

A study commissioned by  
TAMPEP-Germany

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### ■ Observations and Perspectives

# Cultural Mediation in the Public Health Service

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## Taking stock of cultural mediation for the benefit of migrant women sex-workers in Hamburg's *Central Counselling Bureau for Sexually Transmitted Diseases*

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**A** high percentage of the people working in the sex industry in Western Europe, including Germany, are migrants. Migration is a reality in society as a whole as well as in all spheres of employment and this demands changes in structures and institutions which effect migrants. For prostitutes this means, amongst other things, the health services available in Germany and particularly those in Hamburg which specifically target the needs of sex-workers of both sexes.

Communication between those who offer medical or social services and their potential clients requires a certain competence in the areas of both language and culture. When this competence is lacking, a prostitute can easily be denied access to information and services. In such a situation a prostitute's social, medical and legal needs cannot be met. Thus, our goal must be twofold: the minimalization of barriers towards migrants to such access still extant in the pertinent institutions offering advice and the call for advice needed to be made available on demand. After all, *everyone has the right to avail themselves of both appropriate advice and necessary medical care*. However, this right is not laid down in the public health service in Germany. Guidelines and recommendations issued by the *World Health Organisation* (WHO) on equal rights to the use of health care facilities are not mandatory. WHO is trying to obtain international recognition for its proposed patient rights in which access to health care services is laid down by law.<sup>1</sup> German health care services also lack, at least in terms of language, more general regulations on an equal right of access for migrants to their services. Regulations could be part, say, of anti-discrimination laws. For instance, in Great

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<sup>1</sup> In 1994 this was set down by WHO European Region to safeguard the improvement of the health of migrant men and women.

## Cultural Mediation at TAMPEP

"Cultural mediators are go-betweens who know the rationale, the customs and the *mores* of the majority culture and the host country, as well as the conditions, social ethics and the scene in which the minority group operates" (L. Brussa).

### Furthermore<sup>2</sup>:

Cultural mediation is about conveying new intervention possibilities in the area of HIV and STD prevention through culture and language. The mediators function as bridges between providers of health services and the clients. They sensitize both sides to the behaviour and reservations of the other and mediate for both in a harmonizing way.

Britain, such laws grant migrants the right to use

<sup>2</sup> Licia Brussa, "The TAMPEP project in Western Europe" in: Kamala Kempadoo, Jo Doezema (Hg.), *Global Sex Workers. Rights, Resistance, and Redefinition*, Routledge, New York/London 1998

interpreting services. Another method is a direct regulation on language. For example, the *Nordic Language Convention*<sup>3</sup> established the stipulation in 1987 covering Denmark, Sweden, Iceland, Norway and Finland that in contact with the local authorities the mother tongue is to be used and the authorities must bear the costs of interpreters.<sup>4</sup>

Counselling and treatment of the sick are just as much part and parcel of the basic health care of any person living in the Federal Republic of Germany as prevention work. However, for many migrants they pose serious problems, not least of which are the communication hurdles that need to be surmounted when counselling is to take place between people of very different cultural backgrounds. Illness is not an objective state, but one that is made clear through language. Exchanges on the subject of illness and health are always coloured by the interplay of individual experience and culturally specific attitudes as to what illness is and how it is to be dealt with. Talking about illness and appropriate approaches for its treatment takes place through interaction whereby each participant contributes their own concepts and experience and thus influences how illness is conveyed. Likewise, the structures, in which illness is experienced and talked about, have an influence on the picture presented. This demands a framework for communication about illness and prevention that is sensitive to language and is culture-specific.

Only slowly is it dawning on people in the health service that it makes little sense to expect patients to have to bring some member of their family or a neighbour with them as their interpreter and equally little sense to have to send out a call for that member of their own staff who speaks the language in question to do the interpreting. In addition, the concept of interpreting which goes over and above verbatim translation, taking into account the culture of the patient, is beginning to be taken seriously in practice. The concept of the *Intercultural Practitioner*<sup>5</sup> or *Community Interpreter* or *Cultural Interpreter*<sup>6</sup> is winning recognition. This is the contextual background of cultural mediation as defined by TAMPEP and brought to bear in practice.

Cultural mediators are not social workers, health care personnel or merely interpreters. At TAMPEP they are people from the same ethnic group or nationality as the sex-workers who can build a relationship of trust with the target group. Thus they are in a position to influence, rec-

<sup>3</sup> Race Relations Act 1976

<sup>4</sup> I cannot here say categorically which public services and which languages are actually called for and provided in practice.

<sup>5</sup> See: Michael Agar, *The Intercultural Frame*, in: *Int. J. Intercultural Rel.*, Vol. 18, No. 2, 1994

<sup>6</sup> See Overview of Terms, Rahel Stuker, *Translators in Health Care: The medical case history in the context of migration*, Qualifying dissertation, Institute for Ethnology of the University of Berne, 1998

ognize, evaluate and convey to others the cultural and social attributes of the mentality and national character of the target group. They have knowledge and experience of AIDS/STD prevention which they can pass on to the target group. In this sense they are accepted as trainers by the target group. The mediators also have experience of migration themselves and, in certain individual cases, of prostitution. In their daily work as intermediaries between the health service and the target group they elucidate and explain to the target group the health service system and the medical care on offer in the host country. It is quite possible that the target group are not familiar with the health service system or have experience of contact with it where they ended up being denied attention. They themselves belong to a 'different' culture from the dominant culture of the host country within which they must operate. They make health services staff aware of aspects of the target group which make it difficult or impossible for them to gain access to health care. This is not just a problem of language, but also of all the aspects which lie behind the living and working conditions which obtain in the host country in question as well as educational background and culture-specific attitudes towards sexuality. The mediators must take care to maintain a standpoint which is as neutral as possible as well as independent.

In Hamburg the *Central Counselling Bureau for Sexually Transmitted Diseases* (CCB), a facility run by the public health service of the Office for Labour, Health and Social Welfare, deals with questions concerning health matters and

acts as a place to which – particularly migrant – women sex workers can turn. According to the CCB, 90% of their clientele is foreign, mostly from Eastern and Middle Europe. In 1997 this situation led to a rethink about the workings of the CCB and as a result "linguistic and cultural interpreters"<sup>7</sup> were integrated into its personnel policy. Since 1993 TAMPEP has been co-operating with the CCB, following, accompanying and furthering developments in the work with interpreters resulting in this integration, TAMPEP staff themselves working for the CCB as linguistic and cultural interpreters. Since the integration of official interpreters, TAMPEP has advised the CCB on training interpreters to be cultural mediators. The CCB's work with these integrated interpreters and their special assignment constitutes a nationwide precedent. The methods of cultural mediation for tackling STD/AIDS prevention amongst migrant women sex workers that TAMPEP developed and propagates have at last been integrated conceptually in a facility of the German Health Service. Thus TAMPEP is very much interested in investigating in greater detail how the role of the mediators is put into practice and to what level it is accepted within the facility as well as such possibilities, difficulties and limits as the mediators may face within the framework of the health care system. This study provides a **review of achievements so far**. It limits itself to a survey of TAMPEP co-workers and the presentation of the results. The selection of statements made as well as the transcribed interviews themselves offer material of suitably wide scope for a future scientific evaluation of theory and practice. However, the study itself does not purport to be such an evaluation, but rather an addendum to the data already collected of observations and remarks from the point of view of TAMPEP. These may serve to facilitate an awareness for existing problems in daily practice and the orientation required for strategies aimed at solving problems.

The investigation pays particular attention to the implementation of theoretical concepts in practice. Accordingly, space has been given to the presentation of the CCB's concept of 1997 which contains a brief outline of the distribution of duties amongst the mediators. The survey of day-to-day experience concentrates on the cultural mediators' appraisal of their roles and duties in terms of their differing (or similar) perspectives and also on the expectations placed upon them. In the presentation of these perspectives, focus has been placed on the differing professional groups within the CCB (social workers, doctors, interpreters) and TAMPEP and also on the viewpoint of the clients. The data are organized accordingly.

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<sup>7</sup> This designation, to all intents and purposes, describes cultural mediators at TAMPEP

## Concept of the Central Counselling Bureau for Sexually Transmitted Diseases

This organizing of perspectives according to professions results from the reservations and conflicts specific to the various profes-

sional groups already known to us as well as from the practical experience of TAMPEP co-workers at the CCB which makes it perfectly clear that there is a considerable potential for conflict along these lines. The role and pertinent awareness of a given person develops out of both individual proclivities and attitudes that are formed by situation and society at large. Differentiating between these processes does not lie within the scope of this report, but the investigation will concentrate on the processes influenced by situation as they seem to be central to day-to-day work. Furthermore, the bringing into alignment of individual and entire societal structures would vastly exceed the set framework of the investigation. In situation-dependent processes, the professional function in the institution and its place in the internal hierarchy are decisive distinguishing factors. Individual distinctions in awareness show themselves clearly within the profession-specific arrangement of the results of the interviews. Thus the role of the cultural mediator is elucidated from various perspectives in the presentation of awareness of self and others. This study sets out to document the existing potential for conflict – in so far as TAMPEP has experienced it – and examine the sources of that conflict in those different awarenesses, expectations and structural conditions. By this means we hope to be able to point out perspectives that can facilitate possible changes and thus contribute to the acceptance of cultural mediators and to successful collaboration within the CCB.

Our heartfelt thanks go to the interviewees for their unstinting cooperation and willingness to provide the information which forms the basis of this study.

**T**he CCB developed a new concept in 1997 which, alongside the profile of the institution, described the basis of a change in or rethink of its concept. It also included the basis for working with cultural mediators (in CCB's terminology: "Linguistic and cultural interpreters") and a more detailed description in terms of their function in day-to-day work. The following section cites and reports exclusively from this concept.

### What is the CCB?

"The Central Counselling Bureau (CCB) of the Office for Labour, Health and Social Welfare offers, as a facility of the public health service, medical and psychological care for female, male and transsexual prostitutes in Hamburg. The work of the CCB is based on the Law on the Fight against Sexually Transmitted Diseases (GBGK in German), i.e. we take part in the recognition, treatment, prevention and limiting of the spread of sexually transmitted diseases, and in addition other sexually transmitted ailments (VD/STD) as well as the diseases associated with and resulting from them. Since 1955 the CCB has assumed total responsibility

on the basis of the Hamburg STD Law of 1953 [...]

Since 1978, however, the hitherto rather restrictive monitoring system has been liberalized bit by bit. This came about due to the need for modernization and innovation of what had come to be seen as an outmoded law on the grounds of changes in social relationships and moral standards as well as the advances in epidemiology. This process was finally completed after a planning stage during which basic concepts and legal requirements were hammered out.[...]

The concept which emerged in 1987 contains the discontinuance of the legal obligation to undergo a medical check-up (compulsory check-ups), replacing it with a voluntary and anonymous check-up system, access to medical examinations and treatment of broader scope than before and also psycho-sociological counselling and care. All these measures were aimed at giving more weight to the ideas of preventative care than had hitherto been possible under the former outdated STD Law on grounds of changes in epidemiology and social mores." (Page 5/6)

In 1997 the starting point had changed again, leading to a re-working of the concepts used up to then. The CCB thus reacted to the accessibility of its target group and the ease with which its clients, now 90% migrant women, could be brought together

### **New starting point of the CCB**

"We have to find conceptual answers to the following:

- How we are to establish lasting medical and social-work relations with an ever dwindling cycle of clients due to fluctuation in their numbers,
- How we can contact an increased number of prostitutes by freeing ourselves from the limits of conventional streetwork which deprives us of systematic access to the entire fabric of prostitution in Hamburg and in turn prevents us from establishing a more focused basis for preventative care.
- Women newly arrived in the Federal Republic are more often than not completely unfamiliar with contraception and preventative measures, so these things have to be explained again and again
- We need knowledge of or access to those with knowledge of several languages if we are to do our job properly.
- We need to understand a wide variety of cultural and social backgrounds and gain access to them
- Due to mostly illegal residency status, the number of clients who rely on the free medical services we offer is growing, yet there are others we need to reach as well.
- Our resources are limited due to the changes in clientele, particularly obvious in the medical sphere,
- The significance of epidemiology, classical STDs and other sexually transmitted diseases is growing and therefore both those in danger and the general public need to be reached."(Page 8, Special Points A.M.)

for the monitoring of the health of female prostitutes

**Interpreters  
at the CCB**

"Linguistic and cultural interpreters – particularly compatriots of the clients – are used. An "Interpreter" is not only an interpreter, but also a cultural mediator. Mediating involves, over and above the translation of speech, the conveying of the culture of the client, their rites, norms, lifestyles and forms of expression in such a way as to optimize communication and understanding between all present. In this way a bridge is built between culturally very different people in order to establish a relationship of trust, so that better preventative care is possible.

Interpreters should be involved in work inside and outside the Bureau. Co-operating with each other, they contact clients, give out basic information to them and escort them when necessary. Apart from the significance of the contents of this approach, tailored to migrant women as it is, it enables a more effective use of resources, as contacting and enlightening a client does not require both a social education worker AND an interpreter." (Page 9)

One of the building blocks of the concept to cope with these changes in circum-

stances is the **use of linguistic and cultural interpreters.**

The CCB's services are aimed at "people with a high-risk of infection due to their work (prostitution), their background, their living conditions (migration, illegal status, no or negligible knowledge of German)" (Page 12), as well as at "people at risk of infection due to their work (German prostitutes and their environment), or ignorance (young people) and generally as sexually active people (e.g. the clients of prostitutes)" (Page 13)

For the first target group the interpreters themselves are one of the building blocks of the concept: they are used in streetwork and consultation sessions. We strive towards interdisciplinary cooperation.

### **Qualification requirements for the interpreters**

- "A command of the language to be interpreted into and out of"
- Knowledge of STD, HIV and AIDS, safer sex practices, pregnancy, contraception and hygiene
- Knowledge of the law in the Federal Republic as it applies to prostitution, foreigners' rights, services and duties of the CCB
- Knowledge of the legal and social situation of migrants in the Federal Republic of Germany
- Familiarity with the reasons for and consequences of the migration of women
- Knowledge of the methods of preventative care
- Training in impartiality and neutrality in order to render value-free mediation
- Reflection on personal values and norms with regard to sexuality, prostitution, abortion etc. to avoid imposing them" (Page 26)

### **Training the interpreters**

"The social workers teach the interpreters about the social systems and networks obtaining [in Germany], and the interpreters teach the social workers, in turn, about the home culture of the clients. Regular discussion of theoretical case studies is designed to improve quality, on the one hand, and to improve co-workers' knowledge, on the other. Each co-worker is required to gain a basic knowledge of one of the languages relevant for the CCB to break down language barriers," (Page 10)

"Training mediators takes place via TAMPEP according to the concept of TAMPEP/Italy<sup>8</sup> and is augmented with further medical and educational training provided by CCB doctors and social workers." (Page 26)

### **Outline of the duties of interpreters**

"They engage in contact work whose contents and aims have been worked out by the CCB and they provide counselling sessions at fixed times at the counselling bureau during office hours, make contact with clients in the

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<sup>8</sup> This is not about TAMPEP/Italy, but about the organization called COSPE (cooperazione per lo sviluppo dei paesi emergenti) in Florence, Italy. Correction A.M.

and doctors. They work alongside their co-workers on educational literature in the languages of the target group, develop concepts on preventative care for the migrant women and see them realised with the help of their CCB co-workers. They keep an account of their work. In addition, they also have to escort clients to government offices, hospitals, doctors' surgeries etc., in accordance with medical requirements.

The interpreters and co-workers constantly give each other the benefit of their experience in an atmosphere of mutual education, i.e., they give out information on the cultures represented by the clients at the CCB, while they receive information on medical, legal and social questions in Germany."(Page 17)

Conceptual and organizational co-ordination of the interpreters is incumbent upon the social education workers.

### **Regulations governing contact with clients**

■ concerning social work: First contact is made ideally by both an interpreter and a social worker together. The interpreter introduces the social worker to the client. The interpreter conducts the conversation on her own and fills in the questionnaire (necessary in the case of illiterate clients). If no interpreter is available, the social worker hands over to the client the information leaflet in the client's language. When counselling is required, the social worker conducts an impromptu counselling session with the help of the interpreter.

■ concerning medical care: Doctors work in tandem with interpreters when compiling case histories, when treating or counselling clients and when advising clients of the results of tests and medical examinations.

"If an interpreter for the client's language is not available, basic information is conveyed via a leaflet in that language."(Page 17)

### **Co-workers**

At present CCB staff includes two gynaecologists, two DAs (doctor's assistants), a nurse, six social workers/streetworkers, an administrator and five interpreters/translators. The overall manager of the CCB is a doctor, her deputy a social worker.

### **Working hours for the interpreters by language**

- 7 hours per week for Russian
- 2 hours per week for Polish
- 2 hours per week for Bulgarian
- 6 hours per week for Spanish
- 2 hours per week for Thai

Each interpreter is allotted a further 2 hours per month for team consultation, the co-ordinator of the interpreters 4 hours per month for participation on the CCB's whole team and for all other interpreters 2 hours every two months for the whole team. The training programmes put on for the interpreters are paid for by the CCB.

waiting area, give out basic information on the CCB and preventative care. They translate for social workers

## Data collection methods

Interviews were carried out using a catalogue of open questions in the form of a conversation on a general theme. The various clients were interviewed individually and personally after they had received the catalogue. The interviews, lasting between 30 and 60 minutes, were recorded on tape and transcribed at a later stage.

The woman who conducted the interviews was engaged in practical training at the CCB in March this year and during that time had ample opportunity to see at first hand the workings and goings-on of the various facets of the CCB's work. While gaining this practical experience, she was made privy to the various problems and conflicts which arise in all areas of the CCB's work.

### **Participants in the interview**

#### **5 cultural mediators** (all working for the CCB at present)

- for Spanish, Russian, Polish, Bulgarian and Thai. All the mediators come from the countries for whose languages they are responsible, except the Spanish mediators, who grew up here in Germany.
- have served as CCB staff for different periods: from one year to eight years
- have differing experience and qualifications as interpreters: from private commissions, through interpreting jobs for law courts and asylum seekers to several years' experience as commercial interpreters or state-recognized interpreters
- different experience of intercultural work: from no experience at all to several years' work at *Amnesty for Women e.V.*

#### **3 social workers** (the choice of who to interview (interviewee) was left up to the social workers, one of whom is deputy manager of the CCB)

- from eight to thirteen years' service at the CCB
- have differing experience of intercultural work through their activities at the CCB

#### **2 doctors** (one of whom is manager of the CCB)

- have differing experience of intercultural work through their activities at the CCB; one of the doctors grew up in two cultures, Austria and Brazil.
- have worked for the CCB from three to five years

#### **3 TAMPEP co-workers** (one co-ordinator and two cultural mediators)

- with TAMPEP between one to six years (from beginning of project)
- two used to work for the CCB as interpreters before the survey was initiated, one is still working as a cultural mediator for the CCB
- have differing experience of intercultural work

#### **5 clients**

- from: Estonia, Russia, Ukraine, Chile and Colombia



## Results of the Interviews

- have been in Germany for differing lengths of time: between four months and two years
- come to the CCB often or regularly
- the Spanish conversations were conducted by the interviewer herself and translated back into German for the purposes of the recording of the conversation. The Russian conversations were translated by the cultural mediator from the CCB.

### Analysis of data

The data constituted 88 pages of transcribed interviews (2,540 characters per page on average). The analysis of the data concentrated on the **qualitative presentation of the material**. Within each individual topic covered the various statements of the interviewees are sorted according to viewpoint. As explained earlier, the perspectives have largely been sorted according to professional groups (cultural mediators, social workers, doctors, TAM-PEP co-workers) and clients. Any exceptions are duly marked. The statements here are, for the most part, not lifted verbatim from the transcriptions, but rather reproduced here from verbal summaries. On the other hand, the sections "Own" and "Other attitude" comprise the verbatim statements of the interviewees, as the particularly sensitive attitudes with their opposing reservations must be made clear here. The section "Evaluation of the CCB rethink" also delivers the unedited transcription. Additions have been given in parentheses.

As the survey constitutes a taking of stock, it concentrates on *presenting* the results of the interviews. Interpretations, evaluations and suggestions are added in brief to each section under the heading "Observations". These are observations from TAM-PEP's viewpoint. They are not meant to count as definitive assessments of the situation, but rather as ideas proffered for its interpretation.

## 1 Conversation set-up

The situation (described below) in which the conversations took place, in terms of seating arrangements and eye-contact, is largely the same for all interviews. Thus, profession-specific perspectives are not differentiated here. The following data summarize the statements of all professional groups.

### Description of how conversations were conducted

- Participants sat in a triangle so that all three had ease of eye-contact
- The individual persons are introduced to the client and their roles explained
- The client is told the counselling and treatments are anonymous.
- In theory the social worker should conduct the conversation, but in practice this is very difficult, if the social worker and the client have no common language.
- The social worker looks at the client when addressing her.
- The cultural mediator looks at the person to whom she is addressing her translation.

- The person with whom the client maintains eye-contact varies: sometimes both social worker and mediator, sometimes only the cultural mediator.
- Everything said is interpreted for the client, including conversation between the social worker and the cultural mediator.
- The social worker takes care to note the client's reaction, i.e., when three to five sentences have been spoken by the social worker and mediator, the social worker checks that the client has been able to follow the conversation.
- More attention is given to the conversation from the standpoint of social work than of medical concern.
- The way the conversation goes depends overall on the individual participants and how they are feeling on the day.
- The conversation is not steered or controlled, but rather allowed to flow in whichever direction it seems to want to go.
- The amount of direct interruptions by the cultural mediator varies from doctor to doctor and is rarely expected by the social workers.

#### **In what way does a counselling session change when the cultural mediator is present as a third party?**

- Constantly changing eye-contact
- Switching languages
- Less intimacy due to the presence of a third party
- More intimacy thanks to the elimination of the language barrier
- The participants' powers of concentration suffer through the attrition of repeated translation and eventually they become unable to concentrate on the conversation.

#### **What possibilities does a cultural mediator bring to a conversation?**

- A relationship of trust can be established more quickly.
- During conversations between doctors and clients, the mediator's contribution reduces tension in the atmosphere.
- Non-verbal elements of the conversation can be conveyed in language and interpreted.
- Misunderstandings can be recognized, identified and possibly ironed out.
- Work processes can be optimized

#### **What problems come up in these conversations?**

- The changing eye-contact and the language-switching can sometimes cause the client to get confused.
- Direct non-verbal contact is broken.
- The contact between social worker and client has to be established via a third party and is therefore more difficult to achieve. To help this process, according to the social workers, the cultural mediator's reservedness, neutrality and sensitive method of conveying the things said are all the more important. They believe the success of any attempt at establishing contact depends to a great extent on the behaviour of the cultural mediator.
- According to the cultural mediators, it is in cases where the social worker's behaviour in the conversation hinders the establishment of contact that the cultural mediators have to work hard at their job of mediating.

## **OBSERVATIONS**

The three-way conversation comes across to all participants as rather complex and makes for difficulties as well as possibilities. The social workers face anxiety due to lack of control over the proceedings, the mediators due to the ambiguity of their duties. The conversation demands a considerable willingness to work within the framework of the three-way system. To make the conversation function properly, duties and roles have to be made clear to all participants. To cope with any problems that may arise in conversation with the social worker, the conversation is given formal structure. Here the question is this: how can the social worker carry on a conversation with the client without hindering informative and emotionally important communication between the cultural mediator and the client. Another important thing is the trust that both sides have, the social workers/doctors versus the cultural mediators, in the other's competence in their respective jobs. The three-way conversation is based on *collaboration*. If one of the parties present is difficult or not accepted as a fundamental participant in the conversation, serious discord can be the result.

### **One-off, immediate reactions to the conversation**

- Cultural mediator and counsellor must basically work in unison. There must be no awkwardness between them.
- It is advantageous for the counsellor to have a slight smattering of the language being used with the client so that she knows what point the mediator has reached at any given moment.
- The most important tool I have as a social worker is language. But in this situation I can't use it and that's terrible for me. I manage to make contact with someone and suddenly there's a third person right between us! There are few people capable of representing me properly. This is not only difficult for me to accept, but also the work itself loses quality.
- I, as cultural mediator, would prefer to sit behind the doctor. The patient should be fully aware that she is talking to the doctor or social worker and not to me. Otherwise she thinks that I have said the things said. She should also look the doctor in the eye and see for herself how serious the doctor is taking her and treating her.

### **Comments on the role of the interpreting itself and other elements of the conversation**

- Interpreting is never just a matter of converting one language into another, but is always a combination of language and culture.
- The important thing is that non-verbal signals, that are perhaps cultural-specific, can be conveyed or pointed out, i.e. do not go unnoticed.
- Language is a prerequisite for mutual understanding, but besides language, empathy and humanity are also important.
- Besides the culture of their home country, the client's class and education play a large role in the way the conversation is conducted and in the translation.
- When explaining things or using simplified language for the benefit of the client, it is important to be very careful not to insult the client's intelligence.
- Understanding for the group, for whom a translation is being given, is important, i.e. for migrants and prostitutes.
- The emotional bond made possible through the interpreting has an effect on the conversation, changing it.

### **Particular aspects of working in areas of STD, HIV and prostitution which have an effect on the conversation**

- This sort of work touches on very intimate and sensitive issues which have an effect on all participants in the conversation.
- You not only have to surmount the barriers of language, but also the barriers one expects to be present when talking about such intimate matters not normally discussed with strangers.
- In very few cultures are sex and prostitution discussed openly. These two subjects are inextricably bound up with moral condemnation, guilt and punishment, all of which go into the conversation.
- Knowledge of the specific cultural attitude towards and handling of the body, sexuality and health plays a big role.
- You must always weigh up to what extent the client can be confronted with problems.

## 2 The role of the cultural mediator at the CCB

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### Duties of the cultural mediators

Generally speaking, the job of the cultural mediator is above all one of a linguistic and cultural go-between. She conveys and integrates, she functions as a connecting link, she builds bridges. In the interviews, various aspects of this role are formulated with differing emphasis:

### Cultural mediators' perspectives

- To be a person the clients can trust and turn to.
- To look after the clients in every area (preliminary interview, medical situations, possibly in social work situations)
- To conduct first conversation to get particulars and facts about the clients
- To provide background information on client's culture and on German culture during the three-way conversations.
- To be a go-between and bridge between two cultures (client's culture and German culture) and between two worlds (the prostitution scene and the local authorities)
- To put into words all non-verbal, paralinguistic communication
- To foster a friendly and open atmosphere

When out trying to find migrant prostitutes, the mediators have, according to their own statements, the following additional duties:

- To conduct conversation, to give information
- To establish initial contact
- To establish trust
- To interpret and explain accordingly

When defining the job of the interpreter-cum-mediator, various assessments and interpretations come to light:

- "I am an interpreter and cultural mediator in one."
- "My job is to interpret and bring across exactly what is said and exactly what is meant."
- "I am a go-between, i.e., I translate not only exactly what is said, but also experience the emotions involved. As a professional interpreter, one must be totally neutral with regard to one's client. But as a cultural mediator at the CCB, you must also allow your personality some say in your job."
- "Simply interpreting does not make clients have trust in you"
- "The CCB expects interpreting more than anything else"
- "When I'm with the social workers, I'm more of an interpreter than a mediator"
- "When working with the doctors, the mediators are more independent. I take charge more of the organization and have more of a say; I can talk to the women myself tête-à-tête"
- "Cultural mediation means that I can work a little bit more independently".
- "When I was hired, I was not aware that I was a cultural mediator. I have only realised this since talking with the other cultural mediators. There was never any explanation of one's exact duties as such."

### **Social workers' perspectives**

The cultural mediators have the following duties:

- To provide background information on the client's culture for the social workers and information on structures in Germany and on the CCB for the clients.
- To define, in tandem with the social worker, what the problems currently facing the client are. That is what the social worker's job is about, i.e. she knows what steps need to be taken and how contact is to be established etc. The cultural mediator supports the process via language backup and background information.
- The cultural mediator is, by dint of her doing the preliminary interviews, the first contact person for the clients.

When looking for clients, the cultural mediators have the additional following duties:

- To establish trust
- To open doors

When defining the job of the interpreter-cum-mediator, various assessments and interpretations come to light:

- "Situation-dependent mixture of translating and cultural mediation"
- "First and foremost accurate translation of what is said, augmented by the cultural mediation contribution"
- "Rather than verbatim translation, translation conveying what is actually meant, so that both parties understand where the other is at"
- "Medical conversations seem to operate according to a different concept. It is not cultural mediation, but (mere) translation that is required in these situations."
- "Everything depends on who works with whom."

### **Doctors' perspectives**

- To act as oral and cultural go-between and integrate, to function as a connecting link, to build a bridge
- To interpret what is expressed via body language
- To provide background information on the client's culture and on German culture
- To be the first contact person for the clients

When looking for clients, the cultural mediators have the additional following duties:

- To be the chief contact person
- To be in charge of all preliminary work (planning, looking up addresses, establishing contact)
- At the door: to establish initial trust, to introduce who we are

### **Clients' perspectives**

- "She helps me understand and be understood"
- "I have most contact with the cultural mediator"
- "She is more than a cultural mediator; she is a friend."
- "They are translators and cultural mediators, both are very important"

## OBSERVATIONS

The mediators acquit themselves of their duties in a very client-oriented way. The most important thing for them is that they are the first contact person for the client and the person the client trusts. They see their function also as a spokesperson for the client. They approach their work with more solidarity with the clients than with their co-workers from the institution. The social workers see the job of the mediators more as one of delivering extra information and of translating. They acknowledge the fact that the mediator is the person whom the client trusts, but they lay a different value on it. Here we can see potential conflict arising from this discrepancy of perception or emphasis.

The cultural mediator is not a representative of the cultural group from which the client comes. Thus, she is not "authorized" by a person or group. Care must therefore be taken to bring across cultural points that have a bearing on the issue at hand without taking up the role of "party spokesperson". Similarly, the mediator must not exercise power over the client or make the client dependent on her.

How their roles and duties should be formulated as regards streetwork does not, on the whole, appear to be uniform or clear.

- "She gives me information on condoms, diseases and lots of other things.
- "They help to solve problems, even though the problems have nothing to do with health."
- "They commit themselves a lot to the women's welfare."
- "It would be good if they did everything."

### TAMPEP co-workers' perspectives

- To be a linguistic and cultural go-between, to be a bridge to both sides
- Language is not enough to be a cultural mediator. You have to have a good knowledge of the client's culture, and be very familiar with the living and working conditions of prostitutes.
- The cultural mediators are not social workers
- Maintaining a neutral stance towards both parties is very important, but often very difficult. A cultural mediator tends to feel drawn more towards the client and takes the side of the group she represents
- Although nobody would deny that the interests of the women need to be represented, both sides should be equally represented. One must be neutral, because one has to provide information both ways, yet sometimes one is not neutral, as one is there for the interests of the women.
- The clients' wishes for service, security, an ally and affiliate make it very difficult to be neutral.

## 3 Expectations

### The cultural mediators' expectations of themselves

- "I am the main contact person for the clients" (Commented 4x)
- "I am a *confidante* for the clients"
- To find out what education the women have and how much they understand and bring that across accordingly to the doctor and social worker so that there is sufficient information for a successful conversation strategy (technical language or images)
- "To translate both the words and the meaning. The decision as to when I translate more (merely) the words, and when I translate rather what is meant is one I take myself"
- To pay attention not to hurt the feelings of the client
- To nip emotional situations in the bud
- Organization of the counselling amongst the clients
- "I am a social worker and cultural mediator in one"
- "The women tend to want to talk to me about their problems, certainly not to the social workers"

As regards the job of looking for clients, the cultural mediators have the following to add:

- Conversations are conducted in the name of the institution, but simultaneously as "private persons", i.e., there are lots of topics of conversation which do not have a direct bearing on the job of the CCB

## OBSERVATIONS

Whereas lots of observations concerning the translating process were made by the social workers above for the definition of the duties, it is exactly in this area that the cultural mediators have problems defining expectations. They are not at all certain just what the institution expects from them, as the way the institution's concept is put into practice varies a lot from individual to individual. Their self-evaluation and expectations of themselves often go far beyond the duties defined by the concept. Their appraisal of their role as pseudo-social workers leads to disputes over respective areas of responsibility or competence, power struggles and mistrust on the part of the real social workers. This over-estimation of their own role may well result from the above-mentioned unclear definition of their role as well as from the unpredictable way the concept is handled by the institution. The client-oriented definition of the duties of the cultural mediators would seem to be confirmed by the expectations expressed here by the clients themselves and they explain the marked emphasis put on the job of being a *confidante*. When defining their role themselves, the mediators would seem to be very mindful of the expectations of the clients, whereas the expectations of their colleagues from the institution would seem to have little influence on their self-definition, which is a source of confusion for their CCB colleagues. However, the cultural mediators do not have to worry about whether the clients are satisfied with the social workers and the service provided by the institution.

### The cultural mediators reckon that the CCB expects the following from them

- Accurate translation, followed by clarification of the cultural things
- Translation of the words spoken
- "Careful interpreting. The social workers are particularly keen that I should not give my interpretation of what has been said or that I should not intervene. Doctors are a bit more laid-back. With them I can bring my own knowledge to bear"
- "It is not clear whether they expect the same from me as is stipulated in their concept"
- "I am not absolutely sure of what is expected of me"
- "I am not sure whether I am allowed to conduct the preliminary interview, finding conversation on my own. It seems to be handled in different ways."

### The cultural mediators reckon that the clients expect the following from them

- The clients expect immediate help
- "The clients also expect the mediators to be their attorneys (spokespersons) for them"
- "The clients think we can do more than we can"
- "When the clients have not understood the doctors, they expect me to explain it to them"

### Social workers' expectations of the cultural mediators

- "Professionalism is difficult to achieve, as there is no course you can do to obtain the necessary qualifications"
- Flexibility – to translate the words or the cultural implications depending on the situation
- They should not only be a smoothing influence, but also lend support when working on problems
- They should stay in the background during the conversations
- "They should be able to feel when they are exerting a disturbing influence on a conversation and hold back accordingly"
- "They should be particularly mindful of their role in the conversation and of their own expectations in their supporting work for the counselling"
- "Their personalities should be such that they know where to draw the line, where to hold back in the conversations"

### Doctors' expectations of the cultural mediators

- Humanity
- The ability to establish trust

## 4 Problems and conflicts when working with cultural mediators

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### Cultural mediators' perspectives

- Both sides have problems understanding the other's culture
- "Conflicts arise when I am put under pressure to explain things very quickly"
- "I sometimes have problems with the social workers when I get talking to the client"
- "I have trouble with the social workers, when I know more than they do"
- "I once had problems, because the client kept looking at me during the conversation instead of the social worker. The latter thought this was my fault"
- "Another source of conflict is the fact that the cultural mediators are at the bottom of the hierarchy and have to obey the directives of the social workers"
- "There are few conflicts between the clients and the social workers, because I try to divert them, i.e., to draw them upon myself instead. That makes my job of translating very strenuous, because you intercept things, as in psychoanalysis, and act as a buffer"
- "The conversations between the doctors and the clients produce fewer conflicts, because they follow the more rigid structure of a medical check-up"
- "I try to avoid conflict situations out of consideration for the women. Naturally there have been situations where I was dissatisfied. The clients noticed when I was really reprimanded during conversations. That has also had an adverse effect on the relationship of trust I have with the clients whom I have been seeing regularly for two years"
- "The conflicts are often about the same thing, and the longer one works here, the less often they arise"

### Dealing with discussions on conflicts after the conversations

- "Sometimes there are brief discussions of what did not go well"
- "In theory, there is supposed to be time after the conversations when you can clear up conflicts, but this is not realistic, as there is rarely enough time left over. In actual fact, the conflicts are brushed under the carpet and the trouble just accumulates"
- "I see no sense in discussing the situations where conflict arises"
- "Whether the conflict scenarios are discussed or not depends on the available time"
- "In my experience, speaking up about conflict does not help any. Now I just do what the social worker says"
- "I no longer work alongside social workers who are not sensitive to the other culture and do not change their attitude"

### Social workers' perspectives

- "Conflicts usually arise in situations whereby I confront the client with questions and problems. But it is just in these



## OBSERVATIONS

There are conflicts between the co-workers concerning areas of responsibility and roles in the Institution and particularly in contact with the clients during and outside the counselling sessions. A major cause of this dissention is the errant evaluation of the role of the cultural mediators. Furthermore, there are conflicts due to differing opinions and behaviour which are perceived as culture-specific.

It is taken for granted that there is a potential for conflicts dormant in the contact between the social workers and the clients and also between the mediators and the clients. The cultural mediators, though, find themselves having to be the ones to smooth over unpleasantness arising from the language or behaviour of the social workers. They take it as understood that they have to ensure the good quality of the conversations and the counselling by defusing any such tension. The social workers, however, see the mediators in terms of the problems they can cause by not being reserved enough during the counselling sessions.

The after-session talks, theoretically the time when social workers and mediators can exchange thoughts and work through conflicts, very often do not take place.

situations that I need a cultural mediator who can remain perfectly calm and neutral; the slightest agitation can adversely affect the conversation"

■ "When HIV testing, for instance, there are very direct questions. This test demands such questions, as people have to be real about sexuality. This can lead to conflicts with the cultural mediators who want to smoothe over the rough bits in the talk"

■ "Some clients do not feel comfortable at all having a compatriot present. There have been situations when the conversation on sexual matters was much more open when the mediator was outside"

■ "The different ideas of morality, which the cultural mediators bring with them and which, to my mind, are partly very conservative and judgmental, can lead to difficulties in the conversations"

■ "A discussion can be a conflict scenario. If I, for instance, made some claim which was not right in that given context, the mediator would then have to intervene and I would lose face as a competent counsellor. So it is better if I say quite honestly: I don't know exactly whether I am quite up-to-date etc and then compare notes with the cultural mediator. Discussions on competence should not take place in front of the client"

■ "I think it is an act of disrespect towards a client to clarify via a third woman, who comes from the client's country, but from a different class, what questions I can and cannot ask. That is something the client should make me aware of herself"

■ "I know how some cultural mediators see themselves. But what I need is someone who can simply translate sensitively"

Dealing with discussions on conflicts after the conversations

■ Conflicts are not dealt with during the conversation, but rather after it.

■ "I've been in situations where I have had words after the conversation, but also situations where I couldn't be bothered to talk about the conflict after the conversation and just conducted the conversation the way I wanted to in my role as social worker"

■ "There is scarcely time enough to sit down and talk about things"

■ "The longer I work with a woman, the better and more effective our team work becomes"

### Doctors' perspectives

■ There are few conflicts

## 5 Different perceptions

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This section describes the sometimes quite serious differences in perception and documents the reservations directly or indirectly expressed as well as opinions which hinder the establishment of a bond of trust and opinions which prevent effective collaboration.

### **Cultural mediators' perspectives**

- "We are not here simply to help out. We are a chance for the institution to function the way it is supposed to"
- "I get the impression from the social workers that they do not trust the cultural mediators"
- "My qualifications are put in doubt"
- "Sometimes I get the impression that the social workers think that I say or translate different things from the things they say. That is only because I do not translate verbatim. If I did, the conversation would founder and falter. But I tell the social worker what I've said. This does not mean that I am acting independently, but that it is necessary to say a few extra words"
- "The social workers keep their expertise to themselves. They do not want to pass it on, because we are just interpreters"
- "In lots of situations I am very glad that the social worker carries the responsibility, e.g. when a woman has to be told about the results of an HIV test. This situation would be too much for me on my own as I get very nervous"
- "Sometimes I know much more than the social worker"
- "As a cultural mediator I have to translate things that are not right and when I interrupt and intervene, there's trouble"
- "People expect the migrant women to open up, but I get the impression that there is not enough interest in their side of things"
- "Some social workers try to understand. Others remain stubborn and remind you that they are the counsellor. But some understand that they totally rely on us"
- "If we were to work in a team on more of an equal level, some things would definitely change"
- "In most cases I feel the social work input is superfluous. It is irrelevant for the clients"

### **Social workers' perspectives**

- "My culture is not represented by the cultural mediators. They feel themselves allied with the client, their compatriot, and they defend or represent her. They do not really convey the message: 'You are here in an institution; you can trust the people here'. There is no sign of this basic position"
- "I am not always presented to the client as a person who is kindly disposed towards her, as opposed to someone who is just there for entertainment"

- "The cultural mediators are only here for about two to four hours a week. That is nothing in comparison with the work we do here"
- "I am here more or less 38 hours. It is difficult to draw limits for yourself, but that is part of being a professional. I cannot ditch a conversation every time there is some little problem. I am not obliged to have it out with people whenever they insinuate that I am not doing my job properly"
- (Regarding the question of coaching) "I am not interested now in having to deal with four or five colleagues who do not possess the same level of self-awareness as I do. So, it is not my job to reappraise this with women who are not familiar with the issues and I would always say "No" to this. I can imagine working in working groups, but not under the aegis of a coach."
- "I believe very deeply that there are lots of deficiencies on the personal level (with the cultural mediators). I have to remain on a professional level. If I descend to a personal level, I am lost. I know this and it saps up too much energy"
- "What I feel is a nasty trap when working in a multicultural arena is the way people quite simply and readily accuse you of racism (...) The idea that the Germans think in a racist way is in itself an racist attitude (...) The topic of racism involves lots of issues: being right, positions of power. The reason why we sometimes have serious arguments is that ultimately it is about our jobs. Coaching or some sort of professional support can help you to deal with instances of racism or accusations of racism"
- "Basically it is idiotic to assert that it is the mediators who conduct the interviews. The roles get completely mixed up, because contact is the way trust is established and not the meat of the professional counselling"
- "The danger for everybody in the counselling role is that one feels one's stature increased through the trust the woman has in the mediator, via this trust. It is a good feeling. The problem is simply that excessive demands are made which cannot then be made known"
- "I do not need mediation to see that the women have a different attitude to their bodies etc.; that has become very obvious to me over the course of time in this job. When we did not have mediators working with us, we still learned a great deal about the women. I do not need a cultural mediator to learn about the women"
- "The cultural mediators can pass on a lot of information, but I have studied psycho-sociological counselling and certain interventions for four years AND (despite that) I have done further training for years more"
- "There are counselling situations where the cultural mediators are totally disruptive"

### **Doctors' perspectives**

- "We work here with cultural mediators in whom I have complete confidence. They have the technical expertise and the requisite humanity"
- "The cultural mediators have the same power in the hierarchy as everybody else"

## OBSERVATIONS

Each group's lack of acceptance of the other, their lack of trust, their lack of respect for the qualifications and work of the other is all too obvious here. Serious accusations have been made which attack the personalities and functions of individuals and call their jobs into question.

- "There is a lot of resistance to the cultural mediators on the part of the social workers. The latter do not consider them sufficiently well trained to take on jobs with major responsibility"
- "The social workers do not use a great deal of what they have learned. The cultural mediators can do just as good a job. Only when problems with repercussions arise are the social workers needed. That is what they are important for. There is a big power struggle between all the (various) groups involved"
- "It is a great disadvantage that you cannot react to the needs of the women with the attitudes of social workers"
- "It is a paradox; on the one hand the social workers realise that training to be a cultural mediator was important, but, on the other hand, they do not admit that in public"
- "Conflict is a part of the German mentality. That is why the population is so ill"

### TAMPEP co-workers' perspectives

- "The CCB is supposed to be a model counselling centre. This is true when you compare them with other counselling centres. But still I find the substance of the work they do rather poor"
- "I have often found the way the social workers behave towards the migrant women rather strange – this exaggerated affectation. And also this 'not wanting to understand' business"
- "In difficult situations the social workers are very important. They have the expertise. Such situations often go beyond the capabilities of the cultural mediators"
- "I cannot understand why the Germans always feel they are responsible for everything, for all the cultures in the world. It makes me feel they want to keep them in their control"

## 6 Things people want from their colleagues

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### Cultural mediators' perspectives

- Respect for the job of interpreting
- Recognition of expertise
- "Confidence in the fact that I know that I am more familiar with the client's situation, her situation in her home country and the causes which led to her migrating"
- Acceptance as equals
- To be considered not only as a service, but also as a person who has an influence on how the encounter goes"
- "The realisation that they are reliant on my help"
- More sensitive attunement to the culture in question
- More understanding for the culture and the situation the clients are in
- More time for conversations

- The duties to be performed and the job outline must be clearly formulated when hiring people
- More intensive exchange of expertise
- More explanation for the clients of the medication which is prescribed

### **Social workers' perspectives**

- Greater consideration of what one's own role in the work means, of one's own psychological stability, of one's own motivational basis for doing counselling and support work
- "I need a cultural mediator who also has confidence in the way I do my job, i.e. according to a concept, and who also believes that that concept makes sense"

### **Doctors' perspectives**

- "I wish the social workers spoke foreign languages as well. I think it is a great shame that they all only speak German"

## **19 What does working in a multi-cultural team mean and how does it work?**

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### **Cultural mediators' perspectives**

- It is interesting and enriching
- There are lots of misunderstandings
- Conflicts arise, because you think you understand, but you do not quite understand, because the tone is different or one word is wrongly interpreted
- Conflicts arise because migrant women are almost always in a situation whereby they cannot themselves stipulate the work they do
- "Not understanding has something to do with language and culture, but also with the hierarchy at the CCB"
- "Racism is perhaps a little harsh, but sometimes something close to it comes up"

### **Social workers' perspectives**

- To be open and interested when meeting others
- It leads to conflicts and friction. "But it prompts this lovely scene of conflict's spawning warmth"
- The conflicts are also important for making you examine your own attitudes and changing them, if necessary
- It is not just multi-cultural, but also multi-professional: there are lots of power struggles
- A team made up of social workers, each from a different culture, would be very exciting; at present, however, the social workers are all Germans, the mediators all foreigners and the latter tend to be ranked below the former in the hierarchy.
- There are lots of misunderstandings
- There are lots of prejudices on all sides
- There is a lack of mutual tolerance
- People tend to shy away from conflict, not using it as a constructive tool

### **Doctors' perspectives**

- It is very enriching for one's work
- "I have to be prepared at all times to learn new things from the others and about the others"
- It is very taxing having daily contact in five languages
- It means lots of getting down to the nitty-gritty of things
- It requires constant re-evaluation of and correction of one's own perceptions
- It is afflicted with conflicts which result from lack of understanding and problems concerning areas of responsibility
- Coaching would be helpful

## **8 What qualifications should a cultural mediator possess?**

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This section consolidates the statements of all professional groups with quantitative supporting data

### **Cultural qualifications**

- Good knowledge of their home country and of Germany (Cited: 10x)

Knowledge of the home country is cited as the most important part of this qualification. Knowledge of Germany is not so explicitly emphasized. 1x found fault with the fact that knowledge of Germany is neglected.

### **Language qualifications**

- Good language qualifications in both languages (Cited: 8x)

A qualification as translator or interpreter was only 1x taken into consideration

### **Personal qualifications**

- Openness (Cited: 7x)
- Sensitivity (Cited: 5x)
- Mature personality, i.e. be in a position to separate your own conflicts from those of others, have thought about the way you are affected by the issues, be able to delineate limits for yourself (Cited: 3x)
- Empathy (Cited: 3x)
- Commitment to social good works (Cited: 2x)
- Strong personality (Cited: 2x)
- Pleasure in working with people
- Flexible when communicating with different people
- She is a symbol of "Succour and Safety"
- Adherence to the role and function they take on themselves

Personal suitability is cited as the most important qualification next to the cultural and language knowledge.

## OBSERVATIONS

Though the actual working hours are rather limited, great demands are made of the cultural mediators in terms of what qualifications are required of them. Particularly the personal qualities, so difficult to evaluate, play a central role in the statements of all interviewees.

The strong demands for personal qualities may be responsible for the tendency for social work duties to be delegated to the cultural mediators. The cultural mediators are not social workers and cannot be expected to achieve the same results.

### Specialized knowledge

- Specialized knowledge of medicine and social work and the readiness to undertake further training in these disciplines (Cited: 6x)
- Knowledge of the prostitute scene, i.e. knowing about the living and working conditions of the women (Cited: 4x)
- Get down to the nitty-gritty of prostitution, finding out about it and dealing with it (Cited: 3x)

### Experience of migrating

- Experience of migrating is important (Cited: 4x)
- Experience of migrating is preferable, but not a prerequisite
- Experience of migrating is not necessarily important

### Should the mediator be a compatriot of the client?

On this point opinions were unanimous

- It is preferable, but it always depends on the actual person

#### For compatriots:

- She has sufficient knowledge of the other country involved
- Amongst all the problematic issues the clients are confronted with, the compatriot offers them a positive anchor or link. She is a known quantity in an unfamiliar environment.

#### Against compatriots:

- "The clients quite possibly feel a deeper sense of shame when they have to talk about things in front of someone from their own country"

### Feedback from clients on the matter of compatriots as mediators

- "A woman from my home country is much better. She knows my home country and the mentality of my people much better.
- "It doesn't matter. The important thing is that she understands my language and helps me"
- "It doesn't matter whether she is from my country, but it is very important that she is familiar with conditions in my country and the mentality of its people"
- "A woman from my country would not think so openly about lots of things and might make my problems worse"

## 9 Feedback on reciprocal training and learning how to do the job

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### Cultural mediators' perspectives

- "As far as medical matters are concerned, I have benefited a great deal from the further training"
- "As far as medical matters are concerned I feel much surer since doing the training and this confidence has a positive influence on the conversations as I radiate confidence on the job"

- "I have learned a lot myself and can use a lot of that new knowledge as tips for the clients"
- "I have not learned anything new. I knew it all already from my professional training"
- "The TAMPEP further training does not interest me"
- "In theory, I think the further training approach is good, but I do not know whether it brings across very much"

### **Problems**

- When presenting (the cultural mediators) an entire area falls foul of stereotyping
- Lots of cultural mediators missed the chance for further training, because they started late at the CCB
- "Suddenly I know a lot more than the social workers. When we are working together giving counselling in some medical matter and I know more than her, I am actually more than an interpreter in this situation, but I have to keep to my role and place and maybe translate things that are not right"

### **Changes and Outlook**

- It is very important to continue the further training and to intensify it, especially where social work is concerned
- The social workers are gradually coming round to appreciating the further training programme
- Nothing has changed

### **Social workers' perspectives**

- "The basic knowledge that the cultural mediators have is generally interesting, but it all depends on the individual woman"
- "For me personally, it's the actual conversations between social workers and cultural mediators that are important. I learn a lot about the individual cultures from them"
- "The information the cultural mediators provided was very interesting, but not related to the clients. This further training would not make me feel any more able to evaluate the clients, at the most only on a couple of individual points"
- "Lots of things that the cultural mediators told me was already familiar to me"

### **Problems**

- Self-reflection was not integrated in the further training
- "From a training course I expect to get to grips with the question as to why a woman (cultural mediator) does this job, the issues involved with self-knowledge in work like this. But this is a very tricky and awkward issue"
- The problem is that the information the cultural mediators provide covers an enormous group of people

### **Changes and Outlook**

- "I have not noticed any changes having incurred as a result of the TAMPEP training"
- "The great misunderstanding is that the cultural mediators think they will be working independently once they have undertaken the training"
- "After doing further training the cultural mediators can come up with the facts, but whether they can actually conduct the sort of conversations we have to conduct is quite a different matter"
- On the matter of learning how to do the job**
- "We teach the cultural mediators how to do the job, but sometimes this can go wrong, too"
- "We introduce our concept to the cultural mediators"
- "The way cultural mediation is handled varies a lot and this means that learning the job is different from person to person"
- "Perhaps we should be more uniform in our methods and practices through stricter regulation of work. For those who only come here once or twice a week, regulated work is very important"



- The mutual training was very interesting, but there wasn't enough of it
- "I would like to have more information from the cultural mediators"

#### **Changes and Outlook**

- "I have observed that the cultural mediators know much more now about the medical issues (contraception, common illnesses, therapies available)"
  - "We should intensify the further training. You see the positive results in the conversations with the patients"
- The authorities would have to pay for more training
- "We should aim at my not having to be present at every conversation session"

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#### **Problems**

- As a cultural mediator you speak on behalf of a very large group of people and must constantly take care to avoid clichés. Reporting on a land or a whole continent in two hours is pure folly; one ought not do it.

#### **TAMPEP co-workers' perspectives**

- The further training programmes were good, but too short
- It prompted more openness overall
- "The mutual exchange of information was very important, also the information from the cultural mediator about the 'machinery of the local authorities' and (their) bureaucratic procedures. That has made it easier to understand the behaviour of the social workers, the difficulties they encounter and their self-satisfaction"

## **10 Evaluation of the conceptual rethink at the CCB**

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### **One cultural mediator's perspective**

**”** Yes, lots of things have changed - the interpreters' sphere of activity, for one! Now we have much broader duties as cultural mediators. It used to be like this: the interpreters weren't allowed to have any contact with the women, none at all. Whatever the woman asked a simple question such as where the chemist was. You just had to translate and a social worker always had to be present. Things have changed, of course, a lot since and it is better now. The cultural mediators do a lot on their own, which is very good and saves a lot of time; e.g., they provide information on the CCB. That really doesn't need to be relayed twice, once in German and once in the language of the client – that was absolutely absurd. We can introduce the CCB and tell the women what sort of personnel work here, what sort of services we offer, what she can get from it. That saves a lot of time. The cultural mediators present this information on their own. That is also good, because the women have someone from their own country as the first contact. This makes them open up more quickly. Because there is no language barrier, not only because I am from their country, but also because we are alone together in the room. That is always different from when there are three of you. The women come from all sorts of backgrounds. Hardly any of them has ever had the

#### **Doctors' perspectives**

cultural mediator. They have to learn and know how it works. Our co-workers have to learn that, too; they have learned a lot already, actually. It is very difficult. We have to learn to interpret, carefully and correctly and also really try to convey the ideas and background carefully, and they have to learn to work in tandem with us.

We have done much more intensive training in the medical issues than in the social work issues. That also saves a lot of time and provides us with a bit of confidence, as we are surer now of our ground when we translate medical things, because we know a lot about them. You know what it's all about. True, everybody knows what gonorrhoea is, but perhaps not everyone knows what causes it, how long its incubation period lasts, what dose of antibiotics is required and how long it remains contagious. All these things! When you have a clear picture of all this in your head about all venereal diseases, that makes your job much easier. Then you can interpret with greater confidence."

### **One social worker's perspective**

**”W**ell, we used to say quite categorically that we wanted translators. They were there just to translate and that was that. Hmm, how can I put this; as our boss is a Brazilian of Austrian extraction, she has very much strengthened the position of the cultural mediators who, if I can put it bluntly, used to be mere translators. Through TAMPEP and other project work undertaken together these women gradually metamorphosed into cultural mediators and then there were arguments about what this meant. What were the advantages and disadvantages. I must say I am still a bit undecided on the issue. I believe that a cultural mediator is important, but I understand the reservations others have about their intervening in the conversation. That is a different concept, in fact, such a method does not exist, and it does not form part of what is understood as their role. The path leading to this state of affairs was a stony one indeed as the matter of racism came up. True, it is interesting to learn about another culture, it is also interesting though to see how I can protect women by confronting them, which isn't part of normal behaviour in many countries. But isn't it one way of doing it, despite that? For a time this didn't work. So when I asked a question and didn't confront the woman myself and point out the limits, but rather the mediator did, the whole thing was often very difficult for me. Firstly, because I couldn't put my plan into action, and secondly because it was sometimes unclear as to what the role of the cultural mediator was anyway! There've been lots of arguments; people have come and gone. People still differ on this matter, and few are making any attempt to come to grips with it at the moment. At present there's a truce. And there are the most diverse ways of tackling it, which makes it sometimes very implausible. There was a phase when we had a lot of strife and stress and gave up on the preliminary interviews, because everyone had had enough. Because totally discontented people had been doing them for ages. Ultimately we were right in saying that initial contact is the most important contact. How things go

experience of having to talk  
through the medium of a

from here, we'll have to wait and see. There's always plenty of potential for trouble and lots of over-stepping the limits by the translators which often goes unnoticed. Then again there are lots of people at the CCB and three translators, four social workers - plenty goes wrong. And I know we're presently discussing a (new) structure for getting to grips with our work in a different way.

### **One doctor's perspective**

“**T**ranslating for patients used to be a very strict and orderly matter. The doctor would speak to the patient and the translator would have to translate word for word. There was no room for asides and observations from the translator. Whenever she sensed doctor and patient were not understanding each other, she couldn't intervene. The period of transition was a difficult time. It was partly about defending your own professional territory. In fact, that was the main cause of strife during this period. Where suddenly a mediator had more room to manoeuvre, the others involved, the social workers and doctors, could get the impression initially that they weren't needed so much anymore. Or that someone who had no education at all in medicine or social work was suddenly the most important person in the process. That was the trouble – where is my place in this and is she challenging it? Is she muscling in on my territory or not? That was a difficult phase. Initially it was handled in such a way that they established exactly what a mediator was allowed to do and what not. That has become, thank God, obvious simply through experience. And the cultural mediators have had to find their feet in this role, too, and also, naturally, get some training, because they've suddenly had to deliver much more.”

### **One TAMPEP co-worker's perspective**

“**B**efore the conceptual rethink, it was very strict. We were very restricted in our contact with the women. The main role was the territory of the social worker. When conflict started to arise and the whole thing blew up in everyone's face, it was clear to me, till the new concept came along, that it was the result of people's fear of losing their power; between the social workers and the doctors there was never any problem; the power or control over the women. But that is silly. This sort of work is not a power game. And pointing this out was the biggest cause of conflict for me. It was also a problem of trust. They didn't trust us cultural mediators. It came to quite extreme cases where they said we weren't allowed any contact with the women, not even to say 'Hello, good day'. That was, of course, extreme. It was always very interesting for me, because here at TAMPEP we have created something quite different. The contrast was very stark with the way we did streetwork at TAMPEP and still do today, where we operate independently. Because we, who do the work, have this ability or capacity. Not everybody can be a cultural mediator, just because they speak another language.”

# 11 Collaboration between TAMPEP and the CCB

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## Social workers' perspectives

- The work of TAMPEP was most enriching
- "The educational materials and other translated literature were very helpful; the cartoon book is, for instance, worth its weight in gold"
- "TAMPEP supported the streetwork carried out by the CCB"
- "TAMPEP profited from our streetwork experience"

## Doctors' perspectives

- TAMPEP put a lot of effort in and pointed out background influences and interconnections
- "At first we needed the help of the cultural mediators from TAMPEP"
- "The collaboration was very productive; thanks to TAMPEP we had a great breakthrough"
- "Collaboration on the individual projects was really good"

## TAMPEP co-workers' perspectives

- "At the beginning it was very difficult, but now they (at the CCB) understand that we are not competing with them, but that we develop things that they can use as well"
- "There were a lot of difficulties collaborating with the CCB, because they simply didn't accept us"

## Remarks and Perspectives

**A**s the main area of conflict, one could document the definition of roles and the expectations associated with them as well as self-perceptions versus the perceptions of others amongst the individual professional groups. Especial note should be taken of certain points for genuine collaboration between social workers/doctors and cultural mediators:

- Her own experience of integrating and the difficulties she has had colour the emotional attitude of a cultural mediator. This is the very reason why there must be a clear mark of delineation between her and the patient in order to do a professional job of interpreting. To undertake this professional role, she has to have reflected on the way she handles her own migration history. Otherwise there is a danger she might end up either being over-loyal to the client or rejecting them. The social workers and doctors must support this professional delineation. Part of that means recognizing the professionalism of the role. Additionally, coaching, feedback or discussion before and afterwards and training courses are very important.

■ Conflicts arise through the tension caused by the neutrality expected of the cultural mediators, on the one hand, and their emotional involvement in the counselling sessions and the partiality which results therefrom, on the other.

■ Apart from culture-specific factors, individual factors and experiences of collaboration always affect one's behaviour and one's emotions during conversations. These experiences are, in most cases, not good, because introducing cultural mediators into the work situation means lots of conflicts. They can only be solved slowly, one by one. It should, however, be a part of the collaboration process to reflect on shared history and to develop the collaboration process for the future.

■ Even if it is a matter of power and status amongst the individual professional groups, lots of difficulties arise. Conflicts arise here out of a 'combination of a lack of formal recognition of the interpreting job and at the same time of situational power in the interpreting process'.<sup>9</sup> Feelings of loss of control, power and authority over one's territory as well as helplessness on the part of the doctors or social workers can result from their very dependency on the translators. It is possible that some try to compensate for this by treating the interpreters dismissively. The interpreter can also abuse her position of power by keeping back important information. Conflict due to such power politics can be defused through recognizing the function of the interpreters (through appropriate institutional status, through financial reward and training). An relationship of unswerving trust between doctor/ social worker and cultural mediator can be helped along by coaching and/or appropriate discussion before and after counselling sessions.

■ The status of the cultural mediators is mirrored in the conditions of hire, the concept behind the technical collaboration and the prerequisites for the training courses.

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<sup>9</sup> Stuker 1998, S. 63