



Toolkit to Strengthen Listeners

*Optimizing Informal Support Networks in
Montreal's Muslim Community and Beyond*

Acknowledgments

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Although you cannot all be mentioned here, your voices echo throughout these pages.

With gratitude,

The Amal Center for Women

Mission Statement

To provide support and assistance, in a culturally competent manner, to women and families in difficulties such as domestic violence, in hopes of fostering their well-being and development

Who Are We?

The Muslim woman's experience, though often portrayed as a monolith, is very diverse. Muslims in Montreal come from all over Canada and from around the world. Their work, family, private, and public lives are as diverse as their languages and cultural differences. Offering culturally competent services to this pluralistic and varied community is to recognize their uniqueness as well as their similarities.

The team at the Amal Center for Women reflects this diversity, and has been considered a pioneer of culturally-sensitive psychosocial intervention in Quebec for almost 20 years. Our small, dedicated intervention team is supported by a larger team of women, all volunteers, who are community outreach ambassadors, allies, and board members. They serve women in their community by donating their time to keep this predominantly donor-funded organization going. The Amal team is proud to mirror its clientele demographically, and has a proven record of providing opportunities for its clientele to become decision-makers in the center, evolving from client, to volunteer, to board member and employee.

The Amal Center responds to the specialized needs of the Muslim woman, who may face obstacles to accessing institutional services due to language barriers, immigration status, being a visible minority, lacking information, and culturally-based distrust.

“Hand in Hand”

Informal Support Networks

Informal community networks of support are essential for navigating society, and particularly so for women from vulnerable groups. In the Muslim community, these networks are highly diverse, adaptive, and rich with many opportunities for development.

Woven between the institutions and organizations that shape our lives, it is to our informal networks that we turn to seek guidance for matters ranging from the everyday to crisis situations. The resourcefulness of communities, who receive little investment or care from larger society, is not to be understated, and can often be relied upon as an avenue that shelters its members from the scrutiny and stigmatization of wider society.



Listeners Empowered by Culturally Competent Approaches

The members of these networks are powerful actors, providing care, resources and information. In such communities, there are special people that we call **“Listeners.”** They are special because they have been identified by the person who needs help as someone they can both trust, and who will be open to listen to their story of pain and woe. The **“Listener”** is not a doctor or social worker, but a neighbour, friend, sibling, daycare worker, teacher, volunteer, etc. These **“Listeners”** are on the frontlines of providing essential community services, and, usually on their own time, provide a listening ear and a helping hand to their sisters in the community. Women play particularly dynamic roles as “Listeners,” responding to an extremely wide breadth of issues, and when surveyed by the Amal Center for Women, these “Listeners” respond intuitively with culturally competent approaches when presented with sample situations.

Culturally competent approaches can be applied to any interaction, creating a safe and non-judgemental environment. These approaches are based around the belief that a better understanding of someone's religious and cultural context results in more effective and empathetic support.

Culturally Competent Listener Awareness

Understanding Hesitation

Muslim women are widely and falsely stereotyped as being oppressed and belonging to a religion and culture which permit or even encourage abuse and unhealthy gender dynamics. This may create a compound effect, where women hesitate to report abuse or challenges at home, for fear of contributing to this negative stereotype about their community.

“ I was afraid of asking for help at the local health center, afraid of being judged based on my faith and cultural background. I did not want to be pushed or pressured into separation and divorce as the one and only option.

Amal Client Testimonial

Being Judged

Awareness of, and discomfort of being judged by others in the community, is common across all peoples. When belonging to a marginalized group in society, the dependence on strong social ties can be even more pronounced, making some Muslim women very conscious of the perceptions of their immediate and extended families and communities. Depending on family and community cultural norms and taboos, this can strongly influence Muslim women's decision-making processes.

In-Group Diversity

Muslim women, like all women, are unique individuals who build their lives according to a combination of their interests, opportunities, challenges, and capacities, and are influenced by societal expectations and dynamics. Such a simple, humanizing statement is unfortunately necessary given current global Islamophobia and its local manifestations. Whether identifying as Muslim or not, Listeners must be ready to recognize in-group diversity and difference, and avoid imposing their assumptions on the women they are listening to. Make room for her to lead the conversation and be her authentic self.

Glossary of Terms

“Listeners” are people from the same community as the person seeking help, who they have identified as someone they can both trust, and who will be open to listen to their story of pain and woe. The “Listener” is not a doctor or social worker, but a neighbour, friend, colleague, sibling, daycare worker, teacher, community center volunteer, etc.

Active listening: Attentively listening while showing concern and support, in a non-judgemental way. The focus of the Listener is on showing empathy and genuine concern, rather than on getting all of the details or offering solutions.¹

Culturally-competent service is committing to an ongoing practice of acquiring education, training, and understanding the community in question. This includes valuing and respecting intra-group differences and understanding what is important to the individual.

Crisis intervention: Offering aid to a person who believes that their situation is unmanageable without delay to help them, cope with their feeling about the situation, to help minimize further emotional deterioration.²

Compassion fatigue: also known as vicarious trauma, is the emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events; it differs from burn-out, but can co-exist.³

Discrimination: “Discrimination is an action or a decision that treats a person or a group badly for reasons such as their race, age, or disability.”⁴ The fear of discrimination can interfere in a person seeking help for a mental health crisis.⁵

Marginalized: Having been assigned “to an unimportant or powerless position within a society”.⁶

Self-care: Being respectful towards, aware of, and attentive to one’s own needs of body, mind, and soul. Self-care is considered a form of ibadah (act of worship) in Islam.

Self-compassion: Combines mindfulness, accepting our experience as it is, and encourages us to treat ourselves with warmth and tenderness when dealing with difficulties and disappointment, even within ourselves.

Occupational stress: Canadian employees report workplace stress as the primary cause of their mental health problems or illness, with depression and anxiety noted as the top two issues.⁷ Being constantly connected, along with workplace sexism, and family responsibilities, add additional career pressure.⁸

Secondary stress: Secondary traumatic stress (STS) can occur when people, including volunteers or community members, are exposed to other people’s trauma, especially if their own trauma is unresolved. In other words, a person who hears about their neighbor’s psychological violence may be more likely to have STS if they have lived this experience before and have not resolved or healed from it.⁹

Vicarious Stress/Trauma: Vicarious stress or trauma is a risk to volunteers and workers who help victims, as they are exposed to the recounting of the trauma the victim has faced.¹⁰

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Caring for Others and Self-Care

Self-care is as much, if not more, important than caring for others¹¹

Listeners reported having experienced Compassion Fatigue and Burnout from hearing traumatic stories over a prolonged time. If we ignore our warning signs of stress, we will not be able to fully help others, whereas a healthy state of mind allows to wholly give back.

What self-care is not

Self-care is a growing area that has been capitalized for marketing purposes, encouraging consumption as an integral part of the practice. Self-care does not need to be materialistic nor luxurious. Self-care relies on **your** own ideas of what constitute 'flourishing' and 'fulfilling'. A reasonable self-care act can be as simple as creating a to-do list, tidying your room, and taking a 10 minute walk outside.

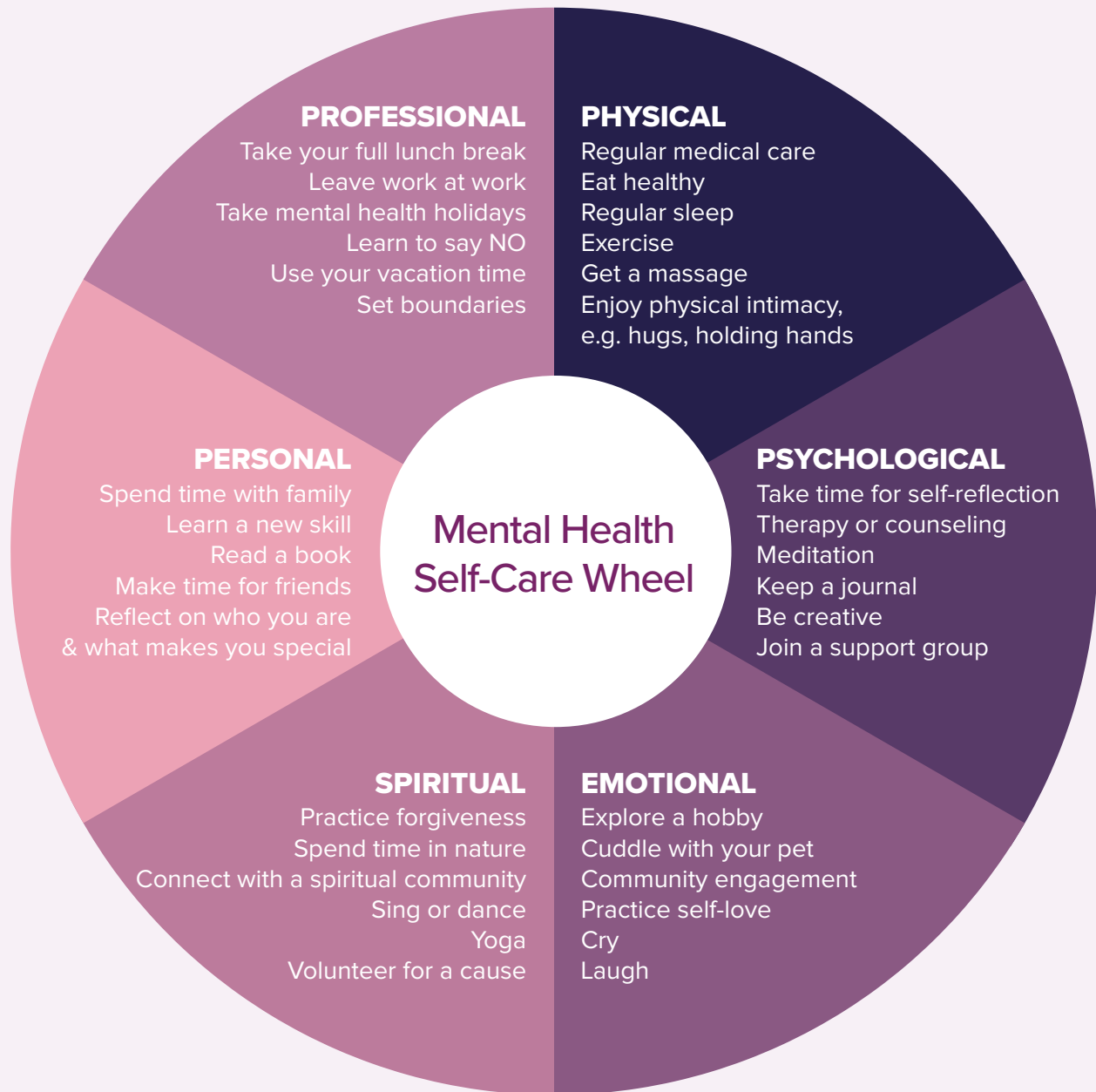
Self-care is important for everyone, especially for those who have experienced or heard someone's loss, hardship, and trauma. The problem arises when self-care is treated as *just* pampering (e.g. travelling, going to the spa). It is a necessity that benefits you and others who can also be part of it. See page 7 for examples of self-care practices.



Caring for others¹²

In our roles as sisters, volunteers, and workers, we become identifiable to those needing help. Special attention is required when helping specific groups, including people of certain ethnic backgrounds, religious groups, sexual orientations, children, and elderly people. These groups need special attention due to the high risk of harm they may have already experienced (discrimination, racism, gender-based violence, etc).

Listener Self-Care After a Difficult Disclosure¹³



In addition to the self-care practices listed above, take time to process what you are feeling with another Listener, but remember to respect the confidentiality of the person you are discussing. Remember that they shared their experience with you because they believe that you are trustworthy.

Culturally Competent Listener Approaches¹⁴

DO

- Encourage people to pause and think kindly of themselves, and wish themselves well via du'a (invocation).
- Listen without judgement and resist the urge to offer advice when it's not asked for.
- Motivate people to hope for the future, without making grandiose statements or false promises.
- Allow the person to feel their feelings and express their sadness/pain.
- Remember that emotional state, even strong negative emotions, do not always indicate internal spiritual life.
- Attribute value to their instincts, feelings, and reactions. Be aware of verbal and non-verbal cues.
- Be sure to avoid misinterpretations and misunderstandings by working with a translator (if required), who has the capacity to communicate cultural sayings/proverbs or expressions accurately.

DON'T

- Assume the level of, or critique the sufficiency of, their spiritual practice.
- Say sabr (patience) is rewarded as a blanket solution.
- Forget to remind people of their rights as you are aware of them, e.g. the right to live in safety.
- Use Hadith (Prophetic teachings) to explain the logic of their situation back to them.
- Make assumptions about their lifestyle or practices based on manner of dress or speech.
- Give medical advice or make a psychological diagnosis, unless you are a professional healthcare provider.
- Employ platitudes such as "Don't cry," "It's okay."

TRY

- Sharing resources and directing them toward support that you yourself cannot provide without dismissing the person.
"May I share an idea I have..." or "I know of an accessible resource that can help with this, would you like me to share it with you?"
- Helping map immediate sources of support and trust.
"I appreciate you trusting me with this, who else do you feel holds your trust right now?"
"I'm here to listen and make room for you to express yourself. Have you spoken to anyone else about this? Would you like to?"
- Using simple, honest and reassuring language.
"You are not crazy, every reaction has a reason, though we might not immediately understand it."
"You are not responsible for the actions of others."
"I believe you. I'm sorry that this happened to you."
- Making space for and respecting, without expecting, expressions of faith and spirituality.
An echoed "inshaAllah" (God willing), or a soft "Ameen" (Amen) can be immensely comforting, even if coming from outside the faith. Many find solace in faith during difficult times and it can be expressed in diverse ways, or kept personal.

AVOID

- Proposing that there are two sides to every story.
- Ignoring the healing process by proposing that they need to move on.
- Say "Why didn't you...?" Decisions can be difficult to make in the moment, and even harder to explain afterwards; asking for an explanation can put them on the defensive.

Active Listening

Many people have unhealthy habits of asking questions and giving advice. But the use of active listening is imperative in the healthcare community.

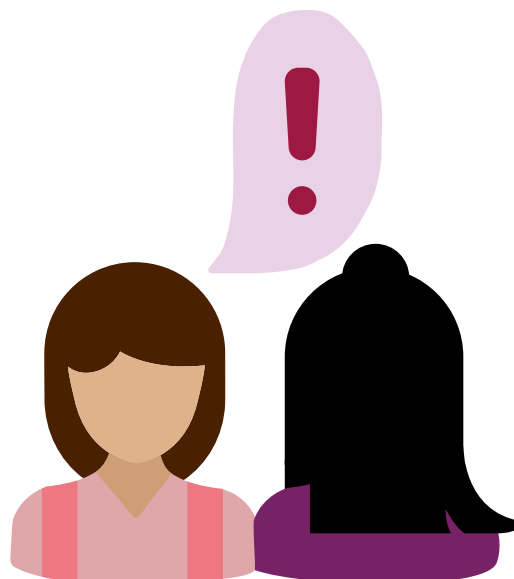
What makes a good active listener?¹⁵

A good listener genuinely seeks to understand the caller, wherever they are in their difficult life. The listener suspends their judgement and is engaging with the person on his term. A listener sees positive potential in their clients' decisions.

Barriers to active listening¹⁶

There are barriers that prevent us from listening effectively.

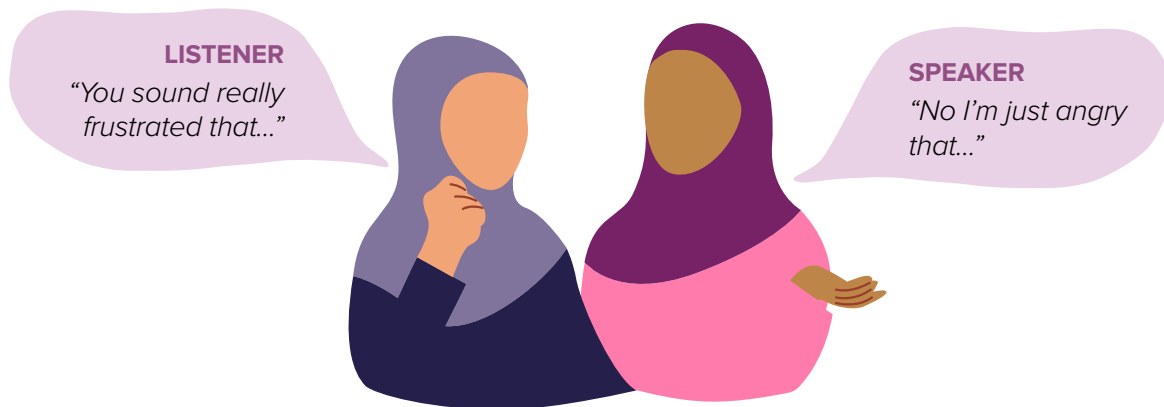
- 1. Spacing out:** Active listening can help you stay focused on the person's feelings and concerns.
- 2. Interrupting:** Do not try to complete the person's sentences or to fill in the blanks. Let the person express their need at their own comfort and pace.
- 3. Drawing conclusions:** Jumping to conclusions happen when we think we already know what the caller is going to say or what is happening to them.
- 4. Overly-emotional:** Getting emotional takes away space we have provided for the client.
- 5. Misplaced intention:** Sometimes we ask questions not in spite of understanding the situation better, but because of our own curiosity.



Tips to Become an Effective, Compassionate Listener

There is no 'correct' way to talk to someone in distress. Remember the purpose of listening is not to reply, but to understand. Here are some guidelines on how to listen effectively:¹⁷

1. **Reflecting, paraphrasing, summarizing** to reflect back some of the words of the caller in your own words. This helps identify the caller's emotional state.



2. **Avoid giving advice:** If the person asks for advice, try to suggest options:
"What are some of things you have tried in the past?"
"Which option do you feel most comfortable with?"
3. **The use of silence:** Focus on what they are saying and not on what you want to say next.
4. **Validating:** Validating someone's feelings does not always mean you agree with them, or that their feelings are the healthiest.
5. **Be aware of your own feelings:** Sometimes these feelings may interfere. Recognize your own feelings and be sure to take care of yourself after a difficult call.

Open-Ended Questions

Open-ended questions are key for effective listening:

- *"How did that make you feel?"*
- *"What have you thought of?"/ "What could you do? What do you have control of?"*
- *"What's important for you now?"*
- *"What would you do about ___?"*
- *"What do you mean by ____?" [topic]?"*

Challenges Faced by Listener: *Boundaries*

Setting boundaries can be a personal challenge and is influenced by your cultural norms, life experiences and personalities. You have certain rights in your relationships and interactions with others that include:¹⁸

- The right to say “no” without feeling guilty and without explanation
- The right to be treated with respect
- The right to make your own needs as important as those of others
- The right to be accepting of your mistakes and failures and offer yourself compassion
- The right to reject unreasonable expectations others may try to place upon you

When surveyed, 25% of our Listeners did not have boundaries in place to have some “time-off” from serving their community and informal networks.¹⁹

How to end the call/conversation²⁰

It is as important to create a safe space for the conversation as it is for the Listener to set a boundary. The duration of the call or conversation should not be longer than 20 minutes unless you think the crisis level is high.

When you feel that you need to end the conversation:

Be firm but kind

- *It is unhealthy for both the Listener and speaker to relive the trauma repeatedly.*
- *You can thank the person for sharing their experience with you and validate their emotions before ending the call or conversation.*

Suggest to speak again at another time

- *“We have covered a lot of emotional ground. Maybe it would be best if we ended the call here. You’re welcome to call back [time/day]”*
- *“In a few minutes, we have to part. Is there anything you would like to add?”*
- *“We’ve been talking for a while. As much as I would like continue, you understand that we have to end the call now.”*

Reframing/Summarizing

- *Take the time to summarize the conversation as accurately as possible and validate the caller’s emotions before ending the call*

When the call is verbally abusive

- *It is best to end the call as soon as the abuse begins. Suggest the person to call back when they cool down and end the call.*

Challenges Faced by Listener:

Compassion Fatigue

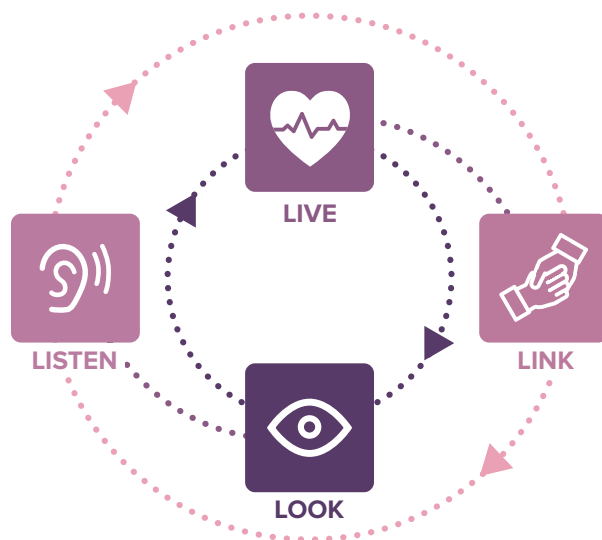
Compassion Fatigue occurs to Listeners when they experience emotional exhaustion due to repeated exposure to hearing, witnessing and supporting people who suffered traumatic life events.²¹

Who is at risk of experiencing compassion fatigue?

- A new volunteer
- A Listener interacting with many community members
- A person who
 - lacks healthy boundaries
 - is concerned with following cultural norms
 - fears rejection by family, cultural leaders
 - has a history of experiencing burnout
 - does not have an adequate personal support system

Signs of compassion fatigue

BODY	<ul style="list-style-type: none"> • Sleeping patterns • Fatigue • Addictive coping patterns (food, drinking, substance abuse) • Irritability
MIND	<ul style="list-style-type: none"> • Negative thinking • Cognitive distortions • Feelings of helplessness • Low self-efficacy
SOUL	<ul style="list-style-type: none"> • Loss of meaning/purpose • Loss of interest • Absence of joy



The 4L Cycle: How to prevent compassion fatigue²²

Overcoming compassion fatigue requires self-care. The Red Cross suggests the 4L Cycle to prevent it.

- **Look:** recognize/look for warning signs/ stress indicator within you
- **Listen:** assess stress levels that you are experiencing
- **Link:** take action within your support system
- **Live:** maintain good health, and a content state of mind/being

Challenges Faced by Listener:

Negative Self-Talk

Negative self-talk checklist for community service volunteers²³

- ✓ **Exaggerated concern for others' thoughts:** Giving elevated status to what others think. For example: "If people think I'm not doing enough, they will think I do not care about vulnerable women the way they do"
- ✓ **Catastrophizing:** Believing that the future will be horrific, and that you won't be able to manage it. For example: "If I don't get enough sponsors, then the center will close and women will die because of me."
- ✓ **Personalizing:** Taking an excessive amount of responsibility or even blame. For example: "If I take time to rest, that would be selfish, and I would put others at-risk."
- ✓ **Blaming:** Identifying yourself as the sole reason for negative outcomes. For example: "That woman who needed help didn't come back, I must have said the wrong thing."
- ✓ **Unfair comparisons:** Comparing yourself to others in a way that minimizes you and exaggerates others' importance. For example: "My needs shouldn't count compared to their suffering. Their needs are much more important than my own."
- ✓ **Super person:** Exaggerating your capacities to the point of making yourself indispensable. For example: "I am the only one who knows how to help".

Stuck in a negative self-talk cycle?

Talk to a mentor, a friend, or a colleague. Remember that you are not alone.



When Immediate Help is Needed

Disclosures can happen at any time, triggering unexpected emotions, shock, and feelings of panic. The Listener's role is not to solve problems leading to the crisis, but to focus on the immediate prevention of injury or suicide by making efforts to ensure that the person is safe.

When someone is at risk of being harmed²⁴

If you are worried that someone is at risk of being harmed, take immediate action over aspects in your control.

- Call 9-1-1. See next page on how to proceed.
- Stay on the line with the person if at all possible.

When someone is suicidal²⁵

A person contemplating suicide needs to be heard and understood instantly. Our first step is to evaluate the situation and give the support appropriate to their needs.

Low-level risk to medium-level risk

These people are contemplating suicide, but do not plan on doing it. This situation is not urgent but requires active listening.

Cultural consideration: What to do

- Listen attentively without judgment. Culture and religion might influence their decisions in seeking proper mental health assistance. As Listeners, help the person recognize that there is no shame and embarrassment in getting the help they need.
- Take the opportunity to explore the underlying problem and to bring it back to the present. Don't be afraid to talk openly about suicide. Encourage the person to call the Suicide Action Montreal 24/h hotline.

High-level risk

A person with a high level-risk for suicide has the means, the place, and the time planned. When this occurs, you must proceed to call 911 and use the following page as a guideline.

Suicide Prevention for Listeners

Suicide prevention should be respectful of the religious values and beliefs of the person. “Only if the risk is high, let the person know that their safety comes first and remain on the line with them until help arrives.”²⁶

Steps²⁷

1. Does the Listener know the person and have their number? If not, try to get this information early in the conversation.
2. Support and validate the person’s emotional distress; do not minimize the problem.
3. Stay calm. Managing such a disclosure can be difficult. If you are to embrace the uncertainty of the situation, you’ll more likely identify and manage a potential crisis. If you cannot remain calm, refer them to a suicide hotline or community service.
4. Assess the risk:
A high-risk suicidal person has a plan of action. Gather as much information as you can about the place, the means, and the time.
Place: “Are you alone?” / “Where are you?”
Means: “Do you know how you will do it?” “Would you please put [the means] aside while we speak?”
Time: “When are you planning to take this action?” “How ready are you?”
5. If the situation is at low or medium-level risk, focus on active listening and end with a proper closure.
6. **If all three elements of a plan are present, you must call 9-1-1 through a conference call.**
 - *Identify yourself as a friend/Amal volunteer/community member, etc.*
 - *Tell the 9-1-1 dispatcher the nature of the emergency.*
 - *Inform them of all important details. Be as specific as possible.*
 - *Follow the dispatcher’s instructions.*
 - *Stay on the phone with the person in need of help, continue to listen and be focused on the present moment.*

Filing A Report with the DYP²⁸

Trust and confidence of the system

The Youth Protection Act (YPA) takes a serious approach in mitigating the fear and mistrust of the legal system among immigrants and other minority groups. The YPA aims to not only to put an end to the situation that endangers the child, but also to keep the child in their family environment. The YPA and Director of Youth Protection (DYP) take into account the child's needs and their belonging to a cultural community.

Am I required to report?

When a parent mentions the danger of their child, or when you have reasons to believe that the child is in danger based on one of three situations below, it is our **legal obligation to file a report with the DYP** regardless of any steps taken by the parents to protect the child.

When to report

The following situations fall under this category:

- Children who are victims of sexual abuse committed by their parents or by adults or minors, regardless of whether or not they are in a position of authority over the children;
- Children who are victims of physical abuse committed by their parents or adults, regardless of whether or not they are in a position of authority over the children;
- Children whose physical health is threatened due to lack of care by their parents or adults in a position of authority over the children.

Who do you call to file a report?

- **Montréal:** (514) 896-3100
- **English-speaking (Batshaw):** (514) 935-6196

General instructions

- 1.** Decide whether or not to file a report based on the situation. If the security or the development of the child is in danger, you must file a report with DYP by calling the number above and following their instructions.
- 2.** In case of immediate danger, call 9-1-1
- 3.** After the report, the DYP will analyze the report. If the report is not accepted, the DYP will inform the listener who made the report.

Safety of the listener

When a listener makes a report, their identity and contact information will remain confidential. However, information that identifies the child and the reasons to report the case may be revealed to the family.

Resources

GREATER MONTREAL AREA

- **Amal Center for Women**
Provides free, culturally-competent psychosocial services to women in French, English, Arabic, and Urdu.
(514) 855-0330
- **Info-Social**
Speak with a social worker 24 hours a day, 7 days a week; they will give you advice and offer guidance about your difficult life situation. Dial 8-1-1.
- **Crisis Centers of Québec**
Bilingual services for people in crisis, as well as their loved ones and caregivers.
(514) 483-3033
- **Head and Hands**
Counselling services for youth aged 12-25.
(514) 481-0277
- **SOS Violence Conjugale**
24/7 referral to women's shelter for victims of conjugal violence. Women can also call to ask for information.
1 (800) 363-9010
- **Suicide Action Montreal**
24/7 hotline: 1 (866) 277-3553
- **Nisa Helpline**
Free, peer-to-peer phone counselling and faith-based counselling.
1 (866) 315-6472

CONCORDIA UNIVERSITY

- **Concordia Mental Health Resource Hub**
<https://www.concordia.ca/health/mental.html>
- **Empower Me**
Connects students on the CSU Plan with qualified counsellors and other mental health resources.
1 (844) 741-6389
- **Concordia Students' Nightline**
Active listening service to all Concordians and Montreal citizens. Friday and Saturday from 6 pm to 3 am.
(514) 437-9797

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*A helping hand, a gentle word, a ray of hope:
Together we can break the silence.*