COMMUNITY SAFETY

RECOMMENDATIONS FOR MORE EQUITABLE SEXUAL VIOLENCE PREVENTION

When you work to build trustworthy, dependable, and inclusive community safety institutions, you are helping to support more equitable sexual violence prevention. When communities feel safe accessing their local community safety services, like emergency services, healthcare providers, and police, it is less likely that people will choose to be violent.

People hold many intersectional social identities, such as race/ethnicity, disability, gender, and sexuality, which together affect the forms of oppression and inequality they face. Approaching sexual violence prevention (SVP) with an anti-oppression, intersectional lens is helpful for identifying root causes and creating more effective supports for communities that are most impacted. In Michigan, there is a critical need for such equity-focused attention on SVP in Black, Native/Indigenous/American Indian, LGBTQ+, and Disability communities*. The 2022 Michigan Community Sexual Violence Prevention Assessment (CSVPA), led by Michigan Public Health Institute (MPHI), was a first step to listen and learn from these core communities about what sexual violence looks like in their communities, how risk and protective factors for violence unequally affect them, and what their prevention resources and needs are. (For more information about the CSVPA process, visit Appendix A).

This brief focuses on recommendations for strengthening community safety as a key protective factor against SV.

For those unfamiliar with this idea, risk and protective factors make it more likely (*risk factors*) or less likely (*protective factors*) that individuals, communities, and societies will experience violence. Personal or relationship factors could include someone's past experiences with violence, or a teen's connection to school or a caring adult. Community or societal factors could include the lack of good-paying jobs in a neighborhood or widely held beliefs about violence.

Inequitable community safety systems can increase communities' risk for experiencing or perpetrating sexual violence by limiting their access to and trust in systems that should protect their wellbeing and hold perpetrators accountable. For example, a lack of support from police and judicial institutions is a risk factor that is rooted in racism, ableism, homophobia, and transphobia. These kinds of oppression also limit some people's access to protective factors. Each risk and protective factor affects Black, Native, LGBTQ+, and Disability communities in Michigan in similar and unique ways depending on their diverse identities, histories, and contexts.

IDENTITY AND LANGUAGE *are very complicated. The authors of this report intentionally use terms endorsed by the project's Advisory Council to describe the core communities and their members. We recognize that identity language is always evolving and that not all identity terms are captured here. As a reflection of the varied preferences within the disability community, we will use both person-first language (e.g., "people with disabilities") and identity-first language (e.g., "disabled people").*

COMMUNITY-INFORMED RECOMMENDATIONS

The community-informed recommendations that follow include examples of the kinds of actions you can take to support this work. You can be part of a movement to end sexual violence by creating partnerships, educating policymakers, and strengthening programs to meet these community needs.

NOTED AT THE END OF EACH EXAMPLE are the specific communities where that action was supported by data from the assessment. Just because a core community is not listed does not necessarily mean that the example is not relevant or important for that core community; it simply means it was not mentioned by interviewees or found in the literature review that informed this assessment.

RECOMMENDATION 1

Address discriminatory behaviors, violence and brutality, and community fear and mistrust for police through policy and procedural change, and ongoing training among law enforcement.

+ **Offer ongoing, comprehensive training for law enforcement officers and staff.**

    + Support and advocate for law enforcement commitment to ongoing contractual relationships with organizations and/or programs that offer training on de-escalation, racial and colorism bias, and ableist bias, to establish a culture of anti-oppression and lifelong learning . **Black, Native, Disability**

    + Support and advocate for law enforcement commitment to ongoing contractual relationships with organizations and/or programs that offer training in understanding sexual orientation, gender identity, and inclusive communication skills. **LGBTQ+**

+ Encourage more law enforcement trust building efforts in communities

+ Advocate for police officers to invest in activities that build connection and trust among community members such as engaging regularly in community programs, developing empathetic communication skills, and assisting people in accessing needed resources. **All**

+ Support Tribal law enforcement, especially those who are well known in their communities, to institute boundaries around informality, build trust, and address biased treatment. **Native**

+ Support implementing procedural changes in law enforcement.

+ Support law enforcement to develop procedures for appropriately responding to immediate mental or behavioral health crises, such as deploying de-escalation tactics and empathic communication, ensuring no use of force is used, dispatching social workers, conducting wellness checks, and offering inclusive jail alternatives. **All**

+ Build capacity among law enforcement to implement rigorous screening protocols during the hiring process to assess implicit bias, racism, ableism, capacities for empathy, and lifelong willingness to learn and engage in professional development among potential candidates. **All**

+ Advocate for the allocation of police funding to establish community policing models and partnerships with organizations to aid community members in meeting basic needs like access to food, housing, childcare costs, and mental/behavioral health care. **Native, Black, LGBTQ+**

+ Build capacity among law enforcement to develop explicit procedures for accommodating transgender and nonbinary persons in their facilities. **LGBTQ+**

+ Advocate for wider use of appropriate, disability-inclusive police response and alternatives to jail or incarceration. **Disability**

Develop a workforce of health care professionals who provide equitable, unbiased, person-centered, and affirming care informed by historical and contemporary contexts.

+ **Build provider capacity to deliver equitable, unbiased, and person-centered health care.**

  + Advocate for and support healthcare systems to require ongoing inclusivity training for their physicians, nurses, mental health care professionals, and administrative staff that addresses how to develop provider-patient practices and administrative policies for providing unbiased and sexual identity/gender affirming care for all patients. **All**

  + Create a formal statewide directory for trusted therapists and health care providers who identify as Black, a person of color, LGBTQ+, and/or provide inclusive care by building on existing community work in these efforts. **Black, LGBTQ+**

  + Advocate for and support health care professionals to participate in ongoing trainings about disability cultural competency, including topics such as: supported decision-making, honoring disabled patients' choices, ensuring ADA compliance in the development of doctor-patient communication procedures and patient education materials, discussing sexuality, and screening for sexual violence risk among disabled patients. **Disability**

+ **Advocate for health care education that is informed by historical and contemporary contexts.**

  + Support work in identifying medical racism in education for medical, dental, mental and behavioral health care providers (such as medical coursework, trainings, and continuing education) that are based solely on white bodies, and updating curriculum with inclusive materials that cover how pathologies actually manifest in people of color, the unique needs of women of color, harmful stereotypical cultural competency models, and colorism myths that uphold the notion that people of color require differential treatment. **Black**

  + Help develop models of education for medical, mental, and behavioral health care providers (such as medical coursework, trainings, and continuing education) that are inclusive of the history of Native American peoples, to ensure providers and staff understand and identify how racism, marginalization, and generational trauma impact Native patients, how to provide trauma informed care, and include cultural or traditional healing in their practices. **Native**

Increase access to medical and behavioral/mental health care by expanding care models that meet patients where they are and offering more culturally responsive support.

+ **Support investment in expanded health care infrastructure that reduces barriers to access.**

    + Advocate for providers and their practices to expand their capacities to provide telehealth, virtual based services, and e-prescribing to their patients. **All**

    + Foster partnerships for more mobile health opportunities (such as for testing, screening, walk-in mental health services, referrals) through partnership between community health workers (especially those who are POC) and organizations and institutions that the community knows and trusts, such as libraries and faith-based organizations. **Black**

    + Support health care systems to invest in the establishment of queer affirming therapy clinics, mental health centers, and sexual violence services, to reduce waitlists for LGBTQ+ people. **LGBTQ+**

    + Identify the strengths within the Tribal mental/behavioral health service system and encourage all health care systems in the state to model integrated cultural and traditional healing in their mental and behavioral health care practices. **Native**

    + Advocate for policy change within health insurance programs (including the state Medicaid program), to develop plans that cover cultural and traditional healing, mental and behavioral health services, and transgender affirming health care services. **Native, LGBTQ+**

    + Advocate for expanded funding for the Tribal mental and behavioral health system, to ensure Tribes have access to local clinics and facilities, and the transportation necessary to travel to other health care facilities in the state. **Native**

+ Support investment in expanding the health care workforce of crucial community-specific positions.

+ Develop programs to support providers to build their capacities for serving patients with disabilities (especially those with Autism and IDD), such as via ongoing training, seeking expert consultation when needed, and/or pursuing education/continuing education. **Disability**

+ Support expanding and training the workforce of social workers, community health workers, interpreters, and direct care workers in disability cultural competency. **LGBTQ+, Disability**

+ Advocate for expanding funding for Tribal traditional healers, counselors, and culturally competent sexual assault nurse examiners in Native communities and across the state. **Native**

RECOMMENDATION 4
Shift policies, practices, and mindsets in the criminal and civil legal systems that insufficiently protect or re-traumatize marginalized communities.

+ Support and develop inclusive policies to incorporate culturally informed spiritual services in prisons and jails. **Native**

+ Advocate for victim reporting processes to be re-evaluated to address points of re-victimization and re-traumatization. **Native**

+ Develop required competency training and best practices for court judges, prosecutors, and family court officials to address their implicit bias, differential treatment, and lack of inclusivity for LGBTQ+ community members; and how to justly apply Michigan's legal protections for LGBTQ+ people. **LGBTQ+**

+ Formalize existing LGBTQ+ community supports and programs for queer youth into systems to restructure current harmful systems like Child Protective Services, family court, and domestic and sexual violence centers, among others. **LGBTQ+**

Initiate changes to state laws and organizational policies to promote protective environments in public places and community institutions.

+ **Identify and change problematic state/federal laws and processes.**

  + Re-evaluate laws and mandated reporting processes that have the potential to strip disabled persons of autonomy, and decision-making power related to medical care, such as, but not limited to, laws related to court-ordered Guardian ad Litem (GAL) and involuntary institutionalization, to ensure a consent process is mandatory. **Disability**

  + Advocate for a statewide legal and prosecutable law on what constitutes a hate crime against LGBTQ+ persons in MI. **LGBTQ+**

  + Support and advocate for bills that would enshrine anti-bullying and harassment protections for LGBTQ+ youth into law and which would require all public-school administrators to develop protective policies and violence reporting for their LGBTQ+ students . **LGBTQ+**

  + Support and advocate for bills that would enshrine gender affirming care and gender transition procedures as a right for transgender youth and adults into law in MI. **LGBTQ+**

+ **Promote and support implementation of non-discrimination policies in public agencies, nonprofits, and faith-based groups.**

What's Next

Community-driven strategies and strong partnerships will help Michigan meet the needs of communities most impacted by sexual violence. We hope this information helps you to:

+ See how your work contributes to sexual violence prevention by strengthening community safety.

+ Expand current perspectives and explore new community-driven prevention solutions.

+ Center community-informed recommendations, like those outlined above, to guide SVP work.

+ Prioritize partnership with leaders, programs, organizations, and systems that serve under-resourced communities, specifically Black, LGBTQ+, Native, and Disability communities.

For more information on the CSVPA assessment, detailed briefs on the other protective factors, and updates on how the Michigan Rape Prevention & Education program is enacting some of these recommendations, visit our **website** (https://mphi.org/svp/).

WE INVITE YOU TO REACH OUT!

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Appendix A: Methods	**Appendix B:** Citation List