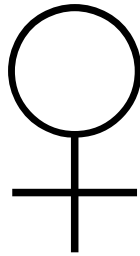


# ***NC Women United Draft Women's Agenda 2010-2011***



**American Association of University Women • Adolescent Pregnancy Prevention Coalition of NC • NC • Carteret County Women's Resource Center • Democracy NC • Equality NC • Interact • Ipas • League of Women Voters of Asheville-Buncombe County • League of Women Voters of NC • Mecklenburg County Women's Commission • NARAL Pro-Choice NC • National Association of Women Business Owners-Raleigh • NC Association of Women Attorneys • NC Business and Professional Women Foundation • NC Center for Women in Public Service • NC Coalition Against Domestic Violence • NC Coalition Against Sexual Assault • NC Friends of Midwives • NC Justice Center • NC MomsRising • NC National Organization for Women • NC Stop Human Trafficking • NC Women's Political Caucus • Orange County Commission for Women • Planned Parenthood Health Systems • Planned Parenthood of Central NC • Triangle Older Women's League • Women NC - NC Committee for CSW/CEDAW • Women's Forum of NC • Women's Resource Center (Alamance County) • Women's Resource Center (Hickory) • and our Individual Supporters**



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## ***An Overview of NCWU and the Agenda Assemblies***

The agenda assemblies are organized locally, with NCWU monitoring and assistance, and take place every other year in the fall season before the Long Session of the Legislature. At the assemblies, women from all corners of the community have an opportunity to express and share their views, prioritize their issues and ultimately have their voices and community interests heard by voting on the issues. The results of the assembly small group votes create a county vote prioritizing women's issues in that county or region that can be shared with local and state government immediately after the assembly in preparation for the Long Session and throughout the year. The local assembly votes also provide an excellent opportunity for greater lobbying of local legislators during the NCWU Women's Advocacy Day at the Legislative Building in the following spring. This is an exciting contribution to the democratic process, and we welcome you to it and thank you for your participation providing greater empowerment of women in your community and across the state.

### ***What is the Draft Women's Agenda?***

The Draft Women's Agenda is a resource book prepared for the agenda assemblies on issues of relevance this year by member organizations of NCWU. It is designed to be used by participants in the assemblies as an introduction to some of the issues of concern to women, divided among the same four broad categories as the categories voted on in the assemblies: Access to Healthcare; Civic Participation and Equality; Economic Self-Sufficiency; and Violence Against Women.

Although each local community's priorities and concerns will be unique, the Draft Agenda may help spark discussion during the small group voting. The categories are broad and many issues could fall within more than one category. The issue papers are representative of the concerns, hard work and evidence collected by member organizations, but by no means represent the only views or voices on these issues, or the only issues that matter to North Carolina women. However, this diversity of concern and interest is what makes the Women's Agenda Assemblies so dynamic and relevant, empowering women not only on a larger political level but directly within their home communities, reflecting real life and the voices of real women.

When women's organizations and individuals agree, their collective voices are strengthened; when they do not agree, they are also strengthened for the discussion and only improves our understanding of the issues.

*By Jenny Brobst, 2007-2008 NCWU Agenda Assembly Statewide Coordinator (with thanks to Anne Mackie for her review and support and to all of the position paper authors who generously volunteered their time and knowledge)*

# A Message from NCWU Founder Anne Mackie

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## *Women Organizing for our Communities*

Women founded the first schools and libraries in our state. Women organized aid to poor people and immigrants. Women organized for quilting and social interchange. Some North Carolina women engaged in the battle to abolish slavery and for the rights of black men to vote, and many followed in the long struggle for the right of *all* women to vote. Following that, groups such as the National Association of Negro Women, the League of Women Voters, the American Association of University Women, Young Women's Christian Association (YWCA), Business and Professional Women, Women's Clubs, and many other groups developed. As women arrived from other countries, they created key ethnic, religious and cultural organizations. In the 1960s, groups organized to assist survivors of domestic violence and sexual assault. When the campaign to pass an Equal Rights Amendment (ERA) began in the 1970s, a remarkable effort took place in North Carolina to ratify the ERA. Although the ERA ratification campaign was defeated in 1981 by some legislators who went back on their promises to support the ERA, women built lasting friendships, lists, and skills, aspirations and commitments to improve the status of women. After that campaign many more women ran for public office or exerted leadership in the business and non-profit world.

## *Beginnings of NC Women United*

The Reagan Administration initiated a policy to shift spending from the federal to the state level. Members of about 15 major women's groups met in 1987 to discuss the need to focus on state legislation in response to this change, many of which continue to serve as members of NCWU. They created a new organization called the NC Women's Legislative Agenda. Beginning efforts focused on the 1987-1988 session of the NC General Assembly, but soon planning began to prepare for the next. In February 1989 at Meredith College, over 225 women gathered in Raleigh to consider "The Initial Draft Women's Agenda," a document describing 42 issues of concern to women. In the fall of 1989, the Task Force organized ten regional Women's Agenda Assemblies, which engaged over 800 North Carolina women in determining the Women's Agenda for the 1990-1991 legislative session. Initial grassroots lobbying during that session won full-time scholarship aid for poor women to attend NC Community Colleges.

In 1990, The NC Women's Legislative Agenda joined NC Equity, Inc., a statewide women's advocacy group, forming the "Women's Agenda Program of NC Equity." The Program grew from over 1,250 women participants at 21 agenda assemblies across the state in 1990, to over 1,800 women participants in 36 assemblies by 1996. NC Equity closed its doors in 1999, but NCWU, which had formed as a women's organization collective in 1994, agreed to take on leadership of the agenda assemblies. Through NCWU, representatives of groups that formed the first "NC Women's Legislative Agenda" came together again to sponsor the agenda assemblies on a purely grassroots level. In 2000, solely through the work of volunteers, NCWU helped organize 1,135 women participants at 21 assemblies, including 29 listening sessions. NCWU has become one of the strongest statewide women's coalitions in the nation.

# Chapter I: Access to Health Care

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## ♀ *Aging*

The elderly population in North Carolina is growing rapidly, and it is predominantly female. Of the more than one million citizens over 65 years old, 59 percent are women, and of those over 85 years old, 71 per cent are women. Aging issues therefore, are women's issues. Many of these women live in poverty, 12 percent of white women over 75 years old and 35 percent of black women over 75 years old. For those with low incomes who need long term care, choices are often limited. Families, whatever their incomes, should be able to care for elderly relatives in their own homes if possible. When institutional care is the only option, the facility should be staffed by well-trained caregivers and provide excellent care.

Unfortunately, there is an "institutional bias" in funding for long-term care. That is, elderly and disabled people prefer to remain at home, but funding is lacking for home care. However, funding is available for care in adult care homes and nursing homes. The Community Alternatives Program for Disabled Adults (CAP/DA), which provides funds for home care, is limited in the number of persons that can be accepted, as is the Special Assistance In-Home Project, which provides some funding for persons eligible for care in adult care homes. In fact, in difficult budget times, CAP/DA admissions have been frozen. For example, they were frozen in 2010. The Home and Community Care Block Grant, which is used to provide various services such as Meals on Wheels, personal care, and transportation, without regard to income (those who can pay are expected to assist with the cost of their care), has a waiting list of approximately 14,000 persons. Increases in appropriations for this fund are never adequate to make substantial reductions in the waiting list—which continues to grow along with the elderly population in the state. Adult Day and Adult Day Health Centers, which offer care and stimulating activities during the day for elderly and disabled persons, constantly struggle with inadequate payments and difficult costs for transportation. Yet this service offers working families significant help to allow elderly or disabled relatives to stay at home.

Problems in the state's inadequate mental health system spill over into the long-term care system. Mentally ill residents placed in adult care homes do not have the care and programs they need, nor do younger persons fit in with frail and disabled elderly residents. Aides need more training to anticipate and deal with disruptive behavior. A comprehensive screening, assessment, and care plan for placement and care for those being admitted to adult care homes is badly needed, as is more housing designed for the mentally ill.

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

- Help North Carolina's older citizens live independent lives by increasing funding for the Home and Community Care Block Grant for services to elderly persons living at home.
- Provide for screening, assessment, and care plans for new admissions to adult care homes and require increased training for aides who work with mentally ill residents.

## **Certification of Midwives**

Planned home birth, attended by Certified Professional Midwives (CPMs), is associated with similar neonatal outcomes as planned hospital birth for healthy women experiencing normal pregnancies. However, planned home birth is associated with the following advantages:

- Five times reduction in cesarean section
- Significant reductions in other interventions such as episiotomy and vacuum extraction
- Reduced incidence of preterm birth
- A high degree of maternal satisfaction
- Is one-third the cost

The primary care giver who attends to women who choose to birth at home in North Carolina, and in every state in the United States, is the CPM. Over 1,500 CPM credentials have been awarded and the community of practice is growing. The CPM is the only credentialed care provider who is explicitly trained in home birth. The CPM is licensed and regulated in 24 states and two additional states have enacted legal recognition to CPMs but do not yet regulate them. Our neighbor states of Virginia, Tennessee and South Carolina all license and regulate CPMs; however, here in North Carolina CPMs are practicing in violation of the Medical Practice Act and the Nurse-Midwifery Practice Act. Consumers in North Carolina face a number of problems:

- there are insufficient numbers of CPMs to meet the growing demand
- transfers of care are encumbered by the legal status and this is counter to safety
- women and their families do not have assurances that the standards of care are being maintained.

Licensing and regulating CPMs in North Carolina can address these problems.

***North Carolina stands out in the region as being the worst state in the Southeast for women who would choose midwifery care in out-of-hospital settings.***

### **Safety of Planned Home Birth**

The safety of planned home birth has been studied at length. The conclusions are generally that planned home birth, attended by trained midwives, is very safe. Indeed, the UK Royal College of Obstetricians and Gynecologists has stated that when the midwife is dedicated to supporting this model of birth and is integrated into the overall healthcare team, planned home birth can be optimal with many benefits for the mother and her family. Our modern basis for safety assessments is Johnson and Davis' "Outcomes of planned home birth attended by certified professional midwives: large prospective study in North America" that was published in the British Medical Journal in 2005. This study tracked the outcomes of all planned home births attended by CPMs in the year 2000. Participation in this study was mandatory and over 400 midwives participated and 5,418 births were documented. Intrapartum (from the onset of labor through birth) and neonatal (from birth to 28 days post partum) mortality rates were tracked and observed to be similar to comparable rates in the hospital. Interventions, however, were dramatically reduced with a factor of five times reduction in cesarean section (3.7% vs. 19%). There were no maternal deaths.

### **Legislative Agenda**

The North Carolina Friends of Midwives is the consumer and advocacy organization dedicated to furthering access to midwifery care in our state. Since 2007, NCFOM has been working hard and has made significant progress – even though we are confronted with opposition that enjoys considerable leverage in the General Assembly. We had the House Select Committee on Licensing Midwives in 2008 that called for the stakeholders to work with the Midwifery Joint Committee (the regulatory board for Certified Nurse Midwives in NC) to propose a licensing methodology for CPMs and these meetings have been ongoing since late 2009. We anticipate a resolved bill to emerge this year and we will seek passage in the long 2011 Session. Irrespective of the events of 2010, we will seek to pass licensing legislation in the 2011 Session.

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

- The North Carolina General Assembly should enact legislation to license and regulate Certified Professional Midwives in our state.

## ***Emergency Contraception***

An estimated 25,000 women become pregnant as a result of rape each year in the United States. Approximately 88 percent, or 22,000, of these unintended pregnancies could be prevented if victims were provided access to emergency contraception (EC).

The US Food and Drug Administration (FDA) has found Plan B, the brand name for EC, to be a safe, effective, and approved method of preventing pregnancy after unprotected intercourse.

EC is a concentrated dose of ordinary birth control pills that does not affect an already established pregnancy. EC works by preventing an impending pregnancy by inhibiting ovulation, fertilization, or by preventing implantation of a fertilized egg. It is imperative to provide EC to sexual assault victims in emergency rooms because EC is time sensitive. EC greatly reduces the likelihood of pregnancy if taken within 72 hours of intercourse, although it can be effective for up to 120 hours.

In North Carolina, however, sexual assault victims face barriers to access to EC in the emergency room. In NCWU's 2004-2005 study regarding the dispensation of EC to victims of sexual assault in emergency rooms, one in four hospitals in North Carolina does not provide EC to survivors of sexual assault. With 5,000 sexual assault victims seeking help at emergency rooms in North Carolina each year, this results in 1,000 rape victims who are sent away without being provided emergency contraception. Sexual assault victims living in rural counties will disproportionately encounter hospitals that do not have a standard policy to dispense EC. Thirteen states—California, Connecticut, Massachusetts, Minnesota, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, South Carolina, Washington, and Wisconsin—mandate that hospital providers offer EC to women after sexual assault. In 2006, NC General Assembly introduced two bills (HB 961 and SB 968) which would require hospitals to offer EC to victims of sexual assault.

The American College of Emergency Physicians, American College of Obstetrics and Gynecology, and the American Medical Association all support making EC available in emergency rooms. The American College of Emergency Physicians includes dispensation of EC to rape victims in its standard protocol. All hospitals in North Carolina should provide EC in their standard emergency room care for survivors of sexual assault, regardless of the physician or staff on duty.

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

- The General Assembly should pass legislation that requires hospitals to provide EC to survivors of sexual assault on-site, regardless of the physician or staff on duty.

## **♀ *Mental Health, Developmental Disabilities and Substance Abuse***

Though it is nine years post “NC Mental Health Reform”, we continue to be challenged to provide proper and adequate care for our citizens with mental health, developmental (intellectual) disabilities and/or substance abuse issues. We are working toward not just adequate care, but appropriate and consistent quality care. The last thing people in crisis need is to seek help and not receive it as they need it.

Whether someone has a mental illness, an intellectual disability, a substance abuse problem, or a combination of these, the problem remains the same across the state of North Carolina. The system has been challenged, arguably broken, and continues to be in a state of flux. For women, this is especially critical as they are the ones who often care for others, often neglecting their own needs to their own detriment.

In North Carolina, the Division of Mental Health, Developmental Disability and Substance Abuse Services (MH/DD/SAS) oversees the Local Management Entities (LMEs) for our 100 counties. These are either single or multi-county organizations that administer the federal and state funding to local providers and ensure that providers meet certain qualifications to provide MH/DD/SA services to individuals.

Since the LMEs are no longer the single portal for entry into the system of care for MH/DD/SA issues, many people have been frustrated with the inability to find out where to go for help. The disjointed system has created many holes and cracks through which vulnerable people are falling. Ideally, there is no wrong door through which to enter to receive MH/DD/SA care. The reality is that people end up being shuttled between unscrupulous providers vying for contracts; there is a lack of communication between health care providers (causing people to have to present to many different people); and often, issues are missed because practitioners are practicing in their own specialty silos. Improved collaboration among all health care practitioners can greatly reduce the likelihood of redundant, demeaning and unnecessary services. This will also reduce the costs of providing services.

Finally, there needs to be a shift in our focus to preventive services. We must begin to provide care in a manner that reduces the likelihood of health problems later in life. This requires a view of health care as a continuum of care where the least invasive procedures are implemented first in an effort to off set the need for more invasive procedures later. Such a shift in thinking and practice will also result in greater savings in terms of raw dollar figures but also in terms of the quality of life for all North Carolinians.

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

- Integrate mental health care with the primary care setting by having adequate training for multi-disciplines (optometry, dental, gynecological, pediatric, etc.) to learn to be aware of potential MH/DD/SA issues and to know how and where to refer. One such resource is: [www.nchealthinfo.org](http://www.nchealthinfo.org).
- Ensure the quality of care provided by requiring evidence-based services, supports and programs.
- Institute preventive care practices in all physical and behavioral health care settings through programs and practices that are designed to begin earlier in the life cycle and continue over the life span.

## ♀ **Safe Chemicals Act**

**Issue:** *The persistence of toxic chemicals in our homes, places of work, and products we use every day.*

North Carolina women are deeply affected by toxic chemicals that are silently, pervasively seeping their way into our bodies and the bodies of our children. Although there are many things that NC women can do to protect ourselves and our children from negative health impacts, such as not drinking alcohol or smoking, we are not able to protect our families from the insidious chemicals that are found everywhere around us—in our couches, our drinking cups, and our children’s toys. It is incumbent on the government to regulate the spread of these deeply harmful chemicals.

There is growing agreement across the political spectrum that the 1976 Toxic Substances Control Act (TSCA) does not do enough to protect Americans from toxic chemicals. Much has changed since 1976: chemicals have become more pervasive in daily life and scientists have developed a better understanding of how toxic chemicals are connected to some of our country’s most serious health problems, including childhood cancers, asthma, impaired fertility, birth defects, and learning disabilities. Children are highly susceptible to the deleterious effects of these toxic chemicals, since their bodies are still developing. Women try their best to protect their children, yet children naturally crawl around, explore their environment, and put things in their mouths; there is only so much that a mother can do to shelter her child since our environment has become so saturated with toxic chemicals.

We believe that, to be effective, new legislation must rapidly reduce or eliminate human exposure to chemicals of high concern. These include chemicals strongly linked to causing cancer, damaging developing fetuses, or harming the reproductive or nervous system. Bisphenol A (BPA) is one such chemical.

BPA is a very common chemical found in plastics, food and beverage can linings, and other consumer products. BPA is known to mimic estrogen and, in animal studies, researchers have linked developmental exposure to BPA to reproductive harm, increased cancer susceptibility, and abnormalities in brain development and fat metabolism. BPA also has been measured in breast milk, amniotic fluid, and follicular fluid; providing evidence that the developing fetus and infant also are exposed.

Now, Congress has the opportunity to overhaul this outdated law (TSCA) and put common sense limits on toxic chemicals. Stronger chemical laws will mean better health for all Americans.

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

To be effective, TSCA reform should:

- **Take immediate action on the most dangerous chemicals.** Toxic chemicals that build up in our bodies and threaten our health should be phased out of commerce. Green chemistry research should be expanded, and safer chemicals favored over those with known health hazards.
  
- **Require manufacturers to provide basic information to help identify chemicals of concern.** Chemical manufacturers should be responsible for the safety of their products and provide full information on health and environmental hazards. The public, workers, and businesses should have access to information about the safety of chemicals.
  
- **Use the best science to protect all people and vulnerable groups.** Chemicals should be safe for all people, including children, pregnant women, and workers. The extra burden of toxic chemical exposure on people of color, low-income, and indigenous communities must be reduced and more studies must be done to detect which chemicals are present in our bodies.

## Chapter 2: Civic Participation and Equality

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### ♀ *Driver's License Identification*

Before 2006, the state allowed people to use either their Social Security number or federal Individual Taxpayer Identification Number, ITIN, and some foreign documents as proof of identity. The idea was to encourage a surging immigrant population to get insurance and learn driving laws.

The 2005 Technical Corrections Act was signed in August 2006, making it harder for documented immigrants to get a driver's license and impossible for undocumented immigrants to get them. This law also made it impossible for undocumented immigrants to renew their driver's licenses. This change [to NC State Law] allows only people who have a Social Security number or a valid unexpired visa to obtain a driver's license or a state identification card. Without a driver's license, a person is unable to register a car or get car insurance.

The change was talked about mostly as a tool to combat terrorism -- several of the perpetrators of the September 11 attacks had licenses -- but it has created a crisis in the immigrant community and a potential hazard on the roads.

The consequences of this short-sighted policy decision will be felt by everyone including native North Carolinians and immigrants alike. It makes it impossible for undocumented immigrants to drive legally, impossible for them to get car insurance. This means that if an immigrant driving without a license or an expired license is involved in any car crash, they will not have any insurance and therefore anyone else involved (either as the perpetrator or victim) will not be covered by their insurance protection. But more than that, in the current political environment where Congress has placed the burden on local and state government to grapple with the immigration issue due to its inaction last year on Comprehensive Immigration Reform, this change puts undocumented immigrants at risk for detention and deportation, particularly in counties that have entered into a formal agreement with Immigration and Customs Enforcement (ICE) through one of the nine ICE ACCESS programs.

The most implemented of these is the 287(g) program. The purpose of the 287(g) program is to deputize local law enforcement into doing the work of an immigration officer. They undergo a four week training on immigration law and are subsequently charged with the duty of detaining and deporting criminals. Each law enforcement agency signs a Memorandum of Understanding (MOU) with ICE in which the details of the program are delineated. So far, none of these MOUs ask local law enforcement to detain and deport undocumented persons for misdemeanors, yet the great majority of those deported from most of the 287(g) counties have been deported for misdemeanor infractions, including, driving without a license. In some communities, local law enforcement agencies are setting up license checkpoints. A criminal lawyer in Alamance

County, also a 287(g) county, said many people are being deported, no matter how minor the offense.

These changes have many effects on the population at large. First of all, NC can no longer track a segment of the population who is driving. A News and Observer article, from 6/1/08, used an estimate of 300,000 undocumented immigrants in North Carolina. Secondly, the immigrants do not study the driving rules because they are not allowed to take the test. Without driver's licenses, they cannot get car insurance. More than that, insured drivers need to compensate for the uninsured. The restrictions create circumstances that force untrained, unlicensed, and uninsured drivers onto the road, making highways less safe for all North Carolinians.

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

- Revoke the 2005 Technical Corrections Act which makes it impossible for undocumented immigrants to get driver's licenses, impossible to register cars, and impossible to get car insurance. Go back to the original criteria of identification required to get a valid NC driver's license.

## ***Employment Non-Discrimination***

In North Carolina, workers have no protections from employment discrimination based upon their actual or perceived sexual orientation or gender identity. There is also no federal legislation that protects good employees for being fired based on their sexual orientation or gender identity.

Currently, 12 states and the District of Columbia have laws that prohibit discrimination based on both sexual orientation and gender identity, and 21 states including D.C. protect employees from discrimination based on sexual orientation. Although some North Carolina-based businesses and municipalities have inclusive employment policies, these are not backed by state policies and leave the majority of North Carolina's workers—including state employees and public school personnel—unprotected.

Every North Carolinian should have the right work to support themselves and their families.

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

- The General Assembly should support legislation that would protect employees from discrimination on the basis of their sexual orientation and gender identity or expression.

- The State Personnel Act should be amended by adding these categories to the list of protected classes for discrimination in hiring: denial of promotion, transfer or training; retaliatory demotion, reduction in force or termination; and harassment.
- Local school boards should be required to adopt policies banning discrimination for school personnel on the basis of race, religion, color, national origin, age, sex, sexual orientation, gender identity or expression, or disability.

## ♀ ***Voter-Owned Elections***

### **TOWARD A MORE REPRESENTATIVE, MORE RESPONSIVE GOVERNMENT**

Women have a lot at stake in our current political system. Policy decisions about education, childcare, healthcare, violence against women, and pay equity all directly impact women and their families. Although women are participating in our democracy (often at higher rates than men) and currently make up more than half of registered North Carolina voters, women remain underrepresented among the political leadership of our state. Currently, women hold less than one-sixth of all elected offices in North Carolina, and just over a quarter of the seats in the NC General Assembly. This has to change; we know that when women are at the table making decisions, policy outcomes are better for women, children and families.

### **OVERCOMING BARRIERS TO EQUAL REPRESENTATION**

Women have made significant gains in North Carolina politics in recent elections. At the same time, men continue to have more access to political and donor networks. In North Carolina, female candidates still only raise about 85% of the funds male candidates raise, and candidates who raise the most money win 90% of the time. Candidates face ever increasing campaign costs and endless hours of fundraising and the money chase discourages many candidates, both female and male, from running at all. The system is broken and we need an alternative.

Voter-Owned Elections, also called “clean elections,” have been used in Maine and Arizona for a decade, and several other states have enacted clean elections programs. Voter-Owned Elections provide candidates with an alternative to the money chase and encourage more women and minority candidates to run for office. The optional programs award public grants to candidates who prove broad community support and accept fundraising and spending limits for their campaigns. States with Voter-Owned Elections have more women legislative candidates, many of whom say they would not have run and won without the public financing option. North Carolina already has a nationally acclaimed Voter-Owned Elections program for statewide judicial races and recently enacted Voter-Owned Elections for selected Council of State races. In 2009, Chapel Hill successfully implemented a local public financing program for mayoral and

city council races. We can continue to increase the number of women holding office in North Carolina if we expand the Voter-Owned Elections to other North Carolina races.

The status quo system of big money political fundraising not only discourages qualified women and other candidates from running but also damages public confidence in government as voters perceive that special interests and big money matter more than they do. In the shadow of the *Citizens United* Supreme Court case and recent scandals involving former Gov. Mike Easley, public confidence in government is at dangerously low levels. This session, elected officials in North Carolina have a responsibility and an opportunity to show voters that they are serious about reform. At the heart of any reform effort should be expanding Voter-Owned Elections programs. If candidates have a viable alternative to the private money chase, then voters will have more confidence that their elected officials are really working for them.

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

The General Assembly should include the expansion of Voter-Owned Elections programs in any disclosure or ethics reform legislation that passes this session. Legislators should:

- **Create a permanent, funded, and expanded Council of State program.** Candidates for State Treasurer and Commissioner of Labor should not have to rely on campaign financing from the groups or industries these offices regulate or do business with.
- **Authorize additional municipalities to create local public financing programs.** The cities of Raleigh, Wilmington, Greenville, Durham, and Winston-Salem and the town of Cary have all passed resolutions calling for the state legislature to give them authority to create local public financing programs.

# Chapter 3: Economic Self-Sufficiency

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## ♀ *Access to Paid Leave*

Workers should not have to choose between their job, and their own health or the health of their families. Yet, because of the lack of policies that help workers meet their family responsibilities, many workers face this choice every day. Half of North Carolina’s workers have no paid sick days for short-term illnesses and routine needs, more than half do not qualify for unpaid leave under the Family Medical Leave Act (FMLA), and the vast majority of workers have no wage replacement if they need to take extended leave for their own serious illness, the serious illness for family members who are sick or to care for new children. The state of North Carolina has a role to play in promoting family-friendly workplace policies and below are some promising policy options for our state to consider.

First, policymakers should consider paid sick days. Paid sick days address the need for paid time off for short-term illnesses and routine medical appointments. State and federal FMLA laws do not cover absences for brief illnesses or regular medical visits. Workers can use paid sick days to care for their own illnesses or to care for family members who are sick. The NC General Assembly has considered paid sick days legislation since 2007, including a provision to permit workers to use their paid sick time for circumstances dealing with domestic violence, sexual assault, and/or stalking. Paid sick days legislation was first introduced in 2007 and re-introduced in 2009. In 2009, the official title of the legislation was “Healthy Families, Healthy Workplaces Act.”

Second, legislators should explore the feasibility of enacting a state family and medical leave insurance system that provides full or partial pay for needy workers while they are out on leave to recover from an illness or to care for a new child or seriously ill relative. Several states have now enacted family leave insurance systems and North Carolina should consider exploring how this type of system could be enacted here. Again, no federal law requires employers to give their employees paid time off for their own medical needs, to care for family members’ medical needs, or to care for new children, and the United States has no federal family leave insurance system. The United States is the only industrialized nation that does not provide paid maternity leave. The fact that the FMLA offers only unpaid leave makes it impossible for many workers, even those who qualify for its protections, to take leave. Studies on FMLA-eligible workers show that the single largest reason workers do not take FMLA leave is that they cannot afford to take unpaid leave.

Typically, these paid family leave systems are funded almost entirely by extremely modest contributions from employees through payroll deductions. Businesses do not have to foot the cost but get to reap the benefits of having more productive and loyal employees. As a result, families finally get access to real family leave. Additionally, there is likely to be federal funding

available to states over the next several years to start up state family leave insurance systems, making the fiscal impact even more minimal.

Finally, policymakers should look at laws that promote workplace flexibility such as “Right to Request”. Today’s workers juggle childcare, elder care, other family responsibilities while also holding down jobs that offer little or no flexibility in work hours. While some advances have been made to promote flexible work schedules (such as in the tech industry through telecommuting), low-income workers have typically not seen these changes in their own workplaces. State and federal governments have also stepped up in this area but much remains to be done, particularly to reduce the fear of negative consequences that many workers experience in trying to request flexible scheduling. There are some interesting policy options, including one that originated in the United Kingdom and is under consideration in several states is a “Right to Request” law. It’s a soft-touch approach that simply gives employees the right to request flexible time from their employer. The employer is under no obligation to grant the request but it has proven in the United Kingdom to significantly reduce the fear of retaliation that workers have for even requesting flexibility.

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

- Enact legislation that guarantees all workers a minimum number of paid sick days to care for themselves or a sick family member.
- Establish a state-run paid family and medical leave insurance program to make family leave possible.
- Explore policy solutions that ensure that all workers have access to workplace flexibility.

## **Affordable Childcare**

For many low- and moderate-income North Carolinians, accessing quality and affordable child care is essential to finding and maintaining a job and some measure of economic security. However, for thousands of North Carolinians, finding such child care is extremely difficult. Child care costs are astronomically high—averaging over \$8,500 annually in North Carolina. Nearly one in five children live in poverty and for low-income parents struggling on wages around \$20,000 a year, that means that over one third of their income gets sucked up by child care costs. Without some sort of assistance, child care is simply out of reach for many North Carolina working families.

Not only is quality and affordable child care a critical work support for low- and moderate-income parents, it also significantly improves children’s ability to succeed later in life.

Considerable research since the 1960s has emphasized the impact of children’s early cognitive and emotional development on later life outcomes. Recent research has found that at-risk children (those from low-income households and those with disabilities or health problems) who have been through structured, quality, early childhood programs have significantly improved social and emotional development, greater school achievement, and a greater likelihood of high school graduation. They also are less likely to participate in delinquency and crime, to be held back a grade, or to require special education compared to similar children who did not receive the same early childhood program experience.

Further, early childhood investments pay off in the long-term and the short-term for North Carolina. Over the long-term, the net economic benefit for every one dollar invested in early childhood education and care programs has been estimated to vary from a \$1.38 return in the case of a stand-alone universal reduced-class size initiative, to a more than eight dollar return from programs that involve and educate parents, target at at-risk children and emphasize literacy. These returns include reduced spending on juvenile justice, special education, and health care, and ultimately result in higher tax collections.

In the short term, the child care industry is integral to the vitality of North Carolina’s economy. It generates \$1.77 billion annually in economic activity and provides more than 47,000 jobs. All industries in the state benefit when working parents are equipped with the child care supports they need to enter the workforce and build economic security.

Quality, affordable child care is therefore essential to ensuring every child’s well-being, aiding parents in juggling their work and family responsibilities, and our state’s economic success and vibrancy.

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

- The NC General Assembly should fully fund its evidence-based and nationally-recognized early childhood programs such as Smart Start and More at Four.
- The NC General Assembly should provide funding to eliminate the waiting list—at nearly 40,000 currently—for the child care subsidies program and increase the reimbursement rate to childcare centers to help keep them in business.

## **Displaced Homemakers**

A DISPLACED HOMEMAKER is defined as “an adult who has worked primarily without receiving paychecks to care for the home and family and who, therefore has few or no marketable skills.” There are many issues and barriers affecting displaced homemaker’s self-sufficiency in North Carolina, including a lack of education/training, child care, affordable housing, employment

opportunities, transportation, legal aid, access to mental health services, and the lack of health care. The North Carolina Legislature acknowledged these issues and concerns of displaced homemakers in 1993 by passing legislation creating a Fund for Displaced Homemakers and assigned the administration of this fund to the North Carolina Council for Women. Women across our state need displaced homemaker services, but current programs operate with minimal funding and are available in less than half of the 100 counties in our state.

According to the North Carolina Council for Women, the Displaced Homemaker 2008/2009 statistics reveal that from July 1, 2008 through June 30, 2009:

- 5,130 displaced homemakers were served by the 35 Displaced Homemaker programs.
- The 2008/2009 Displaced Homemaker statistical report showed the following breakdown of the 5,130 served by local programs: White (2,458), Black (2,184), Hispanic (212), American Indian (212), Asian (40), with the rest divided among multicultural, unknown or other. Clients served were diverse by age as well: under 25 (792), ages 25 - 34 (1,402), ages 35 - 44 (1,399), ages 45 - 54 (1,003), ages 55 - 64 (338), ages 65+ (53), with 143 not reporting their age. While the majority of homemakers were female (4,376), there were also male homemakers served (754).
- The marital status of displaced homemakers seeking services included: married (788), single (2,246), separated (1,105), divorced (847), and widowed (144).
- Displaced Homemaker clients were caregivers for 5,555 children: 2,279 between 0 – 5 years old and 3,276 between the ages of 6 - 17 years old.
- Through the Displaced Homemaker programs, people received life skills training (3,283), job training/placement (2,384), job preparation and skills training (3,434), and career counseling (3,837). Numerous self-sufficiency services were provided to help clients deal with their family situation and move forward to stability.
- 1,327 were placed in jobs after receiving job training or services suited to their individual needs.
- 1,151 were enrolled in an education/training program, 699 of which were in a community college.
- There are only 35 Displaced Homemaker programs in the state funded by the NC Council for Women under the 1993 legislation. Since 1993, some programs have closed and some new programs have opened after winning the competitive grant to operate a Displaced Homemaker program in their area. However, the programs have not expanded beyond that original 35, the number mandated by the legislation.

**Information on the NC Council for Women website ([www.nccfwdvc.com/links.htm](http://www.nccfwdvc.com/links.htm)) provides links to research that shows:**

- Women continue to earn less than men and are nearly twice as likely to be poor.<sup>1</sup>
- Women remain employed in the lowest-paying jobs in our country.<sup>2</sup>
- The key to women’s economic self-sufficiency is employment that offers family-supporting wages, good benefits, job stability and prospects for advancement.<sup>3</sup>
- Research consistently demonstrates that to succeed in these jobs, women must have access to education, training and job readiness programs that address their specific needs and barriers to employment.<sup>4</sup>
- 37% of all single mothers and 42% of displaced homemakers are widowed or divorced women who must re-enter the workforce after many years at home caring for their families.<sup>5</sup>
- Welfare caseloads can be reduced and tax revenue increased for state and federal government by removing the challenges women face by creating policies and practices that lead to economic self-sufficiency. Such policies and practices include:
  - Flexible work schedules for all employees
  - Benefits for part-time employees
  - Increased federal and state funding for education and training
  - Expanded family-related leave policies
  - Social Security reform that addresses the needs of female workers<sup>6</sup>

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

- Stabilize funding for the existing 35 Displaced Homemaker programs and establish a partnership between the NC Council for Women and local programs to plan for the strengthening of current programs and the future expansion of services across the state.
- Reward initiative and work! Increase public assistance and child care subsidies for low-income families while the head of household is completing job training or education. The inability to pay for housing, child care and transportation are key reasons that displaced homemakers cannot complete their educational efforts or drop-out of job training programs.

<sup>1</sup> Gender Wage gap data (Institute of Women’s Policy Research – [www.iwpr.org](http://www.iwpr.org))

<sup>2</sup> “Free Riding on Families: Why the American Workplace Needs to Change & How to Do It” - <http://www.acslaw.org/node/15013> (Provides data on motherhood and how it leads to poverty for retired women)

<sup>3</sup> N. C. Justice Living Wage data - <http://www.ncjustice.org/?q=node/243>

<sup>4</sup> “Families Can’t Afford the Gender Wage Gap” - [http://www.americanprogress.org/issues/2010/04/equal\\_pay.html](http://www.americanprogress.org/issues/2010/04/equal_pay.html)

<sup>5</sup> “Resolving Work-Life Conflicts” - [http://www.americanprogress.org/issues/2010/03/work\\_life\\_conflict.html](http://www.americanprogress.org/issues/2010/03/work_life_conflict.html)

<sup>6</sup> “Opening Doors: How to Make the Workforce Investment Act Work for Women - [http://www.americanprogress.org/issues/2010/07/women\\_wia.html](http://www.americanprogress.org/issues/2010/07/women_wia.html); “Highlight of Women’s Earnings in 2009 (June 2010) - <http://www.bls.gov/cps/cpswom2009.pdf>; “A Profile of the Working Poor, 2008” - <http://www.bls.gov/cps/cpswp2008.pdf>; “The Shriver Report: A Woman’s Nation Changes Everything” - [http://www.americanprogress.org/issues/2009/10/womans\\_nation.html](http://www.americanprogress.org/issues/2009/10/womans_nation.html)

- Provide adequate wages and benefits for aides in child care and elder care facilities. This would benefit our children and the aging, but would also provide an avenue for living wage employment for displaced homemakers. The early childhood education and Certified Nursing Assistant (CNA) programs are accessible education opportunities throughout the state that provides an avenue to the workforce in a short length of time.

All of the recommended financial supports would greatly increase the odds of a displaced homemaker becoming a successful wage earner and taxpayer who can afford to support a family... and end their reliance on social services!

## ♀ *Housing*

One of the most severe problems facing hard-working but low-income North Carolinians is finding affordable housing. They may have to 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 North Carolina the cost of housing has risen faster than wages, especially since manufacturing jobs have given way to lower-paying service jobs. According to the North Carolina Housing Coalition, more than two million residents in North Carolina lack safe, decent, and affordable housing. Almost half of low-income households pay over 30 percent of family income for housing. The Fair Market Rent for a two-bedroom apartment is \$681, the hourly wage needed to pay this rent is \$13.09, and 44 percent of renters earn less than this wage. The number of residents 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. They are the largest group of those in federally subsidized housing in North Carolina. Subsidized housing for the elderly includes a high percentage of women, since females tend to outlive males and have lower incomes.

Foreclosure problems are not new to the state, owing to job losses and predatory lending practices. Between 1998 and 2004, foreclosure filings increased 189 percent. According to [www.ncforeclosurehelp.org](http://www.ncforeclosurehelp.org), foreclosures in North Carolina rose over 17 percent in 2009. One measure the state took to remedy this was the creation of a North Carolina Home Protection Program, which allows homeowners who have lost their jobs through layoffs to apply for a bridge loan to help them make mortgage payments while they look for new employment.

The North Carolina Housing Trust Fund, which receives public funds to support affordable housing, provides significant help. An ongoing campaign to provide \$50 million to the Trust Fund has successfully increased allotments, though they have been far less than \$50 million. In the 2008 legislative session, \$10 million was appropriated to the NC Housing Trust Fund.

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

- Provide annual funding of \$50 million to the NC Housing Trust Fund to increase availability of affordable housing.
- Expand the NC Home Protection Pilot Program to help displaced workers avoid home foreclosure.

## **♀ *Immigration and Citizenship***

The immigration situation in the United State is complex. There are so many barriers to becoming a U.S. citizen that it is hard to decide where to begin. Many proposed solutions to undocumented immigrants have been punitive. This article looks at the experience of female immigrants (documented and undocumented) and what would improve their lives and the lives of their children.

The National Organization for Women believes that comprehensive immigration reform must include fair and non-discriminatory implementation of our immigration and enforcement policies, and that must include economic, legal and social justice for immigrant women.

Equality for immigrant women can only be attained when immigrant women can live free from discrimination, oppression and violence in all their forms. It is imperative that policies promoting comprehensive immigration reform also support fair and just policies that protect the rights of immigrant women.

There are 14.2 million foreign born women in the United States. Five and a half million are naturalized citizens, another five and a half million are documented and 3.2 million are undocumented. Women make up over 30% of the over 10 million undocumented immigrants in the United States today. Another 1.6 million are children under 18. HALF of all undocumented immigrants originally came here with legitimate paperwork or visas and they have simply overstayed their time and are now undocumented, many lined up to renew their paperwork while they work at our colleges, in our businesses and pay taxes in our communities.

Each year, half of all immigrants entering the United States are female -- women and girls. However, public policies regarding immigrants do not reflect the impact that being female has on immigrants' lives in the United States. This applies to both documented and undocumented women.

The economic issues affecting undocumented immigrant women are basic: their work is not valued or counted. That is why NOW strongly supports the inclusion of provisions in any immigration reform legislation that would offer a path to residency and citizenship for the undocumented people living in the United States. Undocumented women will benefit significantly economically, and be less subject to exploitation, if they can come out of hiding, apply for residency and seek employment in the general labor market, earn at least the federal minimum hourly wage and be eligible to contribute to and receive social security and unemployment benefits as other workers do.

The economic reality of immigrant women and children today is disheartening. According to the Pew Hispanic Center, 31% of family households headed by foreign-born women live in poverty today as compared to 27% of native born women-led households. 16% of all those who are foreign born live in poverty compared to 11.8% of the native born. One of the reasons for the higher number of foreign-born women in poverty is the fact that foreign-born women who are full-time workers make less than their native born counterparts. For example, the median income for foreign-born women age 16 and over who are year-round, full-time workers is \$22,106 while the median income for native born women is \$26,640.

Among the factors affecting low wages is the high percentage of immigrant women, both documented and undocumented, working in the service industry, primarily in domestic work. Forty-two percent of private household services are provided by immigrants under arrangements that are often informal, prone to abuse and exploitation. Domestic workers are the lowest paid of all major occupational groups tracked by the US Census. The true numbers are unknown for the most part due to the fact that many of these workers are not reported by employers, are not on anyone's official payroll, and are paid "under the table."

Protections for domestic workers must be included in any immigration reform legislation. Domestic workers, in particular undocumented immigrant women, are faced with extremely low wages, working 60-70 hours per week or more for as little as \$200 per week. This is exploitation, sometimes amounting to servitude or even slavery, under the most hostile conditions.

And yet, domestic service, in particular for those living in private households, remains excluded from and unregulated by our country's employment protections and labor laws. These women do not have the right to organize, strike or bargain for wages. The protections against sexual harassment in the workplace (through Title VII which applies to employers of 15 or more employees) are not available to domestic workers. They are similarly excluded from the Fair Labor Standards Act overtime provisions and from the Occupational Safety and Health Act. These omissions must be corrected through comprehensive immigration reform legislation. Domestic service is a category of work that must be addressed, not ignored and excluded from labor standards and protections afforded to other workers.

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

- Any "reform" legislation dealing with immigrants must be inclusive and contain provisions that address the specific needs and challenges specific to immigrant women and their children who work and live in the United States.
- Fair, comprehensive immigration reform legislation must include:<sup>7</sup>
- A **legalization** program that will allow undocumented immigrants living in the United States to apply for residency. This should be a process free of unreasonable fines, penalties, and without the need to leave a job and family and return to one's native country for the purposes of being issued a re-entry visa. Temporary workers, including agricultural workers, should be issued worker's permits that would count towards permanent residency. Those that want to work without becoming permanent residents should be allowed to apply for temporary work permits. "Guest workers" should have a path to citizenship and not be indentured to their employers or treated as second-class residents and sent home when their usefulness is over.
- **Enforcement of existing federal labor laws** for all workers, including domestic workers, most of whom are female. Domestic service is a category of work that must be addressed, not ignored and excluded from labor standards afforded to other workers. Immigrant workers must be protected from exploitation, servitude and hostile working conditions.
- **Improvements in the family reunification program.** The 1996 immigration provisions in the Personal Responsibility and Work Opportunity Reconciliation Act (welfare bill) raised sponsorship requirements to 125% of the poverty level. These financial tests must be reformed to allow families to bring relatives to the U.S. who could help immigrant families with financial and care-giving obligations.
- **Adequate health care for children** — all children — including U.S. born children of the undocumented. Currently, children born in the U.S. to an undocumented parent or parents have the right to one year of Medicaid benefits. But, under the current anti-immigrant atmosphere in the country, many of those in the undocumented community are fearful of reprisals, criminal penalties and deportation if they expose themselves through their U.S. born children and seek health care coverage.
- **Reproductive health care coverage** must be provided to all immigrant women regardless of legal and economic status. This includes comprehensive sex and sexuality education, access to family planning, birth control and Emergency Contraception, and linguistically and culturally competent information about reproductive health.

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<sup>7</sup> From <http://www.nowfoundation.org/issues/economic/071108immigrationtestimony.html>

- **Adoption of the provision of the WISH Act** which provides safe harbor and safety net benefits to immigrant victims of sexual and domestic violence.

## ♀ **Living Wage**

Work is a fundamental human activity. For a sizable number of North Carolina families, however, work falls far short of its promise. One-third of North Carolina's working families earn low incomes, and the number and proportion of such families has risen since 2000. That increase, in turn, is linked to trends in the labor market, most disturbingly the growth of low-wage work. In 2006, some 24 percent of working Tar Heels earned less than \$9.12 per hour. Moreover, low-wage jobs are less likely to provide basic workplace benefits and advancement opportunities, thereby increasing the odds that people will be unable to move ahead, no matter how hard they work.

Restoring the promise of work for families earning low wages is a central challenge confronting North Carolina. The NC Justice Center's 2008 Report, *Making Ends Meet on Low Wages: The 2008 North Carolina Living Income Standard* found that the typical North Carolina family of four (with two children) must earn \$41,184 annually – an amount equal to 201 percent of the federal poverty level – to afford the actual costs of seven essential expenses: housing, food, childcare, health care, transportation, other necessities and taxes. To meet that level, the adults in the average family would need to earn a combined \$19.80 per hour for every working hour of every week of the year. Yet 37 percent of the families included in this study fall below that modest income threshold. Women, African Americans, Hispanics and immigrants are disproportionately likely to live in families below the Living Income Standard (LIS). Sixty percent of the adults in those families work full-time.

Thanks to the federal government, North Carolina's minimum wage increased from \$6.15 to \$7.25 an hour over a three year period starting in 2007. However, despite this increase, the minimum wage is still less than what it was in 1968 and is far below what a family needs to get by.

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

- In order to ensure that all North Carolina workers, particularly women who still make 77 cents for every dollar a man makes, can earn a living wage, the minimum wage should be increased to at least the 1968 level, which would be approximately \$9.80, adjusted for inflation. Further, to ensure that the minimum wage does not erode in value over time, it should be indexed to inflation so that it adjusts with the costs of living.

# Chapter 4: Violence Against Women

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## ♀ *Domestic Violence*

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>8</sup> Women of all races and socioeconomic backgrounds are vulnerable to violence by an intimate partner. In North Carolina, approximately 90 local domestic violence programs in the state provide crisis intervention services for all 100 counties, including emergency shelter, crisis counseling, court advocacy and support groups. The recent economic downturn has caused the demand for services to steadily increase. As financial stress increases for families, violence in the home often escalates. In 2007 alone, local domestic violence programs responded to over **101,000** crisis line calls and provided services to over **41,000** victims.<sup>9</sup>

Without appropriate intervention and services, 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>10</sup> Domestic violence related homicides as reported by state and local law enforcement for 2009 totaled **100**, according to the NC Department of Justice.<sup>11</sup> In addition, NC ranked **11th** in the nation for the number of per capita homicides committed by men against women in 2007, up from a ranking of 13<sup>th</sup> the year before, according to the Violence Policy Center.<sup>12</sup> This is a horrifying reality for too many families in North Carolina. We know that children who witness violence in the home are much more likely to continue the cycle of violence in the next generation.

We are fortunate in NC that we have a dedicated committee in the General Assembly working to address domestic violence, the Joint Legislative Committee on Domestic Violence. This committee has worked to pass important legislation, including:

- In 2007, the creation of a felony crime classification for violation of a domestic violence protective order when the offender is armed with a deadly weapon.
- In 2009, legislation to address the possession and protection of pets in domestic violence protective orders.

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<sup>8</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>9</sup> North Carolina Council for Women/Domestic Violence Commission, Domestic Violence Statistical Report, 2007-08.

<sup>10</sup> In 2000, approximately 1,687 murders were attributed to intimates, and 1,247 victims were women. US Department of Justice, Intimate Partner Violence, 1993-2001, <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

<sup>11</sup> NC Department of Justice, *Report on Domestic Violence Related Homicides for Calendar Year 2009*, February 2010.

<sup>12</sup> Violence Policy Center, *When Men Murder Women: An Analysis of 2007 Homicide Data*, September 2009.

Despite these accomplishments, there is still much work to be done to ensure that offenders are held accountable and victims have more resources that will increase safety and options.

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

- Current efforts of the North Carolina Coalition Against Domestic Violence (NCCADV) and the Joint Legislative Committee on Domestic Violence include the following:
  - Increase funding for domestic violence programs so that they can meet the demand to provide life-saving services to victims
  - Provide funding for supervised visitation centers to increase safety for children
  - Provide equal access and protection under Chapter 50B for all victims of domestic violence
  - Strengthen criminal penalties for repeat offenders
  - Require probationary sentences for offenders to be supervised

## **Human Trafficking**

There are more slaves in the world today than there were at the height of the Transatlantic Slave Trade. It is estimated that anywhere from four to 27 million slaves are in the world today. It is a \$32 billion industry and the fastest growing illegal trade in the world, second only to arms trafficking.<sup>13</sup> The United States Department of Justice estimates:

[T]he number of people trafficked into the United States each year have ranged from 14,500 to 50,000, with the most recent estimates on the lower end. The closest estimate for domestic trafficking, which is the trafficking of U.S. citizens and lawful permanent residents (LPRs) within the United States, is an estimate of children and youth at risk for sexual exploitation, including trafficking. Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of children occur each year in the United States (Estes & Weiner, 2001).

Trafficking victims can be any age, race, sex, economic situation, or religion and it is estimated that 80% of slaves are women. Traffickers are not easily described. Trafficking can occur on an individual basis, for example, when parents sell their children. Traffickers can also operate as part of a larger organized crime ring.<sup>14</sup> Trafficking can be for domestic labor, labor trafficking,

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<sup>13</sup> Polaris Project. Action Center. Human Trafficking 101 “What is Human Trafficking?” 12 April 2010. <<http://www.actioncenter.polarisproject.org/learn/human-trafficking-101>>.

<sup>14</sup> Clawson, Heather, et al. “Study of HHS Programs Serving Human Trafficking Victims.” US Department of Health and Human Services. Dec. 2009. 12 April 2010. <<http://aspe.hhs.gov/hsp/07/HumanTrafficking/Final/>>.

commercial sex work, indentured servitude, child brides, and child soldiers. One of the most heinous forms of trafficking is child sex trafficking.

Slavery in all forms is illegal and a violation of basic human rights. One of the keys to fighting trafficking would be prevention, with a focus on increasing a person's options and choices in life before they fall victim to exploitation.

### **Special Case: Domestic Minor Sex Trafficking**

Under federal law, any person engaging in commercial sex who is under 18 years of age is considered to be a trafficking victim and entitled to protection.<sup>15</sup> Trafficking is more easily identified when there is a foreign born victim. There are numerous programs and entitlements available in the United States for international victims of human trafficking.

Unfortunately, when an American citizen or Lawful Permanent Resident (LPR) is victimized, they are often prosecuted as criminals.<sup>16</sup> Many victims of human trafficking are runaways and "throwaways" who have been in the foster care system or have an abusive home life.<sup>17</sup> Numerous studies have shown that about one-third of the runaways who do not return home become trafficked, or forced to trade sex for basic necessities.<sup>18</sup> Some experts say runaways are approached within 48 hours to be solicited for sex work; many accept to survive.<sup>19</sup> Counseling for trafficking victims can often take up to 18 months to be effective, but there are currently only approximately 50 beds in long-term care facilities specifically designed for domestically trafficked minors.<sup>20</sup>

Consider these cases:

- A 13 year old girl – sold for sex, infected with disease, has had two abortions, arrested for prostitution in Texas while her 32 year old "boyfriend" walks free.<sup>21</sup>
- A 5 year old girl – Shaniya Davis – sold by her mother in Fayetteville, NC, into prostitution. Her "buyer" raped and killed her.<sup>22</sup>

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<sup>15</sup> United States. Dept. of Justice. Child Exploitation and Obscenity Section. "Child Prostitution: Federal Efforts to Combat Interstate Sex Trafficking of Minors." 12 April 2010.  
<[http://www.justice.gov/criminal/ceos/prostitution\\_fedefforts.html](http://www.justice.gov/criminal/ceos/prostitution_fedefforts.html)>.

<sup>16</sup> Clawson, et. al.

<sup>17</sup> United States. Dept. of Justice. Child Exploitation and Obscenity Section. "Child Prostitution." 12 April 2010.  
<<http://www.justice.gov/criminal/ceos/prostitution.html>>.

<sup>18</sup> Urbina, Ian. "For Runaways, Sex Buys Survival." [nytimes.com](http://www.nytimes.com). New York Times. 26 Oct. 2009. 12 April 2010.  
<<http://www.nytimes.com/2009/10/27/us/27runaways.html?emc=eta1>>.

<sup>19</sup> United States. Dept. of Health and Human Services. Administration for Children and Families. [Study of HHS Programs Serving Human Trafficking Victims](#). "Human Trafficking Into and Within the United States: A Review of the Literature."  
<<http://aspe.hhs.gov/hsp/07/humantrafficking/LitRev/index.shtml#TOC>>.

<sup>20</sup> Clawson, et. al.

<sup>21</sup> Kloer, Amanda. "Texas D.A. Prosecutes Girl, 13, For Prostitution While Her Pimp, 32, Walks." [Change.org](http://www.change.org). 21 Jan. 2010. 12 April 2010.

<[http://humantrafficking.change.org/blog/view/texas\\_da\\_prosecutes\\_girl\\_13\\_for\\_prostitution\\_while\\_her\\_pimp\\_32\\_walks](http://humantrafficking.change.org/blog/view/texas_da_prosecutes_girl_13_for_prostitution_while_her_pimp_32_walks)>.

<sup>22</sup> "Shaniya Davis Found Dead; Mother Turned Little Girl Into Sex Slave, Say Police." [CBS.com](http://www.cbsnews.com). 16 Nov. 2009. 12 April 2010.  
<[http://www.cbsnews.com/8301-504083\\_162-5671683-504083.html](http://www.cbsnews.com/8301-504083_162-5671683-504083.html)>.

- A 5 year old boy – adopted and molested by the same man in Durham, NC, who then offered the child for sale over the internet. This man was associate director of the Center for Health Policy at Duke University.<sup>23</sup>
- 12 and 13 year old girls in Texas arrested for prostitution and stripping – one was lured into it by another 13 year old girl.<sup>24</sup>

Immigrant workers are lured by promises of a better life, only to end up being forced into sexual slavery, domestic servitude and/or forced labor.<sup>25</sup> Imagine being forced to have babies solely for the purpose of selling them for their organs.<sup>26</sup> Slaves are beaten, drugged, raped, and held through force, fraud or coercion.<sup>27</sup>

Trafficking in Asheville:

<http://www.emilyfitchpatrick.com/press>

Trafficking in Charlotte:

<http://www.triadladderofhope.org/CharlotteNews.html>

[http://www.thestate.com/2009/07/21/871829/15-arrested-in-nc-craigslist-prostitution.html?pageNum=2&mi\\_pluck\\_action=page\\_nav#Comments\\_Container#storylink=addedthis](http://www.thestate.com/2009/07/21/871829/15-arrested-in-nc-craigslist-prostitution.html?pageNum=2&mi_pluck_action=page_nav#Comments_Container#storylink=addedthis)

Trafficking in Guilford County:

<http://www.countyncnews.com/northcarolina08/1guilford2.php>

<http://www.wxii12.com/news/23495330/detail.html>

Trafficking in Raleigh and Durham:

<http://www.ncwanted.com/sidebars/story/1664329/>

Trafficking through NC:

<http://www.fox23.com/news/local/story/She-Survived-Human-Trafficking/DtRZ-s2AVkGBoNcF-ArP6A.csp>

High Profile Case:

<http://www.tMZ.com/2010/05/06/lawrence-taylor-rape-investigation-pimp/>

If trafficking is not identified by community members, law enforcement, and the justice system, very little can be done to stop it. The way forward is through raising awareness, education, and

<sup>23</sup> "Duke employee arrested on child sex charge." [WRAL.com](http://www.wral.com/news/local/story/5445704/). 26 Jun. 2009. 12 April 2010.

<<http://www.wral.com/news/local/story/5445704/>>.

<sup>24</sup> "13-year-old girl accused of luring another teen into prostitution." [dallasnews.com](http://www.dallasnews.com). 25 Mar. 2008. 12 April 2010.

<<http://www.dallasnews.com/sharedcontent/dws/news/localnews/stories/032608dnmetprostitution.25b844dc.html/>>.

<sup>25</sup> Clawson, et. al.

<sup>26</sup> Belciug, Connie. "Texas Horrors of sex trade are all too real." [Chron.com](http://www.chron.com). Houston Chronicle. 10 Jan. 2010. 12 April 2010. <<http://www.chron.com/disp/story.mpl/editorial/outlook/6808673.html>>.

<sup>27</sup> Clawson, et. al.

community outreach to identify potential and current victims, training of professionals in contact with our children and education of potential victims to learn how to protect themselves as well as options and resources available to them. Factors that lead to trafficking include:

- Non-identification of trafficking situations by law enforcement and community members
- Lack of awareness and education in the general public and direct service providers
- Vulnerability to exploitation due to isolation, abuse/neglect, low self esteem, poverty
- Victims have little or no knowledge of, or access to, alternatives and resources available
- Normalization of degradation and violence against women and children
- Normalization of exploitation and devaluation of human life
- Little deterrence on the demand side – lack of adequate consequences for offenders
- Lack of follow up programs, effective counseling and alternative placement for victims
- Broken foster care and social work systems
- Lack of collaboration and communication between government, non-governmental organizations (NGO), and faith-based and community-based groups

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

To address the growing issue of Human Trafficking the North Carolina General Assembly should:

- Support Senator Kinnaird in passing a bill establishing the human trafficking commission.
- Stronger state statutes based on the bill recently passed in Washington State.
- Enact harsher penalties for those who purchase prostitution services.
- Enact mandatory reporting of human trafficking cases in the same manner as domestic violence or child abuse cases.

## ***Sexual Assault***

Violence against Women is defined as specific forms of violence, including sexual violence, domestic violence, stalking and teen dating violence.<sup>28</sup> Sexual Violence is a significant problem in North Carolina and is not just limited to forced physical contact, but also refers to criminal acts such as peeping, fondling, indecent liberties with a minor, and cyberstalking.

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<sup>28</sup> Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. No. 109-162 (Jan 5, 2005)

## **Background:**

The North Carolina General Assembly currently allocates \$3,046,000 per fiscal year for rape crisis centers:

- There are 85 rape crisis centers serving all 100 North Carolina counties.
- The average salary of a rape crisis center victim advocate, who is on call seven days a week and 24 hours a day, is about \$25,500 per year.<sup>29</sup>
- Funding began in 1984; \$181,933 was divided among 14 agencies. By 1994 funding and agencies increased: \$892,500 for 57 agencies. Funding reached its current level of \$3,046,000 in 2008 and is shared by 85 agencies, including North Carolina Coalition Against Sexual Assault (NCCASA).

## **Statistics:**

- According to the *Uniform Crime Report*, there were 2,239 forcible rapes reported in North Carolina in 2008.<sup>30</sup>
- In North Carolina, one in five women has been sexually assaulted at some point in their lives.<sup>31</sup>
- During calendar year 2009, there were 90 convictions of 1<sup>st</sup> degree rape against a child and 202 convictions of 1<sup>st</sup> degree sex offense against a child in North Carolina courts. In that same time period, 698 charges of 1<sup>st</sup> degree rape against a child and 1,366 charges of 1<sup>st</sup> degree sex offenses against a child were filed.<sup>32</sup>

## **Services and Prevention:**

- Rape crisis centers are the front line in victim service and violence prevention:
  - In Fiscal Year 2009, North Carolina rape crisis centers served 8,494 individuals, including 3,022 children under the age of 18.
  - 20,984 hotline calls were received by North Carolina rape crisis centers in 2009.<sup>33</sup>
- Prevention is vastly less expensive than dealing with the effects of sexual assault:
  - According to the US Department of Justice, medical treatment, counseling, work absenteeism, law enforcement time, prosecution and court costs, and lost quality of life total cost victims, business, and taxpayers a total of \$127 billion a year.<sup>34</sup>

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<sup>29</sup> North Carolina Coalition Against Sexual Assault. "Report of Salary Results for Local Rape Crisis Centers." Survey. August 2008.

<sup>30</sup> North Carolina State Bureau of Investigation. Crime in North Carolina – 2008: Annual Summary Report of 2008 Uniform Crime Reporting Data. August 2009. <http://sbi2.jus.state.nc.us/crp/public/Default.htm>.

<sup>31</sup> Martin, Sandra L. and Suzanne Clotier. "Sexual Assault Among North Carolina Residents: Prevalence and Associations with Sociodemographic and Health Factors – Findings from the 1997 North Carolina Behavioral Risk Factor Surveillance System." Department of Maternal & Child Health & Department of Epidemiology; UNC Chapel Hill. September 1999.

<sup>32</sup> North Carolina Administrative Office of the Courts. Tally of Offense Codes used in the Criminal/Infraction Index in 2009.

<sup>33</sup> North Carolina Council for Women/Domestic Violence Commission, Sexual Assault Program. Program Summary Report, 2008-2009 County Statistics. January 2009. <http://www.nccfwdvc.com/stats.htm>.

<sup>34</sup> Miller, Ted, Mark Cohen and Brian Wiersema. Victims Costs & Consequences: A New Look. National Institute of Justice Report, U.S. Department of Justice. Washington, D.C. January 1996.

- The services provided are more important now than ever – during stressful economic times, sexual assault programs experience a significant upswing in requests for services by victims.

While important legislation in North Carolina has been passed, the root causes of sexual violence must continue to be addressed. NCCASA aims to promote justice for survivors, accountability for all offenders and protection for the citizens of North Carolina through advocacy, education, technical assistance and community outreach.

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

- Support NCCASA's Agenda throughout North Carolina's 2010 Legislative Session.
- Support NCCASA's commitment to monitoring funding and preventing further cuts as the State faces a grim financial crisis.
  - The Rape Crisis Center line item is the singular item in the Council for Women/Domestic Violence Committee Budget that does not receive funds from state fees (e.g., marriage license/divorce filing fees). In essence, any cut to this line item would have a proportionately greater negative impact on our programs and services.

# AUTHORS OF POSITION PAPERS

The issue papers within the 2010-2011 Draft Women's Agenda were submitted by the following NCWU member organizations:

- ♀ **Access to Paid Leave:** Louisa Warren, NC Justice Center [www.ncjustice.org](http://www.ncjustice.org)
- ♀ **Affordable Child Care:** Louisa Warren, NC Justice Center [www.ncjustice.org](http://www.ncjustice.org)
- ♀ **Aging:** Polly Williams, Triangle Older Women's League
- ♀ **Certification of Midwives:** Russ Fawcett, NC Friends of Midwives
- ♀ **Displaced Homemakers:** Becky Mock, Women's Resource Center in Alamance County;  
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- ♀ **Domestic Violence:** Beth Froehling, North Carolina Coalition Against Domestic Violence;  
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- ♀ **Driver's License Identification:** Gailya Paliga, NC National Organization for Women
- ♀ **Emergency Contraception:** Erica Scott, NARAL Pro-Choice North Carolina;  
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- ♀ **Housing:** Polly Williams, Triangle Older Women's League
- ♀ **Human Trafficking:** Charity Magnuson, NC Stop Human Trafficking
- ♀ **Immigration and Citizenship:** Gailya Paliga, NC National Organization for Women
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- ♀ **Mental Health, Developmental Disabilities and Substance Abuse:** Tanya Roberts, Individual Supporter, President, National Association of Social Workers-NC
- ♀ **Safe Chemicals Act:** Jessica Burroughs, NC MomsRising
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