

Report on the Legislative Forum
Of the County of Riverside Commission for Women
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Submitted to
The County of Riverside Commission for Women

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INTRODUCTION

On June 19, 2008, the County of Riverside Commission for Women conducted their first legislative forum. These hearings were initiated to obtain information from the public about obstacles and challenges facing the women of Riverside County. Further, it was anticipated that these hearings would assist the Commission's legislative agenda as well as provide recommendations for administrative action. The Commission prioritized the issues in conjunction with its mission to:

- Identify issues, concerns, and needs affecting the status of women, creating partnerships for actions on important and timely issues, refer individuals, and/or groups to appropriate resources, and increase the visibility of women's issues to maximize the Commission's impact; and
- Support priorities as identified by the Commission, legislative priorities, and administrative recommendations in relation to County Departments.

The following is a report of this legislative forum. While these hearings covered a broad spectrum of issues and concerns, in an effort to organize these testimonies, this report presents the information around populations: the elderly, children, and women. It is essential to stress that such designations are primarily for presentation purposes. Many of these issues and concerns "cross" these various populations, either directly or indirectly. Thus, these distinctions are, in many instances, just for presentation purposes.

In addition to incorporating the testimony provided by these various individuals and agencies at this forum, this report also includes a "contextual" framework for the

different issues addressed during these hearings. Specifically, information is presented that pertains to these issues on a national, state, and when possible, local level. This information includes the extent of the problem as well as approaches to addressing this problem, such as policy and/or legislative initiatives. Given the broad spectrum of issues addressed at this forum, however, this report is not intended to be a definitive, comprehensive summary of these concerns. Rather, it is intended to be used as a “stepping stone” to further efforts to address such issues.

THE ELDERLY

The U.S. Census Bureau (2004) reported that as of July 1, 2003, there were 35.9 million people 65 years of age or older. According to the California Health and Human Services Agency (2003), there are approximately four million people 65 years of age or older in the state of California. This is the largest elderly population in the country. Furthermore, this population will likely double in the next few decades as the baby boomers begin to reach this “milestone.” Thus,

“[a]s the population ages we can expect enormous changes that will sharply affect California’s economy, housing, land use, leisure, transportation, health and social services, and public resource allocation” (p. 1).

The various testimonies presented at the forum raised some of the issues and concerns facing the elderly in Riverside Community. These issues include elder abuse, grandparents raising grandchildren, and financial challenges.

Elder Abuse

Based on testimony before the U.S. House Select Committee on Aging, Senator John B. Breaux, Chairman (2001) noted that

“this committee heard testimony indicating that an astounding 95 percent of all long-term care in this country is not provided by institutions or professional caregivers but by family members in the home. . . . Many times, these families do not have adequate training, do not have adequate financial wherewithal, do not have the means to handle the extra burdens that are put on their families as they attempt to care for their loved ones. . . . sometimes their problems affect the seniors that they are charged with taking care of. . . . Victims of abuse, neglect, and exploitation are often unable to speak for themselves. Therefore, it is important that those of us in Government who have access to the means to make sure that these problems do not go undetected are aware of the seriousness of these problems” (U.S. Senate Testimony, pp. 5-6).

In the *2004 Survey of State Adult Protective Services*, Teaster, et al. (2007) reported of the 32 states responding to the survey, there were 253,426 incidents involving elder abuse. California reported the highest number of such incidents (66,805). The most common sources of reports of elder abuse and neglect allegations were family members (17%), social services workers (10.6%), friends and neighbors (8%), and long term care staff (5.5%). The report also provided key findings related to the types of abuse and perpetrators as well as the victims. (Note: Many of these findings are based on response rates lower than the 32 states). Some of these findings are listed below:

- The types of abuse investigated included self neglect (26.7%), caregiver neglect/abandonment (23.7%), financial exploitation (20.8), emotional/psychological/verbal abuse (13.6%), physical abuse (12.5%), sexual abuse (0.7%), and other (2.0%).
- The locations of the abuse were overwhelmingly in a domestic setting (89.3%), followed by long-term care facilities (6.2%).
- A little more than half (52.7%) of the alleged perpetrators of elder abuse or neglect were female with slightly over one-quarter between the ages of 40 to 49 (25.3%).
- Almost one-third of the alleged perpetrators were adult children (32.6%) followed by other family members (20.0%) and spouses/intimate partners (11.3%).
- Almost two-thirds (65.7%) of the elder abuse victims were women.
- More than two in five victims (42.8%) were age 80 or older.

- The majority (77.1%) of victims were Caucasian followed by African American (21.3%).

Among the various recommendations, Teaster, et al. (2007) stressed the need to collect accurate and uniform data at both the state and national levels. Such efforts would assist in determining trends and understanding the scope of the problem.

Training in the identification and reporting of abuse should be broadened to include such groups as utility and postal workers.

Black (2008) examined the specific issue of financial exploitation of the elderly. In her article, she reviewed current laws and regulations that attempt to address the problem of financial elder abuse. Specifically, such laws and regulations include enhanced penalties and special classifications, the role of banks, the Elder Justice Act of 2006, and Adult Protective Services. Next, Black (2008) revealed the weaknesses of such laws and regulations:

“Without enhanced sentencing guidelines for acts committed against victims of an elderly age, however, a state’s criminal law code offers little, if any, added deterrence for such crimes against older persons. Thus, our system fails to recognize the especially egregious nature of such crimes against a population who is, arguably, the least likely to defend themselves” (p. 308).

Black (2008) concluded by proposing various solutions such as drafting the power of attorney document, including neutral third parties, and developing a more comprehensive legal approach with respect to both federal and state law.

Forum Testimony

► *County of Riverside, Department of Public Social Services, Adult Protective Services, C.A.R.E. Program* (Margo Hamilton)

There are numerous successes and challenges of elder abuse in Riverside County. Testimony included current successful strategies being utilized, as well as challenges and barriers to the protection and care of our vulnerable elderly population.

Requests include 1) support the need for state funding for APS and other senior service providers, and 2) support the need for legislative reform to enhance protective measures. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors and addressing the overall issues such as elder abuse and funding.

► Nellita Lambert Hutchinson (personal)

Ms. Hutchinson testified that her mother has been at a nursing home for over eight years. She stated that there are many in living places like the one her mother is housed, where the individuals are lonely, abandoned, and without any hope for the future. Further, she noted that they are physically and emotionally neglected. Many were leaders, accountants, mothers, wives, and volunteers, that give so much, are now “discarded and rejected.”

Ms. Hutchinson stated that we need more people to observe such conditions, especially those operating as profitable businesses but lack compassion and accountability. She requested to have more supervision for nursing homes, especially

without notice, so it will not be “staged to look pretty.” The legislative proposal/ administrative recommendations/ study proposal focused on nursing homes.

► *Riverside County Regional Medical Center* (Tracey Gomez)

Ms. Gomez testified about three issues: sexual assault, elder and child abuse. She then presented statistics on Riverside County pertaining to each of these three groups as well as the services available in the County to assist survivors and the implications for these growing populations. The legislative proposal/administrative recommendations focused on violence, sexual assault, abuse of children and the elderly.

Grandparents Raising Grandchildren

According to the U.S. Census Press Release (2004), 2.5 million grandparents are responsible for most of the basic needs (e.g., food, shelter, clothing) of one or more of the grandchildren who live with them. Of these caregivers, 1.6 million are grandmothers and 896,000 are grandfathers. Additional facts include the following:

- 477,000 grandparents’ income is below the poverty level and they are caring for their grandchildren.
- 730,000 grandparents have a disability who are caring for their grandchildren.
- 544,000 grandparents speak a language other than English and they are caring for their grandchildren.

Gerard and her colleagues (2006) surveyed 133 Ohio grandparents who were primarily responsible for their grandchildren. A key finding from their study was that a number of these grandparents did not use some of the formal resources available in their community. For instance, only 71% used counseling services for self followed by kinship navigators (assist kinship caregivers by navigating the various support services in Ohio) (67%), support groups (61%), counseling services for grandchildren (53%), school counseling (42%), formal children services (33%), and medical clinics (16%).

The authors maintained that

[c]learly, some custodial grandparents are reluctant to seek or accept help from community organizations or government agencies. This hesitancy might be due, in part, to skepticism about the value of formal assistance or reservations about having to depend on outside help. Our data indicate that a fairly sizeable number of grandparents held negative attitudes or were indifferent about relying on professional help” (p. 376).

In conclusion, Gerard and her colleagues referred to the policy recommendations outlined in the Pew Commission on Children in Foster Care (2004). The authors noted that the Pew Commission recognizes that the permanent placement of children with their relatives provides them with a safe environment and enhances their well-being. They also stressed that, according to the Pew Commission, the federal government does not provide reimbursement to states for assisting legal guardians. In this vein, Feig (1997) reported that given the major rise in grandparents raising their grandchildren, especially those who are financially limited, access to financial and support services is essential.

Glass and Huneycutt (2002) identified some of the services that are available to grandparents raising their grandchild as well as the implications involving policies,

programs, and education. For instance, in reference to the courts, they noted that there are two basic types of rights available to these grandparents: custody and visitation. Some of the social services available to ease the financial burden include Supplemental Security Income, Temporary Assistance for Needy Families, Food Stamps, and Medicaid. Glass and Huneycutt (2002) maintained, however, that “[f]or many grandparents it is embarrassing and difficult to seek this assistance. It can be a humiliating experience, especially if the individuals at these agencies are not sensitive to the unique circumstances of grandparents at this time” (p. 242). They also cited the final resolution of the 1995 White House Conference on Aging that provided various issues that need to be addressed to help these grandparents. This resolution was developed, in part, on the efforts of the District of Columbia Kinship Care coalition:

- Comprehensive programs for caregiving grandparents, including respite and day care, legal assistance, advocacy services, health care and substance abuse treatment, and mental health support.
- Financial, social, and legal support for caregiving grandparents raising grandchildren.
- Removal of the legal and regulatory barriers that make it difficult for caregiving grandparents to receive TANF, food stamps, and other safety net programs.
- Programs through the U.S. Administration on Aging to provide supportive services for grandparents and their grandchildren to develop support groups in senior centers and other settings.

- Intergenerational programs to strengthen the family unit in grandparent-headed households.
- Legal surrogate decision-making authority for caregiving grandparents in cases where the parent or other guardian is absent.
- Education for human service providers about the rights of caregiving grandparents.
- Protection of grandparents' visitation rights.
- Use of existing federal, state, and local revenue streams to accomplish the above purposes (Glass & Huneycutt, 2002, p. 245 as cited in NCPSSM, 1998).

Dellman-Jenkins and her colleagues (2002) concluded that

“[p]olicy makers and program planners must be prepared for the increasing trend of middle-aged and older persons serving as the primary caregiver for their grandchildren. Grandparents can be a valuable emotional and instrumental resource as surrogate parents for their grandchildren. However, they often have financial difficulties meeting their parenting responsibilities. Public service programs and policies must be implemented that create low-cost, high quality services for grandparent caregivers. Child-support policies need to be developed that provide subsidized childcare, respite care, physical and mental health evaluations, psychological counseling, and clothing allowances for grandparent caregivers” (p. 232) (see also Joslin & Brouard, 1998; Landry-Meyer, 2000).

The AARP Foundation, The Brookdale Foundation Group, Casey Family Programs, Child Welfare League of America, Children's Defense Fund, and Generations United have collaborated to provide fact sheets for grandparents as well as other family members responsible for raising children. Such information includes state-specific data, programs, and public policies. In reference to California, there are

625,924 children living in a grandparent-headed household with an additional 327,623 children living in households headed by other relatives. Approximately 12% of these grandparents are African American, 42% are Hispanic/Latino, 9% are Asian, 1% are American Indian and Alaskan Native and 33% are White.

Subsequently, the AARP Foundation listed general state laws related to grandparents raising their grandchild. These laws are as follows:

- *Kinship Adoption (Cal. Welfare and Institutes Code, Family Code, Education Code)*: Sets standards to guide social services agencies and the courts in determining when it is in the best interests of the child to place him or her with a relative caregiver.
- *Bridge Funding to Continue Foster Care Payments to Adopting Relatives (Cal. Welf. & Inst. Code Section 11404.2) (1995)*. When a child who qualifies for foster care is living with a relative, that relative is eligible for payments for the period between relinquishing parental rights and finalization of the adoption.
- *Medical Consent (Cal. Fam. Code, Sections 6550 and 6555) and Educational Consent (Cal. Fam. Code Sections 6550 and 6552); Education Code Section 48204*. Creates a “caregiver’s authorization affidavit” that gives the relative caregiver authority to request treatment by health care providers and enroll child(ren) in school.

- *Standby Guardianship (Cal. Prob. Code, Section 2105)*. Provides for successor guardianships; caregiver may identify a preferred guardian upon his or her death or incapacity.
- *Probate Guardianship (Cal. Prob. Code, Section 1514)*. Creates formal guardianship status for relative caregivers whose children are not in the state dependency system.
- *Welfare-to-Work Exemption (Cal. Welf. & Inst. Code, Section 11320.3(b)(4))*. Certain relative caregivers may continue to receive welfare benefits with meeting work requirements.
- *Child Support Cooperation (MPP Section 82-510.5)*. A KinGAP, foster care or child-only welfare grant cannot be reduced if a caregiver relative refuses to cooperate with the state in locating the parent for purposes of collecting child support.

Forum Testimony

► *Riverside County Office on Aging (Vikki Neugebauer)*

Ms. Neugebauer reported that there are a growing number of baby boomers who are aging and then noted the impact that this population will have on services for senior women. Further, such women have been taking on roles such as care providers (e.g., grandparents raising grandchildren). Thus, there is a need for increased awareness as well as support for these women. Specifically, it is essential that they are aware of what services are currently available and how these women can obtain such services.

Ms. Neugebauer requested the following: 1) increase funding to programs that provide services to seniors and family caregivers; 2) increase funding to child care programs and services; and 3) increase affordable housing for seniors, including inter-generational housing for grandparents raising grandchildren. Legislative proposal/ administrative recommendations/study proposal include the Board of Supervisors as well as focusing on the issues of seniors raising grandchildren, funding, child care, and affordable housing.

Financial Challenges

According to the Sinclair (2008), the cost of health care is rapidly increasing in terms of the elderly population. The following are a few items to illustrate such increasing costs:

- In 1965, \$42.2 billion (or \$187 billion in 2005 dollars) was spent on health care.
- In 2006, national spending on health care reached 2.1 trillion (an increase of almost 97% over the past ten years).
- The current national health spending of \$2.1 trillion accounts for 16 percent of the gross domestic product.
- Of the \$2.1 trillion spent on health care, hospital and physician services account 52 percent of total expenditures, while spending on other personal health care accounts for 32 percent.

- By payer source, public funds, including Medicare and Medicaid, account for 46 percent of health spending.
- This leaves most spending financed by the private sector through private health insurance and out-of-pocket costs.
- The category of spending projected (through 2017) to increase fastest is prescription drugs, which now account for ten percent of total health spending (n.p.).

These facts coupled with increasing health insurance premiums, individuals under the age of 65 whose employers are no longer offering health coverage, and the slow growth in incomes illustrate how medical costs will continue to be a major financial burden to the elderly population.

Rice and Fineman (2004) argued that due to Americans currently living longer than ever before in history, there are various implications resulting from this increased longevity. Specifically, these implications center on future health care expenditures for the elderly. They concluded by outlining certain policy issues that need to be addressed in the future to curtail such increasing expenditures. These issues include: 1) the viability of the Medicare and Social Security Programs; 2) the future needs for long-term care services; 3) continued improvements in the health status of the elderly; 4) technological advances; 5) the need for a geriatric work force; and 6) paying for future higher medical care costs (pp. 468-469).

The elderly population not only encounter financial challenges in terms of health care, but also face problems in terms of housing. Libson (2005-2006) noted the

difficulties facing the elderly in terms of affordable housing in conjunction with the increasing numbers of individuals over the age of 65 years:

“All the statistics detail the exploding elder population, and it is not just baby boomers. The population of people over the age of 65 is expected to double by the year 2030, from 35 million to over 70 million. . . Half of the elders over 85 are disabled or frail, and that number is projected to double by 2030. More than one-third of elder households have incomes at or below \$17,500” (p. 9).

She outlined various housing programs for the elderly. These programs include: 1) Section 202 Supportive Housing for the Elderly; 2) HUD FHA Multifamily Insurance; 3) low-income housing tax credits; 4) project-based housing assistance; 5) project-based voucher assistance; 6) tenant-based housing assistance; 7) state housing finance agencies; and 8) state and local programs. She then suggested various gap financing programs such as Community Development Block Grants, The Home Investment Partnerships program, and Federal Home Loan Bank programs.

Forum Testimony

► *Community Leader and Senior Advocate* (Gloria J. Sanchez)

We all know the many challenges we face every day, but as we age more challenges come our way. The senior women of today wear many hats: wife, mother, grandmother, caregiver, and many of us are widows, but we wear these hats with pride and are distinguished, not to say we could not use some respite time. We get so involved with our everyday challenges that we forget to take care of ourselves and when we become ill everything falls apart due to the fact we are not available to give to our loved ones. For many of us Social Security is our only source of income and it is

becoming more and more difficult to make do with this income. Many of us have had to consider returning to work due to the high cost of medical care, medications, vision, dental and just everyday living expenses. With all of these responsibilities, many of us isolate ourselves and become depressed, taking us into a mental health state which only magnifies the home environment. What do we need?

We need a sisterhood program much like we had in our college days, taking care of each other during good and bad times. Help the isolated widow living alone by becoming her sorority sister. I have always wondered why more widows do not get together and consider shared housing, similar to sorority houses. This type of living will satisfy the interpersonal relationships senior women need, no longer will they be isolated and forgotten. In closing, let us not forget the message the movie “Sisterhood of the Ya Ya’s” left us with – always comfort, always be available, always cry, always laugh, and yes always give advice and guidance to your sisters and most important love your sisters.

Ms. Sanchez requested the following: 1) shared living for senior women; 2) employment for senior women; and 3) health care for senior women. The legislative proposal/administrative recommendations/study proposal focuses on such issues as senior shared living, employment, and health care.

► *Desert Samaritans for the Elderly* (Michael Barnard)

Desert Samaritans for the Elderly is a non-profit social service agency providing a variety of programs for adults over 60 years of age in Coachella Valley. Programs

include: 1) financial assistance – payment of utility bills, rent, groceries, medications, and home repair; 2) transportation to medical appointments; 3) the Buddy Program which matches lonely seniors with volunteers for socialization and friendship; 4) information and referrals to other agencies that provide senior services; 5) advocacy – assist seniors with more complicated or involved issues such as landlord, financial, insurance benefits, housing code violations, or fraud; 6) outreach – assist seniors with ordering groceries to be delivered to their home using the Albertson’s delivery program; 7) for those who have problems gambling – providing education and treatment for seniors or their families; and 8) substance abuse/prescription drug abuse – education and prevention program for healthcare and social service workers.

The majority of our clients are women, as they tend to outlive men. Our programs are not targeted to men or women, as the issues affect them equally. Important issues are affordable housing and transportation to recreational, social and medical services. Mental health issues are extremely important in handling depression, loneliness and poor physical health. Many of our clients have moved from another city or state, and do not have any local family support.

One of the biggest challenges for elderly women is becoming the head of the household and dealing with many issues handled by their husbands after they become divorced, widowed, or the caregiver of their husband. They often become easy victims of fraud, or simply make bad decisions concerning finances, home repair, auto repair, or living situations. Budgeting of their monthly finances is often a challenge for women.

Women also tend to want to take care of their grown children too long, even if the children are a detriment to their living situations.

Women often become the caregivers of their parents. This is especially stressful if they are still working. Many times they will try to do it alone, and not ask for help. In-home care can be expensive, but some resources are available that can be explored. More affordable home care and assisted living facilities are needed to relieve the burden.

Mr. Barnard requests focus primarily on in-home care. More affordable home care and assisted living facilities are needed to relieve the burden. The legislative proposal/administrative recommendations/study proposal focused on assisted living and affordable home care for seniors.

THE CHILDREN

According to the U.S. Census Bureau (2005), the number of elementary school-age children (ages 5 through 13) declined by 381,000 while the number of high school-age children (ages 14 through 17) increased by 329,000 between 2003 and 2004. Further, in 2004, California had the highest total of elementary school age children (4.8 million) followed by the highest number of high school-age children (2.1 million).

When describing *status*, or the socially defined position in a group characterized by certain rights, expectations, and duties, Regoli, Hewitt, and Delisi (2008) contend that in terms of children,

“[o]f all the statuses, the status of child is one of the least privileged. The systematic denial of privilege leads to oppression. *All* children are oppressed to one degree or another, but some are oppressed more than others. The personal and social cruelty children experience falls on a continuum ranging from straightforward demands for obedience to being yelled at constantly. . . (p. 9).

During the forum, numerous presenters provided testimonies that highlighted some of the issues and concerns facing children in the Riverside Community. These issues include foster care, protection from sex offenders, pregnant/parenting adolescents, and financial challenges.

Foster Care

According to the U. S. Department of Health and Human Services (2007), there are over half a million children in foster care in the United States. As of 2006, there were 78,278 children in the California foster care system. About 30 percent of these children are between 11 to 15 years of age followed by 1 to 5 years (25%), 6 to 10 years (21%),

and 16 to 18 years (17%). Further, the average length of stay for these children is approximately 39 months (Foster Care, n.d.).

Brushkas (2008) reviewed various studies centering on the experiences related to foster care. For instance, research on mental health outcomes has revealed that children who have experienced some form of maltreatment, as well as the stress of being separated from their parents, are susceptible to posttraumatic stress disorders (see Dubner & Motta, 1999; Racusin, Maerlender, Sengupta, Usquith, & Straus, 2005). Brushkas (2008) maintained that “for children in foster care to succeed in school and in young adulthood, their experiences with child welfare (foster care) should be acknowledged and addressed (p. 71).

Brushkas (2008) also identified other negative experiences of children in foster care such as educational obstacles due to numerous moves as well as exploitation, marginalization, and powerlessness. Brushkas (2008) concluded that there is a need for interventions that address children’s experiences and feelings associated with foster care (p. 75). Further, she asserted that

“[m]ost institutions have systemic orientations for employees or members. For example, a hospital will educate their employees about the history of their institution, their vision, mission statement, and what employees can expect from the institution as well as what is expected from employees. Children in foster care today are deprived of such orientations. Children in care should be educated about foster care and their relationship to foster care” (p. 75).

Thus, children in foster care should be provided with interventions such as orientations that can assist them in adjusting to their new environment as well as enhance their developmental, mental health, and educational needs.

When young individuals leave state care, they transition from being dependent on state accommodations to living an independent lifestyle. Mendes and Moslehuddin (2005) discussed the various obstacles that young individuals face when leaving state care. These obstacles include accessing “educational, employment, housing, and other developmental and transitional opportunities” (p. 111). In addition, these young individuals may have to deal with their experiences of physical, sexual or emotional abuse or neglect prior to foster care; some may have to deal with inadequacies in state care such as poor-quality caregivers and constant placement changes; and some of these individuals may not have the family support or other community networks that can assist them in this transition to independent living (pp. 111-112).

Mendes and Moslehudin (2005) suggested that

“[p]rogrammes should ideally address a number of key areas and needs, including provision for: ongoing counselling/support in times of isolation and depression; a system to help celebrate major life-cycle accomplishments such as birthdays, birth of children, Christmas, marriage, relationships, etc.; drug and alcohol rehabilitation programmes; assistance to renegotiate relationships with family members; assistance with developing informal support networks; resources to help with basic financial difficulties and access to benefits; assistance and advocacy in regard to accommodation, education and training; a designated after-care worker; and unlimited time-frame for the support of these young adults” (p. 123) (see also Mendes & Goddard, 2000; Broad, 2005).

The authors concluded by suggesting the need to develop international collaborative networks in an effort to share information on national practices and policies.

Forum Testimony

► *Court Appointed Special Advocates (CASA) for Riverside County, Inc.* (Deborah Sutton)

Over 6,000 children in foster care need advocates. These are the highest risk youth that fall through the cracks. Court Appointed Special Advocates (CASA) organization is currently only serving about 300 of these children. There is a great need for more CASAs to be trained and become advocates for the needs and best interests of these children.

CASA works along side the Court and the Department of Children's Services with volunteers who dedicate up to 24 hours a month gathering much needed information to help make decisions on behalf of the child. CASA is the only scientifically proven program that brings the community and the courts together. We have 200 volunteers in Riverside County with at least 80 waiting to be trained. We are in no shortage of volunteers. We are in need of funds to hire case managers to manage volunteers. The Court has ruled that each case manager can only manage 40 volunteers at a time.

Ms. Sutton requested the following: 1) help CASA create more awareness by bringing the issues of foster care and CASA's role to the forefront; 2) bring attention to the lack of services provided to a foster child once he or she turns 18 years of age; and 3) provide a strong voice of support for ear marked funding for CASA for Riverside County. The legislative proposal/administrative recommendations/study proposal focuses on the Board of Supervisors as well as the issues of foster care, funding, child care, and dependent care.

Protection from Sex Offenders

The Bureau of Justice Assistance (BJA) (2006) provided a chronological listing of significant national laws to enhance law enforcement's efforts to monitor and track sex offenders in the community:

- Student Right to Know and Campus Security Act of 1990 (Clery Act)
- Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act (Wetterling Act, 1994)
- Megan's Law (1996)
- The Pam Lyncher Sexual Offending Tracking and Identification Act (Lyncher Act, 1996)
- Jacob Wetterling Improvements Act (1997)
- Campus Sex Crimes Prevention Act (2000)
- The Adam Walsh Child Protection and Safety Act of 2006 (p. 3).

BJA (2006) also noted that in 2005, state legislatures passed over 100 laws concerning sex offenders. These laws included the use of electronic monitoring or Global Positioning Systems (GPS); increased penalties for failing to register; mandatory sentences for certain offenses, usually crimes against children; increasing availability of information to the public; lifetime registration; and adding DNA information to public registries of those individuals convicted of certain sex crimes (p. 4).

Law enforcement continues to address additional challenges related to the registered sex offender population and communities' demands for increased safety. BJA

cited that one such approach to addressing these challenges is by collaborating with volunteers and citizens. These volunteers engage in activities such as processing and conducting in-person registrations; maintaining and verifying the accuracy of information within sex offender registration files; and developing and sustaining relationships with other public safety agencies to regularly exchange information and intelligence (p. 8).

Forum Testimony

► *Valley Watch* (Dr. Lisa DeForest)

Dr. DeForest testified for the need to protect our children from sex offenders by raising awareness to the presence and location of the registered sex offenders in the valley. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on the issues of public safety, and sex offenders.

► *Community Outreach Ministry* (Mona Davies)

Ms. Davies testified that she grew up in an economically depressed neighborhood. Her dad worked two and three jobs and her mom worked full time too. As a child, she was repeatedly abused sexually by older male relatives. Education was not important. Getting high was a way to help escape the pain and shame. In the past, she has been violently abused by men and wanted to die.

The greatest news of all is her life has been changed. She is no longer a victim, but a victor. She has overcome every atrocity committed against her through restitution,

intervention, and direction. Now her life is committed to breaking crimes against at-risk kids. Crimes and abuse creates all kinds of deep seated inner wounds affecting an individual's body, spirit, and soul (mind, emotions, personality, will, conscience, and the five senses). The key is to locate the entry point and deal with the root of the problem. As in her case, victims can usually trace the crime and contamination through family lines. Cleansing and healing is a process that is available and achievable to everyone who desires to have it giving renewed hope and joy for the future. She has requested: 1) restitution; 2) intervention; and 3) direction. The legislative proposal/administrative recommendations/study proposal includes focusing on the issues of child abuse and victim's rights.

Pregnant/Parenting Adolescents

According to the Center for Disease Control (CDC) (2009), in 2006 there were 435,436 births to mothers between the ages of 15 to 19 years, with a birth rate of 41.9 per 1,000 women in this age group. Further, after declining from 1991 to 2005, the birth rates for this age group has significantly increased between 2005 to 2006 in 26 states. The CDC also noted that teen pregnancy and childbearing can have both long- and short-term impacts on the teen parents as well as their children as demonstrated by the following:

- Preventing teen childbearing could save the United States about \$9 billion per year;

- Teen mothers face higher rates of preterm birth and their infants have higher rates of low birth weight and infant death;
- Compared to women who delay childbearing until the age of 20 to 21 years, teenage mothers, aged 19 and younger are more likely to drop out of high school and to be and remain single parents; and
- The children of teenage mothers are more likely to score lower in math and reading into adolescence, repeat a school grade, be in poor health, be taken to emergency rooms for care as infants, be victims of abuse and neglect, be placed in foster care and spend more time in foster care, be incarcerated at some point during adolescence or their early 20s, and drop out of high school as well as give birth as a teenager and be unemployed or underemployed as a young adult (p. 2).

Rothenberg and Weissman (2002) reported on their efforts to provide hospital-based comprehensive services to pregnant and parenting teens in order to lessen the potential negative consequences of teen pregnancy on the parents as well as the children. They concluded that while the country continues to focus primarily on the *prevention* of teen pregnancy, it is essential that health and social service providers work with teens who are pregnant. They also stated that even with these programs, however, “it is extremely difficult, if not impossible, to ‘undo’ a lifetime of hardship, poverty, and adversity with once a week, short term programs” (p. 80).

The issue of pregnant teens not receiving necessary services was also highlighted by a study conducted by Flynn, Budd, and Modelski (2008). They argued

that while pregnant teens may be receiving prenatal care, there may be some who are not receiving additional services. Thus, “[f]urther research is needed to investigate the degree to which prenatal care providers and their staff are educating pregnant teens regarding the availability, eligibility criteria, and importance of health-promoting services such as the WIC Program” (p. 145).

Forum Testimony

► *Riverside Counties* (Alisha Wilkins)

Ms. Wilkins stated that in Riverside County, there is a lack of access to comprehensive sexuality education in local public schools. This given the fact that teen pregnancy rates are higher in this county compared to the state average.

► *Southwest Pregnancy Counseling Center* (Lisa Vinton)

Ms. Vinton stated that putting aside any political and/or religious agendas, it is important that we take a close look at educating teens and their parents about the risks of teen sex and pregnancy. We need programs in the schools and extra-curriculum resources to ensure factual information and appropriate support is reaching our women, teens and families.

She requests developing educational material and counseling resources for teens and others in crisis pregnancy. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on issues of pregnancy and education.

► *Garden of Angels, Inc.* (Terry McChesney)

The organization is a safe surrender for newborns. Ms. McChesney asked to be placed on the Commission's mailing list for upcoming events. They would like to speak, or be a keynote speaker, at a workshop or some other type of event. The legislative proposal/administrative recommendations /study proposal focuses on health and safety.

► *Planned Parenthood of San Diego and Riverside Counties* (Alisha Wilkins)

We need to address the reproductive healthcare needs of underserved communities in Riverside, and the lack of access to comprehensive sexuality education in local public schools, given the fact teen pregnancy rates are higher here in Riverside county than the state average. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focuses on healthcare and reproductive healthcare.

Financial Challenges

There are numerous issues and concerns facing parents when raising children. One such issue pertains to the financial costs of raising a child in today's society. For instance, based on the most recent information available, the U.S. Department of Agriculture estimates that families earning \$70,200 a year or more will spend \$269,520 to raise a child from birth up to the age of 17 years. Families earning more, in urban areas in the West, spend the most -- \$284,460. Estimates for lower-income families are

approximately \$184,320. For these families, that is about \$15,000 a year from birth to age two. As a child gets older, however, these costs increase to approximately \$15,810 a year (MSN, n.d.). Two major concerns for parents, in terms of costs, are child care and health care.

According to the U.S. Census Bureau (2005), less than half of the families arrange child care through some relative (e.g., mother, father, grandparent) (47.4%). This arrangement is followed by an organized care facility (e.g., day care center, nursery or preschool, Head Start) (23.8%); other non relative care (e.g., in child's home, other nonrelative) (15.6%); and other (13.2%). Thus, almost one-quarter of parents make child care arrangements through some type of organized facility.

In his study on role strain among working parents, Scharlach (2001) surveyed 1888 employed adults. His findings revealed that the parents overwhelmingly reported that their greatest concern was for decent, affordable, accessible child care in an effort to reassure them that their children were adequately cared for while they were at work (p. 225). Scharlach (2001) maintained that

“[f]urther efforts to improve the quality and availability of child care in the USA and other countries will require the participation of federal and state governments, non-governmental organizations, community programs, employers, and families” (pp. 225-226).

The author added that businesses can also contribute to the needs and stressors of their employees who are also parents. Such contributions can include advocating and supporting quality community-based child care centers as well as family-sensitive organization policies.

In 2006, 11.7 percent or 8.7 million children under 18 years of age were without health insurance. Further, “[t]he likelihood of health insurance coverage varied among children by poverty status, age, race, and Hispanic origin” (U.S. Census Bureau, 2006, p. 23). For instance, compared to the overall percentage of 11.7 uninsured, 19.3 percent of children in poverty were uninsured. When comparing the various racial/ethnic backgrounds of these children, 22.1 percent of Hispanic background were uninsured compared to African American (14.1%), Asian (11.4%), and white, not Hispanic (7.3%). Acosta and her colleagues (2009) argued that in 1997:

“the State Children’s Health Insurance Program (SCHIP) is considered an overall success in increasing health insurance coverage for children, decreasing unmet healthcare needs, and promoting the use of preventive care. However, an estimated 70 percent of uninsured children eligible for either Medicaid or SCHIP are not enrolled (Center on Budget and Policy Priorities, 2007)” (p. 106)

Furthermore, in those instances involving routine care, these children are more likely to be treated in emergency departments (Newacheck, et al., 1998).

Forum Testimony

► *First 5 Riverside, The Riverside County Children and Families Commission* (Harry Freedman)

There is a lack of child care and health services for children between the ages of 0 to 5 years old. Families, especially those with single mothers and in poverty, have an increasingly difficult time attaining appropriate services for their young children. Recent statistics show that about half of the population in Riverside County is female. In 2006, nearly 12 percent of households were female-headed with no husband present. Sixty percent, or more than 45,000, of these women had children under the age of 18 years.

Twenty-four percent of these families had incomes below the poverty level. Overall, seventeen percent of all children under the age of 5 years, or more than 25,000, were in poverty. Today, the median household income in Riverside County is \$49,890.

According to the California Budget Project, to support a modest standard of living (only basic needs): a single adult needs an annual income of \$28,336 or \$13.62 per hour; a single parent family needs an annual income of \$59,732 or \$28.72 per hour; a two-parent family with one employed parent needs \$50,383 or \$24.22 per hour; and a family with two working parents needs an annual income of \$72,343 or \$17.30 per hour. In 2007, 91 percent of households in Riverside County had a least one working parent. The average commuting cost per day in Riverside County is \$7.61.

In terms of costs, the average annual cost for full-time licensed center-based care for an infant is \$9,620; the average annual cost for full-time licensed center-based care for a preschooler is \$6,760; and the average annual cost for a resident undergraduate tuition at the University of California, Riverside is \$6,684. Further, there are more than 180,000 children age five and under living in Riverside County.

Given the current licensed child care capacity, more than half of the children with working parents are not being served. Riverside County has the most severe shortfall of child care spaces in percentage in terms of all California counties. Out of 66,160 children ages three and four, only 27 percent are in preschool or nursery school.

The American Academy of Pediatrics reports that 16% of children have developmental disabilities and that only 20-30% of those are identified before the child

enters school. That means 16 out of 100 young children could have developmental delays, but only three or four will be identified.

Mr. Freedman also noted that in a 2005 California Health interview survey of Riverside County, children ages 2 to 11 years, about 18 percent had never been to a dentist. In 2005, an estimated 72,000 (14%) children in Riverside County were without some form of health insurance for all or part of the year. Add to this that more children are expected in Riverside County. The number of live births in 2006 was 32,382. Births are projected to increase each of the next ten years in 48 California counties. Riverside County is expected to rank second in highest birthing rate over that time with Los Angeles ranked first.

Mr. Freedman requested: 1) engaging with legislative leadership to ensure that services are not just maintained but expanded during economic hard times; and 2) continuing to hold public forums to raise awareness among the Commission and determine possible actions, as well as give voice to those in need. The legislative proposal/administrative recommendations/study proposal includes focusing on issues pertaining to child care and health care.

► *Urban Regional Planner (Adrienne Rossi)*

Ms. Rossi provided detailed testimony regarding her personal experiences concerning child care. She stressed that the amount of time and money that is lost with an employee being out due to child care alone would be greatly decreased if employers would look into child care as a “benefit” and not a “burden” that they may feel is not

theirs to bear. Primary request is for large and small employers to consider a child care system for their employees. The legislative proposal/administrative recommendations/study proposal is essentially for child care.

Ms. Rossi concluded by noting that “it takes a village to raise a child.” If we build those “villages” now, with adequate child care spaces and services for all children who need it, we can make sure that our children now, as well as in the future, are raised with knowledge, encouragement, structure, cultural experiences, positive influences, and a good, solid loving foundation that only the entities who care enough about the child, to collaborate and make things happen now, will achieve.

► *San Gorgonio Childcare Consortium* (Sydni Mackey-Ramirez)

The cost of childcare keeps rising and it is more difficult to obtain. Hours of coverage do not often match work hours. Employees are usually women and they are making minimum wages and often without benefits. The legislative proposal/administrative recommendations/study proposal focuses primarily on childcare.

Additional Forum Testimony

The following includes additional testimony presented at the forum which pertains to more specific issues concerning children.

► Jane Jennings (personal)

Ms. Jennings noted that the California Education Code does not allow unqualified teachers to teach special education students (which includes instructional assistants).

The Williams Act is to oversee that special education students have their IEP (Individual Education Plan) met. She then relayed to the Commission her personal experience with her daughter. She has requested the following: 1) obtain support and assistance in seeing that the Alvord School District follow the laws mandated by the state; and 2) find appropriate, safe summer programs, or children care for non-school days, year round and transportation to and from school or child care locations. The legislative proposal/administrative recommendations/study proposal focuses on education, enforcement, programs, transportation, and child care.

► Janis L. Leonard (personal)

Ms. Leonard testified as to her difficulty in locating a computer which would allow her to also keep her four-and-a-half year old child next to her. She noted that it is difficult enough to find the time to return to college and this experience has really frustrated, and discouraged, her. She has requested that colleges in the Riverside vicinity (and beyond) will take into consideration students with children by creating a “child friendly” computer lab on their respective campuses. The legislative proposal/administrative recommendations/study proposal focus primarily on child care and colleges.

► *Desert Hot Springs Community Task Force* (Judy Shea)

Ms. Shea testified that there is no rehabilitation center for children under the age of 18 years. The legislative proposal/administrative recommendations/study proposal

includes the Board of Supervisors as well as focusing on substance abuse, children, and a rehabilitation unit.

► *KVCR Autism Initiative/Inland Empire Autism Society (Lillian Vasquez)*

Ms. Vasquez testified one should imagine being the parent of an autistic child and try to get services, try to get a diagnosis, try to find a doctor who believes your gut instinct that something is wrong with your child, and try to get services to make that child a better child. That is an example of what it is like to be a parent of an autistic child.

Autism is a neurological or biomedical disorder depending upon which physician one asks. Autism affects four key areas: communication, social skills, behavior, and learning. The rate of autism is soaring. It is a devastating disorder. It typically strikes in the first two years of life. It is four times more common in boys than in girls. It is costly to the families, the school districts, and the state of California. Insurances will not cover autism. In 2007, California added 4,143 new cases of full syndrome autism. Autism is treatable but currently it is not curable.

Ms. Vasquez requested the following: 1) early diagnosis and immediate services for the first year such as occupational and speech therapy; 2) getting appropriate services; 3) obtaining funding to get the services; and 4) developing a program that will best help the child. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors with the primary focus on autism.

THE WOMEN

In the Preface of the first edition of her book, *The invisible woman: Gender, crime, and justice*, Joanne Belknap (1996) explained why she chose such a title:

“I was about nine years old when my mother brought my brothers, my sister, and me to a large toy store to buy one of my older brothers “The Visible Man” for his birthday. For weeks, he had been looking forward to owning the model, which was a clear plastic statue that stood about a foot high, came apart, and had removable internal organs as well as a skeleton. All of us were fascinated with this concept, but then a funny thing happened when we got to the store. “The Visible Woman” seemed infinitely more interesting than “The Visible Man.” Not only did she seem more dimensional, but she had two different stomachs: a nonpregnant stomach and a pregnant stomach. There were more parts to play with, and there was also a little fetus that could be put inside of her large, round tummy. Apparently my brother also decided she was more interesting because he picked her instead of “The Visible Man.” . . . When I decided to write a book on women and crime, I was struck by the recurring theme of women’s and girls’ everyday invisibility in society . . . The title of this book reflects the focus on women’s invisibility while the contents attempt to make them visible. . .” (p. xi).

This portion of the report also attempts to reveal the “visibility” of women and their experiences, especially those in Riverside County. Specifically, this section presents issues on domestic violence, sexual assault, breast cancer, substance and alcohol use among pregnant women, mental health, and economic burdens.

Domestic Violence

The National Center for Victims of Crime (2008) provided an overview as to the pervasiveness of domestic violence in the United States:

- During her lifetime, one in every four women will experience domestic violence (Tjaden, & Thoennes, 2000).
- Women between the ages of 20 to 24 years are at the greatest risk for intimate partner violence (U.S. Department of Justice, 2006).

- In 2005, nine percent of all violent crimes occurred between intimate partners. Of these, 389,100 were female victims and 78,180 were male victims (Catalano, 2005).
- Benson and Fox (2004) found that women living in disadvantaged neighborhoods are more than twice as likely to be the victims of intimate partner violence compared to women in more affluent neighborhoods.
- In their study on victims of personal violence, Nicolaidis and her colleagues (2004) revealed that they experienced a greater number of chronic physical symptoms than those who have not been abused. Further, the risk of suffering from six or more chronic physical symptoms increased with the number of forms of violence these victims experienced.

The National Center for Victims of Crime (2008) maintained that there are various reasons as to why victims may stay with an individual who is abusing them. These reasons include fear of the abuser; love, threats to harm the victim, loved ones, or pets; threats of suicide; believing the abuser will take their children; religious reasons; believing the abuser will change; self-blame; limited financial options; believing that violence is normal; believing in the sanctity of marriage and the family; limited housing options; blaming the abuse on alcohol, financial pressures, or other outside factors; low self-esteem; fear of the unknown, of change; isolation; embarrassment and shame; believing no one can help; cultural beliefs; denial; and pressure from friends and family to stay.

According to Buzawa and Buzawa (2003) there was an “explosive change” in domestic violence-related laws with the enactment of Pennsylvania’s 1977 Protection from Abuse Act. One of the most well-know federal legislative responses was the Violence Against Women Act (VAWA) of 1994. The original VAWA provisions expired in 2000. After a great deal of congressional debate, the legislation passed with a total of \$3.3 billion approved to develop initiatives such as the STOP grants (Services, Training, Officers, and Prosecutors) (p. 124). These scholars maintained that

“when federal money was not an issue and simple policy declarations could demonstrate legislative concerns for victims, the new legislation clearly broke new ground. Included were requirements that states give full faith and credit to each other’s protective orders; that immigrant women subjected to threats of domestic violence, even those illegally in the country, would be protected and might even get permanent legal status; and that studies would be conducted to determine if victims of domestic violence had equal access to insurance, unemployment compensation, and if employers were adequately dealing with the problem” (p. 124).

Dugan, Nagin, and Rosenfeld (2003) argued that that policies and services designed to assist victims of domestic violence appear to have two possible outcomes: they can decrease the abuse and risk of homicide (exposure reduction) *or* they have the unintended consequence of increasing the abuse and risk of homicide (backlash) (p.

21). The researchers concluded that

“[t]he fact that retaliation occurs doesn’t mean that prevention strategies are a bad idea. Instead, prevention should be tailored to individual needs. These results also imply that reducing exposure just a little – or failing to meet promises of exposure reduction – can be worse than doing nothing at all for persons in severely violent relationships. For them, exposure reduction is crucial, although it may not be easy to achieve. . . . Only more research documenting both successful and unsuccessful cases of relief from partner violence will help in the design of policies to better meet victims’ safety needs” (p. 24)

Most of the recent literature on interventions for battered women, however has focused on the legal system, counseling, and services provided in non-shelter settings (e.g., health care and welfare offices). Also, the literature on survivors' experiences in shelters has not accurately incorporated the various services available in such shelters. For instance, many shelters now offer services such as transportation, medical, mental, and emotional health services, TANF (welfare) advocacy, financial assistance, and advocacy for survivors dealing with issues related to their immigration status, assisting children, and helping individuals with physical or other disabilities (Lyon, Lane, & Menard, 2008, p. 23).

Forum Testimony

► *Alternatives to Domestic Violence* (Eliza Daniely-Woolfolk)

Ms. Daniely-Woolfolk testified on the impact of domestic violence on families and the broader community. She also discussed the importance of intervention/prevention as well as partnerships with the public, private, and non-profit sectors. Requests include: 1) support of statewide legislation; and 2) sponsorship of public forums focusing on various issues impacting families, especially domestic violence awareness during the month of October. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on domestic violence legislation and education.

► Joyce Virtue (personal)

Ms. Virtue testified that abuse does not only happen in poverty environments, educationally deprived families but in all walks of life. As of now, 72 years she has had many careers: makeup artist to many Hollywood celebrities, recipient of a Ph.D. in nutrition, and earning a Golden Eagles Award from her Hispanic compatriots in the film industry. All of this while she was hiding “her secret.” Through all of these careers and achievements, she was being physically, mentally, and emotionally abused by her husband until two-and-a-half years ago at age 69. She had the courage to walk out of her family home with only the clothes on her back.

Why did she wait so long? That is a question asked many times and one she asks herself. The major reason she had the courage to leave was as she stated, “What message am I giving to my granddaughter, that that type of behavior is okay and she should accept this too? Absolutely not. It is not okay to be abused or be an abusive person. Difficult at age 69 to make a life altering change. Absolutely yes and absolutely worth it.” Now at 72 she believes she must speak out to encourage, embrace, and support other women of her age or younger who have suffered spousal abuse or are continuing to suffer because of fear, embarrassment, and families telling their members “not to put our family business on the street.” However, in not opening up, she can see emotional damage that has been done to her youngest son and his perception of women. She must take responsibility for some of that. It is imperative that we seek to stop abuse at all levels. As past President of Childhelp, USA, Desert Chapter, she can see how children who are victims of child abuse feel it is their fault that they have been

abused. And so it is with women who are abused by their mates. We feel it is our fault; we could have done something differently, etc. But it is not our fault and there is no excuse or reason for abusing another.

It is a new day for women as we look to each other and the future to support each other, embrace each other in understanding, dignity, and respect. Ms. Virtue maintained that she is a great supporter of the new District Attorney, Mr. Pacheco, as he is doing something to help battered and abused women who would have otherwise been swept under the carpet. She thanked Mr. Pacheco and the forum for helping and healing.

► *Riverside County District Attorney's Office, Division of Victim Services* (Kristine Thornberry)

Domestic violence is an issue that impacts all aspects of our society and crosses all socioeconomic factors. Domestic violence creates a cycle of violence that can be perpetuated across many generations. While resources are available to help victims of domestic violence overcome fear, hopelessness, and gain independence from their abuser, these programs are now facing critical levels of funding cuts on a statewide level. Support from a local level is more critical than ever to ensure that the women and children of Riverside County have a safe, violence-free community.

In 2007, the Riverside County District Attorney's Office filed 4,795 domestic-violence related cases countywide. The Division of Victim Services provided services to 3,247 victims during the same period, countywide. The Family Justice Centers in Riverside and Murrieta saw 957 of those victims.

Domestic violence is unique from most other crimes in that the steps victims can take to prevent being victimized again, actually place them at greater risk of being hurt or even killed. The most dangerous time for a victim of domestic violence is when she is taking steps to leave the abuser. It is no wonder many victims are reluctant to seek services or to participate in the prosecution of their abuser.

When a woman enters the Family Justice Center, she has usually resolved to take some action in order to prevent being hurt again. Women coming to the Family Justice Centers for the first time are often in crisis and often report feeling as though they have little resources and few choices. But, they are seeking something that will help them be safe and help them to protect their children. Another topic would be to discuss the myriad of services that are available, should be available, would be nice to have available to victims of domestic violence.

But when a woman appears in crisis, frightened about what will happen next, living with the threat of physical violence, the most important thing we can offer at that moment are the tools to help make her safe. Temporary restraining orders (TROs) can provide a measure of safety and control during that initial time of crisis. TROs are not an instant fix or a guarantee of safety. However, TROs can serve as an initial step women can take to begin asserting control, and using the resources available through the systems in place to stabilize her situation. Once that step is taken and the woman can feel some sense of safety or protection, she can begin to think about her other immediate needs such as food and a place to stay for herself and her children.

Without that initial step toward safety, that tool offering some measure of protection, women are often not able to move on to meeting the other basic needs for themselves and their children. It is in the moment of crisis, the absence of options and lack of support, that so many victims choose to return to their abusers. As a result, too many victims are again hurt, the children continue to witness the violence and many times the children are physically hurt as well. The consequences of this cycle impact us all – our mothers, sisters, daughters, friends, coworkers and neighbors are being hurt and killed while the child victims learn to live with abuse – often as abusers or victims in their adult relationships.

Our community has taken steps to provide the services, support, and safe haven where victims can take those initial steps toward safety – the Family Justice Centers in Riverside and Murrieta, where victims can meet with civil attorneys and prosecutors, law enforcement, advocates, social service providers, even seek spiritual guidance. It is absolutely critical that a victim's immediate needs for safety can be met or all of the other available resources that we have gathered become so much less helpful.

In June, our community partner providing TRO assistance, Alternatives to Domestic Violence, saw a cut in their funding that resulted in the need to remove their full time advocates from both Family Justice Centers. The Family Justice Centers is a strong collaborative and partners sprung into action to address the issue. Patches have been put into place to attempt to fill some of the need for TRO and civil legal assistance and support.

However, we are already seeing the results of not having a full time, stable provider of TROs and other civil legal support such as accompaniment during video mediation. TROs are sought during emergency situations and scheduling a victim to return to the center in several days or a week defeats the purpose in so many circumstances. If a victim does not have the tools to keep herself safe in that moment of crisis, she will likely return to the abuser.

The cost of a full-time advocate capable of providing TRO and other advocacy services through a non-profit community agency is approximately \$41,000 annually.

The efforts of the community and the Family Justice Centers to provide services and support for victims of Domestic Violence so that they may seek safety for themselves and their children, depends on the ability to provide the most fundamental tools currently available. Safety planning is a service routinely provided by every member of the Family Justice Center team. But TROs can be a critical, tangible first step toward safety and the success of our other efforts depends on that foundation. This basic service should not be subject to the whims of our fickle economic climate or various funding sources. Stability in our basic services will ensure the long term success of the community efforts to make our communities safer for women and children.

We respectfully seek the advice and support of the Commission in securing a stable source of funding for the staff necessary to provide TRO assistance and supportive services to victims of domestic violence. Thank you again for the opportunity to address the Commission.

Requests included the following: 1) recommend to the Board of Supervisors funding for programs that offer services to victims of domestic violence and their families; 2) seek the advice and support of the Commission in securing a stable source of funding for the staff necessary to provide TRO assistance and supportive services to victims of domestic violence; and 3) provide community outreach opportunities to bring awareness to resources available. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on issues of domestic violence, and funding.

► *Safe Alternatives for Everyone* (Melissa Donaldson)

Ms. Donaldson testified as to the need for resources to address violence against women. The issue is multi-faceted and includes child abuse and many other systems that deal with public safety. It is the second most reported crime in Riverside County and resources are not commensurate to the occurrence of this crime.

Ms. Donaldson requested the following: 1) to recognize violence against women as a public safety issue; 2) to recognize the need for a multi-agency, multi-systemic approach to eradicate violence against women and children; and 3) to recognize the agencies tasked with assisting these victims are underfunded and the overall county response is inadequate. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on violence, public safety, and funding.

Sexual Assault

In the 1970s, sexual victimization was beginning to be acknowledged and considered a social problem. At that time, the primary focus was on what is considered “adult stranger rape.” Since that time, there has been an increasing understanding that rape or sexual assault can occur between married couples, as well as acquaintances (Belknap, 2007, p. 269). In addition, there were legislative efforts to address the problem of rape/sexual assault. Searles and Berger (1987) argued that the major goals of the legislative reforms included:

“1) increasing the reporting of rape and enhancing prosecution and conviction in rape cases; 2) improving the treatment of rape victims in the criminal justice system; achieving comparability between the legal treatment of rape and other violent crimes; 4) prohibiting a wider range of coercive sexual conduct; and 5) expanding the range of persons protected by law” (p. 25).

The four major types of legislative reform included 1) redefinition of the offense; 2) evidentiary reforms; 3) statutory offenses; and 4) penal structure. Given this growing attention and realization of the problem of rape/sexual assault, however, it continues to be a major issue in our society.

According to the 2007 *National Crime Victimization Survey* (Rand, 2008), 248,330 U.S. residents reported being the victims of rape/sexual assault, or 1.0 rape sexual assault crimes per 1000 persons age 12 or older (or per household). One person is raped every 1.9 minutes (Catalano & Rand, 2007). The California Department of Justice (DOJ) reported that compared to the same time period in 2007, the number of reported forcible rapes increased 2.5 percent during the first six months of 2008 (from 2,748 to 2,818). Specifically, the California DOJ noted that 41 agencies reported

increases in forcible rape while the remaining 43 agencies either remained the same or reported a decrease in forcible rape.

Russell and Davis (2007) stressed that

“[t]he high prevalence of sexual assault makes the damage to the individual quite disturbing. Compared to other crime victims, rape survivors appear to suffer more negative psychological outcomes, including depression, sexual dysfunction, suicidality, substance abuse, and post-traumatic stress disorder (PTSD) (see Petrak, 2002)” (pp. 21-22).

Further, they noted that many survivors of sexual assault do not seek treatment, from either mental health professionals, crisis centers, or physicians (p. 22) (see Kimmerling & Calhoun, 1994; New & Berliner, 2000). In fact, one study revealed that almost half of these survivors seek treatment only when their symptoms become too intense to manage (Koss & Harvey, 1991). Russell and Davis (2007) argued that over the years, there has been an extensive amount of research examining what types of treatment assist survivors of sexual assault. Their study reviewed the empirical research on interventions following sexual assault. They argued that “[t]he principle of best practice requires that we, as social workers, familiarize ourselves with this evidence and incorporate it into the way we serve our clients” (p. 22).

Campbell (2008) provided an overview of the various obstacles survivors of sexual assault can encounter in the legal, medical, and mental health systems. She maintained that

“many victims, indeed most, do not seek help from the legal, medical, and mental health systems. When these survivors are asked why they do not, they say that they are concerned about whether they would even get help and that they are worried about being treated poorly . . . for some victims, social system contact is beneficial and healing. The challenge, then, is to address the underlying problems in our social systems so that good care is more consistently provided to

all victims, who have survived all kinds of assaults. We need interventions and programs that victims will trust and that will help them through the healing process” (p. 712).

Campbell (2008) concluded by noting some promising innovations that have been established to enhance the community’s response to rape. Such programs include the Sexual Assault Nurse Examiner (SANE) programs as well as restorative justice programs (see Campbell, et al., 2006; Koss, 2006).

Forum Testimony

► *Center Against Sexual Assault (Pat Dooley)*

Victims of sexual assault should be presumed low income, the same as victims of domestic violence. The funding for the MyStrength Club throughout Riverside County. Requests include: 1) CDBG – HUD, victims of sexual assault presume low income; and 2) funding for MyStrength Clubs. The legislative proposal/administrative recommendations/study proposal includes addressing the issues of violence, sexual assault, and funding.

► *Riverside Area Rape Crisis Center (Larry McAdara)*

Mr. McAdara provided an overview of the work the Agency is doing in western Riverside County and their affiliations with the Family Justice Centers and the Circle of SAFE-T in southwest County. He briefly discussed the challenges of funding cuts for the coming fiscal period of July 1, 2008 through June 30, 2009. Mr. McAdara then requested the following items noting where assistance from the commission is needed; the first three are locally (within the County of Riverside):

- Community Development Block Grant (CDBG) funding from the County of Riverside through the Economic Development Agency (EDA). For the last two years designated support at the district level has only been forthcoming from District Two. Our service area encompasses Districts One, Three, and Five.
- Any and all funding levels would be helpful in helping to sustain our "My Strength" program that targets young men ages 14 to 18 years of age and proactively engages them in the prevention of violence against women.
- Lack of available funding has resulted in the elimination of a Sexual Assault Response Coordinator position at the Riverside Family Justice Center. The ability to reinstate this position would address the challenge of meeting with clients that present at the Family Justice Center that also provides Victim Witness Assistance and/or law enforcement on site.

The following are requests at the state level:

- More pressure needs to be brought to bear on issues related to violence against women and the levels of funding that continually get cut.
- The California Coalition Against Sexual Assault (CALCASA) located in Sacramento was recently notified of a substantial reduction in funding that could impact their ongoing ability to represent the rape crisis centers statewide at the training, information, as well as legislative levels.
- There have already been overtures made of additional cuts to the individual rape crisis centers, beyond those taken this year from the Office of

Emergency Services, by the Department of Health Services for the next grant year period.

Mr. McAdara stated that the Agency and the Board of Directors are appreciative of the work being done by the Commission on Women as well as the opportunity they have provided for a forum to discuss the fiscal and legislative challenges being faced by many of us in the County.

Mr. McAdara specifically requested the following: 1) funding for a Sexual Assault Response coordinator in the City of Riverside; 2) funding for a proposed Violence Prevention program targeting youngsters emphasizing internal and external asset building and a return to civility; 3) CDBG funding from the County of Riverside through EDA; and 4) more pressure at the state level on issues related to violence against women and the levels of funding that continually get cut. The legislative proposal/administrative recommendations/study proposal focus on violence, sexual assault, and funding.

Breast Cancer

According to the Center for Disease Control (2009), after non-melanoma skin cancer, breast cancer is the most common form of cancer in women. Among Hispanic women, breast cancer is the number one cause of cancer death; breast cancer is the second most common cause of cancer death in white, black, Asian/Pacific Islander, and American Indian/Alaska Native women. In 2005, 186,467 women and 1,764 men were diagnosed with breast cancer. Over 41,000 women and 375 men died from breast

cancer; death due to breast cancer is one of the top ten causes of death for women in the United States.

The Center for Disease Control (2009) outlined various breast and cervical cancer legislation including the following:

- ***Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001.*** This bill amends Title XIX of the Social Security Act to clarify that Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Service or of a tribal organization are included in the optional Medicaid eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000.
- ***Breast and Cervical Cancer Prevention and Treatment Act of 2000.*** This Act gives states the option to provide medical assistance through Medicaid to eligible women who were screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program.
- ***Breast and Cervical Cancer Mortality Prevention Act of 1990.*** Congress established the National Breast and Cervical Cancer Early Detection Program in 1991 by enacting the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). This Act authorizes CDC to provide critical breast and cervical cancer screening services to underserved women,

including older women, women with low incomes, and women of racial and ethnic minority groups.

- ***State Laws Relating to Breast Cancer – Legislative Summary January 1949 to May 2000.*** The report, *State Laws Relating to Breast Cancer – Legislative Summary January 1949 to May 2000*, is a summary of significant statutes affecting breast cancer from the 50 states and the District of Columbia between January 1949 and May 2000. These statutes reflect the past and present concerns of legislatures regarding breast cancer. Most statutes addressing breast cancer are of recent date (post-1980), but research has identified relevant laws as far back as 1949. Statutes relevant to the following categories are included in the report: breast cancer screening and education programs; reimbursement for breast cancer screening; reimbursement for breast reconstruction or prosthesis; accreditation of facilities and technologies; alternative therapies; reimbursement for chemotherapy and/or bone marrow transplants; income tax checkoff for breast cancer funds; and reimbursement for length of stay/inpatient care following mastectomy.
- ***Breast and Cervical Cancer Screening Insurance Mandates.*** The National Conference of State legislators update, *Breast and Cervical Cancer Screening Insurance Mandates*, provides state-specific information on insurance coverage for breast and cervical cancer screening and highlights CDC's screening program.

Palmieri and her colleagues (2009) noted that

“[m]any factors contribute to the survival disadvantage of underinsured women with breast cancer. In addition to lack of access to new treatments, these factors include less frequent screening, more advanced stage at diagnosis, and inadequate patient follow-up. Complications in the health care system contribute to delays for the underinsured because these patients have less access to services at health care facilities and fewer prompt appointments. They are also less likely to have access to a consistent primary care physician. Compared with whites, racial and ethnic minorities are more likely to be uninsured” (p. 317).

Palmieri, et al. (2009) evaluated a patient navigator program for underinsured women to address problems associated with delays in diagnostic resolution and abnormal screening mammograms, provided services for patients with abnormalities identified during breast cancer screening as well as provide demographic and clinical characteristics of patients and assessing the postscreening follow-up care. The researchers concluded that this program illustrated the successful collaboration between an academic medical center and community health centers. They also stated that “[m]ore information on the applicability of patient navigator programs to other health care centers and geographic areas is needed” (p. 322).

Bhaskara and his colleagues (2008) assessed the efficacy of screening, diagnosing, and treating breast cancer among low-income women in a suburb of Los Angeles through a decentralized network of providers. This study was based on patients who were referred for evaluation and treatment under the Cancer Detection Program: Every Woman Counts (CDP: EWC). This is the California equivalent to the National Breast and Cervical Cancer Detection and Prevention Program. The researchers concluded that based on the cancer detection rate, the early stage of presentation, and

the quality of treatment, there is support for the use of a decentralized community network when addressing such issues of breast cancer screening, diagnosis, and treatment, in low-income, uninsured women (p. 1021).

Forum Testimony

► *Susan G. Komen for the Cure* (Patricia Jefferies-McDowell)

Ms. Jefferies-McDowell testified on the importance of early detection in order to save lives. Every woman should count when it comes to breast care services and treatment. She also stated that we are losing young researchers and physicians due to lack of funding and training. Requests include: 1) early breast cancer detection key to survival; 2) improved access to breast cancer services and care for the underserved and uninsured population; and 3) greater investments in breast cancer research. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors and focuses on breast cancer, services, research, and funding.

► *Michelle's Place, Breast Cancer Resource Center* (Kim Goodnough)

Currently, the state of California does not have a program to provide uninsured women less than 40 years of age who have symptoms of breast cancer and they do not receive the necessary breast health services for a breast cancer diagnosis. The legislative proposal/administrative recommendations/study proposal focuses on breast cancer.

Substance and Alcohol Use Among Pregnant Women

The National Survey on Drug Use and Health (2008) reported the following on alcohol use among pregnant women and recent mothers:

- Combined 2006 and 2007 data indicate that the rate of past month alcohol use among women aged 15 to 44 was lower for those who were pregnant (11.6 percent) than for recent mothers (42.1 percent), who in turn had a lower rate than those who were not pregnant and not recent mothers (54.0 percent).
- Past month alcohol use among pregnant and nonpregnant women and recent mothers aged 15 to 44 did not change significantly between 2002-2003 and 2006-2007.
- Nearly 16 percent of pregnant women aged 15 to 17 used alcohol in the past month, and they consumed an average of 24 drinks in the past month (i.e., they drank on an average of six days during the past month and had an average of about four drinks on the days that they drank) (p. 1).

In reference to substance use treatment among women of childrearing age, the National Survey on Drug Use and Health (2007) reported the following:

- Combined data from 2004 to 2006 indicate that an annual average of 6.3 million women aged 18 to 49 (9.4 percent) needed treatment for a substance use problem.
- One in ten (10.4 percent) of the women aged 18 to 49 who needed treatment in the past year received treatment at a specialty substance use treatment facility.

- Of the women aged 18 to 49 who needed treatment in the past year, 5.5 percent felt they needed treatment but did not receive it, and 84.2 percent neither received treatment nor perceived a need for it (p. 1).

According to Greenfield's study (2007), compared to men, women who abuse drugs are less likely to seek alcohol and drug treatment. This may be due to a perceived social stigma as well as issues such as childcare and pregnancy. These may deter women to seek treatment. This is further complicated when considering the effects of a pregnant woman's use of drugs and alcohol on her newborn.

Dew, Guillory, Okah, Cai, and Hoff (2007) revealed that women who engaged in health compromising behavior during pregnancy (i.e., smoking, alcohol and drug use) are more likely to have preterm births. In their study on low-income women, Sharpe and Velasquez (2008) found that poor women who reported using some type of illicit drug were at a higher risk of having an alcohol-exposed pregnancy. They concluded that

“[p]ractitioners who serve poor women should consider modifying clinical practice with respect to women of child age in the following ways: 1) provide preconception counseling that includes alcohol and substance use prevention, 2) screen for alcohol and substance use as a component of routine care, 3) provide substance abuse abstinence education to prevent information of alcohol and illicit drug use in younger women, 4) provide pregnancy awareness and birth control methodology information, and 5) provide FAS awareness and prevention information to all women of childbearing age” (p. 1343).

Forum Testimony

► *Fetal Alcohol Spectrum Disorders* (Eva Carner)

Ms. Carner testified as to how fetal alcohol spectrum disorders has affected her life, her foster son's life as well as our schools and communities. This was caused solely by a woman drinking alcohol during pregnancy, the life-long permanent disorders of memory function, impulse control, and judgment often result in serious secondary effects like disrupted schooling, mental illness, addictions, unemployment, homelessness, and trouble with the law.

Many people, even medical practitioners, are unaware that serious damage can occur in the first weeks of pregnancy before a woman even knows she is pregnant and that even small amounts of alcohol consumption can have negative effects. Though poorly recognized, fetal alcohol spectrum disorders is extremely common, conservatively estimated at 1 in 100 people, prenatal exposure to alcohol is believed to be the most common known cause of birth defects and mental retardation in the United States. Frequently undiagnosed or misdiagnosed, individuals with fetal alcohol spectrum disorders (FASD) and their families lead stress-filled lives punctuated with misunderstandings and failures.

Ms. Carner requested the following: 1) training professionals and staff at agencies most impacted by FASD on recognition and treatment of individuals with FASD and their families including mental health, education, criminal justice, and DPSS; 2) making FASD awareness a county-wide priority through media campaigns, promotion

of FASD prevention curriculum in schools and licensing, labeling, and signage requirements; and 3) developing a comprehensive, interagency coordinated effort to identify, treat, and case manage women who are at risk for an alcohol exposed pregnancy using existing services like pregnancy prevention and addiction treatment. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors as well as focusing on substance abuse and fetal alcohol spectrum disorders.

► *Riverside County Department of Public Health (Deja Castro)*

Ms. Castro stated that the MCAH Branch has identified, through the Community Health assessment and Local Plan for 2005-2009, perinatal substance abuse as one of the top priorities to address over the next five years. Perinatal SART program data indicates that an estimated 24% of women are screening positive for substance abuse. Apply this 24% rate, which is considered a low estimate, to the 2005 birth rate of 31,509, an estimated 7,562 babies were born exposed to alcohol and/or drugs in Riverside County.

Riverside County, the California Department of Public Health Maternal Child, and Adolescent Health Branch (MCAH), in collaboration with a team of multi-disciplinary professionals and community leaders, spearheaded the implementation of the Perinatal Screening Assessment, Referral, and Treatment (SART) program in Riverside County. The Perinatal SART Team utilizes a phased approach to recruit providers to screen pregnant women with the 4P's Plus screening tool. The team also provides training to providers on using the screening tool, conducting assessments, and implementing brief

pre-treatment interventions in their practices. MCAH provides case management with a public health nurse for all women who screen positive. The SART team provides professional and community outreach to address the impact of alcohol, tobacco and/or illicit drug use during pregnancy and the benefits of early intervention. In three years, the Perinatal SART program has recruited and trained over 100 clinicians/practitioners at 48 sites throughout Riverside County and completed approximately 20,000 screens. Riverside County data indicated substance use rates have dropped more than 50 percent once women know they are pregnant and are counseled on the negative impact of substance use on their baby.

Data indicate, contrary to popular view, the women most likely to use substances during pregnancy are Caucasian, middle class, and better educated. A common misconception is that poor, minority, and uneducated women are the worst offenders when it comes to substance use during pregnancy.

The SART program has encountered great difficulty in recruiting O.B. providers who care predominately for middle/upper class patients with private/commercial insurance. They mistakenly believe that their patients do not have substance abuse/use issues.

Ms. Castro requested the following: 1) all physicians who deliver prenatal care services are strongly encouraged to screen their pregnant patients for substance abuse; 2) issue of harmful effects of substance use during pregnancy on the developing fetus be a focus on a community awareness education campaign; and 3) early screening, detection, and treatment services. For instance, children affected by prenatal substance

use should be provided to the community. The legislative proposal/administrative recommendations/study proposal include the Board of Supervisors as well as focus on substance abuse and perinatal care.

Mental Health

According to the National Institute of Mental Health (2009), mental illnesses affects women and men differently:

“[S]ome disorders are more common in women, and some express themselves with different symptoms. Scientists are only now beginning to tease apart the contributions of various biological and psychosocial factors to mental health and mental illness in both women and men. In addition, researchers are currently studying the special problems of treatment for serious mental illness during pregnancy and the postpartum period” (para. 1).

Some of these mental disorders affecting women include anxiety disorders (including OCD, panic, PTDS, social phobia, and generalized anxiety disorders; attention deficit hyperactivity disorder (ADHD, ADD); bipolar disorder; borderline personality disorder; depression; eating disorders; and schizophrenia.

Gill and her colleagues (2009) studied women seeking healthcare at an urban clinic. They were interviewed for a posttraumatic stress disorder (PTSD) diagnosis, major depressive disorder (MDD), experiences of traumatic events, experiences of current and past common medical conditions and symptoms as well as the subjective rating of health. Their study revealed that women with PTSD experienced health impairments that could lead to increased morbidity. They concluded that there is a need “for improved assessment and treatment of PTSD in the primary care setting, where

women most often appear with PTSD symptoms and where interventions for PTSD may be most successful” (p. 266).

Major depressive disorder (MDD) is about twice as common in women as in men; usually the onset of MDD occurs during childbearing years (Weissman & Olfso, 1995; Burt, 2002). Accortt, Freeman, and Allen (2008) reviewed key factors, including social, psychological and biological, that influence MDD. Further, the data have revealed the interaction of stressful life events with some type of biological vulnerability. These scholars maintain that a multifaceted approach is essential when understanding depression in women.

Forum Testimony

► *County of Riverside, Department of Public Health (Laurie Haessly)*

Ms. Haessly testified to the issue of Perinatal Mood Disorders (Postpartum Depression). She stated that during the past seven years of helping mothers via their Loving Support Breastfeeding Helpline, they have encountered many, many new mothers who are so anxious and overwhelmed that they seem unable to provide the nurturing environment that is required for a positive nurturing relationship with their infants and toddlers. Infants and toddlers who live in an environment that is not nurturing are at a high risk for developing learning delays, relationship dysfunction, difficulty expressing emotions and future mental health disorders. Infant and toddler mental health is defined as the social and emotional well-being which results when the infant and toddler are supported by a nurturing relationship. A nurturing relationship is

an essential component of brain development and is fundamental to a baby's physical, emotional, and cognitive development.

The greatest influencing factor determining an infant and toddler's inability to receive a nurturing maternal relationship is the mother's stress, anxiety, and depressive mood episodes. The emotional, hormonal, and physical changes a woman endures during the process of pregnancy, labor, delivery and the early post-partum period can be hard and stressful, causing her to feel sad, anxious, afraid or confused. New mothers are often confused by their feelings when they fall short of society's idealized view of motherhood and may also feel guilt and shame. Most women who experience these emotional changes are able to recover quickly. For some women, however, these feelings do not go away or they get worse. Infants and toddlers of mothers with anxiety and mood disorders typically do not receive appropriate levels of stimulation as these mothers engage in two distinctive interaction styles with their infants and toddlers. One style is characterized by the mother's withdrawal from her infant's cries and smiles, minimal display of facial expression, and difficulty expressing emotion or even talking to her infant. The other style is characterized by the mother's irritability, expressions of anger and demands for a reaction from the child.

Perinatal anxiety and mood disorders may begin during pregnancy when mothers-to-be experience hormonal and biological changes, stress, and the demands of pregnancy. Approximately 14-25% of pregnant women have met the clinical criteria for a diagnosis of depression. Half of the women who experience prenatal depression will go on to develop postpartum depression. Experts agree that mild depression or

“postpartum blues” is experienced by 50 to 80 percent of all mothers within the first ten days after childbirth. These women have some degree of maternal depression. An estimated 10 to 15 percent of childbearing women experience postpartum depression during the first year after childbirth. Research finds that up to 45% of poor women experience depressive symptoms. It is not surprising that childbearing women are at risk. It is surprising how this tremendous problem has been kept a secret. Riverside County currently offers *no* services for families who are at risk for or suffer from perinatal anxiety and/or mood disorders. Presently, there is no uniformed policy in place to assess women for these disorders even though an evidence-based questionnaire utilized in European countries, the Edinburgh Postnatal Depression Screening Scale (EPDS) is widely available and is easy to complete and score. This spectrum of illnesses is kept hidden and is not discussed with families or among health and mental health care providers. Ms. Haessly believes because there are no interventions currently in place to help families.

Requests include the following: 1) mandate universal implementation of evidence-based screening tool detecting prenatal and postpartum mothers are at risk of developing perinatal anxiety disorders; 2) help education and coordinate with consumers, healthcare, social service, mental health and childcare providers on prevention identification and early referral of mothers who suffer from anxiety disorders; and 3) ensure integration into the family medical care setting comprehensive clinical intervention for mothers suffering from anxiety disorders. The legislative proposal/administrative recommendations/study proposal includes the Board of

Supervisors and focuses on mental health, postpartum depression, perinatal mood disorders.

► *Healing Hearts and Nations* (Sarah Baird)

Women face hardships in everyday life. It is not the hardships that make or break an individual but how one overcomes them is what determines the success of their life. Nearly all women everywhere have suffered or undergone some sort of crisis in their personal lives whether spiritually, physically, mentally, emotionally, socially, sexually, or financially. These crises leave many women hurt, scarred, wounded, defeated, and more often than not, hopeless and disillusioned.

There is a fight for success over their minds, emotions, and wills. Not only are many women in a struggle to overcome their issues but to find their identity and reach their fullest potential. I believe that each human life is precious and priceless and that each heart has the ability to be healed, changed, and transformed. How do we change this world? We change the people of this world. How do we change the people of this world? We pour love into their lives, help them discover their true identity, and teach them to overcome.

Ms. Baird requested the following: 1) teach women to face their issues; 2) help them erase the negative image they have of themselves or the negative power of their circumstances over their lives; and 3) help them replace the negatives that have happened in their lives with positive ideas of how they can overcome their struggles and

discover their identity. The legislative proposal/administrative recommendations/study proposal focus primarily on mental health.

► *La Vista Recovery and Wholeness Center for Women* (Trina Mattingly)

First, Ms. Mattingly stated that healthcare and dental services for women in treatment is a very difficult system to access. Sites for Medically Indigent Services Program (MISP) are difficult to reach geographically. If a woman does not have proof of residency (e.g., is homeless with no family) the process of securing any care becomes lengthy and takes away from her valuable treatment time. A woman in pain cannot participate fully in treatment services.

Second, mental health services for women in treatment are extremely difficult to access. Easily 50 percent of women seeking substance abuse treatment are in need of psychiatric evaluations and treatment. County Mental Health Clinics are overburdened.

Third, the length of treatment services is grossly inadequate and few transitional facilities are available. Communities are afraid of providing transitional housing because of stereotypical problems.

The legislative proposal/administrative recommendations/study proposal focuses on substance abuse, mental health, health care, and transitional housing.

► *The Riverside Community Center for Spiritual Living* (Reverend Lee McNeil Nash)

Reverend Nash testified that as women, we often get so busy being busy we forget balance. The element that often goes unaddressed is our spiritual wellbeing. When we are spiritually balanced, we can celebrate work, family, choice, beauty, peace,

creativity, friendship, and love more efficiently. In order to accomplish all the things that make up the value and vision of our lives, I submit that, as women, we more powerfully integrate a dialog about balance and spirituality into everything we do and attempt to bring about. Reverend Nash requests the Commission explores all of the pivotal imperatives and initiatives that impact and influence women, to be sure that the exploration includes balance and self care. The legislative proposal/administrative recommendations/study proposal primarily focus on mental health.

Financial Challenges

According to U.S. Department of Health and Human Resources (2008), in 2006 approximately 36.5 million people in the United States lived with incomes below the poverty level. Over 12 percent of women aged 18 years and older (14.1 million) lived in poverty, compared to 8.8 percent of men. In reference to race and ethnicity, non-Hispanic white women were the least likely to experience poverty (9.0 percent), while American Indian/Alaska Native women were most likely to have incomes below the poverty level (27.6 percent) followed by non-Hispanic black women (23.4 percent) and Hispanic women (20.2 percent).

Hildebrant and Stevens (2009) examined the issues of poverty and use of welfare programs, jobs for women on welfare as well as the repercussions of leaving welfare, health disparities, and the children of needy families. They concluded that

“women who are unsuccessful at securing sustainable employment through TANF within 5 years are among the most vulnerable persons in the United States today. Women who are excluded from TANF by sanctioning or immigrant status are also at grave risk. Unless we attend to their experiences and document their needs and capacities, and unless we use this information to provide authentic

support and remove barriers from their lives, we may be relegating them and their children to a hazardous future that can only undermine personal and public health” (p. 799).

It should be emphasized, however, that for each of the three portions of this report, there was a subsection that discussed financial challenges. Thus, as previously mentioned, other financial burdens placed on women also include health care costs as well as childcare.

Forum Testimony

► *Community Action Partnership* (Lyn Garcia)

CAP provided a presentation of the services they provide to low income residents as well as upcoming events in the Desert. The legislative proposal/administrative recommendations/study proposal includes welfare and low income services.

► *County of Riverside, Department of Public Social Services, Homeless Programs Unit* (Jody White)

First, Ms. White provided an overview of homelessness in Riverside County. According to the Southern California Association of Non-Profit Housing in “Out of Reach in 2008,” on Renters’ Housing Wage, the average rent for an apartment in Riverside County is \$1,150 per month. In order for housing to be considered affordable, a family should not spend more than 30% of its income on rent. Thus, a working family needs to earn \$22 per hour, or \$46,000 per year, to afford the fair market rent in Riverside County.

In February 2008, the median-priced single family home in Riverside County sold for \$254,000. The monthly mortgage payment (including taxes and insurance) needed to buy the median-priced Riverside County home (assuming an interest rate of 6.5%, a 10% down payment, and a loan period of 30 years) is \$2,741 per month. A family would need to earn about \$109,637 per year to support this mortgage, assuming they spend no more than 30% of the family's income.

Second, Ms. White stressed the important of educating leaders about homelessness. According to a handout entitled "Local facts about Homelessness," on a given day in Riverside County there are 4,508 men, women and children homeless; 3,714 were adults and 794 were children.

Additional facts on the handout include the following:

Location: 2,775 (or 61.6%) of adults and children were counted on the streets and 1,733 (or 38.4%) were counted in facilities (or homeless shelters) for a total of 4,508 persons.

Gender: 2,525 (or 67.9%) were men and 1,189 (or 32.1%) were women; 794 were boys and girls.

Families: 1,165 (or 25.8%) were persons in families with children, including 371 adults and 794 children under 18 years of age.

Age: 149 (or 4.0%) of the 3,714 adults counted were seniors age 62 or older, 264 (or 7.1%) of the 3,714 adults counted were youth between the ages of 18 to 24 years; 15 (or 0.4%) were unaccompanied (without parents) children between

the ages of 13 to 17 years; 794 (or 17.7%) were children under the age of 18 years living with a homeless adult(s) who was included in the county.

Ethnicity: 1,689 (or 45.5%) were white, 1,258 (or 33.9%) were Hispanic or Latino, 565 (or 15.3%) were African American or black; 82 (or 2.2%) stated other, 81 (or 2.2%) stated American Indian or Alaskan native; and 39 (or 1.1%) stated Asian or Pacific Islander.

The 630 homeless persons interviewed revealed the following facts about homelessness in Riverside County:

- 51.3% of persons stated that they have been currently homeless one year or more;
- 84.9% of persons stated that they have a monthly income of \$1,000 or less;
- 92.2% of persons stated that they were born in the United States;
- 22.5% of men and 2.1% of women stated that they are a veteran of the armed forces;
- 30.6% of persons stated that they had been abused or mistreated by a spouse or intimate partner;
- 47.5% of persons stated that they had a substance abuse problem; and
- 32.2% of persons reported symptoms of mental illness.

Third, Ms. White emphasized the need for more facilities/shelters and permanent housing options.

Ms. White requested the following: 1) the Commission for Women to endorse the County's Ten Year Plan to end homelessness, which was approved by the Board of

Supervisors in October 2007; 2) the Commission for Women create a pilot project aimed at enhancing community awareness and partnerships by conducting workshops or trainings for leaders throughout the County on homelessness; and 3) the Commission for Women have representatives from different (invited) County departments, service providers, and agencies, to sit on the Commission (or a sub-committee) addressing the issues facing women, and their families, regarding homelessness, housing, and foreclosures. The legislative proposal/administrative recommendations/study proposal focuses on homelessness and permanent housing.

► Debbie Franklin (personal)

Ms. Franklin testified to the issue that mobile home park rents are not controlled. Thus, the state needs to enhance regulations on such rent increases. The legislative proposal/administrative recommendations/study proposal focuses on housing and rent control.

► *Restoring Hope Community Service, Inc.* (Arlene Wilson-Jackson)

They are seeking funding for start-up completion of homes. The legislative proposal/administrative recommendations/study proposal focuses on homelessness, veterans, and funding.

Additional Forum Testimony

▶ *American Association of University of Women (AAUWU) – Riverside Branch (Jo Turner)*

Compliance with Title IX and Title VII. The legislative proposal/administrative recommendations/study proposal includes gender equality.

▶ *Service Employees International Union (Bennie Tinson)*

SEIU addressed the County of Riverside regarding the denial of workers in the Temporary Assistance Program (TAP) to form a union and gain a voice in the workplace. Approximately 76% of those stuck in temporary, unstable jobs with no benefits are women. The legislative proposal/administrative recommendations/study proposal primarily focuses on employment.

▶ *Slow Food T.V. (Leah Di Bernardo)*

Slow Foot T.V. addressed health and nutrition for single moms concerning the affordability of “whole-clean-foods.” Additionally, they are concerned with access to alternative medical programs and treatment for women and stress nutrition education. Requests included the following: 1) access to better food and nutrition programs, especially with WIC; 2) alternative health care for children and single mothers; and 3) education for “all” moms – business, women on our current food system. The legislative proposal/administrative recommendations/study proposal includes the Board of Supervisors and focuses on health and nutrition, education, and alternative healthcare.

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