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## SECONDARY TRAUMATIC STRESS AMONG COMMUNITY INTERPRETERS: LINGUISTIC AND TRANSLATION PERSPECTIVES

**Abstract.** This article provides a thorough analysis of the existing research on secondary traumatic stress (STS) among community interpreters who work in environments involving traumatic experiences. By integrating findings from translation studies, psychology, and related fields, the review defines community interpreting as a highly emotionally taxing profession characterized by continuous exposure to distressing narratives in legal, medical, and governmental contexts. Special emphasis is placed on the concepts of emotional labour and embodied empathy. The article compiles empirical evidence on the psychological and physical effects of STS, such as emotional exhaustion, burnout, anxiety, depression, and sleep disturbances, while also introducing new discussions on the phenomenon of vicarious post-traumatic growth. Furthermore, the review underscores the absence of structured training, institutional backing, and self-help resources for community interpreters. It particularly emphasizes the underexplored post-Soviet and Central Asian landscape, using Kazakhstan as an example where community interpreting is prevalent but lacks proper regulation and support. The article pinpoints critical shortcomings in existing research and advocates for context-specific studies and the inclusion of trauma-informed training and support frameworks in translation education and policy.

**Keywords:** Secondary Traumatic Stress; Community Interpreting; Emotional Labour; Embodied Empathy; Public Service Interpreting; Interpreter Wellbeing; Trauma Exposure; Kazakhstan

### Introduction

Secondary Traumatic Stress (STS) has been widely documented among professionals who work closely with individuals exposed to trauma, including healthcare workers, social workers, and mental health practitioners [5]. Increasingly, research has shown that interpreters - particularly those working in community and public service settings - are similarly vulnerable due to their sustained exposure to distressing narratives, institutional crises, and emotionally charged interactions.

Unlike other helping professionals, interpreters are expected to remain neutral and invisible while simultaneously mediating traumatic content, a role that places unique emotional and psychological demands on them.

These risks become especially salient in community interpreting, where interpreters are not only linguistic mediators but also continuous participants in institutional encounters involving trauma and vulnerability. Community Interpreting (CI), also referred to as Public Service Interpreting (PSI), typically takes place in high-stakes environments such as courtrooms, healthcare facilities, police stations, and refugee services [11]. In these settings, interpreters frequently encounter accounts of violence, persecution, loss, and human suffering. Empirical studies indicate that such repeated exposure can lead to symptoms associated with STS, including emotional exhaustion, anxiety, avoidance behaviours, and diminished wellbeing [8; 10]. Survey-based research has reported that up to one-fifth of interpreters working with trauma-affected populations experience clinically relevant levels of secondary trauma, underscoring the seriousness of this occupational risk.

Existing scholarship has increasingly shifted from a purely cognitive understanding of interpreting towards an acknowledgement of its emotional and psychological dimensions. Concepts such as emotional labour [7] and embodied empathy [2] have been used to explain how interpreters internalize the emotions of those they interpret for, particularly when working in the first person. This emotional immersion, while often necessary for effective communication, can blur professional boundaries and heighten vulnerability to secondary and vicarious trauma. Research has further demonstrated that insufficient training, limited institutional support, and a lack of structured self-care strategies exacerbate the negative impact of trauma exposure on interpreters' mental health.

Despite the growing international body of literature addressing STS among community interpreters, research remains unevenly distributed across geographical and institutional contexts. Much of the existing evidence originates from Western healthcare, refugee, and asylum settings, while post-Soviet and Central Asian contexts remain largely unexplored. In Kazakhstan, community interpreting plays a crucial role within the legal and civil service systems, particularly in response to increasing migration and linguistic diversity. However, interpreters in these settings often operate without specialized training, formal certification, or access to psychological support mechanisms, and little is known about how global findings on STS translate to this local context.

Against this backdrop, the present article offers a critical review of existing literature on Secondary Traumatic Stress among community interpreters, with particular attention to the emotional labour, psychological consequences, and coping mechanisms associated with trauma-exposed interpreting. By synthesizing

research across interpreting studies and related disciplines, this review aims to identify key patterns, theoretical frameworks, and gaps in current knowledge, while highlighting the need for context-sensitive research and institutional responses in underrepresented settings such as Kazakhstan.

### **Materials and Methods**

The conceptual framework for this study positions Community Interpreting (CI) as the primary professional context in which interpreters operate. CI often involves exposure to emotionally charged and traumatic situations, which, through the mechanism of emotional labour and embodied empathy, can lead to Secondary Traumatic Stress (STS) [2; 5; 7]. The framework further acknowledges that the presence of training, supervision, and self-care strategies may moderate the impact of emotional labour on STS, reducing negative psychological and physical outcomes [10]. This framework thus links the structural and procedural aspects of CI with individual psychological outcomes, highlighting the pathways through which interpreters may experience stress and identifying points for potential intervention, particularly in the context of Kazakhstan where formal support mechanisms are absent.

Community interpreting (CI) plays a vital role in facilitating communication between speakers of the local language and those who do not speak it, especially in high-stakes or crisis situations [11]. However, considering the context where such an interpretation process takes place, there might be concerns tied to the way those high-stress settings affect the mental wellbeing of interpreters. In this regard, current literature review will shortly cover the published literature on the aforementioned topic.

This literature review follows a systematic approach to identifying and analysing relevant scholarly sources. The search was conducted across academic databases including Scopus, Web of Science, Google Scholar, and PsycINFO. The following keyword combinations were used: “secondary traumatic stress” AND “interpreters”; “community interpreting” AND “psychological impact”; “emotional labour” AND “interpreting”; “vicarious trauma” AND “translators/interpreters”; “public service interpreting” AND “mental health”. The search was not strictly limited by publication date, given the foundational nature of seminal works in the field (e.g., Figley, 1995; Hochschild, 1983); however, priority was given to studies published between 2000 and 2024. Sources were included if they addressed psychological outcomes among interpreters or translators, engaged with the concepts of STS, vicarious trauma, emotional labour, or burnout in interpreting contexts, or provided theoretical frameworks applicable to community interpreting. Sources were excluded if they focused exclusively on conference or literary interpreting without relevance to community or public service settings, or if they lacked empirical or

theoretical grounding. A total of 32 sources were identified as meeting the inclusion criteria and are referenced in this review. The analysis was conducted thematically, grouping findings around the following categories: (1) definitions and conceptual frameworks of STS in interpreting; (2) psychological and physical manifestations of STS; (3) coping mechanisms and institutional support; and (4) contextual gaps, with particular focus on the post-Soviet and Central Asian setting.

The research in the field of Translation Studies demonstrate that there are different perspectives of authors regarding the exact meaning and role of community interpreting. For example, Garber stated that the community interpreting arises from some kind of crisis related to the health or legal issues in the life of the customer and his idea was supported by Angelelli, Baker, and Valero-Garcés. At the same time there is another view on the CI term. Even though the previously provided definition is accurate and precise, the other group of scholars named the interpretation that is present in institutions for the country's people and its residents who do not speak the state language, with two more terms adhering to this process. The one term that is also used is dialogue translating, which, as it comes from the name, represents the translation of police interviews, medical sessions and other bilateral, interpreter-mediated communication's interpretation. The other term for public service interpreting and intercultural mediation is liaison interpreting. Regarding this issue, to avoid the discrepancies in the meaning, most scholars have agreed to use these terms interchangeably. And in the frameworks of current study the Community Interpreting term will be used. Having said that, it should be mentioned that in the Republic of Kazakhstan there is no distinct way to specify community interpreters, as it is done for interpreters in medical or technical settings.

According to the Criminal Procedure Code [3] and Code on Administrative Offences of the Republic of Kazakhstan [1] the concept of community interpretation in Kazakhstan exists, however it is not specified enough as conference interpretation. In the context of Kazakhstan CI is represented as a general interpretation dimension where no specific training program or certificate is needed. On top of that, the emotional labour of interpreting in such condition also does not receive enough attention either. Consequently, both the professional scope and emotional challenges of interpreting in this context remain underexplored. This gap underlines the need to examine CI not only as a linguistic practice but also as a psychologically demanding profession.

## **Discussion**

Community interpreting is not only a linguistically demanding profession but also an emotionally intense profession. The nature of the work often places interpreters in emotionally charged environments - such as hospitals, courtrooms, police stations, or refugee camps – where they must facilitate communication

between parties. Studies have shown that interpreters in those settings frequently encounter emotionally charged situations, such as witnessing trauma, conflict, or distressing narratives [4; 9; 10]. In this context, interpreters act as linguistic and cultural bridges, yet they are also silent witnesses to trauma, pain, and vulnerability. That is why, the use of the first-person pronoun during interpretation can blur this boundary, leading interpreters to internalize the emotions and experiences of those they interpret for. And since interpreters are expected to maintain a calm and neutral demeanour, they often mask their own emotional reactions to distressing content [7]. This emotional management becomes a form of invisible work, taxing their psychological reserves over time. And to address this challenging work Hochschild [7] coined the term that is called “emotional labour”, it refers to the regulation of emotional expressions to fulfil professional expectations, especially in roles involving direct human interaction.

In the interpreting context, emotional labour is exacerbated by what scholars identify as “embodied empathy”- a phenomenon where interpreters internalize the emotional states of those they interpret for, especially when working in the first person [2]. This role immersion can lead to a psychological blurring of self and other, which puts interpreters at increased risk of receptor fatigue, emotional exhaustion, and in more serious cases, secondary traumatic stress. Collectively, these findings indicate that interpreters are at significant risk of emotional exhaustion and secondary traumatic stress. These observations, grounded in the theoretical frameworks of emotional labour and embodied empathy, provide the analytical lens through which the empirical findings reviewed below are interpreted.

Secondary Traumatic Stress is the condition of emotional strain experienced by individuals who provide support to trauma survivors, as a result of their efforts to help or empathy to those who were directly affected by trauma [5]. In his work Figley [5] also refers to it as Secondary Traumatic Disorder (STSD), which is similar to post-traumatic stress disorder (PTSD). Expanding Figley’s conceptualization, in the study conducted by Sprang et al. [13] expert opinion was that the STS is a parallel process occurring as a response to demonstrate empathy for a client’s psychobiological changes linked to the experienced traumatic event or the post-traumatic stress disorder (PTSD) symptoms that the trauma led to. This implies that the STS might appear not only in the case of hearing about traumas of significant others, but generally, any surrounding people’s experiences. In other words, the provided characteristic of STS makes it clear that the phenomenon stands for the emotional distress of individuals, who had a direct contact with the trauma survivors (listening, interpreting, providing medical assistance for them and etc.) or heard about their situations. Thus, research indicates that interpreters, by virtue of their close engagement with trauma survivors, are particularly susceptible to STS [4; 8].

The inquiries into the field of interpretation studies in the 20th century focused on the cognitive processes involved in both simultaneous and consecutive interpretation, whereas more recent studies have focused on the psychological factors that underpin the performance of interpreters. As a matter of fact the numerous researchers started investigating the impact of community interpreting on cognitive features of the specialists [4; 8; 10]. Meanwhile, the next study providing participants with surveys on PTSD concluded that 21% of all interpreters have experienced STS [8]. While most of the scholars investigated specifically the STS among interpreters, Lai et al. [9] decided to delve into the Vicarious Trauma among interpreters, which is essentially the result of prolonged exposure to trauma rather than occasional or short-term occurrence. The similar inquiry was provided by Green [6], where he analysed both secondary and vicarious traumas not only amidst interpreters, but translators as well. As a matter of fact, the findings of some studies on the mentioned topic indicated that there was "little to no training in self-care" in the program of interpreting studies [10, 4]. Thus, the Importance of self-helping techniques and the in-depth study of interpreting studies programs were highlighted and recommended for further research. Taken together, these studies outline a critical role for, first, identifying the impact of STS on the interpreters' mental health as well as performance, and second, analysing the training programs or other targeted support mechanisms for interpreters and translators for its further modification.

## Results

STS manifests in both physical and psychological domains. The reviewed literature consistently identifies STS as a measurable and documented occupational outcome among community interpreters. Figley [5] defines STS as the emotional strain experienced by individuals who support trauma survivors, describing it as closely analogous to PTSD in its symptom profile. Expanding this, Sprang et al. [13] raumatizati STS as a parallel process triggered by empathic engagement with a client's trauma-related psychological changes – meaning STS can arise not only through exposure to close relationships, but through any sustained contact with trauma narratives, including interpreting. Empirical studies confirm the prevalence and severity of these effects. Kindermann et al. [8] found elevated rates of depressive symptoms, anxiety, and subjective stress among interpreters working with refugee populations. Mehus and Becher [10] applied the Professional Quality of Life measure to a sample of spoken-language interpreters, concluding that trauma-exposed interpretation negatively affects interpreters' personal lives beyond the workplace. Notably, Kindermann et al. [8] reported that approximately 21% of interpreters working with trauma-affected populations demonstrated clinically relevant levels of secondary raumatization.

*Sleep Disturbance.* Previous studies exploring the STS among interpreters

revealed some of the psychological aspects tightly bond to the STS experience [4; 9; 10]. At the same time, there were no studies involving the investigation of such problems in interpreters. But Secosan et al. (2020) researched the role of insomnia and exhaustion in the frontline medical staff experiencing STS during the COVID-19 pandemic. The results of the study argued that STS is positively related to insomnia.

*Psychological consequences.* Because of the psychological nature of STS implicating the emotions of individual the vast number of research of STS impact on interpreters determine the burnout, avoidance, compassion fatigue, depression and anxiety [4; 6; 8; 10]. Although it is common to perceive the results of prolonged emotional stress exposure negatively, in some cases it might become a tool for job satisfaction and professional growth tool too. For instance, Splevins et al. [12] revealed the concept named Vicarious Posttraumatic Growth amidst interpreters. Through the semi-structured interviews with specialists, authors found out that interpreters described their experiences as a process of growing.

These findings collectively indicate that STS is not only a significant occupational hazard but also a potential factor shaping professional identity and growth, depending on the availability of support and coping strategies. Moreover, being familiar with these psychological and physical conditions that were globally recognized, the STS makes CI a new research area not only for its linguistic prospects, but psychological toll too.

### **Conclusion**

This literature review underscores the substantial occupational risk posed by Secondary Traumatic Stress (STS) to community interpreters operating in high-stakes environments involving trauma. The reviewed studies reveal that interpreters not only serve as linguistic facilitators but also as emotional conduits, whose exposure to trauma can result in psychological and physical repercussions such as emotional exhaustion, burnout, anxiety, depression, and sleep disturbances. The theoretical constructs of emotional labour and embodied empathy offer valuable insights into why interpreters are exceptionally vulnerable, illustrating how the professional requirement to maintain neutrality while absorbing others' trauma can blur the line between self and client.

The practical outcomes of these observations are far-reaching. There is a clear imperative for institutional and educational changes. Firstly, community interpreters' training must incorporate modules on stress management, trauma-sensitive approaches, and self-care techniques to build the emotional resilience required for their responsibilities. Secondly, policymakers and professional organizations must recognize the psychological challenges of interpreting as a fundamental aspect of occupational health standards, ensuring that supervision, counselling,

and support systems are readily available for interpreters. Moreover, despite the growing body of research on STS among interpreters, significant gaps remain. Most studies concentrate on Western healthcare, refugee, and asylum contexts, leaving post-Soviet and Central Asian settings largely unexplored. Furthermore, there is a lack of longitudinal research examining the long-term mental health impacts of trauma-exposed interpreting, as well as limited evaluation of specific coping strategies and institutional interventions. Hence, future research should address these shortcomings by investigating the prevalence, triggers, and outcomes of STS across various cultural and institutional settings, assessing the effectiveness of training and support initiatives.

In summary, this review underscores that community interpreting is a psychologically demanding profession with significant implications for mental health and professional practice. By integrating these findings into interpreter training, policy, and research, the field can better support practitioners, mitigate the risks of STS, and improve the overall quality and sustainability of community interpreting as an essential public service.

### References

1. Administrative Procedural and Process-Related Code of The Republic of Kazakhstan No. 350-VI, art.,35. (2020).
2. Crezee, I., Burn, J., & Ngo, H. (2015). Teaching interpreters about self-care. *International Journal of Interpreter Education*, 7(1), 74-83. <http://www.cit-asl.org/new/teaching-interpreters-about-self-care-7-1/>
3. Criminal Procedure Code of the Republic of Kazakhstan, No. 231-V, art. 81. (2014)
4. Doherty, S. M., MacIntyre, A. M., & Wyne, T. (2010). How does it feel for you? The emotional impact and specific challenges of mental health interpreting. *Mental Health Review Journal*, 15(3), 31-44. <https://doi.org/10.5042/mhrj.2010.0657>
5. Figley, C. R. (1995). Compassion Fatigue as Secondary Traumatic Stress Disorder: An Overview. In Figley, C. R. (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*, 1-20. Routledge.
6. Green, T. D. C. (2003). *Vicarious Traumatization and Secondary Traumatic Stress Among Interpreters and Translators* [Doctoral dissertation, University of Surrey] ProQuest Dissertations and Theses Global.
7. Hochschild, A. R. (1983). *The managed heart: Commercialization of human feeling*. University of California Press.
8. Kindermann, D., Schmid, C., Derreza-Greeven, C., Huhn, D., Kohl, R. M.,

Junne, F., Schleyer, M., Daniels, J. K., Ditzen, B., Herzog, W., & Nikendei, C. (2017). Prevalence of and risk factors for secondary Traumatization in Interpreters for Refugees: A Cross-Sectional Study. *Psychopathology*, 50(4), 262-272. <https://doi.org/10.1159/000477670>

9. Lai, M., & Costello, S. (2020). Professional Interpreters and Vicarious Trauma: An Australian perspective. *Qualitative Health Research*, 31(1), 70-85. <https://doi.org/10.1177/1049732320951962>

10. Mehus, C. J., & Becher, E. H. (2015). Secondary traumatic stress, burnout, and compassion satisfaction in a sample of spoken-language interpreters. *Traumatology an International Journal*, 22(4), 249–254. <https://doi.org/10.1037/trm0000023>

11. Sanders, M., (1992). Training for community interpreters. In Picken, C. (Ed.), *ITI Conference 6 Proceedings*, 45-50. Aslib.

12. Splevins, K. A., Cohen, K., Joseph, S., Murray, C., & Bowley, J. (2010b). Vicarious posttraumatic growth among interpreters. *Qualitative Health Research*, 20(12), 1705–1716. <https://doi.org/10.1177/1049732310377457>

13. Sprang, G., Ford, J., Kerig, P., & Bride, B. (2018). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology an International Journal*, 25(2), 72–81. <https://doi.org/10.1037/trm0000180>

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### **ҚАУЫМДАСТЫҚ АУДАРМАШЫЛАР АРАСЫНДАҒЫ ТУЫНДЫ ТРАВМАЛЫҚ СТРЕСС: ЛИНГВИСТИКАЛЫҚ ЖӘНЕ АУДАРМАТАНУЛЫҚ КӨЗҚАРАС**

**Андатпа.** Бұл мақалада травмалық тәжірибемен байланысты жағдайларда жұмыс істейтін қауымдастық аудармашылар арасындағы туынды травмалық стресс (ТТС) туралы зерттеулерге жан-жақты талдау жасалған. Аударматану, психология және сабақтас пәндер саласындағы зерттеулерді біріктіретін пәнаралық шолу негізінде қауымдастық аударма құқықтық, медициналық және мемлекеттік контекстерде травмалық нарративтердің тұрақты әсерінен туындайтын жоғары эмоциялық жүктемесі бар кәсіби қызмет ретінде қарастырылады. Эмоциялық еңбек және эмпатия ұғымдарына ерекше көңіл бөлінеді. Мақалада ТТС-тің психологиялық және физикалық салдары, соның ішінде эмоциялық шаршау, кәсіби шаршау, мазасыздық, депрессия және ұйқының бұзылуы туралы эмпирикалық деректер жинақталған, сондай-ақ ком-

пенсаторлық посттравмалық өсу феномені турасындағы жаңа зерттеулер қарастырылған. Сонымен қатар, шолу қауымдастық аудармашылар үшін жүйелі кәсіби дайындықтың, институционалдық қолдаудың және өзіне-өзі көмектесу ресурстарының жоқтығын көрсетеді. Қауымдастық аударма посткеңестік және Орталық Азия контекстерінде, оның ішінде Қазақстанда кеңінен таралған, бірақ жеткілікті реттелмеген әрі толық зерттелмеген сала екеніне ерекше назар аударылды. Мақалада қолданыстағы зерттеулердегі негізгі олқылықтар анықталып, контекстік-бағдарланған ғылыми жұмыстардың, сондай-ақ білім беру және кәсіби саясатқа аудармашыларды оқыту мен қолдау жүйелеріне травмалық деректерге байланысты жұмысқа негізделген тәсілдерін қосудың қажеттілігі негізделген.

**Түйін сөздер:** туынды травматикалық стресс; қауымдастық аудармашылар; қауымдастық аударма; эмоциялық еңбек; туынды эмпатия; мемлекеттік қызметтер саласындағы аударма; аудармашылардың әл-ауқаты; травмалық әсер; Қазақстан

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## **ВТОРИЧНЫЙ ТРАВМАТИЧЕСКИЙ СТРЕСС СРЕДИ КОМУНАЛЬНЫХ ПЕРЕВОДЧИКОВ: ЛИНГВИСТИЧЕСКИЙ И ПЕРЕВОДОВЕДЧЕСКИЙ ВЗГЛЯД**

**Аннотация.** В данной статье представлен всесторонний анализ существующих исследований, посвящённых вторичному травматическому стрессу (ВТС) среди коммунальных переводчиков, работающих в условиях, связанных с травматическим опытом. На основе междисциплинарного подхода, объединяющего исследования в области переводоведения, психологии и смежных дисциплин, коммунальный перевод рассматривается как профессиональная деятельность с высокой эмоциональной нагрузкой, обусловленной постоянным воздействием травмирующих нарративов в юридических, медицинских и государственных контекстах. Особое внимание уделяется концепциям эмоционального труда и воплощённой эмпатии. В статье обобщаются эмпирические данные о психологических и физических последствиях ВТС, включая эмоциональное истощение, профессиональное выгорание, тревожность, депрессию и нарушения сна, а также рассматриваются новые исследования феномена компенсаторного посттравматического роста. Кроме того, обзор подчёркивает отсутствие системной профессиональной подготовки, институ-

циональной поддержки и ресурсов самопомощи для коммунальных переводчиков. Особый акцент сделан на недостаточно изученном постсоветском и центральноазиатском контексте, на примере Казахстана, где коммунальный перевод широко распространён, но недостаточно регламентирован и поддержан. В статье выявляются ключевые пробелы в существующих исследованиях и обосновывается необходимость контекстно-ориентированных научных работ, а также интеграции травма-информированных подходов к обучению и поддержке переводчиков в образовательную и профессиональную политику.

**Ключевые слова:** вторичный травматический стресс; коммунальный перевод; эмоциональный труд; воплощённая эмпатия; перевод в сфере государственных услуг; благополучие переводчиков; воздействие травмы; Казахстан

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