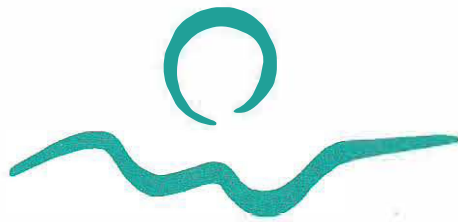


ON SHAKY GROUND

**WHERE WOMEN AND GIRLS
STAND IN CENTRAL INDIANA**



**WOMEN'S FUND OF CENTRAL INDIANA
THE INDIANAPOLIS FOUNDATION**

JULY 1996

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JULY 1996

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The Indianapolis Foundation

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ABOUT THE WOMEN'S FUND OF CENTRAL INDIANA

WHY A WOMEN'S FUND IS NEEDED

Many of society's problems fall disproportionately on women and girls:

- Nearly two-thirds of all poor families are headed by women alone.
- In Marion County, 21,000 women are abused in domestic relationships each year.
- In 1991, 40% of ninth-grade girls had considered suicide compared with 20% of boys.

Women and girls have always acted on these issues, and other problems society has faced, as volunteers in the community, church and government. Their leadership has been an essential part of public and civic life in Indiana.

Yet, flexible philanthropic resources focused in direct ways on the needs, interests and enthusiasms of women and girls in our region have been limited. The women of central Indiana must be more actively engaged in resource development and philanthropic leadership. At a time when the financial capacity of women is growing so dramatically, the new Women's Fund of Central Indiana provides a bridge between need and ability.

THE MISSION OF THE WOMEN'S FUND OF CENTRAL INDIANA

The mission is to establish a new community-based permanent endowment. The income from this endowment will support programs that work to improve the conditions and opportunities for women and girls in central Indiana. The Women's Fund is created as a field of interest fund of The Indianapolis Foundation.

Additionally, it will work to:

- Educate the community about the needs of women and girls and the organizations which serve them.
- Encourage philanthropic giving among women and facilitate the leadership of women in philanthropic decision-making bodies.
- Encourage traditional funding sources to assign a higher priority to issues and concerns of women and girls.

WHAT A WOMEN'S FUND WILL DO

In carrying out the mission, the Women's Fund will:

- Focus on the development of an endowment for the benefit of women and girls. Income from this endowment will be distributed in the form of grants.
- Provide grants to nonprofit organizations which provide programs and address issues relating to women and girls. The Fund will not operate programs directly.
- Address the broad range of areas which affect women and girls including arts, culture, education, human services, poverty, civic engagement and health services.

A HISTORY OF THE WOMEN'S FUND OF CENTRAL INDIANA

Development of the Women's Fund of Central Indiana began in 1992 when representatives from initiatives which focused on women in leadership met informally. Early in the discussions, the lack of funds for programs that specifically addressed women's and girls' issues became apparent. The creation of a women's endowment was suggested as an important community response.

Many of the women's funds around the country are independent organizations. But, it was felt strongly that a link with the Indianapolis Foundation would allow for greater focus on issues and programs rather than on management.

During 1994 and 1995, the Fund leadership worked to articulate the fund's mission, developed a governance structure, conducted a needs assessment and designed asset development and community relations strategies.

STRUCTURE

The Women's Fund of Central Indiana is governed by a 24-member Advisory Board. This group works to develop the fund and will provide counsel to The Board of Trustees of the Indianapolis Foundation regarding the distribution of grant funds. The Advisory Board has three active committees:

- Asset Development
- Community Relations
- Grants and Education.

FINANCIAL GOALS

An initial goal of raising \$10 million in unrestricted endowment funds has been set for the Women's Fund. The Board of Trustees of the Indianapolis Foundation has issued a \$1 million challenge grant. The Foundation will match \$1 for every \$3 contributed to the Women's Fund up to a total match of \$1 million. The first \$50,000 of any individual gift is eligible for the matching funds. After \$4 million in principal has been acquired, the income generated from the fund will be distributed as grants to nonprofit organizations.

HOW TO GIVE TO THE WOMEN'S FUND OF CENTRAL INDIANA

There are many ways to make a financial contribution to the Women's Fund:

- Gifts of cash; one-time or over a three-year period.
- Gifts of appreciated securities (including equity interests in closely-held businesses) or real estate.
- Bequests or legacies from wills or living trusts.
- Gifts from retirement plans or insurance policies by designating "Women's Fund of The Indianapolis Foundation" as a beneficiary.
- Gifts which provide income for life to one or more individuals.
- Gifts which provide income to the Women's Fund for several years, with the corpus returned to family members or other heirs.

Professional advisory services are available to interested donors.

HOW TO GET INVOLVED WITH THE WOMEN'S FUND OF CENTRAL INDIANA

The Fund's success depends on broad-based participation from the central Indiana community. Anyone with an interest in the lives of women and girls is welcome to be part of the Women's Fund. Ways in which an individual can be involved include:

- Making a financial contribution of any size.
- Serving on the Women's Fund Speakers Bureau. These individuals make presentations to various groups about the Women's Fund of Central Indiana.
- Arranging for a presentation for your club, church group, colleagues or friends.
- Volunteering for a committee.

ABOUT THE INDIANAPOLIS FOUNDATION AND COMMUNITY FOUNDATIONS

The mission of The Indianapolis Foundation is to help where the needs are greatest. The Foundation was created in 1916 to help ensure the continuing improvement of the quality of life in our community. Disbursement of earned income, in the form of grants, is made solely to nonprofit organizations which serve the social, physical, educational, civic and cultural needs of the community.

A community foundation's central purpose is to serve the needs and philanthropic aims of donors who wish to better their community, now and in the future. Community foundations do this by providing donors with flexible, efficient, and tax-effective means to ensure their charitable giving achieves the greatest possible impact. Because these contributions are endowed, they are never spent. Instead, they are permanently invested to produce income to help meet a community's evolving needs.

WOMEN'S FUND OF CENTRAL INDIANA INTEREST FORM

Name _____

Address _____

Telephone _____ Fax _____

I would like more information about the following:

General Information Giving to the Women's Fund Joining the Speakers
Bureau
 Serving on a Committee Presentation for a Group

Please mail to:

Women's Fund of Central Indiana
119 English Foundation Building
615 North Alabama
Indianapolis, IN 46204

PREFACE

- FACT:** 75% percent of all women work at paid jobs. In 1993, women working full time earned only 71 cents for every dollar earned by men working full time. 40% of all working women earn wages below the poverty level.
- FACT:** 40% of all female-headed households in Marion County are living at or below the poverty level.
- FACT:** Women and children make up the majority of the poor in Indianapolis. Nearly two-thirds of all poor families are supported by women alone.
- FACT:** In a 1993 count of the Indianapolis homeless, of the 132 homeless families counted, 130 were families of women alone with their children.
- FACT:** In 1991, 40% of female 9th-graders had strongly considered suicide in the past year versus 20% of male 9th-graders.
- FACT:** In 1990, 3,149 babies were born to teenage women (ages 15-19) in central Indiana. This figure represents an increase of 15% over the teen pregnancy rate of 1987.
- FACT:** In 1992, the infant mortality rate among African-Americans in Indianapolis was 21.8 deaths per 1,000 live births and among whites was 8.9 deaths per 1,000 live births.
- FACT:** In Indianapolis, nearly 21,000 women are physically abused in domestic relationships each year.

How can we make sense of these statistics? Why do the critical problems facing our community today appear to fall hardest on our women? What can be done about them?

These are some of the questions that many women, active in our community, started to ask ourselves. In 1993, we began to meet formally to examine the issues facing women and girls in our community, to consider the current responses to these issues and to explore ways in which they might be addressed. The following report represents our findings, and also provides a case for our conclusion - *the formation of a community endowment for women and girls* to support specific endeavors which benefit them.

In the research and preparation for this report, many aspects of the lives of women and girls in our community and in our country were considered and explored. And, in doing so, the picture became more complex, more layered and more dimensional yet at the same time clearer, more focused and more complete. A larger picture - *the context of women's lives* - began to emerge. This picture is full of contradiction - one of dreams and disappointment, passion and powerlessness, success and scorn, incisiveness and invisibleness.

Many women in our society are *on shaky ground* economically, physically, politically and emotionally. Put there often by:

- a society that demands so much from its women,
- a culture that cannot abandon certain stereotypes and embrace new ones as quickly as the individuals within it, and
- media forces that expose them to so many mixed messages (from Madonna to Anita Hill, from the year of the woman in politics to the year of the waif in fashion, from Barbie Dolls to Hillary Rodham Clinton).

The first section of this report provides a demographic profile of women in central Indiana. The following section outlines the *major* issues - threats and vulnerabilities - experienced by many women and girls in central Indiana. However, it is by no means an exhaustive examination of all the issues. The picture grows more complex every day and other areas exist which are also worthy of exploration and attention. The third and fourth sections provide an overview of the types of programs available to women and girls and a discussion of issues in funding these programs. The last section presents some interesting information regarding the role of women in philanthropy.

Never before have women been so valuable yet, as some sections of this report illustrate, so vulnerable. However, the opportunity to make a difference is there. The challenge is in consensus building and channeling the community resources and wisdom necessary in order to do so.

We wish to acknowledge the achievements and contributions, past and present, that many individuals and institutions in this community have made to serve women and girls in central Indiana and advance their interests. It is important to note that it is the work of these individuals and institutions which has laid such a strong foundation for the development of a women's fund in this community. Their wisdom and insight regarding these issues have been essential to building this case.

Diane Brashear, Ph.D.
Chair, Advisory Board
Women's Fund of Central Indiana

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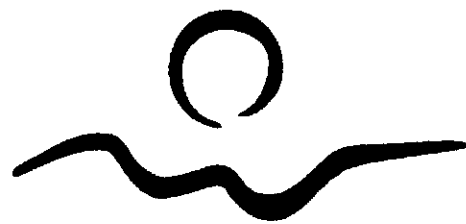
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SECTION I

**PROFILE OF WOMEN
IN CENTRAL INDIANA**



POPULATION DEMOGRAPHICS

The 1990 Census figures show that in central Indiana women and girls comprise 52% of the total population, numbering to nearly 650,000. Like the rest of the country, central Indiana is aging - "baby boomers" are now "forty-something" - and this 20-44 year old cohort remains the largest for women here. In 1990, the median age in central Indiana was 32.3 years old. By the year 2000, the median age is expected to rise to 36 years of age.

Table 1 **TOTAL POPULATION, FEMALE POPULATION AND POPULATION BY AGE**

| County | Total | Total | Percentage | FEMALES BY AGE | | | | |
|------------------|------------------|----------------|--------------|----------------|---------------|----------------|----------------|---------------|
| | | | | 0-9 | 10-19 | 20-44 | 45-64 | 65+ |
| | | | | | | | | |
| <i>Boone</i> | 38,147 | 19,739 | 51.7% | 2,752 | 2,734 | 7,221 | 3,974 | 3,058 |
| <i>Hamilton</i> | 109,936 | 55,655 | 51.1% | 9,047 | 7,774 | 23,198 | 10,337 | 5,299 |
| <i>Hancock</i> | 45,527 | 23,124 | 50.8% | 3,258 | 3,458 | 8,878 | 4,703 | 2,827 |
| <i>Hendricks</i> | 75,717 | 37,582 | 49.6% | 5,460 | 5,605 | 14,442 | 7,709 | 4,366 |
| <i>Johnson</i> | 88,109 | 45,265 | 51.4% | 6,242 | 6,715 | 18,118 | 8,387 | 5,803 |
| <i>Marion</i> | 797,159 | 418,865 | 52.5% | 59,065 | 50,995 | 176,087 | 74,879 | 57,839 |
| <i>Morgan</i> | 55,920 | 28,478 | 50.9% | 4,080 | 4,348 | 10,952 | 5,683 | 3,415 |
| <i>Shelby</i> | 40,307 | 20,729 | 51.4% | 2,949 | 3,091 | 7,712 | 3,988 | 2,989 |
| TOTAL | 1,249,822 | 649,437 | 52.0% | 92,853 | 84,720 | 266,608 | 119,660 | 85,596 |

*Source: United Way/Community Service Council

1990 Census of Population & Housing

Of all women in central Indiana, 1% are of Hispanic origin and 15.5% belong to a racial-ethnic group, 91.4% of which are African-American. The majority of the racial-ethnic population resides in Marion County.

Table 2 **FEMALES BY RACE AND HISPANIC ORIGIN**

| County | Total Female | White | African American | American Indian | Asian or Pacific Islander | Other | Hispanic Origin (of any race) |
|------------------|----------------|----------------|------------------|-----------------|---------------------------|--------------|-------------------------------|
| <i>Boone</i> | 19,739 | 19,604 | 7 | 36 | 55 | 37 | 128 |
| <i>Hamilton</i> | 55,655 | 54,596 | 223 | 92 | 648 | 96 | 384 |
| <i>Hancock</i> | 23,124 | 22,922 | 18 | 39 | 101 | 44 | 169 |
| <i>Hendricks</i> | 37,582 | 37,285 | 94 | 50 | 121 | 32 | 181 |
| <i>Johnson</i> | 45,265 | 44,566 | 226 | 85 | 335 | 53 | 332 |
| <i>Marion</i> | 418,865 | 321,051 | 91,359 | 1,088 | 4,076 | 1,291 | 3,790 |
| <i>Morgan</i> | 28,478 | 28,239 | 11 | 103 | 74 | 51 | 202 |
| <i>Shelby</i> | 20,729 | 20,385 | 22 | 45 | 63 | 14 | 87 |
| TOTAL | 649,437 | 548,648 | 92,160 | 1,538 | 5,473 | 1,618 | 5,273 |

*Source: United Way/Community Service Council

1990 Census of Population & Housing

Overall, female-headed households comprise 16% of all households in central Indiana, yet make up the majority (60%) of households living below the poverty level. Of all households in central Indiana, 7.2% live below the poverty level.

| <i>Table 3</i> | CENTRAL INDIANA HOUSEHOLDS, 1990 | | | | | |
|--|---|---------|-------------------|---------|--------------|---------|
| | <i>Marion County</i> | | <i>7-Counties</i> | | <i>TOTAL</i> | |
| <i>Female Family Headed Households</i> | (21%) | 43,200 | (9%) | 11,948 | (16%) | 55,148 |
| <i>Male Family Headed Households</i> | (4%) | 9,978 | (3%) | 3,892 | (4%) | 13,870 |
| <i>Married Couple Households</i> | (75%) | 156,335 | (88%) | 112,540 | (80%) | 268,875 |
| TOTAL | | 209,513 | | 128,380 | | 337,893 |

*Source: United Way/Community Service Council

Compiled by: The Indianapolis Foundation

| <i>Table 4</i> | HOUSEHOLDS BELOW POVERTY LEVEL, 1990 | | | | | |
|--|---|--------|-------------------|-------|--------------|--------|
| | <i>Marion County</i> | | <i>7-Counties</i> | | <i>TOTAL</i> | |
| <i>Female Family Headed Households</i> | (63%) | 12,306 | (46%) | 2,199 | (60%) | 14,505 |
| <i>Male Family Headed Households</i> | (6%) | 1,096 | (5%) | 1,311 | (5%) | 1,311 |
| <i>Married Couple Households</i> | (31%) | 6,062 | (49%) | 2,344 | (35%) | 8,406 |
| TOTAL | | 19,464 | | 4,758 | | 24,222 |

*Source: United Way/Community Service Council

Compiled by: The Indianapolis Foundation

THE EIGHT-COUNTY AREA

Central Indiana, as evidenced by the tables above, is not homogeneous. City versus county and rural versus suburb identities are very real, and sometimes, very much at odds within particular county governments and planning organizations. Hence, the women in central Indiana, and the issues facing them, cannot necessarily be generalized, nor can solutions to problems.

Key informants tell us that many of the outlying areas in central Indiana lack services to meet women's and girls' needs, and often transportation or other barriers prevents access to those which do exist in Marion County. Many residents, key informants tell us, deny the existence of so-called "big city problems" (like domestic violence, teen pregnancy, etc.) because these problems do not "fit" with their ideal of where they live.

SECTION II

**MAJOR ISSUES
FACING
WOMEN AND GIRLS**



WOMEN IN POVERTY

THE NEW UNDERCLASS

The "feminization of poverty" is more than a trend in America, it is the sad truth:

"What fresh hell is this?"

Dorothy Parker

- Women and children now comprise 75% of all poor people in the U.S.
- Women are the fastest growing segment of the nation's homeless population.
- 71% of all poor Americans over the age of 65 are women.

What is more, the perception that these women are non-working and on welfare is inaccurate:

- 75% of all women work at paid jobs; yet in 1993, women working full time still earned only 71 cents for every dollar earned by men working full time.
- 40% of *all* working women earn wages below the poverty level.

FEMALE-HEADED HOUSEHOLDS

- Since 1970, the number of female-headed households has doubled in this country.
- Female-headed households are *four times* more likely to be poor than other families. Among those poor households, the number headed by non-white women is nearly twice that headed by white women.
- If the present trend continues, according to the National Advisory Council on Economic Opportunity, by the year 2000 the poor will be composed almost entirely by women and their children.

While married couples are still the overwhelming majority (80%) of all households in central Indiana, female-headed households are increasing. In fact, the United Way/Community Service Council 1993 needs assessment, *Directions: Today's Needs, Tomorrow's Opportunities*, reports that between 1980 and 1990, the number of female-headed households rose to 56,388, an increase of 24.3%.

Locally, female-headed households:

- number 55,148 in the eight-county area,
- are *five times* more likely to live in poverty than two parent families,
- comprise nearly two-thirds (63%) of all poor families in Indianapolis, and make up the majority of Aid to Families with Dependent Children (AFDC) recipients in the eight-county area.

**FEMALE-HEADED HOUSEHOLDS
BY RACE AND POVERTY LEVELS, 1990**

| Table 5 | Marion County | | 7-Counties | | Total | |
|-------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | Above Poverty | Below Poverty | Above Poverty | Below Poverty | Above Poverty | Below Poverty |
| <i>White</i> | (64%) 19,693 | (38%) 4,711 | (98%) 9,583 | (95%) 2,090 | (72%) 29,276 | (47%) 6,801 |
| <i>African-American</i> | (34%) 10,604 | (60%) 7,424 | (0.5%) 27 | (1.5%) 33 | (26%) 10,631 | (51%) 7,457 |
| <i>Hispanic</i> | (1%) 259 | (1%) 67 | (0.5%) 39 | (1%) 21 | (1%) 298 | (1%) 88 |
| <i>Other</i> | (1%) 338 | (1%) 104 | (1%) 100 | (2.5%) 55 | (1%) 438 | (1%) 159 |
| TOTAL | 30,894 | 12,306 | 9,749 | 2,199 | 40,643 | 14,505 |

* Source: The United Way/Community Service Council

Compiled by: The Indianapolis Foundation

The Information and Referral Network's Helpline (a telephone information and referral service) provides a good barometer of our community's needs at any given time. Of the total number of calls made by women to the Helpline during the first three quarters of 1994:

- 52.4% were calls relating to poverty issues, and
- 51.9% were by women who were heads of households.

Table 6

| TOP TEN FEMALE CALLER PROBLEMS JANUARY - SEPTEMBER, 1994 | | |
|---|--|-------|
| 1 | <i>Telephone Number Requests</i> | 1,201 |
| 2 | <i>Housing Search</i> | 701 |
| 3 | <i>All other Requests</i> | 547 |
| 4 | <i>Out of Food/Not on Food Stamps</i> | 470 |
| 5 | <i>Can't Pay Rent</i> | 453 |
| 6 | <i>Out of Food/Food Stamp Recipient</i> | 453 |
| 7 | <i>Furniture/Appliance Needed</i> | 423 |
| 8 | <i>Homeless</i> | 363 |
| 9 | <i>Legal Problems</i> | 325 |
| 10 | <i>Out of Food/Food Stamp Application Pending or Delayed</i> | 312 |

*Source: *The Information and Referral Network*

HOMELESS WOMEN

The United Way/Community Service Council 1993 needs assessment reports that the *lack of affordable housing remains the biggest problem* for low-income individuals and families in our community. Given the poverty statistics about women and female-headed households, it is probably not surprising that the numbers of women with children are growing fastest among the ranks of the homeless nationwide. Currently, 32% of the homeless are families, most of whom are single mothers with children.

Locally, a recent count of the homeless population conducted by several agencies working with the Homeless Network, reflects the national statistics. On September 28 and 29 of 1993, an actual count of the Indianapolis homeless population was conducted with some alarming, and probably conservative, results:

- A total count of 1,589 homeless individuals (over double the figure enumerated by the 1990 Census) were counted.
- Of the 132 homeless families (adults with children) counted, 130 were families of women alone with children.
- A total of 306 homeless children were counted.

“...but for the homeless all ways wither/like cut flowers.”

Nelly Sachs, 1967

COMPOUNDING EFFECTS OF POVERTY

The compounding problems of poverty are numerous and complex. All too often, poverty is at the base of society's most chronic problems. With women disproportionately represented among the poor, it follows that these compounding problems will also fall hardest on women. Many poor women are burdened by:

- hunger, malnutrition and *poor health*;
- lack of access to *medical care*;
- a need to secure adequate, long-term *housing*;
- a lack of affordable *child care*;
- inadequate *transportation*, and
- pressures, in addition to caring for their own children to *care for aging and extended family members*.

In addition, poverty and its compounding effects compromises the futures of the children who grow up in it, pervading all present and future aspects of their lives - their health and well-being, education, opportunities, etc. All too often the cycle is self-perpetuating.

POOR WOMEN, POOR HEALTH

CHRONIC DISEASE

In their book, *Unequal Treatment*, Eileen Nechas and Denise Foley report that, "poverty is a leading risk factor for illness and premature death in the United States. The poor are more likely to be sick, to be uninsured, to get poor-quality medical care, and to die at an early age - often five to seven years before more well-off Americans."

"That's the definition of poverty. The less choice you have, the poorer you are."

Carrie Saxxon Perry, 1989

With women now leading the ranks of the poor, they also lead the ranks of the sick in this country.

Lack of insurance or inadequate coverage is strongly associated with poor health and is a problem experienced by many working poor in this country. Women, because they are more likely than men to work in low paying, temporary or part-time jobs, are also more likely to find themselves without adequate health insurance.

DEPRESSION

People in poverty very often experience varying degrees of *depression* frequently brought on and exacerbated by hopelessness and isolation. Such depression and the lack of resources to address it, make it all the more difficult for women to begin to tackle the mounting problems they face. Consequently, entering or re-entering the labor force in order to get out of poverty can be, for many women, very daunting and seemingly impossible.

INFANT MORTALITY

Infant mortality is largely a poverty-related problem for the following reasons:

- Infant death in the first month of life is related to the health of the mother and her access to prenatal care.
- Poverty and inadequate health care account for many infant deaths between 28 days and one year.
- Poor women tend to have babies at younger ages, a factor associated with low birth weight, also associated with infant mortality.

In 1984, 1986 and 1987, Indianapolis had the highest black infant mortality rate among major U.S. cities. In 1986, it was 26.2 per 1,000 live births among African-Americans compared with 10.3 per 1,000 live births among whites. The high rate among African-Americans was found to be due primarily to infant deaths during the first month of life.

In recent years, through the efforts of local health care and social service delivery systems, access to prenatal care has been improved for all poor women; however, more work needs to be done. While the infant mortality rate has declined for African-Americans, it remains higher than other similar cities. In 1992, the infant mortality rate in Marion County was 21.8 deaths per 1,000 live births among African-Americans and 8.9 deaths per 1,000 live births among whites.

GIRLS TO WOMEN

EDUCATION

Much has been researched and written in recent years regarding the experiences of girls in our educational system. What we do know from these studies is that subtle and probably unintentional gender-based discrimination exists in our schools, and may be responsible, at least in part, for the *drop in self-esteem* that many young girls begin to experience in early adolescence.

"It is in and through education that a culture, and polity, not only tries to perpetuate but enacts the kinds of thinking it welcomes, and discards and/or discredits the kinds it fears."

Elizabeth Kamarck Minnick, 1990

These studies reveal that when boys are praised by their teachers, it is typically for their abilities and critical thinking; but more often, boys are "favored" by teachers in that their aggressive or loud behavior is rewarded by a greater share of the teacher's attention. However, when girls receive attention or reinforcement, it comes more likely in the form of a compliment for being polite, neat or having a "nice" appearance.

The age of 11 or 12 is when girls' self-esteem begins to decline, studies report, and their "voices" turn inward. It is at this point, experts fear, that girls begin to internalize the notion that they are *less important than boys*. Also, at this point, girls begin to conform in order to fit in with others' (often gender-based) expectations of them. As they grow up, many opt for traditional female fields of study and career.

In her book, *Reviving Ophelia: Saving the Selves of Adolescent Girls*, Mary Pipher discusses the difficulties that adolescent girls experience maintaining their sense of identity. She describes how many still feel that being smart is at odds with being feminine. It is a time, she writes, ***"when development and culture put enormous stress on girls. So many things are happening at once that it's hard to label and sort experiences into neat little boxes. There are many casualties... many of the battles for self are won and lost."***

The American Association of University Women's (AAUW) 1991 report, *Short Changing Girls - Short Changing America*, found that girls who enjoyed math in earlier grades tended to shy away from it in adolescence. Exposure to math, the basis for higher sciences, appears to be a good predictor of pay equity for women. The AAUW study found that wage discrimination does not exist for women who take a semester or more of college math. Furthermore, the 1994 Scholastic Assessment Test (SAT) results reveal that while girls and boys achieve close to the same levels in the verbal portion, boys have a 41-point advantage over girls in the math portion. While some argue that the SAT's multiple-choice format favors boys, this score-differential, nevertheless, translates into more National Merit Scholars and more scholarship money for boys.

**EDUCATIONAL ATTAINMENT FOR CENTRAL INDIANA
1990**

Table 7

| Education | Total Adults Age 25+ | | White | | African- American | | Other | |
|---|-------------------------|--------|-------|--------|----------------------|--------|-------|--------|
| | Male | Female | Male | Female | Male | Female | Male | Female |
| High School Diploma (or equivalency) | 41.8% | 44.2% | 87.4% | 86.0% | 11.4% | 13.0% | 1.2% | 1.0% |
| Some College or Associates Degree | 35.6% | 37.8% | 87.2% | 82.0% | 11.0% | 16.0% | 1.8% | 2.0% |
| Bachelor's Degree or More | 22.6% | 18.0% | 93.3% | 91.0% | 4.7% | 7.0% | 2.0% | 2.0% |

*Source: United Way/Community Service Council

Compiled by The Indianapolis Foundation

Title IX, of the 1972 Education Amendments, prohibits discrimination in educational institutions receiving federal funds. While discrimination on the basis of gender in the classroom may be subtle and unintentional, discrimination against girls (in violation of Title IX) occurs in schools regarding athletics every day. Many athletic programs for girls still suffer inequities in budget size, equipment, scheduling of practice and game times, coaching (quantity and quality), publicity, etc. Several key informants expressed the need for full enforcement of Title IX.

To be sure, girls are presently fairing less well in schools than boys and, it appears, that this inequity often follows them throughout their lives. Our key informants agree that *society tends to reinforce the notion that girls matter less than boys*. They say that society is more concerned

"It occurred to me when I was thirteen and wearing white gloves and Mary Janes and going to dancing school, that no one should have to dance backward all of their lives."

Jill Ruckelshaus, 1973

when schools fail boys than when they fail girls because the perceived problems that boys can "get into" (e.g., gangs, crime) are more threatening than those for girls (e.g., getting pregnant). While these may be perceptions, societal concerns and priorities are real, and are reinforced to girls as they become women, workers, wives and mothers.

**Table 8 FEMALE DROPOUT REASONS (FOR GRADES 7-12)
SCHOOL YEAR 1992-1993**

| <i>Marion County</i> | | | <i>7-Counties</i> | | |
|---------------------------------------|------------|-----|---------------------------------------|------------|-----|
| <i>Disinterest in Curriculum</i> | 386 | 49% | <i>Disinterest in Curriculum</i> | 103 | 34% |
| <i>Unknown or No Shows</i> | 75 | 10% | <i>Pregnancy</i> | 48 | 16% |
| <i>Record of Failure</i> | 63 | 8% | <i>Unknown or No Shows</i> | 22 | 7% |
| <i>Other</i> | 56 | 7% | <i>Poor Home Environment</i> | 19 | 6% |
| <i>Pregnancy</i> | 54 | 7% | <i>Record of Failure</i> | 18 | 6% |
| <i>Need/Desire to Earn Money</i> | 43 | 5% | <i>Need/Desire to Earn Money</i> | 18 | 6% |
| <i>Incorrigibility</i> | 40 | 5% | <i>Interpersonal Problems</i> | 17 | 6% |
| <i>Poor Health</i> | 39 | 5% | <i>Incorrigibility</i> | 17 | 6% |
| <i>Interpersonal Problems</i> | 15 | 2% | <i>Poor Health</i> | 15 | 5% |
| <i>Poor Home Environment</i> | 10 | 1% | <i>Marriage</i> | 13 | 4% |
| <i>Friends/Peer Pressure</i> | 6 | 1% | <i>Other</i> | 8 | 3% |
| <i>Desire for Vocational Training</i> | 4 | 0% | <i>Friends/Peer Pressure</i> | 4 | 1% |
| <i>Marriage</i> | 1 | 0% | <i>Drug Abuse</i> | 1 | 0% |
| <i>Drug Abuse</i> | 0 | 0% | <i>Desire for Vocational Training</i> | 0 | 0% |
| TOTAL | 792 | | TOTAL | 303 | |

*Source: United Way/Community Service Council

Compiled by: The Indianapolis Foundation

EMPLOYMENT**

Once women have dropped-out of high school, for whatever reason, their ability to secure employment is obviously reduced. Training programs exist which prepare participants to secure, at least, minimum wage (survival) jobs. But often, the same issues that contributed to the student dropping-out of high school, inhibit them from successfully participating in these programs. Key informants point out that many women are burdened by:

- the sole care for their child/children,
- inadequate transportation,
- low self-esteem/depression, and
- home situations of abuse and violence.

Even if these women can successfully complete the training and secure a job, success or even survival is not guaranteed. The United Way/Community Service Council in its 1992 report, *Moving Forward - Investing in Indiana's Human Resources*, found that a minimum wage job (earning \$4.25 an hour) earns annually only 76% (\$8,840) of the Federal Poverty Level for a family of three (\$11,570). It further estimated that the budget necessary to maintain an Indianapolis family of three in a healthy and safe lifestyle would require an annual income of at least \$17,360. For this, a minimum wage job would provide only 50% of the necessary income. For many of these women, who work or want to work, theirs are the problems of poverty.

In spite of the enormous gains made by women over the past few decades, their economic status, particularly that of minority women, continues to be perilous. Some of the major economic and employment trends affecting women are:

- lower median incomes for women and minorities;
- increases in temporary, part-time jobs - jobs that are low-paying, with no benefits and primarily filled by women;
- expansion of the "grey market" sector, which offers unregulated, unstable, low-paying jobs often filled by female immigrant workers;
- continued threats to the "safety net" for the poor; and
- continued shift from a manufacturing to a service economy. While this trend has facilitated the movement of more women into the labor force, the jobs created are lower-paying than the manufacturing jobs they replaced.

"The question was not how to get a job but how to live by such jobs as I could get."

Dorothy Richardson, 1905

**It is important to note here that while these problems are experienced by many young women who have dropped out of school, they are also experienced by older women either re-entering the workforce after an absence or entering for the first time.

Key informants fear that welfare reform, with its emphasis on getting people off of welfare and employed quickly, will impact women even more severely - forcing them into low-paying, unskilled and unstable jobs. Cost-of-living studies have found that a minimally sufficient family budget for a working single mother with two children and child care expenses would require at least \$9.00 per hour - considerably more than most welfare recipients can expect to earn.

ADOLESCENT HEALTH INDICATORS

The following issues represent the major risk behaviors which influence or affect the health of adolescent women today. Experts fear that some of these may be symptoms of larger, more distressing issues in girls' lives.

SEXUAL ACTIVITY

Many adolescent girls are maturing physically and becoming sexually active at very young ages. Major risks of early sexual activity include unwanted pregnancy and increased chances of contracting sexually transmitted diseases (including AIDS) and becoming sterile.

The Indiana Department of Education's 1991 *Indiana Student Health Survey* of 9th and 12th grade students sampled from 25 Indiana schools found that:

- 36% of the 9th-graders (31% of the females and 41% of the males) and 68% of the 12th-graders (66% of the females and 70% of the males) reported to have had sexual intercourse.
- 32% of the 9th-graders and 23% of the 12th-graders reported having sexual intercourse, for the first time, prior to the age of 15.
- In addition, of these sexually active teens, only 21% of the 9th-graders and 31% of the 12th-graders had used a condom the last time they had intercourse.

TEEN PREGNANCY AND PARENTING

Planned Parenthood of Central Indiana's *Now For The Future* program materials report the following:

- 40% of all 14-year-old girls will experience at least one pregnancy before their 20th birthday.
- 92% of teenage pregnancies are unplanned.
- 92% of all births to adolescents occur outside of marriage.

- Fewer than one in ten adolescent mothers complete high school.
- One-third of all fathers, age 18-25, live apart from at least one of their children.
- Adolescent girls in the United States are *ten times* more likely to become pregnant than adolescent girls in other developed countries.

In central Indiana, the picture is equally troubling. In fact, Girls Incorporated of Indianapolis' strategic planning materials state that in Marion County, the rate of teen pregnancy is 1.5 times the national rate. The United Way/Community Service Council 1993 needs assessment reported that:

***"The best contraceptive
is a real future."
Marion Wright Edelman***

- *between 1987 and 1990, births to central Indiana teenage girls (15-19 years) increased 15%, from 2,738 to 3,149, and*
- *births to girls under 15 years are also increasing.*

CENTRAL INDIANA TEEN PREGNANCY DATA, 1990

| | Reported Pregnancies | | Births | | Terminated Pregnancies | | Fetal Deaths | | Reported Pregnancy Rates | |
|-----------------------|----------------------|-------|----------|-------|------------------------|-------|--------------|-------|--------------------------|-------|
| | Under 15 | 15-19 | Under 15 | 15-19 | Under 15 | 15-19 | Under 15 | 15-19 | Under 15 | 15-19 |
| Boone | 0 | 73 | 0 | 52 | 0 | 21 | 0 | 0 | 0.0 | 56.4 |
| Hamilton | 3 | 160 | 1 | 116 | 2 | 44 | 0 | 0 | 0.7 | 43.6 |
| Hancock | 1 | 98 | 1 | 70 | 0 | 28 | 0 | 0 | 0.6 | 56.6 |
| Hendricks | 3 | 136 | 1 | 90 | 2 | 45 | 0 | 1 | 1.0 | 50.8 |
| Johnson | 1 | 207 | 0 | 153 | 1 | 53 | 0 | 1 | 0.3 | 59.6 |
| Marion | 100 | 3,467 | 59 | 2,444 | 41 | 1,001 | 0 | 22 | 4.0 | 132.3 |
| Morgan | 1 | 178 | 0 | 145 | 1 | 33 | 0 | 0 | 0.5 | 81.6 |
| Shelby | 2 | 94 | 1 | 79 | 1 | 14 | 0 | 1 | 1.3 | 61.8 |
| Subtotal | 111 | 4,413 | 63 | 3,149 | 48 | 1,239 | 0 | 25 | | |
| 8-County Total | 4,524 | | 3,212 | | 1,287 | | 25 | | | |

*Source: United Way/Community Service Council

Studies show that the younger the mother, the greater her problems with giving birth and bearing low-weight infants. In addition, teen parents are more likely to abuse their children.

Of teen parents, it is the mother who most often shoulders the responsibility of parenting. Pregnancy then becomes an obstacle in her path toward:

- completing her education,
- joining the labor force,
- staying out of poverty, and therefore
- providing for her children.

The social service, health and welfare costs of teen pregnancy are staggering:

- approximately half of all Aid to Families with Dependent Children (AFDC) households were started as a result of teen pregnancy, and
- in 1990, an estimated \$25 billion in public funds was spent to support families headed by adolescent mothers.

"In no order of things is adolescence the time of the simple life."

Janet Erskine Stuart, 1922

MENTAL HEALTH

Adolescence can often be a troubling time for many young women. Along with the physical changes that occur, many young women experience changes in attitudes towards and expectations of them. For some, coping with all these changes can be difficult and *stressful*.

The 1991 Indiana Student Health Survey of 9th and 12th grade students revealed that:

- ***40% of the female 9th-graders had strongly considered suicide in the past year versus 20% of the male 9th-graders.***
- 29% of the female 12th-graders had strongly considered suicide in the past year versus 24% of the male 12th-graders.

For too many young girls, issues surrounding their body image, and the need to control it through disorderly eating, surface during adolescence, and for some, become lifelong and even life-threatening battles. *Eating disorders* include anorexia (self-starving), which is the most common eating disorder among young girls, bulimia (bingeing and purging) and compulsive overeating. It is estimated that by college-graduate age, one in five young American women display symptoms of eating disorders.

SMOKING, ALCOHOL AND DRUG USE

Since 1991, the Indiana Prevention Resource Center (IPRC) has conducted annual surveys of young Hoosier students (grades 5 through 12) throughout the state to ascertain patterns of tobacco, alcohol and other drug use among this group. The IPRC's 1993 results, as reported in the Indiana Youth Institute's *Kids Count in Indiana, 1994 Data Book*, reveal that:

- Indiana students are more likely to smoke cigarettes and to smoke them more frequently than their counterparts in other states.

Key informants express concern that cigarette companies appear to be marketing their products specifically toward adolescent females. Such trends raise several concerns for our young women because not only does smoking alone pose so many health risks but also because cigarettes are powerful "gateway drugs" which, according to the IPRC study, predict future use of other drugs.

VIOLENCE AGAINST WOMEN

Violence against women is an issue that has gained increasing attention in recent years. The local picture reflects national statistics.

"In violence, we forget who we are."

Mary McCarthy, 1961

- Indianapolis Police Department (IPD) records reveal that 179 rapes were reported to IPD alone, from January through May of 1994.
- In Marion County, it is believed that ***21,000 women are physically abused in domestic relationships annually.***
- Marion County prosecutor's office reports that well over half the cases of violence against women that do go to court, involve domestic abuse.
- Nearly 4,000 protective orders were issued in Marion County from January through October of 1994 - four times the number issued in 1991.

According to former Marion County Prosecutor Jeffrey Modisett, as reported in *Indy's Woman*, women are the frequent victims of domestic violence:

- because the perpetrator and/or the victim grew up in households where violence was an integral part of the intimate relationship, and was therefore modeled; and
- because women are there. Their sheer presence in the perpetrators' lives make them the likeliest recipients of their anger.

The American Medical Association estimates that family violence alone is costing the nation \$5-\$10 billion annually. Included in these costs are emergency room care, hospitalizations, lost wages due to days away from work and criminal justice system expenses.

Furthermore, domestic violence is often found at the root of other social issues and contributes to their costs. It is estimated that 50% of all homeless women and children are on the street due to violence in their home. In addition, research has shown that nearly three-quarters of women seeking welfare, do so in order to escape abusive relationships. Experts fear that welfare reform, which makes assistance harder to get and less when you get it, could narrow the escape hatch for many battered women.

Key informants tell us, that while awareness of these issues has increased, the resources to address them have not. In particular, the need for shelters to assist women victims of domestic violence living in the more rural areas of central Indiana was identified. They speculate that these issues may be "uncomfortable" for funders because of their violent and sexual components.

While the crimes themselves involve both men and women, they are still thought of as "women's issues."

ISSUES OF CLASS AND RACE

Evidence shows that our society still seems to embrace the biases expressed here by Kayla Jackson. (See Table 5 on page II-4, Women in Poverty). Poverty and the problems associated with it:

- falls harder on women, and
- falls hardest on women of color.

“Everyone is biased against the poor, and if you are also a woman and a woman of color, you are powerless three times.”

Kayla Jackson

National Council of Negro Women

At best, we try to solve problems by sorting out the easily identifiable pieces - gender, income and race - and at worst, we then often assign blame accordingly.

However, key informants involved in this project warn that people and their problems must be examined in other *cultural contexts* as well, including:

- their household heritage and values,
- their relationship with the government, and
- the "language" of their lives.

For example, an Hispanic woman in Indianapolis experiences violence in her domestic situation. The likelihood that she seeks out and obtains help with this situation is compounded by a number of factors:

- religious convictions,
- patriarchal household traditions,
- language,
- resident/alien status,
- isolation (not having the usual support systems of someone native to this area),
- lack of services available to meet her specific needs.

Key informants also point out the dangers inherent in categorizing groups of individuals. Their caveats:

- Being a woman, by no means, makes one able to appreciate the situation of other women.
- The experiences and viewpoints of one or some women cannot be generalized to an entire group.

To be sure, discrimination on the basis of sex, class and race exists and must be addressed, however, key informants remind us that meaningful solutions must also look beyond the surface and consider other factors as well.

“Equality...is the result of human organization...We are not born equal.”
Hannah Arendt, 1951

WOMEN'S HEALTH

HEALTH CARE'S BIAS AGAINST WOMEN

In June 1990, U.S. Congressional hearings brought to the attention of the government and the nation, as a whole, a long-standing pattern of neglect of women's health by the National Institute of Health (NIH). During these hearings, congressional panels heard example after example of the *complete exclusion of women* as subjects in studies of so-called "gender neutral" conditions. Included among these were major studies of:

- *heart disease* (also the number-one killer of women),
- *aging* (when two-thirds of those over 65 are women),
- *depression* (experienced by women at roughly twice the rate as by men), and
- *AIDS* (when women now comprise the fastest growing group afflicted with the disease).

In addition, for research on health conditions specific to women (half the population and half the tax-paying public) - breast cancer, ovarian cancer, menopause, estrogen replacement therapy and osteoporosis - the NIH devoted only 13% of its research budget.

Researchers argued that women's monthly hormonal fluctuations (menstrual cycle) and their risk of becoming pregnant complicate research and increase its costs. Furthermore, critics explain the NIH's under-funding of women's health conditions as a result of predominantly white male administrators making decisions about proposals submitted predominantly, still, by male researchers. However, the costs of their exclusion is inestimable and has created a gap in knowledge so deep and so wide that experts agree, even with the current emphasis on now including women subjects in studies, it will take decades to close.

Health care's bias against women unfortunately does not begin and end with research. Diagnosis and treatment of women have consequently also been compromised by the lack of information specific to disease processes and drug performance in women. In addition, medical training has been criticized for its sometimes demeaning attitudes towards women both as patients and physicians.

"...living in a male dominated society can be hazardous to your health."

Jonathon Mann
World Health Organization

WOMEN'S HEALTH ISSUES

HEART DISEASE

- Cardiovascular disease is the leading killer of women nationwide (except for women between the ages of 35-54 for whom cancer accounts for more deaths).
- One in nine women age 45-64 has some form of heart disease.
- One in three women age 65 years or older has some form of heart disease.
- Among women with heart disease, death rates are highest for women of color.

Often thought to be more prevalent among men, what most women do not realize is that heart disease is also their number-one killer. Family history, smoking, high blood pressure, high cholesterol, obesity, and post-menopausal estrogen deprivation are among the risk factors associated with heart disease in women.

BREAST CANCER

Breast cancer is a woman's disease, the incidence of which appears to be increasing.

- In 1940, one in 20 women could expect to get breast cancer. Today, that figure is one woman in nine.
- Between 1981 and 1991, nearly a half-million American women died of breast cancer - more than three times the number of people who died from AIDS during the same period.
- Of total funding spent for cancer research, 5% is spent on breast cancer research.

Only recently have significant government resources been allocated toward breast cancer research and treatment.

SEXUALLY TRANSMITTED DISEASES (STD'S) AND AIDS

United Way/Community Service Council's 1993 needs assessment reports that STD's are increasing in central Indiana. Untreated, these diseases pose serious problems for women in that they lead to infections that can cause infertility.

The incidence of residents with HIV positive and AIDS diagnoses is also up in central Indiana. While presently, the number of infected males is greater than that for infected females, United Way/Community Service Council reports that the infection rates are expected to become equal as AIDS spreads through the heterosexual population. Nationwide, the cases of women infected with AIDS are expected to equal those of men by the year 2000 because the once gay disease is now becoming a heterosexual disease.

ALCOHOL AND SUBSTANCE ABUSE

Nationwide, studies reveal that up to one-third of all alcoholics are women - this would approximate to 33,000 women in central Indiana. However, as currently designed, many alcohol and drug treatment programs in central Indiana do not meet the particular needs of women substance abuse users:

- The United Way/Community Service Council's 1993 needs assessment not only identified lack of intervention and treatment programs for all women, but specifically for women with children.
- Many programs are inaccessible to women of fewer financial resources and/or who lack insurance.
- Frequently, pregnant women are not admitted to these programs.

In addition, the fear of losing custody for her children and the lack of child care options are two barriers which often keep women from even considering treatment.

MENOPAUSE

Menopause, a natural part of a woman's aging process, is not a health issue in and of itself. However, the changes that occur in women's bodies, namely the decrease in amount of estrogen they produce, have been linked to increased risks of heart disease and osteoporosis. Hormone replacement therapy has displayed protective effects against heart disease and osteoporosis, however, research on this and other aspects of menopause is ongoing. Greater attention has been paid to menopause in recent years as the "baby boom" generation begins to enter this stage of life.

LIFESTYLE ISSUES

While further research into the causes, diagnoses and treatment of diseases in women is undoubtedly necessary, certain truths about the prevention of disease in women are already known and are controllable. Smoking, diet and exercise remain the major predictors for women's health today.

DEFERRED MOTHERHOOD

One of the greatest demographic trends in recent years has been that of delayed childbearing in women. The rate of first births to women aged 30 to 44 increased dramatically in the past twenty years, not only in the U.S. but in European countries as well. Many women are deferring motherhood in order to pursue education and establish themselves in their careers. What's more, greater access and acceptability of birth control measures have enabled women to take more control over this aspect of their lives. In addition to having children later, women are also having less children altogether, either because they are choosing to have fewer children or, because for some, the window of fertility is decreased with age.

WOMEN AND STRESS

A WOMAN'S WORK IS NEVER DONE

These words, spoken today, could never be truer. Although much has changed for women over the past few decades - allowing them to participate in the workforce at ever increasing rates (75% of all women now work at paid jobs) - the expectations of them, particularly of their non-paid, so-called "leisure" time, has not. Women still bear the primary responsibility for childrearing as well as for the physical and emotional sustaining of our households. These responsibilities are leaving many women *exhausted and under a great deal of stress.*

Key informants confirm that *women are feeling increasing pressures* - stemming from trying to balance the hard realities of work and family. Furthermore, the *structure and climate of the workplace has altered only slightly* in order to accommodate the demands on working women. On the contrary, key informants tell us that it is working women who have accommodated (in terms of working hours, child care options, benefits, etc.) more than anyone or anything else. In conversation after conversation, key informants expressed the hope that the needs of working women and their families be raised to a higher level on the agendas of employers and those in the public policy arena.

"Any woman who has a career and a family automatically develops something in the way of two personalities, like two sides of a dollar bill each different in design... Her problem is to keep one from draining the life from the other."

Patricia Schroeder, 1977

CHILD CARE

With more and more women in the workforce, and increasing numbers of single mothers, child care has become a crucial social issue over the past few decades. Key informants participating in this process repeatedly expressed the need for affordable, accessible child care, particularly for low income families, - a need which has been identified in countless local and national reports. A 1987 survey conducted by the U.S. Bureau of the Census found that employed mothers living below the poverty line spent a much larger share of their family income (25%) on child care than did those earning more (who paid 6%).

Yet child care, like domestic violence, remains in the minds of many business leaders and policy makers a *"women's issue"* and tends to be afforded an accordingly lower priority status. The experience of one key informant illustrates this point. In a survey regarding child care, a local executive answered that child care is not an issue

"If our American way of life fails the child, it fails us all."

Peal Buck, 1950

for his company because it has mostly male employees. Yet what single issue could be more important to a society, as a whole, than the care of our children?

CARE FOR OTHERS

It is commonly recognized that women possess natural talents for nurturing, caring, love and compassion. *Women historically have been and continue to be "caregivers" in our society.* Children, parents, spouses, siblings and even extended family can, and do, frequently come under the care and responsibility of women.

While a woman may or may not be biologically or emotionally more "suited" for these caregiver roles, she certainly does suffer for it. Often, her caregiver responsibilities will adversely affect her:

- educational opportunities,
- ability to obtain and maintain employment,
- opportunities for advancement in her field,
- general economic and actual well-being.

Because women tend to be the primary caregiver in most families, any change to the family dynamic - a sick child, an aging parent, a pregnant teen, a laid-off husband - will affect also the woman as the caregiver. Many *adult women find themselves "sandwiched"* by the demands of elderly relatives as well as young children; and the stress caused by meeting these demands can be enormous. Such stress, as the United Way/Community Service Council 1993 needs assessment reports, can contribute to other problems including poor health, substance abuse and violence against family members.

Not only are adult women burdened by these responsibilities. Ms. Foundation Women's study, *Programmed Neglect: Not Seen, Not Heard*, reports that recent research on school dropouts indicates that girls are *seven times* more likely than boys to drop out of school for family reasons, such as needing to care for siblings or elderly relatives.

DEPRESSION IN WOMEN

Given all of this, it is probably not surprising that the National Institute of Health reports that *women are disproportionately affected by depression, experiencing it at roughly twice the rate of men*. While stress alone may not cause depression, it is a contributing factor. Other factors contributing to depression in women include:

- *developmental roles* (issues from female adolescence as well as adult relationship and work roles),
- *reproductive life cycle* (behaviors associated with menstruation and premenstrual syndrome, pregnancy, postpartum depression, maternal depression and menopause),
- *victimization* (women and girl's higher incidence of abuse - sexual and physical, sexual harassment, etc.) and
- *poverty* (isolation and poor access to helpful resources).

Despite this grim picture, depression remains quite treatable, with even most severe depressions responding to treatment. Key informants tell us that education regarding prevention, identification, coping skills and treatment are the keys to unlocking the hold of depression on women.

AGING WOMEN

Women comprise the vast majority of the nation's ever growing 65+ population segment.
 Women:

- comprise 62% of those individuals 65+ years in central Indiana,
- comprise 75% of all those 85+ years in central Indiana, and
- on average, live seven years longer than men (three out of four will outlive their spouse). In addition,
- are more likely to live alone, in poverty and be residents of public housing or nursing homes.

“Paradoxical as it may seem, to believe in youth is to look backward; to look forward we must believe in age.”

Dorothy L. Sayers, 1939

CENTRAL INDIANA - SENIOR DISTRIBUTION, 1990

| Table 10 County | 65-69 | | 70-74 | | 75-79 | | 80-84 | | 85+ | | Total (65+) | |
|--------------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|-------------|----------------|-------------|
| | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female | Total | % Female |
| Boone | 1432 | 55.9 | 1161 | 58.5 | 900 | 63.4 | 684 | 70.2 | 710 | 74.4 | 4887 | 62.6 |
| Hamilton | 3204 | 51.6 | 2261 | 56.4 | 1545 | 59.5 | 1052 | 67.3 | 927 | 76.2 | 8989 | 58.5 |
| Hancock | 1582 | 54.5 | 1200 | 56.5 | 891 | 59.6 | 594 | 67.5 | 481 | 74.2 | 4748 | 59.5 |
| Hendricks | 2640 | 54.4 | 1874 | 56.4 | 1274 | 59.8 | 891 | 68.2 | 672 | 75.1 | 7351 | 59.4 |
| Johnson | 3028 | 52.5 | 2112 | 58.2 | 1662 | 63.8 | 1190 | 71.9 | 1364 | 78.9 | 9356 | 62.1 |
| Marion | 30,987 | 56.6 | 23,166 | 59.5 | 17,670 | 63.7 | 11,603 | 70 | 9395 | 75.2 | 92,821 | 62.1 |
| Morgan | 1970 | 54.5 | 1467 | 56.7 | 1079 | 59 | 707 | 64.4 | 564 | 73.9 | 5787 | 60 |
| Shelby | 1560 | 55.3 | 1236 | 58 | 950 | 60.1 | 659 | 66.5 | 524 | 75.8 | 4929 | 60.6 |
| TOTAL | 46,403 | 55.6 | 34,477 | 58.7 | 25,971 | 62.8 | 17,380 | 68.7 | 14,637 | 75.5 | 138,856 | 61.5 |

*Source: Central Indiana Council on Aging

Compiled by: The Indianapolis Foundation

Hence the problems associated with aging are, in large part, the problems of older women.

Income security remains the major issue facing many older women. Almost three-quarters of all elderly persons living below the poverty level are women. The statistics for older women of color are even more bleak. Today, at least 61% of African-American older women and 42% of Hispanic elderly women who live alone are poor, compared to 20% of white women.

Older women tend to be disadvantaged with regard to income security for a number of reasons:

- Their uncompensated roles as parents, grandparents, daughters and other types of caregivers have interrupted their work patterns preventing them from receiving health pension and other benefits.
- For those employed, many are in fields which historically pay lower wages or are in part-time jobs, with frequently little or no benefits.

These lower incomes result in a higher percentage of their total income being directed toward housing - thus reducing the amount of money available for food, medical and utility expenses. These, combined with longer life expectancies and the prevalence of chronic health conditions and health care costs, erode the income security for countless older women. The situation is exacerbated further by the lack of affordable and safe housing, shortage of home and community based services, poor health care and often, the stresses of caring for other family members (children and grandchildren).

Key informants point out that, beyond ensuring that the current needs of all seniors are met in our community through adequate and available services, ***we must, as a society, begin to address the fundamental issues contributing to the vulnerability of our women.***

In his book, *Age Wave*, Ken Dychtwald discusses the aging of this nation's population and its implications for the future. Just as the wave of baby boomers has hit middle age, it will also hit older age. This, combined with the current senior boom and birth dearth, will cause an "age wave." And the implications of this age wave, particularly in light of the fact that the majority of this group will be women, are enormous and compel us to consider the realities of such a future.

WOMEN IN THE WORKPLACE

PAY INEQUITIES

In 1993, government figures showed that women earned 71 cents for every dollar earned by a man - this up from 61 cents in 1978. In a time when more and more women are the sole supporters of their households, this gap explains much about the precarious position in which many female-headed households find themselves.

Preliminary results of a leadership diversity survey of men and women in Indianapolis, *Working Together*, conducted by Valerie Brown-Pickard for the Indianapolis Chamber of Commerce, revealed that **47% of the women respondents and 17% of the men respondents perceive a difference in pay for a woman doing the same job as a man.**

A recent national survey conducted by the U.S. Labor Department's Women's Bureau called *Working Women Count!*, found that:

- 43% of the women who worked part-time, and 34% of those over 55 years old, lacked health insurance, compared with 18% of the general population,
- nearly a quarter of the women said they had no pension plan,
- 14% of the women - including almost a third of those earning less than \$10,000 - said they had no sick leave.

In fact, the study revealed that working women cited ***improved pay and health insurance*** as their priorities for changes in the work place.

CAREER ADVANCEMENT - THE GLASS CEILING

Recently, the media has included much discussion of the so-called "glass ceiling" faced by many women and minorities when it comes to advancing to the very top jobs in corporations. While, women make up nearly half of America's workforce, only 6.2% of all corporate directors are women.

Locally, the Indianapolis Chamber of Commerce reports that ***of the 300 directors who serve on the boards of the 30 largest companies in Indiana, only 4% are women.*** In addition, preliminary results of *Working Together*, the Chamber's leadership diversity survey of men and women, also reveal that ***60% of the women respondents and 15% of the men respondents think that their gender did affect their ability to progress within their organization.***

While some argue that women and minorities have not been in the workforce long enough to rise to the executive level, others fear that discrimination bears much of the blame for this discrepancy. Concern over the existence of a glass ceiling is increasing nationwide as people realize that the U.S. will need all of its collective know-how in order to compete in an increasing global market.

AFFIRMATIVE ACTION

During the 1960's and 1970's, this country saw a number of movements which began to dismantle the race-ethnic and gender barriers to the labor market. The civil rights movement sought to tear down the legal barriers to the advancement of African-Americans in education and jobs. The subsequent women's liberation movement, drawing strength, inspiration and tactics from the civil rights movement, also set into motion the gradual dismantling of barriers to women's entry into a number of occupations. These movements, along with affirmative action programs and the postwar economic boom (leading to the creation of new jobs and a high demand for workers) allowed more women and minorities into jobs to which they otherwise may not have been able to gain entry. However, as current occupation distribution statistics across gender and race show, the labor market hierarchy of the 1950's remains firmly in place. Most women still hold stereotypical female jobs, where wages and opportunities for advancement are low. Most racial-ethnic minorities are still confined to low-wage jobs.

Currently, affirmative action programs (which may utilize preferences or quotas in order to achieve desired ratios of representation for women and minorities in particular fields, companies and institutions, and/or in certain occupational levels) are receiving much political attention and debate. As our economy slows, so too do the availability of jobs, and resentment toward those helped by affirmative action programs builds.

SEXUAL HARASSMENT

The 1991 U.S. Senate confirmation hearings of then Supreme Court nominee Clarence Thomas brought to the attention of the nation the issue of sexual harassment. After Anita Hill publicly discussed her account of sexual humiliation by her former boss, working women all over the country began to talk about their experiences as well. Thus, an awareness of this issue was born.

Sexual harassment remains a problem for many working women, as well as for many young women in our schools. Unfortunately, for many of those who do come forward to report sexual harassment, their reception is not unlike that experienced by Anita Hill. Often, victims of sexual harassment are met with blame, disbelief and attacks on their own character and motives. As a result, many incidents of sexual harassment go unreported and reliable numbers of incidents are hard to find. Even more unfortunate, however, is that harassers may never be called on for their behavior.

MAJOR ISSUES FACING WOMEN AND GIRLS

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SECTION III

**PROGRAMS FOR WOMEN
AND GIRLS
IN CENTRAL INDIANA**



OVERVIEW

There are several organizations in central Indiana which specifically address the needs of women and girls. The leadership of these institutions, despite the issues and obstacles facing them, demonstrate a passion and commitment to the cause of providing programs for women and girls. Some, such as the Girl Scouts, have a long history in service to the community while others, such as First Step, a halfway house for female alcoholics, have been created more recently to address newly identified needs.

Defining and describing the service delivery system for women and girls is difficult, however, as there are relatively few providers which focus on gender-specific services for either males or females. The majority of services are provided through "universal" programs. The degree to which women and girls' needs are met through these types of programs is an issue.

It is important to note that although the phrase "human service delivery system" is often used, there is, in fact, no system but rather a collection of systems. Each system such as health, mental health, employment, etc., has its own categorical funding sources, delivery system and special issues. Programs for women and girls cannot be examined separately from these systems. A chart developed by the United Way/Community Service Council demonstrates the complexity of the human service delivery system (see attached chart).

A detailed analysis of the degree to which each of the major service delivery systems are currently meeting the needs of women and girls is beyond the scope of this report. What is clear from the information presented in Section II is that women and girls have issues and concerns which are distinct from the general population. Understanding these issues is an essential first step in framing the agenda for further research on programs serving them.

Information presented in this section focuses on identifying the major types of organizations and programs which are specifically focused on women and girls.

AGENCIES AND PROGRAMS FOR GIRLS

Central Indiana has a group of girl-serving agencies, organizations with a female target population and a mission of promoting the healthy social, emotional and (educational) development of girls. This group includes Girls Incorporated (formerly Girls Clubs), Big Sisters, Hoosier Capital Girl Scouts and the YWCA. While these organizations play a critical role in meeting the needs of girls, they are only able to serve a fraction of girls in this community. Collectively, these organizations served 22,842 girls in 1993, 13% of the girls ages 0-19 in central Indiana. These groups, with the support of Lilly Endowment, formed the Alliance of Girl-Serving Agencies in the 1970s. The Alliance, composed of agency executive directors, currently meets on a regular basis and the directors are beginning to discuss ways to cooperate and collaborate.

HUMAN SERVICE SYSTEM IN INDIANAPOLIS

FUNDING SYSTEMS:

Federal Sources:
State Agencies:
Local Public Services:
Local Private Sources:
Local Funding Coordination:

(Most channeled through state or local government)
Department of Health, Family & Social Services Administration
City, county and township governments
Charitable fundraising/funding sources (e.g., United Way, Catholic charities, Jewish Federation); foundations; service clubs
Coalition for Human Services Planning

PLANNING/COORDINATION:

Overall Human Services Planning:
Aging:
Health:
Youth:

United Way/Community Service Council of Central Indiana
Central Indiana Council on Aging (CICOA)
Marion County Health Department/Health and Hospital Corporation
Marion County Commission on Youth (MCCOY); City Department of Family & Youth Services; Marion County Step Ahead Council
(Notes: Planning for public assistance, mental health and most health needs occurs at the state level)

ACCESS SYSTEMS:

General Information & Referral:
Resource Data Base:
Crisis/Intake Prevention:
Domestic Violence Services:
Abuse:
Neighborhood-Based Services:
Case Management - Block,
Persons with Disabilities:
Case Management - HIV/AIDS:

Information & Referral Network, Inc. • 824-HELP
Information & Referral Network, Inc.
Mental Health Association Crisis and Suicide Line • 251-7676; mental health centers
Crisis and Suicide Line
Child: Child Protective Services • 686-2285 or police; Adult: • 1-800-892-8978
Community Centers of Indianapolis (13 Neighborhood sites and Hispanic Center)
Central Indiana Council on Aging
Damen Center

SERVICE SYSTEMS:

INCOME & MATERIAL AID
Emergency: Township Trustees (9 in county)
Ongoing Aid to Families: Dept. of Public Welfare
Ongoing Aid to Elderly, Persons with Disabilities: Social Security Administration
Food, Clothing, Household Supplies: CCI; St. Vincent DePaul Society; churches
Rental/Shelter Assistance: Trustees; CCI; Salvation Army
Shelter:
Meals:
Families:
Holy Family
Mothers' Circle
Good News
Disaster Relief: American Red Cross
Transportation: CCI; ARC
Homelessness: Homeless Network

EMPLOYMENT
Most Needs: Indianapolis Network for Employment & Training (INET)
Welfare Recipients: Department of Family & Children
Youth: 70001; Youth Works; INET
Elderly: Senior Enterprises; CICOA
Minority: Indianapolis Urban League
Persons with Disabilities: Vocational Rehab Services; Noble Industries; Crossroads Rehabilitation Center
Rental/Shelter Assistance: Trustees; CCI; Salvation Army
Shelter:
Meals:
Families:
Holy Family
Mothers' Circle
Good News
Disaster Relief: American Red Cross
Transportation: CCI; ARC
Homelessness: Homeless Network

HEALTH CARE
Most Needs: Marion County Health Dept. (MCHD); Community Health Nursing/Neighborhood Health Centers; HealthNet Centers
Family Planning: MCHD; Planned Parenthood
HIV/AIDS: Damien Center; ICAANI; Visiting Nurse Service; American Red Cross
Rehabilitation: Vocational Rehab Services; Crossroads Rehabilitation Center
Safety Education: American Red Cross
Hospitals: Wishard or private hospitals
Health Educator: American Cancer Society; American Heart Association; other health associations
Transportation: CCI; ARC
Infant Mortality: Campaign for Health Babies

MENTAL HEALTH
Mental Retardation/Developmental Disabilities: Noble Centers; Crossroads Rehabilitation; Southside Work Center
Mental Health Treatment: Mental Health Centers; Galilee
Th-County Adult & Child Midtown
Inpatient Treatment: Local hospital stress centers; Central State Hospital
Substance Abuse: Mental health centers; hospitals
Adult Abuse: Prosecutor fees (number above)
Health Educator: American Cancer Society; American Heart Association; other health associations
Transportation: CCI; ARC
Infant Mortality: Campaign for Health Babies

AGING
Activities: Indianapolis Senior Citizens Center; CCI; Heritage Place; Independent centers
Adult Day Care: Catholic Social Services; Heavenwood
Case Management: CICOA
Nursing Home Placement: Direct or through CICOA case management
Home Meals: CICOA; Meals on Wheels
Congregate Meals: CICOA via CCI sites
Housing Referrals: CCI; CICOA
Adult Abuse: Prosecutor fees (number above)
Legal Services: Legal Services Organization; Legal Aid Society

FAMILY AND CHILDREN
Personal/Family Problems: Family Service Association; Salvation Army; Catholic Social Services; Jewish Family & Children's Services; Lutheran Child & Family Services; Children's Bureau; mental health centers
Women: Julian Center
Credit Problems: Consumer Credit Counseling Bureau
Domestic Violence: Julian Center (Shelburne); Salvation Army
Socialization/Recreation: Department of Parks & Recreation; Boy Scouts; Girl Scouts; Boys/Girls Clubs; Girls, Inc.; CCI centers; Jewish Community Center; YMCA; YWCA, etc.
Safety Education: ARC
Transportation: CCI; ARC
Domestic Abuse: Domestic Violence Network
Personal/Family: Consortium of counseling agencies

CHILD WELFARE
Child Abuser: Child Protective Services; Children's Bureau - Family Support Center
Counseling: Family counseling services; mental health centers; Southside Youth Council
Adoptor: Children's Bureau
Foster Care/Residential Placement: DFC; Children's Bureau; Lutheran Child & Family Services; St. Elizabeth's Home; DFC
Foster Care/Residential Placement: DFC; Children's Bureau; Lutheran Child & Family Services; St. Elizabeth's Home; Guardian Home
Child Care Referral: Day Nursery Association; YWCA; Information & Referral Network, Inc.
"Zachary" Services: Above mentioned services and the "Kiddie"; multiple school-age care programs

JUVENILE JUSTICE
Runaway Youth: Children's Bureau; Supporter
All Other: Marion County Superior Court - Juvenile Division/Juvenile Detention Center
In-town placements provided at detention center and through placement agencies listed in previous column

ADVOCACY PROVIDER NETWORKS (examples):

Local: United Way/Community Service Council
Statewide: Indiana Coalition for Human Services

OVERALL ADVOCACY FOR HUMAN SERVICES:

Notes: This chart is intended to provide an overview; it does not include all programs and agencies.

Girls Incorporated of Indianapolis: Operates two clubs in Indianapolis and offers after school informal education and recreation; math, science and technology; sexual abuse prevention; substance abuse prevention; and pregnancy prevention programs.

Hoosier Capital Girl Scouts: Provides social development and leadership skills through troop programs. Offers camping programs. Serves girls in non-traditional settings such as public housing, the Juvenile Center and the Indiana Girls' School.

Big Sisters: Provides mentoring by matching at-risk girls with an adult volunteer. Special programs include match programs for first-time, non-violent offenders (this program also includes boys) and for teen mothers.

YWCA: Also a provider of women's services, the YWCA provides programming for parenting teens, after school programs, summer day camp and health and fitness programs. Youth programs provided by the YWCA are coeducational.

Many girls are also served in coeducational youth development programs such as those operated by Community Centers of Indianapolis, Catholic Youth Organization and Boys & Girls Clubs of Indianapolis. Boys & Girls Clubs of Indianapolis became coeducational only within the past few years and has made an organizational commitment to create a non-sexist environment for participants. Similar clubs in the counties surrounding Marion County have been coeducational for many years. United Way of Central Indiana, a significant funder of youth development programming in central Indiana, reports that of the 128,390 participants in these programs in 1994, 40% were female, up from 36% in 1993.

AGENCIES AND PROGRAMS FOR WOMEN

Agencies which specifically target services to women include:

YWCA: Provides programs for incarcerated women, health and fitness programs and career counseling.

Julian Center: Provides individual and group counseling on issues facing women such as domestic violence, depression, rape and self-esteem. It also operates Sojourner, a shelter for battered women and their children, and provides community education on the subject of violence against women.

First Step: Residential care facility for adult women who are recovering from alcoholism and dual addictions. Programs include alcoholism education, AA meetings, personal growth experiences, career awareness and homemaker skills training.

St. Elizabeth's: Maternity home offering residential, educational and prenatal programs

designed to assist pregnant women to plan for themselves and a child. Transitional home for mother and children who are wards of the court or county also available. Provides individual and/or family counseling to pregnant women and their families including the baby's father.

John P. Craine House: A community-based residential program for female offenders. Craine House also accommodates the preschool age children of residents. It is the only family-focused alternative to incarceration in the state.

The above agencies specifically target women. Other organizations, by the nature of their services, have women as a majority of their clients. For example, central Indiana has seen a dramatic increase in the number of homeless persons in the past decade. A disturbing part of this trend is the number of homeless women and women with children. The community has responded to this problem by increasing the number of shelter beds available for this group. Currently, the Salvation Army, Catholic Social Services and Dayspring Center are the major providers of shelter for homeless families, including women with children. Training Inc. provides training in office skills, with 94% of its clients being women. In the area of health, Planned Parenthood is the major not-for-profit provider of reproductive health services.

Other examples of providers of services which are relevant to women's and girl's issues include:

- Township Trustees
- Division of Family and Children (welfare)
- Women, Infants and Children Nutrition program
- Crisis Pregnancy Center
- Birthline
- Mother/Baby Healthline
- Day Nursery Association and other day care providers
- Wheeler's Girls Residence
- Women's Health Task Force
- Career Advancement Training Services
- Daybreak Limited
- Salvation Army Emergency Lodge
- Breaking Free (family violence)
- Indiana Council on Adolescent Pregnancy
- Now for the Future (teenage pregnancy prevention)
- Indianapolis Senior Citizens Center and other social involvement programs
- Adult Protective Services
- Coleman Adoption Agency Services and other adoption providers

TRENDS IN SERVICE UTILIZATION

A review of the service delivery information on the programs funded by United Way of Central Indiana through their 1994 agency allocation process shows the following trends in service utilization. (This data does not reflect women and girls involvement in special initiatives such as Bridges to Success or United Way leadership development series.)

- Women represented a majority of consumers in 10 of United Way's 12 goal areas. The only goal areas in which males represented a majority were Child and Youth Development (60%) and Teen Pregnancy and Parenting (53%).
- 71% (20,143) of persons served in programs for the elderly were women.
- Women seem to bear a particular responsibility for locating needed services. The Information and Referral Network and Community Centers of Indianapolis, the two largest providers of referral service in Marion County, together served 31,233 women in 1994 compared with 14,930 men.
- Women are the primary users of programs to develop basic skills (education and employment). Fifty-seven percent of the participants in these programs were women.
- Not surprisingly, 65% of persons served in programs addressing family violence are women. Many of the males served in these programs are male children in families in which there is violence. There are very few programs which work with the perpetrators of violence.
- Because the problems of poverty falls disproportionately on women, they are the primary consumers of services, including government services, which address basic needs. The vast majority of recipients of Aid to Families with Dependent Children are female-headed households.

WOMEN'S NETWORKS

In addition to the formal providers of service, many of women's needs are met through formal and informal membership organizations. The need for affiliation and social interaction is very important for women. Conversations with key informants confirmed the perception that women tend to organize into groups, both formally and informally, for various purposes. Some have

charitable purposes, others are for professional contacts and mentoring, advocacy for women's issues, mutual support or purely social activities. Many groups, formed around a shared interest such as a hobby, serve an important role in providing a social support network for participants.

Some of the larger women's groups include:

- Junior League
- Coalition of 100 Black Women
- Network of Women in Business
- Women in Communications
- Women's Council of Realtors
- Indianapolis Chapter of the National Association of Women in Construction
- Zonta International
- National Organization for Women (also open to men)

Many women participate in church groups, clubs and other relatively informal organizations. Further research is needed about the role these groups play in meeting the needs of women.

THE ISSUE OF UNIVERSAL PROGRAMMING

While funding sources are quick to point out that most of their grants go toward "universal" programs which serve everyone, whether these programs adequately address the needs of women and girls is a subject of debate. As documented in Section II, many of society's most serious problems such as poverty, education, teenage pregnancy and health care disproportionately affect females. Many feel that these issues cannot be adequately addressed by universal programs. For example, a universal employment program may not address issues such as child care and sexual harassment in the workplace. Universal programs which do not recognize the differences in women and girl's reality perpetuate the pattern of inequity. However, some perceive organizations serving women and girls as exclusionary and self-serving. Contrasted with the trend of the last decade of coeducational programming, many find it hard to justify separate programs for girls.

"Universal" programs for youth often tend to be traditional boys' programs which have been "opened" to girls. In a national survey of programs for girls, the Ms. Foundation for Women found that only 40 of 112 programs actually provided separate time and space for its female participants. As reported in *Issues Quarterly*, "Many of these programs are really girls watching boys play sports," explains Marie Wilson, executive director of the Foundation. In practice, these programs generally serve more boys than girls. For example, in 1990:

- Of the 60,000 young people served nationwide by Big Brothers/Big Sisters (the gender-integrated entity) 45,000 were boys. Only 25% of those served by this universal program were girls.

- United Way affiliates funded 553 Boys & Girls Clubs (also, the gender-integrated entity) nationwide. Only 30% of the young people served by these clubs were girls.

These trends are mirrored locally:

- Of the 128,390 participants served in youth development programs funded by United Way of Central Indiana in 1994, only 40% (51,355) were girls. The majority of these programs are open to both boys and girls.
- Boys & Girls Clubs of Indianapolis served 1,372 girls in 1993, only 24% of its participants. However, the Clubs only recently became coeducational, and it has made a major commitment to promote gender equity throughout the organization.
- In the Boys & Girls Clubs in the surrounding counties, which have been coeducational for some time, girls accounted for only 28% of those served in 1993.
- Local informants confirm that as participants in coed programs approach adolescence, the boys tend to dominate the program and the girls follow their lead. Providers struggle with meeting girls' needs adequately in mixed-sex programs.

Caution needs to be exercised when making comparisons between boy-serving and girl-serving agencies, even those which sound similar. For example, although the national organizations have merged, locally Big Sisters and Big Brothers have not merged and retain separate identities. In 1993, Big Sisters served 866 girls compared with 752 served by Big Brothers. During this period the budget for Big Sisters was \$759,711, 105% of the Big Brothers budget of \$725,283. Despite the outward similarity, these organizations have very different approaches to service delivery. While the services of Big Brothers are limited to boys without fathers, Big Sisters serves at-risk girls who need a positive role model whether or not the girl lives in a single-parent household. Therefore, there is a specific identified need for the presence of an adult outside the family in the girl's life. These situations are often more complex and challenging and require a significant amount of casework to support an effective match.

A recent study of Big Brothers and Big Sisters programs conducted by Public/Private Ventures stated that girls "may derive a particular advantage from being served in a single-sex agency." This was indicated by the finding that there was a higher likelihood of big sister/little sister matches having met during a specific time period when served by a single-sex agency.

A review of annual reports shows that, in general, girl-serving agencies seem more likely than boy-serving agencies to have discrete programs aimed at particular needs such as prevention of teen pregnancy or physical/sexual abuse. While boy-serving agencies certainly address these issues, it appears to be in the context of a larger program.

This difference is also apparent when examining scouting programs. Hoosier Capital Girl Scouts served 20,056 girls in 1993 compared with the 43,236 boys served by Crossroads Boy Scouts. The budgets for these two organizations were \$2,618,195 and \$2,639,816, respectively. However, the Girl Scouts has a service area of seven and one-half counties while the Boy Scouts serves nineteen counties.

Girls Incorporated uses the concepts "intentional" and "compensatory" in describing their approach to service delivery. Intentional programming has the intent of making a difference in girls' lives and is conscious of the messages conveyed to girls about girls in even the simplest of activities. Compensatory programming refers to programming which "compensates for the gender discrimination girls encounter in society, enabling them to overcome barriers to reaching their full potential."

SECTION IV

**FUNDING FOR PROGRAMS
FOR WOMEN AND GIRLS**



FUNDING PATTERNS

Despite evidence of the need for programs for women and girls, there is a noticeable lack of response from the funding community for women and girls' health, educational, economic and social service programs. According to 1994 Foundation Center figures, of the leading 960 foundations, only 5.3 percent of funding in 1992 was specifically designated for women and girls, nationwide.

Locally, operating funds for women and girls' serving organizations comes from United Way, government sources and agency fundraising efforts. In 1996, United Way allocations to agencies targeting women and girls totalled \$1,623,028, which is 8% of allocations to all agencies. This percentage has been consistent over the past several years. The table below shows 1996 United Way allocations for agencies which specifically target gender-specific agencies.

Female

| | |
|--------------------------------|-----------|
| Big Sisters of Central Indiana | \$297,808 |
| First Step | \$ 24,059 |
| Girls Incorporated | \$289,019 |
| Hoosier Capital Girl Scouts | \$147,515 |
| Julian Center | \$430,112 |
| St. Elizabeth's | \$138,659 |
| Tulip Trace Girl Scouts | \$ 22,276 |
| YWCA | \$273,580 |

Male

| | |
|---------------------------|-----------|
| Big Brothers | \$190,812 |
| Crossroads Boy Scouts | \$604,241 |
| Hoosier Trails Boy Scouts | \$30,449 |
| YMCA | \$131,631 |

Foundations provide support for special projects, new programs and one-time financial needs. A review of the 1991-94 funding patterns of the major foundations which serve this area (The Indianapolis Foundation, Lilly Endowment and The Moriah Fund) shows some recent trends in funding for women and girls (see list at end of this section). Significant dollars have been allocated to the issues of teen pregnancy and parenting and to programs for high-risk girls. The Indianapolis Foundation has supported two programs for women offenders. Overall, \$1.9 million granted locally in these years has focused on women and girls.

Information from key informants clearly indicated that there is a perception of bias against funding for organizations serving women and girls. However, the funding picture is so complex that, while this in fact may be true, it is difficult to document. Funding patterns seem to reflect the type of programming rather than the target population. It is only when examined through the "gender lens" of an understanding of issues facing women and girls and the need for compensatory programming, that the issue of inequity becomes more clear. In this context, equality of services may not in fact be equitable or fair.

The table at the end of this section shows the overall revenue and the percentage of revenue from major sources for some women and girls agencies. For contrast, the same information is shown for boy serving agencies and universal providers. A review of the data shows that there is no pattern relative to revenue sources for women and girls' agencies. They have a varied mix of funding sources like boys agencies and universal providers. The complexity of the funding issue was summarized in a 1991 report prepared by Mary Grcich Williams for Lilly Endowment. The report states:

Aggregate funding levels are not sufficient to assess the equitability of funding. Levels and patterns of funding to individual agencies vary greatly. Allocations are influenced by an organization's track record of success, numbers of clients served, number of facilities maintained, type and quality of services delivered, and how well an agency's programs address the priorities of the funder. However, they may also be influenced by "tradition," by the power and beliefs of board members and staff of funding agencies, and by the relative knowledge and sophistication of the agency executives who seek support. If equity and diversity are concerns of the funder, the latter set of factors must be monitored and addressed, while appropriate weight continues to be given to the former.

Another issue in funding is the participation of women in decision-making. Women are not proportionately represented on the decision-making body in major foundations. Board composition for the nation's 75 largest foundations is 80% male and 86% white. Corporate foundations have the lowest representation of women on their boards. Of the 25 corporate boards with the largest assets, women represent just over 9% of members. Locally, only 27% of those serving on the boards of the three major foundations are women. United Way had 14 women (20%) serving on its 1994 board of directors, however, women comprised 54.2% of the members of the allocations panels in the last funding cycle.

FUND RAISING CHALLENGES

Raising funds is a challenge for organizations which serve women and girls, as it is for all not-for-profit organizations. Key informants cited the following examples of why this challenge is greater for organizations which target their services to women and girls:

- Less access to influential persons to serve on board of directors; these individuals can be critical to attracting major gifts to an organization.
- Problems which affect girls are often perceived as less serious by the general public than those which affect boys, resulting in a greater fundraising challenge. For example, if a girl becomes pregnant it is her fault and the situation affects her and her child. Problems which are perceived to affect boys more - participation in gangs, drugs, violence - are more threatening to the larger society, a powerful motivator for giving.
- Women and girl-serving organizations run the risk of appearing too strident and too feminist if they challenge the male dominated culture, making them less attractive.
- Fundraising campaigns are particularly difficult for women and girl-serving agencies as they have fewer "alumnae" who are in positions of commanding resources, either personal resources or corporate dollars. As a result, these organizations are more dependent on outside dollars.
- Many funders lack interest in funding advocacy programs. This adversely impacts women's organizations since many work to change systems and public policies which affect women.

SOURCES OF REVENUE FOR SELECTED AGENCIES, 1993

| | 1993 Revenue | Contri- butions | Special Events | Member- ships | United Way | Govt- ment | Invest- ment Income | Program Fees | Other^a |
|---|-------------------------|----------------------------|---------------------------|--------------------------|-----------------------|-----------------------|------------------------------------|-------------------------|--------------------------|
| Big Sisters^b | \$759,711 | 19% | 35% | | 37% | 1% | | | 8 |
| Big Brothers | \$725,283 | 3% | 50% | | 32% | 1% | | | 15% |
| Boys & Girls Clubs of Indianapolis | \$1,708,422 | 17% | | | 71% | 5% | | | 7% |
| Community Centers of Indianapolis | \$9,317,460 | 6% | | | 41% | 41% | | 6% | 6% |
| Crossroads Boy Scouts | \$2,639,816 | 15% | 18% | | 39% | 3% | | | 25% |
| Family Service Assn. | \$1,608,114 | 15% ^c | | | 68% | 10% | 1% | 6% | |
| Girls Incorporated | \$638,920 | 16% | 9% | | 52% | 8% | | 6% | 9% |
| Hoosier Capital Girl Scouts | \$2,618,195 | 4% | 74% | | 7% | | 6% | 9% | |
| Julian Center | \$1,002,785 | 14% | 7% | | 47% | 22% | | 10% | |
| YWCA | \$1,276,247 | 8% | | 2% | 22% | 33% | 3% | 32% | |
| United Way Agencies (1994) | \$140,175,945 | 12% ^d | | | 16% | 35% | | 15% | 22% |

Notes:

- a. Revenue shown for Big Sisters is 1992 audited
- b. Other income generally reflects foundation grants. In some cases it may also include investment income.
- c. Includes contributions and foundation grants
- d. "Fundraising revenue"

GENDER-SPECIFIC FOUNDATION FUNDING

Listed below are grants made during 1991-94 by the three largest foundations in Central Indiana for gender-specific agencies and programs. Information for Lilly Endowment and Moriah Fund only includes grants made within Indiana. These two foundations provide significant resources outside of Indiana including several grants for female-focused programs. The Indianapolis Foundation funds only within Indianapolis.

*The Indianapolis Foundation
Grants for Gender-Specific Agencies and Programs
1991-1994*

Female

1,262,570

Big Sisters of Central Indiana/\$10,390

For the Life Choices Program and for the National Awards Banquet.

Boys & Girls Clubs of Indianapolis/\$300,000

For capital campaign to expand facilities to accommodate new girl members.

Fairbanks Hospital/\$50,000

Grants for capital campaign for transitional living center for girls 15-19.

Girls Incorporated/\$71,000

Grants for Operation SMART, a program to interest girls in math and science.

Health and Hospital Corporation of Marion County MOM Project/\$101,467

Outreach and care coordination for low-income pregnant women.

Indiana University School of Nursing MOM Project/\$48,977

Outreach and care coordination for low-income pregnant women.

John P. Craine House/\$310,100

Grants for remodeling and operating support.

Offender Aid and Restoration/\$87,500

Grants for Women's Support Services Program.

Planned Parenthood of Central Indiana/\$58,227

Grants for office and computer equipment.

St. Elizabeth's Home/\$29,342

Maternity residence and parent skills/counseling.

YWCA/\$22,700

For a computer upgrade.

Crisis Pregnancy Center of Indianapolis/\$20,000

For furniture and equipment for new eastside office.

First Step/\$11,400

For equipment, training and transportation at residential facility for recovering female alcoholics.

Health and Hospital Corporation of Marion County/MOM Project/\$101,467

Transitional funding for outreach services to at-risk, low-income pregnant women.

Planned Parenthood of Central Indiana/\$30,000

For computer system to network clinic sites with central patient services.

Girls Incorporated/\$10,000

For Operation SMART, a program to interest girls in science, math and technology careers.

Male

243,019

Boys Club of Indianapolis/\$4,050

To cover costs of town meetings in six neighborhood clubs.

Crossroads of America Boy Scouts/\$129,588.50

Grants for Varsity Scouting Program, a program for low-income boys.

Training Inc./\$30,000

Training urban males in building maintenance.

Urban Public Information Center/\$40,000

Summer Camp Mind/Body for boys.

Wishard Memorial Hospital - Father Resource Center/\$25,000

Intervention Program for young fathers.

Crossroads of America Council, Boy Scouts of America/\$14,381

For Varsity Scouting program for teenage boys from low-income neighborhoods.

The Moriah Fund
Grants for Gender-Specific Agencies and Programs in Indiana
1991-1994

Female

260,000

Boys & Girls Clubs of Indianapolis/\$50,000

For capital campaign to expand facilities to accommodate new girl members.

Middle Way House/\$30,000

To acquire and rehabilitate facilities to provide transitional housing to battered women and their children.

Planned Parenthood of Central Indiana/\$125,000

For general support of family planning and educational services program and for the Now for the Future program targeting at-risk youth in Indianapolis.

Whittington, Inc./\$25,000

For renovations to a home in Fort Wayne that will serve as a full-service transitional living program for homeless young women from throughout the state.

Girls, Incorporated of Indianapolis/\$30,000

To support the science and math technology enrichment program for girls to increase their interest and career options in these fields.

Lilly Endowment, Inc.
Grants for Gender-Specific Agencies and Programs in Indiana
1991-1994

Female

\$681,323

Big Sisters of Central Indiana/\$250,000

Support for implementation of a five-year strategic plan.

Indiana Business and Professional Women's Foundation/\$70,250

Implementation of "Mother-Daughter Choices" Program.

Indianapolis Chamber of Commerce Foundation/\$33,000

Forum on Women in Philanthropy.

Madame Walker Urban Life Center/\$35,000

Encyclopedia - Black Women in America.

Planned Parenthood of Central Indiana/\$80,000

"Now for the Future" - Teen Pregnancy Prevention Strategy.

Planned Parenthood of Central Indiana, Brandeis University, Waltham MA & Wishard Memorial Foundation/\$26,668

Programs for prevention of teen pregnancy and strategies for effective parenting.

Sisters of the III Order of St. Francis/\$50,000

Program to prepare the Sisters of St. Francis to assist minority women.

Girls Incorporated of Indianapolis/\$40,000

Strategic Planning.

University of Notre Dame/\$66,465

Conference on women and the writing of American Catholic history.

Male

\$937,750

Boy Scouts of America, Crossroads of America Council - Indianapolis/\$252,000

Programs for urban scouts.

Wishard Memorial Foundation/\$150,000

Creation of a Father Resource Center to provide skills development for young unmarried African-American fathers.

Big Brothers of Greater Indianapolis/\$35,700

Improved management information system.

African-American Males Initiative/\$500,000

Grants for organizations that increase the opportunities for full citizenship and participation in society by African-American males.

SECTION V

**WOMEN AS
PHILANTHROPISTS:
AN EMERGING ROLE**



At a recent conference sponsored by the Network of Women in Philanthropy, the keynote speaker, Dr. Joan M. Fisher, posed the following question for her audience. "How many of you are volunteers?" All fifty-five women in the audience raised their hands. Dr. Fisher asked the next question: "How many of you are donors?" Again, the affirmative response was universal. She asked a third question: "How many of you are philanthropists?" The show of hands dropped to less than twenty percent of the audience.

Women have long responded to the needs of the nation through their contribution of time as volunteers. While often unrecognized, women have shared their talents and treasures to establish and shape some of the most revered institutions and social policies in our nation. But women "going beyond the role of community volunteers and becoming philanthropists" is a new and sometime radical concept. Women are just beginning to act as philanthropists who utilize their wealth to shape social goals.

This section will examine women's emerging role as philanthropists by addressing the following two questions: Who are these new donors and how and why do they give?

WHO ARE THE WOMEN PHILANTHROPISTS?

While women donors are now considered "hidden bounty," their viability as givers has not always been appreciated. Women have been overlooked for strategic gifts to campaigns because of an inaccurate perception of their giving patterns. Women have been accused of being stingy, of being more willing to volunteer than to give, and when they do give, of allowing their gifts to follow their husband's interest rather than their own.

Fund raising officers have believed that women could not be counted upon to make substantial bequests nor major cash contributions during their lifetime. These perceptions have been bolstered by statistics that indicate that women give 1.8% of their incomes to charity while men give 3.1%. An accurate profile of the contemporary female donor has been slow to emerge. This situation is being remedied by a flurry of research on women's giving habits.

The interest in women as donors is not necessarily driven by an enlightened sense of inclusion on the part of fund raising professionals. Their interest is pragmatic. Giving as a percentage of annual household income is declining while the needs of nonprofit organizations are increasing. In addition, women are controlling an increasing amount of the national assets: 60% of the wealth in the United States is owned by women.

There are four categories of empirical research which are frequently used to develop the profile of the contemporary woman donor. The categories are drawn from estate tax return data and projections, household surveys, consumer and demographic research and research on women working within the nation's foundations. 27% of women versus 15% of men leave bequests at the time of their death. This differential increases in estates larger than \$5

million. 48% - versus 35% of men - with estates larger than \$5 million make a charitable bequest. Researchers Kaplan and Hayes caution that the gender differentials may be due to differences in the average life span rather than in inherent generosity. This is amplified by additional data which indicates that men leave a larger percentage of their estates to charity when compared to women possessing the same size estate.

Kaplan and Hayes also suggest that marital status exerts a greater influence on the giving patterns than gender. Data has indicated that in households where the women determine the direction of the giving, married women donate more than those who are single or widowed.

CHART ONE
Household Giving as a Percentage of Income
by Marital Status and Sex

| <i>Marital Status</i> | <i>Men</i> | <i>Women</i> |
|-----------------------|------------|--------------|
| Married | 2.1% | 1.8% |
| Single | 1.0% | .9% |
| Separated | 1.5% | 1.4% |

Males and females from ages 35 to 64 give and spend more than individuals at other ages. Their comparative giving increases with each increase in income. Therefore, an analysis of the above chart must acknowledge the strong influence of age and income. "When women earn less than men, an apparent correlation between sex and giving might actually be correlation between income and giving." An examination of income and wealth is instructive in the development of a profile of the emerging female philanthropist.

According to the U.S. Census Bureau, women's income is increasing more rapidly than men's. Women will fill two-thirds of the new jobs created in the next decade. Researchers Tiehen and Andreoni provide us with a collection of data that reaffirms the importance of income and wealth and the positive correlation between level of education and income (see Chart Two).

Using the data from Johnson and Schwartz's research, personal wealth in the United States in 1992 was valued at over \$5 trillion. Two-thirds of this wealth was owned by individuals 50 years and older. While women in this category were fewer in number than men, they had "fewer debts and, thus, higher average net worth than their male counterparts." An earlier study of the nation's top wealth holders indicated that 40% of the 3.3 million wealthy were women. Women in that group were "six percent wealthier than men, held slightly more corporate stock, and were considerably less in debt."

CHART TWO

Sample of Female Respondents Who Make the Household Giving Decisions: Giving by Race, Education, Marital Status and Age

| | <i>Percent Who Give</i> | <i>Mean Gift of Givers</i> | <i>Number of Observations</i> |
|----------------------------------|-----------------------------|--------------------------------|-----------------------------------|
| <i>RACE</i> | | | |
| White | 81.9% | \$595. | 414 |
| Black | 70.3 | 563 | 81 |
| Asian | 100.0 | 250 | 1 |
| Other | 100.0 | 895. | 8 |
| <i>EDUCATION</i> | | | |
| Less than High School | 64.5 | 387 | 90 |
| High School Graduate | 80.2 | 465 | 164 |
| Some College or Technical School | 88.9 | 645 | 124 |
| College Graduate | 96.6 | 1,059 | 76 |
| Beyond College | 89.0 | 796 | 44 |
| <i>MARITAL STATUS</i> | | | |
| Married | 86.6 | 652 | 229 |
| Single/Divorced/Separated | 72.5 | 517 | 163 |
| Widowed | 81.5 | 533 | 107 |
| <i>AGE</i> | | | |
| 18 to 24 | 69.1 | 123 | 28 |
| 25 to 34 | 76.8 | 613 | 96 |
| 35 to 44 | 87.2 | 660 | 107 |
| 45 to 54 | 87.8 | 683 | 89 |
| 55 to 64 | 78.3 | 585 | 69 |
| Over 65 | 81.1 | 6,122 | 112 |

Demographic changes as of 1990 reflect the improving financial status of women:

- Women make up 53% of the work force.
- Women are starting up new businesses at three times the rate of men.
- More women than men are graduating from college.
- Women are increasingly moving into the higher-paying professional and management careers.
- Many higher-earning women are single or married without children.

In the early 1970s, only 3% of MBA graduates were women. By 1993, 33% of the finance and business students were women. In 1991, women contributed \$28.3 billion to charity. The Independent Sector states that this amount reflects an increase of over 9% from 1989. In contrast, during this same time period, households represented by males decreased their giving by almost 3% to \$33.6 billion.

This increase is attributed to the fact that women have evolved from "bread bakers" to "bread winners;" contributing more because they are earning more. Although women working full time earned only 72 cents for every dollar made by men working full time in 1993, that is up from 59 cents in 1978. As of 1992, there were 6.5 million businesses owned by women which represented a 20% increase from the preceding year. As women's wealth increases so does their power to make influential decisions.

Data obtained from the 1990 Independent Sector/Gallup Organization Survey supplements the existing profile of female donors. Laura Tiehen and James Andreoni provide an informative overview of the survey's results in *Women and Philanthropy: A National Agenda*. Their analysis is merged with information obtained through focus group studies conducted by the National Network on Women as Philanthropists cofounders, Martha A. Taylor and Sondra C. Shaw.

Unlike earlier surveys, the 1990 Survey isolates the gender of household giving patterns: "Women are the philanthropic decision makers in thirty-two percent of the households in the sample, while in twenty-three percent of households, the male is the decision maker. In thirty-eight percent of households the male and female share the responsibility. The survey also shows that although a higher percentage of women give to charities - 81 percent as compared to 69 percent for men - the average contribution of female givers is about half that of male givers. Further, female decision makers give 2.7 percent of their income to charity while male decision makers give 4.2. percent of their income."

The conflation of Shaw and Taylor's work with the data from the Independent Sector/Gallup Survey gives us some of the clearest insight into the focus of women's benevolence to date. Chart Three reflects the intractability of the traditional gender roles. Women continue to give within expected societal norms and expectations.

CHART THREE
Household Giving by Type of Charity:
Comparison Across Decision Makers

| <i>Type of Organization</i> | <i>Male</i> | | <i>Female</i> | | <i>Both</i> | |
|---------------------------------|-------------------------|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|
| | <i>Percent Who Give</i> | <i>Mean Gift of Giver</i> | <i>Percent Who Give</i> | <i>Mean Gift of Giver</i> | <i>Percent Who Give</i> | <i>Mean Gift of Giver</i> |
| Health | 22.5 | \$170.30 | 41.0 | 107.80 | 33.9 | 169.80 |
| Education | 14.7 | 437.20 | 22.7 | 151.60 | 20.5 | 348.80 |
| Religious | 46.0 | 1,187.4 | 56.0 | 563.70 | 58.8 | 1,082.3 |
| Human Services | 17.3 | 169.10 | 28.8 | 205.40 | 24.5 | 371.20 |
| Environment | 10.2 | 64.10 | 14.7 | 97.40 | 15.0 | 91.50 |
| Public/Society Benefit | 9.4 | 109.80 | 9.1 | 154.40 | 14.6 | 104.9 |
| Recreation | 5.8 | 197.60 | 4.3 | 111.50 | 8.5 | 130.90 |
| Art, Culture, Humanities | 7.1 | 145.80 | 10.5 | 272.70 | 11.5 | 153.70 |
| Work Related | 10.2 | 222.80 | 6.7 | 180.10 | 9.8 | 211.30 |
| Political | 9.9 | 93.90 | 7.6 | 87.20 | 10.3 | 219.10 |
| Youth Development | 14.2 | 163.60 | 24.2 | 128.40 | 25.5 | 122.50 |
| Private & Community Foundations | 5.1 | 174.60 | 5.3 | 60.60 | 8.4 | 115.30 |
| International/Foreign | 2.8 | 205.80 | 6.2 | 129.10 | 3.3 | 318.00 |
| Other | 2.6 | 176.80 | 4.2 | 192.10 | 1.8 | 269.70 |
| TOTAL | 69.2 | 1,125.3 | 81.1 | 695.60 | 80.3 | 1,214.8 |

Women tend to contribute to “. . . children, arts, environment, humanities, and helping the disadvantaged,” while men focus on “. . . public/society benefit, adult recreation, work-related, and political activities.”

CHART FOUR

Sample of Female Respondents Who Make Household Giving Decisions: Giving Behavior by Occupation, Labor Force Status, and Income

| | <i>Percent Who Give</i> | <i>Mean Gift of Givers</i> | <i>Number of Observations</i> |
|----------------------------------|-----------------------------|--------------------------------|-----------------------------------|
| <i>OCCUPATION</i> | | | |
| Executive/Professional | 93.7 | 881 | 111 |
| Sales/Technical/Service | 82.9 | 523 | 156 |
| Blue Collar | 66.2 | 313 | 23 |
| Farming | 88.2 | 1,260 | 7 |
| Retired | 100.0 | 536 | 2 |
| <i>LABOR FORCE STATUS</i> | | | |
| Full-Time | 84.0 | 666 | 221 |
| Part-Time | 82.8 | 650 | 77 |
| Not Employed | 76.0 | 487 | 197 |
| <i>INCOME</i> | | | |
| \$0 to \$30,000 | 74.8 | 462 | 256 |
| \$30,000 to \$50,000 | 80.3 | 619 | 98 |
| \$50,000 to \$75,000 | 97.0 | 659 | 88 |
| \$75,000 to \$100,000 | 100.0 | 1,402 | 20 |
| Over \$100,000 | 100.0 | 1,240 | 11 |

Chart Four above reflects the correlation between income and wealth in predicting women's philanthropic behavior. Gender influences the focus of giving as well as the way men and women like to be asked to give. That particular gender difference will be discussed later.

Despite the advancement women have made in income and wealth, women have yet to keep pace with men on the size of their gifts and the percentage of their income as the data above bears out. This difference can not be attributed to the disparity in salary levels alone. Women continue to give less because they are less sanguine about the security of their financial status and their future. "Fifty-three percent of women and forty-seven percent of men indicate that they worry about not having enough money in the future....Surprisingly, insecurity about one's financial future does not appear to affect the number of people who give. It does, however, have a notable effect on the amount given."

In the early 1990s, the Ms. Foundation sponsored the Women's Voices Project. In what they described as the first attempt by women's organizations to poll their own constituents, the survey was bipartisan and racially inclusive. The results indicated that the primary concern for women is time and money. Economic security is the dominant of the two worries. Women of all races interviewed in the project expressed a profound fear of economic vulnerability. This vulnerability influenced the use of their resources and the focus of their philanthropy. "Don't underestimate the depth of feeling among women that they aren't going to have money in the future. This new wealth may not be as easy to tap as people think."

In their most recent collaborative work, Shaw and Taylor describe the seven characteristics of women that compete with their emerging role as philanthropists. The first characteristic is what they call "fear of the future: the 'bag lady syndrome.'" Echoing the results of the Women's Voices Projects, Shaw and Taylor's work emphasizes that women are more concerned than men about the longevity of their assets.

Feeling the pressure of caring not only for their children but also their aging parents, women are slower to share their wealth. This anxiety is more pronounced among women whose collective history includes a memory of the Great Depression and who enter the work force later than women of subsequent generations. Even those in this group, whose assets place them among the wealthiest women in the country, shared the same sense of financial vulnerability as those surveyed by the Women's Voices Project.

It is assumed that "as women's earning power increases so will their ability to make sizable political and charitable gifts, both out of current income and through planned giving." Yet women are reticent to take ownership over their new economic power. Many find it difficult to utilize their wealth to shape the society according to their personal values. Using their assets to improve the lives of other women is sometimes perceived, both by men and women, as a defiant act against men rather than for the health of the whole society.

Tracy DuVivier Gary, cofounder of The Women's Foundation in San Francisco, has become an expert on the cultivation of women as philanthropists. When Gary began The Women's Foundation in 1979, a major hurdle to the fund's development was women's attitudes toward their own wealth and a lack of control over its use. Gary describes the wealthy heiresses as having "an amazing dysfunctionality about their resources. Some had no idea what exactly they owned or where it was....There seemed to be a kind of disassociation about their money - plus an incredible waste of power."

Gary, in a unique position as a wealthy heiress herself, established a group called Resourceful Women. Through this group, Ms. Gary helps women to take psychological ownership over their assets through financial management training and consciousness-raising seminars. Resourceful Women does not direct where members, all of whom must be a certain level of wealth to join, give their money. Rather, it provides "a networking center where rich women get together, take courses in finances and say the M word out loud."

While the current mores allow us to discuss sex, the taboo of money is still strong. That taboo is heightened for women who have traditionally been taught to value sentiment over currency. Kim Klein, a Methodist minister, provides fund raising seminars for feminist causes. She quotes a participant from one of her workshops: "Money is so male. How can you stand to be so involved with it?" As a fund raising consultant, Klein helps women to realize that understanding how to manage, obtain or utilize money provides women, and the organizations they care about, with power.

In order for women to become philanthropists they must take control over their own finances. In the case of inherited money this sometimes means wrestling the control over access to those assets from male family members. In the case of married women, this entails sharing the access and control of the household assets. While studies predict that up to 90% of women will bear the sole responsibility for their finances at some point in their lives, most women do not manage the household finances while living with their husbands.

Even in this post-liberation era, the empowerment process is not easy. It remains a challenge for women to recognize and use the resources they have, whether those resources are assets of \$1,000 or \$1 million. The challenge stems from the gender specific spheres of influence. Men have operated in the public realm of the market place and economic exchange. Women's domain has been in the private realm of home often without instructions in financial matters.

Dr. Joan Fisher, senior consultant with James L. Fisher, Ltd., and Association Executive for B'nai B'rith Women, has conducted more than 60 financial awareness seminars since 1989 to combat this situation. Dr. Fisher believes that the key to women's emergence as philanthropists lies in their willingness to develop financial acumen and management skills: "To achieve full potency as human beings requires that women achieve competency in financial matters. So long as others - advisors, trust managers, partners or parents - have the responsibility for financial decision making, women will remain in dependency relationships....Acquiring financial acuity is a task that brings inestimable rewards, not the least of which can be practicing philanthropy."

Even when women do share in the distribution of household assets, contributions to charity remain under the purview of the male. For example, empirical studies reveal that women's gifts to their alma maters have consistently been less than those given to their husband's alma maters. In the case of married women who do not work outside the home, the hurdles to giving, whether to their alma maters or to charities focused on women, are even greater.

The process of evaluating a woman's contribution to the household in currency other than dollars levels the decision-making playing field. The process involves a valuation of women's work whether it takes place in the corporation or in the home. In commenting on women as 'homemakers,' author Letty Cottin Pogrebin states: "Only when she values her housework and child rearing as an in-kind contribution to the couple's net worth will she grant herself permission to do her own charitable decision making."

The tendency for gifts to be given in the area of the husband's interest has led to a deficiency of funds for organizations that predominately serve women. Because men give larger amounts than do women and frequently determine the focus of household giving, a disturbing pattern surfaces. In the words of Dr. Joan Fisher: "(p)assive inattention perpetuates paternalistic control." Private foundations, disproportionately managed by men, fund four times as many boys' groups as girls' groups. The United Way funds boy's programs at twice the level as girls.

Women have long been affirmed to be resources for others rather than controllers of their own resources. Growing into their emerging power and utilizing it for causes near to their own hearts is a bold step. Quoting Pogrebin: "...the act of giving money is itself a rejection of the feminine stereotype. It involves risk-taking decision making and putting our money where our values are. For me, the badge of feminist courage is visionary philanthropy."

Women's visionary courage to use their own financial resources to craft programs, policies and legislation in ways constructive for women is not new. "Philanthropy lies at the heart of women's history." The first 'wave' of the women's movement was heavily influenced by women philanthropists. Social welfare as we know it today would not be in place without the financial commitment of Jane Addams or Emma Corola Woerishoffer. Alva Belmont's \$2 million bequest to the National Women's Suffrage in 1914 was essential to the suffragist movement.

The second wave of the liberation movement was less amenable to the idea of women using wealth. While the women's movement of the 1960s provided the roots of empowerment, it also polarized women of wealth from its more radical members. Mary Jean Tully, president of the NOW Legal Defense and Education Fund in 1973, reflects on the sentiment of the time: "Wealthy women generally wanted to distance themselves from a movement they viewed as filled with screaming crazies. On the other hand, the few that came in weren't welcomed because they weren't deemed 'oppressed' enough to be considered true 'sisters.' Also, in the beginning, no one saw the necessity of money to a movement. It was thought of as dirty - as opposed to being a tool."

But the act of using money philanthropically is what Shaw and Taylor call "the next frontier of the women's movement." In this third wave of liberation and empowerment, women are utilizing their resources to effect change. This wave is less than two decades old and one of the first gestures in this direction was the development of the Ms. Foundation for Women. It took eight years for Gloria Steinam, the Foundation's cofounder, to find a receptive audience for her appeal for contributions. This idea of women using their own money to give to other women seemed "as revolutionary as votes for women." Following in the foot-steps of earlier "heroines of philanthropy," women are realizing the transforming power of their gifts, not only for the recipients of their largess but for themselves as well.

"Women philanthropists have always been there, but gender roles, financial status, and mores are changing," reflects Dyan Sublett, the Director of Arts Development with UCLA in an interview in the Chronicle of Philanthropy. "The question is whether our development strategies are keeping pace." Why women give and how their giving differs from men provides important parameter for building the profile of the new women donor.

HOW AND WHY DO WOMEN GIVE?

The proliferation of articles on subjects such as the feminization of the non-profit world, the new clout of female donors, and on the success of female political candidates attest to the increased generosity of women. Researchers are taking note as well. The National Council for Research on Women received a grant of \$127,727 from Lilly Endowment to research the dynamics of women and fund raising. The new Center for Women and Philanthropy at the University of Wisconsin was established in 1989 to encourage additional research on women philanthropists.

Taylor and Shaw, cofounders and codirectors of the National Network on Women as Philanthropists, prefaced their research on how and why women give with the following acknowledgment: "Women are bringing an original and discriminated voice to philanthropy, a voice that differs markedly from that of their male counterpart....Women's philanthropic motivations, or values, are a product of socialization and a collective feminine history that is vastly divergent from that of males."

According to Susan Ostrander and Joan Fisher, two prominent leaders in the field, the what and how of women's philanthropy is characterized by connection and community. Women's desire to have an association with and knowledge about the nonprofit organization to which they give shifts the focus of giving away from *quid pro quo* to the *cause*. Women's participation in the development process and in the delivery of programs facilitates the creation of communities of caring.

Research and the resulting expanded body of knowledge indicates that women and men do give and raise money differently. Empirical studies are frequently drawn from focus groups of women donors and sponsored by women's funds or university foundations. One such study sponsored by The Women and Philanthropy Program at the University of California, Los Angeles provides great insight into the motivations of women philanthropists.

The UCLA focus group study reveals that gifts from women are engendered by a stronger personal ethic which resonates with the donor's particular passion or interest. Their findings suggest that women give from their hearts, or in other words, from an articulated value system. This value system is centered in a keen sense of responsibility. The tendency to take responsibility for the care of others is inculcated in women at an early age. The motivation

for giving is an extension of the caretaking that originates in the nuclear family structure. "Women tend to experience the self as connected and...espouse a morality based upon care."

While some men may be similarly motivated, women's giving is differentiated by their desire for personal involvement with the recipient organization. For example, men's contributions precede an invitation to serve on the board of the nonprofit organization. Women's gifts generally follow participation with the organization at some level. Their gift is an acknowledgment of their desire to be a part of and a partner with an organization in order to achieve a social goal. UCLA focus group study confirmed that women need a level of trust and knowledge about an organization before contributing a significant gift. This relationship of trust and information is most typically built through collaborative activities with the organization.

Another contrast between male and female donors is the desire for recognition. Men are accustomed to leveraging their gifts with a gain in position or power. Giving for men has traditionally been a requisite path for promotion at work or for membership on a board. Many women felt this type of 'quid pro quo' was an anathema to the ethos of their giving.

Radcliffe College's alumna Keller Cushing Freeman echoes this sentiment in an interview with the Atlanta Constitution. Dr. Freeman played a leadership role in the college's fund raising campaign. In reflecting on the gender differences in the prospective donors she contacted during the campaign, Dr. Freeman states: "Women do not sky write their donations. Whereas men figure that if they plunk down \$10 million, they damn well want their names up in lights."

While women do not often desire visibility as a reward for their generosity, they prefer to be involved in the charitable process within the organization. They want to serve on the board, to understand the organization's service programs, and to be consulted on fund raising techniques. Women want their voices to be heard. Based upon that desire, many fund raising professionals are now cultivating a personal link with prospective donors before seeking a contribution.

Several university fund raising campaigns have found that the key to success has been listening to the voices of their prospective and current donors. Wellesley College began their campaign with a series of dinners across the nation. These dinners were conducted for the express purpose of engendering an informative dialogue between the college and their alumnae. The \$168 million campaign attests to the generous response from women once they have been given the opportunity to be heard and valued.

Yet women's collaborative role is not new. Women of the suffrage and settlement house movements, "have traditionally played the dual role of volunteer-philanthropists." Even though women's contributions of cash versus time has become more common and better recognized, they continue to follow the traditional pattern of involvement before funding.

"(T)heir reasons for finding volunteer activity important remain the same as those that motivated generations of women before them: to make a difference, to act responsibly and directly, and to have personal impact on issues about which they care most deeply."

The desire to impact the world around them is often cited as a central motivation for women philanthropists. In the UCLA focus group cited above, the female participants "wanted to know the projected impact of their support and were far more inclined to make a major gift if they were involved with the program for which they were being solicited. While they perceived men as making gifts for purposes of personal recognition or business, the women were more interested in effecting change with their giving." Women utilize their charitable contributions to create change while men fund organizations to maintain the status quo.

CHART FIVE
Motivation to Contribute by Sex of Respondent

| <i>Motivation</i> | <i>Male</i> | | <i>Female</i> | |
|---|---------------------|---------------------|----------------------|---------------------|
| | <i>Major</i> | <i>Minor</i> | <i>Major</i> | <i>Minor</i> |
| Tax considerations & deductions | 6.1% | 21.6% | 5.9% | 16.2% |
| Asked by friend or business associate | 20.3 | 31.1 | 24.3 | 29.3 |
| Giving back to society some of the benefits it gave you | 27.1 | 35.7 | 31.9 | 34.4 |
| Those who have more should help those with less | 47.2 | 32.5 | 58.6 | 25.8 |
| Creating a remembrance of you or your family | 12.6 | 26.1 | 14.8 | 23.1 |
| Gaining a sense of personal satisfaction | 45.2 | 32.9 | 53.6 | 28.1 |
| Fulfilling a business or community obligation | 17.5 | 32.6 | 18.6 | 29.8 |
| Serving as an example to others | 25.0 | 32.7 | 26.6 | 29.0 |
| Insuring the continuation of activities or institutions I or my family benefit from | 28.7 | 30.6 | 35.3 | 25.8 |
| Religious belief or commitments | 41.5 | 33.1 | 45.2 | 30.8 |
| Being encouraged by an employer | 9.4 | 23.4 | 11.0 | 20.3 |

Researchers Tiehen and Andreoni utilized the Gallup survey mentioned earlier to provide a summary of the motivational differences between men and women as noted in Chart Five above. Women's desire to receive a benefit to themselves or their family seems to be the most striking gender difference in motivation. Tiehen and Andreoni perceive this motivation as a natural extension of women's responsibility for caring for others in her family.

The desire to be asked by a friend or associate highlights the second difference in motivation noted by Tiehen and Andreoni. This difference re-emphasizes women's proclivity for association and involvement with the nonprofit organization prior to giving. The desire for involvement is also related to women's reluctance to think of themselves as philanthropists. The title *philanthropist* carries the connotation of pretension and belies women's focus on involved 'sharing' rather than 'giving.'

Fundraising experts, Shaw and Taylor, have developed a list of "The Six C's of Women's Giving" that represent the motivations behind women's benevolence. The following is a summary of the Six C's taken from their most recent book, *Reinventing Fundraising*.

1. CHANGE

As mentioned earlier, women are beginning to discover that they can use their new financial power to effect change. This desire to disrupt the status quo, particularly when it has served to impede the advancement of women, is a primary motivation for female donors.

This emphasis on change is most evident in the recent success of female political candidates. During the 1960s and 1970s few female candidates had the financial support to enable them to compete against the ample coffers of the male competitors. By the 1980s, their political aspirations and public policy goals were further exasperated by a conservative administration. It was not until women began supporting women candidates that the political landscape began to change.

The most successful example of women using their money to implement political change is the political action committee, Emily's List. Its name is an acronym for Early Money Is Like Yeast. The PAC was begun by Ellen Malcolm in 1985. Emily's List provided \$6.2 million in campaign support in the 1992 elections resulting in a record number of female representatives in the House and Senate. Emily's List is now the third largest PAC in the nation surpassing the American Medical Association, the National Rifle Association and the National Association of Realtors.

Members of Emily's List are required to contribute a minimum of \$100. While Emily's List uses their broad based funds to support only female candidates who are Democratic and pro-choice, other PACs with differing agendas have copied their success. Other PACs which are successful in soliciting women are New Jersey's PAM's List (an acronym for Power and Money) and Tennessee's WIN (Women in the Nineties) and the pro-life, Susan B. Anthony List.

2. CREATE

Women want to create a new social structure in which to meet the pressing needs of society. Keenly aware of the hurdles they faced on the road to their success, they want to remove impediments for others, especially girls and women. The creative power of directed benevolence is seen in the growth of women's funds.

Women's funds are philanthropies which distribute moneys to nonprofit organizations that serve women and girls and are administrated predominately by women. The impetus behind the creation of women's funds was the realization that generic programs often ignore the specific needs of girls and women. In 1985, foundation grants targeted specifically for women and girls represented 5.2 percent of all grants. Within five years funding levels dropped to 3.4 percent. This inequity exists in spite of the fact that "society's most chronic problems - from poverty to health care to violence - fall hardest on women."

The rapid growth of the funds during the past 25 years has been a testimony to women's desires to create new solutions to these problems. The 1992 National Network of Women's Funds Survey states that women's funds received over \$17 million in donations and provided \$10 million to programs serving women and girls. These grants reflect a 61% increase over the 1991 level of funding. Whether their gifts lay the foundation for a women's fund or underwrite a candidate, women are realizing that "philanthropy is a creation akin to birth."

3. CONNECT

As mentioned earlier, women generally establish a relationship with an organization before donating. While the well-known fundraising maxim states that people give to people, empirical studies show that women tend to give to causes. Fundraising professionals are discovering that they must build a connection between the women and the cause through a long-term cultivation process in order to earn her gift.

4. COMMIT

Women have demonstrated a capacity for commitment through their tradition of voluntary service. They are now extending that commitment through their giving. "Historically, women have given generously of their time because that was all they had to give. But as more women take jobs outside the home and free time diminishes, many are relieved . . . to be able to give money rather than time. . . . There are still women who believe that if they volunteer, they will be excused from the obligation to give money. Fortunately that attitude is declining. . . ."

5. COLLABORATE

Women's desire for connection with the recipients of their gifts creates a powerful and effective community of collaboration. Unlike the mavericks of past generations, contemporary contributors "are not going it alone, . . . they are seeking out other donors who share their view of society's problems -- shaped in many cases by events of the 1960's, and using this network to channel their money to groups that in many cases are too small, too radical or too inexperienced to attract help from the established philanthropies."

6. CELEBRATE

Shaw and Taylor studied successful campaigns and found that women bring a sense of fun to the otherwise potentially intimidating process of fundraising. As an example, they cite the story about a member of Resourceful Women who launched her 50th birthday celebration

with a gift of \$10,000 to five of her friends. Each was instructed to contribution the money. Her birthday party was a gathering of these women during which each was able to share her experience in researching and distributing the funds.

The practice of celebrating is not limited to women of substantial means. Successful university, women's fund and political campaigns are most frequently made up of a multitude of small gifts from women who are not in a financial position to make large donations. It is women's propensity to work in collaboration towards a goal, not the size of their gifts, that facilitates opportunities for celebration along the way.

"At its root, fundraising for philanthropic causes is about *what* we as a society want to do with the resource we have accumulated and distributed, and *how* we want to do it." Italics added. The emergence of women philanthropists will have positive impact that extends beyond the benefit to the recipients of their gifts. Women philanthropists will usher in a new kind of fundraising. "(O)ne that . . . will ultimately define how all fundraising is conducted in the country: a dynamic and nonhierarchical strategy that connects people to the cause."

The priorities espoused by the new women philanthropists have the potential to infuse the development process and its participants with a new ethic regarding the social responsibility of wealth. This transformation in philanthropy could lead to a "transformation in the meaning of money: from a sign of one's relative position in a status and power hierarchy, to a powerful means for accomplishing community and collective collaboration toward a shared goal."

WOMEN AS PHILANTHROPISTS: AN EMERGING ROLE

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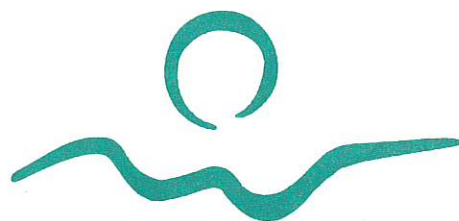
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