

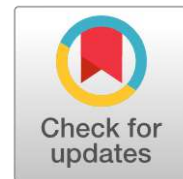
## LANGUAGE BROKERING IN HEALTHCARE SETTINGS IN SPAIN: AN INSIGHT BASED ON TESTIMONIES

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### Abstract

There were 6,491,502 foreign residents living in Spain in January 2024, a number that indicates a significant increase since the beginning of the 21st century. Among this foreign population, the largest communities are Moroccans, Romanians and British, whose mother tongue is not Spanish. According to the results from several studies conducted over the last decades, when these allophone residents use the Spanish healthcare services, they frequently ask their children to help them communicate with healthcare providers through linguistic and cultural mediation, even when professional interpreting or mediation services are available. How did these children feel while mediating for their parents in this context? Did they have any negative experiences? We intend to provide answers to these questions through semi-structured individual interviews with adults who had mediated for their parents in healthcare settings in Spain when they were children or young adults. These answers contribute to a clear understanding of the consequences of language brokering, thus promoting the use of professional interpreting and mediation services in these settings.

**Keywords:** linguistic and cultural mediation, healthcare services, children, young adults

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
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According to the International Organization of Migration (IOM), the number of international migrants has increased in most United Nations regions, but this increase is especially significant in Europe and Asia, which hosted around 87 and 86 million international migrants in 2020. Until the 1990s, Spain was a “net producer” of emigrants, but after that decade, has become a country receiving immigrants. This has led to a major increase in the number of foreign residents. In 2022, according to the data from the Spanish Statistical Office (INE for its acronym in Spanish), there were more than 5,500,000 foreign residents in Spain. Out of these foreign residents, more than 2 million (nearly 40%) come from Europe; more than 1.5 million (more or less 30%) from the Americas; approximately 1.2 million (20%) from Africa; and the remaining 10% from Asia. It should be noted that these residents have the right to access most services in very similar circumstances as Spanish citizens. Given the numbers, we can see that the vast majority of foreign residents in Spain may need the assistance of interpreters to communicate with the providers when accessing public services, as they are not native speakers of Spanish. However, the reality is that, especially in settings such as healthcare institutions, interpreters are not always provided by the institution, and these allophone individuals must resort to their own means to be able to communicate. Very often, the easiest way for them is to “use” their children as interpreters.

Interpreting by children or language brokering is something that has always occurred in many countries (Cline et al., 2010; Degener, 2010; Morales & Hanson, 2005) and will undoubtedly continue to occur in different settings (Antonini, 2015a; Foulquié Rubio, 2015; Orozco-Jutorán, 2022), as it is “a spontaneous phenomenon present in every society” (Muñoz Martín, 2011, p. 47), regardless of the culture of the native and the host country. And this is a recurrent phenomenon in migration processes (Bestué et al., 2023) where parents do not speak the official language, but their children usually learn it faster because they attend school in the official language of the country (Antonini, 2015a).

### **Preliminaries**

This phenomenon was firstly investigated by Harris in 1973 when he defended the idea of bilinguals being able not only to speak two languages but also to translate from one to another. In 1976, he defined “natural translation” or “natural interpretation” as a type of non-professional translation or interpretation performed by a bilingual person

without any training, and which usually occurs in everyday situations (1976). In many of his works, Harris (1976, 1980; Harris & Sherwood 1978) investigates whether any bilingual person would be able to translate and interpret as it is an innate skill that a person acquires from the moment he/she starts learning two languages. Harris (1973) even defends the idea that this is not an additional effort or burden for the natural interpreter and that it is something that bilinguals do to help their families and communities.

Nevertheless, although interpreting is a skill that appears innately in bilinguals, one cannot speak of a simple mechanical decoding between two linguistic codes. Different studies (Malakoff & Hakuta, 1991; Shannon, 1990) show that children develop and apply much more sophisticated skills of a different kind. These skills are cognitive skills and interpretative strategies. Moreover, in addition to these strategies and skills, there are also the socio-communicative or pragmatic skills that lead Shannon (1990) to use the term language brokering (LB hereinafter), instead of interpretation, to define the linguistic and social skills of the children who acted as brokers for the Mexican families living in Northern California. Shannon (1990) considers that the tasks carried out by these natural brokers, including in the case of children, go beyond mere linguistic and cultural interpretation, since in many cases, they become managers of communication and make decisions that are not purely linguistic. In conclusion, LB goes beyond interpreting: It is not a neutral activity and language brokers may alter the messages, normally to benefit the family member.

LB, understood here in a broader sense to also include young adults mediating for their parents, is performed in many contexts, and it can involve activities in different situations, from daily activities such as helping parents to translate letters or any other information at home (Bauer, 2010; Jones & Trickett, 2005; Weisskirch, 2006) to more specialised activities such as going to the doctor (Antonini, 2015a).

These situations differ from formal translation and interpreting in the way that language brokers usually influence the messages they convey and “may act as a decision maker for one or both parties” (Tse, 1995, p. 180). In immigrant families, LB is usually carried out by children because they develop linguistic and cultural capacities faster than their parents, usually because they are more in contact with the culture and language of

the country where they live (Katz, 2014). Antonini (2015b, p. 48) defines child language brokering as “interpreting and translation activities [are] carried out by bilingual children who mediate linguistically and culturally in formal and informal contexts and domains for their family and friends as well as members of the linguistic community to which they belong.” This is also the reason why research has focused on the child as the main actor of this activity, but other researchers (Katz, 2014; Villanueva & Buriel, 2010) consider that this is not a decision of the child, but a kind of teamwork agreed by parents and language brokers. De Abreu et al. (2003, p. 89) show an example where parents see using their children as language brokers as a way of freeing themselves from any other external mediator, usually a relative or neighbour, and a means of preserving the family’s privacy. For this reason, it is often the parents themselves who discard the idea of asking anyone else for help, since they consider that their son or daughter can fulfil this function:

But when I have a doctor appointment or when I have to do something ... a paper that is needed ... Paperwork in English I do not manage. One needs a person ... translating so that I can answer. But she is already coming. She comes and helps me. When I need money, she goes in (bank branch) and we tell her: “I want to use the automatic machine!”. She knows how to do it. She goes to the doctor with people. (...) She goes because she is managing. And it is this that I actually also like because I also ... People can’t always come with us when we need them to. If we have someone ... And I have a son, who when is free and we need his help, he will come.

But how do these language brokers feel when they have to carry out these tasks? In this sense, the LB research has not yielded concluding evidence of the feelings of such children. The studies are inconclusive as researchers are not able to offer an answer on how these children feel when performing LB, as these feelings might be because they depend on different factors and this can lead to different positive or negative outcomes, mostly depending on the context (Kam, 2014). Studies show that this activity may affect the child’s self-esteem (Hue & Costigan, 2012; Weisskirch, 2007) and have negative consequences for their mental health (Rainey et al., 2014). These negative consequences are derived from the fact that children take on too much responsibility and have to put up with a lot of stress as they have to face situations for which they are not prepared (DeMent & Buriel, 1999; Jones & Trickett, 2005; McQuillan & Tse, 1995; Weisskirch & Alatorre Alva, 2002). But this activity is also seen by the minors as a means to help their families and

make them feel useful (Dorner et al., 2008; Orellana & Phoenix, 2017). In the same vein, a study carried out by Free et al. (2003) argued that children mediating in this context were pleased with having the opportunity to show their bilingual skills and being able to assist their families.

The possible negative effects might be even more delicate when LB is carried out in healthcare settings, something that is a common practice in many countries (USA, UK, Germany, Spain, among others). Some healthcare providers consider that children can be used as informal interpreters “as a short-term measure for emergency GP consultations” (Shackman, 1984, p. 13 as cited in Cohen et al., 1999, p. 165), when there is a lack of alternative or when “straightforward consultations involved illnesses or conditions which related to non-taboo parts of the body or bodily functions” (Cohen et al., 1999, p. 172-173). Antonini (2015a) also found that GPs considered LB as an enjoyable activity for the children, but this description differs quite a lot from the children’s narratives. The previously mentioned study by Free et al. (2003) also describes some disadvantages of using children as language brokers and they are mostly related with children missing their normal activities as children and the difficulties in dealing with sensitive topics. However, it is a highly delicate subject “when youngsters are used as interpreters in the medical industry or during doctor-patient interactions” (Wal & Aksheh, 2023, p. 1755) since these contexts are not appropriate for their scope of knowledge and experience.

In the case of Spain, the use of children as language brokers in healthcare settings is still an understudied topic, but many studies on the situation of public service interpreting reveal that it is a commonly used resource when communicating with allophone users (Abril Martí & Martin, 2011; Arumí-Rivas & Vargas-Urpi, 2021; Foulquié-Rubio, 2018; García Sánchez, 2010; Nevado Llopis, 2015; Rubio-Rico et al., 2014).

### **Methodology**

Our research study was conducted using qualitative methods with a phenomenological approach, since the aim was to reach an in-depth understanding and description of the essence of a phenomenon, LB in healthcare settings, from the perspective of those directly involved (adults who interpreted in those settings when they were children or young adults).

For the data collection, semi-structured individual interviews were used in order to gather the respondents' experiences, beliefs and opinions in relation to the topic under study. A preliminary script for the interview based on the LB literature (Antonini, 2010, 2015a; Cline et al., 2011; Cohen et al., 1999; Giordano, 2007; Green et al., 2005; Kam & Lazarevic, 2013; Rainey et al., 2014) was designed and submitted to a researcher, clinical psychologist and psychotherapist specialized in children and teenagers, who reviewed it and suggested some modifications aimed at increasing the clearness of the questions posed and reducing the potential impact on the interviewees when recalling possibly disturbing past experiences. After this review, the final interview script was discussed among the three researchers and it was eventually composed of an initial section regarding sociodemographic data and 26 questions, mostly open questions, but also closed or multiple choice, used when the interviewees appeared to have difficulties finding an answer or when obtaining detailed information was considered more important (see Appendix).

For recruiting participants, purposeful sampling was initially used to identify and select individuals that were well informed or experienced with LB. There were specific criteria each interviewee had to meet to be considered for the research study, namely: a) belonging to immigrant groups and communities living in Spain; b) having reached the legal age (18 years old in Spain) at the moment of doing the interview; and c) having been asked to mediate linguistically and culturally between their families, friends or members of their community and the healthcare providers when they were children or young adults. Convenience sampling was also employed, initially approaching those participants who were easily accessible to the researchers due to previous contact. Finally, snowball sampling was applied, relying on those initial interviewees to help identify additional participants for the study. All the participants read and signed a statement of informed consent before being interviewed.

As can be seen from the table below (ordered by the age at which the participants started mediating), in total we interviewed 11 people (9 female and 2 male) aged between 22 and 42 (at the time of the interviews). Their nationalities matched with those of the largest non-Spanish speaking foreign resident cohorts (Romanian, Moroccan, British and Italian) with the exception of one Armenian, who had come with his family to Spain as a refugee 26 years previously. They currently live in 6 different Spanish provinces. Two of

them were born in Spain, while the rest arrived at ages between 1 and 17. Most of them started interpreting one or two years after their arrival.

**Table 1.** Participants' Sociodemographic Data

<b>NATIONALITY</b>	<b>CURRENT AGE</b>	<b>SEX</b>	<b>COUNTRY OF BIRTH</b>	<b>PROVINCE OF RESIDENCE</b>	<b>AGE WHEN ARRIVED IN SPAIN</b>	<b>AGE WHEN STARTED MEDIATING</b>
<b>Moroccan</b>	23	Female	Morocco	Murcia	1	7
<b>Italian</b>	25	Female	Spain	Alicante	Born in Spain	8-9
<b>Romanian</b>	22	Female	Romania	Madrid	7	9-10
<b>British</b>	28	Female	Spain	Almería	Born in Spain	10
<b>British</b>	28	Male	United Kingdom	Almería	8	10
<b>Romanian</b>	28	Female	Romania	Zaragoza	10	11
<b>Armenian</b>	38	Male	Armenia	Valencia	12	12-13
<b>Romanian</b>	26	Female	Romania	Zaragoza	9	12-13
<b>Moroccan</b>	28	Female	Morocco	Valencia	15	16
<b>Romanian</b>	42	Female	Romania	Valencia	16	17
<b>British</b>	42	Female	United Kingdom	Alicante	17	19

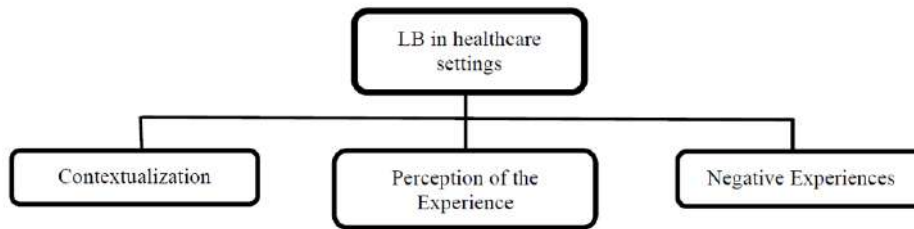
The interviews were audio recorded and then transcribed verbatim. The analysis was conducted with a thematic method, which allowed the researchers to closely examine the data obtained to identify common themes, ideas and patterns of meaning that emerged repeatedly. The three main areas of interest were the following:

- How did these children and young adults feel while mediating in healthcare settings?
- Did they have any negative experiences?
- How did this task affect them in their childhood and later in life?

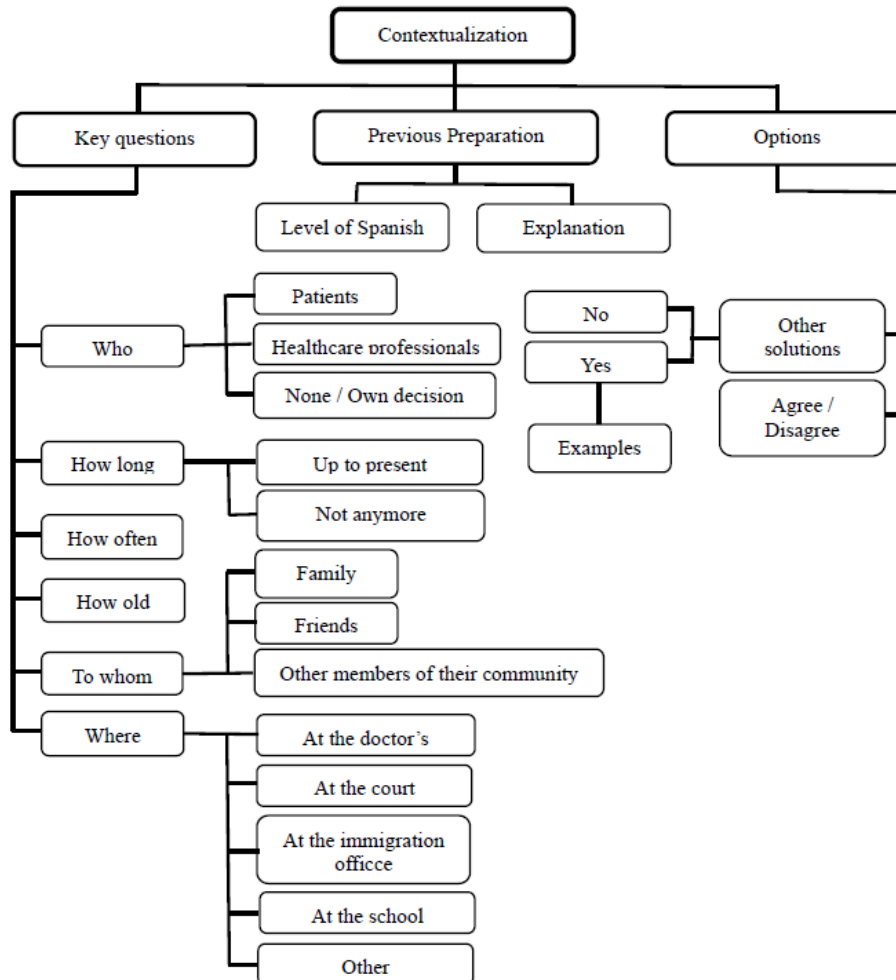
In this paper, due to space limits, the analysis is restricted to the contextualization of the LB events (1-8 questions) and the two first main areas previously presented (9-12 and 22-23 questions, respectively). From these general areas, specific themes and their relations were determined through manual deductive coding, starting with a predefined set of codes, based on previous research concerning LB in healthcare provision (Antonini, 2015a; Antonini & Torresi, 2021; Cohen et al., 1999; Giordano, 2007; Green et al., 2005; Katz, 2014), assigning those codes to the gathered data and creating new codes when unexpected information emerged. A hierarchical coding frame was created, agreed and

used by the researchers to analyse and interpret the qualitative data. By way of example, the general coding tree and the coding tree regarding contextualization are shown below.

**Figure 1.** General Coding Tree for Thematic Analysis



**Figure 2:** Contextualization Coding Tree



In the following section, the main results are presented. Verbatim quotes are included to give voice to the participants, but key codes are used to identify them instead of their names for confidentiality reasons.



## **Results Analysis**

### **Contextualization**

The language brokers interviewed mainly mediated for their parents but also for other family members and friends, even for some acquaintances met at different settings, such as the refugees' shelter, the church or a park. In short, they mediated for anyone in their community who might need help for communicating with the providers not only at the healthcare services but also in other public services and institutions. In particular, they performed the broker role at the doctor's, at the bank, at the police station, at the immigration office, at the school, etc. Some of them started mediating at a very young age (7-11 years old), while others were already teenagers or even young adults (12-19 years old). Depending on the needs of the allophone people belonging to their communities, they had to mediate more or less regularly. Those who used to do it more often sometimes missed school due to multiple requests. While the majority of the interviewees had stopped mediating, some of them were still actively mediating at the time of the interview. As for their preparation to perform this role, most of them (apart from those born in Spain, who were native-like speakers) consider that they had an intermediate level of Spanish when they started mediating. However, they felt that sometimes they did not know the necessary vocabulary to convey all the information or did not understand properly what was being said, normally due to the specific situation (which sometimes required the use of specialised terms) and their age.

In some specific situations and given my age, there were probably many things they were talking about that were Greek to me!<sup>1</sup> (R28)

I think that my level of Spanish was not adequate to translate, I mean, maybe I was translating things that I did not understand. I tried to give some sense to the message, to deduce the meaning by the context, and tried to make my parents understand, but I think there were many things I did not really understand. (M23)

None was given any kind of guidelines on how to mediate before doing it, since, possibly patients and healthcare providers understood that, as the brokers were

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<sup>1</sup> The interviews were conducted in Spanish. For brevity's sake, we present here only the English translation of the quotations from the responses. All translations are our own.

“bilingual”, this task was carried out on a natural way. Most of the interviewees are now aware of the lack of preparation they had, as one of them explains:

Nobody explained anything to me and, as I was a child, I was not qualified, I did not know how to do a perfect translation or how I had to speak exactly. And obviously I translated my way what I was understanding, and I transmitted that to my parents or to whoever was there. (A38)

They were usually not asked if they wanted to mediate for their parents, their extended family or their friends. However, most of the interviewees consider that there was not any need to ask, since it was like a responsibility for them to help the members of their communities.

It was more a kind of obligation. They simply said “You are going to interpret, you are going to accompany this person, okay?” (R22)

It was not a request, but a mere need. Because my parents, especially my mother, who was the one who spent more time with us, did not speak Spanish or her knowledge of Spanish was very limited. Therefore, it was assumed that I had to do it. (R28)

Additionally, usually there was no other solution offered to help these allophone people and the providers communicate. According to the interviewees, the reason might be either because apparently there were no other options or because it was considered by everyone that having these children or young adults as mediators was good enough. The only two exceptions found regarding the suggestion of other solutions were those related to the British brokers, who admitted that sometimes the healthcare professionals tried to communicate in English, without much apparent success.

What happened very often, and still happens nowadays, was that typical situation in which a doctor started talking in poor English and I felt bad and avoided saying “Look, maybe it is better that you speak in Spanish, because you are making mistakes, and you can misunderstand something”. That is the only solution I have received, but they have never suggested to ask for a translator or ask somebody else to translate. (B28m)

## **Perception of the experience**

Concerning the information that the interviewees were asked to interpret, some of them considered it to be delicate or personal, especially at the gynaecologist or when the patients for whom they had to mediate had experienced an intimate problem, as in the following cases:

One time I had to translate for a woman who had problems with her husband and, therefore, she took her things and left home, because she was not okay. She was looking for a place to stay and the association took her firstly to the hospital to be examined before she was assigned to a women's shelter. She was asked very personal questions and at a certain moment the woman started to cry and I had to translate and... it was really difficult. (M28)

When I was 16 or 17 years old, a friend of my mother, who was a nurse, asked me to go to the hospital where she worked because a Romanian girl, who had suffered a miscarriage due to malnutrition, had been left alone at the emergency room entrance. She did not know what was happening to her and she had to speak about some issues that... In my opinion, that was very delicate, in fact, it made me feel very uncomfortable, since I did not know how to manage the situation. I was telling her what was going on and she had a small tear going down her cheek. The situation was really embarrassing, also for me, because there were three or four people with her in the room and, in general, the atmosphere was very unpleasant. (R26)

According to the interviewees, the healthcare professionals, in general, treated them in a very natural way, as if they were not children or young adults, or as if they were professional interpreters. Consequently, they used the vocabulary they would have used with any adult patient, without avoiding the use of tecnicisms or without hiding unpleasant information which could be inadequate for their level of maturity and inappropriate given their age.

They were not conscious about who I was, I mean, about my role as a daughter, not only as an interpreter. Because I was not a professional interpreter, and they did not take into consideration my age. Maybe because they see me as a very mature girl. And therefore, they thought "Well, I am going to tell this, even if it could be all of a sudden, but as if she seems to understand...". And I pretended to understand

and not to be affected, but obviously afterwards I arrived home, and I was affected. But I did not want them to notice it, because my mother had taught me to hide it to make the doctors be completely sincere, I mean, to avoid them seeing me as a girl and consequently make them think “Well, we are going to tell her that everything is okay”. (I25)

A repeated complaint that the interviewees manifested was related to the fact that the healthcare professionals normally ignored the patient and looked and talked only to the brokers.

They talked to me as if the patient were not there and I thought “Talk to him that I translate”, but if they talk to you as if the patient were there as a decorative item, I do not know, I do not agree with that. (B28f)

They constantly talked to me, instead of talking to or looking at my mother. Yes, the conversation usually took place like that. (R28)

They talked as if my father were not there. In fact, many times, that was a problem because my father is somehow bad tempered. And then the doctor sometimes talked so much to me, so directly, that he asked questions only to me. My father answered, he wanted the doctor to look at him, to make eye contact with him, and the doctor did not look at him, he only looked at me. And therefore, my father said, “He is not paying attention at me; he is not understanding me”. (I25)

The main difficulties the interviewees found were related to the vocabulary used, the retention of information and the management of turns in the conversation, as well as finding an equivalent in the other language (all skills that a professional interpreter should master), as can be inferred from the following answers:

The most difficult thing was that, even if the information was explained to me in simple words, there were still medical terms, and I did not know the medical terminology. I do not know it yet, so, when I was a child, even less. (B28m)

For example, my parents’ situation, in which you have to tell the doctor what is happening to them, and you are under pressure, because they are saying “Tell him everything, tell him everything, do not forget anything, do not forget anything” and maybe they interrupt you in the middle. Or when you are talking with the healthcare professional and he is trying to give you some explanations and some

people, because of their lack of training, do not know the medical terms and do not trust the professionals. And this is a burden on you and it provokes stress, that is the feeling. (B42)

I did not know how to translate exactly some words from Spanish into Arabic. I tried to explain the message in a way that they had the information, but I did not translate word for word and clearly what I had to say. The issue is that sometimes there is not an exact equivalent. At other times I knew what that word meant in Spanish, but, as I had been living in Spain for some time, I did not know how to say it in Arabic. And therefore I thought "Let's see how I can explain it". (M28)

When the interviewees were asked about how they felt while mediating, some positive emotions arose. The majority of the respondents stated that they had felt proud and useful for being able to help those in need, as evidenced in some of their interventions:

I like helping people, so I translated with great pleasure. (R42)

When everything turned out well, I was proud of doing an important job. (A38)

Additionally, some of them highlighted the importance of being calm in order to avoid increasing the inevitable patients' nervousness. They showed understanding with the situation that the people for whom they mediated were living, with empathy. And they manifested great generosity since, in an altruistic manner, they did this brokering job with big pleasure, without expecting anything in exchange.

On the other hand, negative emotions were also present in their answers. Most of them admitted having felt stressed, afraid of making mistakes, unsure of their own performance or with the impression of being unable to do what was expected from them.

I was overwhelmed thinking "What if I don't do it well?". Because I was doing things that maybe did not appertain to me. (M28)

When I was interpreting for my parents' friends, I was very nervous, I wanted to do it well, I listened carefully to avoid asking and make them think I did not know Spanish. (R22)

In their own words, it was a great deal of responsibility, considering the contexts in which they mediated, the potential consequences of a translation error and their lack of maturity.

Sometimes I thought “I shouldn't be here; I just want to crawl in a hole; this is a great deal of responsibility”. (A38)

And, for example, when you are a child, you do not know how to say “plaquetas” (platelets) in English, and I was really afraid of making mistakes with this kind of things. I was very stressed when I had to interpret, thinking about what could happen to the people if I did not do a good job. I felt uncomfortable and overwhelmed due to this responsibility. (B28m)

### **Negative experiences**

All the interviewees confessed having had negative experiences. For example, one woman discussed mediating for her mother when she was diagnosed with breast cancer, one man talked about a situation in which he mediated for his grandfather who had a terminal illness, or a woman looked back on the time she had to mediate for her sister who had suffered a miscarriage.

When my mother was diagnosed with cancer, I was 15 years old. We were at the consultation and the oncologist told me that the tumor was malignant and... at that moment I translated and pretended to be strong. But afterwards I went home crying, I was hopeless. The cancer period is blurred, as if I did not remember it very well or do not want to remember it. (R26)

When I was 16 years old, I had to tell my grandfather that he would live only for approximately 5 years because of a tumor the doctors had found. And it was really difficult, especially considering that he was my grandfather. In fact, that was one of the worst situations I have had to experience until now. And I think that was not an appropriate situation for a teenager. (B28m)

Other stressful situations involved mediating for practically unknown people, for example, for a woman who had abandoned her husband and was to be admitted in a women's shelter, for a young girl who had been left alone at the emergency room door after suffering a miscarriage or for an acquainted family member in their process of asylum application (which may involve a medical check-up).

Many times, at the interviews, when they had come to ask for political asylum, I, who was 14 or 15 years old, felt that translating was a big responsibility. I had already been living in Spain for two or three years, but I felt extremely responsible having to translate something that was so important, because the life of the people for whom I translated depended on me. And I was really afraid of making mistakes and make them take on the consequences. (A38)

One of the interviewees talked about a very embarrassing and shocking situation in which she and her siblings were in their first paediatrician check-up after their arrival in Spain. As she explained,

There is something I remember very well, something that left a great mark on me. In this case I was not the interpreter, but it was a teenager who was a family friend. It was the first time we were at the doctor's here in Spain to make us, to me and my siblings, the complete paediatric check-up. We were with the doctor and the nurse, they were all the time speaking, and measuring, and we were with our underwear, because they were making some kind of test. And in front of everyone, they took my knickers off to see if everything was okay there, in a manner of speaking, for no reason at all, without previously informing me. (R28)

Would have the doctor behaved like this, without explaining what he was about to do, if the patient understood Spanish? We will never know, but we tend to think that a language in common or the presence of a professional interpreter would have prevented such behaviour on the part of the doctor.

## **Discussion**

Our results confirm to a large extent what recent literature in the field has highlighted in different countries, based on relevant, often extensive quantitative studies (Cohen et al., 1999; Green et al., 2005; Rainey et al., 2014) with regard to the degree of acceptability of the practice, its unavoidable risks and its potential benefits.

The testimonies we collected and analysed allowed us to identify a few conditions which could make LB by children and young adults if not acceptable – it remains of course highly controversial whether it is ever acceptable to burden children with such a task – at

least minimally risky for the parties. Thus, LB by children and young adults could work satisfactorily if:

- it is a short-term measure for urgent GP consultations that do not involve serious health risks (see also Cohen et al., 1999);
- it remains occasional, so it will not impede the broker's regular schedule or threaten to have an impact due to repetition;
- it is limited to cases in which brokers can understand and describe, maybe because they have had experience with similar cases themselves (see Cohen et al., 1999);
- it is limited to illnesses related to non-taboo parts of the body or bodily functions, which also depends on their age (Rainey et al., 2014).

Even so, the adults involved (patients and especially healthcare providers) should be made aware of the immediate risks of mistranslation and omissions in this very particular cognitive and emotional context. The child or young broker most likely does not have enough general and medical knowledge to understand the topic discussed, nor the linguistic mastery required, nor the interpreting skills. Also, she or he cannot be impartial and cannot get over the experience as a professional might, making the distinction between an interpreting assignment and her or his life.

Also, long-term psychological consequences have been identified in other studies—from inadequacy, self-doubt, guilt and worry to depression – and partially confirmed by our subjects. The causes are understandable if we look at the situations they describe.

We should nevertheless stress that there were also positive emotions. A feeling of pride and usefulness was present in most answers, and occasionally the brokers' generosity, selfless willingness to help and empathy found an opportunity to manifest themselves in this very particular context. Some also learnt from the experience about, for example, the importance of remaining calm in order to keep things under control. It may also be relevant to note that, as Green et al. (2005) noticed in their study, many of the interviewees took for granted such "translation" tasks. In the given context, the adults considered it natural for the children to broker, so no permission was asked, nor were other solutions sought after.



## **Conclusion**

We are clearly in a situation that is far from perfect. In the US, “Minor children are not permissible as interpreters for parents under any circumstances” (Giordano, 2007, p. 129) and the use of minor children for LB is discouraged (Giordano, 2007). In EU countries, one cannot employ young people under the age of 15, and it is forbidden to ask minors to perform “work which is beyond their physical or psychological capacity” (Your Europe, 2023). Other very clear conditions are stated in the legislation (Your Europe, 2023), but reality is sometimes different, as the empirical evidence we gathered shows.

Yet, is banning the practice altogether the adequate approach for preventing its possible negative consequences? After all, as Harris remarked back in 1976, this is a type of “natural interpreting” that occurs whether we agree to it or not and whether it is regulated or not. But it should be the last resort and adults should be aware of these circumstances. And even then, it should be assessed very carefully as a solution. In our opinion, the efforts could rather focus on reducing harm wherever and whenever possible. In other words, child protection should be the priority, whatever the country.

For that, the first thing adults involved should do is to think of alternatives. Professional interpreters / mediators / translators, or bilingual staff or even adult ad-hoc interpreters who have been informed about a situation are certainly preferable. For this it would be realistic to envisage a list of basic good practices they can go through quickly before intervening, following the example of guides which exist in the field of education (Brookes & Angelleli, 2015; Thomas Coram Research Unit, n.d.). Also, the practice should be limited to well-defined, low-risk situations. For assessing the potential, one should consider factors like the age of the broker and his or her relationship to the patient, the linguistic profile (mastery of the two languages), the type of medical interaction and the likelihood of sensitive situations. Once the adult parties involved are made aware of the limitations of this non-professional service, solutions for replacing it or for reducing the pressure on the child or young adult might be found.

Ideally, legislation should make it mandatory to have professionals available, but it is easy to understand the practical difficulties in this respect. How long it will take before the situation improves depends on a whole series of local factors, and there are objective reasons to believe that improvement will not happen overnight. Still, with every child protected from a negative brokering experience, a step forward will have been made.

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## **Appendix**

### **Interview script**

#### **Sociodemographic data**

- Age
- Birthplace
- Place of residence
- In case his/her birthplace is in Spain, where his/her parents were born
- In case his/her birthplace is not in Spain, how old he/she was when he/she arrived to Spain

You have been selected to participate in this interview because you acted as an interpreter when you were a child or a young adult. We would like to know more about this experience.

#### **Interview**

1. Where did you interpret and for whom?
2. How old were you?
3. How often and for how long have you been acting as an interpreter?
4. What was your level of Spanish at that time?  
Low    Medium    High
5. Who had the idea to ask you to interpret?
6. Were you asked whether you agreed to interpret?

Yes, I was asked if I agreed to interpret.

No, I was simply asked to interpret.

7. Did anyone explain you how to act as an interpreter before doing it?  
Yes    No    A little    In detail
8. Did the healthcare providers offer any other solution (person, software etc.) to overcome the linguistic and cultural barriers that they encounter when communicating with your parents/relatives/friends?
9. Did you ever consider the information you had to interpret was too personal / delicate for a child to interpret?  
Yes    No    I don't know / I have never thought of this
10. How were you treated by the (healthcare) professionals working in the places where you interpreted?

They spoke in a way I could understand.

They treated me as if I were a trustworthy interlocutor.

They looked at me to make sure I understood.

They spoke as they usually did.

They seemed to ignore my presence.

They seemed annoyed to have to resort to my linguistic abilities.

They addressed only me, as if the patient was not there.

Other:

11. What were the main difficulties you remember having encountered?
12. How did you feel in your role as interpreter?

I was proud of myself.

I felt useful and trusted.

I was afraid of making mistakes.

I suffered from interpreting-related stress.

I felt uneasy or overcome by this responsibility.

Other:

13. (Question only for those familiarized with the topic, for example, graduates in Translation & Interpreting) In case you had several experiences, did you feel your strategy improved from one to the other?

14. Did the interpreting experience impact your relationship with the people for whom you interpreted (especially your parents or extended family)?

Yes No

15. If so, in what way?

We became closer.

I was asked to keep the information I had learned secret.

I was looked at suspiciously.

I was regarded with more confidence.

Other:

16. Did your task as interpreter affect your academic performance and subsequent educational development?

Yes No

17. If so, in what way?

18. Did your task as interpreter affect your relationship with your friends and classmates?

Yes No

19. If so, in what way?

20. Did your task as interpreter affect your self-esteem?

Yes No

21. If so, in what way?

22. Can you recall any specific emotion (either negative or positive) experienced while interpreting?

23. If so, can you describe the context in which you felt that emotion?

24. In your opinion, what have been the (positive and negative) implications of your role as interpreter in your present life? Has acting as an interpreter influenced some of your important vital decisions (for example, studying Translation & Interpreting or Medicine, migrating, etc.)?

25. If so, can you specify?

26. Would you like to add anything else regarding this experience?