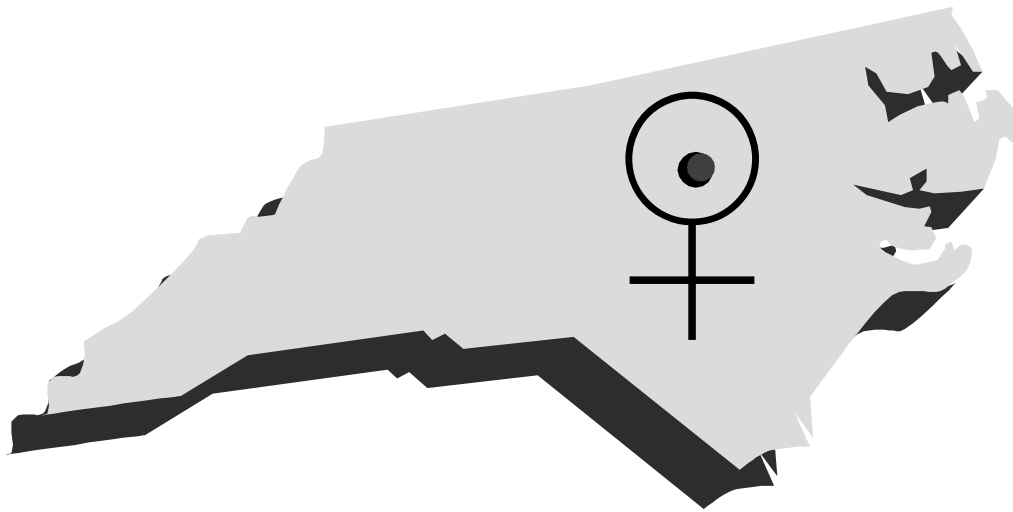


# *Draft Women's Agenda*

## *2004-2005*



N | W O M E N  
C | U N I T E D

Adolescent Pregnancy Prevention Coalition of NC • American Association of University Women NC • Business and Professional Women of NC • Carteret County Women's Resource Center • NC Council for Women/Domestic Violence Commission • Democracy NC • Equality NC • General Federation of Women's Clubs of NC • Ipas • League of Women Voters of NC • Lillian's List of NC • Mecklenburg County Women's Commission Dept. • NARAL Pro-Choice NC • National Association of Social Workers NC • NC Alliance for Economic Justice • NC Association of Women Attorneys • NC Coalition Against Domestic Violence • NC Coalition Against Sexual Assault • NC Hunger Network • NC Justice and Community Development Center • NC National Organization for Women • NC Peace Action Education Fund • NC Women Work • Onslow County Council for Women • Orange County Department of Human Rights and Relations/Commission for Women • Peace College • Planned Parenthood of Central NC • Task Force on Family Violence/REACH, Inc. • Triangle Older Women's League • The Sisko Foundation • Western Carolina Women's Coalition, Inc. • The Women's Center [Triangle/Chapel Hill] • Women's Center of Fayetteville • Women's International League for Peace and Freedom-Asheville • Women's International League for Peace and Freedom-Triangle • Women's Forum of NC • Women's Resource Center in Alamance County • Women's Resource Center – Hickory

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## Chapter I: Access to Health Care

### ♀ *Aging*

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As the years pass, and NC's population ages, incremental improvements occur, but our legislators have not yet faced up to the effects on the long term care system of the huge influx of baby boomers soon to be among those in danger of frailty and in need of care. Meanwhile the difficulties of residents of long-term care facilities are compounded these days as homes admit occupants with increasingly dissimilar needs. In addition to frail elderly and disabled persons, residents include Alzheimer's patients and persons afflicted with dementia and other cognitive disabilities, as well as mentally ill residents recently discharged from mental hospitals. There are registered sexual offenders, though these are not identified to other residents or their families. The legislature has asked for a study of "mixed populations" with recommendations for the resulting problems that arise when medically diverse residents live in close quarters. With such a study we can envision a new classification system for assisted living with specialized homes offering services suited to the needs of the residents.

Other problems in adult care homes persist, one of the most severe being the turnover of direct care aides, now around 115% per year. Low wages, lack of benefits, and work that is hard and often unpleasant make retention of employees difficult. This situation translates directly into lower quality of care for residents in these facilities. A couple of possibilities that might help have surfaced: one is for the legislature to provide "pass-through" funding in Medicaid reimbursement funds that would go directly for wages or benefits of caregivers. Also, the state might subsidize health care benefits as it does for child care workers.

Two plans that allow frail elderly or disabled persons to stay at home and have care within the community are CAP/DA, (the Community Alternatives Program for Disabled Adults), which uses Medicaid funding to provide care for persons eligible for nursing home care, and a State/County Assistance project, which provides some funding to allow persons eligible for adult care homes to have care at home. Although both programs are cost-effective, both have limits on the number of persons enrolled. Removing the quotas would put an extra burden on those who assess disabilities, approve entry into these programs and monitor them but at the same time would save money on care and above all, would permit frail elderly and disabled persons a choice to live at home.

#### **RECOMMENDATIONS FOR ACTION...**

- Create new classes of assisted living residences with services suited to the needs of the residents;
- Provide "pass-through" increases in wages and benefits, which would go directly to caregivers in long-term care facilities
- Remove limits on numbers of persons admitted to CAP/DA and State County Assistance In-Home programs.



## ♀ *Access to Healthcare*

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Over twenty-percent or approximately 1 in 5 women of childbearing age in NC is uninsured according to The Alan Guttmacher Institute, whose findings were based on the Current Population Survey. According to 2003 figures recently released by the U.S. Census Bureau, NC had the tenth largest growth in percentage of people without health insurance. Other studies suggest that even more women are underinsured, which means that their health insurance does not adequately meet their health needs such as providing coverage for preventive health care or necessary and costly medical procedures.

The importance of preventive health care, which can aid in earlier diagnosis of disease, cannot be overestimated. The difference in outcome between women who have access to health care and those who do not underscores the need for preventive care. According to the *2003 Women's Health Report Card*, issued by the NC Program for Women's Health Research, a collaborative program of The School of Medicine, The School of Public Health, and the Cecil G. Sheps Center for Health Services Research and the University of NC at Chapel Hill, while Caucasian women have a higher incidence of breast cancer, minority women have a much higher death rate from breast cancer. Earlier diagnosis through mammograms often plays a critical role in preventing death.

The disparity in health care access has devastating results on a statewide basis. According to the Henry Kaiser Family Foundation, NC has the sixth highest rate of infant mortality in the nation. Almost 24 percent of African American women attend late or no prenatal care. The "2003 NC Women's Health Report Card" states that the rate of infant mortality for African Americans in NC is more than double that for white North Carolinians.

Accessible family planning services help to reduce the rate of infant and maternal mortality by helping women space pregnancies so that their bodies are better prepared for pregnancy and childbirth. For many women, reproductive health care is primary health care. Family planning services provide not only contraception but also cancer screening, disease prevention, treatment of sexually transmitted diseases and other public health services. Unfortunately, despite gains in greater access to family planning services through county health departments, far too many women remain in need of this basic care.

According to the Alan Guttmacher Institute, roughly one-half of the women in NC who are in need of contraceptive services and supplies are in need of publicly supported services because they can not otherwise afford this preventive care. Each year, family planning clinics in NC serve almost 200,000 women, including over 50,000 teenagers. County health departments serve seventy-six percent of the women served by publicly supported family planning clinics in NC. Studies conducted by the Alan Guttmacher Institute show that every dollar spent on family planning services saves three dollars in spending on public assistance.

Women who have fewer resources also have fewer reproductive choices. The state of NC once recognized that a woman's right to make responsible decisions regarding childbearing should not be based solely on her ability to pay for full reproductive freedom. The State Abortion Fund was established in NC immediately following the passage of the federal Hyde Amendment in 1976, which barred the use of federal Medicaid money to pay for abortions in most cases. Initially, the State Abortion Fund was accessible to women based on financial need alone. In 1995, the fund was decimated. The funding was reduced from over one million dollars to just \$50,000 and restrictions were placed on it that rendered it almost entirely inaccessible. While fair-minded people may hold different opinions on abortion, the right of a woman to make personal decisions about when or whether she will become a parent for the first or fourth time should not be based solely on her ability to pay for that freedom.

According to the *2003 Women Health Report Card*, the rate of sexually transmitted infections, including HIV/AIDS, has increased among all racial groups. In fact, heterosexual women, especially young women of color, are the fastest growing population infected with HIV. The bottom line is that too many women in NC are in jeopardy of poor health outcomes simply because they do not have access to preventive and reliable health care.

**RECOMMENDATIONS FOR ACTION...**

- Amend the state constitution to recognize health care as a fundamental right.
- Increase funding to Public Health Departments to provide adequate, accessible family planning services and information to underserved women.
- Remove restrictions and adequately fund the State Abortion Fund.

## ♀ ***Adolescent Pregnancy***

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Preventing adolescent pregnancy is an ongoing public policy need in NC. In 2002, more than 18,000 girls ages 10-19 became pregnant – representing 51 teen pregnancies per day. Fortunately, the state's adolescent pregnancy rates continue to decline, and since 1990, NC's rates have declined by more than 30 percent. Compromising the news regarding declining rates is the fact that the state still has the thirteenth highest birth rate for 15-19-year-olds in the US. NC also has the nation's highest birth rate among Hispanic teens. State officials have taken some important steps to address teen pregnancy, and public funding is provided for prevention programs and initiatives.

Currently in NC, 61 local programs receive full or partial support from a \$3.3 million plus per year appropriation that supports adolescent pregnancy prevention projects. Federal Temporary Assistance for Needy Families (TANF) funds represent \$1.5 million of the \$3.3 million. Many of these funded projects are located in the poorest communities with the highest teen pregnancy rates. The funds are used to support primary prevention programs (meaning prevention of first pregnancies) and secondary prevention programs (prevention of second pregnancies, including support and encouragement to teen parents in completing high school or GED requirements, and in the improvement of parenting skills). Before these funds were cut in 2002, seventy-one (71) local programs were being funded. Funds appropriated during the 2004 Legislative Session, did not fall below the 2003 level of funding. However, cuts that were made in 2002 have not been restored and many local communities throughout NC have fewer or no resources to combat teen pregnancies and out-of-wedlock births. The goal is not only to restore funding to the 2001 level, but also to increase funding for these important prevention programs so that more young people can be served.

While strides are being made in the state, much more needs to be done. In tandem with preventing teen pregnancy, more emphasis should be placed on preventing sexually transmitted diseases. NC has, according to data from the CDC, the – (1) seventh highest rate of syphilis infection in the United States, (2) seventh highest rate of chlamydia infection in the United States, and (3) fifth highest rate of gonorrhea infection in the United States. Adolescents in NC are much more likely to become infected with syphilis compared to adolescents in other states. NC's adolescent population is more likely to become infected with chlamydia compared to adolescents in other states. (Chlamydia, if untreated, causes sterilization.) Adolescents in the state are more likely to become infected with gonorrhea compared to adolescents in other states. In addition, according to a Yale University study, teen girls who have recently had a baby may have a higher risk of contracting an STD in the year after giving birth. Researchers stress the need for postpartum follow-up for young mothers that includes STD prevention as well as pregnancy prevention.

Adolescents are the least likely segment of the population to use health services. Without assurances and access to confidential health services, teenagers often will not seek care or will stop seeking the care they desire and need. NC law permits adolescents to receive confidential health services related to pregnancy, sexually transmitted infections including HIV/AIDS, mental health, and substance abuse. Health care professionals will and are required by law to notify a minor's parents or guardians if the minor's life is in danger. While it is desirable that teenagers talk to their parents about important health issues, it is more important not to delay appropriate medical care. Laws and policies should encourage, not discourage, young

people to seek the health care they need and enable them to talk candidly with health care providers, and that is why NC's law allowing minors to consent to certain health services should be safeguarded.

Another avenue for addressing teen pregnancy as well as the prevention of sexually transmitted diseases in adolescents is through responsible age-appropriate sex education in NC's public schools. Comprehensive sex education provides balanced instruction that includes abstinence as well as accurate information about contraception and the prevention of sexually transmitted infections. Comprehensive sex education works, which is why it is supported by most major medical organizations, including the American Medical Association, the American Academy of Pediatrics, and the American Nurses Association. NC's Abstinence Until Marriage Law (GS 115C-81(e1)) that was enacted in 1995 contains flaws and inaccurate medical references to sexually transmitted diseases, including AIDS/HIV. Those errors should be corrected.

Teenagers need accurate and reliable information about their sexual and reproductive health and the prevention of sexually transmitted infections.

### **RECOMMENDATIONS FOR ACTION...**

- Restore state funding for pregnancy prevention programs and initiatives to the 2001 funding level, and then increase these funds to address the growing needs of the state's adolescent population.
- Correct the medical errors and flaws in the Abstinence Until Marriage Law (GS 115C-81(e1)) and support age-appropriate and developmentally appropriate comprehensive sex education and abstinence-plus sex education programs that are accurate and honest; promote healthy, positive, and responsible decisions; and that respect the value and the rights of all individuals.
- Safeguard adolescents' access to confidential health care services by preserving the law (General Statute 90-21.5) that allows a minor to consent to limited health services such as diagnosis and treatment of substance abuse, mental health, sexually transmitted diseases including HIV/AIDS, and pregnancy.

## ♀ *Mental Health*

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It is estimated that one in five persons will, over their lifetime, experience a mental illness. However, according to the Surgeon General's report on mental health released in 1999, less than 1/3 of adults with a diagnosable mental disorder and even a smaller proportion of children, receive any mental health services in a given year. Studies have shown that mental disorders are treatable: that treatment is more effective than a placebo. Why then the disparity? The stigma attached to mental illness, the cost of treatment, and the fragmentation and lack of service availability are major factors, which prevent people from getting treatment. The Surgeon General's report also reminds us of the impact of mental illness: "Untreated, mental disorders can lead to lost productivity, unsuccessful relationships, and significant stress and dysfunction. Mental illness in adults can have a significant and continuing effect on children in their care."

Mood disorders, including depression, will affect 7% of Americans in a given year. For women, depression may be of particular concern. Recent studies have shown that women are two and a half times more likely to experience depression and that depression has a chromosomal link creating this disparity. Two thirds of those getting treatment for depression do so in primary health care settings and primary care doctors see most patients whose depression goes undiagnosed as they come in for routine care.

What many of those with private insurance find however is that treatment for mental disorders is different than that for 'physical' disorders. Mental health treatment, when included in health plans, is often limited by lifetime caps on dollar amounts, caps on the number of annual visits, or higher co-payments to visit a mental health professional. In the face of mounting evidence that mental illness is biologically based, with genetic and chromosomal links, and despite evidence of the higher effective treatment rates for mental health disorders when compared to many physical disorders, insurance companies continue to discriminate against persons with mental illness seeking treatment.

Those uninsured, or on Medicaid, are dependent on the public mental health system in North Carolina. In March of 2000, in response to a call for reform of North Carolina's public mental health system, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services presented to a Legislative Study Committee some staggering estimates of deficits in the mental health system. Based on epidemiological studies, waiting lists, and statewide surveys, 670,000 adults and children in North Carolina were in need of mental health, developmental disability and substance abuse services estimated to cost 2.5 billion dollars.

Factoring in federal funding, state appropriations, and local funding, current financing of this system is estimated to serve only the most severely in need. 250,000 people in North Carolina would be left with unmet mental health service needs and more than likely a large percentage of the 425,000 served would be left without some of the needed services. We are left with a system in which the disabled population is dependent on institutions and government support, at high risk for homelessness and incarceration, and less able to fulfill their potential.

In North Carolina, those in the public mental health system are more likely to find themselves in state institutional care than those living in other states. In light of changes in best practices for mental health care and the "Olmstead decision" that calls for care in the least restrictive setting, North Carolina has begun to plan for a shift from an institutional focus in providing care to providing care in community based settings. A system in the process of reform requires not only the dedication of consumers and professionals to making the transition, but the commitment of state appropriations to bridge the shift of dollars from the current institutional care to the development of needed supports and services in the community.

### **RECOMMENDATIONS FOR ACTION...**

- Enact comprehensive mental health parity legislation in health coverage ending discriminatory difference between mental and physical health care
- Increase community-based mental health funding -including a dedicated recurring source for the Mental Health Trust Fund.

## Chapter II: Civic Participation and Equality

### ♀ *Employment Discrimination*

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Acts of discrimination and hatred are daily occurrences in the lives of American women, particularly women of color, immigrants, poor and disabled women, aging women and lesbian, bisexual and transgender women. According to the Equal Employment Opportunity Commission (EEOC), discrimination in employment based on gender and pregnancy are becoming more prevalent rather than less. In addition, there is a substantial increase in the number of complaints filed under the Equal Pay Act and because of sexual harassment. Women still experience problems with the glass ceiling and are still paid only 75 cents on the dollar for equal work with their male counterparts.



County and municipal governments should promote equal treatment of all individuals by improving complainants and respondents access to the administrative process for employment discrimination related complaints; increasing opportunities for mediation of claims; providing parties with a faster, less expensive and more effective resolution to complaints; and providing more technical assistance to businesses, employers, and housing providers to prevent discriminatory practices through educational workshops and seminars. Local ordinances should protect all people from being discriminated against because of their race, color, sex, religion, national origin, familial status, age, disability, veteran's status, sexual orientation, and gender identity/expression. Counties and municipal governments should offer remedies available under existing state and federal law; a jury or a court cannot award punitive damages unless they can be awarded under existing federal or state law.



Recent litigation has curtailed enforcement efforts of localities seeking to enforce antidiscrimination ordinances. This estoppel has created backlogs of employment discrimination complaints and inadequate resolutions of other complaints.

Currently, state and federal law offer no protection against discrimination based on sexual orientation or gender identity/expression. In 2003, House Bill 924, State Government Equal Employment Opportunity, sought to amend the State Personnel Act to ensure that state and local government employees could work free from fear of discrimination. This bill was defeated by one vote in the Local Government Committee. This legislation should be reintroduced and passed, along with broader legislation barring discrimination by private employers.

#### **RECOMMENDATIONS FOR ACTION...**

- General Assembly should support Anti-Discrimination Ordinances legislation. This bill gives county and municipal governments with populations of 100,000 or more, clear authority to adopt ordinances that prevent discrimination in the areas of housing, employment and public accommodations and gives residents a private right of action.
- General Assembly should pass legislation guaranteeing that lesbian, gay, bisexual and transgender people are free to work free from discrimination based on sexual orientation and gender identity/expression in both public and private employment.

## ♀ *Equal Political Representation*

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### **SO MUCH AT STAKE, YET SO LITTLE SAY**

Women have a tremendous amount at stake in our current political system. Their active participation as voters and candidates can impact policies, including domestic violence, pay equity and health care that affect their daily lives. Even though 52% of the voters in the 2000 election were women, they are sorely scarce in elected offices. Here in NC women comprise only 21.2% of the General Assembly, less than 15% of all elected offices and one-third of appointed seats on boards and commissions, despite research showing that a majority of likely voters are supportive of women as candidates. Voting is not enough. To gain real political power, we must elect people who truly understand women's concerns.

### **REMOVING BARRIERS TO EQUAL PARTICIPATION**

We can help to even the playing field by expanding "Clean Elections," increasing voter participation and advocating women's appointment to state and local boards and commissions.

Money is one reason that the composition of policy-making bodies does not reflect women's voting strength. As campaign costs rise, those traditionally excluded from the political process – including women- are at a disadvantage and our voices are not heard. In NC, female candidates raise, on average, 85% of what male candidates raise and the candidate who raises the most wins 90% of the time, leaving women facing stiff odds. "Clean Elections", as adopted in 2000 by Maine and Arizona, provide an alternative to the money chase, offering optional public funding to candidates who demonstrate broad community support and accept strict fundraising and spending limits. These states enjoyed an increase in women legislative candidates. Even Arizona's governor, Janet Napolitano, ran as a Clean Elections candidate. In 2002, the NC General Assembly passed the Judicial Campaign Reform Act, providing this alternative for NC appellate court candidates. In the 2005-2006 sessions, we must work to defend and fully fund the program and expand it to include other NC races.

Women must also increase our role as voters. NC ranks 44<sup>th</sup> in voter participation. While 52% of voters are women, many more women currently don't vote. Same-day registration, a practical reform that will be introduced in the 2005 session, is already offered in the six states with the highest voter participation. Adoption would allow an unregistered, eligible voter to register and vote at an Early Voting Site -- all at the same time.

Finally, we must encourage the appointment of qualified women to state and local boards and commissions and demand accurate and timely reporting of demographic data on appointees. Legislation passed in 1998 mandates proportional gender representation and requires annual reporting to the Secretary of State. We must urge the General Assembly to appropriate funds for this effort and to create a website to alert all NC citizens to openings on boards and commissions.

### **RECOMMENDATIONS FOR ACTION...**

- The General Assembly should fully fund the Judicial Campaign Reform Act of 2002, expand the program to include General Assembly, Council of State, and Gubernatorial candidates and authorizing local communities to provide a public funding option in local races.
- The General Assembly should authorize the phasing in of Same-Day registration beginning with the early-voting sites in the 100 counties and expanding as quickly as feasible.
- The General Assembly should appropriate money for the Secretary of State's office for reporting and tracking of demographic data on appointees and to provide for a state website to publicize current openings on appointed boards and commissions.

## ♀ *Hate Crimes*

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According to the Southern Poverty and Law Center (SPLC), every hour a hate crime is committed. Experts recognize that hate crimes are undercounted. Of those reported, eight blacks, three whites, three gays, three Jews, and one Latino become hate crime victims everyday. (Did these experts count women?)

Although progress has been made in improving inter-group relations in the United States and in NC, stereotypes accompanied by fear remain commonplace. Without education as well as constructive steps to build understanding on a personal level, stereotypes will lead to discrimination, racist policies, and eventually, hate crimes.

Organizations that promote and nurture hatred of others because of their race, religion, sex, disability, or sexual orientation are loosely referred to as hate groups. According to an Intelligence Report from the SPLC, there are only six states with more known hate groups than NC. There are 22 active hate groups in NC, among which are ten Ku Klux Klan and six Neo-Nazi groups



Women must respond to the challenge of hate groups and hate violence. Women's organizations are often in an ideal position to build alliances with people of color and their organizations around issues of community safety. For example, women have historically raised issues of community safety with local police. This relationship can be leveraged to secure greater access to the police for others who are victims of harassment and hate crimes. Alliances of mutual understanding built on open and frank communication need to be developed. There are many models for cross-cultural communication being used today; e.g. the Study Circles Program

Communities have the ability to accomplish a great deal in reducing hate crimes. Communities can inquire if local police have personnel trained by the NC Justice Academy on hate crime reporting and verification as well as encourage untrained officers to obtain such training. Also, local media can be enlisted to support officer training in identifying and reporting hate crimes, while giving positive local support and publicity to officers who receive this training. The State Bureau of Investigation (SBI) – Division of Criminal Information will provide technical assistance to local agencies for hate crime reporting. Although none of this training is mandatory, without it, the SBI's Division of Criminal Information cannot accept crime reports to local police departments. This contributes to the undercount of hate crimes in the NC.

NC's Ethnic Intimidation Act, our state hate crime law, fails to address hate crimes and bias related incidents against women. The current law provides protections only for crimes motivated by race, color, religion, national origin and ethnicity, failing to address crimes motivated by bias based on sex, age, sexual orientation, gender identity/expression, and disability status.

### **RECOMMENDATIONS FOR ACTION...**

- General Assembly should support legislation that would add sex, age, sexual orientation, gender, gender identity/expression, and disability status to the existing Ethnic Intimidation law.
- Assure that local schools have access to SPLC's "Teaching Tolerance" curricula or other similar materials.

## ♀ *Marriage and Family*

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The 2000 census identified more than 16,000 same-sex couples in NC, including at least one male and one female couple in every county. These numbers are thought to be a substantial undercount, as many same-sex couples do not wish to self-identify to a government that discriminates against them. These couples are denied equal protection under the law under the so-called Defense of Marriage Act (DOMA). Because same-sex couples are denied access to civil marriage in NC, they are unable to access hundreds of state rights and benefits and more than 1100 federal rights and benefits.

These policies are especially hard on lesbian families, due to the income disparity between men and women. When family emergencies arise, these families don't have the same rights and resources to help them cope as heterosexual families. Although more than one third of lesbian couples are raising children, NC does not allow the same-sex partner of a legal parent to adopt their partner's children as a second parent. Children of gay and lesbian parents can be denied access to their second parent's health insurance and other benefits, potentially burdening the state with additional uninsured minors. Laws governing adoption, artificial insemination, and family planning should not discriminate against lesbian, bisexual, transgender women, same-sex couples, or single heterosexual women to ensure that all children have the opportunity to grow up in a loving family.

Recently, conservative legislators have attempted to write discrimination into the state and federal constitutions by amending them to deny same-sex couples access to marriage or any similar form of relationship recognition. If legislators are allowed to use the constitutions to address hot-button social issues such as same-sex marriage, surely amendments seeking to limit a woman's right to choose or to end affirmative action cannot be far behind. The state and federal constitutions should be used to protect rights, not diminish them.

### **RECOMMENDATIONS FOR ACTION...**

- General Assembly should oppose any efforts to use the state or federal constitution to diminish the rights of any group of people, including denying recognition of marriage or similar relationships to same-sex couples.
- Local governments should adopt policies extending equal benefits to domestic partners of their employees.



## Chapter III: Economic Self-Sufficiency

### ♀ *Housing*

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One of the most severe problems facing hard-working but low-income North Carolinians is finding affordable housing. Often they must live with relatives or friends, do without necessities to pay their rent, or stay in homes that are in poor condition and sometimes even unsafe. Across NC the cost of housing has risen faster than wages, putting affordable housing out of reach for thousands of families. Over 600,000 low-income families live in homes they cannot afford. Over 300,000 households pay more than half their income for housing. A family must earn at least \$60,000/year to afford the average home price. According to the 2003 NC Justice Center report, "Working Hard is Still Not Enough," 20 percent of homes do not have full plumbing or are overcrowded or cost more than 30% of the family income. Of NC families with children, 25 percent do not have safe, affordable, comfortable housing. Population in homeless shelters has been increasing, with homeless children being the fastest-growing segment of this population.



Women make up a disproportionate share of those who live in low-income housing. In 1998, HUD reported that 84% of recipients of federally subsidized housing in NC were in female-headed households. Elderly housing includes a high percentage of women, as females tend to outlive males and have lower incomes. In fiscal year 2000, women and children composed 50 percent of the homeless persons in shelters receiving federal grants.

One of the best ways to create affordable housing is through Housing Trust Funds (HTF's). There are currently more than 300 HTF's in cities, counties and states throughout the US. HTFs are generally distinct accounts that receive dedicated sources of public funds to support affordable housing. NC's HTF received only \$3 million in the last budget cycle, and if the state has any hope of improving housing, available funding for the NC Housing Trust Fund must increase substantially.

While NC faces a challenge in creating affordable housing, increasing layoffs and predatory lending practices have contributed to a staggering increase in home foreclosures. In the six years between 1998 and 2004, foreclosure filings in the state have increased 189 percent, with some counties experiencing an increase of over 500 percent. In response, the revised state budget for 2004 included \$1.75 million for a NC Home Protection pilot program to help people avoid home foreclosure after losing a job. Under the pilot program, homeowners who have lost their jobs owing to the State's changing economic conditions would be able to apply for a bridge loan to help pay monthly mortgage payments while they look for new employment.

#### **RECOMMENDATIONS FOR ACTION...**

- Increase funding for the NC Housing Trust Fund to \$50 million yearly to expand affordable housing for low-income families.
- Increase funding for the Home Protection Pilot Program and support improvements to NC's foreclosure program.

## ♀ *Economic Self-Sufficiency*

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The most significant change in NC's economic situation in recent times is the shift in patterns of work. As manufacturing leaves the state for far regions of the globe, the new jobs becoming available pay less and provide fewer benefits than those that are disappearing. With the economic recovery from the recession, jobs are created, and they are jobs that women are likely to fill; however, they are not ones that offer sufficient income to support a family even when there are two working parents. According to "Working Hard is Still Not Enough," a 2003 publication of the NC Justice Center, the eight occupations predicted to be fastest growing from 1998-2008 are salesperson, cashier, registered nurse, top executive, nursing aide, child care worker, general office clerk, and waiter or waitress. The average wage for six of these eight job categories is less than \$25,000 a year, in some cases very much less. People are working hard but not earning a living wage. Although many women have moved out of welfare so that fewer than 50,000 are now beneficiaries of TANF (Temporary Aid to Needy Families), they continue to need food stamps, child care subsidies, and Medicaid.



Women, children, and minorities are prime sufferers as a result of the job shift. Children, who make up 26% of the population, are 34% of those living below the poverty line. As for minorities, who are 33% of our population, they are 48% of those who do not earn a living income. Unfortunately, the standard measure of poverty, the federal poverty level (FPL) is always a figure well below the real amount needed just to provide a family's basic necessities. According to the Justice Center's figures, a statewide living wage is \$10.60 an hour. Yet the minimum wage remains at \$5.15 an hour, though it has lost 10% of its value since 1997 when this rate was established.

Struggling to get by when the two ends of earnings and family needs never meet, and any emergency is disastrous, families often get caught in a trap of predatory payday loans. The loan is redeemed on pay day, but then a new loan becomes necessary. Over 90% of these loans are taken out to delay paying off an earlier one. These back-to-back loans can be charged interest rates of more than 400%. In this way a family can easily be swamped by debt incurred just to meet ordinary expenses.

Under such difficult circumstances families need help in the form of health and child care benefits, along with reduction in the burden of state income taxes, which amount to 10.5% of income for low wage earners. (The federal earned income tax credit has been shown to be the most effective means to lift families out of poverty.) Yet our legislature discontinued Medicaid benefits for women transitioning from welfare and has put a freeze on Health Choice, the plan for low-income children. Childcare subsidies have been maintained, but the waiting list has grown to around 25,000.

### **RECOMMENDATIONS FOR ACTION...**

- Gradually raise the state minimum wage to \$10.60 per hour.
- Reform payday lending.
- Institute a state earned income tax credit (EITC).
- Expand funding for childcare subsidies and Health Choice to eliminate waiting lists.

## ♀ *Pay Equity*

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American women have had a legal guarantee of equal pay for equal or “substantially equal” work since the Equal Pay Act of 1963, but in reality, women’s earnings still lag behind men’s. On average, American women earn \$0.77 for every \$1 earned by men; in NC, women earn \$0.80 for every \$1 in male earnings. NC women fare better than the national average because men’s wages here are lower than the national average, not because women’s are higher. Even as more women have moved into the labor market, the pay gap has not lessened.

Studies by the US Government Accounting Office, President Clinton’s Council of Economic Advisors, and others show that even when you account for differences like education levels, work experience, and work patterns, substantial pay inequities remain that cannot be explained by any known factor. However, the pay gap is even more extreme for some groups of women than for others. For instance, African American women earn only about \$0.70 for every dollar earned by men, while Latina women average about \$0.58 for every dollar earned by men. These clear differences across racial lines indicate the compound effects of racial discrimination and gender discrimination, leaving many women of color to face dual inequalities.

We should be concerned about pay equity not only because it reflects our society’s system of valuing women’s time, skills, and knowledge, but also because of the impacts in two other areas: 1) family income, and 2) women’s economic security. First, family income in the United States would increase by an estimated \$200 billion if American women received equal pay. For families headed by single mothers, equal pay would cut poverty rates in half and enable up to 40 percent of women currently receiving welfare benefits to leave welfare programs. This means that pay equity could lift more families out of poverty than any government-sponsored program.

Second, in terms of women’s economic security, equal pay could substantially boost women’s participation in and contributions to private pension programs. In addition, it would increase women’s lifetime Social Security contributions and decrease the economic vulnerability of elderly women who depend on Social Security as their sole source of income.

In Minnesota and Washington, state government has taken steps to implement pay equity for state employees. In both cases, the cost of these measures has been less than 4 percent of annual personnel costs, spread over a period of years. In NC, where state government is the state’s largest employer, nearly 75 percent of state employees in the lowest pay grades are women, even though women make up less than half of the overall number of state employees. Action to implement pay equity here would benefit women working in state government, similar and make the state into a model for private businesses on the pay equity issue.

### **RECOMMENDATIONS FOR ACTION...**

- The NC Office of State Personnel is conducting a study of pay equity among state employees, and NC Women United strongly supports this effort.
- Appointment of an official legislative study commission to examine pay equity among state employees along racial and gender lines. Legislation to create this commission has already been approved by the NC General Assembly, but no action has been taken.
- A pay increase for state employees in the lowest pay grades. This would help to increase pay equity and combat the segregation of women in the state’s lowest-paying jobs.

## Chapter IV: Violence Against Women

### ♀ *Domestic Violence*

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Domestic violence is a serious, widespread social problem in our country and in our state. Nearly 25% of American women report being raped and/or physically assaulted by a current or former spouse, cohabiting partner, or date at some time in their lifetime, according to the National Violence Against Women Survey.<sup>1</sup> Women of all races and socioeconomic backgrounds are vulnerable to violence by an intimate partner. In NC, domestic violence programs responded to over 90,000 crisis calls and provided services to over 40,000 victims in FY 02-03.<sup>2</sup> Without appropriate intervention, domestic violence often escalates into homicide. On average, more than three women are murdered by their husbands or boyfriends in this country every day.<sup>3</sup> In NC, 74 domestic violence related homicides were reported in 2002, and 72 homicides were reported in 2003.<sup>4</sup>

In response to this epidemic in our state, the Co-Speakers of the NC House of Representatives created the House Select Committee on Domestic Violence at the end of the 2003 legislative session. As a result of the hard work of this Select Committee co-chaired by Representative Sherrill (Buncombe) and Representative McLawhorn (Pitt), a comprehensive bill (HB 1354) addressing domestic violence was passed in 2004. This bill greatly improves our state's response to victims of domestic violence, but there is more we need to do to hold perpetrators accountable and save lives.

Several issues were included in HB 1354 as study provisions, including anti-violence education in schools and training for school personnel, revision of misdemeanor assault offenses, mental health and substance abuse treatment for victims and their children, and training for court personnel. The critical work of the House Select Committee must continue and further recommendations are expected in the 2005 legislative session based on these studies, as well as new areas for consideration.

Some of the additional issues that we hope to address in the 2005 session include: equal access and protection under Chapter 50B for all victims of domestic violence; improved housing laws to protect victims of domestic violence and increased access to affordable housing; funding for supervised visitation centers so that visitation can occur with children in a safe environment; and compliance with the Victims' Rights Act to ensure that victims of domestic violence are informed of their rights within the judicial system.

#### **RECOMMENDATIONS FOR ACTION...**

- Support the recommendations of the House Select Committee on Domestic Violence.
- Support the Legislative Agenda of the NC Coalition Against Domestic Violence.



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<sup>1</sup> The Centers for Disease Control and Prevention and The National Institute of Justice, *Extent, Nature, and Consequences of Intimate Partner Violence*, July 2000.

<sup>2</sup> North Carolina Council for Women, *Domestic Violence Statistical Report*, 2003.

<sup>3</sup> In 1998, approximately 1,830 murders were attributed to intimates, and 1,320 victims were women. US Department of Justice, *Intimate Partner Violence*, May 2000.

<sup>4</sup> Data collected by the NC Coalition Against Domestic Violence based on news reports across the state.

## ♀ *Sexual Assault*

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Over the last 7 years NC Rape Crisis Centers have seen a 28% increase in victims seeking services. Since then Rape Crisis Centers have received only one increase in funding from the general fund. In 1999 the NC General Assembly increased funding from \$838,500 to its current level of \$1,117,500. When this increase was allocated only 65 programs shared this money. Now in 2004 there are 73 Rape Crisis Programs serving 100 NC counties sharing the same \$1,117,500. These funds are critical for supporting sexual assault programs 24-hour hotlines, crisis counseling to victims, support groups, community education and prevention efforts, as well as victim accompaniment during medical treatment and throughout the legal system. The average salary of NC rape crisis first responder/victim advocates on call twenty-four hours a day seven days a week is only \$21,033.<sup>5</sup> The cost of preventing sexual violence is FAR LESS than treating its effects-medical treatment, counseling, work absenteeism, law enforcement time, prosecution and court costs. In the U.S. **rape is the most costly of all crimes** to its victims totaling \$127 billion a year considering factors such as medical cost, lost earnings, pain, suffering and lost quality of life.<sup>6</sup>

Overall, just over 66.6% of convicted rape defendants received a prison sentence. An additional 19% of convicted rape defendants were sentenced to a term in a local jail, and about 13% received a sentence to probation supervision in the community. For rape defendants sentenced to prison, the average term imposed was 164 months, or just under 14 years. The average jail term for an offender convicted of rape was 8 months, and the average probation term was just under 6 years. An estimated 2% of convicted rapists received a term of life imprisonment. Nearly 28% of released rapists were ***re-arrested*** for a new violent crime within 3 years. For nearly 8% of released rapists, the new arrest for a violent crime was another charge for rape. During the follow-up period about 1% of murderers, robbers, and assaulters were rearrested for a rape. Released rapists were found to be 10.5 times as likely as non-rapists to be re-arrested for rape; released offenders who had served time for sexual assault were 7.5 times as likely as those convicted of other crimes to be re-arrested for a new sexual assault.<sup>7</sup>

Under existing NC law, there is no provision for a person charged with the crime of rape to be tested for HIV. In a recent study, 73% of the women surveyed reported that they were “extremely fearful” or “concerned” about contracting HIV as the result of a rape. Women who were raped by a stranger were significantly more likely to express fear or concern about HIV exposure than women who were raped by partners or acquaintances. Over 80% of the women surveyed indicated that they wanted more HIV/AIDS related information during post-assault medical care.<sup>8</sup> Any person charged with any sexual offense should be tested for HIV at the victims request. Test results should be prompt and should not be a matter of public record with test results revealed only to the victim (or the victim’s parents or guardian if the victim is a minor or incapacitated), the defendant, the court, and the Department of Corrections. If the test result is positive, the counseling should be provided to the victim and the defendant and referral for appropriate health care and support services.

### **RECOMMENDATIONS FOR ACTION...**

- Provide stable funding for new and existing sexual assault programs.
- Create a sexual predator law that would charge a person convicted of two or more sex crimes as a sexual predator.
- Provide mandatory testing for HIV of those charged with a sex offense when requested by the victim.

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<sup>5</sup> Salary Survey Results for Local Rape Crisis Centers (2000) NCCASA.

<sup>6</sup> Miller, Ted, Mark Cohen & Brian Wiersema (January 1996) *Victims Costs & Consequences: A New Look* Washington, D.C.: National Institute of Justice Report, U.S. Department of Justice.

<sup>7</sup> Greenfeld, L.A. (1997) *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault* Washington, DC; Bureau of Justice Statistics, : p.12.S Department of Justice: p.14.

<sup>8</sup> Resnick, H., et al. (2002) “Rape-related HIV Risk Concerns Among Recent Rape Victims” *Journal of Interpersonal Violence* 17(7): pp.746-759.

## References

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The papers in this 2004 Draft Agenda were solicited from  
the organizations who are members of  
North Carolina Women United.

They represent a cross section of the issues important to  
the women of North Carolina and will form the basis for  
the discussions at the “Women’s Agenda Assemblies”  
held across the state in the fall of 2004.

For more information on the process  
and updates to these papers as issues evolve  
during the 2005-2006 Legislative session,  
see the NC Women United web site.

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