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Interpreting as Humanitarian Action in Complex Migration Settings

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Abstract

This article investigates interpreting and cultural mediation as socially embedded humanitarian action within the Italian non-governmental organisation (NGO) Emergency ONG Onlus. Drawing on a qualitative case study conducted for a doctoral dissertation on the practices of the organisation's Cultural Mediators at its outpatient clinic in Castel Volturno, southern Italy, the study analyses how participants perform and negotiate their roles in complex humanitarian and multicultural environments. Based on semi-structured interviews, ethnographic observation, and documentary evidence, the findings reveal that Cultural Mediators operate not merely as linguistic intermediaries but as cultural brokers, health educators, and frontline aid providers who bridge structural inequalities and facilitate migrants' access to healthcare. Their multiple functions coalesce around a shared objective: safeguarding the right to health for all patients. The article argues that interpreting and cultural mediation constitute multidimensional forms of humanitarian aid, embedded in both communicative and moral agency, and integral to the fulfilment of the NGO's mandate, thereby contributing to recent scholarship that recognises interpreters as active agents in society and humanitarian response. It further contends that these practices should be understood within the broader goals of humanitarian organisations, with significant implications for training, ethics, and the development of interpreting and cultural mediation capacity.

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Keywords
humanitarian interpreting, cultural mediation, intercultural communication, humanitarian aid, migration

1. Introduction

Interpreting and cultural mediation in humanitarian and migration-related contexts have attracted increasing scholarly attention over the past two decades, as global mobility, protracted conflicts, and public health emergencies have intensified social inequalities and made access to essential services increasingly dependent on effective multilingual communication (Cadwell, 2019; O'Brien & Federici, 2019). Within these settings, interpreters and cultural mediators operate across linguistic, cultural, institutional, and political constraints, in encounters shaped by legal precarity, social marginalisation, and pronounced power asymmetries. Far from being neutral conduits, they participate in interactions in which language, trust, and access to rights are negotiated under conditions of urgency and vulnerability.

Although interpreting and mediation practices have often been framed as ancillary to humanitarian or institutional action, a growing body of research has highlighted their constitutive role in enabling communication, fostering trust, and supporting rights-claiming processes in contexts of crisis and displacement (Inghilleri, 2017; Radicioni, 2024; Tesseur, 2018). In such environments, communicative failure may result not merely in misunderstanding but in delayed care, institutional exclusion, or the erosion of already fragile relationships between service providers and beneficiaries (Tesseur, 2018). This has prompted scholars in Translation and Interpreting Studies (TIS) to reconsider the social, ethical, and political dimensions of interpreting in settings characterised by vulnerability and structural inequality.

This article contributes to these debates by examining the work of Cultural Mediators (*mediatori culturali*, hereinafter CMs) employed by the Italian humanitarian non-governmental organisation (NGO) Emergency ONG Onlus (Emergency) at its outpatient clinic in CV, a migration-intensive locality in southern Italy. CV represents a particularly complex context marked by long-standing socioeconomic marginalisation, a high concentration of migrant populations, informal labour, and the pervasive presence of organised crime (Bernardotti, 2005; Caritas & Fondazione Migrantes, 2017). Within this setting, Emergency operates under a humanitarian mandate grounded in the recognition of health as a fundamental human right, delivering free medical care to individuals who are often excluded from the national health system (Emergency, 2025).

Throughout this article, the term "Cultural Mediator" is used specifically to refer to the professionals recruited by Emergency for its Italian projects and reflects the organisation's own institutional designation for this role, which highlights the importance attached not only to linguistic transfer but also to the broader cultural dimension of communication and care. The CMs working for Emergency are called upon to perform a wide range of tasks that extend beyond medical interpreting and operate at the intersection of health mediation, humanitarian aid provision, and social service support. Their responsibilities include providing linguistic and cultural mediation during medical consultations; facilitating communication between migrant patients, healthcare professionals, public authorities,

and social services; accompanying patients through healthcare and administrative procedures; informing them about their rights; supporting healthcare orientation and access to the National Health Service; and contributing to the broader humanitarian activities of the organisation. Depending on local circumstances and operational needs, these tasks may be adapted and expanded in coordination with Emergency's *Programma Italia* secretariat. Participants frequently described themselves first and foremost as humanitarian aid workers rather than solely language professionals.

This article argues that the working practices of these CMs can be understood as a form of *humanitarian interpreting* (HI) according to Delgado Luchner and Kherbiche's definition of the concept, whereby HI refers to:

> . . . interpreting practices that fall within the legal framework of International Humanitarian Law (IHL) and International Refugee Law (IRL) and aim to enable humanitarian organisations to communicate with public authorities, and protected individuals/beneficiaries, in order to allow the latter to access their rights. Humanitarian interpreters are members of the humanitarian field (aid providers, beneficiaries or both), who work in contexts characterised by human suffering, vulnerability and stark power asymmetries. (Delgado Luchner & Kherbiche, 2018, p. 17)

This definition closely fits the CMs investigated in the present study. Their practices fall within the framework of IHL and IRL and aim to enable communication between their employer organisation, public authorities, and migrant patients to facilitate access to healthcare and the exercise of the right to health as a fundamental human right. Furthermore, the CMs participating in this study are themselves members of the humanitarian field and operate in contexts characterised by human suffering, vulnerability, and stark power asymmetries. The article further argues that these practices constitute forms of humanitarian aid in their own right, as interpreting and cultural mediation become essential means through which care, institutional access, and humanitarian protection are enacted.

Academic literature has long examined the relationship between interpreting and (inter)cultural mediation, offering different perspectives on how the two fields intersect. Some scholars argue for a clear conceptual and professional distinction between interpreting and cultural mediation, emphasising separate roles and disciplinary boundaries (Martin & Phelan, 2010; Pokorn & Mikolič Južnič, 2020). Others conceptualise these practices as situated along a continuum (Aguirre Fernández Bravo, 2019) or as partially overlapping depending on the interactional context (Hsieh, 2016). Additional research has highlighted the ambiguity surrounding the boundaries between the two professions (Garzone & Rudvin, 2003; Pöchhacker, 2008), particularly in national contexts such as France, Italy, and parts of Belgium and Germany, where the terms are often used interchangeably and role distinctions may remain unclear, especially to external observers (Rudvin & Spinzi, 2014; Wang, 2019). Additional interactional approaches have further explored how interpreting and mediation unfold in practice within institutional encounters (Baraldi, 2014, 2018; Hale, 2007). While acknowledging this debate, the present article uses the term "humanitarian interpreting" to refer to the working practices of Emergency's CMs, whose role combines interpreting, intercultural mediation, healthcare orientation, and broader humanitarian support functions within the operational framework of the NGO (Martin & Phelan, 2010; Pokorn & Mikolič Južnič, 2020; Rudvin & Tomassini, 2008).

In this medical humanitarian context, the article explores how overlapping geopolitical, institutional, geographical, and situational contexts shape CMs' practices. It argues that their HI practices in CV constitute forms of humanitarian action rather than support functions. Through their everyday practices, CMs translate institutional mandates into lived experiences of care, mediate between divergent health beliefs and biomedical models, and navigate ethically charged situations in which communication is inseparable from questions of dignity, agency, and access to rights.

The analysis builds on an ethnographically oriented case study developed as part of a doctoral research project and engages with debates concerning HI, interpreter agency, and the social embeddedness of communicative practices. By foregrounding CMs' perspectives and experiences, the article aligns with approaches conceptualising interpreters as socially situated actors operating within humanitarian "contact zones" (Delgado Luchner & Kherbiche, 2018; Tesseur, 2018), thus challenging functionalist and neutrality-based models of interpreting.

In doing so, the article engages with existing research, which has often addressed emergency response in conflict zones and institutional interpreting within asylum procedures, and offers a perspective on long-term humanitarian healthcare provision in conflict-related and migration-intensive local contexts. By situating CMs' work within a multilayered socio-political environment, it highlights the ways in which HI is embedded in broader processes of migration governance, social exclusion, and humanitarian care.

2. Literature Review

2.1. Conceptualising HI as an Umbrella Research Field

Research on interpreting in humanitarian contexts has emerged at the intersection of TIS, migration studies, and disaster research, mirroring broader epistemological shifts within the discipline over the past three decades. Central to this development was the cultural turn initiated by Bassnett and Lefevere (1990), which redefined translation and interpreting as socially, culturally, and politically embedded practices rather than neutral linguistic operations. Their call to analyse "text embedded within its network of both source and target cultural signs" (Bassnett & Lefevere, 1990, pp. 11–12) laid the groundwork for later scholarship foregrounding interpreters' agency, positionality, and participation in institutional and ethical environments (Pöchhacker, 2016).

Building on this reconceptualisation, research on interpreting in humanitarian contexts expanded markedly from the early 2000s onwards, prompted by increased reliance on interpreters in settings characterised by crisis, displacement, and inequality. Early studies examined migration and translation from historical, ethnographic, and sociolinguistic perspectives (Cronin, 2000, 2006; Inghilleri, 2017), as well as links between translation, travel, and migration and between migration-related language practices (Polezzi, 2006, 2012a, 2012b).

Within TIS, growing attention has been paid to interpreters working in high-stakes contexts, including police interviews (Gallai, 2019; Määttä, 2015), military settings (Inghilleri, 2010; Ruiz Rosendo, 2020a; Ruiz Rosendo & Persaud, 2016, 2019; Snellman, 2016), conflict and post-conflict zones (Baker, 2010; Footitt & Kelly, 2012; Inghilleri, 2009; Palmer, 2007; Ruiz Rosendo, 2020b, 2023; Ruiz Rosendo & Barea Muñoz, 2017),

and refugee and asylum contexts (Bergunde & Pöllabauer, 2019; Blommaert, 2001; Inghilleri, 2003; Maryns, 2013, 2015; Pöllabauer, 2004). Although not always explicitly framed as humanitarian, research consistently demonstrates that interpreters operating within them encounter pronounced power asymmetries, institutional constraints, and ethical dilemmas that closely align with humanitarian action.

Despite this expanding scholarship, the interpreter as a distinct actor within the humanitarian field has long remained comparatively invisible (Todorova, 2016, 2017, 2020). Much TIS research has focused on interpreters working in contexts described under alternative labels—such as conflict, healthcare, asylum, or disaster response—despite the fact that interpreters in these settings frequently perform tasks characteristic of humanitarian work, including cultural mediation, advocacy, and relational support. This conceptual ambiguity has prompted calls for greater analytical precision regarding the role and status of humanitarian interpreters.

Against this backdrop, HI has gradually consolidated as a distinct area of inquiry, with Delgado Luchner and Kherbiche (2018) proposing one of the first systematic definitions of the term as already presented in the introduction to this article. By situating interpreting within environments marked by human suffering—such as detention visits, refugee status determination interviews, and medical encounters—this definition positions interpreters as integral contributors to humanitarian action rather than neutral conduits of communication. This perspective has since informed scholarship emphasising the limitations of traditional professional norms, such as impartiality, when applied to ethically and emotionally charged encounters (Baker, 2010; Inghilleri, 2017; Ruiz Rosendo, 2020a, 2020b).

Parallel strands of research have examined interpreting and translation practices within NGOs, highlighting the multilingual practices, institutional cultures, and language policies that shape humanitarian communication. Studies on organisations including Amnesty International, Caritas Switzerland, Médecins Sans Frontières, and Translators Without Borders demonstrate that translation within NGOs is a politically and ethically consequential practice (Delgado Luchner, 2018; Montalt, 2020; Tesseur, 2018). Research has further shown how interpreters' positionality within NGOs influences interpreter-mediated interactions in humanitarian emergencies (Delgado Luchner & Kherbiche, 2018; Todorova, 2016, 2017).

In the Italian context, scholarship on cultural mediation (*mediazione culturale* or *interculturale*) offers additional insight into the social dimensions of humanitarian communication. Research shows how CMs actively shape institutional encounters through relational attunement, cultural competence, and problem framing (Baraldi, 2014, 2018). Studies in healthcare interpreting and intercultural communication likewise underscore the importance of cultural proximity in fostering trust, communicative effectiveness, and adherence to treatment (Baraldi & Gavioli, 2007; Radicioni, 2019, 2024; Rudvin & Spinzi, 2014).

Another research strand that is closely related to HI concerns crisis translation and disaster communication. Research has documented the often invisible yet critical role of translation in emergency preparedness and response (Federici, 2016), demonstrating how failures in multilingual communication can exacerbate vulnerability, while timely and accessible information can mitigate harm (Cadwell, 2014, 2019; Cadwell & O'Brien, 2016; Munro, 2010; Wang, 2019). These insights gained renewed salience during the COVID-19 pandemic, which exposed persistent inequalities in access to

health information. Case studies of Emergency's response in southern Italy illustrate how CMs developed improvised yet effective multilingual strategies to address communication barriers under crisis conditions (Radicioni & Ruiz Rosendo, 2022).

Across these strands, questions of role, ethics, and training remain central. Interpreters in humanitarian settings must navigate institutional expectations, humanitarian principles, and the immediate needs of beneficiaries (Aguirre Fernández Bravo, 2019; Angelelli, 2004; Hsieh, 2016). This role complexity is further compounded by emotional labour and exposure to traumatic content, raising concerns regarding burnout, vicarious trauma, and the need for structured psychological support (Delgado Luchner & Kherbiche, 2018; Todorova, 2016, 2017).

Given this complexity, training interpreters for humanitarian and other high-risk settings remains challenging, and scholarly attention to this issue has only recently emerged. Although specialised initiatives increasingly emphasise trauma-informed practice, intercultural competence, and ethical decision-making (Bergunde & Pöllabauer, 2019; Delgado Luchner & Kherbiche, 2019; Ruiz Rosendo et al., 2021), many interpreters and CMs continue to rely on experiential learning and peer support (Hale, 2007, 2017; Pokorn & Mikolič Južnič, 2020; Radicioni & Ruiz Rosendo, 2022). This gap is particularly evident in Italy, where cultural mediation often denotes hybrid roles positioned between cultural mediation, interpreting, social work, and institutional support, and where processes of professionalisation remain fragmented (Garzone & Rudvin, 2003; Rudvin & Tomassini, 2008).

Taken together, this literature portrays a field characterised by hybridity, ethical complexity, and strong contextual dependence. The present article builds on this scholarship by drawing on a multi-year doctoral study conducted on the HI practices of the CMs working at Emergency's outpatient clinic in CV. By integrating insights from cultural mediation and interpreting as forms of intercultural communication, crisis communication, the study conceptualises Emergency's CMs as humanitarian actors whose communicative, cultural, and moral agency contributes to operationalising migrants' right to health within institutional care settings.

2.2. Theoretical Foundations and Interdisciplinary Orientation of This Study

The theoretical framework informing this study draws on three interrelated analytical lenses: intercultural communication, crisis communication, and HI. Together, these perspectives provide the conceptual tools necessary to analyse interpreting and cultural mediation as socially embedded practices shaped by structural constraints, institutional mandates, and interactional dynamics in contexts of vulnerability.

Intercultural communication offers a foundational lens for examining how meaning is negotiated across cultural difference and how misunderstandings, tensions, and asymmetries arise when interlocutors draw on divergent interpretative frameworks. In healthcare encounters involving migrants, such differences may concern not only language but also culturally grounded understandings of illness, the body, gender relations, authority, and responsibility. Research in intercultural communication and intercultural medicine has shown that these differences can profoundly affect patients' engagement

with healthcare services, adherence to treatment, and willingness to disclose sensitive information (Quaranta & Ricca, 2012). Within this framework, cultural mediation emerges as a relational practice aimed at facilitating mutual understanding and enabling communication across epistemological and cultural divides, rather than merely transferring information between languages.

Crisis communication provides a complementary perspective by foregrounding interaction in situations characterised by urgency, uncertainty, and constrained decision-making. In humanitarian healthcare settings, communication frequently unfolds under conditions of time pressure, emotional distress, and incomplete information. The COVID-19 pandemic further intensified these dynamics, transforming routine medical encounters into crisis interactions and requiring rapid organisational adaptation. Crisis communication research highlights how communicative practices in such contexts are shaped by risk perception, trust, and the need for coordination across institutional and linguistic boundaries (Wang, 2019). This perspective helps explain how CMs operate as communication enablers in contexts of ongoing instability rather than isolated emergencies.

The third analytical lens is HI, conceptualised as a form of rights-enabling communication situated within the legal and ethical frameworks of International Humanitarian Law and International Refugee Law (Delgado Luchner & Kherbiche, 2018). This framework foregrounds interpreters' and mediators' agency and ethical positioning, recognising that decisions about how, what, and when to translate are inseparable from institutional mandates and humanitarian objectives. Within this perspective, interpreting and cultural mediation are treated as normative and consequential practices that shape beneficiaries' access to healthcare and their ability to exercise the right to health. This approach resonates with broader critiques of neutrality in interpreting and with scholarship that emphasises interpreters' positionality, visibility, and moral agency in institutional and humanitarian settings (Angelelli, 2004; Inghilleri, 2017).

The interdisciplinary orientation of the study is further reinforced by its engagement with research in health communication, psychology, and mental health. CMs routinely communicate sensitive health-related information, mediate discussions of trauma and violence, and support patients navigating complex bureaucratic systems. Their work unfolds in contexts of multiple and intersecting vulnerabilities, where linguistic barriers intersect with legal precarity, socioeconomic exclusion, and psychological distress. Attending to these dimensions enables a more nuanced understanding of interpreting as a communicative, relational, and ethical practice.

By weaving together these analytical lenses, the study situates interpreting and cultural mediation within a broader ecology of humanitarian action. Rather than isolating language as an autonomous variable, it approaches communication as a site where institutional power, cultural difference, and ethical responsibility converge. This integrated framework provides the basis for examining how the CMs investigated in this study enact humanitarian principles through everyday practices and how their work both reflects and reshapes the contexts in which it takes place.

2.3. This Research: Investigating a Unicum *of Overlapping Contexts*

The context of this study is articulated across five interconnected levels: geopolitical, institutional, geographical, situational, and pandemic-related. At the geopolitical level,

the study is situated within migration flows to Europe and Italy and within the evolving configuration of the International Protection System, particularly the recent transformations of the Italian Reception System.

The institutional context is provided by Emergency ONG Onlus, an international humanitarian NGO founded in 1994 and committed to delivering free medical and surgical care to individuals affected by war, poverty, and landmines. Emergency's mandate is grounded in the principles of the Geneva Conventions and in the recognition of health as a fundamental human right, as articulated in Article 25 of the Universal Declaration of Human Rights (UN General Assembly, 1948) and Article 32 of the Italian Constitution (Italian Constituent Assembly, 1948). Since 2006, through its *Programma Italia*, the organisation has also operated within Italy, addressing the healthcare needs of vulnerable and marginalised populations, particularly migrants excluded from the national health system.

The geographical context is provided by CV, a migration-intensive locality in southern Italy where mobility and settlement patterns have profoundly shaped the socioeconomic landscape. Often described as a peripheral territory, CV is characterised by strained social services, a pervasive informal economy, and entrenched inequality. Migrant communities, predominantly originating from Nigeria and Ghana (Caritas & Fondazione Migrantes, 2017), are largely employed in precarious sectors such as agricultural labour and sex work (Bernardotti, 2005; Emergency, 2025), within a broader context of urban decay and organised crime (Bernardotti, 2005). These conditions intensify vulnerability, particularly for individuals lacking secure legal status.

The situational context is that of a medical humanitarian organisation operating within this challenging environment through mobile units and an outpatient clinic (Bellardinelli, 2017). Emergency has been active in CV since 2013 with a mobile unit and since 2015 with an outpatient clinic responding to migrants' health and social needs. The outbreak of the COVID-19 pandemic added a further layer of complexity, requiring significant organisational adaptation and placing CMs at the centre of service reconfiguration.

This multilayered context is central to understanding CMs' work. Their practices are shaped by the need to balance humanitarian principles with institutional constraints while navigating the structural vulnerabilities affecting the populations they serve. In this sense, cultural mediation emerges as a form of humanitarian action aimed at reducing barriers to healthcare access and supporting the recognition of health as a fundamental right within contexts of systemic marginalisation.

3. Research Questions

The purpose of this study is to investigate the HI practices implemented by the CMs working or having worked at the outpatient clinic of the Italian NGO Emergency ONG Onlus in the migration-intense area of CV, north of Naples, Italy, within the context of the organisation's programme of operations in Italy *Programma Italia*. The study seeks to understand the complex interplay between contextual, cultural, ethical, and training factors that shape the everyday work of CMs, who are often required to navigate difficult settings characterised by migration, vulnerability, and

acute power asymmetries. To address this objective, the study proposed the following research questions:

> **RQ1:** What is the context in which the CMs hired by Emergency in the migration-intense area of CV operate?
>
> **RQ2:** To what extent does said context affect their work?

While the first question anchors the research in the local realities of CV, ensuring that findings are not abstracted from the lived conditions of CMs and patients, the second question probes the impact of this context on the actual work of CMs in an attempt to ascertain how contextual factors shape their professional practices, ethical decisions, and personal experiences.

Based on said RQs, the study seeks to generate a nuanced account of HI that goes beyond functionalist models, emphasising instead its embeddedness in social, political, and cultural environments. It argues that HI constitutes multidimensional forms of humanitarian aid, embedded in both communicative and moral agency, and integral to the fulfilment of the NGO's mandate, thereby contributing to recent scholarship that recognises interpreters as active agents in society and humanitarian response. It further contends that these practices should be understood within the broader goals of humanitarian organisations, with significant implications for training, ethics, and the development of HI capacity.

4. Research Design

4.1. An Example of Case Study Research

The research presented in this contribution adopts a qualitative, ethnographically oriented case study design to examine HI practices as they unfold within a specific humanitarian healthcare setting. This is consistent with Yin's definition of a case study as

> an empirical method that investigates a contemporary phenomenon ('the case') in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be clearly evident. (Yin, 2018, p. 15)

A case study research approach was considered particularly appropriate given the focus on lived experiences, situated practices, and the close interrelation between professional action and its institutional and social context. Yin's definition foregrounds two closely connected aspects that are central to the present case: the scope of the inquiry and the interdependence between the phenomenon under study and its context. The research focuses on an in-depth examination of a single group of practitioners to analyse their practices as situated within a specific institutional and social environment. The CMs constitute the case analysed, while their real-world context is provided by the outpatient clinic of a humanitarian NGO operating in a geographically and socially marginalised setting shaped by migration, poverty, and informal economies. In this context, professional practices and setting are mutually constitutive, with

institutional and environmental conditions shaping CMs' work, and CMs' activities in turn influencing the local dynamics in which they operate.

The ethnographic orientation of the study further reinforces the suitability of a case study approach. The research focuses on a group of practitioners sharing a common institutional and professional culture, while seeking to understand how meanings, practices, and forms of interaction are negotiated within their everyday working environment. In this respect, the case study is ethnographic not only because of its attention to culture and situated experience, but also because it draws on methods traditionally associated with ethnographic inquiry, including participant observation and fieldwork. At the same time, rather than relying exclusively or predominantly on participant-observer data, the study combines multiple sources of evidence in line with case study methodology (Yin, 2018). The research presented in this article therefore draws on triangulated data sources to enhance process validity, contextual depth, and analytical reliability.

The study is qualitative in nature and incorporates an ethnographic component. It draws on core principles commonly associated with qualitative research (Creswell, 2013), including the collection and interpretation of in-depth data (Geertz, 1973; Yin, 2018), the development of grounded understandings of social practices (Glaser & Strauss, 1967), data triangulation (Creswell & Piano Clark, 2017), and attention to participatory and community-engaged dimensions of research (Cornwall & Jewkes, 1995). The ethnographic dimension of the study derives from the use of methods that "[focus] and [build] arguments about cultural, group, or community formation or [examine] other sociocultural phenomena" (Schwandt & Gates, 2018, p. 344). Accordingly, the research integrates ethnographic techniques such as observation and narrative inquiry to capture participants' lived experiences and situated practices.

The research follows an inductive approach and is characterised by an emergent design, enabling responsiveness to new ideas, concepts, and findings as the study progressed (Pailthorpe, 2017). This design allowed for adjustments to the conceptual framework, data collection procedures, data analysis, and writing process over time. Such flexibility proved particularly important following the outbreak of the COVID-19 pandemic, which necessitated modifications to the research design under unprecedented conditions. Throughout the investigation, qualitative reasoning based on this inductive approach guided both the description of observed phenomena and the development of the analytical narrative (Creswell, 2013), with findings grounded in close engagement with the empirical material.

The research process was also iterative, involving sustained interaction with the data to refine interpretations and inform subsequent stages of the study. In line with emergent research designs, insights derived from early data collection and analysis were used to shape later phases of the investigation (Pailthorpe, 2017). Themes identified during the analysis were repeatedly and systematically checked against the data, allowing interpretations to develop through prolonged engagement with the empirical material that was being collected rather than being imposed by pre-existing hypotheses.

4.2. Researcher Positionality and Reflexivity

Considerations of positionality and reflexivity informed the research process throughout (Berger, 2015). The researcher's positionality—understood as the stance adopted in

relation to the research topic, process, and participant group (Holmes, 2020; Savin-Baden & Howell Major, 2013)—was explicitly acknowledged to reflect on how professional experience, cultural heritage, and personal history might shape data interpretation and analytical choices (Rowe, 2014). A systematic reflexive approach was adopted to bracket assumptions and minimise the risk of misrepresenting participants' perspectives, meanings, and experiences, with particular attention to contextualising and suspending pre-existing judgements related to the research design, its implementation, and its outcomes.

Reflexivity was treated as an ongoing analytical and ethical practice, understood as the examination of how the researcher's actions and assumptions may influence participants' responses and the research process as a whole (Corbin & Strauss, 2008). Through sustained self-reflection, the researcher critically engaged with her own positionality rather than treating it as neutral or unproblematic. This reflexive stance contributed to enhancing transparency, analytical rigour, and ethical awareness (Holmes, 2020; Rowe, 2014), and supported an approach in which participants were engaged as active contributors to knowledge production whose narratives informed the direction of the research.

4.3. Participants

Participants were recruited with the support of the coordinator and secretariat of Emergency's *Programma Italia*, who facilitated access to the research context and relevant organisational actors. Seven CMs participated in the study (four men and three women, aged between 40 and 49). All had worked, or were working, in CV during Emergency's operations in the area, first with the mobile healthcare unit launched in 2013 and later at the outpatient clinic established in 2015. Participants had been present in CV for varying periods and at different stages of the programme.

Their educational backgrounds were heterogeneous and included political science, economics, and cultural heritage studies rather than interpreting or translation. Linguistically, they reported extensive repertoires encompassing Italian, English, French, Romanian, Moldovan, Persian, Arabic, Pidgin English, and several African languages, including Esan, Bini, Wolof, and Peul. Non-participation was limited to individuals who were unavailable or could not be contacted.

The participant group included both CMs currently employed at the CV outpatient clinic and individuals who had previously worked there on other projects. In addition to the seven CMs, Emergency's Talent Acquisition and Development Coordinator participated in the study to provide insight into recruitment, training, and organisational practices within *Programma Italia*.

Participating CMs described a broad range of responsibilities extending beyond linguistic mediation to include patient reception, health-related guidance, medical record compilation, liaison with hospitals and public authorities, and logistical support. This range of activities reflects the hybrid nature of their role, situated at the intersection of healthcare support, administration, interpreting, and cultural mediation.

In this contribution, the seven participating CMs are referred to as M1, M2, M3, M4, M5, M6, and M7 for reasons of confidentiality. M1 is a male CM of Italian nationality and serves as the coordinator of the CV outpatient clinic. M2 is a male Italian CM who was working in CV until the COVID pandemic broke out and is now serving at the Ponticelli, Naples, outpatient clinic of Emergency. M3 is a female CM of Romanian

nationality who worked at the CV outpatient clinic until after the outbreak of the COVID-19 pandemic. M4 is a female Nigerian cultural mediator who has been working at the CV outpatient clinic since the beginning of the study. M5 is a female Italian CM who had previously worked at the CV outpatient clinic and was later employed at Emergency's headquarters in Milan. M6 is a male Senegalese CM who had worked in CV from the initial period of Emergency's presence in the area before later working for the NGO's outpatient clinic in Polistena, Calabria. M7 is a male Italian CM who had also worked in CV since the initial phase and later became the mobile unit coordinator of *Programma Italia*.

4.4. Data Sources

As stated in the paragraph above, the study presented in this contribution is an example of case study research which, as such, relies on multiple data sources (Yin, 2018). The empirical material analysed in this article was collected between 2018 and 2021 and comprised both primary and secondary data sources gathered at different stages of the research process.

The primary data sources consisted principally of observational field notes and semi-structured video interviews. An observational visit to the CV outpatient clinic was conducted in August 2019, during which field notes were collected through direct and participant observation of the setting, interactions, organisational routines, and mediation practices implemented by the CMs within the outpatient clinic.

The core dataset consists of eight semi-structured video interviews conducted between July 2020 and February 2021, primarily in Italian. Seven interviews were carried out with the participating CMs and focused on their interpreting and cultural mediation practices, role perceptions, ethical dilemmas, training trajectories, relationships with patients and healthcare staff, and experiences during the COVID-19 pandemic. An additional video interview conducted in February 2021 with Emergency's Talent Acquisition and Development Coordinator explored recruitment procedures, training practices, and organisational approaches to cultural mediation within *Programma Italia*. The video interviews lasted approximately 90 min each. The semi-structured video interviews addressed a broader range of topics extending beyond cultural differences alone, which was the topic of written interviews administered to participants earlier, as explained in the following paragraph. In addition to issues of intercultural communication, they explored the participants' interpreting and cultural mediation practices, operational responsibilities, ethical challenges, organisational dynamics within *Programma Italia*, and experiences during the COVID-19 pandemic.

Secondary and supporting data sources included four semi-structured written interviews collected between October and November 2018 during a preliminary exploratory phase of the research. These written interviews were conducted only with the CMs who were working at the CV outpatient clinic at that specific time and focused exclusively on issues related to cultural differences encountered in interpreter-mediated healthcare interactions. Former CMs who had previously worked at the clinic but were no longer employed there at the time were therefore not involved in this initial stage of data collection. The written interviews primarily explored perceptions of cultural differences between healthcare staff and migrant patients, the role of shared linguistic and cultural backgrounds, and the challenges associated with intercultural communication in humanitarian

healthcare settings. They also contributed to refining subsequent stages of data collection and the development of the video interview guide.

Additional secondary sources included organisational and documentary materials collected throughout the research process, such as institutional documents and related translations, internal and personal communications, screenshots from the *wHospital* system, issues of Emergency's quarterly magazine, and the report *Dove l'erba trema*. The dataset also incorporated digital and audio-visual artefacts generated in the course of healthcare mediation practice, including WhatsApp exchanges between CMs and migrant patients concerning health-related information and COVID-19 social distancing guidance, as well as multilingual videos produced by the organisation during the pandemic, including a public health information video in Pidgin English.

The use of multiple primary and secondary data sources is consistent with the ethnographic case study design and supports triangulation across interviews, observation, documentary materials, and digital artefacts (Yin, 2018). Data collection and analysis partially overlapped in line with an emergent research design: while some materials were gathered at specific stages, others—particularly documentary and digital sources—were collected on an ongoing basis in response to evolving research questions and contextual developments. Coding and analysis were conducted in English, with translations produced only for excerpts included in the analysis.

4.5. Ethics

Ethical considerations informed all stages of the study's design and implementation. Participants provided informed consent through signed forms detailing procedures for data collection, storage, and use, and anonymity was ensured through the systematic use of anonymisation tools and pseudonyms. Ethical approval for the revised research design was granted by the Ethics Committee of the University of Geneva in July 2020.

Ethics was approached as an ongoing, reflexive practice rather than as adherence to a prescriptive code. The researcher explicitly reflected on how positionality shaped the research process and its outcomes, in line with Lambek's (2012, p. 142) understanding of ethics "not as a solution, but as a recognition of the problem." Throughout data elicitation and analysis, attention was paid to potential methodological limitations and researcher bias, drawing on established discussions in qualitative research (Robson, 2011). Ethical practice in this study thus consisted in sustained reflexive awareness and critical self-examination across all phases of the research.

4.6. Data Analysis

Data analysis was conducted as a systematic and iterative process aimed at producing a coherent and analytically grounded account of the phenomenon under investigation. The analytical approach was informed by established qualitative research traditions that conceptualise analysis as the examination and interpretation of data to generate understanding (Corbin & Strauss, 2008) and as the systematic organisation of empirical material to produce knowledge (Dey, 1993, 1999).

The analysis followed a multi-stage procedure supported by ATLAS.ti software for data management and coding. All data sources—including field notes, transcribed video

interviews, and primary and secondary documents—were read repeatedly to achieve familiarity. An initial phase of open coding was then conducted, during which broad codes were developed in close interaction with the data; interviews were coded concurrently with transcription. These codes were subsequently organised into thematic subcategories. A second, more focused coding phase involved the refinement of codes and categories to identify higher-order patterns. Through several iterations of this process, supported by the use of sociograms, four overarching themes were consolidated: context; culture and cultural differences; role and ethics; and training.

The final stage of analysis consisted in the construction of a descriptive and ontological narrative structured around these four themes. Drawing on Baker's (2006) conceptualisation of narrative as a means of understanding the world as experienced by others, the analytical narrative was developed inductively from the data and aimed to represent participants' accounts while ensuring full anonymity.

Analytical transparency and traceability were ensured through continuous reference to the original data sources. Extracts from field notes, interview transcripts, and secondary materials were integrated into the narrative and identified using reference codes linking interpretations to their empirical basis. Analysis involved sustained movement between the evolving narrative and the raw data, guided by the study's research questions to ensure analytical rigour and coherence.

Two additional methodological measures strengthened the analysis. First, a pilot phase for the video interviews was conducted between April and May 2020 to refine the interview guide and assess interviewer–participant dynamics. Second, a transcription protocol based on Clark et al. (2017) ensured accuracy and anonymisation. Interviews were conducted in Italian and not fully translated to preserve data integrity; coding was in English, and translations into English were produced only for excerpts included in the findings, with the aim of conveying meaning rather than reproducing all linguistic or non-standard features of the original data.

5. Findings and Discussion

This section presents the findings of the study and discusses them through a narrative analytical lens grounded in the methodological approach outlined above. A narrative organised around four interrelated macro-areas was developed—context; culture and cultural differences; role and ethics; and training—which correspond to the main themes that emerged inductively from the data. While these areas are analytically distinguished for ease of presentation, they intersect and mutually shape one another in practice. The findings presented in the narrative are accompanied by the name of the CM or CMs—anonymised as described in the section above—who made that statement in the interview or video interview. Generalised statements without the mention of the individual CM reporting them will be made if they can be attributed to all the CMs interviewed and/or emerge from the analysis of all the data sources in ATLAS.ti.

5.1. Context

Building on the five contextual layers outlined above, the findings show that HI in CV is shaped by the interaction of multiple, overlapping constraints that actively configure

CMs' professional practices and ethical decision-making. Context was not described as a static backdrop to participants' work, but rather as an agentive force that continuously redefined the scope, urgency, and moral stakes of communication in clinical encounters.

Across the dataset, all CMs consistently framed their everyday practices in relation to shifting migration policies and governance arrangements. Changes in the Italian reception system were experienced not as abstract regulatory developments, but as immediate transformations in migrants' entitlements, producing new forms of uncertainty and generating urgent questions during medical encounters (M1, M2, M7). Participants reported that alterations in legal status and access to services directly shaped the nature of the issues brought to the clinic, reinforcing the need for mediation that extended beyond linguistic transfer to include explanation, reassurance, and orientation within an unstable institutional landscape (M1, M2, M4).

Emergency's humanitarian mandate emerged as a central normative reference point through which CMs interpreted and justified their actions. Interview accounts repeatedly aligned mediation practices with the organisation's commitment to the right to health, equality, and non-discrimination (M1, M3, M4). CMs described internalising these principles and mobilising them as ethical resources when navigating difficult interactions, framing their work as part of a collective effort to "guarantee the right to care" and to treat patients "as human beings before anything else" (M1, M2, M4). In this sense, institutional values did not function merely as organisational guidelines but actively informed professional identity, reinforcing CMs' self-positioning as humanitarian actors rather than as purely linguistic intermediaries (M1, M6, M7).

Local socioeconomic conditions further intensified the communicative and ethical demands placed on CMs (M1, M2, M4). Participants portrayed CV as a marginal and fragile environment characterised by limited public services, informal economies, and pervasive insecurity (M1, M2, M3). Structural factors such as precarious housing, labour exploitation, and racism were frequently cited as shaping patients' mistrust of institutions and complicating healthcare interactions. In this context, mediation was described as inseparable from trust-building and from the management of patients' fear, suspicion, and previous experiences of exclusion (M1, M4).

The COVID-19 pandemic constituted a critical moment in which these contextual pressures became particularly visible (M1, M4). Participants recounted how restrictions on mobility and clinic access required the rapid reorganisation of patient flows and communication practices, placing CMs at the centre of service reconfiguration. Telephone pre-screening, outdoor consultations, and the production of multilingual materials were described as improvised yet necessary responses to the crisis. As amply described by all CMs and especially by M1 and M4, initiatives such as the dissemination of information through WhatsApp and the production of a Pidgin English video illustrate how CMs acted as key nodes in the circulation of health information, translating institutional measures into locally meaningful guidance in real time (Radicioni & Ruiz Rosendo, 2022; Wang, 2019).

Taken together, these findings show that context operates not as a neutral setting but as a dynamic and agentive force shaping HI in practice. Migration governance, institutional mandates, local marginality, and situational crises intersect to produce conditions of permanent contingency, in which communication becomes a form of adaptive and ethically charged action. CMs' work thus exemplifies how HI unfolds within politically

embedded environments, requiring continuous negotiation between institutional constraints, humanitarian principles, and the lived realities of the populations served (Inghilleri, 2017).

5.2. Culture and Cultural Differences

Drawing on the foregoing discussion, findings show that CMs' work was centrally concerned with negotiating meaning across divergent cultural frameworks, particularly in relation to illness, care, and institutional authority (M1, M2). Participants all consistently emphasised that language constituted only one dimension of their role; equally significant was their capacity to interpret and mediate culturally grounded understandings of the body, gender relations, and responsibility for health.

Across interviews and observations, CMs repeatedly linked the effectiveness of care to their ability to establish a shared framework of interpretation with patients. Difficulties in communication were described less in terms of linguistic insufficiency than as arising from mismatched cultural assumptions (M1, M2, M4, M5). Participants stressed that prevention, treatment adherence, and continuity of care depended on patients' understanding not only of what to do, but of why particular medical procedures were necessary, confirming insights from intercultural medicine that experiences of illness are shaped by social and cultural imaginaries (Quaranta & Ricca, 2012; M1, M2, M3, M4).

Many encounters involved mediating between spiritual or religious interpretations of illness and the biomedical logic informing Emergency's clinical practice. Participants recounted situations in which symptoms were attributed to witchcraft, curses, divine punishment, or spirit possession (e.g., Juju, Jinn), describing what several referred to as a "parallel universe of care" (M1). In such cases, mediation was framed as a process of negotiation rather than correction: all CMs reported deliberately avoiding direct invalidation of patients' beliefs, instead using reformulation, culturally resonant explanations, metaphors, and the careful sequencing of information to support diagnosis and treatment. This approach aligns with Coppo's (2007) notion of "negotiating with evil" and with conceptualisations of contractual mediation that emphasise facilitation of understanding beyond linguistic transfer (Baraldi, 2014; Pöchhacker, 2008; M1).

Cultural mediation was also required in relation to embodied practices and gendered norms, particularly in discussions of reproductive health, sexual health, and experiences of violence (M1, M2, M4). Participants described situations in which literal translation was perceived as unsafe or inappropriate, prompting micro-negotiations such as reframing questions, contextualising answers, or proposing alternative interactional strategies (M1, M2, M4, M5, M6). These practices confirm findings in TIS that highlight the interpreter's role as an active cultural agent responsible for managing asymmetries of power, knowledge, and legitimacy in sensitive institutional encounters (Angelelli, 2004).

The linguistic ecology of CV further intersected with these cultural dynamics. CMs worked across Italian, English, French, Romanian, and a range of African languages and lingua francas, frequently resorting to English as a lingua franca (ELF)—often in Pidgin or simplified forms—in both dyadic and triadic encounters (M1, M2, M3, M4, M5, M6). Participants described rapid code-switching and simplification as pragmatic strategies, while also acknowledging their limitations: diatopic and diastratic variation sometimes generated misunderstandings, and uneven competence in ELF increased reliance on

colleagues or community members (M1, M2, M3, M4). In response, CMs combined linguistic simplification with explanation, particularly when biomedical procedures conflicted with patients' religious or animistic beliefs (M1, M2, M4).

Within this thematic area, trust emerged as a recurrent and fragile achievement, with participants linking trust-building to cultural competence (Cross et al., 1989) and perceived proximity and a shared language and culture (M1, M2, M4), while also noting that proximity could generate fears of exposure or community surveillance (M1, M4). Trust thus appeared as a negotiated and situational outcome (M2, M4), shaped by language choice, mediation strategies, and the broader context of vulnerability in which interactions unfolded (Delgado Luchner, 2018).

These dynamics became especially visible during the COVID-19 pandemic. Participants described the production of health information in Pidgin English through videos and WhatsApp messaging as a deliberate strategy to mobilise trusted linguistic and cultural channels (M1, M2, M4, M5). By combining shared language, recognisable voices, and visual presence, CMs sought to ensure comprehension and compliance in a context of heightened uncertainty (M1, M4), echoing findings on multimodal crisis communication and the role of mediators in humanitarian emergencies (Tedjoung & Todorova, 2022).

Finally, participants situated their mediation practices within Emergency's organisational culture, repeatedly referring to the organisation's ethical principles—equality, non-discrimination, and the right to health—as guiding their interactional choices (M1, M2, M4, M6, M7). This institutional ethos functioned as a shared cultural framework (M1, M4, M7) that oriented mediation practices and reinforced the link between cultural competence (Cross et al., 1989), ethical positioning, and humanitarian effectiveness.

Taken together, these findings underscore the relevance of concepts such as contractual mediation (Baraldi, 2014; Pöchhacker, 2008) and intercultural medicine (Quaranta & Ricca, 2012) for understanding CMs' work in CV. Rather than acting as neutral conduits, participants positioned themselves as active interlocutors engaged in negotiating cultural compromise and facilitating understanding, thereby supporting patients' agency and access to care within a complex humanitarian environment.

5.3. Role and Ethics

The findings show that CMs conceptualised their professional roles as expansive, situational, and ethically charged. Although officially designated as CMs, all participants consistently described a wide-ranging set of responsibilities that positioned them as central actors within Emergency's outpatient clinic and as key points of contact for migrant patients.

Across the dataset, CMs' work was portrayed as intrinsically multifaceted. In addition to HI, they routinely welcomed patients, organised triage and waiting areas, assisted with medical records, accompanied individuals to hospitals, liaised with local health authorities, and provided health education and social orientation. Participants frequently characterised themselves as an "outpost" of the clinic and as the first interface between patients and the healthcare system (M1, M2, M5). This centrality was not experienced as an expansion beyond their role but as constitutive of it (M2, M7).

All participants framed this multiplicity as integral to their professional identity rather than as role drift. Wearing "many hats" was described as a practical necessity in a context marked by vulnerability and institutional fragmentation (M1, M2, M7). Task allocation emerged as locally organised and adaptive, shaped by individual skills, linguistic repertoires, cultural proximity, and situational demands rather than by fixed role descriptions (M1, M3, M4). As M3 observed, "there is no mediator's guideline, because it's too varied a figure," highlighting a community-of-practice dynamic grounded in flexibility rather than standardisation.

When reflecting on their professional self-understanding, most CMs placed greater emphasis on their identity as humanitarian or aid workers than as interpreters (M2, M3, M4, M5, M6). They described themselves as being "on the front line," (M3, M5) "close to the patients," (M2) and often the "first faces" (M2) migrants encountered upon entering the clinic. This self-positioning aligns with scholarship that conceptualises interpreters as humanitarian actors embedded in ethically committed communities of practice (Radicioni & Ruiz Rosendo, 2022; Taronna, 2016; Tesseur, 2018). All participants explicitly framed their work as contributing to Emergency's humanitarian mandate, particularly the promotion of the right to health as a fundamental human right, even in contexts they characterised as marked by "real humanitarian emergencies" (M1).

CMs' roles were not only broad but also highly visible. Observational data and interview accounts showed that participants did not function as neutral conduits but as active brokers who facilitated understanding, built rapport, and shaped interactions (M3, M4, M5). This visibility was regarded as essential to effectiveness (M4) and resonates with research in TIS and HI emphasising interpreters' agency and proactive engagement in high-stakes settings (Angelelli, 2004; Todorova, 2020).

Flexibility emerged as a defining feature of role enactment (M1, M5, M7). Participants repeatedly stressed the need to respond to needs as they arose (M1, M4), a dynamic that intensified during the COVID-19 pandemic (M4). All CMs described autonomously redesigning workflows, introducing new communication practices, and developing local solutions that were later adopted elsewhere within *Programma Italia* (M1, M5). As confirmed by the HR manager, flexibility, transversal competence, and the ability not to be rigid about role boundaries were explicitly valued in recruitment. While this flexibility facilitated trust and continuity of care (M4), it also blurred conventional professional boundaries (M1, M2).

Within this expanded repertoire, CMs described acting as cultural brokers, advocates, fixers (Palmer, 2007), and, at times, negotiators (M2, M6). They assisted patients with residence permits, accompanied them to administrative offices (M1, M2), advocated on their behalf with institutions (M1, M3, M7), and mediated conflicts rooted in cultural misunderstanding (M1, M3, M4). These activities correspond to conceptualisations of contractual mediation and negotiated action in institutional and humanitarian settings (Baraldi, 2014; Pöchhacker, 2008; Ruiz Rosendo, 2020b).

The visibility and agency associated with these roles foregrounded ethical questions. Participants were acutely aware that their decisions could have tangible consequences for patients' access to healthcare, legal status, and trust in institutions (M1, M2, M5). Ethical awareness was articulated primarily through Emergency's organisational culture rather than through professional interpreting ethics (M1, M4, M5). While Emergency adheres to a general organisational Code of Ethics grounded in its humanitarian principles, no

specific ethical framework is provided for the professional role of the CMs employed within *Programma Italia*. Moreover, although their working practices include interpreting in triadic encounters alongside broader mediation and support functions, study participants appeared unfamiliar with the codes of ethics traditionally associated with professional interpreting practice. Instead, they referred to Emergency's principles—humanity, impartiality, respect, responsibility—or to personal values such as non-judgement and fostering patient autonomy (M1, M2, M5).

This reliance on organisational ethics partially compensated for the absence of profession-specific guidance, but it also generated tensions. Participants described recurrent ethical dilemmas, including decisions about how literally to translate sensitive statements (M4), whether to rephrase culturally loaded medical explanations (M1, M3, M4), how to respond to requests for personal favours (M3, M4), and how to balance organisational protocols with empathy for migrants' lived realities (M1, M2). Ethical decision-making was described as situational and collective, relying on peer consultation and informal discussion rather than codified rules (M1, M2, M3, M4).

The absence of specialised training in interpreting and ethics further complicated this landscape. Participants acknowledged that their broad involvement could lead to blurred boundaries (M2, M3, M4), emotional strain (M3, M4), and difficulties in maintaining professional distance, particularly in emotionally charged encounters (M4). This finding echoes concerns in TIS regarding ethical compliance in humanitarian and conflict-affected settings, where interpreters' roles routinely diverge from canonical professional models (Baker & Pérez-González, 2011).

Taken together, these findings show that CMs in CV operate at the intersection of interpreting, cultural mediation, humanitarian action, and ethical judgement. Their roles are expansive, their agency is visible, their positionality is complex, and their ethical reasoning is embedded in organisational values and situational demands. Rather than adhering to fixed role models or abstract ethical codes, CMs enact ethics as practice—negotiated, relational, and contingent—within a humanitarian environment in which communication itself becomes a form of aid.

5.4. Training

The findings reveal a mismatch between the centrality of CMs' responsibilities and the training structures available to support them. Across the dataset, participants consistently reported that their formal preparation for the role was limited and uneven, a pattern that reflects broader trends identified in TIS research documenting the widespread presence of untrained or undertrained interpreters and mediators in humanitarian, conflict, and post-conflict settings (Delgado Luchner & Kherbiche, 2018, 2019; Ruiz Rosendo & Todorova, 2022; Todorova, 2016, 2017, 2020).

At the time of data collection, the CMs working in CV displayed highly heterogeneous educational trajectories. Their qualifications spanned political science, economics, cultural heritage, electronics, languages, and philosophy, with only two participants holding formal qualifications in intercultural mediation (M3, M4). This diversity reflects Emergency's recruitment logic, which privileges relevant professional experience, contextual knowledge of administrative and legal issues, and linguistic repertoires over formal training in interpreting or mediation (M1, M7). As confirmed by both HR data and

participants' accounts, candidates were primarily selected for their knowledge of the languages and cultures spoken by local migrant communities rather than for certified competencies in language mediation or interpreting (M1, M5, M7).

Language skills were assessed informally at the recruitment stage, typically through interviews conducted in English and, where relevant, other vehicular languages such as French or Arabic; languages of lesser diffusion were sometimes tested with the support of another CM (M7). By contrast, interpreting skills—such as turn management, memory, or note-taking—were not formally evaluated, nor were they subsequently addressed through in-house training (M7). As one participant put it, interpreting competencies were "verified in the field" (M1) rather than taught or assessed during recruitment, mirroring findings from other studies in the Italian context (Rudvin, 2010).

Once employed, all CMs reported receiving regular and highly valued training exclusively in legal and administrative matters. Delivered mainly by external experts, this training focused on immigration law, access to the National Health Service, and procedures governing residence and employment (M1, M7), and was regarded as essential to CMs' work of social and healthcare orientation in line with Emergency's humanitarian mandate of guaranteeing migrants' right to health (M1, M7). Training priorities thus reflected an organisational understanding of the role of CMs as service providers and rights facilitators rather than humanitarian interpreters.

By contrast, no structured training was provided in interpreting techniques, intercultural communication, ethics, or the psychological dimensions of working in emotionally demanding humanitarian settings (M1, M5, M7). Participants were often unaware of basic distinctions between interpreting modes or of professional interpreting ethics, referring instead to their activities as "translating," "mediating," or "communicating" (M1, M2, M3, M4, M5, M6). This absence of shared terminology points to a broader lack of awareness—within both the organisation and the CM cohort—of interpreting as a specialised professional practice.

The lack of training was particularly salient with regard to emotional and psychological resilience (M3, M4, M6). CMs described frequent exposure to narratives of violence, exploitation, and loss, yet reported having received no preparation for managing stress, vicarious trauma, or burnout (M3, M4, M6). Some contrasted Emergency's lack of psychological support with experiences in other NGOs (M3, M4), underscoring the cumulative impact of emotional labour in humanitarian mediation (Federici, 2016; Määttä, 2022; Moser-Mercer et al., 2014).

In the absence of formal training, CMs developed a range of compensatory strategies, including simplifying medical terminology (M1, M3, M4), adopting informal registers (M1, M2, M4), using culturally grounded metaphors (M1, M2, M4), involving family members to ensure compliance with treatment (M2), and reallocating tasks internally according to linguistic or cultural strengths (M3). While often justified in terms of cultural mediation, these strategies can also be understood as adaptive responses to the lack of training in interpreting techniques and align with research on mediation in migration contexts (Rudvin & Spinzi, 2014; Seidlhofer, 2007; Taronna, 2016).

Crucially, learning and professional development were largely embedded in what participants described as a strong community of practice (M1, M2, M3, M4). Knowledge was shared informally through observation, peer support, and joint problem-solving, with newcomers learning by shadowing more experienced colleagues (M1, M2, M3, M4).

This workplace learning aligns with theories of situated and expansive learning (Engeström, 1987; Lave & Wenger, 1991) and reflects a horizontal, collaborative model of skill acquisition (Radicioni & Ruiz Rosendo, 2022).

The COVID-19 pandemic rendered these learning dynamics particularly visible. Faced with rapidly changing conditions, CMs redesigned workflows, developed new communication tools such as multilingual videos and WhatsApp broadcasts (M1, M2, M4), and supported one another in coping with heightened uncertainty, with some locally developed practices later adopted elsewhere within Emergency (M1, M2, M4).

Taken together, these findings indicate that training in humanitarian mediation at CV is characterised by a structural imbalance. While legal and administrative knowledge is systematically cultivated, other dimensions of CMs' work—such as interpreting practices, intercultural communication, ethical decision-making, and emotional coping—are addressed informally and unevenly. In the absence of structured preparation, CMs rely heavily on experiential learning, peer support, and shared problem-solving within a strong community of practice. Although this collective dimension enables adaptability and continuity of care, it also shifts responsibility for professional development onto individuals and leaves gaps in formal support and recognition.

6. Conclusion

This article has examined interpreting and cultural mediation practices as enacted by the CMs who work for the Italian NGO Emergency within the framework of *Programma Italia*, focusing on the organisation's outpatient clinic in CV. Drawing on an ethnographically oriented case study, it has shown that CMs' practices are profoundly shaped by the social, institutional, and humanitarian contexts in which they operate, and that their linguistic and cultural work constitutes a central modality through which humanitarian aid is delivered in migration-intensive and structurally marginalised settings.

The analysis advances three interrelated conclusions. First, HI must be understood as forms of humanitarian aid provision in its own right. In the context examined, CMs' everyday practices make Emergency's humanitarian mandate operational: they enable access to healthcare, facilitate treatment adherence, mediate institutional barriers, and support migrants' ability to exercise the right to health as a fundamental human right. Language mediation thus functions as an essential infrastructure of care, without which humanitarian action would remain partial or ineffective. Framing interpreting as humanitarian aid allows for a more accurate understanding of how assistance is concretely enacted on the ground through routine communicative practices.

Second, the study highlights the active agency, visibility, and complex positionality of CMs as humanitarian actors. Far from acting as neutral conduits, CMs operate as cultural brokers, negotiators, advocates, and frontline aid workers whose decisions have tangible consequences for migrants' access to services, trust in institutions, and overall well-being. Their ethical positioning is shaped less by formal interpreting codes than by the humanitarian ethos of the organisation they work for. This finding challenges reductive notions of neutrality and underscores the need to conceptualise HI as an inherently situated and morally charged activity. Recognising interpreters' agency is therefore crucial not only for analytical purposes, but also for the development of ethical frameworks, supervision mechanisms, and institutional spaces for reflection that are attuned to humanitarian practice.

Third, the findings point to a structural mismatch between the centrality of CMs' role and the training they receive. While Emergency provides systematic training on legal and administrative matters, no structured preparation is offered in interpreting techniques, intercultural communication, ethics, or the management of emotional and psychological strain, despite CMs' sustained exposure to trauma and crisis situations. In response, CMs rely on experiential learning, peer support, and informal knowledge-sharing, developing a strong community of practice that enables flexibility, innovation, and resilience—particularly evident during the COVID-19 pandemic. While this collaborative learning model constitutes a significant organisational resource, it also places the burden of professional development on individuals and leaves CMs without the protective scaffolding of formal training and professional recognition. This imbalance reflects broader institutional assumptions about language mediation in humanitarian settings and reinforces the need for context-sensitive, practice-oriented training models addressing cultural mediation, ethical reasoning, emotional resilience, and negotiation alongside language transfer skills.

Beyond the specific case of CV, this study contributes to ongoing debates in TIS on humanitarian communication by foregrounding the constitutive role of language mediation in humanitarian action. It demonstrates that HI is not merely ancillary to aid delivery, but involves practices through which care, dignity, and access to rights are produced. By situating humanitarian interpreters at the centre of humanitarian processes, the article advances a reconceptualisation of HI that recognises these professionals as full-fledged aid workers and essential actors in crisis response and social protection.

This study presents a number of limitations that should be acknowledged. As an ethnographically oriented qualitative case study focusing on a single humanitarian organisation in a specific migration-intensive setting, the findings are not intended to be statistically generalisable. Rather, the study's contribution lies in the analytical depth with which it examines the relationship between humanitarian communication, institutional practices, and broader socio-political conditions. Moreover, the research relies primarily on participants' narratives, ethnographic observation, and situated experiences, which reflect context-dependent organisational and interpersonal dynamics. The COVID-19 pandemic also imposed methodological constraints, limiting prolonged fieldwork, while simultaneously providing insight into how CMs adapted their practices during a public health emergency. While these limitations constrain broader claims of representativeness, they also enable a nuanced understanding of HI as socially embedded and contextually situated practices.

The findings further reinforce scholarship conceptualising interpreters as visible and ethically embedded humanitarian actors rather than neutral conduits (Delgado Luchner & Kherbiche, 2018; Inghilleri, 2017; Todorova, 2020), while extending these debates to long-term humanitarian healthcare provision in migration-intensive settings.

Future research could build on this case study through comparative and longitudinal analyses across different humanitarian organisations and national contexts, examining how organisational cultures, policy environments, and crises shape language mediation practices over time. Furthermore, collaboration between academia and humanitarian organisations is needed to develop tailored training pathways and ethical frameworks that reflect the realities of HI and mediation. Such efforts are essential if these practices

are to be adequately recognised, supported, and sustained as core components of humanitarian aid provision.

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Ethical Considerations

The doctoral research project on which this contribution is based was approved by the Ethics Committee of the University of Geneva with communication reference no. 23 of 6 July 2020, a copy of which is available for review by the Editor of this journal.

Consent to Participate

Participants in the study all granted their written informed consent for publication of their information in an anonymised version in the form of a narrative generated from the datasets. A copy of these consent forms is available for review by the Editor of this journal.

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The datasets generated during and/or analysed in the current study are not publicly available due to the need to protect participant privacy and protect sensitive information.

References

Aguirre Fernández Bravo, E. (2019). Interpreter role (self-)perception: A model and an assessment tool. *Revista de Llengua i Dret*, *71*, 62–72. https://doi.org/10.2436/rld.i71.2019.3258

Angelelli, C. V. (2004). *Medical interpreting and cross-cultural communication*. Cambridge University Press.

Baker, M. (2006). *Translation and conflict: A narrative account*. Routledge.

Baker, M. (2010). Interpreters and translators in the war zone. *The Translator*, *16*(2), 197–222. https://doi.org/10.1080/13556509.2010.10799469

Baker, M., & Pérez-González, L. (2011). Translation and interpreting. In J. Simpson (Ed.), *The Routledge handbook of applied linguistics* (pp. 39–52). Routledge.

Baraldi, C. (2014). An interactional perspective on interpreting as mediation. *Lingue Culture Mediazioni*, *1*(1–2), 17–36. https://doi.org/10.7358/lcm-2014-0102-bara

Baraldi, C. (2018). Interpreting as mediation of migrants' agency and institutional support: A case analysis. *Journal of Pragmatics*, *125*, 13–27. https://doi.org/10.1016/j.pragma.2017.11.012

Baraldi, C., & Gavioli, L. (2007). Dialogue interpreting as intercultural mediation: An analysis in healthcare multilingual settings. In M. Grein & E. Weigand (Eds.), *Dialogue and culture* (pp. 155–175). John Benjamins.

Bassnett, S., & Lefevere, A. (1990). *Translation, history and culture*. Pinter.

Bellardinelli, A. (2017). Le attività di Emergency «Programma Italia» rivolte ai migranti e persone in stato di bisogno [Emergency's "Programma Italia" initiatives aimed at migrants and people in need]. In M. I. Macioti (Ed.), *Conflitti, guerre civili, vittime e diritto internazionale* (pp. 75–82). Mediascape/Edizioni ANRP.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234. https://doi.org/10.1177/1468794112468475

Bergunde, A., & Pöllabauer, S. (2019). Curricular design and implementation of a training course for interpreters in an asylum context. *Translation & Interpreting*, *11*(1), 1–21. https://doi.org/10.12807/ti.111201.2019.a01

Bernardotti, A. (2005). Castel Volturno: mafia nigeriana e camorra [Castel Volturno: Nigerian Mafia and Camorra]. In A. Bernardotti, F. Carchedi, & B. Ferone (Eds.), *Schiavitù emergenti. La tratta e lo sfruttamento delle donne nigeriane sul litorale domitio* (pp. 110–147). Ediesse.

Blommaert, J. (2001). Investigating narrative inequality: African asylum seekers' stories in Belgium. *Discourse & Society*, *12*(4), 413–449.

Cadwell, P. (2014). Translation and interpreting needs in the Great East Japan earthquake of 2011. In *Proceedings of the XXth FIT World Congress* (Vol. II., pp. 752–760). BDÜ.

Cadwell, P. (2019). Trust, distrust and translation in a disaster. *Disaster Prevention and Management*, *29*(2), 157–174. https://doi.org.10.1108/DPM-11-2018-0374

Cadwell, P., & O'Brien, S. (2016). Language, culture and translation in disaster ICT: An ecosystemic model of understanding. *Perspectives*, *24*(4), 557–575. https://doi.org/10.1080/0907676X.2016.1142588

Caritas & Fondazione Migrantes. (2017). *XXVII rapporto immigrazione 2017–2018*. Centro Studi e Ricerche IDOS.

Clark, L., Birkhead, A. S., Fernandez, C., & Egger, M. J. (2017). A transcription and translation protocol for sensitive cross-cultural team research. *Qualitative Health Research*, *27*(12), 1751–1764. https://doi.org/10.1177/1049732317726761

Coppo, P. (2007). *Negoziare con il male. Stregoneria e controstregoneria dogon* [Negotiating with Evil: Dogon Witchcraft and Counter-Witchcraft]. Bollati Boringhieri.

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Sage.

Cornwall, A., & Jewkes, R. (1995). What is participatory research? *Social Science & Medicine*, *41*, 1667–1676.

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage.

Creswell, J. W., & Piano Clark, V. L. (2017). *Designing and conducting mixed methods research* (3rd ed.). Sage.

Cronin, M. (2000). *Across the lines: Travel, language, translation*. Cork University Press.

Cronin, M. (2006). *Translation and identity*. Routledge.

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care* (Vol. 1). Georgetown University Child Development Center, CASSP Technical Assistance Center.

Delgado Luchner, C. (2018). Contact zones of the aid chain: The multilingual practices of two Swiss development NGOs. *Translation Spaces*, *7*(1), 44–64. https://doi.org/10.1075/ts.00003.del

Delgado Luchner, C., & Kherbiche, L. (2018). Without fear or favour? The positionality of ICRC and UNHCR interpreters in the humanitarian field. *Target*, *30*(3), 415–438. https://doi.org/10.1075/target.17108.del

Delgado Luchner, C., & Kherbiche, L. (2019). Ethics training for humanitarian interpreters working in conflict and post-conflict settings. *Journal of War & Cultural Studies*, *12*(3), 251–267. https://doi.org/10.1080/17526272.2019.1644412

Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. Routledge.

Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. Academic Press.

Emergency. (2025). *Castel Volturno outpatient clinic*. https://en.emergency.it/projects/italy-castel-volturno-clinic/

Engeström, Y. (1987). *Learning by expanding: An activity-theoretical approach to developmental research*. Orienta-Konsultit.

Federici, F. M. (2016). Introduction: A state of emergency for crisis communication. In F. M Federici. (Ed.), *Mediating emergencies and conflicts* (pp. 1–29). Palgrave Macmillan.

Footitt, H., & Kelly, M. (2012). *Languages at war: Policies and practices of language contacts in conflict*. Palgrave Macmillan.

Gallai, F. (2019). Interpreting ethics in fragile environments. *Journal of War & Culture Studies*, *12*(3), 220–235.

Garzone, G., & Rudvin, M. (2003). *Domain-specific English and language mediation in professional and institutional settings*. Arcipelago.

Geertz, C. (1973). *The interpretation of cultures*. Basic Books.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine.

Hale, S. B. (2007). *Community interpreting*. Palgrave Macmillan.

Holmes, A. G. D. (2020). Researcher positionality: A consideration of its influence and place in qualitative research. *Shanlax International Journal of Education*, *8*(4), 1–10. https://doi.org/10.34293/education.v8i4.3232

Hsieh, E. (2016). *Bilingual health communication*. Routledge.

Inghilleri, M. (2003). Habitus, field and discourse: Interpreting as a socially situated activity. *Target*, *15*(2), 243–268. https://doi.org/10.1075/TARGET.15.2.03ING

Inghilleri, M. (2009). Translators in war zones: Ethics under fire in Iraq. In E. Bielsa & C. W. Hughes (Eds.), *Globalisation, political violence and translation* (pp. 207–221). Palgrave Macmillan.

Inghilleri, M. (2010). You don't make war without knowing why. *The Translator*, *16*(2), 175–196. https://doi.org/10.1080/13556509.2010.10799468

Inghilleri, M. (2017). *Translation and migration*. Routledge.

Italian Constituent Assembly. (1948). *Italian Constitution*. https://www.senato.it/sites/default/files/media-documents/COST_INGLESE.pdf

Lambek, M. (2012). Ethics out of the ordinary. In R. Fardon, O. Harris, T. H. J. Marchand, M. Nuttall, C. Shore, V. Strang, & R. A. Wilson (Eds.), *The Sage handbook of social anthropology* (Vol. 2, pp. 141–152). Sage.

Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press.

Määttä, S. K. (2015). Interpreting the discourse of reporting: The case of screening interviews with asylum seekers and police interviews in Finland. *Translation and Interpreting*, *7*(3), 21–35. https://doi.org/10.12807/ti.107203.2015.a02

Määttä, S. K. (2022). Interpreting trauma: Service providers' and interpreters' perspectives. In L. Ruiz Rosendo & M. Todorova (Eds.), *Interpreter training in conflict and post-conflict scenarios: A comparative framework* (pp. 183–196). Routledge.

Martin, M., & Phelan, M. (2010). Interpreters and cultural mediators – different but complementary roles. *Translocations: Migration and Societal Change*, *6*(1), 102–122.

Maryns, K. (2013). Disclosure and (re)performance of gender-based evidence in an interpreter-mediated asylum interview. *Journal of Sociolinguistics*, *17*(5), 661–686. https://doi.org/10.1111/josl.12056

Maryns, K. (2015). Asylum settings. In F. Pöchhacker (Ed.), *The Routledge encyclopedia of interpreting studies* (pp. 22–26). Routledge.

Montalt, V. (2020). Medical translation in crisis situations. In F. M. Federici & C. Declercq (Eds.), *Intercultural crisis communication. Translation, interpreting and language in local crises* (pp. 105–126). Bloomsbury Publishing.

Moser-Mercer, B., Kherbiche, L., & Class, B. (2014). Interpreting conflict: Training challenges in humanitarian field interpreting. *Journal of Human Rights Practice*, *6*, 140–158.

Munro, R. (2010). Crowdsourced translation for emergency response in Haiti: The global collaboration of local knowledge. In *Proceedings of the 10th International ISCRAM Conference* (pp. 1–10). Association for Machine Translation in the Americas.

O'Brien, S., & Federici, F. M. (2019). Crisis translation: Considering language needs in multilingual disaster settings. *Disaster Prevention and Management*, *29*(2), 129–143. https://doi.org/10.1108/DPM-11-2018-0373

Pailthorpe, B. C. (2017). Emergent design. In J. Matthes, C. S. Davis, & R. F. Potter (Eds.), *The international encyclopedia of communication research methods* (pp. 1–2). John Wiley & Sons Inc.-Blackwell.

Palmer, J. (2007). Interpreting and translation for western media in Iraq. In M. Salama-Carr (Ed.), *Translating and interpreting conflict* (pp. 13–28). Rodopi.

Pöchhacker, F. (2008). Interpreting as mediation. In C. Valero-Garcés & A. Martin (Eds.), *Crossing borders in community interpreting* (pp. 9–26). John Benjamins.

Pöchhacker, F. (2016). *Introducing interpreting studies* (2nd ed.). Routledge.

Polezzi, L. (Ed.). (2006). *Translation, travel, migration* (Vol. 12(2), Special issue of The Translator). Routledge. https://doi.org/10.4324/9781315538969

Polezzi, L. (2012a). Translation and migration. *Translation Studies*, *5*(3), 345–356. https://doi.org/10.1080/14781700.2012.701943

Polezzi, L. (2012b). Migration and translation. In Y. Gambier & L. van Doorslaer (Eds.), *Handbook of translation studies* (Vol. 3, pp. 102–107). John Benjamins. https://doi.org/10.1075/hts.3.mig1

Pokorn, N. K., & Mikolič Južnič, T. (2020). Community interpreters versus intercultural mediators: Is it really all about ethics? *Translation and Interpreting Studies*, *15*(1), 80–107.

Pöllabauer, S. (2004). Interpreting in asylum hearings: Issues of role, responsibility and power. *Interpreting*, *6*(2), 143–180. https://doi.org/10.1075/intp.6.2.03pol

Quaranta, I., & Ricca, M. (2012). *Malati fuori luogo: Medicina interculturale* [Patients Out of Place: Intercultural Medicine]. Raffaello Cortina Editore.

Radicioni, M. (2019). Cultural differences in interpreter-mediated medical encounters in complex humanitarian settings: The case of Emergency NGO. In E. Fragkou & I. E. Souza (Eds.), *Handbook of research on medical interpreting* (pp. 165–187). IGI Global.

Radicioni, M. (2024). Humanitarian interpreting at an Italian medical NGO: ELF and cultural mediation for vulnerable groups. *MediAzioni*, *41*, D63–D87.

Radicioni, M., & Ruiz Rosendo, L. (2022). Interpreting in times of COVID-19: Cultural mediation as a means of effective multilingual communication. In F. M. Federici & S. O'Brien (Eds.), *Translation in times of cascading crises* (pp. 237–252). Bloomsbury.

Robson, C. (2011). *Real world research* (3rd ed.). Wiley. (Original work published 2000)

Rowe, W. E. (2014). Positionality. In D. Coghlan & M. Brydon-Miller (Eds.), *The Sage encyclopedia of action research* (pp. 628–631). Sage.

Rudvin, M. (2010). Interpreters and language mediators in the Italian health-care sector. Institutional, theoretical and practical aspects of role and training. In P. Singy, C. Bourquin, & O. Weber (Eds.), *Cahiers du Centre de Linguistique et des Sciences du Langage no. 28* (Vol. 15, pp. 57–72).

Rudvin, M., & Spinzi, C. (2014). Negotiating the terminological borders of "language mediation" in English and Italian: A discussion on the repercussions on the terminology of the practice, self-perception and role of language mediators in Italy. *Lingue, Culture, Mediazione*, *1*(1–2), 57–79.

Rudvin, M., & Tomassini, E. (2008). Migration, ideology and the interpreter–mediator: The role of the language mediator in education and medical settings in Italy. In C. Valero-Garcés & A Martin (Eds.), *Crossing borders in community interpreting* (pp. 245–266). John Benjamins.

Ruiz Rosendo, L. (2020a). Interpreting for the Afghanistan Spanish force. *War & Society*, *39*(1), 42–57. https://doi.org/10.1080/07292473.2019.1701620

Ruiz Rosendo, L. (2020b). Translating and interpreting in conflict. In M. Ji & S. Laviosa (Eds.), *The Oxford handbook of translation and social practices* (pp. 45–65). Oxford University Press.

Ruiz Rosendo, L. (2023). Languages, interpreters and armed conflict: The Spanish Civil War. *The European Legacy*, *29*(2), 208–213. https://doi.org/10.1080/10848770.2023.2259703

Ruiz Rosendo, L., & Barea Muñoz, M. (2017). Towards a typology of interpreters in war-related scenarios in the Middle East. *Translation Spaces*, *6*(2), 182–208. https://doi.org/10.1075/ts.6.2.01rui

Ruiz Rosendo, L., Barghout, A., & Martin, C. H. (2021). Interpreting on UN field missions: A training programme. *The Interpreter and Translator Trainer*, *15*(4), 450–467. https://doi.org/10.1080/1750399X.2021.1903736

Ruiz Rosendo, L., & Persaud, M. C. (2016). Interpreting in conflict zones throughout history. *Linguistica Antverpiensia*, *15*, 1–35. https://doi.org/10.52034/lanstts.v15i

Ruiz Rosendo, L., & Persaud, M. C. (2019). On the frontline: Mediating across languages and cultures in peacekeeping operations. *Armed Forces & Society*, *45*(3), 472–490. https://doi.org/10.1177/0095327X18755108

Ruiz Rosendo, L., & Todorova, M. (2022). Introduction: Interpreter training in conflict and post-conflict scenarios. In L. Ruiz Rosendo & M. Todorova (Eds.), *Interpreter training in conflict and post-conflict scenarios: A comparative framework* (pp. 1–18). Palgrave Macmillan.

Savin-Baden, M., & Howell Major, C. (2013). *Qualitative research: The essential guide to theory and practice*. Routledge.

Schwandt, T. A., & Gates, E. F. (2018). Case study methodology. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (5th ed., pp. 341–358). Sage.

Seidlhofer, B. (2007). English as a lingua franca and communities of practice. In S. Volk-Birke & J. Lippert (Eds.), *Anglistentag 2006 Halle: Proceedings* (pp. 207–216). Wissenschaftlicher Verlag Trier.

Snellman, P. (2016). Constraints on and dimensions of military interpreter neutrality. *Linguistica Antverpiensia, New Series: Themes in Translation Studies*, *15*, 260–281. https://doi.org/10.52034/lanstts.v15i.391

Taronna, A. (2016). Translation, hospitality and conflict: Language mediators as an activist community of practice across the Mediterranean. *Linguistica Antverpiensia*, *15*, 282–302.

Tedjoung, E., & Todorova, M. (2022). Interpreters' training needs in refugee humanitarian crises. Perceptions from Cameron. In L. Ruiz Rosendo & M. Todorova (Eds.), *Interpreter training in conflict and post-conflict scenarios* (pp. 101–113). Routledge.

Tesseur, W. (2018). Researching translation and interpreting in non-governmental organisations. *Translation Spaces*, *7*(1), 1–19. https://doi.org/10.1075/ts.00001.tes

Todorova, M. (2016). Interpreting conflict mediation in Kosovo and Macedonia. *Linguistica Antverpiensia*, *15*, 227–240. https://doi.org/10.52034/lanstts.v15i.392

Todorova, M. (2017). Interpreting at the border: Shuttle interpreting for the UNHCR. *CLINA*, *3*(2), 115–129. https://doi.org/10.14201/clina201732115129

Todorova, M. (2020). Interpreting for refugees: Empathy and activism. In F. Federici & C. Declercq (Eds.), *Intercultural crisis communication* (pp. 153–173). Bloomsbury Academic.

UN General Assembly. (1948). *Universal Declaration of Human Rights*. https://www.un.org/en/universal-declaration-human-rights/

Wang, P. (2019). Translation in the COVID-19 health emergency in Wuhan. A crisis manager's perspective. *The Journal of Internationalization and Localization*, *6*(2), 86–107. https://doi.org/10.1075/jial.00014.wan

Yin, R. K. (2018). *Case study research and applications*. Sage.

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