

Colorado Domestic Violence Offender Management Board
Standards and Guidelines for Domestic Violence Offenders

Appendix X:

Overview for Working with Language Interpretation Services

I. Introduction

This appendix outlines specific requirements regarding working with domestic violence offenders who require language interpretation services. The following guidelines serve as a reference for both evaluation, assessment, and treatment services provided by an Approved Provider. This appendix does not replace any mandates currently required in the DVOMB Standards and Guidelines. With the use of clinical and professional expertise, as well as a review of new interpretation options, this appendix will be updated and revised periodically to incorporate new clinical and professional expertise, research, and options for interpretation services. Whenever possible, Approved Providers should strive to utilize interpretation services. When interpretation services are not available, translation services may be utilized.

II. Background

Colorado continues to become more multicultural and diverse. Colorado's population has been growing, ranked the sixth highest among U.S. states during 2010-2020, though the pace has slowed down. Aging is becoming an issue and migration is playing a larger impact on Colorado population change. As a result, Colorado is becoming more racially and ethnically diverse (DeGroen, 2021). About one in eight workers in Colorado is an immigrant and the top five immigrant sending countries to Colorado include Mexico, India, China, Vietnam and Canada (American Immigration Council, 2020).

Client-level data collected from DVOMB Approved Providers from January 1st, 2023 through June 30th, 2023 offer a glimpse of the diversity for those referred for domestic violence offender services. A total of 437 client records were submitted by DVOMB Approved Providers/ Highlights from the demographic data include that 81% of clients identified as male and 19% of clients identified as female. Further, 98% of clients with a known sexual orientation identified as Heterosexual. On average, clients were 34 years old at the time of their offense, with client age ranging from 17 to 64 years. Of clients with educational information available, half reported having a high school degree or equivalent (50%). Of the 402 clients with documented race/ethnicity, 45% self-identified as white and 38% as Hispanic. When asked to characterize their Hispanic origin, of the 271 clients with responses to this question, the majority identified that they were Not of Hispanic Origin (59%), and 31% identified that they were of Mexican origin. It is important to note that information regarding individuals who identify as multiple racial/ethnic groups is not fully represented in this data, as Approved Providers are limited to indicating one racial/ethnic category per question.

In 2021 the Domestic Violence Offender Management Board (DVOMB) created the Diversity Equity Inclusion and Belonging (DEIB) Committee with the intention of:

- Exploring and making recommendations regarding DVOMB policies and procedures to support diversity, equity, inclusion and belonging efforts;

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- Exploring and making recommendations regarding DVOMB Standards and Guidelines to enhance service delivery in areas related to cultural competency, implicit bias, trauma and broader social justice issues of racism and intersectionality.
- Identifying possible training content areas for future DVOMB meetings and for Approved Providers.

The DEIB Committee met and developed the language included in this Appendix observing that more nuanced and detailed information was necessary for Approved Providers working with clients who require language interpretation services.

III. Considerations for the Use of Interpreters

At the time of the referral, the Approved Providers shall assess the need for language interpretation for foreign languages and sign language. This assessment should consider how a language barrier would impact the outcome of the evaluation and any follow-on treatment services with a client. If an Approved Provider suspects a client may require language interpretation, the Approved Provider shall notify the referral source and make alternative recommendations including Approved Providers who speak the primary language of the client, if available.

Discussion Point: Approved Providers should approach translation services on a case-by-case basis. Group facilitation with live translation can become a distraction and can negatively interfere with the dynamic for the client needing translation as well as the other group members. If a group in the client's spoken language is not available, the Approved Provider should evaluate other options including but not limited to teletherapy groups and individual sessions to accommodate the client as a best practice. While other creative options may be explored by an Approved Provider from time-to-time based on client needs, it is important to note efforts to accommodate a client can be resource intensive for the Approved Provider. As a result, it may be challenging to sustain or replicate some unique accommodations from one client to another.

It is imperative for Approved Providers to follow the ethical mandates of their credentials regarding sensitivity, awareness, understanding and responsiveness of cultural humility.

It is best practice and in the best interest of the client when the referring agent informs the DVOMB Provider of any language interpretation needs. Referring agents are able to search the DVOMB Provider public database and search for specific Providers who speak specific languages.

Discussion Point: *The use of an interpreter may bring some inherent difficulties including delays in conversations, difficulty translating specific words or concepts between languages, and dynamics that may emerge between the client and the interpreter. The introduction of a third party may impact the client's overall comfort level, including discussion of personal or sensitive information. When indicated the Provider may need to discuss ethnic or cultural implications of domestic violence with the interpreter. It is important for the Provider to be mindful of these potential challenges and provide information about how this may impact the evaluation or treatment process.*

An interpreter can be requested at any point by a client or the Approved Provider if there are indications one is needed. If a request is made, the Approved Provider shall coordinate with

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the referral source and allow for one to be present. A court approved court or certified interpreter should be used when possible. In coordinating for an interpreter, the MTT shall:

- Verify the appropriateness of the interpreter, (i.e. background check, views and attitudes about domestic violence, and victim input regarding the interpreter's appropriateness to fill this role).
- Discuss secondary trauma, provide resources for self-care, and provide opportunities to debrief.
- Inform the client and interpreter that the information discussed is confidential and remind the client of the limits of confidentiality.

If a court approved or certified interpreter is not available, the interpreter shall not be a client's identified victim, current, or past intimate partner, children, including adult children.

A. Provider shall provide the following disclosures, information, and expectations to the interpreter in advance of any service to the client, which shall include but not be limited to the following information:

1. The content and context of the evaluation and treatment. Specifically, the client will be asked about details of the domestic violence offense, violent and abusive behaviors, or other content that may be explicit or sensitive in nature.
2. Information for the interpreter regarding power and control, types of domestic violence, the cycle of domestic violence, information regarding details of the specific case, and an opportunity for the interpreter to ask questions before meeting with the client.
3. The importance of translations that accurately convey the content and essence of questions and answers. The interpreter should be informed of the impacts of paraphrasing and summarizing.
4. Arranging time after to ensure the accuracy of the translated information, resolution of any discrepancies, and questions or concerns from the interpreter.

B. The Provider shall document the following regarding the use of interpreters:

1. Any request or recommendation for a language interpreter, by the client, referral source, Court, or evaluator;
2. If the client accepts or rejects interpreter services.
3. Any barriers, limitations, issues, or potential impacts which may arise from the use, absence, or presence of a language interpreter.
4. Any other impacts on the evaluation or treatment processes such as the inability to complete certain assessments, due to the use of a language interpreter