking this survey. However, your responses may help us learn more about the work of interpreter practitioners. You will not be paid for taking this survey. Your participation is anonymous. However, because of the nature of web based surveys, it is possible that respondents could be identified by the IP address or other electronic record associated with the response. No one involved with this survey will be capturing those data. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project. If you have any questions regarding electronic privacy, please feel free to contact Mark Nardone, IT Security Analyst via phone at 617-373-7901, or via email at [privacy@neu.edu](mailto:privacy@neu.edu). If you have any questions about this survey, please feel free to contact Dennis Cokely by email ([d.cokely@neu.edu](mailto:d.cokely@neu.edu)) or by phone (617) 373-3064, the faculty member working with the students on this research. If you have any questions regarding your rights as a participant, please contact Nan C. Regina, Director, Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.7570, Email: [irb@neu.edu](mailto:irb@neu.edu). You may call anonymously if you wish. Please print out a copy of this consent form for your records. Thank you for your time. Dennis Cokely**

#	Answer	Response	%
1	I agree to participate	0	0%
2	I choose not to participate	0	0%
	Total	0	0%



**2. In what state do you do most of your interpreting work?**

#	Answer	Response	%
1	Alabama	0	0%
2	Arizona	0	0%
3	Arkansas	0	0%
4	California	0	0%
5	Colorado	0	0%
6	Connecticut	0	0%
7	Delaware	0	0%
8	District of Columbia	0	0%
9	Florida	0	0%
10	Georgia	0	0%
11	Idaho	0	0%
12	Illinois	0	0%
13	Indiana	0	0%
14	Iowa	0	0%
15	Kansas	0	0%
16	Kentucky	0	0%
17	Louisiana	0	0%
18	Maine	0	0%
19	Maryland	0	0%
20	Massachusetts	0	0%
21	Michigan	0	0%
22	Minnesota	0	0%
23	Mississippi	0	0%
24	Missouri	0	0%
25	Montana	0	0%
26	Nebraska	0	0%
27	Nevada	0	0%
28	New Hampshire	0	0%
29	New Jersey	0	0%
30	New Mexico	0	0%
31	New York	0	0%
32	North Carolina	0	0%
33	North Dakota	0	0%
34	Ohio	0	0%
35	Oklahoma	0	0%
36	Oregon	0	0%
37	Pennsylvania	0	0%
38	Rhode Island	0	0%
39	South Carolina	0	0%
40	South Dakota	0	0%
41	Tennessee	0	0%
42	Texas	0	0%

43	Utah		0	0%
44	Vermont		0	0%
45	Virginia		0	0%
46	Washington		0	0%
47	West Virginia		0	0%
48	Wisconsin		0	0%
49	Wyoming		0	0%
50	Puerto Rico		0	0%
51	Alaska		0	0%
52	Hawaii		0	0%
53	I do not reside in the United States		0	0%
	Total		0	0%

**3. Do you hold a position as a staff interpreter, either part-time or full-time?**

#	Answer		Response	%
1	Yes		0	0%
2	No		0	0%
	Total		0	0%

**4. Which of the following best describes your staff interpreter position?**

#	Answer		Response	%
1	Full-time		0	0%
3	Half-time		0	0%
5	Part-time		0	0%
7	Other (please explain)		0	0%
	Total		0	0%

Other (please explain)

**5. Where is your staff interpreter position?**

#	Answer		Response	%
1	Medical setting		0	0%
2	Legal setting		0	0%
3	K-12 setting		0	0%
4	Post-Secondary setting		0	0%
5	Vocational/Technical Education setting		0	0%
6	Commission or Center on Deafness		0	0%
7	Vocational Rehabilitation		0	0%
8	Public Interpreter Referral Agency		0	0%
9	Private Interpreter Referral Agency		0	0%
10	Video Relay		0	0%











	when I did not intend to							
6	I have had trouble concentrating during other interpreting assignments or other activities	0	0	0	0	0	0	0.00
7	I have avoided people, places or things that remind me of my work with particular consumers	0	0	0	0	0	0	0.00
8	I have had trouble sleeping and/or have had disturbing dreams about my work with particular consumers	0	0	0	0	0	0	0.00
9	I have noticed gaps in my memory	0	0	0	0	0	0	0.00
10	I have not accepted work with specific consumers because after working with them I left feeling disturbed or upset	0	0	0	0	0	0	0.00



**13. If your answer was other than "Never" for any of the items in Question 12, what did you do? (check all that apply)**

#	Answer	Response	%
1	I talked with a mentor or colleague who is an interpreter	0	0%
2	I talked with my regular therapist or counselor	0	0%
3	I talked with my partner or spouse	0	0%
5	I just tried not to think about it	0	0%
6	I stopped working in that setting	0	0%
7	Other	0	0%
8	I started to see a therapist or counselor	0	0%
9	I stopped working with that/those consumer(s)	0	0%
10	I talked with friends who are not interpreters	0	0%
11	I talked with the other professional in the setting (e.g. doctor, therapist, social worker)	0	0%

Other

**14. What is your hearing status?**

#	Answer	Response	%
1	Deaf	0	0%
2	Deaf-Blind	0	0%
3	Hard of	0	0%

	Hearing			
4	Hearing		0	0%
5	Other		0	0%
	Total		0	0%
<b>15. What is your age?</b>				
#	Answer		Response	%
1	18 – 20		0	0%
2	21—30		0	0%
3	31—40		0	0%
4	41—50		0	0%
5	51—60		0	0%
6	61—70		0	0%
7	71—80		0	0%
8	81—90		0	0%
9	above 90		0	0%
	Total		0	0%
<b>16. What is the highest level of education you have attained?</b>				
#	Answer		Response	%
1	Some high school		0	0%
2	High School diploma/GED		0	0%
3	Some college		0	0%
4	Associate degree/Vocational certificate		0	0%
5	BA/BS degree		0	0%
6	Some graduate coursework		0	0%
7	MA/MS degree		0	0%
8	PhD/EdD degree		0	0%
	Total		0	0%
<b>17. What is your gender?</b>				
#	Answer		Response	%
1	Female		0	0%
2	Male		0	0%
3	Transgender		0	0%
4	Other gender		0	0%
	Total		0	0%
<b>18. What is your ethnicity?</b>				
#	Answer		Response	%
1	American Indian/Alaskan Native		0	0%
2	Asian		0	0%
3	Black or African		0	0%

4	American Hispanic or Latino		0	0%
5	Native Hawaiian/Other Pacific Islander		0	0%
6	White		0	0%
7	Other		0	0%
	Total		0	0%

Other

**19. Check all the organization(s) you belong to:**

#	Answer		Response	%
1	RID		0	0%
2	State RID Chapter		0	0%
3	NAOBI		0	0%
4	Mano a Mano		0	0%
5	NAD		0	0%
6	State NAD Chapter		0	0%

**20. Please indicate if you hold professional certification credentials:**

#	Answer		Response	%
1	National credentials (RID, EIPA, etc)		0	0%
2	State/local credentials		0	0%
3	No credentials held		0	0%

**21. Check all national credentials you hold:**

#	Answer		Response	%
1	NIC		0	0%
2	NIC - A		0	0%
3	NIC - M		0	0%
4	CI		0	0%
5	CT		0	0%
6	CDI		0	0%
7	CSC		0	0%
8	MCSC		0	0%
9	RSC		0	0%
10	OTC		0	0%
11	OIC:C		0	0%
12	OIC:S/V		0	0%
13	OIC:V/S		0	0%
14	IT/CT		0	0%

15	IC		0	0%
16	TC		0	0%
17	NAD III		0	0%
18	NAD IV		0	0%
19	NAD V		0	0%
20	EIPA K-12		0	0%
21	SC:Legal		0	0%

**22. If you are nationally credentialed, how many years have you held your OLDEST national credential?**

#	Answer		Response	%
1	1—5		0	0%
2	6—10		0	0%
3	11—15		0	0%
4	16—20		0	0%
5	21—25		0	0%
6	26—30		0	0%
7	31—35		0	0%
8	36—40		0	0%
	Total		0	0%