

# The Full



# of Women and Girls

## IN FAIRFIELD COUNTY

### A Status Report

## The Fund for Women and Girls



Fairfield County  
Community Foundation

The Full Circle of Women and Girls

# The Fund for Women and Girls

## VISION

The Fund for Women and Girls envisions a county in which all women can achieve economic security and live healthy, safe lives within their communities.



## OUR WORK

The Fund for Women and Girls believes that investing in women and girls yields long-term social and economic returns for our community. The Fund is the leading field of interest fund of the Fairfield County Community Foundation. As an endowed fund, we pledge to support current and future generations of women and girls. Our mission is supported by our practice of assessing the needs of women and girls in Fairfield County. We strategically focus on grant-making, training for nonprofits and collaborative partnerships to meet targeted needs and ensure long-term social change.

*FWG is the largest women's fund in New England. We have awarded over \$3.0 million in grants to more than 50 organizations, reaching more than 3,000 women and girls. FWG is a member of the global Women's Funding Network.*

Since 1998, we have:

- Systematically conducted research to determine our county's critical needs
- Invested in affordable housing for low-income working women
- Led best practices capacity building for girls' programming
- Helped girls develop confidence through life skills and leadership programs
- Created a partnership with a community college to assist low-income working mothers while they attain advanced education and achieve economic security
- Strengthened and educated our diverse philanthropic base to be advocates and catalysts for change



## MISSION

**Our mission is to empower women and girls in Fairfield County and enable them to reach their full potential. By leveraging human and financial capital and engaging women in philanthropy, we provide innovative and sustainable solutions to complex problems. FWG believes women are the heart of the community; when you help women, you help their families and all of society.**

# About Us



## The Fund for Women and Girls

The Fund for Women and Girls was established in 1998 by the Fairfield County Community Foundation and a group of visionary philanthropic women. Since then, our generous contributors have helped more than 3,000 women and girls by awarding over \$3 million in grants.

Every grant from the Fund is based on research. Grants support – and create – local nonprofit programs designed for the unique needs of girls and women.

With our donors, we have helped women struggling to support their children reduce debt, earn a college degree and move up to better-paying careers. We have helped women and their families move into housing that is safe and affordable.

Together, we have helped preteen and teenage girls surmount issues no one should face alone, such as bullying, dating violence and sexual assault. These girls also learn how to make healthy choices, find their voices and become leaders.

To learn more, visit [www.thefwg.org](http://www.thefwg.org) or call 203-750-3200.

## The Fairfield County Community Foundation

We help make your charitable giving even more meaningful and effective in the community.

We listen to your charitable goals and introduce you to local giving opportunities that match your interests and values.

We also invite you to join community and nonprofit leaders, experts, partners and other donors to tackle our region’s most critical problems. Together, we exchange knowledge, combine strengths and take action to help protect the vulnerable, empower the aspiring and preserve what we all love about Fairfield County.

We also provide grants, counsel and leadership training to hundreds of local nonprofit executive directors and board chairs, helping them make their organizations even more efficient and effective.

Since our founding in 1992, nearly 5,000 individuals, families, corporations and private foundations have invested in our region by establishing a fund, giving to an existing fund – like The Fund for Women and Girls – or supporting our collaborative work in the community.

To learn more, visit [www.fccfoundation.org](http://www.fccfoundation.org) or call 203-750-3200.

**The Fund for Women and Girls believes women are the heart of the community. When you help women, you help their families and all of society.**

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## THE WOMEN AND GIRLS OF FAIRFIELD COUNTY BY AGE

**25%** UNDER 18

**19%** 18-34

**42%** 35-64

**14%** OVER 65



## WOMEN NOT EMPLOYED FULL-TIME OR YEAR-ROUND EARNED LESS THAN \$20,000

**LATINAS 79%**

**AFRICAN AMERICAN 75%**

**CAUCASIAN 62%**

# Foreword



**In her quote, the “Full Circle,” Diane Mariechild encourages us with the knowledge that a woman has far-reaching power to create, nurture and transform. Yet there exist challenges and obstacles to this power that prevent many women and girls in Fairfield County from leading healthy and successful lives.**

In 2007, The Fund for Women and Girls conducted research and published its first comprehensive report on the status of women and girls in Fairfield County. We discovered that there were, in fact, two very distinct Fairfield Counties. One was inhabited by women and girls with exceptional achievement, affluence, health and security. In contrast, the other was populated with women and girls limited by poverty, hindered by lack of educational opportunity, struggling with access to healthcare and living in unsafe conditions.

In 2013, we completed a second in-depth assessment and report on women and girls in the County and discovered tremendous strides and accomplishments for women, innovations in gender-specific programming for girls and more women in corporate and public sector leadership. There are now more specialized services to address violence against women as well as to support those traumatized by assault. Women and girls have also reaped the benefit of focused philanthropy. However, despite these gains, we have found that many of the old challenges remain, with new ones looming on the horizon.

In one of the richest counties, in one of the richest states, in one of the richest countries, we bear witness to increasing levels of poverty and hunger, particularly in women-headed households. In one of the first states to sign the Constitution, pay disparity is at its worst. In a state known for its patriotism, women veterans are returning from serving the country to become

homeless and jobless. Amidst the affluent of the county, young girls are subjected to bullying, dating violence and sexual assault. The growth in the need for mental health services that serve our youth has surpassed the resources available. Despite a culture of achievement, 50% of the population is unable to achieve its full potential.

More than 100 experts from nonprofit organizations, the private sector, academia, law enforcement, government and philanthropy contributed valuable insights for this report through convenings, focus groups and individual interviews. The “experts” also included groups of pre-teen and teen girls whose perspectives and experiences became a critical part of this research. Our objectives in completing the underlying research and publishing this report are to raise awareness, to educate and to help drive change.



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**In one of the richest counties, in one of the richest states, in one of the richest countries, we bear witness to increasing levels of poverty and hunger, particularly in women-headed households.**

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Specifically we hope to:

- Provide data on women and girls in Fairfield County that will be a baseline for updates and a means to measure progress and assess the impact of programmatic and policy solutions
- Encourage leaders in the public and private sectors to collaborate with the Fund to create solutions and advocacy initiatives to address the needs
- Inspire the residents of Fairfield County, and beyond, to support philanthropic initiatives that improve the lives of women and girls in the County
- And, direct the planning, grant making, collaborative efforts and leadership initiatives of the Fund for Women and Girls toward strategic, impactful and measurable work

We are excited to present this report and invite you to engage with us in the important work ahead. Together, we can make a meaningful difference in the lives and futures of “The Full Circle of Women and Girls in Fairfield County.”

*Suzanne Brown Peters, V.P. and Fund Director*

*Amy Chan Downer, Fund Co-Chair*

*Janet Lebovitz, Fund Co-Chair*

## Executive Summary



*“A woman is the full circle.  
Within her is the power to  
create, nurture and transform.”*

– Diane Mariechild

Fairfield County is home to four of the state’s largest cities and 19 towns in between. The people who live within its borders are equally diverse. Fairfield County women live in various types of households and families, go to school downtown and in the country, work in sales, finance and health care and give back to their communities in many and various ways. This report aims to document the experiences of the women and girls of Fairfield County so that everyone – from community members to policy analysts – can better understand women and girl’s lives and act to improve conditions for everyone from the baby to the octogenarian.

**[ ...data suggests that \$50,000 would barely sustain a single woman; a woman with a child in Bridgeport would need to earn \$71,460 to provide the minimum requirements of food, rent, child care and transportation. ]**



The demographic composition of Fairfield County is changing. The population is more racially and ethnically diverse than it was in 2000 and has slightly more female-only headed households. Latino/as comprise a larger proportion of the county population than the population of the state and Asians’ representation in the county has also risen at a similar pace. The experiences of Latina and Asian women must be acknowledged as their futures are intertwined with the future of the area and their needs must be addressed in ways that take into consideration the diversity within each racial and ethnic group.

Living costs are high in Fairfield County and many women are finding it difficult to make ends meet. More than half of Fairfield County’s almost 400,000 women are working, and in most young

families, both parents are working. The cost of living in the county is one of the highest in the nation; a large number of families are paying more than 30% of their income on rent or a mortgage and child care. While the median earnings for women in Fairfield County grew almost 11% from 2005 to 2010 to \$50,391, a woman would be hard pressed to make it on her own financially today. Self-sufficiency data suggests that \$50,000 would barely sustain a single woman; a woman with a child in Bridgeport would need to earn \$71,460 to provide the minimum requirements of food, rent, child care and transportation. Three times as many women of color as Caucasians are living below the poverty line, and young women (under the age of 34) are also over-represented in this population. In Fairfield County, the relationship between race/ethnicity and poverty is inextricable, and the differences between families struggling economically and those firmly entrenched in the middle and upper class are often profound.

There is a persistent achievement and opportunity gap in some communities. The achievement gap is exacerbated by the disparity of incomes in Fairfield County’s towns and cities and the concentration of poverty in the urban core. While women in Fairfield County are better educated than women in the state and the nation (as evidenced by their attainment of bachelor degrees), the same is not true for women of color. They are more likely to attend community college and to attend college part-time while balancing family and work, and they are less likely to earn degrees. While African American and Latino students were less likely to graduate from high school “on time” (in four years) than Caucasian or Asian students, graduate college and be career ready, there are committed community-based organizations and educators addressing the achievement gap with creative programming and personal connections to students and their families. Yet, there is good news as enrollment

### WHO ARE THE WOMEN AND GIRLS OF FAIRFIELD COUNTY

- In 2010, 51.4% of the population of Fairfield County was female; their median age was 40.8 years.
- By age group, approximately one-quarter of all females were under the age of 18; 19% were between the ages of 18 and 34; 42% were between the ages of 35 and 64; and 14% were over 65.
- As compared to Connecticut in 2010, Fairfield County in 2010 was slightly younger, more racially diverse and more ethnically diverse (as represented by the change in numbers of Latino/as) and had more households with children under 18 years of age.
- As compared to Fairfield County in 2000, Fairfield County in 2010 was slightly older, more racially diverse (with an almost 50% increase in the Asian population), more ethnically diverse (as represented by the change in numbers of Latino/as) and had slightly more female-only headed households.
- Within Fairfield County (selected cities/towns from categories delineated in the BEST report, 2012<sup>1</sup>):
  - The Urban Core cities had the youngest populations
  - Women over 65 were more likely to live in Suburban and Urban Periphery cities/towns than in Urban Core and Wealthy cities/towns
  - There was a large variation in diversity among towns and cities
  - There was a substantial Asian population
  - Many individuals were categorized as “other race”
  - Latino/as appeared to be concentrated in Urban Core and Urban Periphery cities/towns
  - The largest percentage of female-only headed households with children under 18 lived in Urban Core cities
  - The percentage of older women living alone was higher in Suburban cities/towns

[ ...there is good news as enrollment and graduation rates among Latinas and African American women are rising. ]

and graduation rates among Latinas and African American women are rising.

Women are living longer, but chronic diseases affect poor women of color disproportionately. Socioeconomic and racial disparities are prevalent across most health indicators in the county, and health problems are heavily concentrated in Fairfield County's four urban centers. Obesity, cardiovascular diseases, cancer, reproductive health problems, diabetes and asthma

disproportionately affect poor minority women; teen birth rates and lack of prenatal care are directly related to poverty and constrained life options. The resources available to women relative to mental health and substance abuse services (especially specialized services) are decreasing due to the economic climate, yet need is increasing and Fairfield County residents are having difficulty finding mental health and addiction services.

Young women need support

early. The numbers of young women that break the law are growing, and interventions that target young girls as early as elementary school are needed to reach girls before they get into trouble. Once involved in the criminal justice system, youth have limited local options for community-based care, especially if they are in crisis and/or have state-funded insurance. The number of young girls in Fairfield County identified as involved in domestic sex trafficking is also

Continued on page 12

Table 1. Fairfield County, 2010 and 2000<sup>2-9</sup>

	Fairfield County 2010	Fairfield County 2000	Connecticut 2010
<b>Age (women)</b>			
Median	40.8	39.2	41.3
Under 24	31%	na	30%
65 and over	8%	8%	8%
<b>Race (both genders)</b>			
Caucasian	77%	81%	80%
African American	12%	11%	11%
American Indian/Alaska Native	.7%	.5%	.9%
Asian	5.3%	3.7%	4.4%
Latino	17%	12%	13%
<b>Households</b>			
Family households	69%	70%	66%
Female, no husband	12%	11%	13%
Female, no husband, children under 18	6.5%	6.1%	7%
Female living alone	15%	na	16%
Female living alone, 65 and over	7%	na	7%
Household with individuals under 18	36.4%	36.8%	33%
Female living alone	15%	na	
Female living alone, 65 and over	7%	na	
Household with individuals under 18	36.4%	36.8%	33%

**SPOTLIGHT:**  
**THE LATINAS OF FAIRFIELD COUNTY**

Fairfield County has the largest Latino/a population of Connecticut counties<sup>17</sup> and the 17th largest Latino population in the U.S. The total Latino/a population in Fairfield County is 155,025,<sup>18</sup> which has grown approximately 42% between 2000 and 2010 (from 12% to 17% of the overall population). Latinos/as comprised a larger percentage of Fairfield County's population than Latinos/as statewide (13%).<sup>19</sup> In Bridgeport, 32% of residents identified as Latino; the city had the largest Latino/a population in the county. Stamford (17%), Danbury and Norwalk (each at 16%) had smaller percentages of Latino/as than did the county overall, but still had significant representation that exceeded the state percentage.<sup>20</sup> "Other" Latinos/as were the most populous in Fairfield County, comprising 9% of the total population; Puerto Rican residents were the second largest group (5%), followed by Mexican (2%) and Cuban (less than 1%).<sup>21</sup>



**In Fairfield County, 52% of the foreign-born population was born in Latin America.**

Latinas in Fairfield County are younger than women (Latina and non-Latina) in the state. The median age for Latinas/os in Fairfield County was 30 years.<sup>22</sup> While 30% of Latinas in the county were under 18 years of age as compared to 22% in the state, 45% were between 18 and 45 as compared to 34% in the state. Only 6% of Latinas in Fairfield County were over the age of 65.<sup>23</sup>

Latino/a families are more likely to be in husband-wife families and in female householder, no husband present families. Slightly more than 77% of Latino/as lived in family households;<sup>24</sup> of those, 68% of families had related children under 18, 14% had children under 6 only and 32% had children between 6 and 17 only.<sup>25</sup> Slightly less than 60% lived in husband-wife families, while 29% were in female householder, no husband present and 12% were in male householder, no wife present.<sup>26</sup>

In Fairfield County, 52% of the foreign-born population was born in Latin America.<sup>27</sup> This is only

slightly lower than the percentage of the foreign-born U.S. population that was born in Latin America (53%) and higher than the state percentage (42.1%).<sup>28</sup>

Language acquisition matters in educational attainment and economic security. It is difficult to unravel data about the role of specific languages (like Spanish) relative to English language deficits and academic achievement and/or economic security. Census data addresses the language question as dichotomous (English and all other languages), making it difficult to get a complete view. However, 28% of people in

Fairfield County speak a language other than English at home, and it can be inferred from the number of Fairfield County's foreign-born residents that came from Latin America that more than a few speak Spanish or another Latin American language (like Brazilian Portuguese).<sup>29</sup>

Educational attainment is higher in the population of individuals

25 and older that only speak English at home – 94% have at least a high school diploma. In comparison, 77% of individuals who speak a language other than English at home have attained a high school diploma – a 17% gap.<sup>30</sup> With respect to the intersection of language and poverty, 15% of Fairfield County residents that speak a language other than English at home have incomes that are below the poverty line as compared to 7% of English-speaking homes.<sup>31</sup>

A survey for the Latino and Puerto Rican Affairs Commission by The Center for Research and Public Policy suggests that fewer Latino residents reported a good or better quality of life in 2012 than they did in 2007.<sup>32</sup> Fewer respondents reported owning their own home than five years ago, more than double the respondents reported unemployment and "looking for work" (12% in 2012 vs. 5% in 2007) and the percentage that reported being employed full-time fell by five percentage points.<sup>33</sup>

**Table 2. Fairfield County by BEST area, 2010<sup>10-16</sup>**

	Fairfield County	Bridgeport/Urban Core	Norwalk/Urban Periphery	Shelton/Surburban	Darien/Wealthy
<b>Age (women)</b>					
Median Age	40.8	33.8	39.6	45.5	40.1
Under 24	30.9%	na	na	na	na
65 and over	7.9%	4.0%	7.4%	10.2%	6.4%
<b>Race (both genders)</b>					
Caucasian	76.9%	42.3%	70.9%	92%	95.2%
African American	11.8%	36.8%	15.4%	2.9%	.7%
American Indian/Alaska Native	.7%	1.3%	.8%	.4%	.3%
Asian	5.3%	3.9%	5.4%	4.2%	4.3%
Other	8.0%	19.9%	10.3%	1.9%	.7%
Latino	16.9%	38.2%	24.3%	5.9%	3.6%
<b>Households</b>					
Family households	69.4%	63.6%	63.7%	71.1%	82.2%
Female, no husband	12.3%	24.2%	13.0%	9.0%	6.7%
Female, no husband, children under 18	6.5%	14.2%	6.7%	4.0%	4.1%
Female living alone	14.8%	15.9%	16.4%	14.4%	10.7%
Female living alone, 65 and over	7.3%	6.6%	6.6%	8.1%	6.6%
Household with individuals under 18	36.4%	37.7%	32.1%	30.8%	51.2%

increasing. The consequences and resources needed to help these girls get “out of the life” are staggering. Greater community awareness, education and training are needed to help community members identify victims of domestic minor sex trafficking.

Women have a great foothold in government, but need a way to leverage their power. Women’s involvement in political life across the country has grown substantially over the last 30 years. However, resources for women looking to become politically involved in the county are fragmented. Women need a place where they can network and leverage power to create and maintain pathways to office and service. Girls also need more programs to develop leadership skills,

learn about civic life and how to advocate for issues important to their lives.

Women business owners are gaining ground, but need access to resources to grow and thrive. A bright spot in the county is the substantial increase in the number of women-owned and minority women-owned businesses in the last 10 years. However, women remain heavily reliant on personal assets because of less access to financial resources for business expansion and capital improvements. Small women-owned businesses often struggle to compete with large companies in terms of accessing federal, state and city contracts and wrestle with having to give up some control of their companies in order to gain additional resources.

Women and girls are one of Fairfield County’s biggest assets. Harnessing their voices and power to address their issues of importance is fitting. The Fund for Women and Girls has been working tirelessly since its inception to do just that for all of the females in Fairfield County. ●



## Economic Security

**[ A strong area of growth for females was in self-employment in their own incorporated business. ]**



*CJ is a single African American mom with two young children under the age of 18 who works full time, but makes less than what she needs to support her family in Fairfield County. She is enrolled in Norwalk Community College’s Family Economic Security Program, a program that supports single heads of households, primarily women, who are working toward their degrees as a way to increase their self-sufficiency in the future. Because of the student opportunity funds, the financial coaching, mentoring and advice, CJ has the help she needs to stay in school and graduate.*

### Employment

The percentage of Fairfield County women working full-time has risen slightly in the last five years. Women in Fairfield County are slightly less likely than Connecticut women to be employed. Women make up 43% of the full-time, year-round workforce over 16 in Connecticut (a slight increase from 39% over the last five years)<sup>34</sup> and 41% in Fairfield County.<sup>35</sup> More than half (55%) of Fairfield County’s estimated 370,333 women over 16 years old are working,<sup>36</sup> and 66% of families with children between 6 and 17 and nearly 60% of families with children under 6 have both parents in the labor force.<sup>37</sup> Women are more likely than men to work part-time hours (25% of women work 34 hours or fewer as compared to 13.2% of men).<sup>38</sup>

Women in Fairfield County work primarily in traditional “female” occupations. The most common occupations for women

in the county are in sales and office administration, education, service and management. However, even within traditional female occupations, women still hold disproportionately lower level jobs.

Not surprisingly, women are overrepresented in the non-profit area as compared to men, possibly due to the greater flexibility of work hours, the return on educational investment, the possibilities for leadership roles and/or the societal value of non-profit work. Approximately 64% of the non-profit wage and salary class are women; this percentage has varied little from 2005.<sup>39</sup> Women’s numbers in the corporate world have risen only incrementally from 2005 to 2010. On the other hand, women in Fairfield County continue to be underrepresented in nontraditional occupations. This reflects the lack of women in the educational pipeline leading to jobs in the field and the attrition

**Data show that women were just shy of 25% of the workforce in computer, engineering and science occupations; 15% of architecture and engineering occupations; 20% of protective service occupations; 13% of law enforcement workers including supervisors; 3% of natural resources, construction and maintenance occupations; and 18% of transportation occupations.<sup>40</sup>**



of women who begin nontraditional careers and transition to traditional positions.

The number of self-employed women is growing. Between 2005 and 2010, while the number of women that worked in state and federal government declined significantly,<sup>41</sup> their ranks in local government and in self-employed (not incorporated) grew.<sup>42</sup> A strong area of growth for females was in self-employment in their own incorporated business (4% change, but a 30% increase over five years).<sup>43</sup>

### Earnings

Fairfield County women earned more on average than women statewide. While fewer women work year round in full-time employment in Fairfield County than women in the state (41% vs. 43%), their median earnings were almost \$5,000 more than women statewide (\$50,391 vs. \$45,496).<sup>44</sup> The median earnings for women in Fairfield County grew almost

11% from 2005 to 2010, from \$45,433 to \$50,391.<sup>45</sup>

Employment status and lower earnings intersect and profoundly affect women of color in Fairfield County. African American women are more likely to work full-time year-round (42%) than Latinas (36%) and Caucasian women (32%).<sup>47</sup> However, 76% of Latinas, 64% of African American women and 45% of Caucasian women who worked full-time year-round in the past 12 months had earnings under \$50,000.<sup>48</sup> Women who work, but not full-time or year-round, are more likely to have incomes under \$20,000; 79% of Latinas, 75% of African

American women and 62% of Caucasian women who were not full-time or year-round earned less than \$20,000.<sup>49</sup>

The number of women that are self-employed has grown and so have their salaries. Women's earnings in Connecticut and Fairfield County vary across work classes. The highest salaries are found among the self-employed in their own incorporated businesses and government workers at all levels, while the lowest are found among self-employed in their own (not incorporated) business and unpaid family workers. Changes in women's earnings in the county occurred in both directions

### FAIRFIELD COUNTY WOMEN

- 32%** were employed in sales and office occupations
- 69%** were in office and administrative support roles
- 31%** were employed in sales occupations
- 15%** were employed in education, legal, community service, arts and media occupations
- 43%** were primary, secondary and special education schoolteachers
- 15%** were employed in service occupations
- 31%** were in healthcare support occupations
- 13%** were employed in management occupations
- 12%** were top executives
- 2%** were financial managers

(Source: U.S. Census Bureau)

### Self-Sufficiency Wages, Annual (Hourly) Wage with Employment-based Benefits 2011<sup>58</sup>

	Fairfield County	Bridgeport City	Danbury City	Wealthy CT <sup>51</sup>
1 worker	\$43,500 (\$20.60)	\$39,792 (\$18.84)	\$43,272 (\$20.49)	\$41,160 (\$22.33)
1 worker, 1 infant	\$67,632 (\$32.02)	\$62,544 (\$29.61)	\$66,900 (\$31.68)	\$72,384 (\$34.27)
1 worker, 1 preschooler, 1 school child	\$81,288 (\$38.49)	\$76,560 (\$36.25)	\$78,756 (\$37.29)	\$86,748 (\$41.07)
2 workers	\$56,304 (\$13.33/worker)	\$52,800 (\$12.50/worker)	\$55,968 (\$13.25/worker)	\$59,544 (\$14.10/worker)
2 workers, 1 preschooler 1 school child	\$93,168 (\$22.06/worker)	\$89,040 (\$21.05/worker)	\$90,816 (\$21.50/worker)	\$97,872 (\$23.17/worker)

between 2005 and 2010; this may reflect the changing nature of work and the education needed to perform that work.

Fairfield County has a larger gender wage gap than both the state and the nation. In 2010 in Fairfield County, women's individual median income (\$50,244) as compared to men's (\$70,255) represented a 28.5% gender wage gap (the difference

between women's income and men's income).<sup>50</sup> Additionally, from 2007 to 2010, women lost a small amount of ground (.4%)<sup>51</sup> as their median income increased at a slightly slower rate than men's (10% to 11%, respectively).<sup>52</sup> The county gap between women and men compares to a state gender wage gap of 22% and a national gap of 21%.<sup>53</sup> Statewide, women's income increased by 11% while men's increased by 10%; nationally, women's income increased 9% while men's increased 6%.<sup>54</sup>

The gender wage gap is more distinctive in certain work classes.

In Fairfield County, the gender wage gap was lower in non-profit (86%) and government (between 87-90% in federal, state and local), work classes in which women were well represented. In private companies, women in

that class earn. By industry, the wage gap also varied; women earned more equitable wages in computer, engineering, science, health care support and community and social services occupations. Of special note is the wage

*“For the past five years, we have been working with low and middle-income students, primarily women who have become the heads of their families. They are either single heads of households or the major providers, which is not what they signed on for, but they are embracing the present and working hard for a better future.”*

– Program Director, community college

Fairfield County experienced a wage gap of about 30%, and women who were self-employed (but not incorporated) made approximately half of what men in

gap among women in the legal, sales and protective services professions, in which they earned less than 50% of men's wages.

Even single mothers with a college degree have difficulties making ends meet in Fairfield County. Self-sufficiency may be a more accurate measure of economic well-being

### Median Earnings by Educational Attainment for Females, Fairfield County, 2010<sup>46</sup>

Educational Attainment	Annual earnings	Increase in earnings	% of Female population
Less than high school graduate	\$18,167	-	11.4%
High school graduate (includes equivalency)	\$25,996	+ \$7,829	23.4%
Some college/associate's degree	\$32,546	+ \$6,550	23.2%
Bachelor's degree	\$47,230	+ \$14,684	24.3%
Graduate or professional degree	\$64,744	+ \$17,514	17.6%



**Gender Wage Gap, 2010<sup>55</sup>**

	Female (\$)	Male (\$)	Wage gap (\$)	Wage gap (%)
Fairfield County	50,244	70,255	20,011	72%
Connecticut	47,476	60,705	13,229	78%
United States	37,133	46,993	9,860	79%

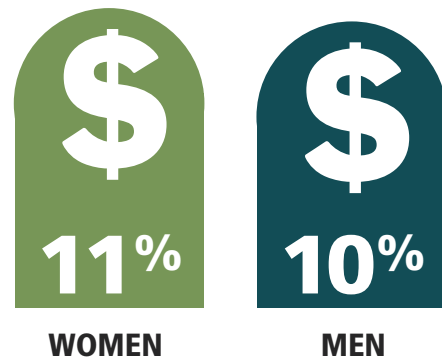
than wages alone because self-sufficiency reflects the real earnings necessary to meet the needs of workers in specific geographical areas. As described in the Basic Economic Security Tables (BEST)<sup>56</sup> for 2011, the lowest self-sufficiency wage for Fairfield County was for one worker in Bridgeport (\$46,500), and the self-sufficiency wage for one worker and one infant in Bridgeport was \$71,460.<sup>57</sup>

**Home Ownership and Household Expenses**

In Fairfield County, housing is more likely to be owner, rather than renter, occupied. Owner-occupied units in Fairfield County comprised 70% of all units in 2010, up only slightly from 2000<sup>60</sup> and on par with owner-occupied housing in the state (69%).<sup>61</sup> In the Bridgeport/Stamford/Norwalk area, the homeownership rate has risen steadily since 2005, from 68% to 72% in 2010.

The median value of an owner-occupied house in the county was 63% higher than in the state. According to the U.S. Census Bureau, the median value of an owner-occupied house in Fairfield County was \$465,400 as compared to \$294,300 in Connecticut. The Census Bureau's rent and mortgage standard is 30% of the household income,<sup>64</sup> but in Fairfield County 46% of households and in Connecticut 41% of households are paying 30% or

**PERCENT OF INCOME INCREASE FROM 2007-2010 IN CONNECTICUT**



more of their household income in mortgage costs.<sup>65</sup> And renting in the county is equally as expensive. The median gross rent in the county was \$1,220, 23% higher than the median rental in the state (\$994).<sup>66</sup> For 54% of renters in Fairfield County, rent was 30% or more of their household income, slightly higher than in Connecticut (53%).<sup>67</sup>

The issue of child care affordability, especially for the working poor, is particularly significant. According to the United Way of Connecticut, the annual cost in Connecticut for center-based infant and toddler childcare is \$12,960, approximately 15% of

the state's median family income (and 13% of the median family income in Fairfield County).<sup>68</sup> For family infant and toddler child-care, costs dropped slightly – to approximately 11% of the state's median family income and 9.6% of the median family income in Fairfield County.<sup>69</sup> Using \$47,230 as a base salary (median earnings for a woman with a bachelor's degree), even family care settings (at \$9,650) consumed 20% of a woman's yearly income.

**Poverty**

Women represent 57% of people living in poverty.<sup>70</sup> While 10% of the total female population of Fairfield County lives in poverty,<sup>71</sup> female children and youth under 18 years of age and women 18 to 34 are overrepresented in the poverty population.<sup>72</sup> Women 18

and 34 are the most overrepresented – 28% of these women are poor as compared to 19% of the overall female population.<sup>73</sup> On the other hand, women between 35 and 64 are underrepresented and women 65 and older are represented equally to their numbers in the female population.<sup>74</sup> Women of color are disparately impacted.<sup>75</sup> Some 22% of both African American women and Latinas live in poverty as compared to 7% of Caucasian women. Among each racial group, the largest percentage of poor are: Caucasian women between 35 and 64; African American/African American women, children and youth; and Latinas between 18 and 34.<sup>76</sup>

To give context to the poverty discussion, the Federal Poverty

Guidelines effective July 1, 2012, indicated that a family of one person at the poverty line (100%) had an income of \$11,170; a family of two, \$15,130; a family of three, \$19,090; a family of four, \$23,050; and a family of five, \$27,010.<sup>77</sup> A look at the ratio of income to poverty suggests that Fairfield County has fewer of the most desperately poor than the state or the nation.

Poverty affects different family constellations differently. Married couple families are the least likely to be poor in Fairfield County (3%), and married couples with children are only slightly more likely to be poor than those without children.<sup>78</sup> And while 6% of all families had incomes below the poverty level, 10% of those with related young children (under 5 years old only) did.<sup>79</sup>

Of all single female-headed households in Fairfield County, 22% were poor; among single female-headed households with children, the percentages increased:<sup>80</sup>

- More than a third (34%) of single female-headed households with related children under 5 years old were poor
- More than a quarter (28%) of single female-headed households with related children under 18 years were poor<sup>81</sup>
- Twenty-two percent (22%) of all unrelated individuals 15 years and older had incomes below the federal poverty level<sup>82</sup>

**According to Connecticut Voices for Children, in Fairfield County's four most urban areas, poverty levels were high, and all of these cities exceeded the poverty rate for children under 18 in the state.<sup>83</sup>**

- Bridgeport, 26% of persons had incomes less than the federal poverty level
- Danbury, 14%
- Norwalk, 8%
- Stamford, 11%<sup>84</sup>

**These percentages rose for children under 18 living in homes with incomes less than the federal poverty level:**

- More than 39% of children under 18 lived below the poverty level in Bridgeport
- 18% in both Danbury and Stamford
- 8% in Norwalk

**Married couple families made up 65% of homeowners; followed by non-family households, 24%; female householder, no husband, 8%; and male householder, no wife, 3%.<sup>62</sup> Nonfamily households were 47% of renters; followed by married couple families, 27%; female householder, no husband: 20%; and male householder, no wife: 6%.<sup>63</sup>**

## TOP BARRIERS TO EMPLOYMENT FOR JFES PARTICIPANTS

76% Transportation

56% Childcare

24% No high school diploma

11% Limited work history

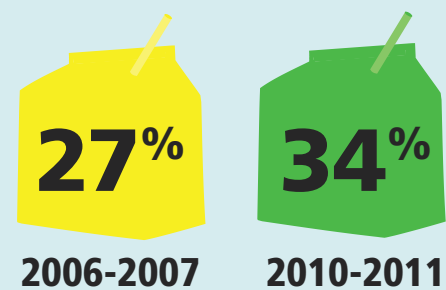
11% Housing

\*\* 68% identified 2 or more barriers \*\*

Source: Connecticut Department of Labor, At-A-Squint Jobs First Employment Services



## NUMBER OF PUBLIC SCHOOL STUDENTS ELIGIBLE FOR FREE/REDUCED LUNCH STATEWIDE



The number of recipients of Temporary Family Assistance (TFA) grew in many Fairfield County cities from 2008 to 2010. There were 41,442 recipients of TFA in Connecticut in 2010;<sup>85</sup> Bridgeport had 4,118 (up 526 from 2008), Norwalk had 657 (up 146), Stamford had 775 (up 234) and Stratford had 375 (up 86).<sup>86</sup> In Greenwich, the number of recipients rose to 87 from 50 between 2008 and 2010.<sup>87</sup>

Women make up a large majority of Jobs First Employment Services (JFES) participants. In Connecticut for the 2011-2012 fiscal year, there were 15,047 JFES participants, with 2,765 from the Southwest Region of Connecticut (18% of Connecticut's total participants).<sup>88</sup> In the state overall, participant numbers declined from December 2011 to May 2012. In a snapshot of May 2012 participation, females represented 83% of participants in the state<sup>89</sup> and were largely undereducated and between 22 and 39 years of age.<sup>90</sup>

In Fairfield County, 47% of households that received SNAP benefits have children under 18 years of age; in almost half of recipient households, one person was working. Six percent of the county's households received SNAP benefits in 2010<sup>91</sup> with a majority (54%) that received food stamps having incomes that fall below the federal poverty level; the Connecticut and national percentages were similar.<sup>92</sup> The household median income of those who received food assistance (\$14,967) was less than 20% of the median income of all households (\$80,122) in Fairfield County.<sup>93</sup> Almost a quarter (23%) of all households that received food assistance had no one working in the past 12 months, almost half (48%) had one worker and more than a quarter (29%) had two workers.<sup>94</sup>

Growing food insecurity was reflected in the increasing numbers of students eligible for free- and reduced-priced lunch. The number of public school students eligible for free/reduced lunch statewide increased 7%, from 27% in 2006-2007 to 34% in 2010-2011.<sup>95</sup> It also increased in every Fairfield County school district, except Darien, which stayed

*“We are really here to guide the participants and show them occupations where there really are jobs and how to get them. They trust us to find a job where they can grow and advance, and businesses rely on us to provide workers they can trust.”*

– Vice President of Operations, workforce development organization

flat.<sup>96</sup> The percentages in Danbury and Norwalk increased appreciably (45% and almost 90%, respectively), and even wealthier towns like New Fairfield and Westport had higher percentages of youth who were eligible.<sup>97</sup>

Thirty-four percent (34%) of the state's homeless and sheltered adults live in shelters in Fairfield County. In Connecticut in 2011, emergency shelters (shelters and transitional housing) served more than 11,000 people, including more than 1,500 children.<sup>98</sup> The Coalition to End Homelessness (CCEH) data gathered during its annual Point-in-Time count (2011) suggests that Greater Danbury, Greater Bridgeport, Norwalk and Stamford-Greenwich together accounted for 34% of the state's homeless and sheltered adults and 31% of the state's homeless and unsheltered adults.<sup>99</sup> This data also suggests that the adult homeless in Greater Danbury, Greater Bridgeport and Norwalk are fairly well educated: Greater Bridgeport (64% with a high school diploma), Norwalk (57%), Stamford-Greenwich (56%) and Greater Danbury (55%).<sup>100</sup> In

Stamford/Greenwich, 30% of homeless adults were working and more than 40% had never before been homeless.<sup>101</sup> Adults without children are more likely to experience homelessness; yet 31% of the homeless adults have children.<sup>102</sup> Additionally, there were significant numbers of victim/survivors of domestic violence within the numbers of both sheltered and unsheltered adults in Fairfield County.

The faces of the homeless are predominately female. Women represent 81% of the adults in families and 31% of the single adults that are homeless.<sup>103</sup> Bridgeport CARES found that

within the city of Bridgeport 12% of their sample said they had been homeless in the past year and 5% had been homeless “some-times.”<sup>104</sup> Of those that had been homeless, 56% were female, 44% were Latino/a and 40% were African American. Nearly seven out of 10 (69%) had completed at least 12th grade and 38% had at least one child.<sup>105</sup> This sample did not differ appreciably from the survey population overall, but males and Latinos were somewhat overrepresented. Among those who reported mental health, substance abuse or violence issues, homelessness was higher than in the overall sample.<sup>106</sup> ●



### Sheltered and Unsheltered Population, Fairfield County, 2011

	Total sheltered*	Chronically homeless**	DV	Total unsheltered*	Chronically homeless**	DV
Greater Bridgeport	351	107	53 (15%)	64	30	10 (16%)
Norwalk	129	56	26 (20%)	39	17	4 (10%)
Stamford/Greenwich	215	41	39 (18%)	51	26	9 (18%)
Greater Danbury	110	22	24 (22%)	31	15	5 (16%)

\* Adults only

\*\* Adults and kids continually homeless for more than 1 year or at least 4 times in the past two years.

# Health



*“Targeting mothers is important because mothers are often the gatekeepers to improving health within the family.”*

– Department of Health and Human Services

*At a women’s health program in Bridgeport, a young Spanish-speaking woman with a palpable lump described how she had sought medical care and was told the lump was “probably nothing” and to return for follow-up in six to eight months. The bilingual outreach worker from the breast care center convinced her to schedule an appointment at the clinic. She was diagnosed with stage 3 breast cancer and is now recovering from a mastectomy. She was fortunate to have access to excellent community healthcare facilities.*

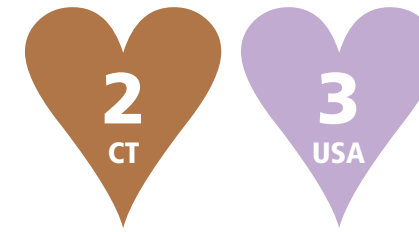
Over the past seven years, community efforts to promote women’s health in Fairfield County have become increasingly collaborative, involving hospitals, health departments, community agencies and leaders. This change has been necessary in part due to decreasing financial resources to address continuing health needs and paradigm shifts in the health field. Increasingly, the impact of community-level and environmental factors on individual health and the resulting strategies to address those factors are being developed more holistically. And there is a growing recognition that socio-cultural issues that affect health outcomes for women, such as chronic stress and lack of access to healthy foods (which lead to poor health outcomes), are as important as incidence rates and personal behavior.

Women in Fairfield County live longer and are healthier. Connecticut has the fourth lowest premature death rate in the country, and state residents have a slightly longer life expectancy than residents of the U.S. – 78.9 years versus 77.3 years.<sup>107</sup> The rate of premature death was lower in Fairfield County than in the state.<sup>108</sup> Women in Fairfield County are more likely than men to live longer and therefore die from such age-related conditions as heart disease, chronic lower respiratory diseases, cardiovascular problems and diabetes-related issues.<sup>109</sup> There has been little change in the causes of death in the last ten years.

**78.9**  
LIFE EXPECTANCY FOR WOMEN IN CT

**77.3**  
LIFE EXPECTANCY FOR WOMEN IN THE USA

## PERCENTAGE OF CARDIOVASCULAR DISEASE IN WOMEN



Cardiovascular disease was the most common cause of death in Connecticut.<sup>110</sup> Nationally, between 1999 and 2010, the rate of heart disease in women has been static,<sup>111</sup> but Connecticut women (2%) had a lower rate of cardiovascular disease than women in the U.S. (3%).<sup>112</sup> African American women appeared to be disparately impacted and at younger ages; heart disease is the leading cause of death for African American women ages 20 to 34 in Connecticut.<sup>113</sup> In the years between 1981 and 2009, age-adjusted death rates due to heart disease, stroke-related disease and chronic lower respiratory disease decreased.<sup>114</sup>

Women’s age-related cancer deaths have been decreasing in the United States since 2000.<sup>115</sup> Certain habits are associated with increased cancer risk – diet, exercise, excessive alcohol and tobacco use and inconsistent or lack of medical screenings.<sup>116</sup> For women, breast cancer was the largest percentage of new cases (29%), followed by lung and bronchus (14%), colorectal (9%), uterine (6%) and thyroid (5%).<sup>117</sup> Compared to the U.S., Connecticut had a slightly higher

cancer incidence and death rate,<sup>118</sup> but Connecticut women had lower lung, non-Hodgkin’s lymphoma and colon death and incidence rates than men.<sup>119</sup> The average age-adjusted breast cancer incidence rate was greater for women in Connecticut than for women in the U.S.,<sup>120</sup> but the death rate was the same (23%).<sup>121</sup> Fairfield County had the third highest age-adjusted cancer incidence rate for women of all Connecticut counties.<sup>122</sup>

Women in Connecticut had a slightly lower rate of diabetes than women in the U.S.<sup>123</sup> Nationally, diabetes was the fourth leading cause of death for African Americans and Latinos and the sixth leading cause of death for Caucasians over 65 years of age.<sup>124</sup> Risk factors include a lack of exercise, high blood pressure,

high levels of HDL cholesterol and being overweight.<sup>125</sup> Although those living below the poverty line were only slightly more likely to have diabetes, those living below the poverty line and those who have public insurance were more likely to be hospitalized due to diabetes-related issues.<sup>126,127</sup> Moreover, diabetes, particularly in poor communities, may be under-diagnosed due to a lack of medical care and/or knowledge about symptoms.<sup>128</sup> In Connecticut, African American women had twice the overall rate of diabetes for women and Latinas 1.5 times the rate.<sup>129</sup> Fairfield County has a slightly lower rate of diabetes than Connecticut (6% vs. 8%).<sup>130</sup>

Obesity has a complex relationship with poverty, race and diet. Fairfield County (18%) had a significantly lower obesity rate than the state (23%) and the nation (28%)<sup>131,132</sup> with obesity rates higher for men, individuals



**Connecticut has the fourth lowest premature death rate in the country.**



**... long waiting times for community mental health services appointments (six weeks in Bridgeport, for example) force clients to seek emergency room care for crises.**

living in poverty and with increasing age.<sup>133,134</sup> A multitude of factors increase the likelihood of poor individuals becoming obese, including a dearth of full-service grocery stores, the high cost of fresh food, the availability of fast food restaurants and a lack of exercise. Fairfield County public health professionals suggest that the cost of food in poorer cities in Fairfield County is particularly relevant to health because food costs, like many other household expenses, are higher in the county.<sup>135</sup> Moreover, widespread cultural changes in diet and exercise habits have increased obesity rates, regardless of socioeconomic status; a decrease in physical activity and proper nutrition and an increase in the consumption of fatty and low nutrition foods were as significant.<sup>136</sup>

Research suggests that targeting obesity in childhood is crucial because obese children are more likely to become obese as adults.<sup>137</sup> Approximately 12% of Connecticut teens were obese; this percentage was slightly lower than nationally (13%).<sup>138</sup> Minority girls and boys had higher obesity

**In the U.S., women were more likely to report depressive symptoms than men,<sup>141</sup> with middle-aged women between the ages of 40 and 59 having the highest rates (12%)<sup>142</sup>**

rates than their Caucasian counterparts, and African American females had the highest rates of obesity of all females. Children with public health insurance were more likely to be obese.<sup>139</sup> Researchers speculate that increased video game and media usage have led children to become more sedentary, a risk factor for obesity.<sup>140</sup>

Women are more likely to report being depressed than men. In the U.S., women were more likely to report depressive symptoms than men,<sup>141</sup> with middle-aged women between the ages of 40 and 59 having the highest rates (12%).<sup>142</sup> Approximately half of adults with depression received treatment;<sup>143</sup> the most commonly used treatment was medication (53%) followed by outpatient treatment (approximately 40%).<sup>144</sup> More than half (59%) of adults in the U.S. that reported a serious mental illness received treatment.<sup>145</sup> Approximately a quarter of young adults in Connecticut reported a mental illness in the past year; 8% of Connecticut young adults reported serious mental illness.<sup>146</sup>

Diminishing resources in tough economic times have resulted in increasingly fragmented mental

health services; this has affected community outreach efforts.<sup>147</sup> Additionally, long waiting times for community mental health services appointments (six weeks in Bridgeport, for example) force clients to seek emergency room care for crises.<sup>148</sup>

Between 2008 and 2011, Fairfield County had the third highest number of service admissions for mental health and substance abuse of all counties in the state, after New Haven and Hartford. Approximately 75% of service admissions for clients living in Fairfield County were provided within the county; 10% of service admissions for residents were provided in New Haven County. Residents of Fairfield, Litchfield, New Haven and Windham counties were slightly more likely to receive mental health services. For Fairfield County residents, outpatient treatment was the most utilized service for mental health and substance abuse.

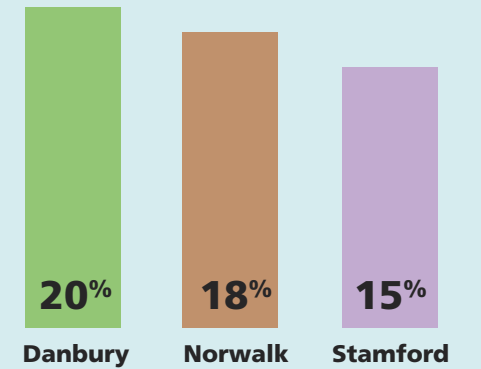
Although Connecticut women are receiving early term care,<sup>149</sup> racial and geographic disparities exist within Fairfield County. Connecticut ranked fourth in the nation for early term care, but between 1999 and 2009 the percentage of women reporting late or no prenatal care was consistently high in Stamford (15% of births),<sup>150</sup> while the percentages in Danbury and Norwalk increased from 10% to 20% and 11% to 18%, respectively.<sup>151</sup> Five other Fairfield County towns had large increases in the percentage of women receiving late or no prenatal care between 1999 and 2009: Bethel (10% increase), Darien (6% increase), Westport (6% increase), Brookfield (5% increase) and New Fairfield (4% increase).<sup>152</sup> In the same time period, Bridgeport experienced the largest decrease of all Fairfield County towns, from 20% to 15%.<sup>153</sup>

While 8% of Caucasian women in Connecticut received late or no prenatal care, 19% of Latinas and African American women had inadequate care. And in the county's four urban centers (which already have the highest rates of late or no prenatal care), Latina and African American women were least likely of all racial/ethnic categories to receive prenatal care. It has been suggested that higher percentages in late or no prenatal care may be due to undocumented immigrants who do not have health insurance.<sup>154</sup> Danbury, the town with the largest increase in late or no prenatal care between 1999 and 2009, for example, also had a concurrent increase in the number of immigrants.

Most teen births in the county are concentrated in its four urban areas. Since the 1990s, teen birth rates have decreased in Connecticut and the U.S.;<sup>155,156</sup> Connecticut

**4<sup>th</sup>  
CONNECTICUT'S  
RANKING IN THE  
NATION FOR EARLY  
TERM CARE**

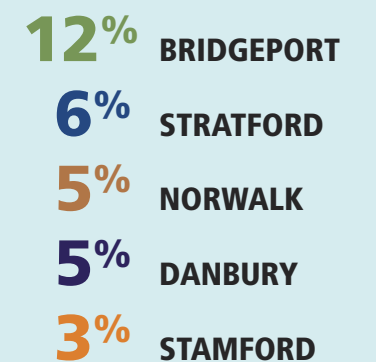
**PERCENTAGE OF WOMEN REPORTING LATE OR NO PRENATAL CARE\***



\*Between 1999 and 2009



**TEEN BIRTH RATES 2011**



Connecticut Department of Public Health

had the fourth lowest teen birth rate of all states in 2011.<sup>157</sup> Bridgeport had the seventh highest percentage of teen births of all Connecticut towns; its rate is twice that of the state.<sup>158</sup> Nationally, birth rates decreased for Latino teens 15-17 years old by 21% and for African American teens 15-17 years old by 39%

Most of the reported HIV cases were concentrated in Fairfield County's four urban areas – Bridgeport, Stamford, Norwalk and Danbury<sup>166</sup> – with Bridgeport having the third highest number of new HIV cases behind the cities of New Haven and Hartford.<sup>167</sup> Chlamydia was the most commonly reported STI;<sup>168</sup> young



**[ In 2010, a quarter of all new HIV cases were reported in Fairfield County. Bridgeport, Norwalk, Stamford and Danbury combined were responsible for 20% of new Connecticut HIV cases. ]**

**Connecticut Department of Public Health, 2011**

from 1999-2010.<sup>159</sup> Latina and African American girls ages 18 to 19 are disproportionately represented among teen mothers.<sup>160</sup> In Bridgeport, 16% of Latina women who gave birth were under 20 years old, 11% of African American women were under 20 and 5% of Caucasian women were under 20.<sup>161</sup>

Fairfield County has the third highest prevalence of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV), which causes AIDS, behind Hartford and New Haven.<sup>162</sup> Among females, African Americans and Latinas had 20.1 times and 4.2 times (respectively) the rates of HIV as Caucasians.<sup>163</sup> African American women in Connecticut were more likely than Latina and Caucasian women to be diagnosed with an STI.<sup>164,165</sup>

women between the ages of 20 and 24, followed by girls between the ages of 15 and 19, were most commonly diagnosed with Chlamydia and gonorrhea.<sup>169,170</sup> Fairfield County had almost 2,500 reported cases of Chlamydia, more than 500 cases of gonorrhea and a small number of new syphilis cases in 2009.<sup>171</sup>

More than 80% of STI cases were reported from Fairfield's four

urban centers; approximately half of these cases from Bridgeport.<sup>172</sup>

Health screenings for breast and cervical cancer vary by race, income, education and insurance status. Nationally, women are more likely to receive mammograms and pap-smears if they are Caucasian or African American, have higher incomes, are insured and are better educated.<sup>173,174</sup> Women in Connecticut are more likely to receive a mammography and pap screenings than women in the U.S.,<sup>175,176</sup> and Caucasian women are more likely to receive pap tests and mammograms than

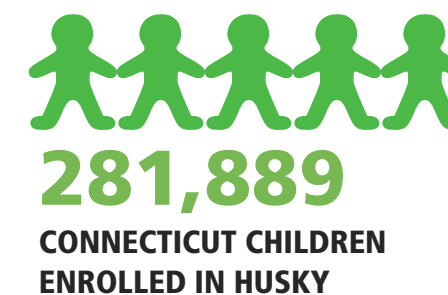
Latina, Asian or African American women.<sup>177,178</sup> According to the Norma F. Pfriem Breast Care Center, Bridgeport has one of the highest rates of breast cancer deaths in Connecticut.

Insurance coverage is affected by several demographic factors, including age and race/ethnicity. Adults without insurance have an increased risk of being diagnosed with an advanced stage disease and dying prematurely than those with medical insurance;<sup>179</sup> they often wait until a problem becomes acute to seek care and rarely access preventative care. Although more than 80% of both men and women in the state and nation have health insurance, women were more likely to have it;<sup>180</sup> 90% of Fairfield County women have health insurance, slightly more than men,<sup>181</sup> but they were less likely to have employer-based insurance.

In 2010 in Fairfield County, young adult women ages 18 to 24 were less likely to have health insurance – 80% as compared to 95% of girls and 99% of elderly women.<sup>182</sup> Young women (18-24 years old) living in Fairfield County's urban core were most at risk for not having health insurance.<sup>183</sup> In particular, women in both Stamford and Danbury ages 18 to 24 had low percentages of insurance coverage – 63% and 74%, respectively.<sup>184</sup> Women and girls living in Fairfield County's urban core were more likely to have Medicaid than men and boys<sup>185</sup> and were also less likely to have employer-based insurance.<sup>186</sup>

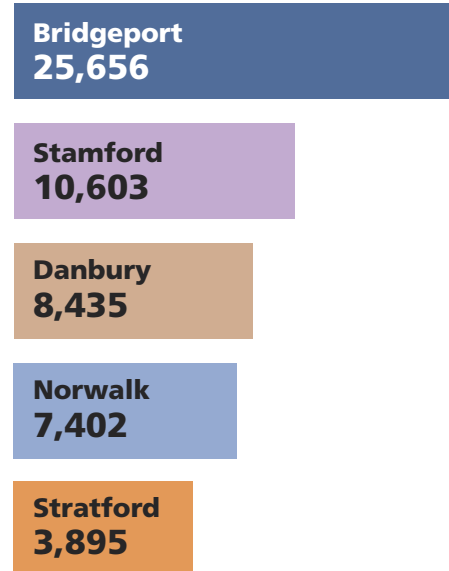
In Connecticut, 281,889 children were enrolled in the Husky A and B public insurance programs for low-income children. Nearly a quarter of these children live in Fairfield County; however, the rate of Husky enrollment in the county (27%) is moderate compared to other Connecticut counties and lower than the state rate. The Fairfield towns with the highest number of children enrolled in Husky are Bridgeport (25,656), Stamford (10,603), Danbury (8,435), Norwalk (7,402) and Stratford (3,895).<sup>190,191</sup>

People living in poverty are more likely to use the emergency room. Among selected western Connecticut towns,<sup>192</sup> Danbury had the highest emergency department (ED) hospitalization rate (42%).<sup>193</sup> Latinos and African Americans in the state were reported to have visited the ED in disproportionate numbers to their population. The most common reason is lack of medical insurance, with EDs required to provide medical care regardless of a patient's insurance or the ability to pay. Nationally, adults 18 to 64 years of age with incomes below 200% of the Federal poverty line were most likely to delay necessary health care and wind up in the ED.<sup>194</sup>



In a city with a growing number of residents that are immigrants,<sup>195</sup> Stamford, for example, has a mobile awareness program to reach different communities in their own neighborhoods.<sup>196</sup> Agencies and organizations bring workers with language skills and

**NUMBER OF CHILDREN ENROLLED IN HUSKY**



strong ties to specific communities in an effort to increase access to care and health outcomes.<sup>197,198</sup> Immigrants may be distrusting, fear asking questions and may lack knowledge about health services.<sup>199</sup> Public health workers suggest that follow-up with immigrants must be targeted, specific and that cultural and linguistic competence is essential.<sup>200</sup> Norms about health are often slow to change in certain cultures;<sup>201</sup> outreach and messaging must be consistent and ongoing. ●

**Bridgeport had the highest percentage of women with Medicaid (30%);<sup>187</sup> this was nearly twice as high as the state (15%) and national (17%) percentages.<sup>188</sup> Women living in Bridgeport (45%), Danbury (59%) and Stamford (56%) also had lower percentages of employer-based insurance than women in Fairfield County (65%) and in Connecticut (66%).<sup>189</sup>**

# Education



*“I was crossing the street in Stamford the other day and a parent came up to me, someone I didn’t recognize. I just want to thank you for what you did for my son. He’s now a supervisor at a local company.’ You could see the joy in her eyes. I’m happy to say these kids are all doing something wonderful; I didn’t lose any of them.”*

– Former Public School Assistant Superintendent

## Post-secondary Education

Women in Fairfield County are more highly educated than women in the state and nation. Higher education and earning a certificate or degree are linked to a better life – more education leads to enhanced workplace opportunities, higher incomes and a more comfortable old age. Connecticut residents were some of the best educated in the country, and women in Fairfield County are even more highly educated:

- 42% of Fairfield County women have a bachelor’s degree or higher as compared to 35% of Connecticut women and 28% of U.S. women

- 18% of Fairfield County women hold graduate or professional degrees as compared to 15% of Connecticut women and 10% of U.S. women

More women attend Connecticut’s community colleges than men, and campuses are responding to growing diversity. The stumbling economy of the last decade and new training initiatives have raised both the numbers and the types of women that

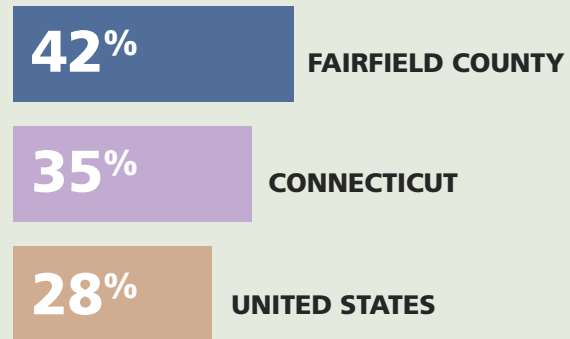
**[ More women attend Connecticut’s community colleges than men... ]**

are displaced workers returning to school. More recently, larger numbers of more affluent students are coming to Connecticut’s community colleges because the University of Connecticut (UConn) and private colleges carry much higher tuitions, fees and away from home living expenses.

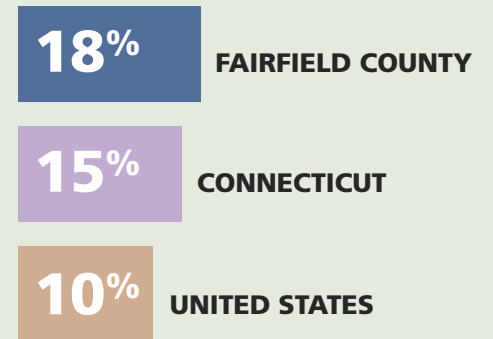
Connecticut’s 12 community colleges enrolled 58,253 students in fall 2010.<sup>202</sup> Female students outnumbered males at each of these colleges; the percentage of women enrolled in fall 2010 system-wide was 60%.<sup>203</sup> Approximately 90% of full-time students and 67% of part-time students were under 29 years of age, while slightly more than 20% of part-time students were 40 years old and older.<sup>204</sup> Caucasian students comprised 53% of students, African Americans 15% and Latinos 17%.<sup>205</sup> Many of this growing number of culturally diverse students were first or second generation college-goers. For some women, specifically from more traditional cultures, the dissonance of competing roles

## WOMEN WITH HIGHER EDUCATION

### BACHELOR’S DEGREE OR HIGHER



### GRADUATE OR PROFESSIONAL DEGREES



and messages is difficult. Parents may have traditional ideas about gender roles and the responsibility of the individual to the family and therefore restrict their daughters’ friendships or extra-curricular activities.

Fairfield County is home to many public and private institutions that provide options in academic offerings and costs. Housatonic Community College (HCC) is Connecticut’s fifth largest community college. In spring 2012, 6,132 students were enrolled, just under half from Bridgeport.<sup>206</sup> Women were 63% of students,<sup>207</sup> a number that has increased steadily since 2007, and between 2006-2007 and 2010-2011 the number of degrees awarded to women rose 28%.<sup>208</sup>

Norwalk Community College (NCC), Connecticut’s fourth largest community college, serves the 10-town region of southwestern Fairfield County. In spring 2012, 6,424 students were enrolled. Women were 60% of

students and 70% of students were part-time.<sup>209</sup> In 2010-2011, 568 associate’s degrees and certificates were awarded; 69% went to women. Of those, 80% were associate’s degrees and 20% were certificates.<sup>210</sup> Of all of these degrees, Caucasian women received 26%, African American and Latina women 16% each and Asian women 2%.<sup>211</sup>

*“Many students were part of the blue-collar workforce, squeezed during the recession by companies who downsized, relocated or closed. They may be attending classes because of programs done in concert with Workforce Investment Boards or come in on their own after a job status change.”*

– Director of Counseling, community college

Student enrollment at Western Connecticut State University (WCSU) was 6,582 in 2010; 83% were enrolled full-time.<sup>212</sup> Over the past five years, it has doubled the number of programs it offers in collaboration with elementary and secondary education partners

(from 16 to 32). It is suggested that these partnerships lead to better college preparation and enhanced academic retention and success. In 2011, WCSU awarded 1,140 associate’s, bachelor’s, post-baccalaureate and master’s level degrees.<sup>213</sup> Women received 59% of these degrees. Of those women, Caucasian women received 79.7%, Latina women 8.9%,

African American women 5.5% and Asian women 3%. Women received none of the four degrees awarded in Computer and Information Sciences.

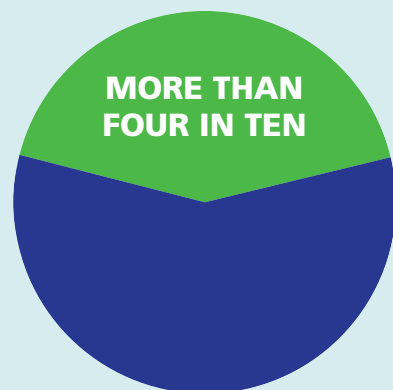
## FACTORS AFFECTING COLLEGE READINESS

- Level of student preparation for college-level work
- Student study skills
- Adequacy of personal financial resources
- Level of student commitment to earning a degree
- Level of student motivation to succeed
- Student family responsibilities
- Level of job demands on students
- Student socioeconomic status

Source: ACT 2010



## WOMEN COLLEGE GRADUATES IN FAIRFIELD COUNTY



**The number of minority students enrolled in Connecticut's colleges and universities has more than doubled from 1989 to 2009. According to the Connecticut Department of Higher Education, enrollment for the public post secondary schools in Connecticut in Fall 2010 was 168,510, with 53% enrolled in community college, 27% enrolled in the Connecticut State University system and 20% enrolled at the University of Connecticut.**<sup>217</sup>

Undergraduate enrollment at the University of Connecticut Stamford campus was 1,244 students in spring 2011; 63% were full-time.<sup>214</sup> Of the almost 56% of undergraduates that were female,<sup>215</sup> 44% were Caucasian, 20% were Latina and 14% were African American.<sup>216</sup>

Fairfield County is also home to a number of independent colleges and universities, including Fairfield University, Sacred

**Educational Attainment by Race/Ethnicity and Sex, Fairfield County, 25 and older, 2010<sup>218</sup>**

	African American	Caucasian	Latina-o/ Hispanic
Less than HS diploma	20%	9%	31%
HS diploma or GED	32%	23%	28%
Some college/Associate's	30%	23%	24%
Bachelor's or above	18%	46%	17%

Heart University, St. Vincent's College and the University of Bridgeport. These four schools collectively enroll approximately 17,000 students in baccalaureate, graduate and professional programs.

Not all women in the county successfully complete college degree programs, hampering their possibility of better life options and/or enhanced economic security. More than four in ten Fairfield County women are college graduates, and more African American women have completed some college or earned an associate's or bachelor's degree than seven years ago. However, the percentage of African American women with less than a high school diploma or GED also increased slightly. And while the percentages of Latinas achieving high

school/GED or some college have also increased, there was a slight decrease in Latinas attaining a bachelor's degree or above and almost three in 10 did not complete high school.

College readiness, retention and graduation rates are improving for all students, but low-income students are not as prepared academically to meet the challenges of college. Most students entering Connecticut's community colleges were under-prepared – only 14% were college ready and 68% were placed into remedial mathematics or English classes.<sup>219</sup> Young women were 42% of students identified as college ready, and 53% of those placed in developmental education.<sup>220</sup> For traditional college age students, this is most often a result of inadequate secondary school preparation (as reflected by standardized math testing), which can lead them to become discouraged while exhausting their Federal Pell Grant scholarship funds. For older

*“Female students are doing so much better than males. Many more women are completing college and are no longer underrepresented on campus. Yet, traditional gender roles are still often in place, and their lives get much more complicated. Women are still the first responders to family issues, irrespective of age – responsible for caring for their parents and siblings – and their education may be interrupted. And as they get older, they have two families – one of their own and the other of their own children.”*

– Dean of Academic Affairs, community college



students, relearning numeracy skills can be difficult and frustrating.

Attending college full-time is directly related to finishing college; full-time students are more likely to be integrated into college life, more likely to persist and more likely to complete college. At Housatonic and Norwalk Community Colleges, for example, full-time students were more likely than part-time students to continue from fall 2010 to fall 2011.<sup>221</sup> The overall graduation rate for students who began their studies in fall 2008<sup>222</sup> was 9% and the transfer out rate was 6%.<sup>223</sup> At NCC specifically, graduation and transfer-out rates were 10% and 26%, respectively.<sup>224</sup> Nationally, the mean persistence and completion rates for community colleges were 56% and 27%, respectively;<sup>225</sup> the Connecticut community college system ranks 47th in completion rates for “normal” time graduation.<sup>226,227</sup>

Inadequate academic preparation is not the only challenge experienced by college women.

**A Community College Administrator suggested that there are common challenges for both women enrolling in community college directly after high school graduation and later in their lives:**

- **Insufficient academic preparation is the main barrier to success, but a gap in “cultural capital” hinders some students**
- **Financial aid covers some expenses, but not all, and while some students are frugal (renting or borrowing books, for example), living expenses are high in Fairfield County**
- **The financial stress of balancing the responsibilities of school, home and work is significant**

## Family Economic Security Program

Being among women, who are on a similar journey, supports achievement. This is one of the guiding principles of the Family Economic Security Program (FESP), a unique partnership of the Fairfield County Community Foundation's Fund for Women and Girls, The Norwalk Community College and The Norwalk Community College Foundation. The partners recognized that the path to economic self-sufficiency is education, yet financial and life skill challenges impact the ability to achieve academically. FESP provides low-income women, who are heads of households, with

the education and training they need to make better lives for themselves and their families.

The comprehensive FESP services – scholarships, stipends, financial coaching, achievement coaching (career, academic and personal) and peer to peer mentoring have helped struggling students succeed. FESP participants have reached goals they never thought possible, such as obtaining their Associates' degrees, graduating from four year schools, owning homes, saving for the future, getting jobs that pay a family-sustaining wage and starting their own businesses.

Childcare continues to be a challenge for low and moderate income women that are college students and parents. Care 4 Kids, funded by the Connecticut Department of Social Services, is not an option currently open to students, and both center-based and family child care are expensive options. Many students cannot rely on their own parents for child care because many

grandparents are still working.

There are exciting new initiatives that address the multiple barriers women face in completing college. College leaders echo much of the research about community colleges and suggest that efforts to create learning communities should be a central strategy of community colleges that want to enhance achievement. The Family Economic Security

Program (FESP) program at NCC uses a cohort model and provides students enrolled in the program with other essential services. Approximately 90% of FESP students are females<sup>228</sup> who work either part-time or full-time.<sup>229</sup>

### Elementary and Secondary Education

Pre-K experience, which greatly affects later school performance and life options, varies greatly.

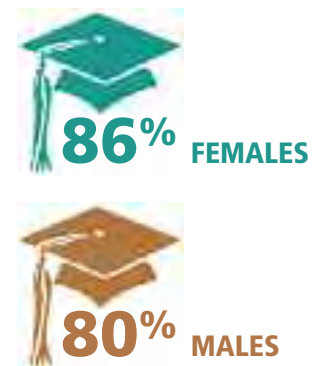
Connecticut SAT Scores, Class of 2011, Female Students by Race/Ethnicity

	All female	African American	Puerto Rican	Other Latina	Asian	Caucasian
Critical Reading	495	421	424	454	536	530
Math	500	404	408	441	591	521
Writing	496	430	436	462	562	545

## 2011 COHORT GRADUATION RATES, FAIRFIELD COUNTY FEMALE STUDENTS, BY DISTRICT<sup>241</sup>

DISTRICT	RATE
Bethel	95.5%
Bridgeport	67.6%
Brookfield	96.7%
Danbury	81.9%
Darien	97.5%
Fairfield	96.8%
Greenwich	94.4%
Monroe	98.0%
New Canaan	98.0%
New Fairfield	94.2%
Newtown	93.5%
Norwalk	86.8%
Region 9	98.1%
Ridgefield	97.3%
Shelton	89.3%
Stamford	88.5%
Stratford	91.9%
Trumbull	97.9%
Weston	98.2%
Westport	96.8%
Wilton	100.0%

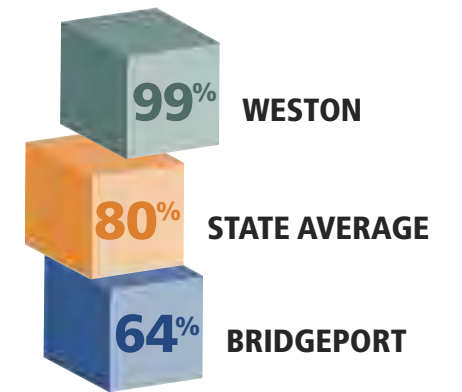
### CONNECTICUT'S OVERALL ON-TIME COHORT GRADUATION RATE



Many years of research suggest that the benefits of preschool are evident not only in children's classroom experiences in primary grades, but also in laying the broad foundation for growth of academic and developmental skills throughout their lifetimes. Connecticut has a much higher rate of preschool experience than the U.S.; 80% of Connecticut kindergarteners had pre-K experience in 2010-2011<sup>230</sup> as compared to 64% in the U.S. (a percentage virtually unchanged since 2000).

In Fairfield County, Bridgeport had the lowest percentage of kindergarteners with pre-K

## KINDERGARTENERS WITH PRE-K EXPERIENCE



broader options in higher education and employment. Many occupations in our economy require technological and computational skills and the ability to think abstractly; these

*“Our program provides underserved Bridgeport students with improved academic instruction, enrichment opportunities, mentoring and educational guidance in a nurturing community of dedicated professionals. The program successfully closes the achievement gap, and students are graduating from high school and attending college at rates nearly twice that of their Bridgeport peers.”*

– Executive Director, academic enrichment program

experience – (64%), while Weston had the highest (99%).<sup>231</sup> Districts in the county below the state average of 80% include Bethel, Brookfield, Danbury, Stamford and Sherman.<sup>232</sup>

In Fairfield County, math taking and achievement are correlated to a student's socioeconomic status. Taking mathematics and achievement are related to leading to

are skills directly or indirectly related to math taking and achievement. Statewide in 2010-2011, the percentage of fourth grade girls scoring at or above goal and at or above proficient on the Connecticut Mastery Test (CMT) in Math was slightly lower than boys, but the overall scores in both categories for girls and boys have risen since 2006-2007.



*“We build relationships that help both children and parents that may be struggling in school or life focus on their strengths and make good choices and reach their full potential. Children learn independent living and job skills, improve their academic performance and develop critical thinking and problem-solving skills.”*

– Chief Clinical Services Officer, community nonprofit



income and scores in all three sub-tests,<sup>234</sup> and scores for female students also varied by race and ethnicity.

Math SAT scores for girls in Fairfield County varied widely. In 15 districts, more females than males took the SAT test, and females outscored males in two districts – Monroe and Ridgefield.<sup>235</sup> In eight districts, females outscored males in terms of their average composite scores – Brookfield, Darien, Greenwich, Monroe, New Canaan, Ridgefield, Shelton and Stamford.<sup>236</sup>

Females are graduating at a higher rate than males. Connecticut’s overall on-time cohort graduation rate was 83%, with females graduating at a higher rate than males (86% to 80%).<sup>237,238</sup>

### CLASS OF 2011 SAT MATH STATISTICS<sup>241</sup>

**53%** Female students participating

**491.4** average score

**47%** Male students participating

**521.5** average score

Asian Americans were most likely to complete school on time (92%) and Latinos were the least likely (64%).<sup>239</sup> Language proficiency, poverty and special education status appeared to have a profound effect on graduation as reflected by the low completion rates for English Language Learners (59%), students eligible for free/reduced lunch (62%) and students receiving special education services (62%).<sup>240</sup>

The academic achievement gap is exacerbated by the wide variation of incomes in Connecticut’s towns and cities and the concentration of poverty in the urban core. Analyses of National Assessment of Educational Progress (NAEP) data indicate a profound gap between the academic achievement of students from low-income families and non-low income families. According to the Connecticut Council for Education Reform, the average 8th grade math score gap between students living in poverty and those not living in poverty puts Connecticut at the bottom of the list of states in the nation, with a score gap of 34 points.<sup>242</sup>

Connecticut is working to address the impact of poverty on academic achievement. In Fairfield County, the relationship between race, ethnicity and poverty is inextricable, and the differences between families struggling economically and those firmly entrenched in the middle and upper class are often profound. However, history does not have to predetermine the future.

The Connecticut General Assembly, under state statute and in accordance with Public Act 10-111 (July 1, 2010), convened a task force to monitor the academic achievement gap, and many non-

## [ ...the average 8th grade math score gap between students living in poverty puts Connecticut at the bottom of a list of states in the nation... ]

profit education and youth-serving agencies as well as many city school districts have and are continuing to propose and implement both short- and long-term solutions.

Some programs offer a low student-teacher ratio, a nurturing environment and opportunities for girls to build leadership skills. A private K-12 program for underserved Bridgeport students

has a waiting list in the hundreds. Many other co- and extra-curricular programs offer role models to build social and emotional mastery as well as project-based learning to open doors to higher education. A program in Darien facilitates girls’ culinary and robotics skills, while a Stamford-based program helps first-generation college students. ●

As with 4th grade scores, the larger variation in 8th grade CMT math scores and the 10th grade Connecticut Academic Performance Test (CAPT) scores are related to socioeconomic status of the specific school district. In Fairfield County, the data does not show a particular trend by gender.

A long-standing gender gap in SAT math scores persists today. In Connecticut’s Class of 2011, 53% of the 30,000 students who took the SAT were female. Their average math score was 491.4 as compared to 521.5 for males, a 30-point difference.<sup>233</sup> Nationally, there was a 33-point difference on the SAT math test by gender in 2012. Data analysis suggests a linear relationship between family



## WHAT WORKS FOR GIRLS

- Meeting their need to connect and relate
- Supporting their dreams and plans for success
- Experiences that combine individual interests and community ties
- Increasing self-efficacy and sense of personal power
- Quality early childhood experiences
- Parent engagement and encouragement
- Gender-specific after school programs

Source: Fairfield County Community Foundation focus group

# Teen Girls



*“Middle school is a very tough age as girls look to transition to high school. But the transition into middle school is also very tough. We need to start younger with girls, talking to them when they are entering middle school about violence, bullying and peer pressure.”*

– Police Chief, urban core

The journey from girlhood to adulthood is one paved with risk and resilience. While most girls emerge from their teen years physically and emotionally healthy, the challenges for all girls cannot be underestimated. Relationships with and social pressure from parents, peers and friends to adhere to group, familial and societal standards have significant impacts on teen girls’ behaviors and can profoundly affect mental health, substance use and risk behaviors. Teen girls may engage in sexual activity, drug use and (in some cases) violent behavior as a way to garner attention from potential romantic and sexual partners. Chronic stress from these pressures as well as bullying

**30%**  
BULLYING RATES  
NATIONALLY SINCE 2005

and other negative experiences can lead girls to develop mental health problems.

Bullying, specifically cyber bullying, was identified as the top issue affecting teen girls, according to a survey of service professionals in Fairfield County. Since 2005, bullying rates nationally have remained steady at 30%.<sup>243</sup> For teens 12 to 18 years of age, females are more likely to engage in emotional/relational or Internet bullying than males.<sup>244</sup> The older the child, the more likely they will bully in an emotional/relational, rather than physical, way,<sup>245</sup> and the odds of being electronically bullied increases slightly with age.<sup>246</sup> In Connecticut, females were more likely to report being electronically bullied and slightly less likely to be physically bullied in the past 12 months than males.<sup>247,248,249</sup> Caucasian females were more likely than Latina and African American females to report being bullied physically in the past 12 months.<sup>250</sup> Caucasian

**[ Online bullying can lead to physical fighting and suicidal ideation... Care providers report that girls who bully often do not realize that their online behaviors have real-life consequences. ]**

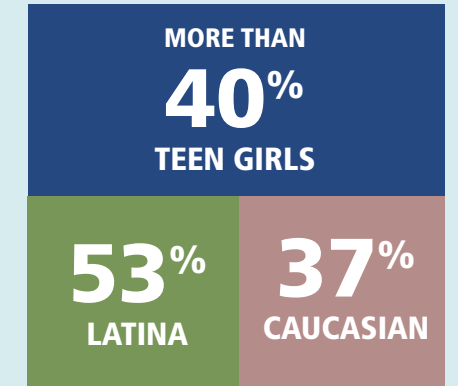
and Latino teen girls were approximately twice as likely to report being bullied electronically as were African American teen girls.<sup>251</sup>

Online bullying can lead to physical fighting and suicidal ideation;<sup>252</sup> bullying targets/victims may not have the skills to cope with their feelings and may self-injure in order to manage or escape their feelings.<sup>253,254</sup> Teen girls see current strategies implemented in schools to address bullying, such as uniforms or peer mediation, as largely ineffective at addressing the problem.<sup>255,256</sup> Care providers report that girls who bully often do not realize that their online behaviors have real-life consequences.<sup>257</sup>

Teen girls vary in their knowledge of sexual and reproductive health as well as in their attitudes and behaviors related to sexual activity. Some 40% of Fairfield County professionals identify unsafe sexual practices as an important issue affecting teen girls, according to the Fairfield County Needs Assessment Survey, 2012. Nationally and in Connecticut, more than 40% of teen girls report having had sexual intercourse, and Latina teens (53%) were more likely to report having had sexual intercourse than Caucasian (37%) teens.<sup>258</sup> Sexually active teen girls were more likely than teen boys to report not using any form of birth control,<sup>259</sup> and Latina teens were most likely to report not using any form of birth control.<sup>260</sup> This can be problematic because some Latina teens may not receive sex education from parents because of religious and/or cultural influences.

Focus group participants suggested that the motivation for engaging in sexual activity and maintaining safe sexual

**PERCENTAGE OF TEEN GIRLS HAVING HAD SEXUAL INTERCOURSE NATIONALLY AND IN CONNECTICUT**



**[ Focus group participants... reported that peers often become sexually active without sufficient knowledge or preparation... ]**



**CONNECTICUT TEEN GIRLS  
REPORT TALKING ABOUT ISSUES  
WITH A TEACHER, ADULT OR  
SCHOOL COUNSELOR WHEN  
FEELING SAD OR ANXIOUS**

**4%**

Source: U.S. Centers for Disease Control and Prevention, Connecticut Youth Risk Behavior Survey, 2011

practices is complex. They also reported that peers often become sexually active without sufficient knowledge or preparation, sexual initiation is often unplanned and youth may not be prepared to manage their sexual feelings and behavior or make good decisions about birth control.<sup>261</sup> Teen girls

also reported being uncomfortable discussing sexually transmitted infections (STIs) and birth control with sexual partners.<sup>262</sup> And, importantly, they suggested that girls may use sexual activity as a strategy to maintain relationships or appear desirable to boys.<sup>263,264</sup> Television shows for youth audi-

ences often romanticize sexual activity and do not accurately portray negative consequences.<sup>265</sup>

Service professionals suggested that there is a shortage of agencies that provide comprehensive sexual health information and that some agencies discouraged youth workers from directly addressing the questions posed by youth.<sup>266</sup> Agencies like DOMUS provide programming addressing multiple aspects of sexual health: sexual health information; STI testing; and lesbian, gay, bisexual and transgender (LGBT) support groups.<sup>267</sup>

Parents and teens may be reluctant to seek professional help for mental health problems. According to practitioners that work with girls, depression and mental health was the second most important issue affecting teen girls in Fairfield County.<sup>268</sup> Pressure to adhere to beauty and academic standards (particularly in affluent

areas) often creates enough stress for youth to report crying and mental breakdowns,<sup>269</sup> while for girls living in urban areas threats of neighborhood violence create chronic stress. Chronic stress can impact academic performance, social relationships and a teen's ability to sleep, concentrate in school and may influence episodes of anger and anguish.<sup>270</sup>

most common forms of other services included mental health clinic, school mental health services and pediatrician service.<sup>281</sup>

Fighting is another top issue affecting teen girls. A survey of service professionals in Fairfield County indicated that a third identified fighting as a top issue affecting teen girls.<sup>282</sup> This is particularly salient to lower-income

reported fighting most often in 9th grade (22%) and least often in 11th grade (14%).<sup>287</sup>

Approximately a quarter of Fairfield County service professionals indicate self-injury is a top issue affecting teen girls.<sup>288</sup> In Connecticut, girls were twice as likely as boys to report purposely hurting themselves without suicidal intent in the past year (21% and 10%, respectively).<sup>289</sup> Latina and Caucasian girls were more likely to purposely hurt themselves than African American girls.<sup>290</sup>

A variety of factors lead to eating disorders. Nationally between 2003 and 2011, there was a 50% decrease in the percentage of youth reporting vomiting, bingeing or using laxatives to lose weight.<sup>291</sup> Girls are twice as likely

*“Over the past two and a half years, the number of girls referred to my agency for mental health services for self-injury has doubled. Girls are experimenting and doing it because their friends are doing it or doing it as part of a larger issue.”*

– Social Worker

Economic changes in Fairfield County have decreased the resources available to community agencies that address mental health issues at the same time there is an increased need for families to receive financial support (income-scaled and payment plans) to pay for services.<sup>277</sup> Over the past few years, service providers have seen a decrease in the number of families with private insurance (and an increase in the number of families with public insurance).<sup>278</sup> Nationally, parents are more likely to discuss their son's mental health issues with a professional than their daughter's (18% vs. 11%).<sup>279</sup> Approximately 4% of teen girls received services other than medication as compared to 6% of boys,<sup>280</sup> and the

students; low-income teens in Connecticut were more likely to report carrying a weapon, being in a fight and being threatened.<sup>283</sup> Nationally, 7.4% of students reported that they had been threatened or injured with a weapon on school grounds in the past year; this varies by race and gender.<sup>284</sup> Nationally and in Connecticut, males were twice as likely to be threatened with a weapon than females. Rates of interpersonal violence were higher among African American and Latino/a teens and among all male groups within race/ethnic categories.<sup>285</sup> Although girls are less likely to engage in violence, females in some urban areas may become gang-involved through their boyfriends.<sup>286</sup> Females

**Mental health trends vary by race and ethnicity, gender, age and socioeconomic status. In Connecticut:**

- Low-income youth are more likely to report depression and also to report never or rarely receiving needed help<sup>271</sup>
- Adolescent females were more likely than males to report feeling sad or hopeless<sup>272</sup>
- Females were more likely to report depressive symptoms as their age increased<sup>273</sup>
- Latinas were almost 1.5 times more likely to report depressive symptoms than Caucasian and African American teen girls<sup>274</sup>
- Female teens were much more likely to seriously consider suicide and attempt suicide than males<sup>275</sup>
- Caucasian girls are more likely to report seriously considering suicide than Latina and African American girls; Latinas were more likely to report attempting suicide than Caucasian and African American teen girls<sup>276</sup>

**Connecticut Girls and Body Image Issues**

- 7% of teen girls reported using diet pills, laxatives or vomiting to lose weight
- Approximately 10% of girls report going at least one day in the past month without eating to lose weight
- Caucasian girls were slightly more likely than Latina and African American girls to fast one day or more to lose weight

Source: U.S. Centers for Disease Control and Prevention, Connecticut Youth Risk Behavior Survey, 2011



**[ Girls are twice as likely as boys to engage in vomiting, bingeing or using laxatives to lose weight. ]**

as boys to engage in these behaviors,<sup>292</sup> with Latina females slightly more likely and African American females slightly less likely than Caucasian girls to use these methods to lose weight.<sup>293</sup> A number of factors can influence eating disorder behaviors in teen girls, including judgmental comments by peers and romantic partners about body size or weight that can lead to body image issues.<sup>294</sup> Although body image issues may be more prevalent in more affluent towns, and thinness is important to a young woman's vision of herself, the cultural ideal – “a tall, blonde, blue-eyed thin girl” – is even more restrictive.<sup>295</sup>

Yet, cultural differences about what is considered beautiful can also be protective for body image issues and eating disorder behavior among some groups of girls.<sup>296</sup> The Founder of the Latina

A.R.M.Y. suggested that in Latino culture food is symbolic of comfort and a way to express love and bind together families and friends – “being gordita (a little overweight) or having more weight may be valued; families counter some of the criticism.” However, she suggested that Latinas do not escape diet issues; as adults, Latinas have high rates of diabetes and heart disease.

*“There are few specialized services that address eating disorders behaviors and fewer accept Husky; youth with public insurance often need to leave the county or state for services.”*

– Fairfield County Focus Group participant

While social media can enable girls to have a greater number of connections, it can also hinder them from forming and maintaining healthy personal relationships. One-third of teens ages 14 to 17 and half of teens over 17 own a

*“No one goes to the movies anymore [to date]. You either hook up or are in a relationship.”*

– Fairfield County Focus Group participant

smartphone;<sup>297</sup> they are more likely to own one if their parents had more education or a higher income.<sup>298</sup> Smartphones allow teens to communicate in a way that is even more immediate than sending an email or having a conversation. Almost all teens with smartphones use social networking sites.<sup>299</sup> It is no longer necessary to date someone in order to learn about them; girls can learn about what they like to listen to and watch on television, where they like to hang out and who their friends are.<sup>300</sup> However, social media can be used to discuss or spread rumors about a girl's sexual activity and/or appearance.<sup>301</sup> On the other hand, it can provide a lower risk communication space by eliminating the possibility of being judged solely on appearance.

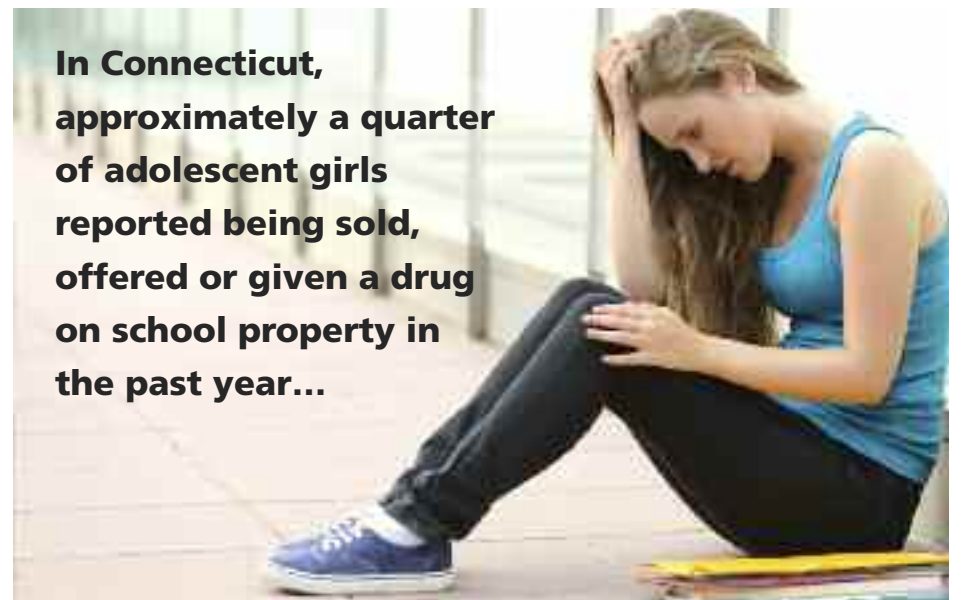
Four in ten high school seniors report using alcohol. Nationally, binge drinking rates among teens have been dropping since the 1980s. Older students are more likely to binge drink; 12th graders are twice as likely as 8th and 10th graders,<sup>302</sup> with boys more likely to binge drink than girls (26% vs. 18%).<sup>303</sup> Girls and boys were

equally as likely to binge drink in 8th and 10th grade (although the rates are low). Caucasian and Latino students were more likely than African American students to binge drink; those with college plans were less likely to binge drink.<sup>304</sup> According to teen focus group participants in Fairfield County, parents may not understand how to prevent or manage a youth's substance use. Some parents may provide alcohol to youth at home with the intention of preventing drunk driving; other parents may ignore drinking behaviors.<sup>305</sup> Similarly, they suggest that teachers do not know how to deal with the issue. One student cited an example of a teacher joking about drinking to gain students' acceptance.

The types and patterns of substance use and abuse rates for teens vary by gender, race/ethnicity and socioeconomic status. In Connecticut, approximately a quarter of adolescent girls reported being sold, offered or given a drug on school property in the past year<sup>306</sup> with Latinas (30%) more likely to report this than African American (23%) and Caucasian (22%) girls.<sup>307</sup> Younger teens (9th and 10th graders) were more likely to report being offered drugs on school property in the past year than older teens.<sup>308</sup> Service providers reported that drug use (especially drugs like cocaine or ecstasy) is a significant issue in wealthier communities where drugs may be more easily available because teens have the money to pay for them,<sup>309</sup> but

many families are unwilling to talk about the issue.<sup>310</sup> Girls in urban areas reported that their peers often engage in substance use through boyfriends who sell or use drugs.<sup>311</sup> Bridgeport girls also suggested that teen boys see girls' substance use as attractive in part because they are perceived as more likely to have sex.<sup>312</sup>

Adderall abuse tends to occur with more frequency in affluent school districts where students feel pressure to perform – “for some, it's like taking Tylenol.”<sup>313</sup> Adderall is a class 2 controlled substance (like cocaine and morphine); its sale is considered a felony.<sup>314</sup> Youth are often not aware that it is dangerous because it is available by prescription.<sup>315</sup> Its use generally decreased between



**In Connecticut, approximately a quarter of adolescent girls reported being sold, offered or given a drug on school property in the past year...**

2009 and 2011, but increased slightly (from 5% to 6%) for teens that planned to attend four years of college.<sup>316</sup> Nationally, Caucasian teens (8%) were more likely to use Adderall than African

**For teens, marijuana was the most widely used drug; followed by painkillers and other prescription drugs, especially opioids like Oxycontin and Vicodin and stimulants like Adderall.**

Source: U.S. Department of Health and Human Services, 2010

American (2%) and Latino (3%).<sup>317</sup> Teens may gain access to Adderall by claiming ADHD symptoms and getting a prescription from their doctor, by stealing a sibling's medication and/or buying it from peers who sell their own legally obtained supply.<sup>318,319</sup> In some cases, parents pressure doctors to prescribe medication for their

children despite a lack of symptoms; in other cases, doctors prescribe the medication for teens who do not meet the proper diagnostic criteria.<sup>320</sup> ●

# Women and Maturity



**[ ...the 65 to 74 age group grew faster than any other group aged 60 and older. ]**

*A resident of New Canaan, AO has remained in her home for more than 40 years instead of moving into an assisted living arrangement as she aged because of a community program. She still gardens and chats with her long-term neighbors. This nonprofit volunteer organization provides personal support and services to help seniors like AO live in their own homes to the fullest. The average age of participants is close to 80.*

The demographics of the aging population are changing and new and different needs are joining existing challenges. Seniors are living and working longer, have access to the Internet and are taking care of both parents and grandchildren. Not all seniors have experienced these changes equally, and some are more profoundly affected. Focus groups with seniors and senior service providers show that there are a number of needs for seniors in Fairfield County:<sup>321,322</sup>

- Financial assistance
- Affordable housing
- Access to information about benefits and programs
- Medical professionals that specialize in elder care
- Transportation
- Access to extended healthcare
- Social activities to prevent isolation

Fairfield County is getting older. Of the 910,986 people in Fairfield County, 19% were over the age of 60,<sup>323</sup> slightly lower than in Connecticut and slightly higher than nationally.<sup>324</sup> A census data

analysis suggested that nationally the aging population's share of the total population in the U.S. has been increasing faster, and the population over 65 grew more quickly than the overall population.<sup>325</sup> By sub-groups, the 65 to 74 age group grew faster than any other group aged 60 and older.<sup>326</sup>

Within the elderly population there are vastly different needs based on socio-cultural and biological differences.<sup>327</sup> The "young old" (65-74) are less likely to plan for retirement and are more reliant upon social security income. They have fewer physical limitations, are more likely to work and are more technologically savvy, but are often responsible for taking care of older parents, unemployed children and/or grandchildren. Those 75-84 (the "middle old") are less likely to be technologically savvy and therefore may have more difficulty seeking services, but are more likely to have financial retirement plans other than social security income. By 85 years of age (the "old old"), many have one or multiple conditions

that make daily tasks difficult or impossible without assistance, and chronic conditions and age-related diseases like dementia and Alzheimer's are much more common. They are more likely to feel isolated, either living alone after the death of a spouse or in a group situation. They also may need help with household finances and maintenance, having never had to deal with these areas when their spouses were alive.

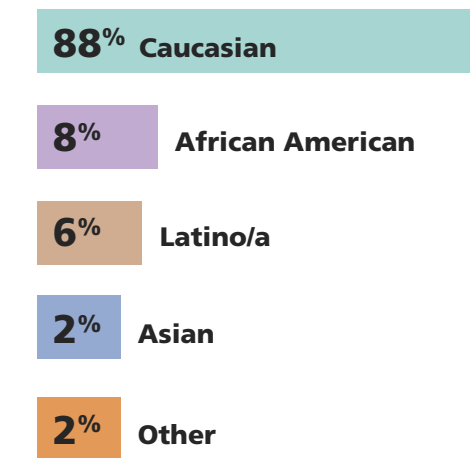
The older population in Fairfield County is less diverse, mobile and educated and more likely to live alone than their younger counterparts. The population over 60 years old in Fairfield County is largely Caucasian (88%); 8% identified as African American, 6% as Latino/a, 2% as Asian and 2% as some other race.<sup>328</sup> Interestingly, more persons over 60 in the county identified as Latino/as than in the state population over 60;<sup>329</sup> this may speak to the growth of the Latino/a population overall in the county.

Persons over 60 are much more likely to live alone<sup>330</sup> and more likely to live with their grandchildren than older persons



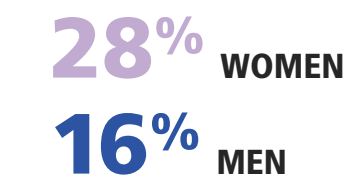
in Connecticut or the nation.<sup>331</sup> As age increases, elderly women are more likely to live alone<sup>332</sup> – 16% of men between 65 and 74 lived alone as compared to 28% of women; over the age of 75, this increased to 23% of men and 47% of women.<sup>333</sup> The likelihood

## POPULATION OVER 60 YEARS OLD IN FAIRFIELD COUNTY



of living alone varied by race and ethnicity. Caucasian and Asian women over 65 were most likely to report living with a spouse (44%), followed by Latina women (38%) and African American women (23%).<sup>334</sup> African American, Latina and

## PEOPLE BETWEEN THE AGES OF 65 AND 74 WHO LIVE ALONE IN CONNECTICUT



Asian women were more likely to live with family members (approximately 34%) than Caucasian women (13%).

Mature women are more likely to stay within their town; only 6% moved nationally versus 17% under 65,<sup>335</sup> and when they do move, they typically move within their county.<sup>336</sup> Persons over 60 were less likely to have finished high school and to have completed a bachelor's degree or higher than people in the overall Fairfield County population.<sup>337</sup> Yet, with 35% holding a bachelor's degree, they were better educated than both the general and older populations in the U.S. and better educated than their older peers in the state.<sup>338</sup>

Affordable housing is an area of concern. Although organizations in the county continue to work on this issue, there are obstacles to addressing long-term, cost-effective housing solutions. Initiatives that address housing issues in the county, for example, tend to be slow-moving.<sup>339</sup> Many of the newly built housing options in the county are not affordable, and



**...seniors with severe psychiatric disorders may have no place to go...**

some are not suitable for seniors whose movement is impaired.<sup>340</sup> Elderly women in the county often remain in the family home after the passing of a spouse, but many have difficulty meeting high property taxes. Yet, there are few programs in the county to alleviate the tax burden on seniors, and those that exist cover less than half of the tax expense.<sup>341</sup>

The mean annual income for Fairfield County's population over the age of 60 was \$92,778.<sup>342</sup> Among Fairfield County seniors, 54% had earnings and 75% received Social Security income

(the average was \$18,674). Forty percent received retirement income; the average amount was \$28,491.<sup>343</sup> Less than 5% received

*“As an organization, we’ve focused on transportation, education, preventative health and some housing, but not enough on housing. Communities get very resistant when you propose senior housing. They go ‘oh, not here.’”*

– Connecticut Commission on Aging

either Supplemental Security Income or cash public assistance.<sup>344</sup> However, while many seniors in Fairfield County have incomes that exceed those of their peers in the state and nation, they also have the high costs of living in the county. Additionally, the mean income reflects just that, an average, and many Fairfield County seniors are not faring quite so well. Overall expenses per month for a single elder (an owner without a mortgage, or renter) were approximately \$2,500 or approximately \$30,000 per year; for a couple, the expenses were

more than \$40,000. With the average Social Security benefit in Fairfield County of \$18,674 in 2008, less than half of expenses are covered at every category.

Aging women are particularly vulnerable to isolation, stress and mental health issues related to

sons with mental health problems nationally do not receive treatment,<sup>350</sup> and life-long psychiatric issues may be under diagnosed or may not manifest themselves until the illnesses and losses of age occur.<sup>351</sup> Additionally, seniors with mental health problems when

*“The transportation disadvantaged cannot meet all their transportation needs and independently require some special attention from the community to help them.”*

–Senior Mobility Transportation Task Force

loss. Household and personal management, coping with health issues and dealing with the social isolation that accompanies certain disabilities (especially hearing loss) can make seniors more susceptible to anxiety and depression. Senior services professionals suggested that the relationship between hearing loss and isolation and depression is a significant issue for seniors.<sup>346</sup> However, the high cost of hearing aids, the reluctance of seniors to use them and the perception by seniors that hearing aids do not always work well limits their use.<sup>347</sup>

Many life events common to elderly women can also lead to isolation and depression – loss of loved ones and friends, diminishing social supports and reduction in physical mobility.<sup>348</sup> According to one professional, from At Home in Greenwich, “Many elderly are in a system of perpetual mourning. They see many loved ones/relatives pass on.”<sup>349</sup> According to the National Council on Aging, two of three elderly per-

younger may have increased mental health needs as they age.<sup>352</sup> Unfortunately, seniors with severe psychiatric disorders may have no place to go; they are often not welcome in congregate housing, an identified, but not yet properly attended, gap.<sup>353</sup>

*“We see a high proportion of women managing more, especially with the young old. The burden is often on women.”*

– Executive Director, aging services non-profit

Transportation continues to be an issue for the elderly. Although transportation services are one of the most-utilized services provided for seniors in the state,<sup>354</sup> senior service providers and seniors in the county still identified it as a need.<sup>355,356</sup> Some subgroups of seniors continued to be more vulnerable to transportation issues, including those over 75 years of age

**\$92,778**  
**MEAN ANNUAL INCOME FOR FAIRFIELD COUNTY'S POPULATION AGE 60+**

and women in rural areas. Transportation is a significant issue for elderly women who have recently lost a spouse and belong to the aforementioned groups<sup>357</sup> or have a limited income. Even urban seniors that are able to access public transportation systems can find this difficult due to chronic disease or disability, such as arthritis or chronic obstructive pulmonary disease.<sup>358</sup>

Grandparents who are raising grandchildren face many challenges. A small percentage (2%) of grandparents in Fairfield County live with their grandchildren<sup>359</sup> and 2,900 grandparents are responsible for providing the primary care for their grandchildren.<sup>360</sup> Most (80%) of these grandparents are responsible for their grandchildren for more than a year and half were responsible for five years or more.<sup>361</sup> African American and Caucasian grandparents are equally as likely to be responsible for their grandchildren.<sup>362</sup> Unfortunately, current policy does not compensate grandparents as it does non-family caretakers, and low-income grandparents are not eligible for the same economic supports as foster parents, increasing their own financial burden.<sup>363</sup> ●

**Expenses for the Elderly (65+), in Wealthy Connecticut<sup>345</sup> (\$)**

	One Elderly Person		Elderly Couple	
	Owner (without mortgage)	Renter (one bedroom)	Owner (without mortgage)	Renter (one bedroom)
Housing	1,157	1,314	1,157	1,314
Food	280	280	515	515
Transportation	200	200	353	353
Health Care*	385	385	770	770
Miscellaneous	404	404	559	559

\* assuming good health

## Women Veterans



[ In 2012, there were approximately 14,000 women veterans in the state of Connecticut; a little more than 2,000 (16%) reside in Fairfield County. ]

*SO joined the Army right after high school in 1985 and served five years here and in Germany. After leaving the military, she traveled and went through an extended period of drug abuse, finding jobs from time to time. Eventually, poverty, stress and drug problems led SO to move into a coed housing program that had difficulty providing services to women. In 2011, she moved into Female Soldiers: Forgotten Heroes, the first women's only veteran housing facility in Connecticut.*

As the number of women in the military has grown, so has the number of women veterans. Nationally, approximately 14% of the total active force, 18% of National Guard and Reserve and 8% of veterans are women.<sup>364</sup>

In 2012, there were approximately 14,000 women veterans in the state of Connecticut; a little more than 2,000 (16%) reside in Fairfield County. Women veterans face substantial and unique challenges readjusting to civilian life. As the number of women veterans increases, there will be a significant impact on service needs and utilization, specifically in the areas of healthcare, unemployment and homelessness.

Women veterans experience unique healthcare concerns and need gender-specific services:

- Female veterans are more likely to be diagnosed with post-traumatic stress disorder (PTSD), hypertension and depression<sup>365</sup>
- Approximately 23% of women who served in Iraq or Afghanistan reported that they were sexually assaulted<sup>366</sup>
- Females experiencing military sexual trauma are more than four times likely to have PTSD and even more likely to present with multiple mental health conditions<sup>367</sup>
- Women veterans are less likely than male veterans to receive preventative screenings and immunizations<sup>368</sup>
- There has been an increase in the number of women veterans of childbearing age entering and returning from military service<sup>369</sup>

*“We want to help homeless veterans – women, men and their families – find safe, affordable housing, a meaningful life activity and a livable income so that they can return to a productive and civilian life.”*

– Chief Executive Officer,  
veterans' housing services

The Connecticut Department of Veterans' Affairs (VA) provides an extensive menu of healthcare programs and services for all veterans and a Women's Clinic in the West Haven Veterans Medical Center to provide for the specific needs of women's veterans.

**Through the Connecticut VA, Departments of Labor and Education and foundations and other non-profits, there are a number of ways women veterans can obtain education, training and employment assistance, including:**

- Connecticut Transition Assistance Program
- Post 9/11 GI Bill
- Troops to Teachers
- Helmets to Hardhats
- Tillman Military Scholarship
- Veteran Employment Representatives
- Veterans Retraining Assistance Program
- Western Connecticut State University Veterans
- Work-Study Initiative

Women find that their military experience and training often puts them at a disadvantage in the civilian workforce, especially in a difficult job market.<sup>370</sup> Women veterans make up 8% of the total unemployed veterans across all service periods and 15% of the unemployed veterans from the Gulf War Era II (September 2001 to the present).<sup>371</sup>

Female veterans are almost four times more likely to become homeless than women who have not served in the military.<sup>372</sup> There are at least 200 to 300 homeless

women veterans in Connecticut, however fewer than 10 of the 124 state-supported beds for veterans are set aside for women.<sup>373</sup> Additionally, 77% of homeless female veterans were unemployed in 2010; the lack of accessible and affordable childcare was one of their highest unmet needs.<sup>374</sup> According to the United States Government Accounting Office, more than 60% of women's veteran housing does not allow children.<sup>375</sup> Women veterans also do not currently receive targeted childcare programs or benefits.



**There are at least 200 to 300 homeless women veterans in Connecticut...**

**77** PERCENT OF HOMELESS FEMALE VETERANS UNEMPLOYED IN 2010 IN CONNECTICUT

**60** PERCENT OF WOMEN'S VETERAN HOUSING DOES NOT ALLOW CHILDREN

**16** PERCENT OF WOMEN VETERANS RESIDE IN FAIRFIELD COUNTY

*“Further work could be done to develop a women veterans’ networking program where successful women in any field could be mentors to women veterans to assist them in identifying and navigating the transition from the military to the civilian workforce.”*

– Commissioner, Connecticut Department of Veterans’ Affairs

Women veterans are often reluctant to seek out services and are one of the hardest groups to find and engage in services.<sup>376</sup> Even with the vast array of support services for women veterans in Connecticut, women veterans often do not know about or think they are eligible for services. According to the Veterans Administration New England Healthcare System Women Veterans Program Manager for Connecticut, “The biggest problem is getting them comfortable to come in for services.”<sup>377</sup>

Stakeholders suggested additional outreach is needed to identify and to inform women veterans that support is available. Additional outreach could be conducted through the four VA

Centers and 13 American Veteran Posts (AMVETS) statewide and also through non-veteran locations where women receive services, such as domestic violence centers, other service providers and local community colleges. ●



**[ ...in Connecticut, women veterans often do not know about or think they are eligible for support services. ]**

**The reluctance to be identified as a veteran or to seek out and engage in veterans’ services is based on a number of factors:**

- Family responsibilities cause them not to attend to their own service needs
- Concern that their children may be removed from their custody if they come to the attention of veteran’s and government organizations
- Lack of trust in what they perceive as the male-dominated military services<sup>378</sup>



## Crime and Safety



*“Many girls are involved in generational cycles of foster care and juvenile justice. Most have long histories in these systems. Many of these girls are known to us in utero.”*

– Fairfield County Community Foundation Focus Group participant

*Investigators cracking down on child sex trafficking said they saved 105 children in raids across the country recently, including five juveniles in Connecticut. Of the 150 suspected pimps arrested, one was arrested in Connecticut during Operation Cross Country VII. This was part of the Innocence Lost National Initiative, the FBI’s Criminal Investigative Division established in 2003 to address commercial child sex trafficking throughout the country.*

Crime and safety are not only inextricably linked, but also have tremendous consequences to the social, economic, cultural and political participation of women and girls in society.

Nationally, statewide and in Fairfield County juvenile arrests have decreased over time,<sup>379</sup> but girls now make up an increasing proportion of the juvenile justice population<sup>380</sup> and are becoming involved in the criminal justice system at younger ages:

- Nationally, the majority of the juvenile arrests were of youths 15 years of age or older;<sup>381</sup> however, the number of child delinquents in the juvenile courts (youths between 7 and 12 years old) has increased substantially.<sup>382</sup>
- In Connecticut, the average age of girls that have committed delinquent acts is 15 years old,<sup>383</sup> and the average age of girls seen by juvenile probation officers is getting younger.<sup>384</sup>

Most girls that become involved in the juvenile justice system show signs for being at-risk as early as elementary school and many are previously known to the Connecticut Department of Children and Families (DCF).<sup>385</sup> The younger that youth become involved in the juvenile justice system, the more likely they are to become chronic juvenile offenders.<sup>386</sup>

Older teens have more intractable challenges. In addition to addressing the needs of girls under the age of 16 who are at-risk or involved in the juvenile justice system, the Connecticut juvenile justice system has recently begun serving 16 and 17



**Girls in the juvenile justice system tend to be involved in non-violent crimes. They are low-risk in terms of public safety, but have high-needs due to:**

- Histories of trauma and abuse
- Family conflict
- Poor mental and physical health
- Issues with alcohol and/or drugs
- Being pregnant or parenting
- Residential instability

year olds.<sup>387</sup> Stakeholders report the urgent need to assess the preparation for and aftercare opportunities associated with youth “aging out” of the system. The transition for this population is problematic due to any number of factors, including poor education, lack of employment history, mental health and behavioral problems, having children, history with the criminal justice system and lack of connection with supportive figures.<sup>388</sup>

*“One of the biggest challenges with serving girls is the accessibility and availability of providers. These girls need someone that will be relationally engaged. If these girls don’t feel connected, they won’t stay in services. They need holistic, gender-specific, strength-based, trauma-oriented services.”*

– President, consulting firm

Prevention and early intervention programs can have life-altering impacts on girls and produce significant financial savings for society. Arresting, prosecuting, incarcerating and treating youth through the juvenile justice system costs taxpayers billions of dollars annually. However, investing in successful delinquency prevention programs can save taxpayers approximately 10 dollars in spending for every dollar invested.<sup>389</sup>

Stakeholders report that the juvenile justice system has made significant improvements, but that there are a limited number of local options to provide appropriate community-based interventions. Providers report having to regularly send girls to distant places within the state and out of state to find services.

To adequately address the multi-faceted and gender-specific needs of girls in the juvenile justice system, a gender-responsive focus is necessary.<sup>390</sup> This would create an environment through site and staff selection, program

development, content and material that reflects an understanding of the realities of women’s and girls’ lives and is responsive to their needs and strengths.<sup>391</sup> Two gender-specific training strategies used in Connecticut are VOICES and Girls Circle, which assist providers specifically in implementing structured support groups – training them to learn the language and the ways to be relationally engaged with at-risk and judicially involved girls.

**There are limited local community-based interventions, especially for girls who are:**

- In crisis
- In need of trauma treatment or mental health services
- With state-funded HUSKY insurance
- In need of local residential placements, such as respite and group homes

At the same time, there is a need for improving educational and vocational opportunities with realistic support and opportunities for court-involved girls, especially those that are pregnant and/or parenting.<sup>392</sup> Some of the promising practices and programs that assist youth in transitioning from the juvenile justice system to independent living include asset development, mentoring and assistance around obtaining higher education and housing.

**Shelter and Community Services Provided for Domestic Violence Clients in Fairfield County, 2007-2012**

	Clients Sheltered			Community Services Provided		
	2007	2012	% Change	2007	2012	% Change
Bridgeport	75	69	-9%	5577	8550	35%
Danbury	60	126	52%	12276	9055	-36%
Greenwich	10	36	72%	7704	7240	-6%
Norwalk	83	194	57%	6382	5333	-20%
Stamford	114	217	47%	3974	5902	33%
TOTALS	342	642	47%	35913	36080	0%

An increase in targeted outreach in parts of the county resulted in more women accessing domestic violence services. In Connecticut, women have a 33% lifetime prevalence of being a victim of rape, physical violence and/or stalking by an intimate partner.<sup>393</sup> Domestic violence manifests itself in a variety of ways: frequent headaches, chronic pain, sleeping difficulty, anxiety, depression in general and poor physical and mental health. In Fairfield County, the five domestic violence and/or sexual assault service providers<sup>394</sup> noted that between 2007 and 2012, shelter services provided by Fairfield County domestic violence agencies increased by 47% while community services remained the same.<sup>395</sup> However, there were variations in service utilization by agency.

While the data shows that the prevalence of domestic violence could be increasing, it was the opinion of service providers that these numbers more realistically reflect the greater number of services that agencies have incorporated into their programs over the years, better and more

consistent data collection, increased visibility in the community and expanded connections with a wide variety of agencies.

The downturn in the economy has led to shortfalls in funding and impacted agencies’ ability to hire more staff to address the needs of clients and their families. There is a growing need for bilingual staff to assist non-English

speaking clients. With limited staffing, agencies must rely heavily on trained volunteers and interns.

Clients accessing sexual assault services grew by more than 10% in the county. Every two minutes, someone in the U.S. is sexually assaulted, and the majority of the crimes are committed by someone known to the victim.<sup>396</sup> Additionally, 44% of rape, abuse and

*“Over the last year we made connections with the local hospitals and in the last week these connections resulted in two referrals that wouldn’t have been made prior to our partnership. While our intention was to make services available to clients, we were also informed that 20% of hospital staff had restraining orders.”*

– Fairfield County Community Foundation Focus Group participant



**Every two minutes, someone in the U.S. is sexually assaulted...**

incest victims are under the age of 18 and 30% are under 30.<sup>397</sup> In Fairfield County, the total number of clients served by sexual assault providers increased by 13% between 2008 and 2012, and clients are getting younger and more racially diverse.<sup>398</sup> Sexual assault service providers suggest that while service utilization numbers increased, the incidence of sexual assault was not increasing.

Rather, they contend that more women sought services because of increased general and demographic specific outreach. Sexual assault providers report that prevention and awareness education works; however, it is an activity that requires substantial time and resources.

Dating violence is experienced by approximately 7% of teens in the state. Nationally, approximately 9% of high school students reported being hit, slapped or physically hurt by a boyfriend or girlfriend,<sup>399</sup> a rate unchanged since 1999.<sup>400</sup> In Connecticut, 7% of females report being hit, slapped or physically hurt by a boyfriend or girlfriend.<sup>401</sup> Some 20% of adult women that are victims of domestic violence experienced their first form of partner violence between the ages of 11 and 17 years old.<sup>402</sup> These teen victims of dating violence are more likely to be depressed, do poorly in school, engage in unhealthy behaviors and have eating disorders.<sup>403</sup> Education and prevention programs that promote healthy relationships are essential during the preteen and teen years to help young people learn skills

**One in eight children (an estimated 3.3 million children in 2010) experience some form of child maltreatment.**

**Source: Centers for Disease Control and Prevention.**



**[ The largest youth activist organization in Fairfield County conducts early morning awareness campaigns on human trafficking. Students pass out information about human trafficking and the national trafficking hotline to truckers at highway rest areas and truck stops, known destinations for sex trafficking of minors. ]**

to form positive relationships with others.<sup>404</sup>

While the identified incidence of human trafficking is low, the consequences and resources required to get these girls “out of the life” are staggering. Domestic minor sex trafficking is the commercial sexual exploitation of any American citizen or lawful permanent resident under the age of 18. Juveniles involved in sex trafficking are considered victims under the Trafficking Victims Protection Act of 2008. Since this act, the Connecticut DCF has become the statewide agency for notification when a youth is identified as being involved in sex trafficking. Between 2008 and October of 2012, DCF has been notified of 111 victims, with 106 (95%) being

females ranging from 11 to 18 years old. A majority were known previously to DCF as runaway/ AWOL and having experienced sexual abuse or neglect.<sup>405</sup> Between January 2009 and December 2010, 13 of 61 (21%) of the cases were in Fairfield County DCF offices, including eight from the Bridgeport DCF office, four from the Danbury office and one from the Norwalk office.<sup>406</sup>

Restorative services, such as education, physical and mental healthcare and housing, are essential, but also costly, with the DCF spending an estimated \$1.5 million since 2008.<sup>407</sup> There is also the need for greater community awareness, education and training. DCF and Love146.org, a non-profit in New Haven dedicated to ending child sex slavery, are trying a new approach to address the sex trafficking of minors. They are training police departments, school districts, hospital staff and even the Department of Consumer Protection Liquor Control Division (which conducts audits of adult entertainment clubs) on how to identify exploited children.<sup>408</sup> ●



*“Women are cause-driven. They take the lead in making change and then run for office. They aren’t asked, and they don’t know where to start. Advocacy and political action must be facilitated and coordinated. Fairfield County needs a hub of women’s community to improve women’s advocacy and political representation.”*

– Executive Director, women’s leadership program



Women’s participation in government has grown over the last 30 years; however, the rate of growth has stalled. Women and men enter political life for very different reasons – for men it’s often to fulfill a lifelong ambition, for women it’s to change public policy.<sup>409</sup> In terms of municipal politics, 17% of U.S. mayors are women, but only 2% are women of color (four African American and one Asian).<sup>410</sup> In Connecticut, 22% (38) of mayors/first selectmen are women and 17% (four) of Fairfield County’s mayors/first selectman are women<sup>411</sup> (Darien, Newtown, Redding and Weston).<sup>412</sup> Women mayors are more likely to have served first on a local or county board or commission, be more involved with

local civic organizations and be more heavily impacted by family obligations and familial resistance in terms of their decision to run for political office.<sup>413</sup>

Women still experience gender segregation in federal, state and local government employment. Nationally, women’s representation in government is promising; however, women of color nationally and Connecticut women have bleaker outlooks in terms of their representation in government. In the U.S., 50% of federal employees (46% of full-time; 54% of part-time) are female, and a majority of the females are Caucasian (61%).<sup>414,415</sup> However, when looking at federal employment by title, only 41% of officials and administrators are female, and

**Political Leadership**  
*Without any background in politics, GW moved from New York to Fairfield County and found herself getting involved in a grass roots effort to prevent overhead power lines. From there, she ran and was elected First Selectman of her town and then ran unopposed in her second term. She became more politically savvy by attending classes at the Women’s Campaign School at Yale University.*

## PERCENT OF FEMALE MAYORS/FIRST SELECTMEN



very few are women of color – 99% are Caucasian.<sup>416</sup> In Connecticut, females represent 28% of all full-time state and local government employees, a difference of almost 20% compared to the national average, and 79% are Caucasian.<sup>417,418</sup> Additionally, women overall and women of color in particular are much more likely than men to hold

administrative support and para-professional jobs.<sup>419,420</sup>

### Business Leadership

Women are not at parity in executive offices, but women-led companies appear to make room for other women at the top. The number of female chief executive officers (CEOs) at Fortune 500 companies is growing; in 2012, there were 20 female Fortune 500 CEOs (4% of the total). The average female CEO earns only 33 cents of every dollar that the average male CEO earns.<sup>421,422</sup> There are 14 Fortune 500 companies in Connecticut, with nine located in Fairfield County.<sup>423</sup> Two of these nine have female CEOs – Xerox and Frontier Communications.<sup>424</sup> Across all the Fortune 500 companies in Fairfield County, women represent 21% of the executive leadership.<sup>425</sup> Additionally, two of the top three companies in female leadership have female CEOs – Frontier Communications (55% female leadership), Pitney Bowes (43%) and Xerox (30%).<sup>426</sup>

Female business owners are on the rise. In Fairfield County, women-owned businesses increased from 24% to 29% (a 20% increase) between 1997 and

2007, while the Connecticut state average for women-owned businesses increased from 25% to 28% (a 12% increase).<sup>427</sup> Between 1997 and 2011, employment at women-owned businesses in Connecticut rose 17.3%, more than double the national rate,<sup>428</sup> and Connecticut's women-owned

*“Greater connections could be made between women leaders and organizations that assist in the development of small women-owned businesses.”*

– Executive Director,  
women’s business  
development program

businesses reached \$15.4 billion in revenue in 2011, a 66.4% increase over the 14-year period, and higher than the national rate.<sup>429</sup>

However, two areas of concern are the challenges of owning a small company and finding the resources to expand from a small to a large business.<sup>430</sup> Women-owned small businesses often find it difficult to access federal, state and city contracts because of the

complex and various application processes, certifications and paperwork required, making it very difficult to compete with larger companies that may have departments dedicated to the government contracting process. Additionally, small women-owned businesses often struggle with growing their businesses due to their lack of access to capital, ability to navigate the lending process and the concern of having to give up some control of their business in order to obtain additional resources.

### Philanthropic Leadership

Economic and societal variables greatly impact charitable giving. Women are now more likely to remain single and direct their own financial assets and spending and as they move into positions of power and influence, they are also more likely to accumulate wealth. Today, women comprise 43% of the top wealth holders in the U.S.<sup>431</sup> Nationally and in Connecticut, women

cumulatively give more money and are more philanthropic, but men give larger gifts.<sup>432</sup> Women belonging to the Baby Boomer generation (ages 45 to 64) and senior women are most likely to give and give larger gifts than other age groups.<sup>433</sup>

Connecticut is first in income, but lags behind in individual giving. Despite ranking first in average household income in the nation, Connecticut ranked 18th in average contribution amount, 26th in percent of gross income donated and 13th in average contribution from individuals with a \$200,000 or greater income in 2010.<sup>434</sup> There was, however, an



total foundational assets and provided 75.8% of total grant funding.<sup>439</sup> Foundations give the most gifts over a 10-year period – 47,000 as compared to 6,780 for individuals and 6,029 for corporations.<sup>440</sup>

**[ The Fairfield County Community Foundation ranked 10th in total assets and 13th for grants... of the 25 top foundations in Connecticut... ]**

increase in giving over the previous year and an associated change in ranking. In 2009, Connecticut ranked 25th for average contribution amount, 31st for amount contributed as percent of gross income and 19th for average contribution from individuals with a \$200,000 or greater income.<sup>435</sup>

Connecticut foundations’ gifts have remained steady in spite of the economic downturn.<sup>436</sup> In 2010, Connecticut had 1,514 foundations and ranked 16th in the nation for foundational giving,<sup>437</sup> with a total of \$811.9 million dollars statewide.<sup>438</sup> Although Connecticut has numerous foundations, a small minority (5.8%) held 61.2% of

In 2008, Fairfield County was home to the largest number of foundations in the state (41%),<sup>441</sup> followed by Hartford County (38%) and New Haven County (9%).<sup>442</sup> Despite a similar number of foundations, the combined assets (\$4.25 billion) and grants (\$521 million) of Fairfield County foundations were nearly double that of Hartford County foundations (\$2.67 billion and \$210 million, respectively).<sup>443</sup> The Fairfield County Community Foundation ranked 10th in total assets and 13th for grants awarded in the group comprised of the 25 top foundations in Connecticut that awarded grants.<sup>444</sup> ●



**20%**

**INCREASE IN WOMEN-OWNED BUSINESSES BETWEEN 1997-2007 IN FAIRFIELD COUNTY**

**Gender and Giving**

- Women and men give differently
- Women and men give for different reasons
- Women’s giving relates to their involvement with the organization
- Women have less consistent giving relationships
- Women give more money to all causes

## Creating a Better Future



Based on these findings, the Fairfield County Community Foundation's Fund for Women and Girls has identified a variety of areas that could greatly benefit from a more strategic and collective investment in the lives of women and girls. The following list represents a community agenda for women and girls throughout the region that requires a multifaceted and well-researched effort by civic leaders, policy makers, educators, philanthropic sources and service providers.

### Increase Women's Earning Potential

- Provide greater access to educational and training programs that enable low-wage earning women to move to higher skilled and paying jobs
- Strengthen pay equity by working with Fairfield County companies to actively recruit women into male-dominated jobs that pay well as compared to "traditional" female jobs with lower pay
- Make literacy, including financial literacy, a baseline skill for all women and girls
- Provide women and girls with the skills they need and the confidence to establish and maintain economic security throughout their lives
- Advocate for equal pay for equal work



### Reduce Women's Workforce Costs

- Provide more affordable, licensed childcare to help create economic security for low-income working women
- Expand high-quality early care and education programs that provide full-day care
- Provide access to affordable permanent housing through programs that provide security deposit and rental assistance as well as innovative transitional housing initiatives
- Invest in publicly financed housing and explore a wider range of funding sources and more inventive approaches to this fundamental need
- Improve the health and well-being of women and girls throughout their lives so they stay healthy and get the medical assistance they need (including life-saving screening and preventive care) by investing in employer-based health insurance programs
- Provide women and girls with assistance and the knowledge to leverage the Affordable Care Act to increase the quality and affordability of their health insurance while reducing their cost of health care
- Identify comprehensive approaches that help women and girls receive the services they critically need to maintain physical safety and stop intimate partner violence

### Invest in Leadership

- Prepare adolescent girls for their futures through mentoring and leadership opportunities
- Provide education and skills training in areas like technology to ensure they will be ready for today's – and tomorrow's – job market
- Invest in women and girls' leadership for a stronger regional future. Women are highly effective, yet significantly under-recognized as community builders and advocates; they are a powerful and untapped resource. The Fund for Women and Girls has funded positive youth development programs for girls for many years and can provide examples of strong gender-specific programs. We believe these programs are vitally under-resourced.

### Improve Research To Improve Their Lives

- Improve regional data collection on women and girls of all races and ethnicities to better understand the varied needs, trends and challenges
- Develop evaluation standards and measurement models that capture the social and economic return on investing in women and girls



# Methodology



**The research in this publication included both quantitative and qualitative data and information. It was collected and analyzed by staff at the Connecticut Women’s Education and Legal Fund (CWEALF). Data and information were collected in the following ways:**

## Literature review

To initiate the research on the needs of women and girls in Fairfield County, CWEALF staff initially updated the data collected in the 2007  *Holding Up Half the Sky*  report. In addition, CWEALF staff referred to other reports on the status of women and girls in Connecticut and around the United States as well as other academic and government reports to determine the issues pertinent to women and girls.



## Surveys

CWEALF staff developed and administered a survey on the status of girls in Fairfield County to 250 parents, civic leaders and social service, criminal justice and education professionals attending the Fairfield County Community Foundation Fund for Women and Girls’ Girls Symposium on September 19, 2012. A total of 61 surveys were completed. Results from the survey were analyzed by CWEALF staff for overarching themes and insightful comments and used to develop focus group questions.

## Focus Groups

A total of 10 focus groups were held, with 68 adult participants and approximately 50 youth. The focus groups were conducted to gather more in-depth, local information on areas of particular interest and/or concern raised by the literature, the Girls Symposium survey and discussions with the Fairfield County Community Foundation Fund for Women and Girls staff and board. The participants were grouped as follows: (a) girls’ program coordinators; (b) economic security; (c) academic achievement; (d) issues of the aging population; (e) juvenile justice; (f) domestic violence and sexual assault; and (g) perspectives from girls. Focus groups participants were identified and recruited by Fairfield County Community Foundation Fund for Women and Girls staff; CWEALF staff facilitated the focus groups and analyzed the results. Representative quotes that illustrate main themes are included in the report to give meaning to the data presented.

## Interviews

In addition to conducting focus groups, CWEALF staff conducted interviews with 22 key stakeholders to supplement information obtained through the literature review, surveys and focus groups. Stakeholders were identified through discussions with the Fairfield County Community Foundation Fund for Women and Girls staff and board and the focus groups. The stakeholders represented the areas of philanthropy, youth issues, women and politics, women and business, veterans, domestic violence and sexual assault, education, Latino issues, employment, health, aging and juvenile justice.

## Community Presentations

CWEALF staff attended the Harriet Beecher Stowe Salon Session on December 15, 2012 entitled, “How to Fight Human Trafficking” to gather Connecticut-specific information on domestic minor sex trafficking in the state. Information from the session is referenced in the report.



## Quantitative Data

The quantitative data comes from a variety of sources obtained by CWEALF staff. Much of the data comes from federal and state government reports and data tools as referenced in each of the report sections. ●



<sup>175</sup>The Henry J. Kaiser Family Foundation. (2013). No Pap-test in the past three years, by state and Race/Ethnicity, 2006 – 2008 [data file].

<sup>176</sup>The Henry J. Kaiser Family Foundation. (2013). No mammogram in the past two years for women ages 40 - 64, by state and Race/Ethnicity, 2006 – 2008[data file].

<sup>177</sup>The Henry J. Kaiser Family Foundation. (2013). No Pap-test in the past three years, by state and Race/Ethnicity, 2006 – 2008 [data file].

<sup>178</sup>The Henry J. Kaiser Family Foundation. (2013). No mammogram in the past two years for women ages 40 - 64, by state and Race/Ethnicity, 2006 – 2008[data file].

<sup>179</sup>Families USA Voices for Healthcare Consumers. (2008). Dying for Coverage in Connecticut.

<sup>180</sup>Families USA Voices for Healthcare consumers. (2008). Dying for Coverage in Connecticut.

<sup>181</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>182</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>183</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>184</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>185</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>186</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>187</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>188</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>189</sup>Calculated from: U.S. Census Bureau. (2011). Health insurance coverage status, 3 year estimates, by town, by sex [data file].

<sup>190</sup>Calculated from: CT Department of Social Services (2012). Husky A enrollment by town, children under age 19 [data file].

<sup>191</sup>Calculated from: CT Department of Social Services (2012). Husky B enrollment by town, children under age 19 [data file].

<sup>192</sup>Towns included in this analysis were: Bethel, Bridgewater, Brookfield, Danbury, New Milford, New Fairfield, Newtown, Redding, Ridgefield and Sherman.

<sup>193</sup>Danbury Hospital. (2012). Community Report Card for Western Connecticut.

<sup>194</sup>U.S. H.H.S. C.D.C. (2011). Health, United States, 2011: With special feature on socioeconomic status and health.

<sup>195</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>196</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>197</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>198</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>199</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>200</sup>Personal communication, Anne Fountain and Carey Hagan, Stamford Department of Health and Human Services, December 20, 2012.

<sup>201</sup>Personal communication, Kristin duBay Horton, Bridgeport Department of Health, December 20, 2012.

## Education

<sup>202</sup>State of Connecticut Department of Higher Education (March 2011). Higher Education Counts: Achieving Results 2011.

<sup>203</sup>State of Connecticut Department of Higher Education (March 2011). Higher Education Counts: Achieving Results 2011.

<sup>204</sup>College Board Advocacy and Policy Center, the Completion Arch: Measuring Community College Student Success.

<sup>205</sup>Connecticut Community Colleges, Fall 2010 Credit Enrollment Report.



<sup>206</sup>Housatonic Community College, Vital Statistics.

<sup>207</sup>Housatonic Community College, Vital Statistics.

<sup>208</sup>Connecticut Department of Higher Education, Degree Completions data.

<sup>209</sup>Norwalk Community College, Office of Institutional Research, NCC Fact Sheet.

<sup>210</sup>Connecticut Department of Higher Education, Degree Completions data.

<sup>211</sup>Connecticut Department of Higher Education, Degree Completions data.

<sup>212</sup>Connecticut Department of Higher Education, College Enrollment and FTE data.

<sup>213</sup>Connecticut Department of Higher Education, Degree completions data.

<sup>214</sup>University of Connecticut Office of Institutional Research, Registrars' Report.

<sup>215</sup>University of Connecticut Office of Institutional Research, Undergraduate Ethnicity.

<sup>216</sup>University of Connecticut Office of Institutional Research, Undergraduate Ethnicity.

<sup>217</sup>Connecticut Community Colleges, Fall 2010 Credit Enrollment Report, Connecticut Department of Higher Education

<sup>218</sup>U.S. Census Bureau, American Community Survey (2010).

<sup>219</sup>Personal communication, Dr. Corby Copperthwaite, Director of Planning, Research and Assessment, Connecticut Department of Higher Education, 2010.

<sup>220</sup>Personal communication, Dr. Corby Copperthwaite, Director of Planning, Research and Assessment, Connecticut Department of Higher Education, 2010.

<sup>221</sup>National Center for Education Statistics, College Navigator.

<sup>222</sup>Graduated or transferred out within 150% of "normal time."

<sup>223</sup>National Center for Education Statistics, College Navigator.

<sup>224</sup>National Center for Education Statistics, College Navigator.

<sup>225</sup>ACT (2010). What Works in Student Retention.

<sup>226</sup>Normal time, as used by the National Center for Education Statistics, is "the typical amount of time it takes full-time students to complete their program."

<sup>227</sup>State of Connecticut Department of Education (March 2011).Higher Education Counts: Achieving Results 2011.

<sup>228</sup>Communication with Kristina Testa-Buzzee, Director, Family Economic Security Program,

Norwalk Community College, January 16, 2013.

<sup>229</sup>Communication with Kristina Testa-Buzzee, Director, Family Economic Security Program, Norwalk Community College, January 16, 2013.

<sup>230</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>231</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>232</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>233</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>234</sup>College Board (2012), 2012 College Bound Seniors: Total Group Profile Report.

<sup>235</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>236</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>237</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>238</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>239</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>240</sup>State of Connecticut Department of Education, Connecticut Education Data and Research (CEDaR).

<sup>241</sup>Connecticut State Department of Education. Connecticut 2010 Cohort Graduation Rates by District.

<sup>242</sup>Connecticut Council for Education Reform website.

## Teen Girls

<sup>243</sup>Child Trends data bank. (2012). Bullying: Indicators on children and youth.

<sup>244</sup>Child Trends data bank. (2012). Bullying: Indicators on children and youth.

<sup>245</sup>Child Trends data bank. (2012). Bullying: Indicators on children and youth.

<sup>246</sup>QN23: Percentage of students who had ever been electronically bullied during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>247</sup>QN23: Percentage of students who had ever been electronically bullied during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>248</sup>Focus group session conducted by CWEALF, December 5, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>249</sup>QN22: Percentage of students who had ever been bullied on school property during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>250</sup>QN22: Percentage of students who had ever been bullied on school property during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>251</sup>QN23: Percentage of students who had ever been electronically bullied during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>252</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>253</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>254</sup>Focus group session conducted by CWEALF, December 5, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>255</sup>Focus group session conducted by CWEALF, December 5, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>256</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>257</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>258</sup>QN63: Percentage of students who had sexual intercourse with one or more people during the past 3 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>259</sup>C.D.C. (2011). Youth online high school YRBS: United States 2011 Results.

<sup>260</sup>C.D.C. (2011). Youth online high school YRBS: United States 2011 Results.

<sup>261</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>262</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.



<sup>263</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>264</sup>Focus group session conducted by CWEALF, October 25, 2012on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>265</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>266</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>267</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>268</sup>Girls Symposium Survey data.

<sup>269</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County

Community Foundation Fund for Women and Girls.

<sup>270</sup>C.D.C. Managing Stress.

<sup>271</sup>Hero, J. (2012). Youth Risk Behavior by School Income Level: An analysis of the Connecticut School Health Survey.

<sup>272</sup>QN24: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>273</sup>QN24: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>274</sup>QN24: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>275</sup>QN24: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>276</sup>QN24: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>277</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>278</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>279</sup>U.S. Department of Health and Human Services. (2008). NCHS Data Brief, issue 8, Use of Mental Health Services in the Past 12 Months by Children aged 4 -17 years: United States, 2005 – 2006.

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<sup>281</sup>U.S. Department of Health and Human Services. (2008). NCHS Data Brief, issue 8, Use of Mental Health Services in the Past 12 Months by Children aged 4 -17 years: United States, 2005 – 2006.

<sup>282</sup>Girls Symposium Survey data.

<sup>283</sup>Hero, J. (2012). Youth Risk Behavior by School Income Level: An analysis of the Connecticut School Health Survey.

<sup>284</sup>Centers for Disease Control and Prevention (2012).Youth Risk Behavior Surveillance – United States 2011.MMMWR; 61(4). Pp. 1-168.

<sup>285</sup>Centers for Disease Control and Prevention (2012).Youth Risk Behavior Surveillance – United States 2011.MMMWR; 61(4). Pp. 1-168.

<sup>286</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>287</sup>QN17: Percentage of students who were in a physical fight one or more times during the past 12 months. In Centers for Disease Control and Prevention [CDC] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>288</sup>Girls Symposium Survey data.

<sup>289</sup>QN97: Percentage of students who did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose, one or more times during the past 12

months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>290</sup>QN97: Percentage of students who did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose, one or more times during the past 12 months. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>291</sup>Child Trends data bank. (2012). Disordered eating: Symptoms of Bulimia.

<sup>292</sup>Child Trends data bank. (2012). Disordered eating: Symptoms of Bulimia.

<sup>293</sup>Child Trends data bank. (2012). Disordered eating: Symptoms of Bulimia.

<sup>294</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>295</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>296</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>297</sup>Pew Center for Internet research (2011). Teens, Smartphones and Texting.

<sup>298</sup>Pew Center for Internet research (2011). Teens, Smartphones and Texting.

<sup>299</sup>Pew Center for Internet research (2011). Teens, Smartphones and Texting.

<sup>300</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>301</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>302</sup>Child Trends Data Bank. (2011). Binge drinking: Indicators on children and youth.

<sup>303</sup>Child Trends Data Bank. (2011). Binge drinking: Indicators on children and youth.

<sup>304</sup>Child Trends Data Bank. (2011). Binge drinking: Indicators on children and youth.

<sup>305</sup>Focus group session conducted by CWEALF, December 5, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>306</sup>QN44: Among students who reported current alcohol use, the percentage who usually got the alcohol they drank from someone who gave it to them during the past 30 days. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>307</sup>QN44: Among students who reported current alcohol use, the percentage who usually got the alcohol they drank from someone who gave it to them during the past 30 days. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>308</sup>QN44: Among students who reported current alcohol use, the percentage who usually got the alcohol they drank from someone who gave it to them during the past 30 days. In Centers for Disease Control and Prevention [C.D.C.] 2011 Youth risk behavior survey results: Connecticut high school surveys.

<sup>309</sup>Focus group session conducted by CWEALF, December 5, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>310</sup>Focus group session conducted by CWEALF, October 25, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.

<sup>311</sup>Focus group session conducted by CWEALF, December 11, 2012, on file at the Fairfield County Community Foundation Fund for Women and Girls.





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Diane Sierpina, Tow Foundation  
Carolyn Sistrunk, Danbury Housing Authority  
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# The Fund for Women and Girls

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*“The Fund for Women and Girls promotes changes in society that will increase choice and opportunity for women and girls.”*



## The Fable of the Magic Coin Purse (and why it matters to you)



ong, long ago, a poor man in a poor village helped a traveling stranger. To thank him for his compassion, the stranger gave him a coin purse.

“This is a magic purse,” the stranger said. “It will never run out of gold coins as long as you spend them to help others.”

Indeed, it was true. The man helped his neighbors get through drought, famine, floods and other hardships, and the coin purse never ran out of gold coins.

He built a school and hired a teacher, brought a doctor to the village, and bought horses and wagons so farmers and tradesmen could travel to sell their harvest and goods. The purse never emptied.

The man died at a very old age, beloved by everyone in his now prosperous village.

To this day, descendants of descendants of those he helped tell his story, and give away their own coins to help others.



Your gift can be like a magic coin purse. It allows you to help your community and support your favorite causes forever. It may even inspire others to do the same.

To find out how you can give generously over time—and never run out of coins—visit [www.MakeABequest.org](http://www.MakeABequest.org) or call Suzanne B. Peters, VP of the Fund for Women and Girls, at 203.750.3200.



Fairfield County  
Community Foundation

[www.FCCFoundation.org](http://www.FCCFoundation.org) [www.MakeABequest.org](http://www.MakeABequest.org)  
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Fairfield County  
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