Preventing Intimate and Sexual Violence in Michigan

Prevention Plan Highlights for 2010-2015

MICHIGAN
DOMESTIC VIOLENCE
PREVENTION &
TREATMENT BOARD

Executive Report of the Michigan Domestic and Sexual Violence Prevention Steering Committee

Preventing Intimate and Sexual Violence in Michigan

2010-2015

In 2010, we are ready to make a difference. We are ready to live healthy, respectful lives. Here's how.

Prevention Starts Now

No epidemic has been brought under control or eliminated by treating each afflicted individual"

- George Albee, 1987, p.11

Intimate partner and sexual violence are critical issues that call for community-oriented approaches to stopping violence before it can begin. This plan uses a public health approach to benefit the largest group possible and emphasizes building the capacity of individuals, organizations, and systems to more effectively identify, implement, and evaluate strategies to prevent first-time perpetration. In a two-year process, the Michigan Coalition Against Domestic and Sexual Violence (MCADSV), the Michigan Department of Community Health (MDCH), the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) and a multidisciplinary group of experienced prevention practitioners, stakeholders, and advocates, formed a Prevention Steering Committee that conducted a statewide needs and resources assessment from which three goals (and priority populations) were developed to prevent the first-time occurrence intimate partner and sexual violence.

Men and boys became a universal population for preventing first-time perpetration with selected populations that included pre-adolescent boys, teens, and adults. A special category called societal influencers also emerged. Individual local communities have, in some cases, expanded efforts to include other priority populations, including LBGTQ, women and girls, and specific communities of color. Each population, sub-category, or special category has associated risk and protective factors—sometimes cross-cutting—that were also considered in the strategic planning process.

This plan does not make specific programmatic recommendations due to Michigan's very diverse population base. Those who are working to implement and evaluate this state plan are committed to moving toward better outcomes for all of Michigan's citizens. These state stakeholders are also committed to providing guidance to local communities in assessing availability of evidence-based strategies and/or promising practices and will work with these communities to increase capacity to implement appropriate strategies and activities.

THE VISION of the Michigan Prevention Steering Committee is to promote healthy, respectful relationships at the individual, family, community and society levels and to promote attitudes that do not tolerate intimate partner and sexual violence.

Helpful Definitions

Primary Prevention reduces the incidence of intimate partner and sexual violence by changing the societal norms, practices and behaviors that support the perpetration of abuse. The emphasis of primary prevention efforts is on preventing new cases of abuse from occurring. While there are many ways to prevent violence, the focus of this plan is on *primary* prevention. A focus on preventing perpetration is a new concept for some individuals and agencies that have previously relied on risk reduction strategies that focus on potential victims. Although these approaches may help reduce the recurrence of abuse, it is only by preventing perpetration that violence is prevented. It is important to note that while this plan focuses on primary prevention, there is a continued need to fund and provide resources for both primary prevention and intervention/crisis services. Prevention and intervention are complimentary approaches for keeping our communities and families safe.

Intimate Partner Violence (IPV) is a pattern of coercive and controlling behaviors that one person uses against a partner in order to gain or maintain power in a current or former marital, cohabitating, or dating relationship. These behaviors may include but are not limited to physical assault, sexual assault, emotional abuse, isolation, economic coercion, threats, stalking or intimidation. Intimate partner violence can occur among heterosexual and same-sex couples.

Sexual Violence (SV) is any sexual act that is forced against someone's will. These acts can be physical, verbal, or psychological. Sexual violence includes intentional touching of the genitals, anus, groin, or breast against a victim's will or when a victim is unable to consent, as well as voyeurism, exposure to exhibitionism, or undesired exposure to pornography. The perpetrator of sexual violence may be a stranger, friend, family member, or intimate partner.

Universal Population efforts focus on an entire population, without regard to whether or not an individual may have experienced or perpetrated abuse. The goal is often to prevent the onset of abuse by providing skills and knowledge.

Selected Population efforts focus on subsets of the population considered at risk by virtue of their membership in a particular segment of the population. Selected population efforts target the entire subgroup regardless of the degree of risk of any individuals in the group.

Goal 1

Ensure necessary state and local resources for the primary prevention of intimate partner and sexual violence

While there are many ways to prevent intimate partner and sexual violence, the focus of this plan is on primary prevention. Many secondary and tertiary prevention efforts will reduce the recurrence and negative effects of abuse (e.g. programs for children who have witnessed abuse, health care providers' intervention with victims, batterer intervention programs). However, the purpose of this plan is to frame current statewide planning efforts to prevent intimate partner and sexual violence from ever occurring. Therefore, the focus of the recommendations included in this plan is on primary prevention programs and efforts.

Objective 1.1: MCADSV, MDCH, MDVPTB will define and determine primary prevention needs, components essential for meeting needs, optimal funding levels, and resources for comprehensive IPV/SV primary prevention efforts in Michigan by April 2010.

Measurement: MCADSV, MDCH, MDVPTB will engage in a process which puts the values of empowerment, transparency and consensus at the center of decision-making regarding prevention resources.

Potential Action Steps:

- Assess current funding levels and sources
- Identify and/or develop mechanisms for collecting information about resources and how to access them
- Evaluate gaps in resources, including technology gaps
- Identify critical partnerships
- Encourage Michigan funders to consider requirements for community partnerships in funding opportunities

Secure Resources

This plan does not make specific programmatic recommendations due to Michigan's very diverse population. The state stakeholders who developed this plan are committed to providing guidance to local communities for assessing the availability of evidence-based strategies and/or promising practices to prevent IPV/SV. Local DELTA and RPE-funded communities have been implementing promising prevention approaches such as:

Programming for Men and Boys (Men Can Stop Rape, MOST Clubs and A Call to Men presentations)

Healthy Relationships Curricula (Safe Dates)

Peer Leadership

Bystander Skill Development

Forum Theater and Experiential Learning

Objective 1.2: The capacity of state and local partners to identify, access, understand and utilize data to demonstrate need for and efficacy of primary prevention activities will increase by December 2012.

Measurement: MCADSV will conduct a state and local capacity survey in 2010 and 2012.

Potential Action Steps:

- Train local communities to conduct needs/resource assessments for strategic prevention planning
- Train local communities to conduct evaluation of primary prevention efforts
- Promote participation in and use of Michigan Profile for Healthy Youth (MiPHY) throughout the state

Objective 1.3: The number of IPV/SV agencies and community partners utilizing core competencies for primary prevention will increase by 2013.

Measurement: MCADSV will conduct a bi-annual survey of members and partners.

Potential Action Steps:

- Identify and agree upon core competencies. *(examples might include:* promotion of prevention team concept, formalized job descriptions, training standards, and policy issues)
- Promote and provide training on core competencies
- Promote Michigan Resource Center on Domestic and Sexual Violence primary prevention materials
- Establish a web-based primary prevention resource for agencies and communities by December 2010
- Links to local data, evidence-based strategies and programs, research and listing of available trainings
- Create directory of communities implementing primary prevention strategies and activities with contact information to facilitate cross sharing

Local IPV/SV prevention programs that encourage comprehensive social change will serve as the catalysts for social change in communities. IP/SV movement leaders will provide the leadership in communities necessary to bring ***Michigan's Prevention Plan*** into reality.

Goal 2

Elevate the profile of primary prevention as a priority policy issue

Objective 2.1: By the end of each legislative session, legislators and policy makers will have access to information and be provided with opportunities intended to promote increased recognition and understanding of the importance of the primary prevention of IPV/SV.

Potential Action Steps:

- Provide an educational opportunity for legislators, state level policy makers and their staff biannually (at the start of each legislative session)
- Develop the content and approach for the educational opportunity
- Track supprt for development and implementation of strategies and initiatives

Objective 2.2: By 2011, MCADSV, MDCH, MDVPTB, working with statewide stakeholders, will develop policy priorities and strategies to support those priorities.

Potential Action Steps:

- Conduct regular meetings with statewide stakeholders
- Develop and advance a culturally relevant media campaign promoting primary prevention concepts to Michigan citizens/ constituents

"Primary prevention must involve multiple levels of service providers and government. If violence against women is viewed as a societal and community issue, strategies targeted only at individuals and families are insufficient to address the problem"

- Hyman et al., 2000: 288

Elevate Primary Prevention

"Prevention efforts across the world that are at a societal-level, rather than just individual level, have an important influence on rates of abuse and should be the focus of policy and prevention initiatives. Violence against women is a worldwide phenomenon that is not explained entirely by any one of the theories of etiology presented in Western cultures. Therefore, prevention efforts must address the cultural factors (including the economic and political status of women) that drive violence against women"

- Campbell, 1999

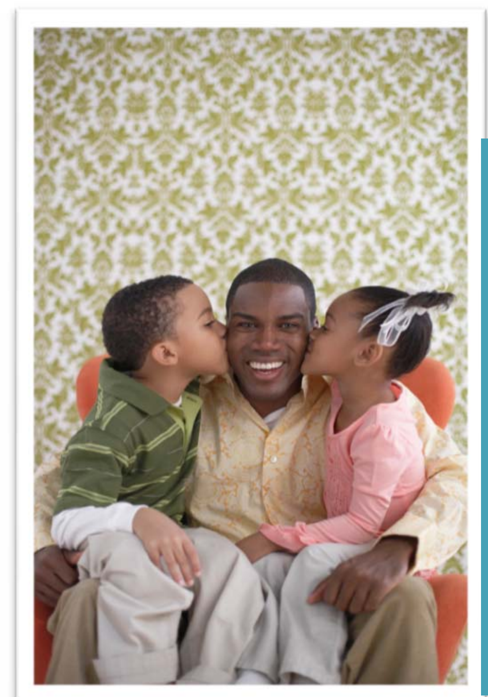
Cultural Relevancy

Cultural relevancy is a key value of the movement to violence against women as well and integrates into this IPV/SV prevention plan at every level and within each objective. To ensure relevancy to Michigan's diverse communities, specific focus must be given ensuring that communities of color are involved in the development of any programming or campaign. Ensuring that the voices of communities of color and other marginalized groups are valued and central to the process of violence against women prevention planning and implementation is fundamental to its the success.

"Response to IPV/SV in communities must be culturally relevant, empowerment based, and characterized by respect and dignity. Condoning any form of oppression, intimidation, or the use of power and control supports the same societal conventions that allow IPV/SV to continue. The scope of the work in communities must include the elimination of the root causes of IP/SV and societal acceptance of violence. Prevention strategies must address the pervasive lack of information that allows our culture to deny, justify and perpetuate violence against women."

- Mary Keefe, Executive Director, Michigan Coalition Against Domestic and Sexual Violence

It is essential that local response agencies have the capacity to respond to any increase in demand for services due to the increased awareness of IPV/SV in their local communities. If necessary, work to increase the capacity of each local community to respond to increased demands for services in conjunction with any efforts to raise awareness.



Goal 3

Michigan communities will work together to bring about the social change necessary to end IPV/SV

Each community must determine what partnerships are appropriate and necessary for prevention. There is no single model for community collaboration, although it will be important to involve stakeholders who are familiar with and bought into the idea of preventing IPV/SV. Community members should determine if it is appropriate to join an existing collaborative body or create new committees or groups. Particular attention should be paid to the barriers and facilitating factors to involvement by all groups within a community.

Objective 3.1: By December 2012, increase the number of communities that employ comprehensive and evidence-based primary prevention mechanisms and solutions for ending IPV/SV.

Measurement: Using methods such as membership surveys and quality assurance documents, communities will report utilizing strategies and activities that a) address multiple levels of the social ecology, especially beyond individual level, b) include action and mobilization components leading to social change, with special emphasis on preventing first-time perpetration, c) are consistent, reinforced, and integrated across multiple settings and environments.

Potential Action Steps:

- Develop and make available criteria to consider in choosing primary prevention strategies
- To enlist community leaders and key societal influencers to address and change norms, practices and behaviors necessary to end IPV/SV
- Strengthen partnerships with school health colleagues within the Michigan Departments of Community Health and Education and other stakeholders in order to discuss enhancement of IPV/SV prevention components of the Michigan Model for Health®
- Identify and utilize resources (such as the MCADSV Media Toolkits) that will help communities more effectively utilize media to broaden impact of prevention efforts

Promote Community-based Primary Prevention Strategies

Objective 3.2: By 2014, increase the number of Michigan communities that have access to and participate in socio-culturally relevant education strategies and activities appropriate for Michigan's diverse populations.

Measurement: Communities report utilizing strategies that:

- Are audience specific and relevant (audiences may include businesses, civic groups, professional organizations, etc. - beyond schools and traditional criminal justice partners)
- Are available across the lifespan
- Incorporate the principles of effective prevention programming in primary prevention strategies and activities (see below)

Potential Action Steps:

- Promote the use of community networks to enhance and develop locally appropriate mechanisms to build community ownership for solutions and actions to end IPV/SV.
- Encourage youth-created, youth-focused messages and strategies (such as popular media outlets and social networking sites)

In both the academic and popular literature there are limited reviews of effective strategies for preventing intimate partner and sexual violence. Reviews of empirically evaluated prevention programs exist; however, we are still learning what prevention strategies work for different populations. Certain ways of doing prevention have been shown to be effective. By following the principles of prevention we can build prevention strategies that have the most promise of being effective.

Principles Of Effective Prevention Programs

(Nation, et. al. 2003)

Comprehensive: Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem

Varied Teaching Methods: Strategies should include multiple teaching methods, including some type of active, skills-based component

Sufficient Dosage: Participants need to be exposed to enough of the activity for it to have an effect

Theory-Driven: Preventive strategies should have a scientific justification or logical rationale

Positive Relationships: Programs should foster strong, stable, positive relationships between children and adults

Appropriately Timed: Program activities should happen at a time (developmentally) that can have maximal impact in a participant's life

Socioculturally Relevant: Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms

Outcome Evaluation: A systematic outcome evaluation is necessary to determine whether a program or strategy worked

Well-Trained Staff: Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision. Followup (booster) training and technical assistance to staff are critical.

Main Findings From The Needs and Resource Assessment

A statewide needs and resources assessment was compiled by the Michigan Prevention Steering Committee, with a focus on both Intimate Partner Violence (IPV) and Sexual Violence (SV). The purpose of the assessment was to gather enough information about Michigan to be able to craft goals for a statewide approach to preventing IPV and SV. Highlights from the assessment are included below. For more information, go to www.mcadsv.org.

Demographics and Education

Michigan's population steadily increased from 1998 until 2005, at which point the population began to decline. In 2008, the population was 10,000,422. As of 2006, 70% of the population lived in urban areas and 30% in rural areas. Eighty percent of Michigan's population is White, 14% African American, 3.3% Hispanic, 1.8% Asian, 1.3% other and .6% American Indian. There are 11 federally recognized tribes in the state. Nine-percent of the population speaks a language other than English at home and 6% are foreign-born, with the largest group from Asia (42%), followed by Europe (25%), Latin America (20%), North America (8%), Africa (5%), and 2% of Arab ancestry[2]. Michigan has the third largest Arab population in the country, behind California and New York. Almost one half of Michigan's Arab population claims Lebanese ancestry[3].

The mean age of Michigan residents in 2000 was 35.5 years old, comparable to the average U.S. age. Fifty percent of all households were comprised of married couples. Twelve percent were single female-headed households and 4% were single male-headed households[4]. Of all people living in households, 2% included unmarried partners.

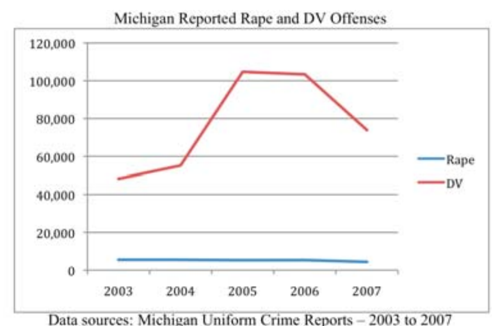
Economic Conditions

The growing joblessness rate is of great concern, which reached 11.6% in January 2009, compared to 8.1% for the U.S. The Michigan jobless rate has recently tended to run about 3% higher than the national average (see Chart 2). In early 2009, only nine of Michigan's counties had a jobless rate below10%, with rates ranging from a low of 7.2% to 27.6%[6]. In 2007, Michigan's overall poverty rate was 14% compared to 13% for the nation. However, Kalamazoo and Flint, each with a 35.5% poverty rate, were on the list of the ten localities with the highest rates in the nation[7]. Almost a third of Michigan's African American residents lived below the poverty level. In 2007, the overall MI child poverty rate was 19.4% and over 40% in Detroit, Flint, Hamtramck, Jackson, and Saginaw (datacenter.kidscount.org).

Magnitude of IPV and SV in Michigan

Data considerations. A word of caution is in order regarding the use of crime data to estimate the prevalence of IPV and SV. Data for Michigan's Uniform Crime Reports rely on incidents reported to local, county and tribal police agencies across the state. Historically IPV and SV have been underreported. However, there is also the concern that people of color are more likely to be charged and convicted with such crimes. It is also difficult to determine the number of cases in Indian Country, even if they are reported. Domestic violence incidents which involve an Indian victim and a non-native perpetrator fall under the jurisdiction of the federal court whether it is a misdemeanor or a felony. In all other cases, misdemeanors fall under the Tribal Court system and felonies go to the federal courts. In many cases, police reports generally do not indicate any race other than Black or White. Data for other races or ethnicities are not easily attainable, and it is not clear whether the race designation is always correct. There is little, if any data available for other vulnerable populations, such as immigrants, LGBTQ individuals and those with disabilities.

Although states are offered participation in the optional IPV module of the Behavior Risk Factor Surveillance System (BRFSS), there is an additional cost attached. Data is not available for Michigan. Youth Risk Behavior Survey (YRBS) data is available for the state regarding youth sexual behavior and dating violence, but the Michigan YRBS is intended to provide state benchmarks and trends and not able to provide local analysis. A new survey, the Michigan Profile of Healthy Youth (MiPHY), was launched in 2008 and made available to all middle and high schools on a voluntary basis for local youth behavior data. It will be available in alternate years of the YRBS and includes all Michigan YRBS questions and additional risk and protective factor questions. Unfortunately



Data sources: Michigan Uniform Crime Reports – 2003 to 2007

participation was rather limited the first year, thus it is not possible to offer a complete profile for each Michigan county. Given these caveats, the survey questions are somewhat questionable indicators of the prevalence of IPV and SV and even less useful as prevention data, but they are the best that we have available. Addressing this gap is a goal of this prevention plan.[8]

New data relevant to LGBTQ survivors is currently being collected, but was not available at this time. Funded by a grant from the Arcus Foundation, MCADSV's I Am For Survivors Project is interviewing individuals who identify as LGBTQ survivors. Information is being gathered to both improve services for survivors and identify potential prevention strategies.

Of all Michigan women in a current relationship, 21% said they had experienced some form of violence at the hands of their intimate partner. Nationally, 22.1% of all women reported they had been physically assaulted in a current or former intimate relationship, compared to 7.4% of men. Seventeen percent of all women surveyed reported that had been the victim of an attempted or completed rape at some point in their life, compared to 3% of men. There is no reason to believe the lifetime prevalence rates for Michigan are any different from the nation's rates.

Table 3

Michigan Domestic Violence Perpetrators by Age

Age	MI Pop	DV
Under 10 years	14.3%	0.7%
10 to 19 years	14.6%	7.0%
20 to 29 years	13.2%	36.4%
30 to 39 years	13.4%	30.4%
40 to 49 years	15.6%	19.1%
50+	30.0%	6.6%

Source: 2006 Michigan Uniform Crime Reports

Table 4

Michigan Sexual Violence Perpetrators and Victims by Age

Age	MI Pop	SV Victims	SV Offenders
Under 10 years	14.3%	14.7%	0.3%
10 to 14 years	7.5	24.0%	5.6%
15 to 19 years	7.2	**31.3%**	**25.9%**
20 to 24 years	6.5	10.6%	20.4%
25 to 34 years	13.7	9.9%	20.0%
35 to 44 years	16.1	5.5%	15.4%
45 and above	34.7	3.5%	12.3%

Source: 2006 Michigan Uniform Crime Reports

During the annual 24-hour count, Michigan's IPV providers reported serving 2,539 individuals in the 2008, up from 1667 in 2006. The numbers have risen for both victims served and for unmet needs over the past three years, but it may be due in part to a significant increase in provider participation in the survey. According to the 2007 Michigan Uniform Crime Report, approximately 62.5% of IPV victims were currently or previously in an intimate relationship with the offender. Of these victims, 1.2% were in a homosexual relationship.

From 2005-2007, the incidence of rape/sexual assault in the U.S. rose from .8% to 1.0%, while criminal violence as a whole remained about the same. In Michigan, the number of reported rape offenses decreased from 5,535 in 2003 to 4,394 in 2007. As can be seen in the graph below, the incidents dramatically increased from 2003 to 2005, but dropped off again in 2007.

Relative to their proportion of the population, African Americans are far more likely than other racial groups to be both victims and perpetrators of IPV and SV. Women are far more likely to be victims of both IPV and SV, and 70% of SV victims are 19 years old or younger. Those who are 15-34 year olds have the highest rates of IPV and SV perpetration.

Youth

In 1999, 12.9% of youth who responded to the YRBS reported they had been physically assaulted by their boyfriend or girlfriend. The rate decreased to a low of 11.1% in 2005 however, 2007 saw a rise back up to 12.4%, compared to 10% for the nation. The Michigan rates for American Indians and Hispanics/Latinos were about twice the state average in 2007, 28% and 23% respectively, far higher than the U.S. averages for their groups.

Ten percent of Michigan students reported in 2007 that they had been forced against their will to have sexual intercourse, compared to 7.8% for the country. The rate was highest for Hispanic/Latino students in Michigan, reaching 16%.

Potential Risk And Protective Factors Across The State

Where the gender was known, 80% of the perpetrators of IPV in Michigan in 2005 were male. African Americans were far more likely, relative to their proportion of the population, to be both victims and perpetrators of intimate partner violence compared to other racial groups. It should be noted that Michigan IPV statistics include all forms of IPV, not just IPV. It is possible to say that men as a group and individuals between the ages of 20 and 39 (67% of cases) are most at risk of perpetrating IPV.

In the 2006 MI Crime Report, the relationship category of rape offender to victim with the largest number of cases was acquaintance (24%). In another 17% of the cases, the relationship was other or unknown, as distinct from stranger (6.7%). Thirteen percent were current/former partners or dating relationships, and 2% of the perpetrators were stepparents. Overall, 97% of victims were female and 94% of the perpetrators were male. The vast majority of perpetrators were between the ages of 15 and 44, and in far greater numbers relative to their proportion of the population. African Americans were far more likely, relative to their proportion of the population, to be both victims and perpetrators of rape compared to other racial groups.

Many of the respondents in the PSC interviews and focus groups felt that the continuance of IPV and SV was supported by a number of individual, societal and policy factors. Male privilege and society's lack of political will in mitigating this influence were often mentioned as key factors in the continuance of and limited resources available for the prevention of IPV and SV. After the murder of a woman in an IPV incident, one interviewee (male) said that the guys at his worksite asked "What did she do?" This sense of male privilege is fostered by religious institutions, educational systems (particularly within athletics), the legal system (biased application of the law), child-rearing practices, media, culture in general and teen culture in particular. Within some of the ethnic groups, particularly among more recent immigrants, as well as in more rural areas, there is a denial or tolerance of the existence of IPV and SV, making it difficult to address prevention. Some businesses, schools and local governments have policies in place regarding IPV and SV, but little policy that might be construed as preventing IPV or SV. In the athletic arena, winning for the school is often viewed as more important than the conduct of the players. The inconsistent application school policy governing the behavior of athletes is believed to contribute to a sense that as long as the team wins, any sexually abusive or bullying behavior off the playing field is acceptable.

Other societal factors respondents mentioned as supporting the continuance of IPV and SV are the acceptance of women as less than men or as objects, and the reluctance of men to join women in challenging these stereotypes. Religion was named as a positive force, but more often as a negative force, upholding the supremacy of the male, or at the very least, remaining silent about the treatment of women.

Protective Factors and Prevention System Capacity

In Michigan, there are many real and potential protective factors. There is a strong state level infrastructure in place supporting the efforts of local agencies and programs. The fact that two state agencies, the Michigan Domestic Violence Prevention and Treatment Board, and the Department of Community Health (RPE) work so closely with the Michigan Coalition Against Domestic and Sexual Violence is very important. Local IPV and SV programs often have to interact with at least two or all three entities. What happens at the state level can either complicate or support local efforts. Communication, coordination and planning at the state level maximizes resources available at the local level and magnifies the impact of the local agencies beyond their geographic boundaries. The Michigan IPV/SV prevention plan has great potential, precisely because it the result of a collaboration across multiple arenas and levels.

Networking among local agencies and programs has been fostered by the state partners, and has definitely

An IPV/SV Prevention System is made up of seven relevant dimensions of system capacity. Although not individually assessed by the PSC, the S.W.O.T. analysis included discussions about all seven areas of capacity:

Community Focus

Human Resources

Information

Leadership

Results/Outcome Documented

Strategic Planning

System Operations

been enhanced by the PSC. It is particularly important that representatives from each of the DELTA and RPE funded programs served on the PSC. These representatives, along with the diverse spectrum of individuals from around the state enhanced the networking already occurring through the PSC meetings. Part of the benefit of this networking has been the sharing of information with regard to potential allies across the state. Some linkages have also been established with prevention practitioners in other fields such as substance abuse prevention. While goals vary and not all risk and protective factors overlap, shared knowledge may increase the impact of efforts in each of these fields, particularly if they can learn from each other's experiences.

Universal and Selected Populations

The universal population for this Prevention Plan is the population of the state of Michigan. Given the preponderance of evidence that adult, adolescent and young adult males are the main perpetrators of IPV and SV, they were chosen as the selected populations on which to focus strategies for prevention. People of influence, male and female, was also added as a selected population by the PSC. If IPV and SV are to end, it will take the efforts of individuals who have influence over policy and who can be positive role models. Both negative and positive social norms are reinforced by key figures in the media, politics, athletics, religious bodies, business, etc. Efforts need to be made to recruit them allies for change. In addition, Michigan has a focus on 3 specific ethnic groups due to Delta funding--Hispanics, Arabs and Asians.

References

[1] Michigan History, Arts and Libraries . retrieved January 2009. http://www.michigan.gov/documents/Pop_density_county_49746_7.pdf

[2] Michigan History, Arts and Libraries, Census and Statistical Information. Retrieved January2009. http://www.michigan.gov/hal/0,1607,7-160-51170-205570--,00.html

[3] Jewish Virtual Library. Retrieved January 2009. http://www.jewishvirtuallibrary.org/jsource/US-Israel/arabpop.html

[4] U.S. Census Bureau. Retrieved January 2009. http://factfinder.census.gov/servlet/QTTable?_bm=y&-context=qt&-qr_name=DEC_2000_SF1_U_DP1&-ds_name=DEC_2000_SF1_U&-CONTEXT=qt&-tree_id=402&-all_geo_types=N&-geo_id=04000US26&-search_results=01000US&-format=

[5] Ibid.

[6] Michigan Fast Facts. Retrieved February 2009. http://www.milmi.org

[7] U.S. Census Bureau, 2007 American Community Survey and 2007 Puerto Rico Community Survey

[8] For information on the Michigan YRBS, go to www.michigan.gov/yrbs.
For information on the Michigan Profile for Healthy Youth, go to www.michigan.gov/miphy.

"Universal population" and "Selected population" definitions taken from R. Gordon, 1987

George Albee quote taken from: G. Albee (1987). The rationale and need for primary prevention. In S.E. Goldston (Ed.), *Concepts of primary prevention: A framework for program development* (pp. 7-19). California Department of Mental health, Office of Prevention.

Additional data and information about Michigan's needs and resources for preventing intimate partner violence and sexual violence can be found online at www.mcadsv.org

Statement of Endorsement

The Michigan Domestic and Sexual Violence Primary Prevention Steering Committee is pleased to launch this statewide strategic plan for the primary prevention of intimate partner and sexual violence.

Intimate partner and sexual violence are serious issues that require community-oriented multi-level approaches. The statewide strategic plan is the product of more than two years of extensive work by a diverse group of state and community-based public, nonprofit, health care, faith-based, and education professionals and individuals.

The group examined sexual and intimate partner violence from a public health perspective and determined recommendations based on priority populations, and key risk and protective factors. By building the power of individuals, families, organizations, and systems to stop first-time perpetration of intimate partner and sexual violence, these recommendations are the foundation leading to healthier outcomes for all Michigan citizens.

As state-wide stakeholders, we are committed to providing guidance to local communities in assessing availability of evidence-based strategies and/or promising practices and will work with these communities to increase capacity to implement appropriate primary prevention strategies and activities.

As state-wide stakeholders, we will work together to implement this state plan and review progress toward its objectives. Because no two Michigan communities are alike, we are also committed to providing guidance to local communities in assessing utility of evidence-based strategies and/or promising practices and will work closely with these communities to increase their capacity to implement appropriate primary prevention strategies and activities.

We know that successful implementation of the plan requires commitment from and the mobilization of many Michigan individuals, organizations, communities, and policy makers. We look forward to continued involvement with current partners and strongly encourage others to join this collective effort to end intimate partner and sexual violence in our state.

Sincerely,

The Michigan Domestic and Sexual Violence Primary Prevention Steering Committee

This Plan Is Endorsed By The Following Organizations

YWCA West Central Michigan
(Grand Rapids)

Center For Women in Transition
(Holland)

Clergy Women of Detroit
(Ypsilanti)

Diane Peppler Resource Center
(Sault Ste. Marie)

Michigan Domestic Violence Prevention and Treatment Board
(Lansing)

Michigan State Police
(East Lansing)

HAVEN
(Pontiac)

St. Clair County Child Abuse and Neglect Council
(Port Huron)

Michigan Victims of Crime Commission
(Lansing)

The Evaluation Team
(Coldwater)

Dial Help
(Houghton)

Women's Resource Center of Northern Michigan
(Petoskey)

Kent County Health Department
(Grand Rapids)

Sexual Assault Services of Calhoun County
(Battle Creek)

Serenity Services
(Detroit)

Turning Point, Inc.
(Mt. Clemens)

Prosecuting Attorney's Association of Michigan
(Lansing)

Women's Information Services, Inc. –WISE
(Big Rapids)

First Step
(Plymouth)

Victim's Assistance Program
Hannahville Indian Community (Wilson)

LAVIDA: Southwest Detroit Partnership to Prevent Intimate Partner Violence Against Latina Women (Detroit)

Michigan Department of Community Health
(Lansing)

New Visions: Alliance to End Violence in Asian/Asian American Communities
(Ann Arbor)

Sexual Assault Center
(Saginaw)

Underground Railroad
(Saginaw)

Saginaw Chippewa Indian Tribe Behavioral Health Program
(Mt. Pleasant)

Batters Intervention Services Coalition of Michigan
(Okemos)

Arab Community Center for Economic and Social Services
(Dearborn)

Women's Aid Service
(Mt. Pleasant)

Michigan Coalition Against Domestic and Sexual Violence
(Okemos)

Michigan Department of Education, Coordinated School Health and Safety Programs (Lansing)

Thank You To The Following Individuals

Laurie Bechhofer
Michigan Department of Education, Coordinated School Health and Safety Programs (Lansing)

Lesley Coghill
Salena Corner
Charisse Mitchell
Center For Women in Transition (Holland)

Ruth Oja
Victim's Assistance Program Hannahville Indian Community

Kathy Weber
Diane Peppler Resource Center (Sault Ste. Marie)

Debi Cain
Sarah Heuser
Joyce Wright
Michigan Domestic Violence Prevention and Treatment Board (Lansing)

Sgt. Michele Hernandez
Sgt. Trudy Rampy
Sgt. Michelle Robinson
Sgt. Kandyce Tabeling
Michigan State Police (East Lansing)

Beth Morrison
HAVEN (Pontiac)

Cristy Cubitt
Nancy Szlezyngier
St. Clair County Child Abuse and Neglect Council (Port Huron)

Rhys Edwards
Jacki Sever
Dial Help (Houghton)

Leslie O'Reilly
Michigan Victims of Crime Commission (Lansing)

Molly Laird
The Evaluation Team (Coldwater)

Marguerite Grabarek
University of Michigan (Ann Arbor)

Mohammad Farrag
Joanna Ladki
Arab Community Center for Economic and Social Services (Dearborn)

Julie Grant
Jenny Rufenacht
Amy Bryant
Misti Blankenship
Branch County Coalition Against Domestic Violence (Coldwater)

Anna Rogers-Stott
Advocacy Resource Center, Sault Ste. Marie Tribe of Chippewa Indians

David Garvin
Alternatives to Domestic Aggression (Ann Arbor)

Teresa Branson
Kristina Paliwoda
Karyn Pelon
Amy Piddington
Kent County Health Department (Grand Rapids)

Ash Christians
Hilary Crichton
Barb Domina
Pam Mays
Sexual Assault Center (Saginaw)

Cris Sullivan
Michigan State University (East Lansing)

Angie Noriega-Makomenaw
Mandy Wigren
Saginaw Chippewa Indian Tribe Behavioral Health Program (Mt. Pleasant)

Jan Mancinelli
Women's Resource Center of Northern Michigan (Petoskey)

Joyce Siegel
Sexual Assault Services of Calhoun County (Battle Creek)

Sue Coats
Turning Point, Inc. (Mt. Clemens)

Toni Davis
Women's Aid Service (Mt. Pleasant)

Heather Hodges
Stephanie Park
Women's Information Services, Inc. –WISE (Big Rapids)

Pat Latus (Wayland)
Brenda Miliken (Detroit)
Roderick Williams (Detroit)
Community Members

Judith Barr
First Step (Plymouth)

Diane Smalley
Domestic Violence Work Group Presbytery of Detroit (Detroit)

Dolores Gonzalez-Ramirez
Ricardo Guzman
Jessie Urban
LAVIDA: Southwest Detroit Partnership to Prevent Intimate Partner Violence Against Latina Women (Detroit)

Jessica Grzywacz
Linda Scarpetta
Pat Smith
Tom Largo
Department of Community Health (Lansing)

Tom Wilson
M GET (Wyandotte)

Eun Joo Lee
Mieko Yoshihama
New Visions: Alliance to End Violence in Asian/Asian American Communities (Ann Arbor)

Tom Cottrell
YWCA West Central Michigan (Grand Rapids)

Herb Tanner
Prosecuting Attorney's Association of Michigan (Lansing)

Valerie Hoffman
Underground Railroad (Saginaw)

Larmender Davis
Serenity Services (Detroit)

Mary Jo Adgate, Kathy Hagenian, Mary Keefe, Tammy Lemmer, Cherée Thomas, Angelita Velasco Gunn, Janis Wilson
Michigan Coalition Against Domestic and Sexual Violence (Okemos)

Primary Authors:

Tammy Lemmer
Michigan Coalition Against Domestic and Sexual Violence

Marguerite Grabarek, Ph.D. Candidate
University of Michigan

Additional Authors and Content Consultants:

Lesley A. Coghill, LMSW
Center for Women in Transition

Jessica Grzywacz, MA
Michigan Department of Community Health

Mary Keefe, MSW and Kathy Hagenian
Michigan Coalition Against Domestic and Sexual Violence

Debi Cain and Sarah Heuser
Michigan Domestic Violence Prevention and Treatment Board

Editing and Writing Contributions By:

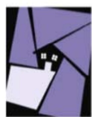
Wendi L. Siebold, M.A., M.P.H., Consultant
wendi.lyn1@gmail.com

Meeting Facilitation Services Provided By:

Jill Endres
Ohio Domestic Violence Network (Columbus, OH)

Janis Reischman
Reischman Consulting (Honolulu, HI)

For More Information, Please Contact:



MICHIGAN DOMESTIC VIOLENCE PREVENTION & TREATMENT BOARD

Michigan Domestic Violence
Prevention & Treatment Board
Department of Human Services
P.O. Box 30037
Lansing, Michigan 48909
Phone: 517-373-8144
Fax: 517-241-8903

Michigan Coalition Against
Domestic and Sexual Violence
3893 Okemos Road, Suite B2
Okemos, MI 48864
Telephone: 517-347-7000
Fax: 517-347-1377
TTY: 517-381-8470

Injury & Violence Prevention Section
Michigan Department of
Community Health
P.O. Box 30195
Lansing, MI 48909
Phone: 517-335-8627
Fax: 517-335-9669

Create the social change needed to ensure that our children and grandchildren will inherit a world where fear does not exist and where domestic violence and sexual assault is unthinkable.

100% ($1,900) of the publication and distribution costs of this document were funded with federal dollars through a Cooperative Agreement from the Centers for Disease Control and Prevention (Award Number 1US4/CE001529-01). Its contents are solely the responsibility of the authors and do not necessarily represent the official views the Centers for Disease Control and Prevention.

MCADSV is firmly committed to providing access, equal opportunity, and reasonable accommodation in its programs, activities, and materials. Please call (517) 347-7000 (voice) to request accommodation or to obtain materials in an alternate format.