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Michigan Can Do More To Combat Intimate Partner Violence

In a Nutshell

- Intimate Partner Violence is a serious public health concern for women in Michigan and across the United States.
- A broad range of policy strategies beyond public health are necessary to reduce the prevalence of Intimate Partner Violence.
- Policy strategies should include measures that address both prevention of Intimate Partner Violence and expanding services for survivors.

Intimate Partner Violence (IPV) refers to abuse or aggression that occurs in a romantic relationship, including physical violence, sexual violence, stalking, and psychological abuse. While both men and women experience IPV, women disproportionately suffer. About 41 percent of women have experienced and reported IPV during their lifetime. In 2018, IPV accounted for 20 percent of all violent crime. In Michigan, 70,564 incidents of domestic violence were reported to police in 2021, with the majority of incidents occurring between intimate or formerly-intimate partners.

In addition to injuries and trauma from violence, IPV is associated with many other negative health outcomes, including higher rates of chronic disease and mental illness. Survivors also are more likely to engage in riskier health behaviors, including smoking and binge drinking.

Further, the economic cost to the individual and society is substantial – the CDC estimates that the lifetime economic cost associated with medical services for IPV-related injuries, lost productivity from paid work, criminal justice, and other costs, is \$3.6 trillion. In addition, the individual cost of IPV over a lifetime is substantially higher for female victims compared with male victims. The CDC estimates that the cost of IPV over a victim's lifetime is \$103,767 for women and \$23,414 for men.

Law and policy can address many aspects of IPV, including criminalization, prevention, and treatment. Federal laws such as the Violence Against Women Act and the Family Violence Prevention Services Act provide various services, resources, and shelter to survivors. Policies aimed at preventing IPV, however, are primarily implemented at the state level. Experts who study IPV generally recommend a multi-level policy approach that provides structural change on the individual, interpersonal, and community levels and addresses both prevention and treatment strategies.

Current Michigan Laws Addressing IPV

Michigan, like all states, has a series of criminal laws pertaining to assault, stalking, and related crimes that can be invoked in IPV situations. Michigan's Domestic and Sexual Violence Act establishes a board and fund for programs and services for the prevention and treatment of domestic violence. In addition, Michigan has enacted a wide range of laws that either directly address or indirectly impact IPV. Most of these laws provide additional protections and resources for survivors. For example, employees who experience IPV may use paid medical leave to obtain services, seek treatment, or relocate. Victims of IPV are also protected against being denied employment benefits, health insurance, or life insurance coverage.

Michigan has also enacted training and reporting laws that work to prevent IPV. For example, all police agencies are required to develop policies and train employees for responding to domestic violence calls. In addition, universities receiving Title IX funding are required to provide sexual assault training to campus personnel. Michigan also requires hospitals, pharmacies, and physicians to report injuries inflicted by a deadly weapon to the police.

Potential Strategies

IPV is a public health issue that intersects with several policy areas, and the CDC recommends investing in a broad range of programs and policies. While Michigan has enacted some IPV-related legislation, there are specific policy interventions that could be undertaken at the state level to provide additional services and prevention measures, including health care provider training, transitional housing programs, comprehensive sex education, and gun reform.

Health Care Provider Training

Research shows that training healthcare providers to respond to IPV may have a large effect on the provider's knowledge of IPV and may improve identification of IPV. The Department of Licensing and Regulatory Affairs (LARA), along with medical boards, are responsible for promulgating rules to establish standards for the education and licensure of health care professionals. Michigan could amend the Public Health Code to require LARA to establish training standards for identifying victims of IPV.

Michigan enacted a similar law in 2015 that requires training and education on human trafficking. Bill analyses show that the likelihood of hospitalization was for victims of human trafficking was used as a justification for the bill. IPV is linked to a wide range of health issues and injuries that often require hospitalization as well. In addition, signs of IPV, like signs of human trafficking, may not be obvious to providers so they may fail to recognize potential victims and triage them to appropriate services.

While LARA would have to devote additional resources to developing these training standards, the fiscal impact on the department would be minimal.

Transitional Housing for Survivors

Many survivors of IPV experience homelessness when they leave their abusive partner. According to the National Network to End Domestic Violence, between 22 and 57 percent of women and children who are homeless become homeless due to domestic violence. Furthermore, the risk of homelessness is one of the primary barriers that prevent women from leaving their abusive situations. Having access to safe and affordable housing could significantly enhance the well-being of survivors and reduce the number of women who stay in abusive households.

While emergency shelters offer services for the short-term, survivors need comprehensive housing programs that include counseling, childcare, transportation, life-skills, and education/job training. The federal Office on Violence Against Women (OVW) within the Department of Justice administers a Transitional Housing Assistance Grant to states and other local units of government. The grant funds 6-24 months of transitional housing with support services for victims of IPV, including domestic violence, dating violence, sexual assault, and stalking.

The Michigan Department of Health and Human Services (MDHHS) received two grants from OVW to address IPV in 2022, but these did not include funds for transitional housing services. While a few local entities received these grants to support survivors locally, MDHHS could invest in transitional housing programs statewide, either through future federal grants or with direct state funding.

Comprehensive Sex Education

Comprehensive sex education that includes education on the social and emotional components of sexual relationships has been shown to reduce the risk of IPV. A recent meta-analysis of three decades of sex education research published in the Journal of Adolescent Health found that programs specifically designed to reduce dating and interpersonal violence often had broader healthy relationship concepts among their measured outcomes.

Currently, Michigan state law does not require schools to teach sex education. Sexuality classes, if provided, must be offered as an elective and not a graduation requirement. The Michigan Legislature has introduced bills that would require sex education, if offered, to include instruction on affirmative consent, sexual assault, and dating violence. These bills have failed to garner enough support to pass, primarily because many parents object to state-mandated sex education and want more control over what is perceived to be a topic of morality. However, Michigan requires sex education to include medically accurate information about HIV and AIDs, demonstrating that certain topics are serious and important enough to require inclusion. The pervasiveness of IPV and the gravity of the health consequences could justify inclusion with those other subjects.

Gun Violence

Advocates combatting IPV often point to gun violence as a key factor in prevention. Access to firearms has been shown to increase the risk of IPV incidences and substantially increase the risk of death. In Michigan, respondents to protective orders are prohibited from obtaining a Concealed Pistol License (CPL), and courts are authorized to prohibit respondents from possessing any firearms. Courts are also authorized to prohibit respondents to ex parte orders from possessing firearms. According to the National Coalition Against Domestic Violence, Michigan's laws can be strengthened by:

- Prohibiting domestic violence, dating violence and stalking misdemeanants from possessing firearms
- Prohibiting respondents to ex parte and final protective orders, including dating partners, from possessing firearms
- Requiring prohibited persons to surrender all firearms in their possession upon being prohibited due to domestic violence
- If requested by the survivor, requiring law enforcement to recover all firearms and ammunition when responding to domestic violence calls
- Requiring background checks for all gun sales and transfers

Gun reform measures have been difficult to enact in Michigan because of opposition from Republican legislators. However, gun reform appears more likely under Democratic leadership this term.

The Michigan Senate recently approved a [bill package](#) to increase regulations on gun ownership for residents and include safe storage laws, red flag laws, and universal background checks. Future legislation should include more specific measures to protect survivors of IPV.

Conclusion

IPV continues to be a significant public health concern for women in Michigan. Michigan has taken measures to protect women from IPV and expand available services for survivors, but there is more that can be done. Enacting a comprehensive set of policies that intersect with areas outside of health, including housing, education, and crime, is necessary to effectively protect women and reduce the prevalence of IPV.

ABOUT THE AUTHOR

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Karley Abramson joined the Research Council in 2022 as a Research Associate focusing on health policy. Previously, Karley was a nonpartisan Research Analyst at the Michigan Legislative Service Bureau where she specialized in the policy areas of public health, human services, education, civil rights, and family law. Karley has worked as a research fellow for various state and national organizations, including the National Institutes of Health and the ACLU of Michigan. She is a three-time Wolverine with a bachelor's degree in sociology, a master's of public health, and a juris doctor from the University of Michigan.

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