

MENTAL WELLNESS OF VAW SECTOR STAFF DURING COVID-19:

LITERATURE REVIEW



**Prepared by: Mitzi Beth Webb
Placement Student, OAITH
Lakehead University, Social Work**

June 2021

Introduction/Background

As Ontario has moved in and out of multiple lockdowns and navigated regional restrictions related to COVID-19, staff at Violence Against Women (VAW) shelters and organizations are experiencing higher than usual levels of work-related stress, anxiety, and exhaustion (The No More Report, 2021; Trudell & Whitmore, 2020). While many organizations have been able to keep their doors open for women, gender-diverse communities, and their children experiencing abuse during the pandemic, some services have continued to be offered in person while others have been shifted online to follow public health guidelines. Prior to the pandemic, taking this line of work home has typically been discouraged. As one advocate noted in Trudell & Whitmore's (2020) survey conducted by Ending Violence Association of Canada and Anova, "I took the trauma everywhere in my home" (p. 1). Whether shelter staff are working on or off-site, staff at domestic violence organizations are noticing a decline in workplace morale and motivation accompanied by higher rates of burnout and feelings of isolation (Ontario Association of Interval & Transition Houses Tea & Chat Analysis, 2021).

In recognition of the challenges experienced by staff in the VAW sector, The Ontario Association of Interval and Transition Houses (OAITH) and Action Ontarienne received a grant from the Ministry of Children, Community, and Social Services to provide to VAW shelters in Ontario. The COVID-19 Related Mental Health and Addiction Supports for Employees grant will be available to VAW organizations to help support their employees through an evidence-based wellness activity aimed to promote mental health and overall wellbeing amongst shelter staff. Unlike Occupational Health and Safety Committees, workplace wellness programs are not legally mandated (Canadian Centre for Occupational Health and Safety, 2021). However, this literature review aims to explore how the implementation of a workplace wellness program and committee may be beneficial to both staff and employers in the VAW sector.

Literature Review

There has been an abundance of research on the impact of COVID-19 on gender-based violence (Kofman & Garfin, 2020; Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020). Indeed, UN Women has declared violence against women as the shadow pandemic. A gap identified in the research is how the impact has affected those who work in the field of gender-based violence, such as staff at Violence Against Women (VAW) shelters and transitional houses, anti-violence workers, and domestic violence advocates, among others. Grey literature has highlighted the need to explore this topic further. OAITH has conducted surveys and held information sharing sessions throughout the pandemic with staff at all levels in the VAW sector. OAITH's (2021)



report on *Virtual VAW Work in the Time of COVID-19* highlighted some of the challenges as well as the positive elements of virtual work. The greatest challenges were “missing colleague emotional connection” and “technology infrastructure” (p. 3). The most common positive elements were “staying connected and supported by staff and management” and “increased convenience/comfort/flexibility” (p. 4). Common themes that came out of OAITH’s (2021b) *Tea and Chat Analysis* related to the mental health and well-being of VAW staff included feelings of isolation, challenges staying connected when working from home, validation of the difficulties across the sector, importance of hearing about others’ experiences across the sector, and realization that they are not alone with their feelings during COVID-19 and working in the VAW sector. Although the impact of isolation as a result of COVID-19 is not unique to the VAW sector, the ability to debrief with colleagues and supervisors is incredibly important when working with survivors of trauma as social support can act as a protective factor against vicarious trauma and burnout (Killian, 2008).

Trudell & Whitmore’s (2020) report based on the national survey *Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Service Provision* conducted by Ending Violence Association of Canada and Anova highlighted key information about the challenges faced by VAW staff and survivors. Over the course of a two-month period, 376 staff and volunteers participated in the survey. The survey took place between May 18th – July 20th, 2020, which highlighted many of the challenges in the sector within the first six months of COVID-19 being declared a global pandemic. Out of the 376 participants, 81% responded that they are experiencing greater work-related stress (Trudell & Witmore, 2020). Trudell & Whitmore (2020) stated a number of different factors as reported by staff, advocates, and volunteers across the VAW sector for the increase in work related stress related to COVID-19 including the shift from in-person services to working from home, health risks and other fears related to COVID-19, enforcing social distancing and other protocols, among others.

More recently, The NO MORE Foundation conducted a global survey on the impact of COVID-19 on domestic and sexual violence support services in February 2021. Alarming, The NO MORE Report (2021) stated that as a result of COVID-19 “81% of organizations that responded felt that pressures on their staff had increased and 53% reported a decline in staff’s mental health” (p. 2). For VAW staff working from home during the pandemic, the risk of vicarious trauma is heightened due to the lack of positive social support from colleagues and supervisors. Indeed, 60% of survey respondents in the NO MORE Report (2021) discussed increased levels of loneliness and isolation. Staff in the VAW sector reported “Personal Responsibilities” and “Getting COVID-19/Isolating” as the two most common challenges, closely followed by “Funding” and “Stress” (The NO MORE Report, 2021).



As the prevalence and severity of incidents of gender-based violence have increased, many VAW shelters have had to reduce capacity due to physical distancing guidelines (Trudell & Whitmore, 2020). As one staff member stated in the report by Trudell & Whitmore (2020), “the most challenging part of my shift in my role is having to turn away women and children who have finally mustered the courage to flee. To not being able to let women in the door to limit the spread of COVID-19” (p. 2). It should come as no surprise that if COVID-19 has negatively impacted women and their children experiencing domestic violence, VAW shelter workers and advocates would also be negatively impacted. Another staff member noted the additional fear and concern about women being isolated with their abusers during stay-at-home orders and not being able to reach out for help (Trudell & Whitmore, 2020).

History of Wellness Programs

According to Morrison & MacKinnon (2008), the creation of wellness programs within the workplace can be categorized into four waves. In the 1980s the first wave involved the promotion of a safe working environment followed by the second wave in the 1990s which promoted wellness initiatives within the workplace focusing on nutrition and physical health (Morrison & MacKinnon, 2008). In the 2000s, the third wave developed which focused on navigating occupational stress and work-life balance (Morrison & MacKinnon, 2008). Finally, the fourth and current wave of workplace wellness programs highlight the need for a holistic approach to wellness (Morrison & Mackinnon, 2008).

Relevant Legislation

As previously mentioned, although workplace wellness programs are not mandated there is still relevant legislation pertaining to employers' responsibility of duty to accommodate employees' mental health. The Occupational Health and Safety Act and The Ontario Human Rights Code are two pieces of legislation that employers should be aware of pertaining to the duty to accommodate and promote health. In 2007, the Mental Health Commission of Canada was implemented as a result of the growing concerns around the mental health of all Canadians. In 2009, *Toward Recovery and Well-Being: A Framework for a Mental Health Strategy for Canada* released six strategic directions, the first one relating to the workplace which states “promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible” (Mental Health Commission of Canada, 2021a). Additionally, the Mental Health Commission of Canada (2021b) has created resources including the National Standard of Canada for Psychological Health and Safety in the Workplace and has created an Action Guide for Employers on Psychological Health and Safety (2021c) which are both available on their website.



The Ministry of Labour, Training and Skills Development funds six health and safety associations that provide training, consulting, and clinical services for workers and employers related to mental health in the workplace. These include (1) The Occupational Health Clinics for Ontario Workers; (2) Public Services Health & Safety Association; (3) Workplace Safety and Prevention Services; (4) Infrastructure Health & Safety Association; (5) Workplace Safety North; and (6) Workers Health & Safety Centre. Each of the aforementioned resources provide helpful information for organizations who would like to implement a workplace wellness program.

Mental Wellness: Recommendations for Organizations

The second part of the literature review aimed to explore evidence-based wellness initiatives to provide as recommendations to the organizations receiving a grant. The wellness initiatives were divided into the following categories: arts-based, talk-based, body and breathing-based, team building activities, physical health-focused, nature-based, mindfulness-based, cultural-based, and organizational-based. Many of the wellness initiatives included a focus on team-building activities that will benefit the greatest number of staff possible. Although self-care practices such as meditation, mindfulness, physical activity, and psychological support are all an important aspect of mental wellness, many of the recommendations are focused on activities that could benefit all staff within the organizations.

Given the current reality of COVID-19, certain self-care strategies and protective factors have been restricted due to physical distancing measures and province-wide restrictions. As work and social lives have shifted online the majority of wellness opportunities are also being delivered remotely. Two benefits of online interventions include cost and accessibility. “Online-based (guided) self-help interventions could be an acceptable, effective and economically sustainable approach to offer evidence-based intervention alternatives to reduce the negative consequences associated with work-related stress” (Ebert, Lehr, Smit, Zarski, Riper, Heber, Cuijpers, & Berking, 2014, p. 2).

Arts-Based

Creating art through activities such as colouring or drawing has been shown to reduce stress by improving low mood and reducing anxiety (Scott, 2021). Phillips & Becker (2019) found that nine out of 14 studies on expressive arts interventions for workplace stress showed an improvement in anxiety, overall mental well-being, perspective taking, awareness, fatigue, and empathetic concern. The most important point to note is that it



does not matter how simple or complex the artwork is; it is simply the act of creating art that can have a positive impact on one's mental health.

Talk-Based

Talk-based initiatives such as psychological support, peer support, or clinical supervision are particularly important aspects for employees working with trauma survivors. Clinical supervision can help to reduce stress and staff turnover while improving effectiveness, workplace satisfaction, and overall feeling of support (Carpenter, Webb, Bostock, and Coomber, 2012). The 2020 Workplace Outcome Suite Annual Report on the effectiveness of Employee Assistance Professionals (EAP) counselling shows positive results for both staff and employers. After three months of EAP counselling, the findings show an improvement in engagement and concentration at work, overall satisfaction with life, as well as reduced absenteeism and workplace distress (Employee Assistance Professionals Association, 2021).

Body and Breathing Based

Yoga and meditation are two examples of body and breathing-based activities that can help to improve overall well-being. Some of the mental benefits of yoga include decreased symptoms of anxiety, depression, and overall stress (Link, 2017). Yoga can also improve physical health with benefits that include alleviating symptoms of chronic pain, improving sleep, increasing strength, decreasing migraines, and improving heart health, to name a few (Link, 2017). Breathing-based interventions such as mindful meditation can help to improve overall mental health by not only reducing anxiety and mild depressive symptoms, but can actually improve resilience to stress (Smith, Suttie, Hazaieri, & Newman, 2018). Mindful movement incorporates both body and breathing-based activities.

Team Building Activities

Team building activities can help to improve workplace morale, communication, resilience, and team-effectiveness (Workplace Strategies for Mental Health, 2021). Workplace Strategies for Mental Health (2021) offers free resources for team building activities related to problem solving, wellness, team cohesion, resilience, and improving communication.

Physical Health-Focused

When workplace wellness programs first began the main focus was on improving physical health (Morrison & MacKinnon, 2008). Workplace wellness programs that include physical health can be an important aspect of staff wellness as physical activity has many physical and mental health benefits. Chu, Koh, Moy & Müller-



Riemenschneider (2014) found that the implementation of physical activity in the workplace has been found to improve anxiety and depressive symptoms.

Nature-Based

Nature-based therapies have been found to improve participants' general well-being and reduce burnout (Stigsdotter, Corazon, Sidenius, Nyed, Larsen, & Fjorback, 2018). In general, there are numerous physical and mental health benefits to spending time outdoors. Nature-based activities have a positive effect on energy, focus, endorphins, stress, depression, and anxiety, headaches, mood, sleep, and creativity (Ontario Parks, 2020). Marsell, Irvine, and Warber (2014) found that outdoor walking groups “were associated with significantly lower depression, perceived stress, and negative affect, as well as enhanced positive affect and mental well-being” (p. 134).

Mindfulness-Based

Mindfulness has been proven to increase positive affect and emotions, resilience, and reduce stress (Levett et al., 2019). In a review of 8 studies, mindfulness practice has been found to reduce job burnout (Luken & Sammons, 2016). Goodman & Schorling (2012) found that “mindfulness-based stress reduction was associated with significant improvements in burnout scores and mental well-being for a broad range of healthcare providers” (p. 120).

Organization-Based

A common theme that stood out while conducting this literature review was the importance of a positive organizational culture. In their study on staff retention at domestic violence shelters, Merchant & Whiting (2015) found that organizational culture was an important factor in staff decisions to stay or leave. The VAW staff interviewed by Merchant & Whiting (2015) indicated a number of areas to improve organizational culture including supervision, regular time to debrief, additional or amended policies and procedures that directly relate to practice, training, staff input and decision making, mandating breaks, and an overall focus on mental health of staff within the workplace. Bronkhorst, Tummers, Steijn, & Vijverberg (2014) studied how organizational culture impacts mental health of staff in a healthcare setting. Bronkhorst et al. (2014) found:

Perceptions of a good organizational climate were significantly associated with positive employee mental health outcomes such as lower levels of burnout, depression, and anxiety. More specifically, our findings indicate that group relationships between co-workers are very important in explaining the mental health of health care workers. There is also evidence that aspects of leadership and supervision affect mental health outcomes. ... If health care organizations want to address mental health issues among their staff, our findings suggest that



organizations will benefit from incorporating organizational climate factors in their health and safety policies. Stimulating a supportive atmosphere among co-workers and developing relationship-oriented leadership styles would seem to be steps in the right direction (pp. 2-3).

In the quote above, Bronkhorst et al. (2014) highlighted how organizational culture can have a direct impact on the mental health and wellness of employees. The authors also provide recommendations for addressing organizational culture through the implementation of policies and procedures that focus on creating support within the workplace (Bronkhorst et al., 2014). It is imperative to mention the unique context that essential organizations such as VAW shelters and organizations are faced with as a result of the COVID-19 pandemic. Although VAW organizations work with survivors of trauma and crisis situations on a regular basis, the reality is that the everyday stressors and challenges have been compounded by the pandemic.

Challenges to Workplace Wellness Programs

One of the challenges of workplace wellness programs is low participation rates. “In order to be effective, employees must use the services being offered. In Canada, wellness program participation rates are extremely low, with only 11% of employees saying they definitely participate on a regular basis and another 23% participating only occasionally” (Lowensteyn, Berberian, Belisle, Dacosta, Joseph, & Grover, 2018, p. 211). Low participation rates can be combated with incentives such as fun challenges or small gifts. Although, providing incentives can be a source of hardship for small and/or underfunded organizations such as violence against women shelters, and transition houses.

Programs that target individual coping rather than organizational change is another challenge to the success of wellness programs. Many wellness programs implemented in the workplace focus on individuals without addressing organizational stressors. “In failing to address the systemic stressors, evidence suggests that the cumulative effects of each individualised programme is less than the sum of the interventions, providing diminishing returns on each additional intervention” (Levett et al., 2019, p. 616). As VAW organizations navigate the ever changing COVID-19 restrictions and guidelines that continue to exacerbate challenges faced by staff, it is clear that wellness programs and initiatives being implemented should focus on collective wellness rather than solely on self-care for individual staff members. For this reason the majority of recommended wellness activities aim to target all staff within VAW organizations and can be done collectively.

Although low participation rates and programs that target individual coping are challenges to workplace wellness programs, the biggest barriers to creating,



implementing, and sustaining a committee or program for VAW organizations include cost and time. It is well known that VAW organizations and other social service agencies are overworked and underfunded partially due to neoliberal fiscal constraints and the elected government of the time (Baines, 2006). COVID-19 has further compounded these issues as organizations are navigating the ever changing public health guidelines and additional challenges of providing support to women and their children and gender diverse communities throughout the pandemic.

Limitations of Literature Review

This is not a complete list of the available literature on the topic of domestic violence workers' mental health and wellness. There is more research on this topic that is not included due to the nature and scope of this paper.

Considerations for Research

Based on the results of the research for this literature review, conducting another survey on the impact of COVID-19 on gender-based violence services for staff and clients is recommended. The survey should be national or provincial in scope with a focus on Ontario, depending on the availability of resources. The data gathered from the survey conducted by Trudell & Whitmore (2020) was both informative and imperative. Now that COVID-19 has been a reality for over a year it is necessary to gather more recent data to be able to conduct a comparison between the surveys. The survey must include the voices of frontline staff, program staff, management, volunteers, and executive directors working in the VAW sector. Grey literature on this topic has indicated the decline of mental health amongst VAW staff as the pandemic has progressed (OAITH, 2021; The NO MORE Report, 2021).

Conclusion

Exploring the mental health successes and challenges of VAW staff during COVID-19 is essential. If helping professionals are struggling with higher levels of work-related stress and anxiety it can have an effect on the work they do with their clients. Additionally, the risk of experiencing burnout, vicarious trauma, compassion fatigue, or taking a leave of absence is much higher. As Killian (2008) stated, "healthy, psychologically present, and committed professionals are in a better position to offer assistance to trauma survivors than those providers who suffer from symptoms of compassion fatigue and burnout" (p. 32). Workplace wellness initiatives and programs can reduce costs related to poor health and stress and make improvements on the overall physical and mental well-being of staff, productivity, performance, and staff turnover (Levett et al., 2019). This is particularly important for VAW organizations as recruitment and training of VAW shelter workers due to a high turnover can "cost



between 30-150% of the vacancy's salary, which is a substantial loss for DV shelters, who are funded primarily through grants and donation" (Merchant & Whiting, 2015, p. 468). The promotion of mental and physical health in the workplace can help to reduce feelings of isolation and prevent burnout during these unprecedented times.

It is clear from the research that COVID-19 has not only impacted women experiencing gender-based violence but it has also impacted staff, volunteers, and advocates working in the Violence Against Women sector. Although staff at VAW organizations have reported a number of benefits that have come out of the pandemic such as increased flexibility when working remotely, the majority of staff have reported increased prevalence of isolation, mental health challenges, and burnout. Even though organizations are not mandated to have a wellness committee, organizations have a unique opportunity to promote physical and mental health in the workplace given that the majority of adults spend more than one third of their waking hours at work (Middlestadt, Sheats, Geshnizjani, Sullivan, & Arvin, 2011). Workplace wellness initiatives and programs can reduce costs related to poor health and stress and make improvements on the overall physical and mental well-being of staff, productivity, performance, and staff turnover (Levett et al., 2019). Given the risk of burnout, vicarious trauma, compassion fatigue, and absenteeism due to working with survivors of trauma on a daily basis, the implementation of a wellness committee or program within VAW organizations can be an important step towards improving the health and overall well being of employees.



References

- Baines, D. (2006). 'If you could change one thing': Social service workers and restructuring. *Australian Social Work*, 59(1), 20-34.
<https://doi.org/10.1080/03124070500449754>
- Bronkhorst, B., Tummers, L., Steijn, B., & Vijverberg, D. (2014). Organizational climate and employee mental health outcomes – A systematic review of studies in health care organizations. *Health Care Management Review*, 40(3), 254–271.
- Canadian Centre for Occupational Health and Safety. (2021). *Workplace health and well-being promotion - Getting started*.
https://www.ccohs.ca/oshanswers/psychosocial/wellness_program.html
- Carpenter, J., Webb, C., Bostock, L., & Coomber, C. (2012). Effective supervision in social work and social care. *Bristol: Social Care Institute for Excellence*.
https://southwark.proceduresonline.com/pdfs/scie_effective.pdf
- Chu, A., Koh, D., Moy, F., & Müller-Riemenschneider, F. (2014). Do workplace physical activity interventions improve mental health outcomes? *Occupational Medicine (Oxford)*, 64(4), 235–245. <https://doi.org/10.1093/occmed/kqu045>
- Ebert, D., Lehr, D., Smit, H., Zarski, A., Riper, H., Heber, E., Cuijpers, P., & Berking, M. (2014). Efficacy and cost-effectiveness of minimal guided and unguided internet-based mobile supported stress-management in employees with occupational stress: a three-armed randomised controlled trial. *BMC Public Health*, 14(1), 807–807.
<https://doi.org/10.1186/1471-2458-14-807>
- Employee Assistance Professionals Association. (2021). *2020 Workplace Outcome Suite (WOS) annual report finds EAP counseling significantly improves employee wellbeing, ability to concentrate and productivity*. <https://www.eapassn.org/WOS>.
- Goodman, M., & Schorling, J. (2012). A mindfulness course decreases burnout and improves well-being among healthcare providers. *International Journal of Psychiatry in Medicine*, 43(2), 119–128. <https://doi.org/10.2190/PM.43.2.b>
- Killian, K. D. (2008). Helping till it hurts? A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. *Traumatology*, 14(2), 32-44.



Kofman, Y. B., & Garfin, D. R. (2020). Home is not always a haven: The domestic violence crisis amid the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice and Policy*, 12(1), 199-201. <http://dx.doi.org/10.1037/tra0000866>

Levett, K., Coughlan, S., Longridge, S., Roumeliotis, V., & Adams, J. (2019). Be well: A systems-based wellness intervention using mindfulness in the workplace – A case study. *Journal of Management & Organization*, 25(5), 613–634. <https://doi.org/10.1017/jmo.2017.41>

Link, R. (2017, August 30). *13 benefits of yoga that are supported by science*. Healthline. <https://www.healthline.com/nutrition/13-benefits-of-yoga>

Lowensteyn, I., Berberian, V., Belisle, P., DaCosta, D., Joseph, L., & Grover, S. (2018). The measurable benefits of a workplace wellness program in Canada: Results after one year. *Journal of Occupational and Environmental Medicine*, 60(3), 211–216. <https://doi.org/10.1097/JOM.0000000000001240>

Luken, M., & Sammons, A. (2016). Systematic review of mindfulness practice for reducing job burnout. *The American Journal of Occupational Therapy: Official Publication of the American Occupational Therapy Association*, 70(2), 1-10. <https://doi.org/10.5014/ajot.2016.016956>

Marselle, M. R., Irvine, K. N., & Warber, S. L. (2014). Examining group walks in nature and multiple aspects of well-being: A large-scale study. *Ecopsychology*, 6(3), 134-147.

Mental Health Commission of Canada. (2021a). *The mental health strategy for Canada*. <https://www.mentalhealthcommission.ca/English/focus-areas/mental-health-strategy-canada>

Mental Health Commission of Canada. (2021b). *National standard of Canada for psychological health & safety in the workplace*. <https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>

Mental Health Commission of Canada. (2021c). *Psychological health and safety: An action guide for employers*. https://www.mentalhealthcommission.ca/sites/default/files/Workforce_Employers_Guide_ENG_1.pdf



Merchant, L. V., & Whiting, J. B. (2015). Challenges and retention of domestic violence shelter advocates: A grounded theory. *Journal of Family Violence*, 30(4), 467-478. DOI 10.1007/s10896-015-9685-y

Middlestadt, S. E., Sheats, J. L., Geshnizjani, A., Sullivan, M. R., & Arvin, C.S. (2011). Factors associated with participation in work-site wellness programs: implications for increasing willingness among rural service employees. *Health Education & Behaviour*, 38(5), 502-509. DOI: 10.1177/1090198110384469

Mindful. (2021). *Getting started with mindful movement*.
<https://www.mindful.org/getting-started-with-mindful-movement/>

Morrison, E., & MacKinnon, N. J. (2008). Workplace wellness programs in Canada: An exploration of key issues. *Healthcare Management Forum* 21(1), 26-32.
<https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.871.8270&rep=rep1&type=pdf>

Occupational Health Clinics for Ontario Workers Inc. (2021). *Home page*.
<https://www.ohcow.on.ca/>

Ontario Association of Interval and Transition Houses [OAITH]. (2021). *Virtual VAW work in the time of COVID-19*.
<http://www.oaith.ca/assets/library/OAITH-VAW-Virtual-Work-Report-Final.pdf>

Ontario Association of Interval and Transition Houses [OAITH]. (2021b). *Tea & Chat Analysis*.

Ontario Parks. (2020). *Mental health benefits of the outdoors*.
<https://www.ontarioparks.com/parksblog/mental-health-benefits-outdoors/>

Phillips, C., & Becker, H. (2019). Systematic review: Expressive arts interventions to address psychosocial stress in healthcare workers. *Journal of Advanced Nursing*, 75(11), 2285–2298. <https://doi.org/10.1111/jan.14043>

Public Services Health & Safety Association. (2021). *Training*.
<https://www.pshsa.ca/training>

Scott, E. (2021, April 16). *Drawing, art therapy, and stress relief*. Very Well Mind.
<https://www.verywellmind.com/drawing-art-therapy-and-stress-relief-3144585>



Smith, J. A., Suttie, J., Jazaieri, H., & Newman, K. (2018, November 12). *10 things we know about the science of meditation*. Mindful: Health Mind, Healthy Life. <https://www.mindful.org/10-things-we-know-about-the-science-of-meditation/>

Stigsdotter, U., Corazon, S., Sidenius, U., Nyed, P., Larsen, H., & Fjorback, L. (2018). Efficacy of nature-based therapy for individuals with stress-related illnesses: randomised controlled trial. *British Journal of Psychiatry*, 213(1), 404–411. <https://doi.org/10.1192/bjp.2018.2>

The No More Report. (2021). *No More Report: COVID-19's global impact on domestic & sexual violence support services*. No More. <https://nomore.org/wp-content/uploads/2021/03/A-NO-MORE-Report-COVID-19s-Global-Impact-on-Domestic-Sexual-Violence-Support-Services.pdf>

Trudell, A.L., & Witmore, E. (2020). *Pandemic Meets Pandemic: Understanding the Impacts of COVID-19 on Gender-Based Violence Service Provision*. Ending Violence Association of Canada & Anova. <https://www.anovafuture.org/wp-content/uploads/2020/08/Full-Report.pdf>

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 20(4), 20–552. <https://doi.org/10.1111/inm.12735>

Workplace Health & Safety Centre. (2021). *Training*. <https://www.whsc.on.ca/Home>

Workplace Safety & Prevention Services. (2021). *Training*. <https://www.wsps.ca/Shop/Training/Training-Schedules>

Workplace Safety North. (2021). *Training*. <https://www.workplacesafetynorth.ca/training/all-courses>

Workplace Strategies for Mental Health. (2021). *Team building activities*. <https://www.workplacestrategiesformentalhealth.com/resources/team-building-activities>

