

VERMONT COMMISSION ON WOMEN PUBLIC POLICY STATEMENTS

Updated May 2019



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Core Values, Vision, and Mission

Revised October 10, 2018

Core Values

The Vermont Commission on Women believes that all women and girls must have the opportunity and be encouraged to participate fully in society for the betterment of the lives of all. We strive to ensure that all women live with safety, justice, equity, freedom, dignity, privacy, equality, economic self-sufficiency, and mental and physical health and well-being. We will listen respectfully, assess, and speak, and we will be pro-active.

Vision

The Vermont Commission on Women joins its counterparts nationally and internationally in seeking to help women and their families gain access to the rights, privileges, and resources needed to live in justice, dignity, freedom, equality, and economic security.

Mission

The Vermont Commission on Women, as a state agency, works to shape policy by educating and informing the public. The Commission works to find long-term solutions to the problems that confront women and their families by increasing educational, economic, social, and health-related opportunities.

CIVIL AND LEGAL RIGHTS

The Vermont Commission on Women has a long and proud history of supporting the civil and legal rights of all Vermonters. This history is based on the Vermont Constitution that guarantees the rights of all persons in the State of Vermont. It is the policy of the Vermont Commission on Women not to discriminate against individuals with disabilities in the provision of services, programs, and activities or in employment.

Adoption

Adopted February 1, 1996

Whereas, adoption is a complex issue where the interests of women often compete, now therefore be it

Resolved that the Vermont Commission on Women reaffirms its position that existing promises of confidentiality be honored and that identifying information in past adoptions not be disclosed unless the person being identified has consented; that in future adoptions, identifying information only be disclosed if mutually consented to; and opposes a 72-hour waiting period.

Boards, Commissions, and Public Office

Adopted November 2, 1995

Revised and adopted November 14, 2001

Whereas, women have made great strides towards economic, political, and social equality in recent years, and today women are much more active and visible in civic life, and

Whereas, it is also true that women make up less than 30 percent of the Vermont State Legislature, and less than half of Vermont's board and commissions are gender-balanced, and

Whereas, research shows that, when women are involved in the public policy process, the issues they care about become the issues policymakers address, including issues that affect women's lives such as education, housing, affordable health care, child and elder care, and violence against women, and

Whereas, when women are involved in the public policy process, institutions traditionally dominated by men become more accessible to other women, and

Whereas, women serving on public boards and commissions and serving in public office can influence public policy, bring attention to the issues that women care about and help others understand why they are important, learn about the political process, improve their expertise in a given area, gain recognition for their contributions, advance their careers, serve as a role model for other women, and gain access to policymakers, and

Whereas, the Vermont Commission on Women offers assistance to women seeking appointment to boards and commissions and to appointing authorities, as well as monitors and informs the public about gender composition of boards and commissions and women in public office, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that facilitate the recruitment, retention, and promotion of women to boards and commissions and that facilitate the recruitment, retention, and promotion of women in public office.

Civil Rights

Adopted November 2, 1995

Revised and adopted November 14, 2001

Whereas, the Vermont Constitution states “That all persons are born equally free and independent and have certain natural, inherent, and unalienable rights, amongst which are the enjoying and defending life and liberty, acquiring, possessing, and protecting property, and pursuing and obtaining happiness and safety,” and

Whereas, although the Vermont Constitution guarantees equal rights for all persons, the reality is that this guarantee is neither recognized nor practiced by our society as a whole, and

Whereas, in Vermont, as well as the rest of the nation, a great deal of work needs to occur in order to assure every citizen full civil rights as guaranteed under the Constitution, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that facilitate full civil rights for all people regardless of race, color, religion, national origin, gender, sexual orientation, gender identity, ancestry, place of birth, age, physical disability, or mental disability.

Contract with America

Adopted June 1, 1995

The Vermont Commission on Women opposes the Contract With America because it is detrimental to the welfare of women and families in Vermont.

Contract with Women of the USA

Adopted November 7, 1996

Revised and adopted November 14, 2001

Whereas, the Contract with Women of the USA Platform for Action was adopted at the United Nations Fourth World Conference on Women in September 1995 by 189 governments, including the United States of America, and

Whereas, it is the commitment of the governments of these 189 nations to the goal of equality and empowerment for American women, who continue to be the majority population of our nation and states, and

Whereas, these governments pledge to work to overcome discrimination based on sex, race, class, age, immigration status, sexual orientation, religion, and disability, as well as to end social, economic, and

political inequities, violence, and human rights abuses that still confront women and girls in this nation, and

Whereas, these governments, in order to achieve peace, justice, and equality for all persons, pledge to work for the empowerment of women; for equal sharing of family responsibilities; to end the burden of poverty; to provide access to high-quality and affordable health care; to reaffirm the sexual and reproductive rights of all women; to guarantee workplace rights; to work for educational equity for women and girls; to end violence against women and children; to continue and expand environmental protection programs; to recognize women as peace-makers; to honor the US commitment to ratify the Convention to Eliminate Discrimination Against Women (CEDAW); and to work to develop a long-term plan to achieve equality and empowerment, now therefore be it

Resolved that the Vermont Commission on Women endorses the Contract with Women of the USA.

Convention to Eliminate Discrimination Against Women (CEDAW)

Adopted January 9, 1997

Revised and adopted November 14, 2001

Whereas, the Convention to Eliminate Discrimination Against Women (CEDAW) was adopted by the United Nations General Assembly in December 1979 and became an international treaty in September 1981, and

Whereas, 154 nations have ratified CEDAW, not including the United States of America, and

Whereas, CEDAW provides a comprehensive framework for challenging discrimination against women worldwide that defines discrimination against women; obliges ratifying nations to take concrete steps to eliminate discrimination against women; recognizes the role of culture and tradition and calls upon ratifying nations to eliminate sex role stereotyping; requires ratifying nations to suppress all forms of traffic in women and exploitation of prostitution; obliges ratifying nations to eliminate discrimination in education in access and substance; recognizes the right to work as a human right; assures access to health care education and services, including family planning; addresses discrimination in economic, social, and cultural life; addresses, in particular, discrimination against rural women; and guarantees equality before the law, including marriage and family law, now therefore be it

Resolved that the Vermont Commission on Women endorses the ratification of CEDAW by the United States.

Correctional System

Adopted November 2, 1995

Revised and adopted November 14, 2001

Whereas, national statistics indicate that the majority of imprisoned women suffer from very high rates of mental health needs and psychiatric disorders, including substance abuse, depression, and post-traumatic stress disorder due to high rates of physical violence and sexual abuse, and

Whereas, approximately 80 percent of imprisoned women are mothers and a majority of these women are either custodial parents or have custodial rights and lived with their children prior to incarceration and maintain frequent contact while incarcerated, and

Whereas, many imprisoned women were unemployed prior to incarceration and therefore must develop the job skills and acquire the employment training necessary to provide them employment opportunities to earn livable incomes upon release, and

Whereas, gender-specific informational and educational services and counseling for imprisoned women must focus on developing independence, self-sufficiency and self-esteem, non-traditional vocational and academic training, and topical life skills, including issues such as substance abuse, parenting skills, violence and battering, and interpersonal communications and relationships, while at the same time responding to each offender's needs as a woman, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that provide women equality with male prisoners in facilities, programs, services, and geographic placement, while also considering gender-specific needs and the needs of the children of imprisoned women, as well as community support systems upon release.

Family Law Matters

Adopted November 14, 2018

REPLACED Family Dissolution policy

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that facilitate equitable treatment of all parties, the protection of children, and the economic interests of single parents in family law matters.

Approximately 3800 separation, divorce, and parentage cases are filed in Vermont courts each year,¹ and nearly as many post-judgment motions for enforcement or modification are filed each year.² Additionally, nearly 7000 child support cases are filed.³

Divorce and separation tend to have negative economic consequences for both parties, but research indicates that women tend to feel the economic impacts of divorce more significantly than men. Research indicates that when couples divorce, women tend to see a decline in income where men tend to see their income rise,⁴ and divorced women are more likely than divorced men to rely on public assistance.⁵ In Vermont, the poverty rate for families headed by single women is 37.5% – nine times the poverty rate of married couples.⁶

¹ Vermont Judiciary Annual Statistical Report for FY2017, Vermont Judiciary, <https://www.vermontjudiciary.org/about-vermont-judiciary/court-statistics-and-reports>.

² *Id.*

³ *Id.*

⁴ Betsey Stevenson and Justin Wolfers, *Marriage and divorce: changes and their driving forces*, Journal of Economic Perspectives, spring 2007, pp. 27–52, <https://www.aeaweb.org/atypon.php?doi=10.1257/jep.21.2.27>

⁵ *Divorce Rates Highest in the South, Lowest in the Northeast*, Census Bureau Reports, U.S. Census Bureau, August 25, 2011, https://www.census.gov/newsroom/releases/archives/marital_status_living_arrangements/cb11-144.html.

⁶ Change The Story Vermont, *Women Work and Wages*, 2016. <http://changethestoryvt.org/women-work-and-wages-in-vt/>

*****DELETED*** Family Dissolution**

Adopted November 2, 1995

Revised and adopted November 14, 2001

DELETED November 14, 2018

REPLACED by Family Law Matters

Whereas, dissolution of a marriage or civil union can be the most difficult legal problem that many women will ever face, and, at the present time, nearly half of all American marriages end in dissolution, and

Whereas, dissolution poses both social and economic problems for women due to a lack of social supports and the fact that a woman will most likely have far less money after dissolution than before, thereby reducing her standard of living, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that facilitate equitable treatment in dissolution proceedings of both parties and that protect the best interest of the child.

*****DELETED*** Marriage for Same-gender Couples**

Adopted November 7, 1996

Revised and adopted November 14, 2001

DELETED October 10, 2018

Whereas, the union of two people in a long-term, committed, and loving relationship has long been considered by society to fulfill basic human needs for sharing, commitment, and love, and

Whereas, marriage remains the primary social and legal institution for couples and families in American culture, and

Whereas, many same-gender couples who are members of committed and long-term relationships would like to marry, and no state yet authorizes civil marriage for same-gender couples, and

Whereas, without civil marriage, same-gender couples are denied social recognition of their union, as well as many legal and economic benefits and responsibilities such as hospital visits and medical decisions; adoption; joint parenting, custody, and child visitation; joint insurance policies for home, auto, and health; bereavement leave when a partner or child dies; decision-making power with respect to the burial or cremation of a deceased partner; immigration and residency for partners from other countries; and dissolution protections such as community property and child support, and

Whereas, the Constitution protects the right of religious institutions to decide whether to perform same-gender marriages or other types of marriages, such as interfaith and interracial, and such religious ceremonies are not legally binding, now therefore be it

Resolved that because marriage is a basic human right and an individual personal choice, the Vermont Commission on Women supports legislation, policies, programs, and initiatives that do not interfere with

same- gender couples who choose to marry and share fully and equally in the rights, responsibilities, and commitments of civil marriage.

Surrogacy

Adopted January 5, 1989

The Commission has taken no position on the subject. However, if proposed legislation is written, GCW encourages the inclusion of the following stipulations: no legal relinquishing of parental rights before birth; the best interest of the child is of paramount concern in considering these agreements; Vermont adoption laws should be applied to these decisions wherever applicable; and fees paid to surrogate mother are limited to actual expenses incurred.

Voter Registration and Participation

Adopted January 4, 1996

Revised and adopted November 14, 2001

Whereas, all women and girls must be given the opportunity and be encouraged to participate fully in society so that all women live with justice, equity, freedom, dignity, privacy, equality, economic self-sufficiency, and mental and physical health and well-being, and

Whereas, when women vote and become involved in the public policy process, the issues they care about become the issues policymakers address and institutions traditionally dominated by men become more accessible to other women, and

Whereas, women voting and serving on public boards and commissions and serving in public office influence public policy and bring attention to the issues that women care about and help others understand why they are important, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that encourages women to participate fully in society by registering to vote, by voting in local, state, and national elections, and by seeking and serving in public office.

Wills and Probate

Adopted November 2, 1995

Whereas, every woman should have a will regardless of whether she owns property jointly with someone else or not, and

Whereas, the laws of property ownership are complex and, if not created properly, can cause serious problems in the event of a death in the family, and

Whereas, it is important to get good advice when drafting a will and an estate plan in order to prevent unnecessary complications, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that facilitate the prevention of gender bias in relationship to wills and probate.

ECONOMIC SELF-SUFFICIENCY AND BASIC NEEDS

The Vermont Commission on Women believes that women of all ages must have equal access to the benefits and privileges of Vermont's economic prosperity to ensure the present and future economic security for themselves and their families. In particular, the Commission supports the development and preservation of accessible services to assist older Vermonters in obtaining maximum benefits and independence.

Aging and Elder Care

Adopted November 2, 1995

Revised and adopted December 12, 2001

Whereas, life expectancy in 1995 was 75.8 years, and by the year 2050 it is projected that as many as one in five Americans will be elderly. Only four to five percent of today's elderly live in nursing homes compared to the almost 25 percent who need assistance with their daily living activities. It is clear that, as America's population ages, the need for quality, affordable elder care grows, and

Whereas, women are filling the gap between self-sufficiency and long-term care needs. Nearly 75 percent of the people providing informal care to elderly relatives or friends are women. Many of these women have full-time or part-time jobs, and 40 percent have children for whom they must also care. These women are increasingly sandwiched between the care needs of the young and the elderly, and in addition must balance the demands of their workplaces. For 17 percent of working caregivers, the demands are so intense that they take a leave of absence or give up work entirely, and

Whereas, informal caregivers provide an invaluable service to the elderly and to the economy of the country. They contribute \$194 billion in services annually to the health care industry by helping the elderly with their daily activities. Their time and care save thousands of dollars each month in nursing home expenses and lessens the growing burden on the Medicare system, and

Whereas, society must find creative ways to support families and friends in providing elder care, including caregiver support groups, informational resources, referral resources, respite care, and elder day care centers. Society must also target research and outreach to the elderly to help them plan for the financial burden of long-term care. Affordable preventive health care services and improved living standards, including adequate housing, nutritious foods, and clean water, will improve the quality of their lives before they begin to need care. And finally, activities designed to keep elders engaged and contributing to their communities and alternatives to nursing homes such as visiting nurses, assisted living centers, and programs like Wheels on Meals will also increase the quality of their later years, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that provide support of family caregivers, promote alternative care situations, support long-term financial planning, and support reform of Medicare to focus on preventative services rather than loss of health in order to address the growing care needs of our aging population.

Early Childhood Care and Education

Adopted January 11, 2001

Revised and adopted June 13, 2018

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote a comprehensive statewide system of quality early childhood care and education.

Research has shown that the first five years of a child's life are the most critical to their overall development. In the first few years of life more than 1 million new neural connections are formed every second.⁷ Early experiences and environments have a significant impact on the brain's ability to process information, learn and develop. Additionally, a child's earliest relationships with their caregivers, whether parent, guardian or child care professional is a critical part of their developmental foundation, social-emotional growth and future learning. Studies also indicate that children who have access to nurturing, responsive and trusted relationships in the first years of life are more likely to be well armed with resiliency and coping skills, against adverse childhood experiences (ACEs) and other toxic-stress related conditions.^{8, 9}

Currently, 70.1% of the state's children under the age of six have all available parents in the workforce, indicating that a substantial number of Vermont children are likely to need access to some form of child care.¹⁰ Additionally, research shows that more often than not, when child care is too expensive or challenging to access, it is women who take time off of or leave their job in the workforce, and consequently frequently experience a loss of wages, earning potential, retirement benefits and more.¹¹

The child care workforce has been historically undervalued, both financially and societally.¹² Furthermore, the vast majority of the early care and learning workforce is made up of women, many of whom are Vermonters attempting to run small child care businesses, advance in the field and get further degrees and qualifications related to child development. These women support the development of the state's youngest citizens, while working in positions which often pay below the livable wage.

A Vermont-specific study shows that for every additional dollar spent on quality early care and learning programs the state saves \$3.08 in later special education, criminal justice, welfare, and other social

⁷ Center on the Developing Child, Harvard University. (2017). Brain Architecture. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>.

⁸ Friese, S., Lin, V-L., Forry, N., Tout, K. (2016). https://www.acf.hhs.gov/sites/default/files/opre/cceepra_access_guidebook_final_508_22417_b508.pdf

⁹ Ullrich, R., Workman, S. (February 13, 2017). Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/early-childhood/reports/2017/02/13/414939/quality-101-identifying-the-core-components-of-a-high-quality-early-childhood-program/>.

¹⁰ US Census Bureau. (2017). American Community Survey 5-Year Estimates (2012–2016) Table B23008. Retrieved via Vermont Insights: <http://vermontinsights.org/5-years-old-and-under-all-parents-in-labor-force>.

¹¹ Parker, K. (October 1, 2015). *Women More Than Men Adjust Their Careers for Family Life*. Pew Research. Retrieved from <http://www.pewresearch.org/fact-tank/2015/10/01/women-more-than-men-adjust-their-careers-for-family-life/>.

¹² National Women's Law Center. (December 2017). *Undervalued: A Brief History of Women's Care Work and Child Care Policy in the United States*. Retrieved from https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/12/final_nwlc_Undervalued2017.pdf/.

service costs.¹³ This potential return on investment (ROI) suggests that not only is child care a good place for investment for children and families, but also a strong investment for the state's economy.

Support Enforcement of Pay Equity Legislation and Initiatives

Adopted April 10, 2002

Whereas, according to statistics released by the U.S. Census Bureau on September 25, 2001, women who worked full-time, year-round earned 73 percent of what men who worked full-time, year-round earned, and although this was a slight improvement in the wage gap between men and women (72 percent in 1999), this improvement was caused by a decline in men's real earnings and a leveling-off of women's real earnings, when adjusted for inflation, and

Whereas, women of color experience the most severe pay inequities, black women earned only 63 percent and Hispanic women only 52 percent of each dollar earned by a white male. Women and people of color are a growing proportion of the workforce. By the year 2006, they will account for two-thirds of all new entrants into the workforce, and

Whereas, according to a National Academy of Sciences report, between one third and one half of the wage difference between men and women cannot be explained by differences in experience, education, or other legitimate qualifications. Much of the wage gap is due to the fact that women still participate disproportionately in female-dominated jobs where wages are low. In 1998, nearly 60 percent of all employed women worked in technical, sales, service, and administrative support and clerical occupations. Less than one-third of women worked in higher-paying managerial and professional fields, and

Whereas, women earn less even when they hold the same occupations as men, Bureau of Labor statistics data for 1998 indicate that women earn equal pay in only two of nearly 100 occupational categories; food preparation and paralegal. In all other categories, there was an earnings gap. For example, female accountants made 24 percent less than male accountants did, and

Whereas, this wage gap continues to exist more than three decades after the passage of the Equal Pay Act and the Civil Rights Act of 1964, and

Whereas, according to a 1999 AFL-CIO study, Vermont families on average lost \$5,051 per year due to unequal pay. The elimination of wage discrimination would have such positive effects as enabling working family members to earn a fair rate of pay, and thus reduce the dependence on public assistance, and

Whereas, with better enforcement of the Equal Pay Act, better information on wage data, and more effective remedies, women will be better able to understand and achieve their right to equal pay. They will also be able to recognize their right for equal pay for equal or equivalent jobs. (i.e., jobs that may be dissimilar but require equivalent skills, effort, responsibility, and working conditions), and

¹³ Diaz, J. (February 2017). *Vermont's Early Care and Learning Dividend*. Prepared by Wilder Research on behalf of the Vermont Business Roundtable. Retrieved from http://vtroundtable.org/wp-content/uploads/sites/31/2017/02/VermontECLDReport_2017.pdf.

Whereas, discrimination in wages paid to employees in equal or equivalent jobs based solely on employee's sex, sexual orientation, race, color, religion, national origin, physical or mental disability or age is not acceptable; differences in wages that are the result of a seniority system, merit system, or pay system that relates earning to quantity or quality of products is allowed, now therefore be it

Resolved that the Vermont Commission on Women supports pay equity legislation, policies, programs, and initiatives that enhance enforcement of equal or equivalent pay policies. Pay equity means that the criteria employers use to set wages must be neutral relative to the employee's sex, sexual orientation, race, color, religion, national origin, physical or mental disability or age, now therefore be it further

Resolved that the Commission supports penalties that allow for compensatory and punitive damages, as well as non-retaliation provisions to prohibit employers from penalizing employees who share wage information with coworkers.

Housing

Adopted November 2, 1995

Revised and adopted December 12, 2001

Whereas, Vermont is experiencing an extreme shortage of safe, decent, and affordable housing for both rental and purchase, and

Whereas, much of Vermont's housing stock is old and is in need of capital investment to bring it into compliance with contemporary health and safety standards and to help reduce the record number of deadly fires that has put Vermont first in the nation in residential fire deaths, and

Whereas, Vermont's housing shortage affects families of all income levels, and many low-income and middle-income Vermonters, even those who are employed, cannot find decent and affordable housing, while many low-income people pay more than half their incomes for housing, live in seriously substandard housing, or are homeless, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that stimulate the development of safe, adequate, physically-accessible, and affordable housing for all Vermonters.

Individual Development Accounts

Adopted December 2, 1999

Whereas, the distribution of assets in the United States is even less equitable than the distribution of income. While the top ten percent of Americans control 40 percent of the national income, the top one percent control 99 percent of the assets. Fully one-third of American households have no or negative investable assets, and

Whereas, more women live in poverty than men. Single parent families with women as the heads of the household are more often in poverty and receive public assistance. Individual development accounts help low-income women purchase homes to encourage economic stability and community

participation; further their education to increase their earning power; and develop businesses that increase their stake in the state and national economy, and

Whereas, Individual Development Accounts (IDAs) are savings accounts at financial institutions established by individuals with a specific, restricted purpose for the funds, such as purchasing a home, continuing education, or starting a business. Similar to Individual Retirement Accounts (IRAs) and 401K plans, IDAs may be established earlier in life than an IRA or 401K plan, they serve a wider range of purposes, and they rely on more varied sources of deposits with savings being matched from public and private sources. With training in economic literacy and savings strategies provided by nonprofit organizations, as well as matching funds provided by public and private sources, low-income women may begin to transition themselves out of poverty to prosperity, and

Whereas, the Tangible Assets pilot program in central Vermont has trained more than 100 low-income families in economic literacy concepts and strategies, with a savings plus match totaling more than \$88,000. More than three out of four Tangible Assets participants are women, most between the ages of 30-50, more than two-thirds with children, the majority being single, widowed, or divorced, and approximately 50 percent of whom are receiving TANF funds, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote an individual development savings account program designed to encourage low-income individuals, including recipients of public assistance, to move out of poverty through savings for major assets.

Insurance Discrimination

Adopted November 2, 1995

Whereas, Vermont law prohibits discrimination on the basis of sex or marital status in insurance underwriting and rate-setting. However, insurance companies are still permitted to charge different rates for men and women due to the indicators that are used, and

Whereas, with gender-based insurance, women tend to pay more than men and get less; pay the same and get less; or pay less and get less, and

Whereas, any insurance provided by employers with 15 or more employees must be gender-neutral. However, in rural states, as few as 37 percent of all workers are covered by employee insurance benefits, and

Whereas, because of gender-based ratings, over the course of a woman's insurance-purchasing lifetime, it will cost her more than \$20,000 in higher rates or loss in lower benefits as compared to a man purchasing the same coverage, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that will facilitate the elimination of insurance discrimination on the basis of gender; other illegal and unfair discrimination in access, rates, benefits, and coverage; and elimination of use of gender-based actuarial tables to determine insurance rates and benefits.

Livable Income

Adopted December 2, 1999

Whereas, a livable income is defined as an annual family income that is required to meet essential human needs - food, housing, medical insurance, transportation, child care, clothing, utilities, and a small provision for savings and personal expenditures - consistent with a decent standard of living, and

Whereas, according to the Act 21 Research and Analysis in Support of the Livable Income Study Committee, the estimated livable wage in Vermont for a single person is \$10.47 per hour; for a single parent with one child, \$15.89 per hour; for a single parent with two children, \$19.08 per hour; for a family of two parents and two children, but with only one person working for pay, \$20.12 per hour; and for a family with two children and both parents working for pay, \$12.35 per hour for each earner, and

Whereas, according to the Act 21 Research and Analysis in Support of the Livable Income Study Committee, approximately 60,000 Vermonters - representing approximately ten percent of all families in Vermont - currently live in a family where at least one adult works full-time and does not earn a livable income, and

Whereas, women are disproportionately represented in low-wage industries and jobs - especially sales, technical, education, and administrative support jobs - and among temporary, part-time, and contingent workers who traditionally earn less than full-time workers. Women continue to earn only 82 percent of what men earn, almost 60 percent of minimum wage workers are women, and ten percent of women in the state live below the poverty line, and

Whereas, the poverty rate for single mothers is 42 percent - much higher than any other family type, and child care expenditures use up a large percentage of earnings, especially for low-income mothers, and

Whereas, working-age women who are separated, divorced, never married, or widowed are most likely to have no health insurance and not receive needed health care, according to a study by the Commonwealth Fund, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote a livable income for Vermonters.

Minimum Wage (See Livable Wage Policy Statement)

Adopted November 2, 1995

Whereas, women remain the greatest majority of low-paid service and trade workers, and

Whereas, according to the 1992 Bureau of Labor Statistics, 62.4 percent of the reported workers earning minimum wage or less were women 16 years of age and over, and

Whereas, female heads of households and their children constitute 43 percent of Vermont's poor, even though they are only 12.3 percent of the state's population, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and

initiatives that will facilitate an increase in the minimum wage.

Paid Parental, Family, and Medical Leave

Adopted January 11, 2001

Whereas, in 1993, Congress passed the Family and Medical Leave Act (FMLA) to provide a national policy that supports families in their efforts to strike a working balance between the competing demands of the workplace and the home. These demands have intensified over the last 25 years as the nation has experienced dramatic social and economic changes affecting businesses, employees, and families alike, and

Whereas, according to a 1996 report of the federal Commission on Leave, approximately two-thirds of the U.S. labor force, including private and public-sector employees, work for employers covered by the FMLA, and slightly more than half of U.S. workers also meet the FMLA's length of service and hours-related eligibility requirements. According to this same study, compliance with the FMLA entails no costs or only small costs, including general administrative costs, cost of continuing health benefits, and costs associated with hiring and training replacements for leave-taking employees. Some employers indicated cost savings, particularly from reduced employee turnover, as well enhanced employee productivity and goodwill, and

Whereas, approximately one-fifth of U.S. workers have need for some form of leave covered under the FMLA. In addition, approximately 40 percent of all employees indicated that they might need to take leave at some time in the next five years, most often to care for a seriously ill parent. However, according to the Commission report, use of designated FMLA leave is fairly low - only two percent of eligible employees or between 1.5 million to 3 million employees nationwide. Among employees who need but do not take leave, nearly 64 percent cannot afford the loss of pay, underscoring the importance of wage replacement, and

Whereas, salaried employees, more highly educated employees, unionized employees, men, and those with higher levels of household income are most likely to receive wage replacement, while the employees least likely to receive wage replacement are the youngest and oldest employees, non-salaried workers, workers in the lowest income and education groups and non-union workers. Therefore, employees with high family incomes, salaried employees, union members, highly educated employees, and white employees are best able to adapt to loss of income, while women and employees with annual family incomes of less than \$20,000 are most likely to require public assistance in order to deal with the lost income. Nearly 12 percent of women use public assistance to supplement income during periods of leave, and

Whereas, internationally, 130 of 160 countries - 83 percent - have some form of leave policy for working families, and only three countries of those 130 countries – Ethiopia, Australia, and the U.S. – have unpaid leave policies.

The American public generally supports paid family and medical leave. A recent report released by the National Partnership for Women and Families indicates that 79 percent of all Americans regardless of their status support partial wage replacement of leave-takers; now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and

initiatives that promote paid parental, family, and medical leave.

Welfare Reform Policy

Adopted June 12, 2002

Whereas federal welfare reform enacted in 1996 (PRWORA, Personal Responsibility and Work Opportunity Reconciliation Act) made it necessary for Vermont to reform its laws relating to financial assistance for families with children;

Whereas welfare laws have a disproportionate effect on women because 69 percent of the 5203 Vermont families receiving Reach Up financial assistance are headed by single adults and 92 percent of these single adults are women (January 2002 PATH data);

Whereas welfare laws define the conditions under which parents can attend college and remain eligible for assistance and 98 percent of the 310 families participating in Vermont's Postsecondary Education program for low-income families with dependent children are headed by a single adult and 97 percent of these single adults are women (December 2001 PATH data);

Whereas Vermont programs and program rules that provide incentives for parents to engage in paid employment and accumulate savings toward the cost of additional education, home ownership, or micro-business establishment are valuable resources to parents in their efforts to achieve family self-sufficiency and also reflect Vermont values of independence and frugality;

Whereas free or low-cost health insurance is necessary for the health, well-being, and financial security of low- income parents and children;

Whereas the failure of parents to fulfill their court-ordered responsibility to support their children financially through payment of child support is strongly associated with dependence on welfare assistance and poverty-level financial circumstances;

Whereas Vermont's financial assistance program for families with children (Reach Up) must have as a fundamental objective the protection of the well-being of children;

Whereas services, such as child care, transportation, case management, and vocational counseling, that support parental participation in employment, education, and training, are critical to a parent's achievement of self- sufficiency;

Whereas opportunities for education and training, including the pursuit of two- or four-year degrees at colleges and universities, are necessary to enable parents to increase their earning power to a level that supports the healthy development of children;

Whereas some parents may be unable, either on a short- or long-term basis, to provide financial support for their children through full-time paid employment due to a variety of individual or family circumstances;

Whereas early (teen) childbearing is strongly associated with failure to complete high school,

dependence on welfare assistance, and poverty-level financial circumstances; and
Whereas the effects of domestic violence may result in a parent not being able to participate in employment, education, or training or in needing to leave employment, education, or training to protect her or his children;

Therefore, the Vermont Commission on Women advocates that Vermont law, both concerning welfare and non- welfare, includes the following provisions:

Continuation of Vermont's state Earned Income Tax Credit at its current or higher level; continuation of Reach Up financial assistance rules that disregard some portion of a parent's earnings, the value of one motor vehicle in the case of a single-parent family and two motor vehicles in the case of a two-parent family, and a parent's savings from her or his earnings; and continuation of Individual Development Account programs for welfare and non- welfare low-income families;

Continuation of the Medicaid, Dr. Dynasaur, and VHAP health insurance programs for low-income Vermonters;

Continuation and enhancement of its child support enforcement program for all Vermont families in which children do not reside with both parents;

For each family who receives Reach Up financial assistance, the collaborative completion of a Family Development Plan (FDP) that reflects the individual strengths, aspirations, and circumstances of the family and the provision of support services necessary to enable the family to carry out its FDP;

Opportunities for parents to complete their high school education and participate in postsecondary vocational and technical education and training, including a program separate from Reach Up that supports low-income parents in earning employment-related Associate or Bachelor's degrees;

Continued inclusion in Reach Up FDP rules of deferral and good cause criteria that accommodate the situations of parents who are unable to fulfill their work requirement due to individual or family circumstances recognized by the program, including continuation of the parental requirement to participate in part-time employment, community service placements, parenting-related programs, civic activities, and/or volunteer work, when full- time employment is not feasible;

The provision to both girls and boys of family life education (including sex education) and, where appropriate, family planning services directed toward the prevention of teen pregnancy;

Retention of Vermont's Family Violence work requirement deferral so that the effects of domestic violence are recognized when the family's case manager works with the family toward completion of the FDP and achievement of self-sufficiency; and

Exclusion from Reach Up financial assistance rules of any provision that would terminate an adult's financial assistance benefit solely because the adult has received Reach Up financial assistance, as an adult, for more than 60 months in her or his lifetime.

EDUCATION

The Vermont Commission on Women believes that women and girls must have equal access to educational opportunities, especially access to math, science, and technology educational opportunities, and that Vermont schools should be free of gender bias and harassment.

Educational Equity

Adopted November 2, 1995

Revised and adopted XXXXX 2002

Revised and adopted June 13, 2018

VCW supports legislation, policies, programs, and initiatives that ensure women and girls' educational opportunities, future employment, and economic wellbeing are determined not by their gender but by their own interests, aspirations, and abilities.

A strong elementary through post-secondary educational foundation, plus opportunities for continuing education and training over a woman's work life, help build a strong Vermont economy and financial security for the women contributing to it.

Educational equity for Vermont women and girls is strongly correlated to improving their economic status. Education, however, does not always translate into equal access to high-paying jobs.

Women who work full time are more likely than men to have earned post-secondary degrees, yet they are disproportionately employed in low-wage jobs, in every age group and at every level of education.¹⁴ They are significantly more likely than men to live in poverty or economic insecurity.¹⁵

Vermont women working fulltime earn 84 cents to the male dollar—a wage gap of 16 cents. The gap narrows to 14% when a woman has a college degree. Part of the wage gap can be attributed to the fact that forty years after Title IX, women's work continues to be women's work; and the fields where women traditionally work pay lower wages.¹⁶ In many of the fields where women are a significant majority, they do not earn enough to support themselves or their families.

Of the 15 occupations where women's median annual salaries top \$35,000, the amount required to support a single individual in Vermont, nearly half are in male dominated fields:¹⁷

- Computer and mathematical occupations
- Law enforcement workers, including supervisors
- Architecture and engineering occupations
- Installations, maintenance, and repair occupations
- Construction and extraction occupations
- Firefighting and prevention, and other
- Transportation occupations

¹⁴ U.S. Census Bureau, Public Use Microdata Sample; America Community Survey 5 Year Release (2009-2013).

¹⁵ Change The Story Vermont. (2016). *Women, Work, and Wages in Vermont*.

¹⁶ Change The Story Vermont. (2016). *Women, Work, and Wages in Vermont*.

¹⁷ Change The Story Vermont. (2016). *Women, Work, and Wages in Vermont*. U.S. Census Bureau, 2011-2013 3-year American Community Survey.

In a majority of the high-wage occupations that are projected to grow in Vermont, women are under-represented or nearly absent. To be ready for these jobs there needs to be new attention and significant investment in non-traditional education and training for women and girls.

Young women in Vermont are a small fraction of students who complete computer science, engineering, trades and technical programs at state career and technical high schools: 9% of those in information technology; 6% in manufacturing; 6% in transportation; and 5% in architecture and construction. The gender breakdown is essentially equal, however, among high school students taking Advanced Placement (AP) tests in calculus, chemistry, and biology, yet young women are a minority of students earning college degrees in physics, chemistry, computer science, economics, and engineering.¹⁸ So the next generation of women in these STEM fields (science, technology, engineering, math) isn't in the pipeline.

Encouragement by educators and guidance counselors, along with access to a full range of educational opportunities, will help address this occupational segregation by gender and the negative effect it has on women's wages and the Vermont economy.

It is unlikely that increased education and training alone will succeed in improving women's economic status without reckoning with the social and cultural forces that inhibit progress. Policy action is also needed to ensure women can equally earn a fair living by addressing women's greater exclusion from high-paying jobs, especially in traditionally male occupations, and their disproportionate amount of unpaid household work, including care for children and aging parents.¹⁹

Harassment in Educational Institutions

Adopted October 2002

Revised and adopted June 13, 2018

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that work to eliminate harassment in our educational environments and provide legal remedies for the victims of harassment when there is inaction by these organizations to take timely and appropriate action.

All Vermont educational environments are obligated to provide safe, civil, orderly, and positive learning environments for their employees and students; to enforce zero tolerance for hazing, harassment, and bullying; and to ensure no one feels threatened or discriminated against while participating in, observing, or otherwise engaged in activities, including sporting events and other extracurricular activities.²⁰

All Vermont educational environments shall make it a mandatory policy for any student, teacher, administrator, or other school personnel to report any harassment through conduct of a sexual nature, or regarding race, color, national origin or disability.²¹

¹⁸ Change The Story Vermont. (2016). *Women, Work, and Wages in Vermont*.

¹⁹ Global Trends in Gender Equality. Retrieved from <http://www.uvm.edu/~uvmpr/?Page=news&storyID=22691&category=uvminernational>.

²⁰ Vermont Department of Education. (August 16, 2016). *Model Policy on the Prevention of Harassment, Hazing and Bullying of Students*. Retrieved from <https://www2.ed.gov/offices/OCR/archives/pdf/AppA.pdf>.

²¹ Vermont Department of Education. (August 16, 2016). *Model Policy on the Prevention of Harassment, Hazing and Bullying of Students*. Retrieved from <https://www2.ed.gov/offices/OCR/archives/pdf/AppA.pdf>.

All Vermont educational environments should educate students, teachers, administration, or other school personnel on what harassment is, and to work to empower them to stand up for themselves and others if they are unable to do so. Any student, school employee, or other person who believes that harassment has occurred shall inform the administration.

The administration will act to promptly investigate all complaints, and promptly take appropriate action to protect individuals from further harassment; and, if it determines that unlawful harassment occurred, to promptly and appropriately discipline the perpetrator. If the evidence suggests that the harassment is also a crime the official will report the results of the investigation to the appropriate law enforcement agency.²² This policy should also include protections from retaliation those who in good faith report incidents of potential harassment.

All Vermont educational environments must keep a record of all incidents of reported harassment and report the data to the Department of Education. Many students are scared or too embarrassed to report sexual harassment.²³ From 2012-2016 there was an increase in the number of reports of incidents of bullying and harassment, but there was nothing reported in Vermont for hazing.²⁴ For school year 2012-2013 there were 1,365 incidents reported by students, and for school year 2015-2016 there were 1,446 incidents reported by students²⁵ which shows that students are either not notifying the administration or the administration is not following up on complaints.

Students are dropping out of school at alarming rates, and both boys and girls report that they drop out in part because they do not feel safe at school. Sexual harassment is a widespread problem that adversely affects students' emotional and educational development. A recent study by the American Association of University Women, for example, found that 83% of female and 79% of male students in grades 8 through 11 had been sexually harassed at school in ways that interfered with their lives. The consequences of harassment are severe. Students who experience sexual harassment are likely to react by talking less in class, not wanting to go to school, and finding it hard to pay attention in school. Research has also demonstrated that targets of sexual bullying and harassment experience anxiety, distress, confusion, loss of self-esteem, and depression.²⁶ Sexual harassment is a serious problem for students at all educational levels. Students in elementary and secondary schools, as well as vocational schools, apprenticeship programs, colleges and universities.²⁷

All Vermont educational environments should take great care to ensure that stereotypical gender roles do not shape the learning experiences of the students.

²² Vermont Department of Education. (August 16, 2016). *Model Policy on the Prevention of Harassment, Hazing and Bullying of Students*. Retrieved from <https://www2.ed.gov/offices/OCR/archives/pdf/AppA.pdf>.

²³ Equal Rights Advocates. Know Your Rights: Sexual Harassment at School. Retrieved from <http://www.sikhcoalition.org/documents/pdf/KnowYourRightsSexualHarassmentatSchool.pdf>.

²⁴ Vermont Department of Education. (September 20, 2017). *Hazing, Harassment, and Bullying School-Level Data 2012-2016*. Retrieved from <http://education.vermont.gov/documents/hhb-school-level-data-2012-2016>.

²⁵ Vermont Department of Education. (September 20, 2017). *Hazing, Harassment, and Bullying School-Level Data 2012-2016*. Retrieved from <http://education.vermont.gov/documents/hhb-school-level-data-2012-2016>.

²⁶ National Women's Law Center. (October, 2007). *How to Protect Students from Sexual Harassment: A Primer for Schools*. Retrieved from <https://www.nwlc.org/sites/default/files/pdfs/Final%20SH%20Fact%20Sheet-Schools.pdf>.

²⁷ Equal Rights Advocates. Know Your Rights: Sexual Harassment at School. Retrieved from <http://www.sikhcoalition.org/documents/pdf/KnowYourRightsSexualHarassmentatSchool.pdf>.

HEALTH AND SAFETY

The Vermont Commission on Women supports universal health care coverage that is affordable and accessible for all Vermonters. Furthermore, the Commission reaffirms its position that women and children have the indisputable right to live free of violence from domestic violence, sexual abuse, and sexual assault.

Alcohol and Substance Abuse Prevention, Treatment, and Recovery

Adopted July 2002

Whereas, alcohol addiction is a chronic disease with roots in genetic susceptibility, environmental factors, and personal behavior, it is crucial to address alcohol abuse as a public health issue, and

Whereas, alcohol abuse is consistently linked with domestic violence, and when alcohol and drugs are mixed with domestic violence, encounters are more violent, injuries are more severe, and weapons are more likely to be used, and

Whereas, children who live in households with an alcohol-dependent parent are four times more likely to develop alcohol-dependence, miss school more often, and have more physical ailments and serious injuries than other children, and

Whereas, drinking alcohol during pregnancy can have devastating results, and fetal alcohol syndrome is the number one preventable cause of mental retardation, and

Whereas, long-term heavy drinking increases the risk of developing certain cancers, including a woman's risk of developing breast cancer, and

Whereas, 2005 Vermont women were treated in substance abuse programs for use of heroin, alcohol, cocaine/crack, or marijuana/hashish in the year 2001, and

Whereas, of the Vermont residents who sought treatment for heroin addiction in 2001, 45 percent of these people were women, and

Whereas, substance abuse is associated with serious consequences, including injury, illness, disability, and death, as well as crime, domestic violence, and lost workplace productivity, and

Whereas, the Department of Health has identified a void in the development of services to address women's needs in the area of substance abuse, especially for adolescent girls and particularly residential treatment facilities, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that recognize alcohol and substance abuse as a major health care problem in Vermont and that provide effective alcohol and substance abuse prevention, treatment, and recovery programs, especially for adolescent girls and women.

Domestic Violence

Revised and Updated October 2002

Approved November 2002

Whereas, the National Violence Against Women Survey (2000) indicates that violence against women is primarily intimate partner violence; and

Whereas, intimate partner violence is pervasive in United States, and many of these victims are repeatedly victimized, and that the overwhelming majority of these victims (85%) are female, according to the National Resource Center on Domestic Violence; and

Whereas, according to the US Surgeon General, intimate partner violence is the single largest cause of injury to women, greater than rapes, muggings, and auto accidents combined, and

Whereas, battered and abused women are of every age, color, nationality, sexual orientation, educational background, and socioeconomic level, and

Whereas, new research shows that stalking by intimates is more prevalent nationally than previously thought and that the overwhelming majority of victims are adult women (78%) and their stalkers male (94%); and

Whereas, violence perpetrated against women by intimates is often accompanied by emotionally and verbally abusive and controlling behavior, and is considered part of a systematic pattern of dominance and control which predicts physical abuse; and

Whereas, many of the medically treated victims of intimate partner violence receive fragmented and multiple forms of care and treatment for the same victimization, and

Whereas, nationally, most intimate partner victimizations are not reported to the police, and this is especially true of male victims, and

that victims of both genders reported in the National Violence Against Women Survey that they “thought the police would not or could not do anything on (the victim’s) behalf.” Moreover, Bureau of Justice Statistics (1998) show that victims considered the abuse as a “private matter, or they feared retaliation” as additional reasons why they failed to report the victimization; and

Whereas, an estimate of statistics maintained by the Bureau of Justice Statistics and the FBI indicate that those who committed a violent crime against an intimate represent about 25% of convicted violent offenders in local jails and about 7% of violent offenders in state prisons; and

Whereas, the rate of sexual assault has increased in Vermont by 17%, even while homicide rates are declining; and

Whereas, over 14,100 person-nights in a shelter or safe home were provided in 2001 to victims and survivors of domestic and sexual violence in Vermont; and

Whereas, 5690 female victims of domestic violence and 290 men were served in 2001 by VT Network Against Domestic Violence member organizations, now therefore be it

Resolved that the Vermont Commission on Women support legislative, fiscal, and educational efforts that: encourage comprehensive training of law enforcement officers about domestic violence and the cycle of control and dominance; that adequately support the Vermont Network on Domestic Violence, its affiliate members and other efforts to prevent and treat domestic violence; that educate employers about domestic violence and to discourage employment discrimination against domestic violence victims; that assists young women to develop self-respect and independence; and that make timely reporting of an incidence of domestic violence easier to accomplish.

Environmental Health

Adopted XXXX 2002

Whereas, women share many of the same diseases as men and children in which the environment has an important role, but women also have particular environmental diseases related to their gender, some of which involve aging and women on average live longer than men, and

Whereas, other diseases involve women's role in reproduction and in the bearing and nursing of children, and, since women tend to carry more fat in their bodies, substances introduced into the food they eat may accumulate in that fat, and

Whereas, women also greatly influence the health of their children, sometimes causing birth defects when women are exposed to chemicals, alcohol, aspirin, and cigarette smoking during their pregnancies, and

Whereas, a number of diseases and conditions in which an environmental factor has been identified as a possible cause, trigger, or influence include cancers of the breast, uterus, and ovaries; endometriosis; uterine fibroid tumors and reproductive problems such as hysterectomies; osteoporosis; increased risk of hypertension; fertility problems; and autoimmune diseases such as multiple sclerosis, rheumatoid arthritis, and lupus, and

Whereas, environmental factors that may impact on the health of women include exposure to artificial pesticides; synthetic hormones and environmental estrogens; cadmium, lead, and other heavy metals; various chemicals such as pharmaceuticals and solvents; food additives; vinyl chloride and silica dust; alcohol, caffeine, and nicotine; and general exposure to chemicals on the job or at home, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that recognize and work to alleviate the environmental factors that negatively impact on the health of women.

Health Care Principles

Adopted February 2003

Amended and Adopted October 2004

Every Vermont woman and her family should have meaningful access to comprehensive health services, including emergency and preventive care services, reproductive health services, dental care, eye care, mental health and substance abuse treatment, treatment for acute and chronic conditions, and

rehabilitative and long-term care services.

All health care stakeholders – consumers, government, payers, providers and businesses – have a shared responsibility to use health care resources efficiently/judiciously.

Vermont’s health care workforce should be well-trained and well-supported. The Commission recognizes that the vast majority of health professionals/workers are women. Ninety-five percent of Registered Nurses for example, are women. The Commission believes reform efforts should include improvements to every health care setting that ensure a positive, collaborative work environment. In addition, since the average age of health professionals is 44, efforts to support the physical needs of older workers in health care should also be a priority.

Reform efforts should include reimbursement changes that support more comprehensive delivery of preventive care services. Reimbursement reforms should also enhance the delivery of cost-effective services, quality care, and increased patient and family involvement in health care choices.

Individual and institutional providers should continuously strive to improve and maintain the highest quality, scientifically accurate, evidence-based health care.

Social institutions should continue to promote healthy life styles by establishing practices and policies intended to reduce the incidence of sexual and domestic violence, obesity, smoking, substance abuse, inactivity, poor nutrition, risky behaviors, and other behavior patterns that contribute to health problems. Such practices and policies should include incentive-based approaches, where appropriate.

Health care research should include women as research participants on an equal footing with men, and studies focusing on diseases that disproportionately affect women should receive funding appropriate to the presence of these diseases in the population. Health care research should also include efforts to identify effective methods of promoting individuals’ knowledge of the role they can play in pursuing and maintaining good health and their application of this knowledge to their day-to-day lives. This research should include consideration of whether some methods are more or less effective with women than they are with men.

Unanimously approved by Commissioners at the February 12, 2003 Commission Meeting. Amendment approved unanimously at the October 13, 2004 meeting to include eye care in first paragraph.

Parental Notification

Adopted January 11, 2001

Whereas, parental notification before a minor obtains an abortion is one of the most difficult of all the policies related to reproductive choice. Few would deny that most teenagers would benefit from adult guidance when faced with an unwanted pregnancy. Few would deny that such guidance should ideally come from the teenager’s parents, and

Whereas, unfortunately, some young women cannot involve their parents because they come from homes where physical violence or emotional abuse are prevalent or because their pregnancies are the result of incest. Federal figures suggest that 25 percent of all children face a threat of physical, sexual, or emotional abuse, and among minors who did not tell a parent of their abortion, 30 percent had

experienced violence in their family or feared violence or being forced to leave home. In the 30 states with parental notification laws, teenagers who cannot tell their parents must either travel out-of-state or obtain approval from a judge to obtain an abortion. The result is an increase in illegal and self-induced abortions, family violence, suicide, later abortions, and unwanted childbirth, and

Whereas, legislation mandating parental involvement does not achieve the intended benefit of promoting family communication. Only parents can open the lines of communication with their children. A 1991 study of unmarried minors having abortions in states without parental involvement laws found that 61 percent of respondents reported that at least one of their parents knew of their abortion, and among respondents who did not inform their parents, all consulted someone in addition to clinic staff about their abortions such as a boyfriend, another adult, or another professional, and

Whereas, the burden of a mandate would fall most heavily upon young women who are disadvantaged by conditions of poverty, broken homes, lack of education, and domestic abuse - a population already at the highest risk for unplanned and unwanted pregnancies, and

Whereas, many states have recognized that minors have the capacity to consent to their own medical care and that, in certain areas such as mental health, drug or alcohol addiction, and treatment of sexually transmitted infections and pregnancy, the right to confidential health care is a public health necessity, now therefore be it

Resolved that the Vermont Commission on Women supports every minor's right to choose abortion without requiring notification or consent of their parents or guardians.

Reproductive Rights

Adopted January 11, 2001

Whereas, the freedom to choose is more burdened today than at any time since *Roe v. Wade*, and women seeking abortion currently have fewer reproductive rights than their mothers held in 1973 when *Roe v. Wade* guaranteed a women's right to choose under the U.S. Constitution, and

Whereas, opponents of reproductive freedom have increasingly sought to impose restrictions and burdens upon the right to choose through a variety of legal impediments to reproductive choice, creating particular difficulties for the most vulnerable segments of the population and stigmatizing the right for all. These anti-choice efforts include restrictions on access to abortion, consent and notice mandates, counseling requirements, waiting periods, physician-only requirements, access for minors, abstinence-only sexuality education, limits to the rights of pregnant women, so-called "partial-birth" abortion, limits on public funding, and limiting access to contraceptive services, and

Whereas, proponents of reproductive choice continue to support comprehensive sexuality education that includes abstinence but also provides students with the skills and knowledge they need to protect themselves when they become sexually active; to increase access to family planning services; to promote confidentiality regarding sensitive medical information; to provide women with adequate information about their reproductive health options; to support research into new methods of contraception; to oppose insurance company policies and regulations that could jeopardize women's reproductive health; to require insurers to provide equitable coverage for contraception; to provide direct access to obstetricians and gynecologists or other reproductive health providers without referral

or prior approval from a primary care physician, and to protect providers from violence and harassment, now therefore be it

Resolved that the Vermont Commission on Women affirms that every woman has a natural and unalienable right to choose whether and when to bear children; the right to educational, medical, and counseling services to make that choice wisely; and the right to the appropriate support in order to create a secure economic future based on that choice.

Sexual Abuse of Children

Adopted July 2002

Whereas, hundreds of children each year are emotionally, physically, and sexually abused, as well as neglected, by their parents, step-parents, partners of parents, relatives, and neighbors, and

Whereas the number of children who are at-risk for violence, abuse, and neglect has increased by one-third in recent years, and

Whereas, the number of children in foster care with special needs, including histories of assault, sexual offense, arson, substance abuse, special education needs, and runaways, has increased dramatically, and

Whereas, according to the Vermont Network against Domestic Violence and Sexual Assault 7,494 Vermont children and youth were impacted by domestic and sexual violence in the year 2001, 334 children and youth were directly assaulted or abused, and

Whereas, Vermont children, from infants to teenagers, are hospitalized, taken into emergency custody, or referred for criminal prosecution every day, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that work to eliminate the unacceptable emotional, physical, and sexual abuse and neglect of Vermont's children.

Sexual Assault

Adopted July 2002

Whereas, sexual assault is the most underreported violent crime on which national statistics are kept, but still an estimated 500,000 women are the victims of some form of sexual assault every year, and

Whereas, sexual assault victims are overwhelmingly female, and rapists are overwhelmingly male, and

Whereas, victims of sexual assault come from all races and socioeconomic, ethnic, and religious groups, and nearly two-thirds of sexual assault victims are under the age of 18, and

Whereas, in Vermont 984 people were victims of sexual violence in the year 2001, of those victims, 731 were women, and

Whereas, offenders known to the victim account for approximately three-quarters of all sexual assaults against women, while strangers commit less than one-quarter of such sexual assaults, and

Whereas, victims of sexual assault are far more likely to develop post-traumatic stress disorder and depression than victims of other crimes, and at least one in four sexual assault victims suffer from psychological problems more than one year after the assault, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that ensure women live free of the threat of sexual assault.

*****DELETED*** *Sexual Assault of Persons in Custody***

Adopted January 11, 2001

DELETED October 10, 2018

Whereas, Vermont is one of less than a half-dozen states that do not have legislation outlawing sexual contact between correctional employees and inmates. In 1991, only seven states had passed similar legislation; in 1997, 38 states had passed legislation, and

Whereas, there are inherent disparities and imbalances in power between offenders and correctional employees, with the potential for intimidation, retaliation, and threats. In such situations, there is no such thing as consensual sex when a correctional employee wields such power, and

Whereas, Amnesty International, Human Rights Watch, and the UN Commission on Human Rights have all reported widespread sexual abuse in America's prisons, in all 50 states, including Vermont. Nationally, inmates who complain about sexual abuse have been subjected to segregation and solitary confinement, housed in higher security units, longer prison terms, paroles and probations removed, misconduct reports, physical attacks, threatening remarks and actions, and retaliations such as removal of child visitations, and

Whereas, Vermont has no epidemic of these behaviors in our correctional facilities, however, we have not been immune to the problem. Over the years, there have been a number of substantiated cases of sexual misconduct between correctional employees and inmates. Sexual misconduct between correctional employees and offenders can and does occur male-to-male, female-to-female, male-to-female, and female-to-male. The complaints were not always directed at correctional officers but also involved kitchen and transportation employees, medical contractors, and work crews, that is, any and all employees within or outside a correctional facility who may be perceived to have authority with inmates, and

Whereas, nationally, there are 150,000 women in US prisons and jails today - three times the number ten years ago - and most with history of sexual abuse. In Vermont, women offenders suffer from very high rates of post-traumatic stress disorder, substance abuse, panic disorders, and depression, making them vulnerable to oppression and continued exploitation, and

Whereas, it is imperative that the State of Vermont endorse an environment that is conducive to the humane treatment of offenders and a healthy institutional environment free from entangled relationships; that enhances the safety and security of the correctional institution, since precursors to sexual misconduct often include intimacy and secretly passing gifts and contraband, all of which

undermine the security of institutions; that provides more clarity in boundaries between correctional employees and inmates, particularly with increasing prison populations, including the skyrocketing population of women offenders; raises the professionalism of correctional employees; establishes a pattern of absolute intolerance for this behavior; and reinforces the concept that sexual misconduct is criminal behavior and therefore will not be tolerated, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that criminalize the sexual assault of inmates.

Teen Pregnancy and Sexuality Education

Adopted January 11, 2001

Revised and adopted May 8, 2019

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote responsible and comprehensive sexuality education and prevention of teen pregnancy, as well as provide support and education to pregnant and parenting teens.

All Vermont educational environments shall provide comprehensive sexual education including information about reproduction, puberty, sexual orientation, gender identity, relationships, consent and healthy sexual behavior, decision making skills, sexually transmitted diseases, contraception, and pregnancy.²⁸ Preventing teen pregnancy helps expand opportunity, create positive social change, and allows young people to be stronger contributors to their communities.²⁹

We are committed to protecting and expanding sexual education programs until all teens have access to quality information and access to contraception they need to honor their intention not to get pregnant, therefore reducing poverty and improving the family's welfare. Nationally we have seen a 67% decline in the teen birth rate since 1991, including profound declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year, and nearly all teen pregnancies are unplanned. Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.³⁰

Currently 58% of the states require sexual education instruction in public schools, and the content and quality information varies from state to state. There is even greater variance among states that do not have laws requiring sexuality education, where individual schools choose whether or not sexuality education is taught and how it is implemented.³¹

²⁸ Planned Parenthood. *What is Sex Education?* Available at <https://www.plannedparenthood.org/learn/for-educators/what-sex-education>

²⁹ Power to Decide. *Why it Matters.* Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

³⁰ Power to Decide. *Why it Matters.* Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

³¹ Sexuality Information and Education Council of the United States. (2017). Sex Ed State Legislative Year-End Report. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886C6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.

Teenagers will have sex, and over half of them have done so by 17 years old. The more concerning figures relate to the un-healthy relationships or un-safe situations these teens are in while having these relationships. In an annual study of high school students in Vermont it was found that 10% have had sexual intercourse with more than four people, and 19% of them were impaired by drugs or alcohol during their last sexual encounter. Only 58% reported using a condom, 47% used a prescribed form of contraceptive, and 7% took no pregnancy prevention measures. 9% of those teens report they experienced physical dating violence, and 7% report they were forced to have sexual intercourse. Not only is that behavior a risk for pregnancy, it is a risk for spreading STD's/HIV, and causing lifelong trauma.³²

In Vermont in 2015, 249 white females under 20 years of age gave birth, and the majority were born to mothers over 18 years old. Our teen birth rate is almost half of what the national average is, and Vermont's abortion rate is lower than the national average.³³ Preventing teen pregnancies leads to significant savings in publicly funded programs, and estimates show that annually more than \$4 billion in medical and economic supports during pregnancy and infancy.³⁴

In 2017, there was an increase in bills introduced requiring instruction in consent, and most sought to improve the quality of sexuality education by requiring that sexuality education be developmentally appropriate, medically accurate, evidence based, and culturally appropriate. Many focused on changing the language in statutes to be inclusive of LGBTQ youth, and a large number of the proposed bills highlighted consent and sexual violence prevention.³⁵

Tobacco

Adopted February 3, 2000

Whereas, the most serious and well-documented health effects of smoking are caused by the chemicals and carcinogens in tobacco smoke, both directly inhaled and secondhand, and the nicotine in tobacco products has been shown to be a highly-addictive drug affecting the health of women, men, and children, and

Whereas, smoking is the single leading actual cause of death in Vermont women, including the leading cause of lung cancer, a major preventable cause of heart disease, and a risk factor for stroke, and

Whereas, certain health effects of tobacco are unique to women, including increased risk of cervical cancer, early menopause, osteoporosis, and fertility problems, and

Whereas, maternal smoking is associated with serious health risks to children, including low birth weight

³² U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

³³ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>.

³⁴ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>.

³⁵ Sexuality Information and Education Council of the United States. (2017). Sex Ed State Legislative Year-End Report. Retrieved from <http://siecus.org/index.cfm?fuseaction=document.viewdocument&ID=D677643F0FA486C206DFAD94E82FFE79EB909068886C D6E0B053272E8ADC7CA301874C2EEFDC1682C826FF9A7472B56F>.

and increased neonatal mortality; increased risk of miscarriage, stillbirth, and pre-term delivery; increased risk of Sudden Infant Death Syndrome; and increased risk of asthma, pneumonia, bronchitis, and fluid in the middle ear of children, and

Whereas, women often have different reasons for smoking and face different barriers to quitting, including concerns about weight control, depression, coping skills, economic issues, and child care needs, and

Whereas, smoking rates in women are strongly tied to targeted advertising by the tobacco industry that target specific populations including girls, teenagers, and women of child-bearing age, and marketing strategies of tobacco companies are becoming increasingly pervasive and subtle, and

Whereas, current marketing efforts of tobacco companies also market specifically to minority women, a population which - with the notable exception of American Indian women - have much lower rates of smoking than white women, and targeting minority women for smoking campaigns may remove one of the few health statistics currently in their favor, and

Whereas, preventing smoking in adolescents is essential because the earlier a young woman begins to use tobacco, the more heavily she is likely to use it as an adult, and young women face particular threats to their health, including an increased likelihood of using other drugs, increased respiratory problems, and decreased function and fitness, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, initiatives, and educational efforts designed to meet the specific needs of women in preventing girls and women from beginning to smoke and assisting girls and women who already smoke to stop.

Universal Health Care and Insurance Equity

Adopted XXXX 2002

Whereas, approximately one American in six - 44 million people - have no health insurance, according to a 1998 Census Bureau report. Those more likely to lack health insurance are young adults, people with lower education levels, minority populations, and people who work part-time. Among the poor full-time workers, nearly half do not have health insurance. In this state, approximately ten percent of Vermonters lack health insurance, and

Whereas, this is especially true for lower-income women who comprise the largest group of poor people and the highest proportion of part-time workers in the country and thus are more frequently unable to obtain affordable health care for themselves and their families. and it is even more true for women of color who face additional barriers because of racism, and

Whereas, health is an economic as well as quality of life issue since, without good health, women and men cannot hold down jobs or take care of their children who thus cannot learn and thrive, and

Whereas, a universal and comprehensive health care system must provide a comprehensive benefits package which covers a full range of services that are essential to women's health, including reproductive health care that includes contraception, pre-natal care, and abortion, preventive health care including early detection services such as mammography, pap smears, pelvic exams, and testing for

HIV and STDs, mental health and substance abuse treatment, dental care, acute and long-term care, prescription drugs, and rehabilitative care, and

Whereas, a universal and comprehensive health care system must include cost-sharing requirements such as deductibles, premiums, and co-payments based on a percent of income model so that poor and near-poor women are not forced to spend an unrealistically high percentage of their limited resources to obtain health care, as well as cost containment measures that prevent people from accessing adequate health care, and

Whereas, a universal and comprehensive health care system must provide the availability and direct access to a wide range of health care providers including mid-level practitioners such as midwives and nurse-practitioners and settings such as neighborhood health centers and family planning clinics, as well as support services for child care, transportation, and language difficulties that present barriers for women seeking health care and outreach programs to ensure that those eligible children and their parents are enrolled in Medicaid and Dr. Dynasaur, and

Whereas, a universal and comprehensive health care system must include increased attention to women's health needs in the national research agenda especially for the prevention and treatment of breast cancer and other medical conditions that disproportionately affect women, as well as the collection of data about women's health in Vermont, and

Whereas, a universal and comprehensive health care system must include a representation of women at all levels of decision-making, research, and services delivery, and

Whereas, a universal and comprehensive health care system must provide confidentiality which is essential to protect access for all people with HIV infection, people seeking reproductive health care, and survivors of domestic and sexual violence, now therefore be it

Resolved that the Vermont Commission on Women supports legislation, policies, programs, and initiatives that guarantee access to universal and comprehensive health care for all Vermonters.

Youth Sexual Health and Education

Adopted May 8, 2019

The Vermont Commission on Women supports legislation, policies, programs, and initiatives that promote the health and wellbeing of Vermont youth, with a focus on inclusive, comprehensive sex education and prevention strategies, and support and education for pregnant and *parenting teens*.

Sexual health is defined by the World Health Organization as “a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”³⁶

³⁶ World Health Organization. Health Topics, *Sexual Health*. Available at https://www.who.int/topics/sexual_health/en/

All Vermont schools and other appropriate youth-serving organizations shall provide sex education including information about relationships, reproduction, puberty, sexual orientation, gender identity, consent and decision making skills, sexually transmitted infections and prevention, contraception, and pregnancy in accordance with [Vermont State Comprehensive Health Education Law \(VSA 16\)](#)³⁷. This education must provide young people with medically accurate, age-appropriate information and skills necessary to help them make decisions for their health and overall well-being.³⁸ Sex education should be informed by evidence of what works best to prevent unintended pregnancy and sexually transmitted infections and should also respect young people's right to complete and honest information. Sex education should treat sexual development as a normal, natural part of human development.³⁹ This education should be grounded in an understanding of reproductive justice.⁴⁰

We are committed to protecting, promoting, and expanding these education programs until all Vermont youth have access to comprehensive, medically accurate, quality information and resources to support them in making sexual health decisions that are right for them. While Vermont state health education laws are strong when it comes to providing sex education in schools, consistent support and resources are needed to ensure widespread adoption and equitable implementation.

Nationally there has been a 67% decline in the teen birth rate since 1991, including significant declines in all 50 states and among all racial/ethnic groups. Currently nearly two out of every 100 teen girls will have a child each year in the United States.⁴¹ Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination. One-third of teen girls who have dropped out of high school cite early pregnancy or parenthood as a key reason, and less than 2% of teen moms finish college by age 30. Daughters born to women in their 20s are three times less likely to become teen moms themselves compared with daughters of teen moms.⁴²

Vermont has the second lowest teen pregnancy rate in the country. In 2016 there were 16.7 pregnancies per 1,000 women 15-19 years of age, a decrease from 20.6 in 2014 and 21.9 in 2013. In 2016, there were 347 pregnancies to Vermont teens aged 15–19. Two-hundred and thirteen (or 61%) resulted in teen births. Based on these data, the 2016 teen birth rate was 10.3 per 1,000, down from 14.2 in 2014. Teen births/pregnancies vary significantly among communities. While the overall rate of unintended pregnancy is 50%, young women under 20 have the highest rate of unintended pregnancy (72%), followed by women ages 20-24 (70%).⁴³

Young people are waiting longer than ever before to have sex. On average, young people in the United States have sex for the first time at about age 17.⁴⁴ It is vital to recognize that not all young people choose to wait until they are older to have sex, and the percent of students who have, rises with each

³⁷ Vermont Statutes On Line, Comprehensive Health Education, 16 V.S.A. § 131. Available at <https://legislature.vermont.gov/statutes/section/16/001/00131>

³⁸ Sexuality Information and Education Council of the United States. *Issues*. Available at <https://siecus.org/issues/>

³⁹ Future of Sex Education. Available at <http://www.futureofsexed.org/youthhealthrights.html>

⁴⁰ Sister Song Reproductive Justice Collective. Available at <https://www.sistersong.net/reproductive-justice/>

⁴¹ Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>

⁴² Power to Decide. *Why it Matters*. Available at <https://powertodecide.org/what-we-do/information/why-it-matters>

⁴³ U.S. Department of Health and Human Services, Office of Adolescent Health. (May 30, 2017). *Vermont Adolescent Reproductive Health Facts*. Available at <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/vermont/index.html>

⁴⁴ Guttmacher Institute. 2017. *Adolescent Sexual and Reproductive Health in the United States*. Available at <https://www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health>

grade level. While 19% of 9th graders in Vermont have ever had partnered sex, that rises to 60% by senior year.⁴⁵ Access to sex education before people have partnered sex is the best way to ensure positive health outcomes; young people who use condoms the first time they have sex are more likely to use condoms in subsequent sexual encounters.⁴⁶ Health disparities do exist for LGBTQ students and Racial and Ethnic Minorities due to stigma, bias, discrimination, and social isolation associated with historically unfair and unjust systems, structures, policies, attitudes and cultural norms. Ensuring access to inclusive and affirming sex education for all young people is one way to help address these disparities. While teen pregnancy continues to decline, CDC estimates that youth ages 15-24 make up over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year.⁴⁷ Access to health care services in a confidential and supportive environment helps to ensure that young people can make determinations about pregnancy and explore their reproductive life plan.

According to the Vermont 2017 YRBS data overall 40% of high school students have ever had sexual intercourse; 31% of high school students reported having sex in the past 3 months; 9% reported 4+ sexual partners in their lifetime; 42% of students have never had sexual intercourse. Among sexually active students, the last time they had sex: 56% used a condom and 50% used prescription birth control to prevent pregnancy; less than one in five used both a condom and prescription birth control the last time they had sexual intercourse; 19% used drugs or alcohol at last sex. 10% of high school students reported having ever been physically forced to have sexual intercourse and 7% of students reported they were physically hurt by someone they were dating in the past year.⁴⁸

We are committed to working to reduce risk factors and enhance protective factors related to the sexual health and wellbeing of all Vermont youth. The sexual health of vulnerable Vermont youth populations, including racial and ethnic minorities, runaway and homeless youth, youth in foster care, youth in the juvenile justice system, refugee and New American youth, LGBTQ youth, and youth with developmental disabilities, requires more focused attention and effort, and teens who are pregnant or parenting, should receive adequate support⁴⁹.

We are committed to supporting sex education that is in line with and guided by [national standards and guidelines](#).

⁴⁵ Vermont Youth Risk Behavior Survey report, Vermont Department of Health, 2017. Available at http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

⁴⁶ Taraneh Shafii, Katherine Stovel, and King Holmes, American Journal of Public Health. 2007. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1874201/>

⁴⁷ Centers for Disease Control and Prevention, Sexually Transmitted Diseases. Adolescents and Young Adults. Available at <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>

⁴⁸ Vermont Youth Risk Behavior Survey report, Vermont Department of Health, 2017. Available at http://www.healthvermont.gov/sites/default/files/documents/pdf/CHS_YRBS_statewide_report.pdf

⁴⁹ Healthy Teen Network Resources. Available at <https://www.healthyteennetwork.org/?s=parenting+teens&op>