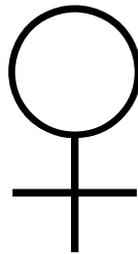


N|WOMEN C|UNITED

Draft Women's Agenda *2012-2013*



Adolescent Pregnancy Prevention Coalition of NC • American Association of University Women NC • Carolina Abortion Fund • Democracy North Carolina • Equal Rights Amendment NC Citizens Task Force • Equality NC • Greensboro Commission on the Status of Women • Ipas • League of Women Voters of NC • Mecklenburg County Community Support Services, Women's Commission Division • NARAL Pro-Choice NC Foundation • National Association of Social Workers - NC Chapter • 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 • Onslow County Council for Women • Planned Parenthood Health Systems • Planned Parenthood of Central North Carolina • Triangle Older Women's League • Women's Forum of North Carolina • Women's Resource Center (Alamance County) • WomenNC - NC Committee for CSW/CEDAW • YWCA of Asheville and Western NC • 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 on the public policy issues affecting women's lives. The local assemblies provide an excellent opportunity for training and education of women, in the hopes of 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. These events will undoubtedly provide greater empowerment of the women in your community and across the state of North Carolina.

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, contributed 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 four broad categories: 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 represents 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 it only improves our understanding of the issues.

A Message from NCWU Founder Anne Mackie

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.

ACCESS TO HEALTH CARE

♀ **Mitigating the Harmful Effects of Crisis Pregnancy Centers**

By NARAL Pro-Choice North Carolina, www.prochoicenc.org

Crisis Pregnancy Centers (CPCs) present themselves as medical clinics to assist women with unplanned pregnancies. They advertise services including free pregnancy tests, counseling, and support, and some also offer sonograms. Their purpose is to encourage women to carry their pregnancies to term rather than seeking abortion. While these facts alone may not be cause for concern, our organization believes that the way most CPCs actually operate in practice can be of great harm to women.

Through a year-long investigation, NARAL Pro-Choice NC identified 122 CPCs operating in the state. Though they presented themselves as medical clinics by, for instance, outfitting staff in white lab coats associated with doctors and nurses, the vast majority (92%) of those studied are not medically licensed and had no medical professional on staff. Despite this, only one quarter (24%) of CPCs in our study disclosed that they were not medical clinics. We believe this is a great concern because while leading clients to believe that they are medical clinics, many CPCs gave out inaccurate, harmful information about reproductive health. Among these, one half (48%) of CPCs advised women that none of the common methods of birth control are effective at preventing pregnancy, one quarter (26%) incorrectly stated as fact that abortion leads to breast cancer, and one quarter (24%) suggested the high possibility of miscarriage as a reason to avoid an abortion. The primary goal of many CPCs in North Carolina is to promote an anti-choice point of view in order to dissuade women from seeking abortion care, and even from using contraception. Through the facade of a medical clinic, many CPCs go so far as to intimidate women by providing inaccurate information.

Finally, our investigation found that 75% of CPCs in North Carolina operate in communities with higher-than-average populations of color. Moreover, every university campus in the state has at least one CPC located within 25 miles. Not only do these organizations target women who are vulnerable by virtue of an unwanted pregnancy, they target those who are most vulnerable to their misinformation: college women and women of color.

Women's reproductive health was attacked by a number of bills passed in the General Assembly during the 2011 legislative session. Several pieces of legislation sought to further legitimize CPCs in our state. The passage of a bill including a provision creating "Choose Life" license plates could, pending an injunction, lead to money being passed through the state to approximately half of the CPCs in North Carolina. Additionally, House Bill 854, the so-called "Woman's Right to Know" Act, will require the state to establish and maintain a registry of organizations providing free ultrasounds for pregnant women. Legitimate public health clinics are often unable to offer all of their services free of charge, meaning that the law will effectively

direct low-income women to these ideologically-driven CPCs without any mention of their anti-choice agenda. By forcing the government to create and maintain a registry of these groups, the law, in essence, establishes a state-sanctioned channel through which women will be referred to CPCs.

Recommendations for Action

We believe that the expansion and legitimization of CPCs by the state is harmful to women, and we advocate for increased regulation of these facilities. Advocates should encourage legislators to do the following

- Require honest advertising and promotion that begins with disclosing anti-choice bias.
- Ensure that CPCs not employing trained medical or counseling staff make clear that clients will be seen by untrained staff/volunteers.
- Guarantee that advice and counsel being dispensed are medically-sound and accurate.
- Require that CPCs keep client confidentiality as is required by legitimate medical and counseling clinics.

In the absence of state legislation, local governments should take action as described above.

To learn more about CPCs in North Carolina and to read our full report, please visit our website at www.prochoicenc.org.

Toxic Chemical Regulation Reform

By Beth Messersmith, NC MomsRising, www.momsrising.org

There's no denying that the environment impacts us all—women, men, and children. But environmental dangers impact women in disproportionate and significant ways.

While there are many examples of environmental threats, one of the most pervasive is the threat posed from toxic chemicals. It's critical that women's voices be heard at the ballot box and in public debate if we are to win the protections necessary to keep ourselves and our families safe.

Infertility, early puberty, breast and childhood cancers, asthma, abnormalities in brain development, ADHD and other learning and behavioral disorders have all increased in the United States in recent years. More and more evidence implicates that some of these increases are linked to our constant exposure to toxic chemicals, from the air we breathe, to the water we drink, to the everyday products we bring into our homes.¹

As Women's Voices for the Earth points out, it is estimated that between 80,000 and 85,000 chemicals are currently in use in the United States, but only about 200 of these chemicals have been tested for safety. Most of those that have been tested have only been evaluated for their impact on men in industrial settings. As a result, very little is known about chemical exposure routes and health impacts on women and especially on girls, women of color, and women of

¹ <http://www.saferchemicals.org>.

reproductive age.²

While everyone is exposed on a daily basis to toxic chemicals in the environment, women also interact with certain products at higher levels and in different ways than men, thus increasing our exposure. Surveys show that women are significantly greater users than men of personal care products like soaps, cosmetics, and lotions with women using an average of nine personal care products each day, exposing themselves to a mixture of over 100 individual chemicals. 25% of women (but only one in a hundred men, or 1%) report using an average of 15 products daily.

Women also face higher exposure to potentially hazardous cleaning chemicals. While gender roles have changed over time, a national study showed that women are still doing over 70% of the housework in the average home. Unfortunately there is little regulation determining what kinds of chemicals can be used in these products creating the possibility of a variety of toxic exposures. These small daily exposures can lead to chemicals building up in women's bodies, which add up over a lifetime of use.³

In addition, women tend to dominate in certain professions that place them at higher risk for chemical exposure. Housekeepers and nail salon workers are exposed on a daily basis to chemicals noted for causing health problems. These occupations are also dominated by women of color who experience disproportionate exposure in a variety of ways.

Women of color bear a greater burden of chronic diseases that have been linked with exposure to toxic chemicals. In addition to the toxic chemicals they come into contact with along with the general population, women of color are more likely to be exposed to particularly toxic chemicals contained in personal care products marketed to women of color including skin lighteners and hair relaxers. They are also more likely to live in neighborhoods with commercial hazardous waste facilities.

Pregnant and nursing women are another population particularly vulnerable to the impact of toxic chemicals which pass through the placenta and through breast milk posing risks for both mother and child.⁴

Safer options exist for use in everyday products, but US manufacturers are not required to use them. In fact, current law doesn't even require manufacturers to disclose what chemicals their products contain—making it impossible for consumers to choose safer options.

According to the Centers for Disease Control and Prevention, we all have some levels of these chemicals in our bodies. No matter how hard we try to avoid them, potentially harmful exposure will remain unless we change federal policy to require safer chemical production and tighter regulation of what goes into our air and water.⁵

Women's voices are powerful on these issues. We are the primary consumer decision makers in 85% of all United States households, making us a very powerful consumer group that can persuade corporations to change their ways. We are also the primary health care decision makers

² <http://www.womensvoices.org/about/why-a-womens-organization>.

³ <http://www.womensvoices.org/about/why-a-womens-organization>.

⁴ <http://www.womensvoices.org/about/why-a-womens-organization>.

⁵ <http://www.saferchemicals.org>.

in most of our families, so we know first-hand the importance of preventing long-term health impacts on our families.⁶

Our voices are powerful, but nothing will change unless we use them at the ballot box to speak out for a safer environment for us all and raise them in discussions with lawmakers considering changes to the laws which regulate chemicals in this country.

Recommendations for Action

- Support the Safe Chemicals Act as it moves through Congress and encourage our Senators and Representatives to vote in favor of meaningful chemical regulation reform

For more information about why women should care about the environment, please visit:

The Safer Chemicals, Healthy Families Coalition at <http://www.saferchemicals.org>

Women's Voices for the Earth at <http://www.womensvoices.org>

Licensing Certified Professional Midwives in NC (H522/S662)

By North Carolina Friends of Midwives, www.ncfom.org

Overview

North Carolina stands out as the least safe state in the Southeastern region of the United States for women who choose midwifery care and the home setting for birth. In the past 15 months, North Carolina has become the most hostile state in the U.S. for these women and their families.⁷

Rates of planned home birth are accelerating in North Carolina and all across the United States. Indeed, North Carolina saw one of the largest relative increases in recent years.⁸

Planned home birth that is attended by a Certified Professional Midwife (CPM) is associated with similar neonatal mortality as planned hospital birth for healthy women experiencing normal pregnancies with an 80% reduction in cesarean section (around 4% for midwife attended home birth versus and around 20% for planned hospital birth for comparable women). As the midwives model of care is focused on promoting all aspects of maternal health, preterm low birth weight births are reduced. There are reductions in many other interventions and the total cost is approximately one-third that of planned hospital birth. Also, the midwife who cares for her clients prenatally is also the one that attends birth and provides home post-partum care.⁹

Problems in the Absence of Licensure

In North Carolina there are around 30 Certified Professional Midwives of which perhaps one-third are practicing as they are in violation of the Medical Practice Act, even though they could be licensed and regulated in all of our neighbor states. This circumstance creates a large access to care problem resulting in: 1) elevated rates of planned unattended birth, 2) women being forced to cross state lines seeking midwifery care out of hospital, and 3) women laboring at home unattended and unmonitored with the intention of walking into the hospital ready to

⁶ <http://www.womensvoices.org/about/why-a-womens-organization>.

⁷ <http://www.wsocvtv.com/news/news/midwife-supporters-outraged-investigators-explain-/nGS7z/>;
<http://www.charlotteobserver.com/2011/12/23/2873010/baby-dies-following-underwater.html#storylink=misearch>.

⁸ <http://www.cdc.gov/nchs/data/databriefs/db84.htm>.

⁹ <http://www.bmj.com/content/330/7505/1416.full>.

deliver. This clearly degrades safety and quality. Approximately 10% of planned home birth transfer to the hospital (usually for non-urgent reasons such as a desire for pain relief or failure to progress in labor) and women fear hostility & antagonism in the absence licensed midwives. Also, in the absence of licensure, the midwives cannot transfer potentially vital information during a transfer to the hospital. In the absence of licensure, there is no assurance that the midwives that are practicing are maintaining the standard of care.

Legislative Considerations

In summary, the North Carolina legislature has degraded safety for women, discouraging them from choosing midwife attended home birth due to the opposition of the North Carolina Medical Society that has substantial political leverage in the General Assembly. The Midwifery Licensure Act, H522/S662, was filed in 2011 and passed unanimously out of the Legislative Committee on New Licensing Boards. The bill was heard in the House Health and Human Services Committee on 6/19/2012, but there was not a vote on this legislation and it will not be complete this session. We will begin again in 2013. This issue is not a partisan issue and there is bipartisan support, but the NCMS is a powerful opponent. There have been four (4) criminal actions against North Carolina midwives in 2011 alone (perhaps a record number for any state in the US). This has had a chilling effect in our state. It is essential that this unacceptable environment is addressed.

Recommendations for Action

- License and regulate midwives in NC

♀ **Long Term Care Issues**

By Triangle Older Women's League, www.owl-national.org

The elderly population in North Carolina is growing rapidly, and it is predominantly female. Of the more than one million citizens over age 65, 58 percent are women, and of those over age 85, 70 percent are women. Aging issues, therefore, are women's issues. And many of these women live in poverty. For those with low incomes who need long term care, choices are often limited.

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 although 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. Since 2010, admissions to CAP/DA have been frozen. 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, 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 state's elderly population. 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 they offer working families significant help in keeping elderly or disabled relatives at home. And home care is cheaper for the state as well as the family.

Transportation (public or private) may be a major problem for elderly persons living at home, especially for those in rural areas who may have difficulty accessing public services. One of the largest expenses for Adult Day Centers is getting participants there. Volunteer drivers for any elderly program must be provided with supplementary insurance.

The state's largest expenditure after public education and higher education is Medicaid. Naturally in straitened times, legislators look to cut it even though every dollar in state cuts means the loss of two federal dollars. In the past year the state has begun to reduce Medicaid optional services for the elderly. These services include eyeglasses, dental care, prescription drugs, physical therapy, and home care—all hard to do without and not generally considered “optional.” Lack of services often results in more expensive care later on.

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.
- Preserve optional Medicaid services for older and disabled adults.

Ensure Access to Preventive Healthcare

By Planned Parenthood Health Systems, www.plannedparenthood.org

Description of Issue

In 2011, the NC budget contained a provision that banned Planned Parenthood from receiving any state funding to continue to provide low-income women with preventive health care services like life-saving cancer screenings, annual exams and birth control. A federal court handed down an injunction during the summer of 2011 that has temporarily blocked this provision. Speaker of the House, Thom Tillis, has stated that the legislature may revisit this issue to attempt to defund Planned Parenthood in a “legal” way such that the effort cannot be blocked by a court.

Why This is Important

More than 25,000 women and men from across our North Carolina turn to Planned Parenthood every year for vital medical and educational services. More than 70% of the women and men we serve lack the health insurance to pay for their care. They rely on Planned Parenthood to provide affordable, high quality, compassionate health care. Funding from the state ensures that Planned Parenthood can maintain this high level of care.

Recommendations for Action

- Advocates can keep an eye on any discussion of the state budget during the upcoming session.
- If this issue presents itself again, individuals can contact the Speaker (currently Speaker Tillis) and members of the House Health and Human Services Appropriations Committee to urge them to maintain state funding for Planned Parenthood.

♀ **Abortion Coverage in the State Health Exchange**

By NARAL Pro-Choice North Carolina Foundation, www.prochoicenc.org

Abortion is an essential part of comprehensive reproductive health care for women, and one of the most common surgical procedures in this country. In fact, one in three women will have an abortion in her lifetime. Today, most private insurers offer abortion coverage. Eliminating that coverage would deny women meaningful access to basic health care.

Unable to ban abortion care outright, anti-choice legislators have targeted abortion services by attempting, and in some states succeeding, to impose restrictions on insurance coverage of abortion. Lawmakers have singled out abortion services for exclusion from health insurance plans that cover other pregnancy-related care in an attempt to diminish women's access to this safe, legal medical procedure.

This type of restriction would make it virtually impossible for women in the North Carolina health insurance Exchange (a private market for health insurance that must be operating in every state beginning Jan. 1, 2014 as required by the Affordable Care Act) to obtain abortion coverage even if they are paying for their insurance entirely with their own funds. Under current law in almost all states, private citizens and employers are free to use their own dollars to purchase the insurance they feel most appropriately meets their needs. In fact, most Americans with employer-based insurance currently have coverage for abortion.¹⁰

Women should not be denied access to reproductive health services—a fundamental component of women's health care—by politicians imposing their personal ideologies on private medical decisions. These personal decisions are best made by a woman and whomever she chooses to consult, not by a narrow minority of ideologues.

Women seek abortion care for many reasons. Some face unplanned pregnancies, while other women with wanted pregnancies ultimately must seek this care to protect their own health, because they must undergo life-saving medical treatment such as chemotherapy, or because of a serious fetal anomaly. Politicians cannot possibly know the circumstances of every woman and her doctor who are making medical decisions about her pregnancy. Every pregnancy is different. If we limit coverage options, we limit a woman's ability to make the decision that is best for her, her family, and her circumstances.

This discriminatory insurance coverage ban unfairly forces women to spend more than men on medical care. The ban on coverage for abortion leaves women with burdensome costs associated with unpredictable and sometimes essential medical treatment, while men do not face similar restrictive bans. The ban also jeopardizes the health of women and families. Leaving women without coverage for safe, common, and sometimes critical care denies them the comprehensive

¹⁰ Guttmacher Institute, Memo on Private Insurance Coverage of Abortion, 2011, at <http://www.guttmacher.org/media/inthenews/2011/01/19/index.html>.

coverage they need and exposes them to unanticipated additional costs.

Recommendations for Action

- Oppose any attempts to remove abortion coverage from the state health exchange and encourage our legislators to vote against any such measure.
- Oppose any attempts to interfere with abortion coverage in any insurance plans, employer provided or privately obtained.

♀ Targeted Regulation of Abortion Providers (TRAP) Legislation

By Planned Parenthood of Central North Carolina, www.plannedparenthood.org

Targeted Regulations of Abortion Providers or TRAP laws are becoming increasingly common in the United States. In 2011, four states enacted such provisions intended to restrict women's access to abortion care by shutting down, whether temporarily or permanently, facilities and physicians' offices where abortion care is provided. This was part of an alarming trend in 2011. Sixty-eight percent of laws pertaining to reproductive health care that were introduced in 2011 were directed toward restricting women's access to abortion care up over 24 percent% the year prior.¹¹

The exact language of TRAP legislation varies by state. In general, legislation tends to focus on architectural requirements for facilities unrelated to care provided and standards for staffing and regulation that jeopardize patient access and privacy. For example, the TRAP law passed in Virginia requires a facility providing at least five abortions per month to meet the requirements for a hospital in the state. New requirements in Kansas, Pennsylvania and Utah direct the health agency to develop standards for abortion providers, including requirements for staffing, physical plant, equipment and emergency supplies. All the while supporters of the measures made it clear that the goal was to set standards that would be difficult, if not impossible, for abortion providers to meet. The Kansas law is now enjoined by the courts.¹²

In 2011, a TRAP bill was introduced in North Carolina (SB 775) but never reached a floor vote.¹³ Given the alarming increase in abortion restrictions across the country (including our closest neighbor to the north) and the success of North Carolina's anti-choice legislators in passing other extreme, intrusive policies in 2011, it is very possible that TRAP legislation could reach a vote in North Carolina in upcoming legislative sessions.

The motivation behind TRAP legislation is purely political. Abortion care providers already provide high-quality care as evidenced by the fact that first-trimester abortion care remains one of the safest and most common of all office-based procedures.¹⁴ The doctors and facilities that provide this care already comply with numerous regulations and guidelines as is typical in all high-quality medical practices.

¹¹ Guttmacher (2011). *Laws Affecting Reproductive Health and Rights: 2011 State Policy Review*. Retrieved April 19, 2012. at <http://www.guttmacher.org/statecenter/updates/2011/statetrends42011.html>.

¹² Guttmacher (2011). *Laws Affecting Reproductive Health and Rights: 2011 State Policy Review*. Retrieved April 19, 2012, at <http://www.guttmacher.org/statecenter/updates/2011/statetrends42011.html>.

¹³ <http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2011&BillID=S775>.

¹⁴ World Health Organization (2011). *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008*, sixth ed., Geneva: WHO, 2011.

Women's health centers in the state are proud to uphold high standards of patient care and safety, including following regulations already governing the licensing of abortion facilities and the licensing of the health care professionals who provide care to women. Moreover, women's health centers that provide first-trimester abortion care are subject to the same regulations as physician's offices providing services like dentistry, oral surgery, and colonoscopies, including federal and state regulations related to laboratory and office safety, patient confidentiality, and proper disposal of medical waste.

We support the highest standards of care that genuinely protects the health and safety of patients and ensures their access to needed reproductive health care. Unnecessary regulations put the health of women and their families at risk.

Recommendations for Action

- Protect women's access to comprehensive reproductive health care by defeating attempts to pass TRAP legislation in North Carolina.

CIVIC PARTICIPATION AND EQUALITY

“To Form a More Perfect Union . . .”: The Equal Rights Amendment

By Equal Rights Amendment North Carolina Citizens Task Force, www.era-nc.org

An 89-Year Struggle for Equal Rights for Women

The proposed Equal Rights Amendment (ERA) to the U.S. Constitution was first introduced in Congress in 1923. Forty-nine years later (1972), it finally passed both houses of Congress by the required two-thirds majority and went to the states for ratification. Congress later extended an original seven-year deadline to 1982. When this deadline expired, 35 of the necessary 38 states (the constitutionally required three-fourths) had ratified the ERA. North Carolina is one of the 15 (mostly southern) un-ratified states.

Three-State Strategy

But the struggle for equal rights continues. The three-state strategy for the ERA was developed after ratification of the 27th Amendment (dealing with congressional pay raises) in 1992, more than 203 years after its passage by Congress in 1789. Acceptance of that ratification period led some ERA advocates to argue that Congress has the power to maintain the legal viability of the ERA's existing 35 state ratifications.

Since 1995, ERA advocates have worked to pass ratification measures in at least eight of the un-ratified states. While no state has passed an ERA bill in both houses of its legislature, the measure has advanced legislatively in several of these states. ERA resolutions have been introduced in Arizona, Arkansas, Florida, Illinois, Louisiana, Missouri, Oklahoma, and Virginia.

The Virginia Senate passed a resolution ratifying the ERA in 2011 and again in 2012, but the House of Delegates tabled the measure in committee.

Congressional Action to Eliminate the Deadline

Currently resolutions are pending in both houses of Congress to eliminate the ratification deadline and make the ERA part of the Constitution when three more states ratify it. Rep. Tammy Baldwin (D-WI) introduced House Joint Resolution (HJR) 47 in 2011, and Sen. Ben Cardin (D-MD) introduced Senate Joint Resolution (SJR) 39 in March, 2012.

Why Is the ERA Needed?

Without the ERA in the Constitution, the statutes and case law that have produced hard-won advances in women's rights since the middle of the last century are vulnerable to being ignored, weakened, or reversed. These include the Equal Pay Act, the Pregnancy Discrimination Act, Titles VII and IX of the 1964 Civil Rights Act, and several court decisions supporting equality for women and men. With a single vote, Congress can amend or repeal these laws, the Administration can negligently enforce such laws, and the Supreme Court can use a lower standard of review to permit certain regressive forms of sex discrimination.

The Equal Rights Amendment would provide a basic legal remedy against sex discrimination and would guarantee that all citizens, without regard to sex, enjoy the rights affirmed by the U.S. Constitution. The ERA would clarify the legal status of sex discrimination for the courts, where decisions still deal inconsistently with such claims. For the first time, sex would be considered a "suspect" classification, as race currently is.

Governmental actions that treat males or females differently as a class would be subject to strict judicial scrutiny and would have to meet the highest level of justification in order to be upheld as constitutional. To actual or potential offenders who would try to write, enforce, or adjudicate laws inequitably, the ERA would send a strong preemptive message: the Constitution has zero tolerance for sex discrimination under the law.

Recommendations for Action

Congressional Solutions

- Urge Senators Kay Hagan and Richard Burr (or current senators) to cosponsor SJR 39, to eliminate the deadline and make the ERA part of the U.S. Constitution after three more states ratify it.
- Urge your U.S. Representative to cosponsor HJR 47, the companion measure in the House.

Legislative Solutions

- The Equal Rights Amendment will be introduced in the NC General Assembly in 2013. Begin asking your state legislators for support now, as well as candidates for the General Assembly.

For More Information

Look up the Equal Rights Amendment North Carolina Citizens Task Force at www.era-nc.org

♀ Fair Representation and Voters' Rights

By Jenn Frye, Democracy North Carolina, www.democracync.org

New Barriers to Equal Representation

Redistricting

Women have much at stake in our current political system. Policy decisions about the state budget, education, childcare, healthcare, violence against women, and pay equity directly impact women and their families. Although women participate in our democracy (often at higher rates than men) and currently make up more than half of registered North Carolina voters, women are sorely underrepresented in positions of political leadership.

Women hold less than one-sixth of all elected offices in North Carolina, including only 38 of the 170 seats in the NC General Assembly. The state's new redistricting maps exacerbate this problem – the number of women elected to office in 2012 will decrease because of how the maps are drawn. In the NC House, 36% of women have been put into districts with other incumbents in their party, compared to just 24% of men.¹⁵ This tactic, called “double bunking,” is designed to make re-election more difficult or force elected officials to retire. Women in the NC Senate were also put into districts that will be much harder for them to win.

When women are decision makers, policy outcomes are better for everyone – women, children and families. This dramatic shift in redistricting will have repercussions for many major policy issues in our state, from the state budget to reproductive freedom.

Voting Rights: The integrity of the vote *and* vibrant voter participation are vital to democracy. In 2011, conservative legislative leaders introduced House Bill 351 (H351), which calls for voters to present a government-issued photo ID every time they vote. The bill was poorly conceived, wastes millions in tax dollars needed for vital social programs and disenfranchises honest NC voters, including many women. Research by Democracy North Carolina shows that women are 61% of active, registered voters who lack a government issued photo ID.¹⁶ The legislature passed H351 in 2011 and it was vetoed by Gov. Perdue. The bill's proponents failed to override the veto in 2012 but will likely re-introduce voter photo ID during the 2013 legislative session.

Recommendations for Action

The General Assembly redistricting maps currently face a lawsuit from Democracy North Carolina, the League of Women voters and others. While the maps are being litigated, decision makers should focus on legislation that makes our state's elections process and elected bodies more representative and responsive:

- **Protect and Expand Voter Owned Elections.** Provide an alternative, “clean” source of

¹⁵ Laura Leslie (February 10, 2012). New Voting Maps Strike Democratic Women. From: <http://www.wral.com/news/state/nccapitol/story/10710550/>.

¹⁶ Bob Hall (March, 2011). Analysis of Active NC Voters Lacking ID. From: <http://democracy-nc.org/reports/library.html>.

funding for campaigns so candidates don't have to rely on large donors and special interests.

- **Create an Independent Redistricting Process.** The General Assembly should pass House Bill 824, Non-Partisan Redistricting Reform. This bill passed the state House in 2011 with overwhelming, bi-partisan support but was stalled in the Senate. H 824 would put non-partisan legislative staff in charge of redistricting and would mandate that new districts be drawn without using political data or considerations.
- **Protect Voter Rights.** Help build a strong, healthy civic life for North Carolinians. Legislators should abandon efforts to pass a photo ID requirement for voters or any other policy that will suppress voter rights. Such bills often disproportionately affect women, people of color, people with disabilities, people from rural communities and the elderly. Instead, elected leaders should pass legislation that supports the elections process, encourages voter turnout and increases civic participation.

♀ Immigration and Citizenship

By NC National Organization for Women, www.now.org/chapters/nc.html

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 scope 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. And 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 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.

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

♀ **Driver's License Identification**

By NC National Organization for Women, www.now.org/chapters/nc.html

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 Aug 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 Sept. 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 4 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, N.C. 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 don't study the driving rules because they are not allowed to take the test. Without driver's licenses, they can't 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 or define new more reasonable criteria.

— VIOLENCE AGAINST WOMEN —

♀ **Human Trafficking In North Carolina**

By Charity Magnuson, NC STOP, and Kiricka Yarbough Smith, North Carolina Coalition Against Sexual Assault, ncstophumantrafficking.wordpress.com

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 4 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.¹⁷ The United States Department of Justice estimates:

[T]he number of people trafficked into the United States each year ranges from 14,500 to 17,500, according to the Department of State.¹⁸ 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.¹⁹

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. Trafficking can be for domestic labor, labor trafficking, 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

According to the US Department of Justice, any person engaging in commercial sex who is under 18 years of age is considered to be a trafficking victim and entitled to protection. 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. The Department of Justice says that victims of human trafficking are runaways and "throwaways" who have been in the foster care system or have an abusive home life. 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.²⁰ Some experts

¹⁷ Polaris Project, *Human Trafficking Statistics*, available at: polarisproject.org (2010).

¹⁸ Polaris Project, *Human Trafficking Statistics*, available at: polarisproject.org (2010).

¹⁹ Richard J. Estes and Neil A. Weiner. *The Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico*, (The University of Pennsylvania School of Social Work: 2001), 140 - 152.

²⁰ Polaris Project, *Human Trafficking Statistics*, available at: polarisproject.org (2010).

say runaways are approached within 48 hours to be solicited for sex work. Many accept to survive. 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.²¹

Consider these cases:

- o A 35-year-old mother of two – trafficked from Mexico into North Carolina, and instead of receiving a work visa and employment, was forced into prostitution. (“Human trafficking ‘is real, it’s in North Carolina’”).
- o A 5 year old girl – Shaniya Davis – sold by her mother in Fayetteville, NC into prostitution. Her “buyer” raped and killed her (“Shaniya Davis Found Dead; Mother Turned Little Girl Into Sex Slave, Say Police”).
- o 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 (“Duke employee arrested on child sex charge”).
- o A 14 year old girl – forced into prostitution in Charlotte, NC after being brought into the country from Latin America. She had been promised employment in a North Carolina restaurant. (“Teens become prey in Charlotte sex trade”).
- o Immigrant workers lured by promises of a better life, only to end up being forced into sexual slavery, domestic servitude and forced labor (Clawson, et al.) Imagine being forced to have babies solely for the purpose of selling them for their organs (Belciug). Slaves are beaten, drugged, raped, and held through force, fraud or coercion.²²

To learn about specific cases in North Carolina cities, visit:

<http://ncstophumantrafficking.wordpress.com>

Factors that lead to trafficking include:

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

Recommendations for Action

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

²¹ Polaris Project, *Human Trafficking Statistics*, available at: polarisproject.org (2010).

²² Polaris Project, *Human Trafficking Statistics*, available at: polarisproject.org (2010).

♀ Domestic Violence

By North Carolina Coalition Against Domestic Violence (NCCADV), www.nccadv.org

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.²³ 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 economic downturn has caused the demand for services to steadily increase. As financial stress increases for families, violence in the home often escalates. Last year alone, local domestic violence programs responded to over **120,000** crisis line calls and provided services to over **66,000** victims.²⁴

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.²⁵ Domestic violence related homicides as reported by state and local law enforcement for 2010 totaled **107**, according to the NC Department of Justice.²⁶ In addition, NC ranked **23rd** in the nation for the number of per capita homicides committed by men against women in 2009, according to the Violence Policy Center.²⁷ This is a horrifying reality for too many families in North Carolina, and we know that children who witness violence in the home are much more likely to continue the cycle of violence in the next generation.

North Carolina has made a lot of progress in addressing domestic violence by strengthening our laws over the last several years, but we still have much work to do to ensure that offenders are held accountable and victims have more resources that will increase safety and options. Current efforts of the North Carolina Coalition Against Domestic Violence (NCCADV) include the following: maintain funding for domestic violence programs so that they can meet the demand to provide life-saving services to victims; maintain TANF funds for domestic violence services to Work First participants; provide more oversight of offenders who are ordered to complete abuser treatment programs; expand tracking of criminal domestic violence cases; require training on domestic violence for professionals in the criminal justice system and public school system; and increase funding for the Housing Trust Fund so that affordable housing is available for victims fleeing abusive relationships.

²³ The Centers for Disease Control and Prevention and The National Institute of Justice, *Extent, Nature, and Consequences of Intimate Partner Violence*, July 2000.

²⁴ North Carolina Council for Women/Domestic Violence Commission, Domestic Violence Statistical Report, FY 2009.

²⁵ 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>.

²⁶ NC Department of Justice, *Report on Domestic Violence Related Homicides for Calendar Year 2010*, February 2011.

²⁷ Violence Policy Center, *When Men Murder Women: An Analysis of 2009 Homicide Data*, September 2011.

Recommendations for Action

- Support the Legislative Agenda of the North Carolina Coalition Against Domestic Violence, (www.nccadv.org).
- Maintain level funding to be allocated to the Domestic Violence Center Fund to support essential services provided by local programs across the state.
- Maintain level TANF funding to be allocated for domestic violence services to Work First participants.
- Pass House Bill 176: Review DV Program Participation
- Pass House Bill 682: Require DV Training/Certain Persons
- Support the Campaign for Housing Carolina

Sexual Violence

By North Carolina Coalition Against Sexual Assault (NCCASA), www.nccasa.net

Violence against Women is defined as specific forms of violence, including sexual violence, domestic violence, stalking and teen dating violence.²⁸ 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 cyber stalking.

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.²⁹
- 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 NCCASA.

Statistics:

- Nearly 1 in 5 women have been the victim of rape or attempted rape in their lifetime.
- Nearly 1 in 2 women have experienced other forms of sexual violence.
- 1.3 million women have been raped in the United States in the last 12 months.
- 1 in 5 men have experienced a form of sexual violence other than rape in their lifetime.³⁰
- According to the *Uniform Crime Report*, there were 2,239 forcible rapes reported in North Carolina in 2008.³¹
- In North Carolina, one in five women has been sexually assaulted at some point in their lives.³²

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

²⁹ North Carolina Coalition Against Sexual Assault. *Report of Salary Results for Local Rape Crisis Centers Survey*. August 2008.

³⁰ Center for Disease Control. *National Intimate Partner and Sexual Assault Survey*, December 2011.

³¹ 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>.

³² Martin, Sandra L. and Suzanne Clotier. *Sexual Assault Among North Carolina Residents: Prevalence and*

- During calendar year 2009, there were 90 convictions of 1st degree rape against a child and 202 convictions of 1st degree sex offense against a child in North Carolina courts. In that same time period, 698 charges of 1st degree rape against a child and 1,366 charges of 1st degree sex offenses against a child were filed.³³

Services and Prevention:

- Rape crisis centers are the front line in victim service and violence prevention
 - o In Fiscal Year 2010, North Carolina rape crisis centers served 13,881 individuals, including 3,086 children under the age of 18.
 - o 25,058 hotline calls were received by North Carolina rape crisis centers in 2009.³⁴
- Prevention is vastly less expensive than dealing with the effects of sexual assault:
 - o 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.³⁵
 - o 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 we have passed important legislation in North Carolina, we must continue to address the root causes of sexual violence. We know from other research (such as the Adverse Childhood Experiences, or ACE, Study, www.acestudy.org) that child sexual abuse and other traumatic events can result in serious long-term physical and mental health problems. The recent National Intimate Partner and Sexual Violence Survey confirms what previous studies have also shown – that women who were sexually abused as minors are at significantly increased risk of being raped again as adults. 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 2012 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.

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.

³³ North Carolina Administrative Office of the Courts. Tally of Offense Codes used in the Criminal/Infraction Index in 2009.

³⁴ North Carolina Council for Women/Domestic Violence Commission, Sexual Assault Program. *Program Summary Report, 2008-2009 County Statistics.* January 2009. <http://www.nccfdvdc.com/stats.htm>.

³⁵ 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.

ECONOMIC SELF-SUFFICIENCY

♀ Affordable Housing Challenges

By Polly Williams, Triangle Older Women's League, www.owl-national.org

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 \$709; the hourly wage needed to pay this rent is \$13.63.³⁶ This wage is often not attainable to then pay what is a "fair rental cost. Therefore, 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.

The best help in this difficult time comes from the North Carolina Housing Trust Fund, which receives public funds to preserve and develop new affordable housing. An ongoing campaign to provide \$50 million to the Trust Fund has successfully increased allotments, though the allotments have not come close to reaching the \$50 million goal. In the 2011 legislative session, only \$7.8 million was appropriated to the NC Housing Trust Fund. There was no General Fund appropriation for the Housing Trust Fund in the 2012 budget. Legislators chose to swap state funding for the Housing Trust Fund with money the state received from the National Mortgage Settlement.

Recommendations for Action

- Provide annual funding of \$50 million to the NC Housing Trust Fund to increase availability of affordable housing.
- Policies that support expanding the supply of affordable housing, targeted to the lowest income households, are an important step toward providing more households access to decent housing.

³⁶ FMR and wage data from the National Low Income Housing Coalition's *Out of Reach 2012 report*, available at <http://nlihc.org/oor/2012>.

♀ Affordable Child Care

By Louisa B. Warren, NC Justice Center and Beth Messersmith, NC MomsRising,
www.momsrising.org/nc

Affordable Child Care

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. Childcare costs are astronomically high—averaging over \$8,500 annually in North Carolina. Nearly 1 in 5 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 is taken up by child care costs. Without some sort of assistance, child care is simply out of reach for many North Carolina working families. Recent budget cuts to important programs like Smart Start, NC Pre-K, and child care subsidies make this even more difficult.

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 matching cohorts 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, are targeted 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 NC Pre-K at pre-2011 budget levels.
- The NC General Assembly should reject efforts to privatize NC Pre-K programs or

restrict eligibility.

- The NC General Assembly should provide funding to eliminate the waiting list for the child care subsidies program and increase the reimbursement rate to childcare centers to help keep them in business.

♀ **Earned Income Tax Credit (EITC)**

By Louisa Warren, NC Justice Center, www.ncjustice.org

What North Carolina's Earned Income Tax Credit does

The EITC is a federal tax credit designed to “make work pay” by providing low-wage workers with additional income to help them close the gap between what they earn and what they need to meet their basic needs. The EITC, which can put more than \$4,700 in the pockets of those who qualify, is available to workers earning less than \$36,000-\$49,000 annually (depending on marital status and number of dependent children). The EITC is a refundable credit, so after offsetting any federal taxes owed, the remaining credit is received as a refund. EITC refunds enhance working families' immediate well-being and improve their long-term economic mobility. Considerable research shows that families use the refund to purchase basic necessities, pay down debts, finance education and obtain decent housing.

Starting in 2009, North Carolinians have been able to take advantage of a state Earned Income Tax Credit that is set at 5% of the federal credit. In 2010, roughly 1 out of 4 households received the EITC in North Carolina.

How the EITC benefits working families, children & women

Research has found that the EITC encourages parents to enter and stay in the workforce, providing a pathway to the middle class. The boost to income it provides also moves workers out of poverty and it's the most effective policy out there to build economic security.

Nationally, the EITC in 2010 lifted about 6.3 million people out of poverty, including about 3.3 million children. The number of children living in poverty would have been one-quarter higher without the EITC and there is no other program more effective than the EITC for lowering child poverty rates.

For young children, moving out of poverty is particularly important. Research has found that lifting income in early childhood not only tends to improve a child's immediate educational outcomes, but is associated with more schooling, more hours worked, and higher earnings in adulthood. One such study showed a link between an increase in the EITC for families with more than two children and an increase in achievement in middle childhood for the children of these families.

Finally, the EITC disproportionately benefits women. Occupations dominated by women—such as nursing, home care, child care, teachers and teacher assistants—all have entry-level salaries that are income-eligible for the EITC. In short, women qualify and benefit from the EITC at a higher rate.

Recommendations for Action

- **Legislative action needed** - North Carolina's refundable Earned Income Tax Credit is set

to expire at the end of 2012 without legislative action. State lawmakers need to act during the 2012 legislative session to extend our state EITC past 2012 so that the thousands of working families that qualify from the EITC can still access it. This can be done through the budget bill or a separate bill. Currently there is no pending bill to extend the EITC but legislative champions for extending the EITC have been identified.

- **Get involved to keep the EITC** - The NC Budget & Tax Center is coordinating a growing coalition of organizations and individuals that support keeping the EITC. To find out how to get involved, visit www.nceitc.org.

♀ Access to Paid Leave

By Louisa Warren, NC Justice Center, www.ncjustice.org

Workers should not have to choose between a paycheck, 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. Almost nine out of ten private-sector workers in North Carolina have no wage replacement if they need to take extended leave for their own serious illness, the serious illness of a family member or to care for a new baby, and nearly half of private-sector workers have no paid sick days for short-term illnesses and routine needs.³⁷

An array of proven policy options exists to help create workplaces in which workers can be productive and effective without sacrificing family responsibilities or their health. A family leave insurance program, Family Medical Leave Act (FMLA) expansions, and paid sick days legislation are tools that policymakers can use to create economic stability for workers and their families and opportunity for businesses and the economy.

First, policymakers should explore the feasibility of enacting a state family and medical leave insurance system that provides full or partial pay for workers while they are out on leave to recover from an illness or to care for a new child or seriously ill relative. Currently, no state or federal law requires North Carolina's employers to give their employees paid leave. The federal FMLA provides unpaid job-protected leave for up to 12 weeks to care for a seriously ill family member, to recover from the employee's own illness, or to care for a new child.³⁸ However, the scope of the FMLA is limited and because the leave is unpaid, many workers who are eligible cannot take advantage of it.³⁹

Several states have now enacted family leave insurance systems and North Carolina should explore how this type of system could be enacted here. Research on the family leave insurance

³⁷ In the South Atlantic region 89 percent of private sector workers lack access to paid leave and 44.5 percent of North Carolina's private-sector workers lack access to paid sick days. U.S. Department of Labor, Bureau of Labor Statistics, *National Compensation Survey: Employee Benefits in Private Industry in the United States*, March 2011 and Institute for Women's Policy Research analysis of 2009-2010 National Health Interview Survey (NHIS) and 2009 American Community Survey.

³⁸ 29 U.S.C. Section 2601.

³⁹ In a study of the FMLA, 78 percent of workers who needed family or medical leave but did not take it, although they were eligible for it, said that they chose not to do so because they could not afford to take unpaid leave. White, Karen and Eileen Applebaum, *Economics and Politics of Work-Family Policy: The Case for a State Family Leave Insurance Program*, Working Poor Families Project Brief, Spring 2009 citing U.S. Department of Labor, *Balancing the Needs of Families and Employers: Family and Medical Leave Surveys*.

programs in California and New Jersey has found that the programs can be critical for workers' economic security, have positive health impacts, and can be a cost-saving measure by reducing employee turnover rates.⁴⁰ Both systems are funded through a modest employee payroll tax. Businesses don't have to foot the cost but get to reap the benefits of having more productive and loyal employees. And families have access to job security and economic stability through family leave. In addition, President Obama's FY 2013 budget includes \$5 million to provide competitive grants to states that are investigating paid leave programs, making the fiscal impact even more minimal.

As an intermediary step, policymakers should consider expansions to the FMLA, which only applies to workers at companies with 50 or more employees who worked at least 1,250 hours in the preceding year. The FMLA's definition of "family" excludes domestic partners and other family members such as parents-in-law and grandparents, further limiting its scope. Several states have taken the initiative to broaden the reach of FMLA protections under their own state statutes. North Carolina can follow the lead of these states to expand the protection of the federal law to more workers. The *Caregiver Relief Act*, introduced in 2011 in the state Senate, would include siblings, grandparents, stepparents, and parents-in-law in the definition of "family."

Finally, policymakers should consider paid sick days legislation. Paid sick days address the need for paid time off for short-term illnesses and routine medical appointments. Currently, no state or federal law requires employers give employees the opportunity to earn paid sick days. The *Healthy Families and Healthy Workplaces Act* was first introduced in the North Carolina General Assembly in 2007 and is currently pending. The legislation, which would allow workers to earn up to seven days of sick leave annually, would save jobs, improve public health, and save employers an estimated \$100 million annually, largely from reduced employee turnover.⁴¹

Recommendations for Action

- Establish a state-run paid family and medical leave insurance program to make family leave real.
- Broaden the reach of the Family Medical Leave Act, which provides unpaid leave, by expanding eligibility.
- Enact legislation that guarantees all workers a minimum number of paid sick days to care for themselves or a sick family member.

⁴⁰ See, for example, Houser, Linda and Thomas P. Vartanian. "Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public," Rutgers Center for Women and Work, January 2012.

⁴¹ Miller, Kevin and Claudia Williams. May 2009. "Valuing Good Health in North Carolina: The Costs and Benefits of Paid Sick Days," Institute for Women's Policy Research.

♀ Education Policy

By Chris Hill, NC Justice Center, www.ncjustice.org

Background

North Carolina's schools are struggling to continue providing students with the best education possible in the wake of deep budget cuts. We are told that the economy requires these cuts, however, eliminating some funding for public schools flies in the face of the state's constitutional mandate to provide a sound basic education and its moral obligation to the children of the state to ensure a high-quality education.

At least one study shows that given North Carolina's economy and its per pupil spending, the state is 49th in the country in the effort to spend money on our students.⁴² Despite the competitive disadvantage this underfunding imposed on our schools and our students, this year's budget further reduced education funding by over \$459 million in Fiscal Year 2012 and there will be \$190 million less in K-12 education in the 2013 Fiscal Year. With the steep budget cuts over the past couple of years and the continuing significant growth in school age population, North Carolina public schools are being asked to do much more with much less.

It is important that every child in North Carolina show up at the door of a Kindergarten classroom ready to learn. This can only be done with a high quality Pre-K system. Research studies, including recent studies from two prestigious institutions in our state and throughout the country, Duke University and the University of North Carolina, consistently find that quality early childhood education programs dramatically improve the performance of all students.⁴³ They also ensure that students facing the special educational challenges of disability or poverty come to kindergarten with the necessary skills. This state has been a leader in the development of early childhood education programs and has a national reputation for the quality of its programs. Early childhood education funding has been cut dramatically. Several thousand students will suffer.

Teacher assistants were also victims of the steep cuts in education. These aides provide essential support to classroom teachers, offer individual attention to students as needed, and allow for smaller learning environments. The budget eliminated funding for more than 2,000 teacher aide positions for the 2012-13 school year. In response to deep cuts in state spending on public education, local schools have responded by cutting spending in many areas, particularly school personnel. As a direct result of state budget cuts to public education, more than 900 teaching positions were eliminated this year.

It is often said that the most important person in education is the one standing in front of the class. While all adults are important in our public education system, there is no doubt that the importance of quality teachers to the success of students has been long established. However, budget cuts eliminated the Teaching Fellows program and teacher mentoring program, both of which assist young teachers to become successful. Cuts also impacted other services. Transportation funding was cut, making it difficult for local education agencies to buy or

⁴² National Education Association. "Rankings & Estimates: Rankings of the States 2010 and Estimates of School Statistics 2011. December 2010.

⁴³ North Carolina Smart Start. "Summary of Key Evaluations." 2010. Available here: hugh.ncsmartstart.org/.../Overview-of-Key-Smart-Start-Studies.docx.

maintain buses. Since textbook funding was also cut, many students must go without textbooks or use outdated ones.

The expiration of federal recovery funds further compounds the tremendous shortfall local systems are facing. Over the Great Recession, North Carolina schools received \$1.6 billion in federal recovery funds – some of which was appropriated by the state, and some which went directly to schools. North Carolina’s last federal stimulus dollars, through the EduJobs program, are currently supporting between 4,000 and 5,000 school jobs this year.

Recommendations for Action

- Replace federal EduJobs funding with state General Fund appropriations
- Support strong early childhood education program and ensure that all at-risk children can participate in a quality early childhood program.
- Restore funding for teachers and teachers’ assistants that were lost as a result of cuts in the last state budget.
- Restore funding for the Teaching Fellows program, as well as other professional development opportunities for teachers and teacher assistants.
- Encourage lawmakers to recognize that all students regardless of race, ethnicity, wealth or immigration status deserve a free, high quality and diverse public education.