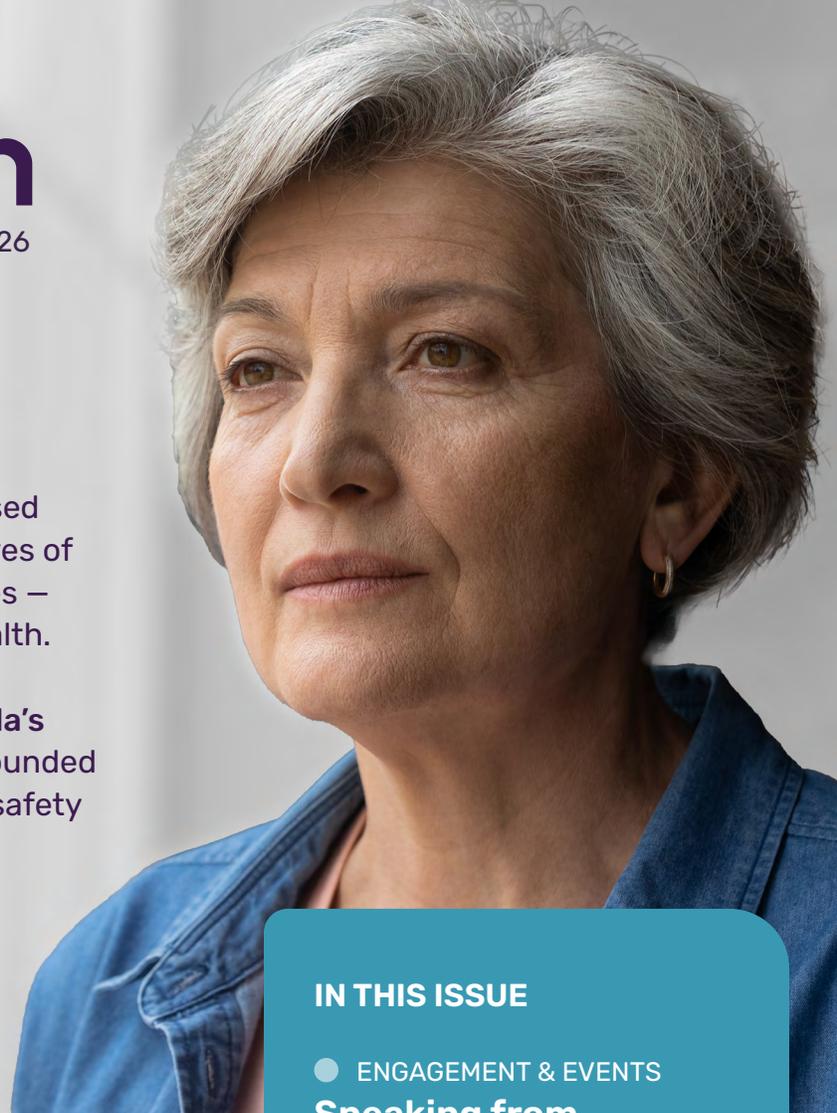




mhaven

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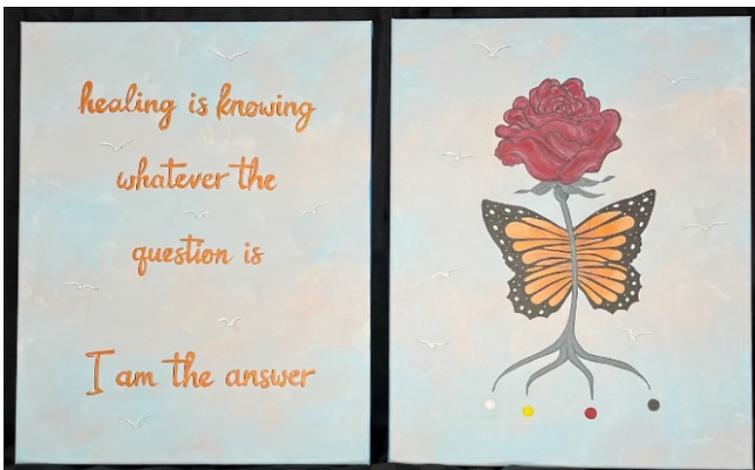
the experience issue

Intimate partner violence (IPV) and gender-based violence (GBV) exclude no one, touching the lives of people from all backgrounds and circumstances – with deep, often lasting impacts on mental health.

Mhaven is a co-creative project to build **Canada’s first-ever mental health-led IPV/GBV hub**, grounded in experience and the principles of equity and safety with the goal of **building relationship health through mental health**. This update outlines our progress to date, featuring voices and perspectives from those involved.

What is IPV?

The World Health Organization defines intimate partner violence (IPV) as *“behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners.”*¹



Excerpt from the poem “Wings Unfolded” by Cher Obediah. Art by Cher Obediah.

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Waypoint

CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

¹World Health Organization / London School of Hygiene and Tropical Medicine, 2010. Accessed online at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10845820/#bibr63-10778012231183660>.

Opening up



We're calling this first Mhaven update the "experience" issue for a few reasons. First, to emphasize the central role of lived experience in every aspect of the work. Our approach is fundamentally collaborative and co-creative, rooted in principles of dignity, safety, equity, and trauma- and violence-informed care.

Second, this work itself is highly experiential. IPV and GBV raise questions that demand our full humanity – that require us to open up, listen and feel together. We know that when people have safe space to share, they do. So much of Mhaven is about finding ways to create that space.

We're not starting from scratch. The mental health aspects of IPV/GBV have been a research focus at Waypoint Centre for Mental Health Care (Waypoint) for years. We're building on that while integrating our more recent learning about how to facilitate research that's led by the people most closely involved and affected.

Our ultimate vision is to help current systems evolve so they better serve and support people experiencing IPV and GBV. We know it can't be done all at once – and that there are no easy answers. But stone by stone we aim to lay the path to a safer, mentally healthier future for all. We're grateful for your interest and support.

**Sincerely,
The Mhaven project team**



Women leading the way

March 8 is International Women's Day. We asked Mhaven team members to share what this women-led project means to them.



"It's magical – the most incredible synergy. It's been one of the best experiences of my career working with this team. That includes our partner organizations, many of which are also women-led."

Dr. Elnaz Moghimi, Research Scientist



"I had an amazing mentorship experience under a woman who was a trailblazer in violence prevention research. It's so rewarding now to be working with women of all career stages turning research into impact for those affected by IPV."

Dr. Zoe Hilton, Chair in Forensic Mental Health



"They say women's work is never done. It's true. Women have made a lot of strides, but we can never lose focus on advancing women's rights. Mhaven is doing that."

Elke Ham, Research Psychometrist



"We're reducing stigma and taboos, silence and the fear of judgment that prevent women from seeking support and talking about their experiences. We're creating space to have open conversations without shame."

Sevil Deljavan, Research Coordinator

What Mhaven is made of

The main goal of Mhaven is to create an online IPV/GBV hub that will help build relationship health through mental health. The project is coordinated by the Waypoint Centre for Mental Health Care with funding from the Government of Ontario's Action Plan to End Gender-Based Violence.

A few key activities led up to Mhaven, laying the foundation for the work now underway:

- 1. Our IPV Story** - Connecting communities to research
- 2. RESPECT Study** - A look at how to engage IPV survivors in research
- 3. IPV Service Study** - An exploration of the service needs of people who have experienced IPV

Building on these, Mhaven is now developing an online hub that will help people connect to IPV-focused mental health services.

The Mhaven team is also updating and creating new training related to IPV – for professionals who need to assess risk, for clinicians who work with people who have experienced IPV, and for survivors who want to get involved in research partnerships.

You can read more about all of these in this project update.

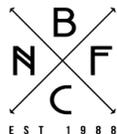
Mhaven partners



Mhaven was made possible with funding from the Government of Ontario



Ontario Shores
Centre for Mental Health Sciences



Ontario Structured Psychotherapy Program
Central North



Mhaven team at Waypoint

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Elke Ham*, Research Psychometrist

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Dr. N. Zoe Hilton*, Research Chair

Sevil Deljavan*, Research Coordinator

Rhoda Joseph-Audu**, Registered Practical Nurse

Dr. Tejas Srinivas**, Clinical & Regional Training Lead for Ontario Structured Psychotherapy (Central North)

Victoria Seta Crosby, Research Coordinator

*Research Lead Team

**Clinical Lead Team

Mhaven advisory panels

Mhaven is co-developed with diverse advisory panel members who include people with diverse IPV experiences, researchers, clinicians and Indigenous community members.



“What was really interesting was how interdisciplinary it got. And how open people were to breaking out of their own boxes.”

Nikoo Aghaei, Student Researcher and Designer



“We took a different approach, not just standard research protocols. Working with people who want to create change was impactful.”

Jaden Chong, Communications Specialist



Learning together, building capacity

In a post-event survey, participants in the Storytelling for Change event said they took away new knowledge of how to connect research and lived experience, partner with survivors, communicate research findings and apply research for real-world change.

Did you hear?

The federal government introduced a new bill...

Protecting Victims Act

A bill designed to increase protection for survivors of gender-based and intimate partner violence.

“Providing a safe space and place for a person to share stories and experiences would help validate and build strength.”

- Survivor of intimate partner violence

16 DAYS OF ACTIVISM AGAINST GENDER BASED VIOLENCE

4 PRINCIPLES OF TRAUMA- AND VIOLENCE-INFORMED CARE

Trauma - and Violence - Informed Care (TVIC) ensures the safety of those seeking care by recognizing how trauma and violence is closely linked to a person's health and behaviour.

Here are the 4 principles of TVIC to remember:

- 1 Understand trauma, violence and its impacts on people's lives and behaviour
- 2 Create emotionally and physically safe environments for all clients and providers
- 3 Foster opportunities for choice, collaboration and connection
- 4 Use a strengths-based and capacity building approach to support clients

Source: Wathen, C.N. & Vancoc, C. (2019).

Resource Spotlight

An Equity-Focused Framework for Clinicians and Researchers

Team members used Our IPV Story social media channels to share resources, raise awareness and inspire action on IPV/GBV.

RESPECT-ing lived wisdom

Many survivors of IPV and GBV are motivated to contribute to research that can help bring positive change. Two key studies carried out by members of the Mhaven team in 2025 proved that's true – and revealed what it takes to make it happen.

RESPECT framework

Members of the Mhaven team collaborated with a Saskatchewan community partner and a lived experience co-researcher on a *Research framework for Engaging intimate partner violence Survivors as Partners in Empowering Collaborative Transformation*. That RESPECT framework, for short, is based on roundtable and focus group discussions among survivors and organization-affiliated researchers about current approaches to participatory research. The framework lays out five foundations for survivors to contribute fully to research that matters to them:

1. Safety, wellbeing and emotional support
2. Power-sharing between organization-affiliated and lived-experience researchers
3. Respect, trust and relationship building
4. Equity and accessibility
5. Respecting and celebrating diverse identities

Download the **RESPECT** framework.



CAPACITY-BUILDING

LEAP into research

Survivors of IPV/GBV who want to become co-researchers and advocates need safe and ethical ways to participate. Mhaven's Lived Experience Advocacy and Partnership (LEAP) program* – a co-venture with Ontario Shores Recovery College – will empower and help individuals develop the skills to take on roles as lived experts.

*Current name, subject to change

IPV Service Study

The service needs of those who have survived or engaged in IPV can only be understood by talking to people with lived experience. Our soon-to-be-released IPV Service Study report sheds light on those needs and at the same time helps clarify how to involve people in a safe and trusting way – through conversations, human connection, flexibility and protecting people's anonymity. Among its findings, the study determined that mental health care, community supports, safe housing and better knowledge about IPV in the legal system are all 'must-haves' for service seekers.

IPV SERVICE STUDY - QUICK FACTS

Background research for the IPV Service Study underscores why effective services and a mental health approach are essential to addressing the impacts of IPV/GBV:

- ▶ 44% of women and 36% of men in Canada experience IPV in their lifetime²
- ▶ IPV increases healthcare costs by 17%³
- ▶ Health impacts can last up to 5 years⁴
- ▶ IPV survivors are 3-5 times more at risk of depression, anxiety, PTSD and suicidality^{5,6}

² Cotter A. Intimate partner violence in Canada, 2018: An overview. Juristat Can Cent Justice Stat. 2021;1:3-23.

³ Dusing GJ, Essue BM, O'Campo P, et al. Long-term public healthcare burden associated with intimate partner violence among Canadian women: A cohort study. Health Policy. 2025;155:105282. doi: 10.1016/j.healthpol.2025.105282

⁴ Hisasue T, Kruse M, Hietamäki J, et al. Health-Related Costs of Intimate Partner Violence: Using Linked Police and Health Registers. J Interpers Violence. 2024;39:1596-622. doi: 10.1177/08862605231211932

⁵ White SJ, Sin J, Sweeney A, et al. Global Prevalence and Mental Health Outcomes of Intimate Partner Violence Among Women: A Systematic Review and Meta-Analysis. Trauma Violence Abuse. 2024;25:494-511. doi: 10.1177/15248380231155529

⁶ Dokkedahl SB, Kirubakaran R, Bech-Hansen D, et al. The psychological subtype of intimate partner violence and its effect on mental health: a systematic review with meta-analyses. Syst Rev. 2022;11:163. doi: 10.1186/s13643-022-02025-z

Hurononia Transition Homes



When **Hurononia Transition Homes** (HTH) learned their Simcoe County neighbours at Waypoint were planning an IPV/GBV research project, they jumped at the chance to get involved. We talked to HTH **Executive Director Haily MacDonald** about why becoming a partner was so important.



Celebrating the retirement of Helen Higgins after more than 10 years with Huronia Transition Homes.



Staff checking in guests to the inaugural HTH charity golf tournament in 2025.



Staff in the shelter receiving delicious community donations during the holidays.

Become a partner

If your organization is involved in IPV- or GBV-related work with a mental health focus and you'd like to be part of Mhaven, our team would love to hear from you. Reach out and let's talk.

Mhaven@waypointcentre.ca

How would you explain your mission at Huronia Transition Homes?

HAILY: We work to end violence against all women. We provide direct services and engage in advocacy as part of a wraparound approach. We've been doing it for 40 years.

What attracted you to Mhaven?

HAILY: We're a referral partner of Waypoint. They support women in our shelter services, and we were on the advisory panel for the IPV Service Study. When we found out they were doing IPV research in the community, I reached out and said, "Hey, we're actually in the community, can we connect?"

What makes the project a good fit for you?

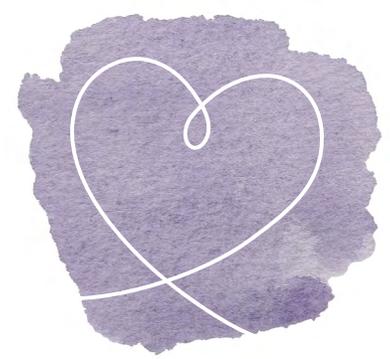
HAILY: Our organization lives where research meets the road. We only want to be involved in projects that have real impacts for women. Other initiatives have looked like this before, but Mhaven seems different. We're excited that it's distinct from everything else.

What do you hope to see come from Mhaven?

HAILY: You can't end violence against women without collaboration and partnership. We talk a lot about movement-building: you can't build a movement without people from different realms around the table. It's exciting to see people who don't normally work together sharing expertise and perspectives. A lot of the discourse around mental health and addiction has invisible-ized and pathologized gender and gender-based violence. A project of this magnitude can change that.

Learn more about Huronia Transition Homes at www.huroniatransitionhomes.

A coordinated pathway to care



Words matter

An important way to avoid retraumatizing survivors of IPV/GBV is to use non-stigmatizing language that is sensitive to where people come from, what they've experienced, and what they prefer. While it's never possible to get it exactly right, we're committed to using language that builds trust and relationships.

The heart of Mhaven is the effort to create Canada's first anti-IPV/GBV online hub with a mental health focus. More than a website, it will be a space where people can find pathways to care, connect with services and training, and access relevant resources.

We're building as we learn and learning as we build, co-designing with survivors, clinicians and community organizations, adapting based on feedback, and taking an iterative approach anchored in trust, partnership and six guiding principles:

1. Providing pathways and supports that meet diverse needs
2. Creating shared learning spaces through community conversations, events and storytelling
3. Equipping survivors, clinicians, students and researchers with practical skills in research and building relationships
4. Publishing what we learn and actively communicating our findings
5. Growing a network of trauma- and violence-informed, equity-focused practice across research, care and community
6. Using a multifaceted and iterative approach for lasting, meaningful change

Watch for more about the hub in upcoming issues.

Building clinician capacity

Mhaven will also develop, implement and evaluate a training program to help mental health professionals learn how to recognize and respond to IPV in clinical settings, adapting and expanding on existing materials developed by the Centre for Research and Education on Violence Against Women and Children (CREVAWC). The aim is to strengthen clinical competence, confidence while minimizing the risk of retraumatization.

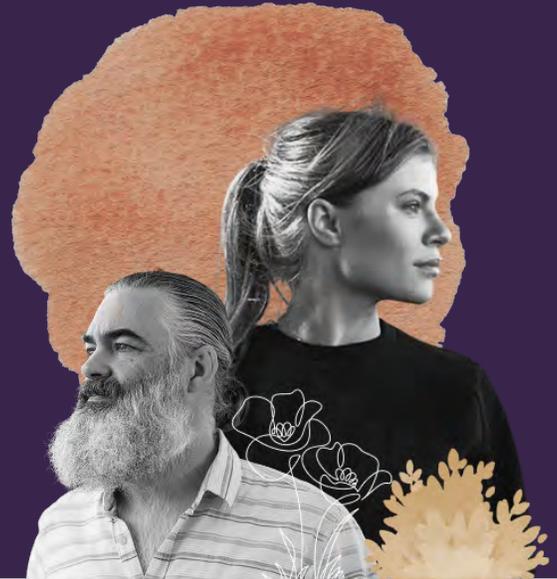
Catching practice up to current knowledge

The Ontario Domestic Assault Risk Assessment (ODARA) is a widely used tool for estimating the risk that a person who assaults their intimate partner will assault a partner again. Created through a Waypoint-led police-researcher partnership, the ODARA plays a vital role in promoting a coordinated, cross-sector response to intimate partner violence. ODARA 101 is an online ODARA training program for police, courts, shelters, victim services and health care providers. Mhaven will be enhancing ODARA 101 with updated, evidence-based content on risk assessment and risk management in a new interactive experience.



What's next

All the groundwork we've been laying is leading up to a 'soft launch' event on March 5, 2026 that will bring together project and advisory panel members, community organizations, champions, and people affected by IPV. On the heels of that, in spring 2026 we'll be going live with our Mhaven website. You'll be able to read about those milestones and more in our next update – coming in fall 2026.



Reflections

This issue's closing thought comes from one of the anonymous Our IPV Story submissions we received in summer 2025.

“*Time, therapy, and supportive friendships all played a crucial role in my healing. What also helped me the most was rebuilding my self-esteem. ...As the dust settled, I reconnected with my friends, started working out, and even went back to school to pursue my degree. These small steps gradually empowered me, and over time, I found my spark again. Since then, I've found an amazing partner, and I'm so grateful to now experience a healthy, loving relationship. It truly feels wonderful.*

...

I hope that my experience can help others recognize that abuse isn't always loud, and it doesn't happen only to heterosexual couples. I also hope that by sharing how my self-esteem was targeted, I can show that healing is possible. You can feel good about yourself again. Just because this happened doesn't mean you can't go on to have a beautiful life and a healthy relationship. Healing from IPV is possible, and you are so worthy and deserving.

”

For more about Mhaven or to get involved as someone with lived experience, a researcher, a policymaker or funder, a service provider, clinician or member of a community organization, connect with us at Mhaven@waypointcentre.ca.

More highlights from the August 2025 Storytelling for Change event

