FIT Europe in collaboration with UCL Centre for Translation Studies and DCU School of Applied Language and Intercultural Studies conducted a survey on the topic of crisis translation training among the 60 professional associations, which were members of FIT Europe at the time of the survey.

The survey posed some essential questions to pursue 2 objectives:

1. To understand current provision of mental health and wellbeing support to members of professional organizations involved in providing language services in multilingual crisis contexts.
2. To assess whether the professional organizations in Europe may be interested in developing or deploying such training in the future.

This short report is subdivided into three sections: the first section details the methodology used, the second section succinctly analyses the survey results and the third discusses the findings putting forward some considerations for future training needs assessment and training design.
The survey opened on 6 June 2022 and closed on 30 September 2022. During this time, 16 out of 60 European regular member associations responded to the survey questions (see Appendix 1 for the original questions).

A six-question Google Form was used to collect the data. Together with closed questions to capture the overall picture (yes or no), respondents could use free text fields to provide relevant information. FIT Europe shared the form with its regular member associations.

The questions draw on research conducted by O’Brien and Federici through the International Network on Crisis Translation, which also investigated the primary training needs of translators and interpreters operating in multilingual contexts of crisis (disasters, conflicts, wars, people displacement, etc.).
2. RESULTS

2.1 Key facts

The 16 responses provide a clear overview: some support has been offered over the years and there are plans to train members who may be working in traumatic conditions or working in crisis settings. The respondents did not mention any formal or regular training for translators but often referred to ad hoc support and training for interpreters.

**Currently offering training**

18.8% of respondents are offering some training or are piloting projects to offer psychological support to members who have been exposed to health risks.

**Preventative training**

18.8% of respondents offer training to prepare members who are likely to work in crisis contexts.

**Offering aftercare support**

25% of respondents have provided support to members affected by working in traumatic settings.

**Training plans**

56.3% of respondents are considering offering training to their members working in crises.

**Sharing and mentoring**

87.5% of respondents encourage their members who have experienced working in crisis contexts to share their experiences with others.
2.2 Current, Future, and Collaborative Training

Although the survey collected responses from 27% of FIT Europe’s member associations, the respondents’ answers confirm that there is growing attention towards the need to support the mental well-being of the individuals who are members of national associations providing language services in traumatic contexts. In fact, 56.3% of the responding associations stated that they were planning to introduce training, even though 81.3% of them reported that they were not offering any training in 2022.

It will be extremely useful to identify in the future whether the 43.7% of associations that do not have any plans for training face legislative or operational restrictions. There may be locally valid and specific rationales for these choices, which may depend on national legislation on well-being and mental health. They may depend on the specialisms of association members, they may depend on the statute of the organizations, their funding, their resources, their priorities among budgetary restrictions, and many other factors. However, if their restrictions are operational – such as access to established training practices – the next steps after this survey will be to identify whether good practices available in some sectors (e.g., healthcare refugee interpreting or broader emergency response services) may provide useful models of training opportunities that could be opened up to other professional categories (translators, intercultural mediators, etc).

For 87.5% of the respondents, sharing training experiences is important. Understanding why 12.5% of respondent associations reported that they do not encourage their own members to share their experiences would be important. Are there cultural or legal reasons behind these positions? Or are these simply matters of logistics and managing expectations within budgetary constraints? Are there structural limitations (e.g., aftercare or preventative well-being and post-traumatic training are not allowed by the association’s code of conduct)?

Regarding training plans, only six respondents reported on their training plans. They have been introducing training in support of translators and interpreters in relation to the war in Ukraine (1 organization), considering training workshops (1), and considering plans to support members with training without a fully-fledged plan in place yet (4).
2.2 Current, Future, and Collaborative Training

Overall, preventative training is offered ad hoc; most training is primarily delivered to interpreters with a focus on post-traumatic support, and some specific training is offered to professionals operating in refugee centres.

Six respondents specified that they offer aftercare support to members that have been affected by working in dangerous contexts or in crises. Each association reported different approaches and none has a systematic approach, but they have used meetings, dedicated emails or phone lines open to their members, executive board resolutions, and ad hoc support to individual members.

There is a need to understand whether providing a model syllabus for cross-disciplinary training supported by psychologists, psychiatrists, and other specialists may enable national associations to adjust training to their needs and legal/professional frameworks. It may be worth discussing at national, network, and worldwide levels FIT’s potential role in creating a framework of reference with training options made available by FIT with implementation determined exclusively by needs, resources, and the operational context of local associations.

National associations with past experience in organizing aftercare training with ad hoc and specialist support provided insightful reminders that training could only be designed by working with psychiatrists and psychologists. In the free text replies, 12 national associations responding to the survey emphasized the need to include cross-disciplinary expertise in any training developed to support translators, interpreters, and language service providers operating in crises.

**Training should aim to...**

"understand the psychological risks of the work in crisis contexts, how to deal with the stress, how to reduce the stress, how to take care of your ability to work in challenging contexts, how to deal with PTSD and stress-related mental health risks"
Although the evidence from this survey cannot be conclusive given its small sample size, the responses highlight three fundamental points:

01 — Training Needed
There is an interest in training for multilingual crisis communication support.

02 — Build on Experience
There is limited but valuable experience of providing aftercare support among national associations on which to build.

03 — Training Model
There is a need to discuss whether model training can and should be provided to enable national associations to embed it in their continuing professional development (CPD) programmes.

The COVID-19 pandemic and the war in Ukraine have presented tragic opportunities to take stock of what it means deontologically to support the mental well-being of professionals affiliated with national associations. Protecting the longevity of careers squeezed by economic crises and multi-factor sectoral pressures (e.g., continued hype on translation and interpreting technologies as standalone solutions rather than professional tools; contractions of fees and deadlines) will require supporting professionals who have to manage stressful situations in addition to all of the above and protecting them from vicarious trauma caused by extraordinary pressures.

The results suggest that further collaboration and a more detailed understanding of the current state of play are necessary to ascertain whether national associations worldwide might be interested in accessing training opportunities (in the form of international training, training templates to recruit local specialists, or syllabi of short professional training courses to adopt once appropriately adjusted to meet the local needs).
NEW QUESTIONS

The small-scale pilot opened up some big questions:

**QUESTION 1**
- Should training changes be suggested centrally at the regional or central level among FIT members?

**QUESTION 2**
- Should training models be articulated and proposed to be adapted and adopted with guidance at the level of national associations?

**QUESTION 3**
- Should recommendations for a syllabus be made within FIT committees to allow national associations to adapt recommendations and suggestions for general training provisions to their locale?
APPENDIX 1: THE QUESTIONS

The following questions were asked in this pilot survey.

01
Does your association offer any training to your members regarding working in contexts that pose risks to their health? By ‘risk to health’ we mean exposure or effects from, for example, exposure to an unstable environment after an earthquake, exposure to radiation, or exposure to mental trauma.
- If so, please list the topics here

02
Do you offer preventative training, preparing your members to deal with emotional fatigue, stress-related mental health risk, post-traumatic stress disorder, vicarious trauma, or any relevant condition affecting personnel working in emergency situations?
- If you answered yes to the question above, and if you can and are willing to share with other associations, please provide examples of existing training if applicable

03
Does your association provide any support "after the fact" to members who require support?
- If you answered yes, can you provide more details about the type of support you offer

04
If your association is not currently offering training does your association plan to offer any training to support its members working in contexts where they are exposed to risks beyond those of normal professional practice? (Such as preventative training and/or mental health support mentioned in the previous two questions).
- If you answered yes to the question above, if you have plans for offering such training in the future, please provide examples of these plans you are willing to share with other associations.

05
Regardless of whether training on these topics is offered by your organisation, do you encourage colleagues to informally or formally share their experiences of working in risky contexts with each other as a way of dealing with the potential stress?

06
If training to provide emotional and mental health support for language professionals were available, what should it include?
- If you have anything else you would like to comment on in relation to these matters, please use this space to do so

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Errata Corrige: in Section “2.1 Key facts”, the percentages on Sharing and Mentoring had been accidentally inverted. They were corrected on 13 February 2023.

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