2026

Indiana Girl Report

girl scouts coalition of indiana | Girl Scout Councils serving Indiana | INDIANA YOUTH INSTITUTE

About Girl Scouts

As Girl Scouts, girls discover the fun, friendship, and power of girls together. Experiences are designed so girls of all backgrounds and abilities embrace their true selves, discover their strengths and new skills, and rise to meet new challenges. Supported by dedicated adult volunteers, mentors, supporters, and a robust network of alumnae, Girl Scouts provides safe spaces where every girl can be unapologetically herself, find adventure and give back to community. By fostering an environment of inclusion and empowerment, and backed by insightful research, Girl Scouts encourages every girl to grow, learn, and lead, and in doing so, has shaped generations of confident, capable, and compassionate women committed to making a positive impact on the world.

The Girl Scout Leadership Experience (GSLE) is the foundation of the program. It is a model designed to help girls develop into leaders through meaningful, girl-centered activities. Girls achieve five core outcomes: a strong sense of self, positive values, a willingness to seek out challenges, the ability to form and maintain healthy relationships, a commitment to community problem-solving. These outcomes are achieved through three key program processes:

- Girl-led experiences that empower girls to take ownership of their journey
- Learning by doing to promote active hands-on engagement
- Cooperative learning that builds collaboration and shared success

Together, these outcomes and processes reflect the benefits of Girl Scouting and how it equips girls with lifelong skills, confidence and a sense of purpose.

About Girl Scouts Coalition of Indiana

Girl Scouts Coalition of Indiana (the Coalition) is a statewide, girl-focused, social innovation initiative. It was founded and inspired by the six Girl Scout councils serving Indiana to create space for dreaming, ideating, testing, and developing new ways to serve all girls, especially those living in low-income communities.

Through this initiative, the Coalition works on behalf of the Girl Scout councils across Indiana to deeply embed in communities, learn more about the needs of girls and families in 20 specific counties, and create innovative ideas that remove barriers for girls to access beneficial and impactful experiences. This work seeks to enable every girl in Indiana to live her best life physically, academically, emotionally, and socially.

Additionally, the Coalition is conducting, sharing, and acting on annual research of the state of all Indiana girls to lead a collaborative, multi-organizational approach to ensuring the wellbeing of girls is prioritized in Indiana.

About Indiana Youth Institute

Indiana Youth Institute (IYI) has worked to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on kids and youth since 1988. IYI provides critical data, capacity-building resources, and innovative training for thousands of diverse youth-serving organizations and youth workers each year. IYI has a long history of deeply engaging with Indiana's youth workers, leveraging their needs to promote data driven problem solving, and large-scale impact projects such as Strengthening Youth Programs in Indiana and Indiana's Youth Worker Well-Being Project.

IYI has been the Indiana state partner in the Annie E. Casey Foundation KIDS COUNT® network for over 30 years. Annually, IYI produces the Indiana KIDS COUNT® Data Book, one of 53 state- and territory level projects designed to provide a detailed picture of child well-being.

IYI's vision is to be a catalyst for healthy youth development and for achieving statewide child success, striving to create best practice models, provide critical resources, and advocate for policies that result in positive youth outcomes.

Lilly Endowment Inc.
A private foundation since 1937

About the Indiana Girl Report

The 2026 Indiana Girl Report is an overview of the well-being of Indiana girls statewide. It aims to showcase the realities girls face and the variances across regions, an approach created through the data-centric expertise of Indiana Youth Institute and the girl-centric expertise of the Girl Scout Coalition of Indiana.

How to Read the Report

The 2026 Indiana Girl Report contains three distinct sections, designed to provide a comprehensive look and elevate statewide attention of the realities impacting girls' lives. The Executive Summary hits the highlights and provides recommendations for adults who want to get involved to support girls. The next section highlights the root causes and trends behind the data, and the calls to action which can collectively change the landscape and serve as levers for change. The third section presents the data and findings from Indiana Youth Institute.

The Indiana Girl Report includes:

- Girl-specific data sourced from IYI's Indiana KIDS COUNT® Data Book and other relevant data sets;
- Girl-specific data by sub-groups inclusive of race, ethnicity, socioeconomic status, gender, age, mental and physical ability, and other characteristics when available;
- Girl-specific multi-year trends related to emotional health indicators, physical health indicators, academic performance, and social wellness;
- Data-driven actions for parents, youth service providers, and policymakers to improve support and overall conditions for Indiana girls.

Content Warning

This report contains information, discussion, and data regarding self-harm, physical and sexual abuse, racial trauma, violence, death, and traumatic healthcare experiences.

We gratefully acknowledge the 2026 Indiana Girl Report Committee, whose thoughtful review, questions, and insights helped shape this report and its Calls to Action.

Table of Contents


Girl Scou
Daisy

Indiana Girl Report Executive Summary

Indiana girls are demonstrating strengths across many dimensions of well-being. They are graduating from high school at record rates, entering college at higher rates than their male peers, participating in organized activities and community programs, and benefiting from supportive relationships with families, mentors, and trusted adults. Many girls live in safe and supportive neighborhoods, receive preventive healthcare, and meet early developmental milestones at rates that exceed national benchmarks.

At the same time, the data reveal a more complex picture beneath these strengths. Across multiple measures, Indiana girls are experiencing growing pressures related to mental health, social connection, physical well-being, and economic stability. While many indicators show resilience and positive engagement, challenges remain that have the potential to affect long-term health, educational attainment, and future opportunity.

Indiana is home to

776,370

girls under age 18.

Source: U.S. Census Bureau (2024). ACS 5-Year Estimate B01001.

Academic Success Remains a Major Strength

Indiana girls consistently outperform their male peers in many educational outcomes. Girls exceed boys in school readiness, reading proficiency, homework completion, college enrollment, and college completion. In 2025, Indiana's female graduation rate reached 93.2%, the highest rate recorded in the past decade, and more than four in ten female graduates earned a Core 40 or Academic Honors diploma.

Despite these successes, important academic gaps remain. Fewer than four in ten girls meet state proficiency standards in mathematics, science, or social studies. While girls are highly represented in health-related fields, they remain significantly underrepresented in many STEM pathways that contribute to Indiana's fastest-growing and highest-paying careers. College enrollment has also declined over the past decade for all students, including girls.

93.2%

of female students graduated on time.

THE HIGHEST RATE

in the past decade.

Source: Indiana Department of Education (2025). Graduation Data Request.

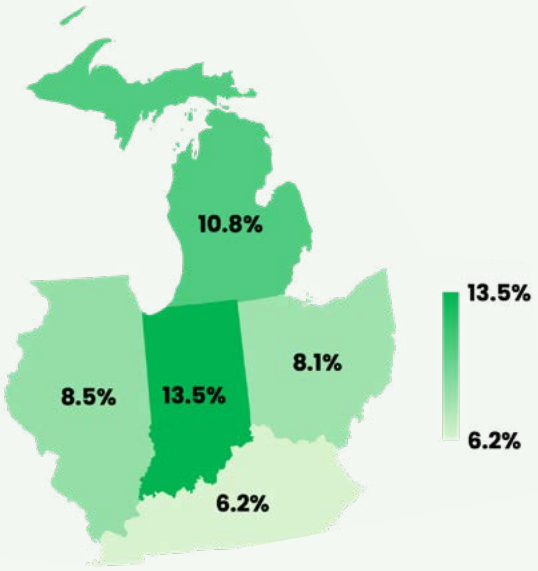
Physical Well-Being Shows Both Access and Vulnerability

Most Indiana girls have access to preventive healthcare services, dental care, and routine checkups, often at rates that compare favorably with surrounding states. Many live in households with reliable access to food, and rates of current or lifelong health conditions have declined in recent years.

However, affordability and access remain ongoing concerns. Indiana has one of the highest uninsured rates among girls in surrounding states, and many families report that health coverage does not adequately meet their needs. Housing instability, food insecurity, and unmet healthcare needs have increased on several measures. More than one in five girls has a special health care need, and over one in four experiences at least one functional difficulty.

Healthy lifestyle behaviors also present challenges. While most girls report some weekly physical activity, relatively few achieve recommended daily activity levels. High rates of screen time and insufficient sleep raise additional concerns about long-term physical and mental health.

Lack of Current Health Insurance for Female Children (Under 18 Years); 2024



Source: National Survey of Children's Health (2024). Indicator 3.1.

Emotional Wellness Reflects Strong Supports Amid Growing Mental Health Concerns

Indiana girls benefit from many protective factors that support emotional wellness. Most report having access to trusted adults, supportive neighborhoods, and strong peer relationships. Mental health treatment utilization is also relatively high, indicating that many girls are successfully connecting with needed services.

Yet the data also point to significant emotional health challenges. Girls report substantially higher levels of sadness, hopelessness, suicide-related thoughts, body image concerns, and eating-related behaviors than their male peers. Many experience bullying, social exclusion, and difficulty maintaining friendships. Although more girls are receiving mental health support, families continue to report challenges navigating the mental health system and obtaining needed services.

These findings suggest that strong support systems are helping many girls navigate adversity, but emotional well-being remains one of the most pressing areas of concern.

1 in 4 CAREGIVERS

reported their daughter was concerned about her body weight, shape, or size.

nearly three times higher than caregiver-reported concerns

Source: National Survey of Children's Health (2023-2024). Indicator 1.4c.

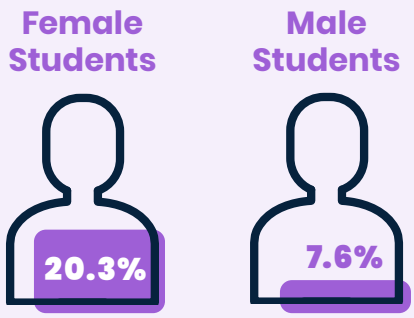
Social Wellness Highlights Engagement and Safety Concerns

Indiana girls are highly engaged in organized activities, volunteerism, and community organizations. Participation in extracurricular activities, community service, and positive peer interactions provides important opportunities for connection, leadership, and personal development.

At the same time, the data reveals notable social risks. Many girls experience adverse childhood experiences (ACEs), family conflict, dating violence, sexual violence, bullying, and substance-use-related risks. Girls report higher exposure to several risk factors than boys and experience disproportionately high rates of victimization. Sexual violence, dating violence, and trafficking continue to affect a significant number of adolescent girls, highlighting ongoing concerns about safety and healthy relationship development.

Encouragingly, several long-term trends are moving in a positive direction. Teen birth rates continue to decline, access to substances has become more limited, and some risky behaviors have decreased over time. These improvements suggest that prevention efforts are having an impact, even as challenges remain.

High school students reported experiencing sexual violence at least once in the past year.



nearly three times the rate of male peers

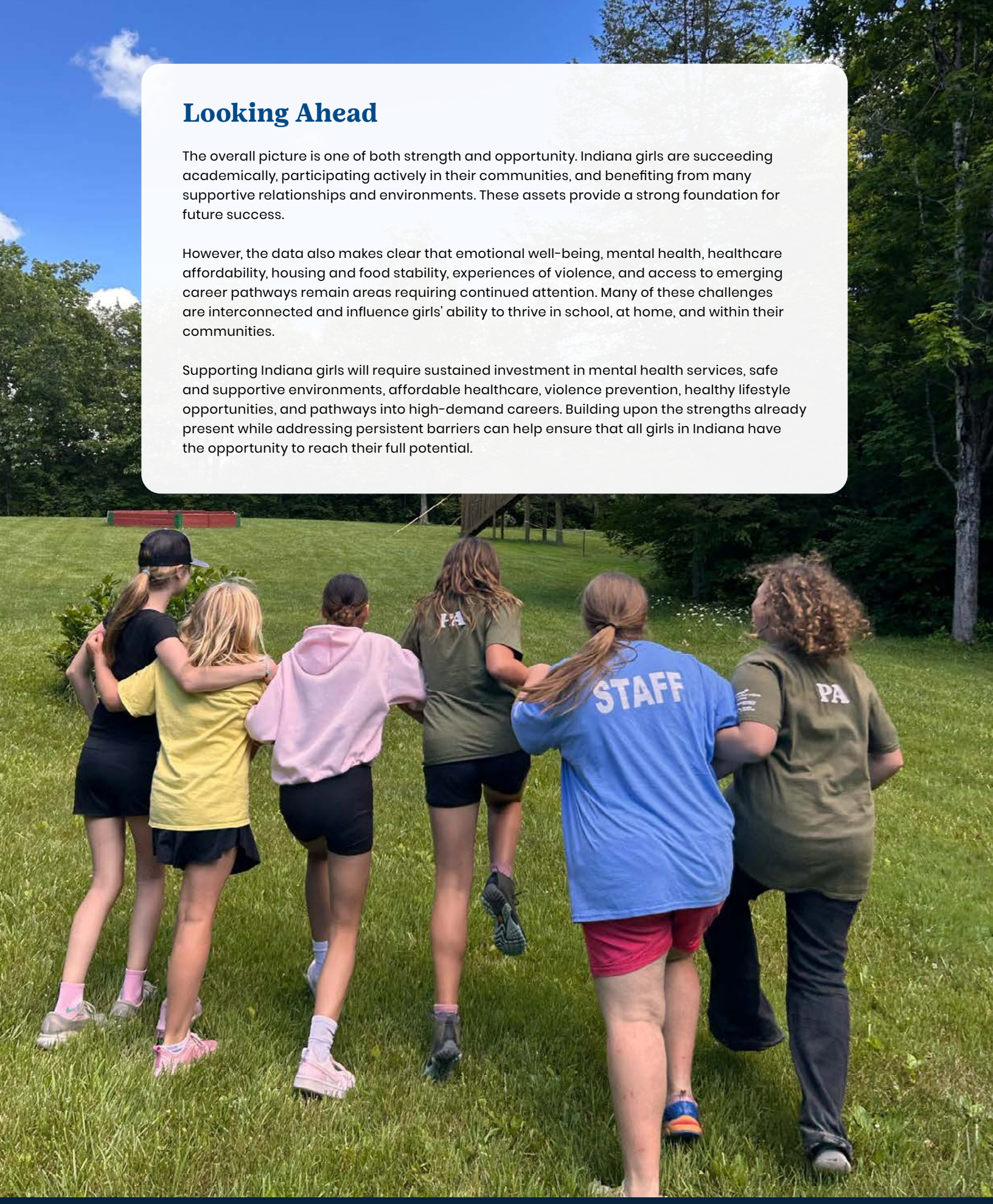
Source: Indiana Department of Health (2023). Youth Risk Behavior Survey.

Looking Ahead

The overall picture is one of both strength and opportunity. Indiana girls are succeeding academically, participating actively in their communities, and benefiting from many supportive relationships and environments. These assets provide a strong foundation for future success.

However, the data also makes clear that emotional well-being, mental health, healthcare affordability, housing and food stability, experiences of violence, and access to emerging career pathways remain areas requiring continued attention. Many of these challenges are interconnected and influence girls' ability to thrive in school, at home, and within their communities.

Supporting Indiana girls will require sustained investment in mental health services, safe and supportive environments, affordable healthcare, violence prevention, healthy lifestyle opportunities, and pathways into high-demand careers. Building upon the strengths already present while addressing persistent barriers can help ensure that all girls in Indiana have the opportunity to reach their full potential.



The Coalition Overview & Calls to Action

Girl Scout Council CEOs

Every year, the Indiana Girl Report provides an opportunity to pause and ask a simple but important question:
How are Indiana girls doing?

The answer cannot be found in a single statistic. It is found in the stories the data tells when viewed together. This year's report paints a picture of girls who are learning, growing, leading, and contributing in communities across Indiana. They enter school ready to learn, graduate at record rates, participate in organized activities, build meaningful relationships, and demonstrate determination as they navigate childhood and adolescence.

At the same time, the data reminds us that many girls continue to face barriers that shape their opportunities. Challenges related to education, health, safety, and emotional wellness do not occur in isolation. They are interconnected, influencing the environments in which girls learn, grow, and imagine their futures. As you move through this report, we encourage you to look beyond the individual charts and indicators. Together, they tell a more complete story about the experiences of girls across our state, one that highlights both remarkable strengths and meaningful opportunities for action.

This report is intended to not simply inform. It is intended to inspire conversation, strengthen partnerships, and encourage collective action. Whether you are an educator, policymaker, nonprofit leader, healthcare provider, parent, volunteer, or community member, your role matters. Creating communities where girls can thrive is a shared responsibility. Throughout these pages, you will find calls to action grounded in the data and designed to encourage local solutions that build on the strengths of Indiana girls while addressing the challenges they continue to face. As you read, we invite you to remember that the numbers are only the beginning. **Behind every data point is a girl. Behind every girl is a future we all have a role in shaping.**

Thank you for joining us in building communities where every Indiana girl has the opportunity to learn, belong, lead, and thrive.

Deana E. Potterf

Deana Potterf

girl scouts of central indiana

Sharon L. Pohly

Sharon Pohly

girl scouts of northern indiana-michiana

Nancy L Wright

Nancy Wright

girl scouts of greater chicago and northwest indiana

Mary Fee

girl scouts of southwest indiana

Maggie Elder

girl scouts of kentuckiana

Aimée R. Sproles

Aimée Sproles

girl scouts of western ohio

About the Coalition Dimensions of Wellness

Together, the four Dimensions of Wellness define key areas under which girls need support to thrive. While additional areas of wellness have been researched and defined over time, these four were selected because they are important for the holistic development of girls.

Physical Wellness for Girls

For girls to thrive, communities should create conditions for girls to develop healthy bodies and live in healthy environments. Proper development of her physical body requires access to nutritional foods, outlets for physical fitness, health education, and more. Girls also need safe, nurturing environments in which to grow, including access to safe housing, adequate healthcare, and protective communities of peers and adults who are capable of supporting her overall development.

Academic Wellness for Girls

Creating an educational environment which fosters curiosity, champions risk-taking, and encourages girls to try new things is necessary to level the playing field in the classroom. While girls face pressure to be high academic achievers, social influences create pressure that can limit academic success or narrow their chosen fields of study. Academic wellness for girls begins with high-quality early childhood education, equitable access to all fields of study including STEM topics throughout their K-12 education, and programs which enable ongoing education in higher education or technical training.

Emotional Wellness for Girls

When girls develop the ability to identify, express, and manage their feelings, they build a foundation for emotional resiliency. Nurturing these capabilities requires safe environments where girls learn preventative coregulation and proactive self-care which necessitates the presence of caring adults. Together, these circumstances help in the reduction of the mental health challenges girls face, including bullying, eating disorders, and depression.

Social Wellness for Girls

A robust ecosystem of support including a strong family unit, adequate economic resources, and opportunities to create and sustain social networks in her community helps girls build social skills and social connections needed to thrive. In these environments, girls learn both their intrinsic worth – a precursor for healthy self-confidence – and receive necessary support to navigate complicated social situations. Disruptions to this social fabric such as childhood trauma, poverty, or the prevalence of substance abuse in the family can create significant challenges now and later in life.

Call to Actions

The story of Indiana girls does not end with the data. It continues in the choices we make, the opportunities we create, and the support we provide. These Calls to Action show how policymakers, youth-serving organizations, and parents and caregivers can help shape what comes next.

Policymakers

Shape the systems, funding, and policies that influence girls' opportunities.

Expand access to affordable, high-quality early learning opportunities.[1]
Support policies that increase the availability, affordability, and accessibility of quality childcare so girls and families can thrive from the earliest years.

Ensure girls have access to transparent, flexible, and workforce-aligned postsecondary pathways.[2,3]
Support policies and programs that expand opportunities for girls to explore multiple postsecondary pathways, including two-year and four-year degrees, certifications, apprenticeships, entrepreneurship, military service, workforce entry, and STEM careers, so girls and families can make informed decisions based on cost, time, earnings, flexibility, long-term career opportunities, and the evolving demands of a workforce shaped by emerging technologies, including AI.

Recognize civic engagement as a strategy for strengthening girls' leadership and community connection.[4,5]
Invest in programs and partnerships that expand access to safe, supported civic engagement opportunities where girls can build leadership skills, strengthen community connections, and develop positive peer relationships.

Strengthen sexual violence prevention efforts.[6,7,8,9,10,11,12]
Invest in prevention efforts that center girls' voices and lived experiences while strengthening safe, supportive school and community environments through evidence-informed, trauma-informed approaches.

Strengthen school-based mental health systems by pairing early identification with timely, appropriate support for anxiety and other emerging concerns.[13]
Invest in coordinated school-based systems that identify concerns early, expand access to qualified mental health professionals, and connect girls to timely, appropriate support before challenges escalate.

Strengthen access to timely, affordable healthcare by reducing barriers to consistent physical and mental health care.[14,15]
Support policies that ensure health coverage translates into access by reducing barriers to affordable care, helping families navigate changing eligibility and provider networks, and strengthening timely access to physical and mental health services.

Support investments that expand access to digital wellbeing education, trusted resources, and community partnership that prepare adults to help girls navigate AI and emerging technologies safely and confidently.[16]
Expand access to learning opportunities, trusted resources, and community partnerships that prepare parents, caregivers, educators, and youth-serving professionals to support girls in navigating AI, technology, and their evolving digital lives.

Youth-Serving Organizations

Create the environments, relationships, and programs where girls can thrive.

Build relationships with families before programs or services are needed.[1]
Expand family outreach beyond traditional enrollment methods by partnering with trusted community organizations to reach families with limited access to information and partnering with families to design outreach and programs that reflect their needs and reduce barriers to participation.

Strengthen opportunities that help girls explore and navigate multiple pathways after high school.[2,3]
Build on existing partnerships, programs, and community resources to expand career exploration, connect girls to real-world experiences, and help them make informed decisions about multiple pathways after high school.

Design programs that intentionally reduce barriers to participation and educational success.[5]
Partner with girls, families, schools, and community organizations to identify barriers, share resources, and create more flexible opportunities that expand participation and educational success.

Harness positive peer influence to strengthen volunteerism, leadership, and community engagement.[5]
Create opportunities for girls to encourage, recruit, and learn alongside one another while building positive peer relationships that strengthen leadership, civic engagement, and belonging.

Create safe spaces for girls to reflect on civic engagement experiences and connect those experiences to leadership, purpose, and community.[4,5]
Design civic engagement experiences that help girls reflect on their experiences, build confidence, and strengthen their connection to community.

Co-create relationship safety and violence prevention programs with girls who reflect the diversity of the community.[6,7,8,9,10,11,12]
Engage girls as partners in designing prevention efforts that reflect diverse lived experiences, strengthen school and community safety, and promote healthy relationships through trauma-informed, evidence-informed approaches.

Strengthen coordinated systems of support.[6,7,8,9,10,11,12]
Build strong partnerships among schools, youth-serving organizations, healthcare providers, and community agencies so girls can access coordinated, confidential, and trauma-informed support when they need it.

Strengthen organizational practices that create supportive environments where girls feel comfortable seeking guidance or sharing concerns before challenges escalate.[6,7,8,9,10,11,12]
Equip staff and volunteers to recognize emerging concerns early, respond with empathy, and connect girls to trusted adults and appropriate supports before challenges become crises.

Equip parents, caregivers, educators, volunteers, and other trusted adults with accessible learning opportunities and resources to help girls navigate AI, technology, emotional wellbeing, and healthy human relationships.[16]
Provide accessible workshops, trusted resources, and practical conversation tools that prepare adults to support girls' digital wellbeing, recognize when additional support is needed, and reinforce the importance of trusted human relationships.

Parents & Caregivers

Support girls through everyday conversations, encouragement, and connection.

Explore childcare and early learning opportunities as early as possible.[1]
Connect with trusted community organizations and local resources, such as healthcare providers, schools, and public libraries, to learn about available childcare, early learning, and financial assistance opportunities before your family needs them.

Encourage your girl to explore multiple pathways to success by discussing interests, strengths, and future goals rather than focusing on a single definition of achievement.[2,3]
Explore future possibilities together, even if they are new to you. Connect with trusted resources-such as school counselors, career fairs, local colleges, workforce development organizations, local business owners and employers-to learn about opportunities, ask questions, and make informed decisions.

Stay engaged during key educational transitions.[2,3]
Stay connected with your girl's school and youth-serving organizations during key transition periods, such as entering middle school, high school, or planning life after graduation, while encouraging her to seek guidance from trusted adults, explore future opportunities, and ask for support when challenges arise.

Create opportunities for your girl to experience kindness, service, and community connection in ways that fit your family's interests and circumstances.[5]
Encourage your girl to participate in activities that build compassion, leadership, and belonging because positive community experiences help girls strengthen relationships and develop confidence.

Build trust through ongoing conversations about relationships, boundaries, and personal safety.[6,7,8,9,10,11,12]
Create regular opportunities for open, judgment-free conversations so your girl feels comfortable asking questions, sharing concerns, and seeking support from trusted adults.

Create an environment where conversations about anxiety, stress, and emotional wellbeing are open, ongoing, and judgment-free.[13]
Foster opportunities where conversations about emotions are normal by listening without judgment, modeling healthy ways to manage stress, and seeking support early when concerns arise.

Seek opportunities to learn about girls' digital lives and create ongoing conversations about AI, technology, and emotional wellbeing through workshops, community learning opportunities, trusted online resources, and conversations with your girl.[16,17,18]
Stay curious about your girl's digital experiences by learning together, asking open-ended questions, and reinforcing that Artificial Intelligence (AI) and technology can support learning but should never replace trusted relationships or professional help when needed.

References

1. Finders, J.K., Lara, G.D., Pratt, M.E., Nordgren, I., & Ochoa, W. (2025). Investigating child care decision making to understand access among families with low incomes. Early Childhood Research Quarterly, 71(2025), 35-48. https://doi.org/10.1016/j.ecresq.2024.11.014

2. Pew Research Center. (2024, May). Is college worth it? https://www.pewresearch.org/social-trends/2024/05/23/is-college-worth-it-2/

3. Pew Research Center. (2021, November 8). What's behind the growing gap between men and women in college completion? https://www.pewresearch.org/short-reads/2021/11/08/whats-behind-the-growing-gap-between-men-and-women-in-college-completion/

4. Sciola, A., Geoffroy, M., Mazzarello, O., Boruff, J., Talwar, V., & Phillippe, F.L. (2025). Youth civic engagement and mental-health: A systematic review of longitudinal studies. *Adolescent Research Review*, *10*, 657-681, https://doi.org/10.1007/s40894-025-00267-1

5. Choukas-Bradley, S., Giletta, M., Cohen, G.L., & Prinstein, M.J. (2025). Peer influence, peer status, and prosocial behavior: An experimental investigation to peer socialization of adolescents' intentions to volunteer. *Journal of Youth Adolescents*, *44*(12), 2197-2210. https://doi.org/10.1007/s10964-015-0373-2

6. Bashir, N.Z., & Lane, J. (2025). Beyond additive risk: Intersectional inequalities in sexual violence by sex, race, and ethnicity, and sexual orientation. Child Abuse & Neglect, 172(2026), 1-11. https://doi.org/10.1016/j.chiabu.2025.107843

7. Hjelm, L.L. (2024). Youth engagement in sexual violence prevention programs and research: A systematic review. Sexes, 5, 411-427. https://doi.org/10.3390/sexes5030030

8. Lemke, M., Jekayinoluwa, J., Petko, D., Sharma, V., & LiPuma, K. (2025). Gender-based violence and the politics of sex education in the United States: Expanding medically accurate and comprehensive policy and programming. Youth, 5(4), 1-23. https://doi.org/10.3390/youth5040127

9. Pliiogou, V., Tromara, S., Hajisoteriou, C., & Angelides, P. (2025). Preventing and combating school related gender-based violence (SRGBV): Laying the foundations for a safe, equitable, and inclusive school. Frontiers in Education, 1-3, https://doi.org/10.3389/feduc.2025.1520731

10. Small, E., Nikolova, S., & Sesay, B. (2025). Predictors of adolescents' perceptions of feeling unsafe and mental health. International Journal of Educational Research, 133(2025), 1-10. https:/doi.org/10/1016/j.ijer.2025.102728

11. Sharpless, L., Alvarez, K., Kershaw, T., & Willie, T.C. (2024). Adolescent dating violence and suicide planning among girls in US high schools: An intracategorical intersectional analysis by race and ethnicity, adolescent mental health. *American Journal of Public Health,* 115(9), 1388-1396. https://doi.org/10.2105/AJPH.2025.308043

12. Woolweaver, A.B., Khalaf, N.A., Espelage, D.L., Zhou,Z., Marmolejos, R.R., Calnan, M., & Mirsen, R. (2024). Outcomes associated with adolescent dating and sexual violence victimization: A systematic review of school-based literature. Trauma, Violence, & Abuse, 25(4), 2781-2796.

13. Rapaport, A., Polikoff, M., Saavedra, A., & Silver, D. (2024, August). A nation's children at risk: Insights on children's mental health from the Understanding America Study. University of Southern California. https://uasdata.usc.edu/education

14. Musumeci, M., Murphy. C., Leiser, E., Silverman, H., & Azimpoor, K. (2025). Reducing Medicaid Churn: Policies to Promote Stable Health Coverage and Access to Care. (Commonwealth Fund, June 2025). https://doi.org/10.26099/k808-3424

15. Medicaid and CHIP Payment and Access Commission. (2021, October). An updated look at rates of churn and continuous coverage in Medicaid and CHIP.

16. Robb, M.B., & Mann, S. (2025). Talk, trust, and trade-offs: How and why teens use AI companions. San Francisco, CA: Common Sense Media. https://www.commonsensemedia.org/research/talk-trust-and-trade-offs-how-and-why-teens-use-ai-companions

17. Pew Research Center. (2026, February). How teens use and view AI. https://www.pewresearch.org/internet/2026/02/24/how-teens-use-and-view-ai/

18. American Psychological Association. (2025, June). Artificial Intelligence and Adolescent Well-being: An APA health advisory.

Indiana Girl Well-Being Data

The realities of data on girl-specific needs

To achieve the vision of the Girl Coalition of Indiana, Indiana Youth Institute compiled **girl-specific data and research from the KIDS COUNT® data domains of Family & Community, Health, Economic Well-Being, and Education to identify barriers and to support girls** living their best life, using data to inform and spark action.

Letter from IYI President & CEO

Helping Girls Thrive Through Connection and Opportunity

Across Indiana, girls are demonstrating resilience, leadership, and potential. The 2026 Indiana Girl Report reminds us that girls thrive when they have opportunities to build skills, develop meaningful connections, and participate in experiences that support their growth and well-being. Through our partnership with the Girl Scouts Coalition of Indiana and the Girl Scouts of Indiana, Indiana Youth Institute is proud to share this year's report and its valuable insights into the experiences of girls across our state.

As with previous editions, this report demonstrates the power of data to deepen understanding and prompt informed action. The data help us better understand the experiences, relationships, and opportunities that contribute to positive outcomes for girls while also highlighting areas where additional resources are needed.

This year's findings offer many reasons for optimism. Health indicators have improved in important ways, rates of current or lifelong health conditions have declined, and most girls have received preventive healthcare services and participate in activities that support their well-being. Academically, girls continue to excel, graduating at the highest rates seen in a decade while demonstrating strong school engagement and girls continue to outperform their male peers in several academic measures. Socially, girls remain highly engaged in organized activities, leadership opportunities, and community involvement. Long-term trends, including declining teen birth rates and reduced substance use, are also moving in a positive direction.

At the same time, many Indiana girls continue to navigate complex challenges. Mental health concerns, bullying, barriers to healthcare, housing instability, food insecurity, and experiences of violence continue to affect far too many young people. These challenges deserve continued focus and action.

One of the most important themes to emerge from this year's report is the value of connection. The findings reinforce what Indiana Youth Institute has advanced through FIVE by 50™, a vision to strengthen the web of relationships surrounding every young person in Indiana. Research and experience continue to demonstrate that young people are more likely to thrive when they are connected to supportive adults, meaningful opportunities, and communities where they feel a sense of belonging. Positive peer relationships matter, but so do the networks of support that help girls navigate challenges, build resilience, and pursue their goals.

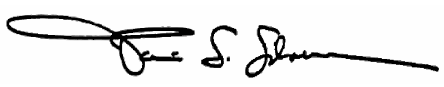
This is why the work of youth-serving organizations matters so deeply. Organizations like Girl Scouts create intentional environments where girls can discover their strengths, develop leadership skills, build confidence, and experience a sense of purpose and belonging. Through trained volunteers, proven youth development practices, and a strong organizational framework, Girl Scouts helps girls build connections with supportive adults while expanding their circle of support. For thousands of girls across Indiana, Girl Scouts serves as an important part of the network of relationships that strengthens protective factors and creates opportunities to thrive.

The findings reinforce something the youth-serving field knows well: connection does not happen by accident. It is built through intentional investment in organizations, professionals, volunteers, and community partners who work together to ensure young people are surrounded by the support they need. When youth-serving organizations collaborate with families and caring adults, they create stronger connected communities where girls gain the confidence, stability, and opportunity to reach their full potential.

Indiana Youth Institute remains committed to partnering with organizations across our state so data can inform decisions, strengthen programs, and guide meaningful action. Together with Girl Scouts, youth-serving professionals, volunteers, educators, and advocates, we can continue creating communities where girls feel connected, encouraged, and empowered to reach their full potential.

We are proud to share the 2026 Indiana Girl Report and grateful to everyone using it as a tool for learning, planning, and action. Together, we can help ensure every Indiana girl has the chance not only to succeed, but to flourish.

Warmly,



Tami Silverman
President & CEO
Indiana Youth Institute

About the IYI Data Domains

IYI tracks hundreds of data indicators each year related to the following data topics and domains:

Family & Community

Children and youth who live in nurturing families and safe, supportive communities generally have stronger personal connections, higher educational achievement, and better mental health. Parents also need adequate resources to help foster their children's development. Similarly, children and youth are more likely to thrive in neighborhoods with strong schools, support services, and opportunities for community engagement.

Health

Children's good health is fundamental to their development, and ensuring kids are born healthy is the first step. Children and youth of color and those who face disadvantages such as inadequate family or community resources, exposure to traumatic events or other family stress tend to experience worse health outcomes. Leaders can address these disadvantages and ensure equitable access to quality health insurance and care.

Economic Well-Being

Family economic success provides a critical foundation for healthy child development, which, in turn, related to more positive outcomes in adulthood. Ongoing exposure to economic stress and hardship can negatively affect children's physical and mental health, academic achievement, and social-emotional well-being.

Education

Establishing conditions to promote children's educational achievements begins before birth and continues into the elementary school years. With a strong beginning – followed by ongoing quality education, learning environments, and support – children are more likely to stay on track in school and graduate, pursue postsecondary education and training and successfully transition to adulthood.

Source: Annie E. Casey Foundation Data Center

Addressing Limitations in Available Data

This report is meant to give insight into the obstacles and challenges that girls in Indiana are facing. It also provides greater context for all youth-serving organizations, specifically those working with girls, to address the gender gaps that are present across all dimensions of well-being.

Just as there are gaps in the experiences and opportunities impacting girls, we recognize that gender gaps also exist in data and data collection. Gender biases and accurate representation are not issues unique to Indiana as organizations around the world work towards equitable data collection standards to address gender data gaps.

When available, gender-specific data and research have been used to minimize gender biases and highlight the unique experiences girls face. While efforts have been made to limit the amount of gender-biases found in the data, it is not yet possible to present data that is free from gender bias. It's important to recognize that biases exist in data collection, reporting, and availability that affect the data surrounding all genders, but especially impacting the availability of girl-focused data.

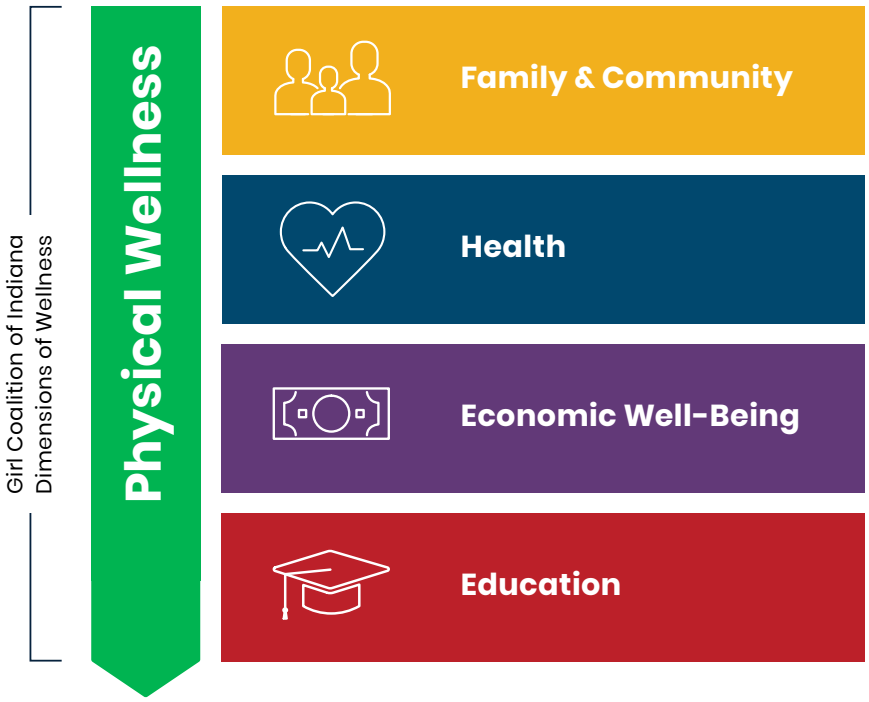
Due to these biases, limitations are present in available gender-specific data. However, these limitations do not dismiss what the data shows but should be viewed as an additional data point that provides a lens by which to view and interpret this report. Barriers currently present in gender data make it difficult to monitor and assess the progress that Indiana girls are making.

Indiana Youth Institute, the Girl Scouts Coalition of Indiana, and Girl Scouts are aware of existing data shortcomings and are continually working to source more robust, equitable, and gender specific data to advance the use of data in the decision-making process. By addressing systemic biases in collection, definitions, experiences, and methodologies, we are better equipped to ensure that data is representative of the varied, lived reality of girls. It's this acknowledgment and continued work that is critical to making sure that girls in Indiana are visible and thriving in all areas of well-being.

How to Use & Understand This Report

Example Legend

The visual below shows the intersectionality between the Girl Scouts Coalition of Indiana Dimensions of Wellness and IYI's KIDS COUNT® Data Domains.



Scan QR code to view county level data on the Indiana Girl Report Dashboard or visit: *girlcoalitionindiana.org/report*

Demographics of Indiana Girls

Recognizing the various demographics that make up the girl population in Indiana is vital to understanding the work that is being done throughout the state. While it is important to recognize the diverse populations and backgrounds that many of our girls come from, it is also important to establish a collective understanding of how youth-serving agencies and Indiana Youth Institute define these demographic indicators.

Sex: the determination of female/male populations based on the biological attributes of men and women (chromosomes, anatomy, hormones, etc.)

Age: the length of time during which a child has been alive

Race: a sociological designation that separates people into groups that may share common outward physical appearances and commonalities of culture and history

Ethnicity: the culture, language, religion, heritage, and customs that a family or people group acquired from a geographic region

Language: a system of communication (speech, writing, gestures, etc.) used by a particular country or community

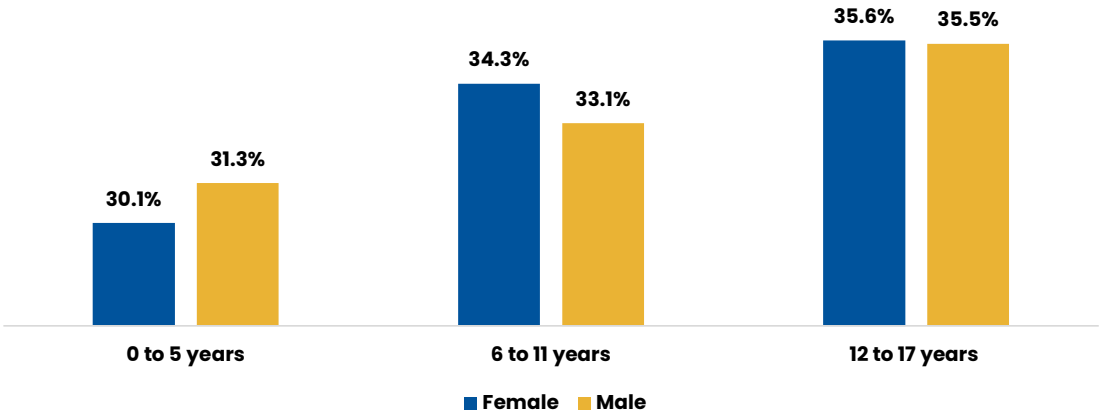
Household type: the composition of the household in which a child under the age of 18 lives. Household type captures makeup such as single parents, married couples, and cohabitating couples as well as the relationship that ties the child to the householder.

Percent of Youth Under 18 Years, Indiana: 2024		
	# of Youth	% of Total Population
Female	776,370	46.7%
Male	818,051	53.3%

Source: U.S. Census Bureau (2024). ACS 5-Year Estimate B01001.

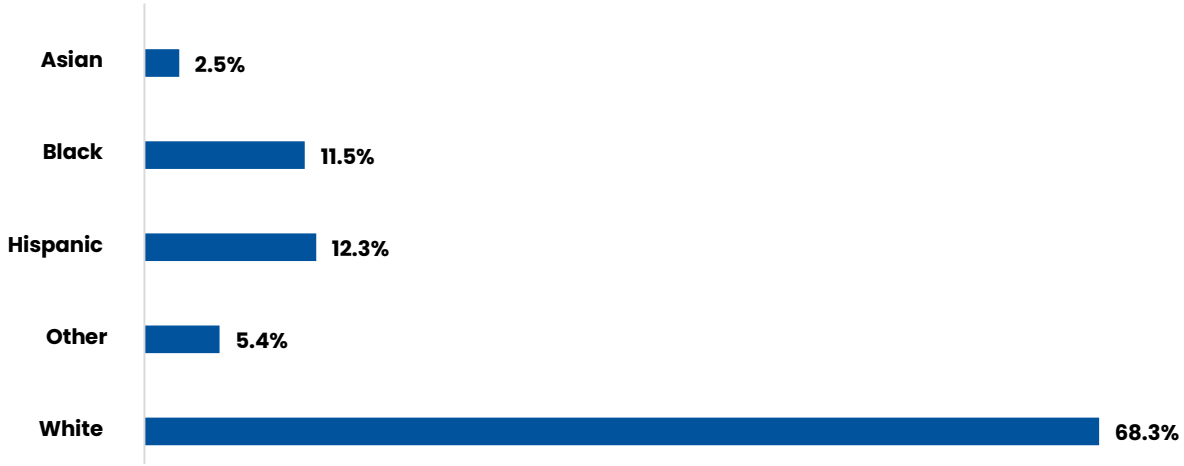
Percent of Population by Age Group for Youth, Indiana: 2024

Source: National Survey of Children's Health (2024). U.S. children in 3 age groups.



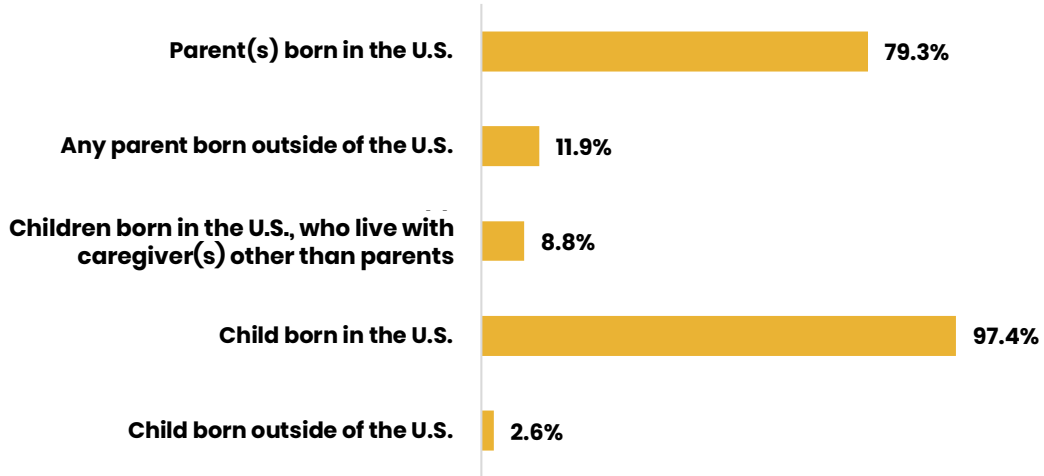
Race and Ethnicity of Female Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Race and ethnicity distribution of the child population.



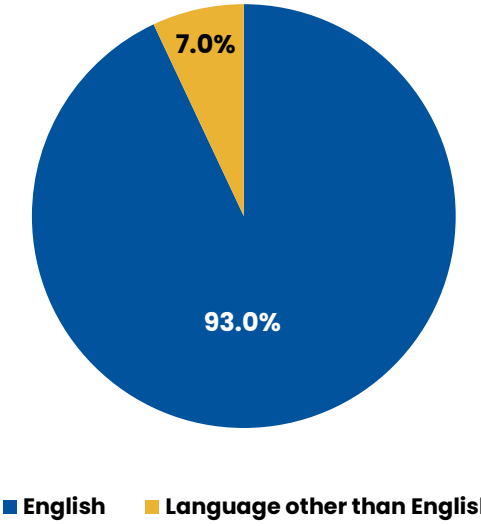
Parent and Child Nativity for Female Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Race and ethnicity distribution of the child population.



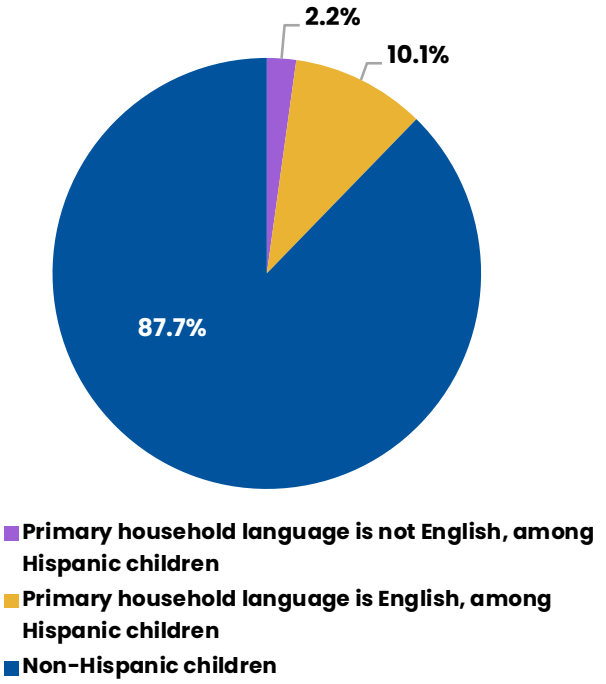
Primary Household Language for Female Youth (Under 18 Years) Indiana: 2024

Source: National Survey of Children's Health (2024).
Primary household language for Hispanic children.



Primary Household Language for Hispanic Female Youth (Under 18 Years) Indiana: 2024

Source: National Survey of Children's Health (2024).
Primary household language.

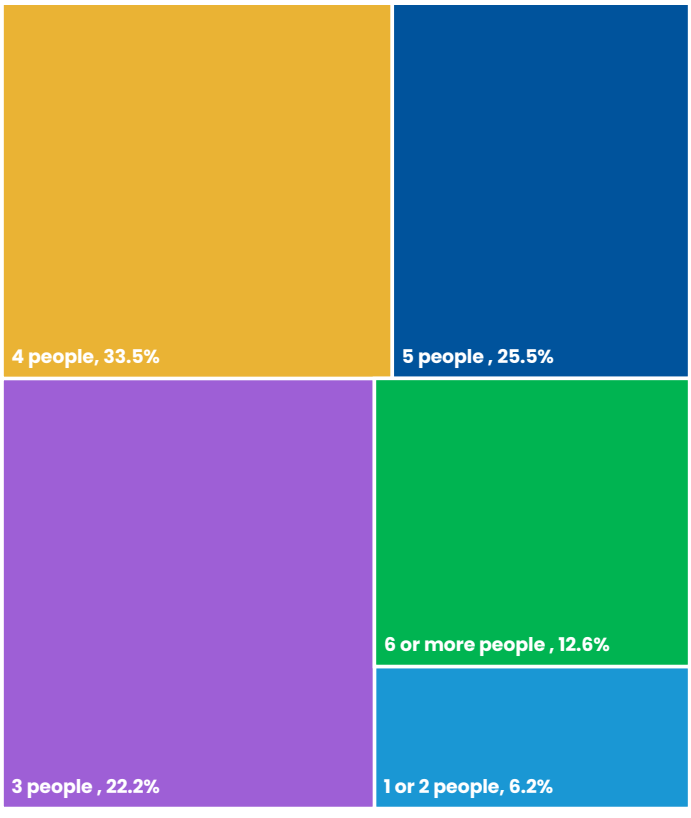


Family Structure for Female Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024).
Family structure of child's household.

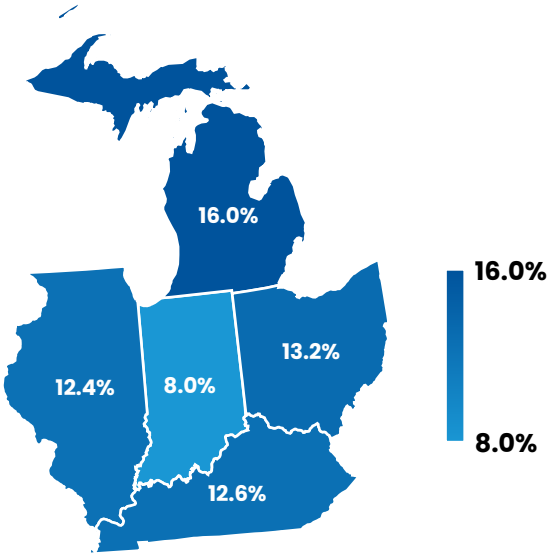
Number of Family Members in Household for Female Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024).
Number of family members.



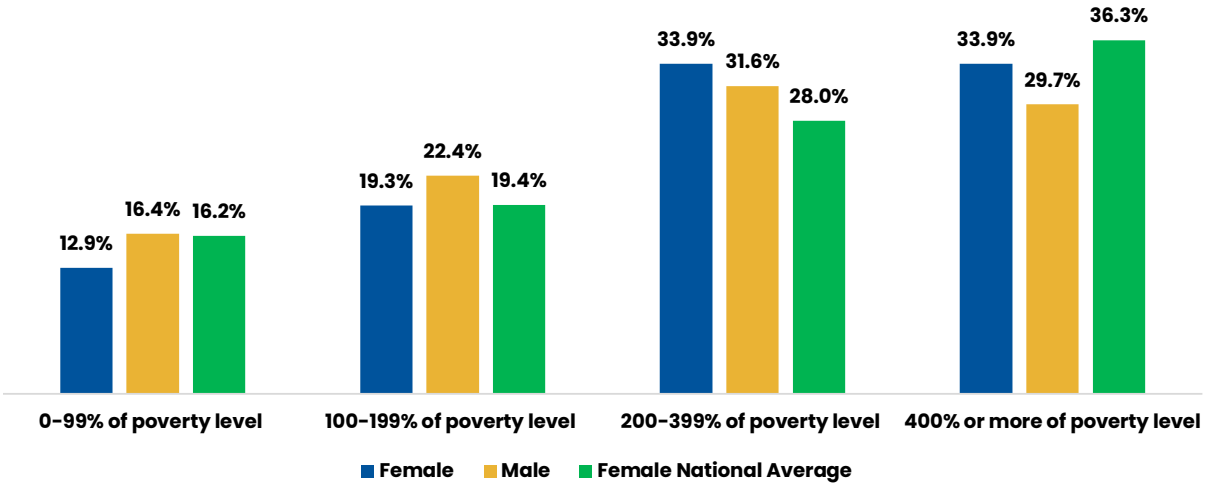
Female Youth Living in a "Working Poor" Family (Under 18 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 6.5a.
Note: The National Survey of Children's Health defines "working poor" as a family with an income less than 100% of the family poverty level with at least one caregiver employed full- or part-time.



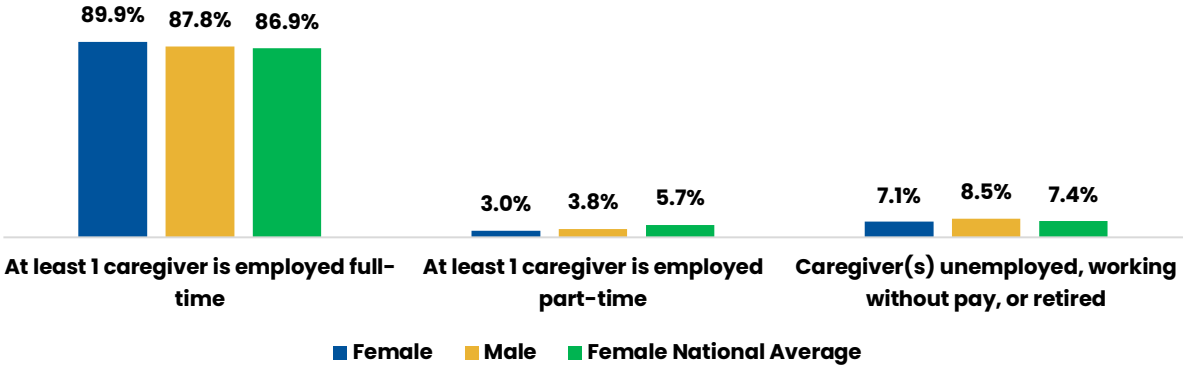
Percent of Poverty Level for Child's Household (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Percent of poverty level.
Note: Percent of poverty level compares a family's income to the federal poverty threshold. Children in households at 0–99% of poverty live below the poverty line, while those at 400% or more of poverty live in households with incomes at least four times the poverty threshold.



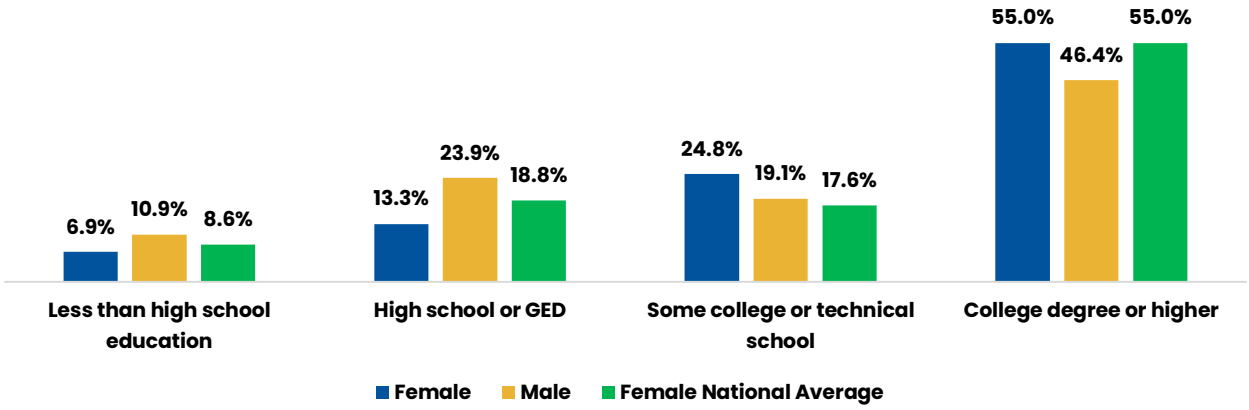
Caregiver(s) Employment Status for Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Indicator 6.5.



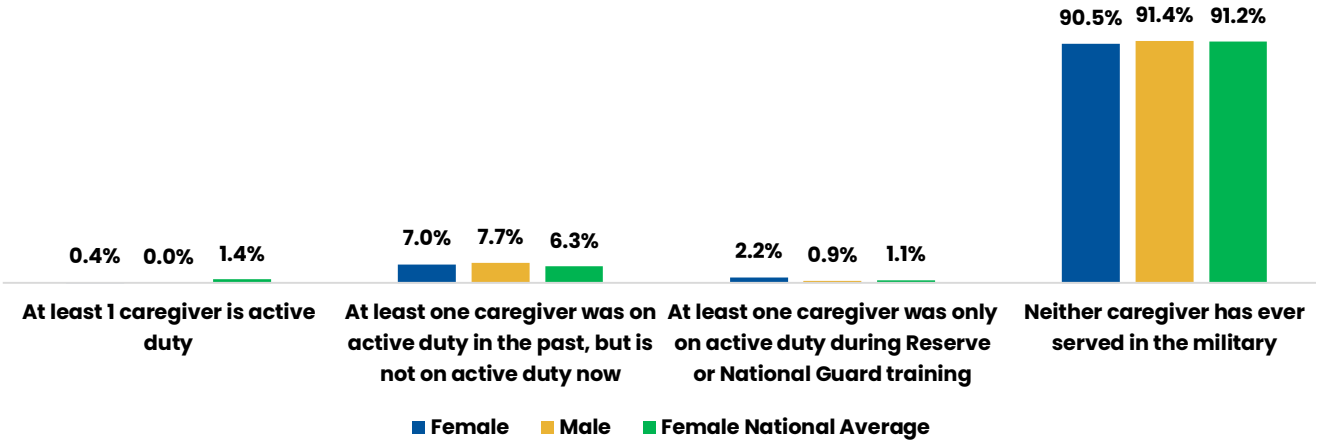
Highest Education of Caregiver(s) in Household for Youth (Under 18 Years), Indiana: 2024

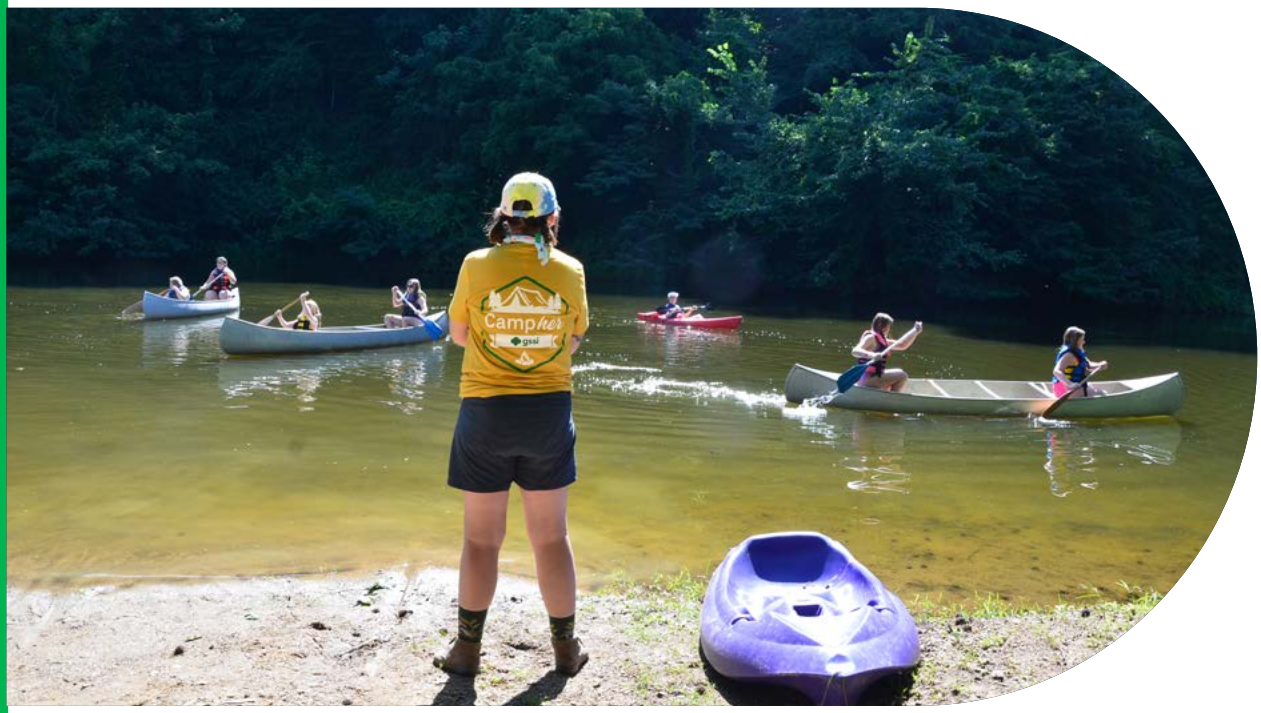
Source: National Survey of Children's Health (2024). Highest education of adult in household.



Military Status of Caregiver(s) in the Household for Youth (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Military status of adult(s) in the household.





Physical Wellness for Girls

Physical wellness among Indiana girls reflects a combination of positive health indicators and ongoing barriers to health and well-being. Many girls have access to preventive healthcare, dental care, and regular checkups at rates that exceed surrounding states. Rates of current or lifelong health conditions have declined in recent years, and most girls are able to participate fully in daily activities despite health-related challenges. Most also live in households with consistent access to food and report at least some level of weekly physical activity.

At the same time, several indicators highlight areas of concern. While the majority of children are insured, many families report challenges related to healthcare affordability and adequate coverage. Housing instability, food insecurity, and unmet healthcare needs affect a substantial share of girls and have increased on several measures in recent years. More than one in five girls have special health care needs, and more than one in four experience at least one functional difficulty.

Healthy lifestyle behaviors also present a mixed picture. While most girls engage in some physical activity and have reduced soda consumption over time, relatively few achieve daily physical activity recommendations. High levels of screen time, insufficient sleep, and rising housing and food-related challenges may place additional strain on girls' physical health. Together, these findings suggest that improving access to affordable healthcare, stable housing, nutritious food, and opportunities for healthy daily habits will be important to supporting the overall well-being of Indiana girls.

Physical Wellness

Health

- Health Conditions and Functional Difficulties
- Health Insurance and Healthcare Access
- Healthy Habits

Economic Well-Being

- Housing Instability and Homelessness
- Food Insecurity

Girl Scouts Coalition Dimension of Physical Wellness Definition

For girls to thrive, communities should create conditions for them to develop healthy bodies and live in healthy environments. Proper development of girls' physical bodies requires access to nutritional foods, outlets for physical fitness, health education, and more. Girls also need safe, nurturing environments in which to grow, including access to safe housing, adequate healthcare, and protective communities of peers and adults who are capable of supporting her holistic development.

Health Conditions and Functional Difficulties

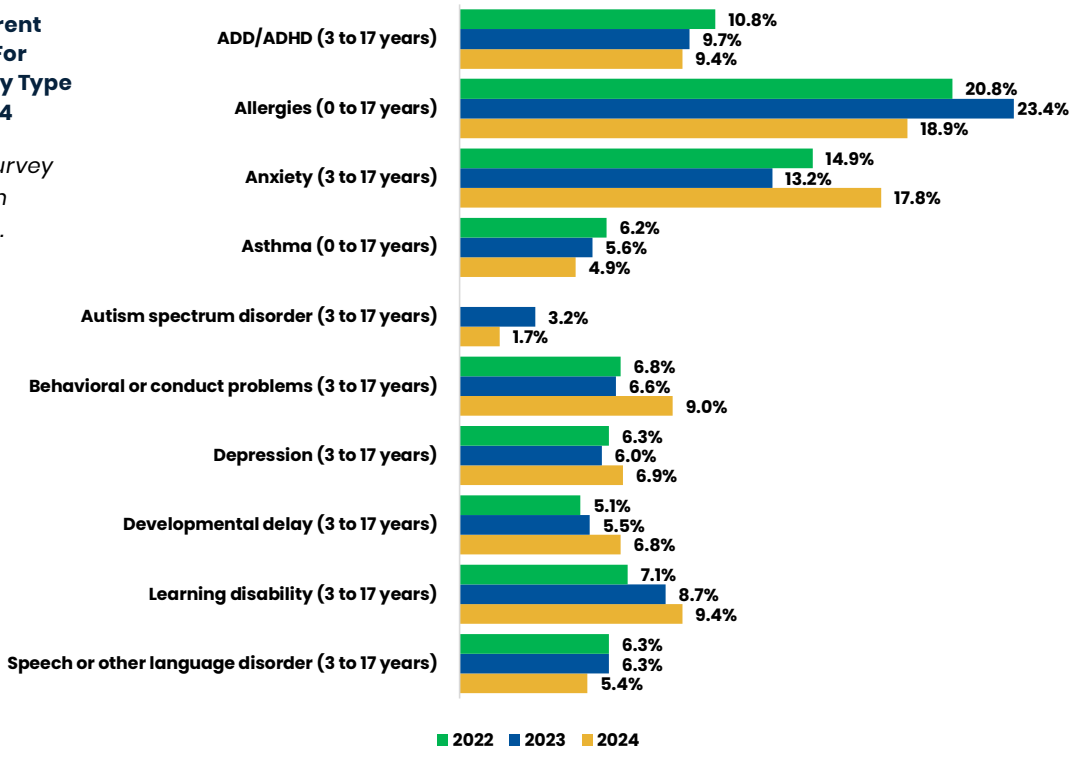
Health conditions and support needs affect how girls take part in everyday activities like learning at school, spending time with friends, and being involved in their communities. These experiences can look very different from one girl to another and may shape how they feel emotionally and what opportunities are available to them. Ensuring girls have access to healthcare and appropriate resources helps them participate more fully in school, relationships, and community life while building on their strengths.

Indiana girls' rates of current or lifelong health conditions have declined and now align closely with the national average.

- In 2024, 38.6% of girls under age 18 in Indiana had a current or lifelong health condition, similar to the national average (38.5%), lower than the previous year (45%), and below their male peers (45.9%).[1]
- Among these girls, 11.8% were reported to have two or more conditions, exceeding the national rate (10%).

Prevalence of Current Health Condition For Female Children by Type Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 1.9.



Note: The percentages shown are not additive because many girls experience more than one condition. The overall rate (38.6%) represents girls with at least one current or lifelong condition, while the chart shows the prevalence of specific conditions.

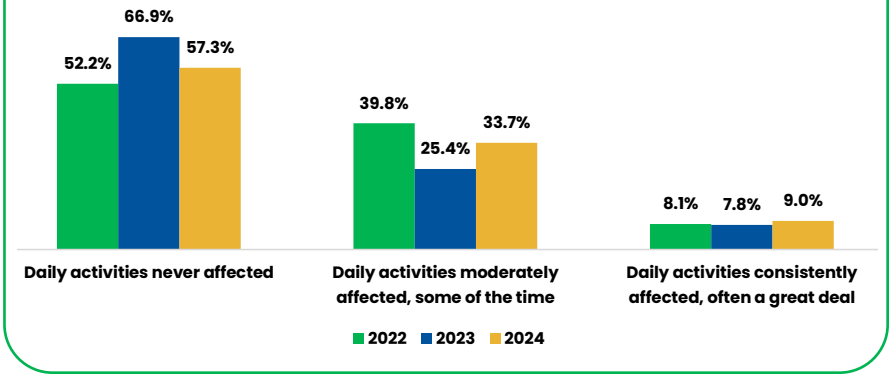
For most girls with a health condition, daily activities are not greatly affected.

About one-third (33.7%) of girls with a health condition experienced a moderate level of limitation in daily activities.[2]

- 9% were reported to be consistently affected in their daily activities, often a great deal, both measures above national averages (30.2% and 7.6%, respectively).

Effects of Health Conditions on Daily Activities for Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 1.12.



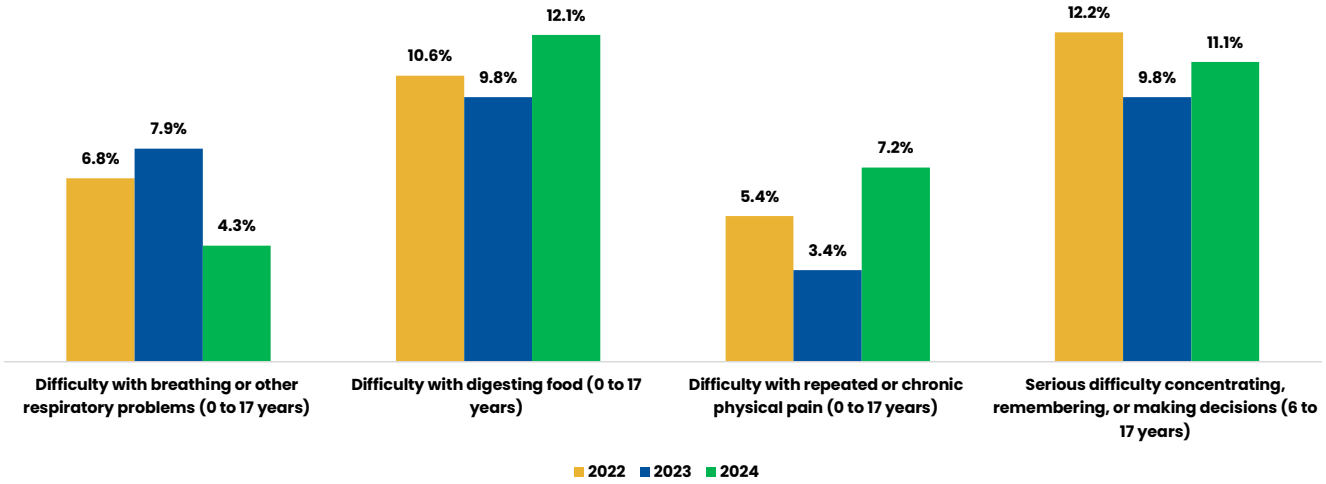
More than 1 in 4 Indiana girls experience at least one functional difficulty, above the national average.

In 2024, 26.7% of girls under age 18 experienced at least one functional difficulty, above the national average (25.8%) and lower than the previous year (29.3%).[3]

- Among these girls, 11.8% experienced multiple functional difficulties, higher than the national average (10%).

Prevalence of Functional Difficulties For Female Children Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 1.10.



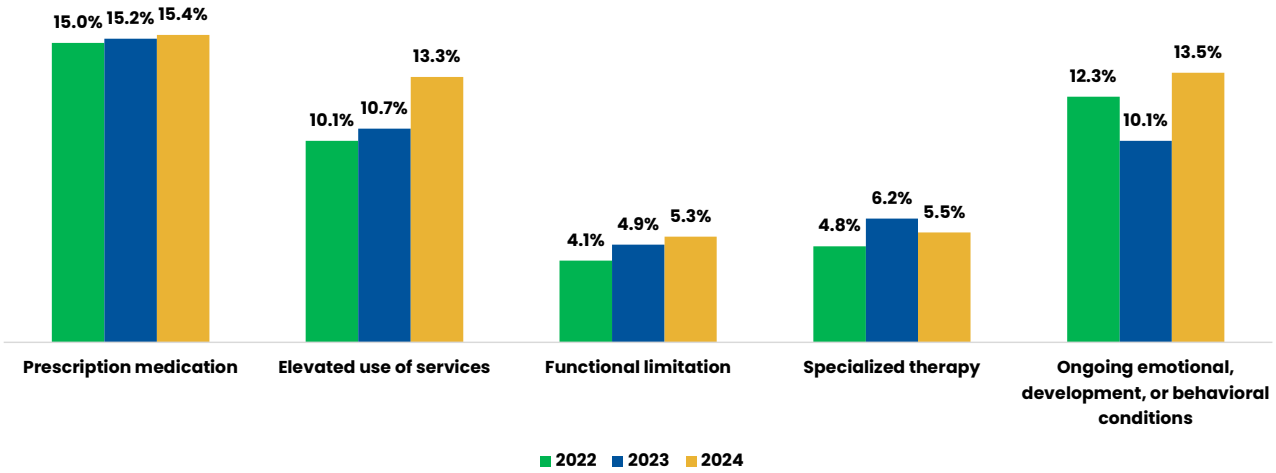
More than 1 in 5 Indiana girls are identified as having special health care needs, exceeding the national average.

In 2024, 21.3% of girls were identified as children with special health care needs (CSHCN), exceeding the national average (20.1%).[4]

- Among these girls, 16.7% had more medically complex needs—higher than the national rate (14.4%), though below male peers (17.7%).
- The most common type of need was reliance on prescription medication (15.4%), consistent with patterns seen among boys (19.4%).

Prevalence of Special Health Care Needs Identified with the CSHCN Screener For Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 1.11.



Note: Specialized therapy is defined as occupational, physical, or speech therapy.

Health Insurance and Healthcare Access

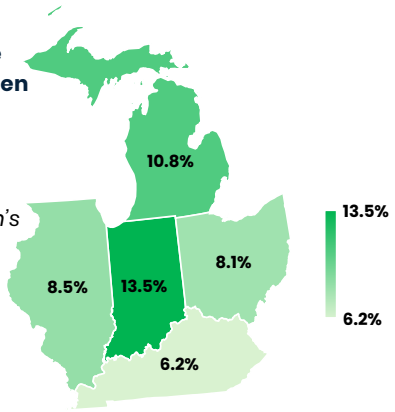
Access to health insurance and healthcare services is foundational to supporting girls' physical development and long-term well-being. Research shows that consistent coverage supports better health outcomes, educational success, and economic stability over time.[5,6] However, insurance coverage is only one dimension of healthcare access. Affordability, provider availability, and continuity of care also influence whether children receive needed services.[7] The data in this section presents a mixed picture with strong preventive care utilization alongside gaps in insurance coverage and affordability.

While the majority of girls in Indiana have health insurance coverage, the state has the highest rate of uninsured girls among surrounding states.

- In 2024, 13.5% of girls under age 18 in Indiana were uninsured, the highest rate among surrounding states.[8]
- Among those with coverage, 86.5% were insured consistently throughout the past year, below the national average (90%).[9]
- The most common type of coverage was private health insurance only (60.3%), consistent with the previous year (62.8%)[10]

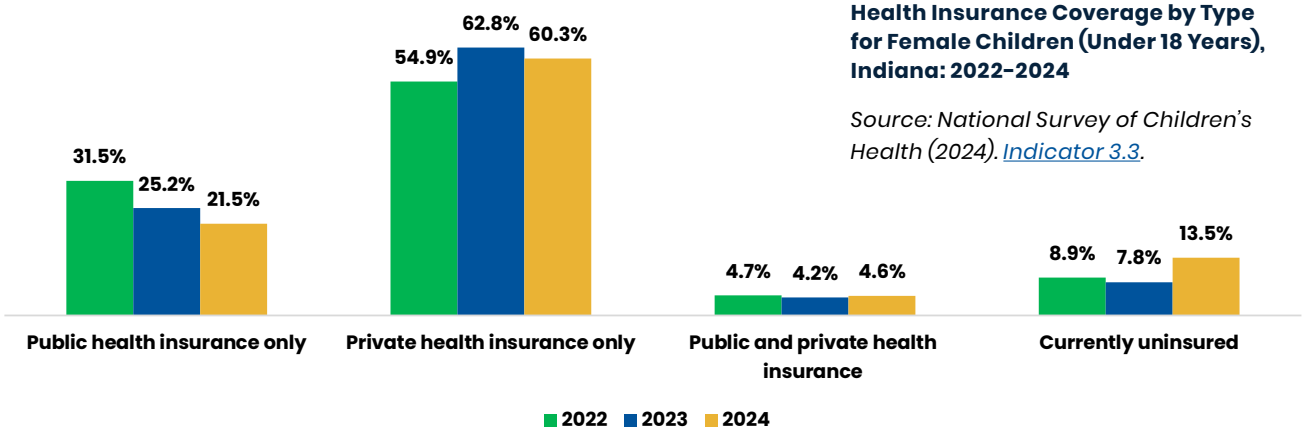
Lack of Current Health Insurance for Female Children (Under 18 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 3.1.



Health Insurance Coverage by Type for Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 3.3.

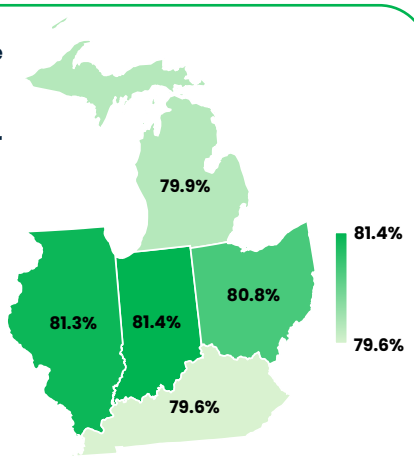


Coverage does not reliably translate to adequate or affordable care for many Indiana girls.

- In 2024, 65% of girls had health coverage considered adequate to meet their needs, lower than their male peers (72.6%) and the national average (70.3%)[11]
  - » A child's insurance was considered adequate if it generally met the child's healthcare needs, provided access to needed providers, and had no out-of-pocket costs or costs that were usually reasonable.
- Nearly one-third (31.9%) of caregivers reported that out-of-pocket healthcare costs were "sometimes or never" reasonable, an increase from the previous year (26.7%) and higher than male peers (25.6%).[12]
  - » Additionally, 18.5% of caregivers reported annual out-of-pocket costs of $1,000 or more, higher than the national average (17.4%).[13]

Preventive Care Visit in the Past Year for Female Children (Under 18 Years): 2024

Source: National Survey of Children's Health (2024). Indicator 4.1a.



Indiana girls lead surrounding states in preventive healthcare visits.

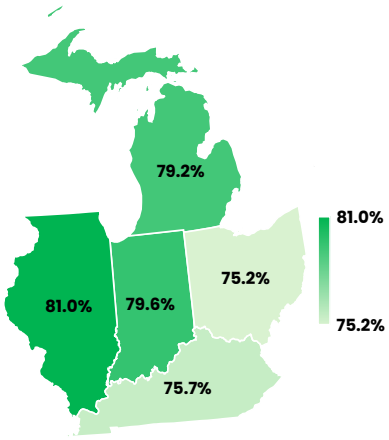
- In 2024, 81.4% of girls in Indiana had at least one preventive check-up with a healthcare provider, the highest rate among surrounding states[14]
- The majority of caregivers (68.5%) reported visits for girls were between 10-20 minutes, above the national average (63.1%).[15]

Dental care utilization is strong, though preventive education lags.

- In 2024, 79.6% of girls saw a dentist for preventive care, the second highest rate among surrounding states.[16]
- Among those who received care, 43.3% were given guidance on tooth brushing and oral health, lower than both the national average (44.1%) and the prior year (44.5%).

Preventive Dental Care Visit in the Past Year for Female Children (Under 18 Years): 2024

Source: National Survey of Children's Health (2024). Indicator 4.2a.



Most families have a usual place to seek care, but more than 1 in 4 girls lack a personal doctor or nurse.

In 2024, 80.1% of caregivers reported having a usual place to seek care for their child, higher than the national average (76.2%) and the previous year (73.6%)[17]

- More than 1 in 4 girls (26.7%) do not have a personal doctor or nurse, while lower than the national average of 28.2%, higher than their male peers (22.3%).[18]

Frustration accessing care affects roughly 1 in 5 caregivers, below the national rate.

- In 2024, 20.2% of caregivers reported experiencing frustration when trying to access healthcare services for their child—lower than the national average (22.4%).[19]

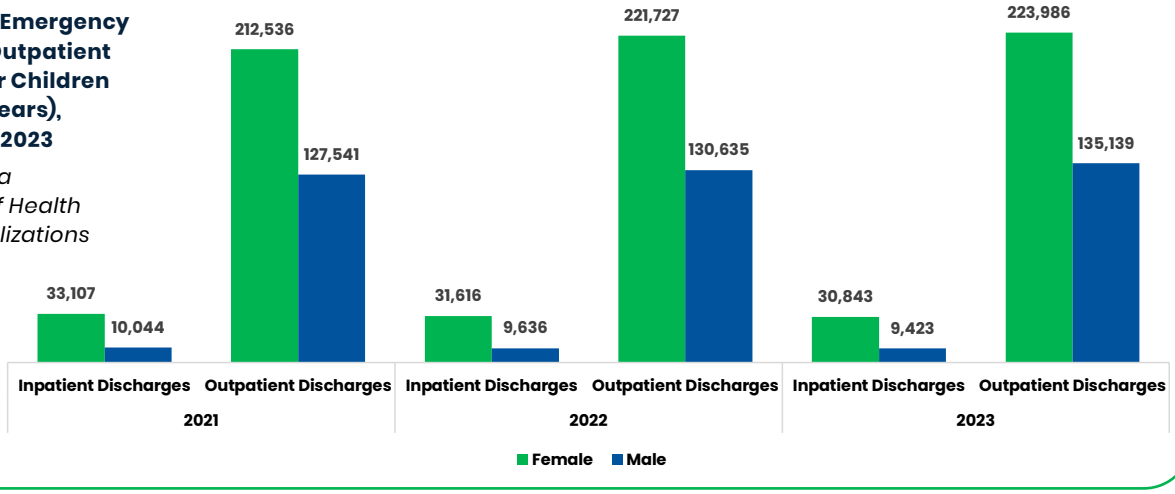
Female adolescents account for a disproportionately large share of emergency and inpatient discharges.

In 2023, 62.4% of emergency department discharges among youth ages 15 to 24 were for females—24.8 percentage points higher than males (37.6%).[20]

- Similarly, 76.6% of inpatient discharges in this age group were for females, more than three times the rate for male peers (23.4%).[21]

Inpatient and Emergency Department Outpatient Discharges for Children (Age 15 to 24 Years), Indiana: 2021-2023

Source: Indiana Department of Health (2024). Hospitalizations Data Request.



Housing Instability and Homelessness

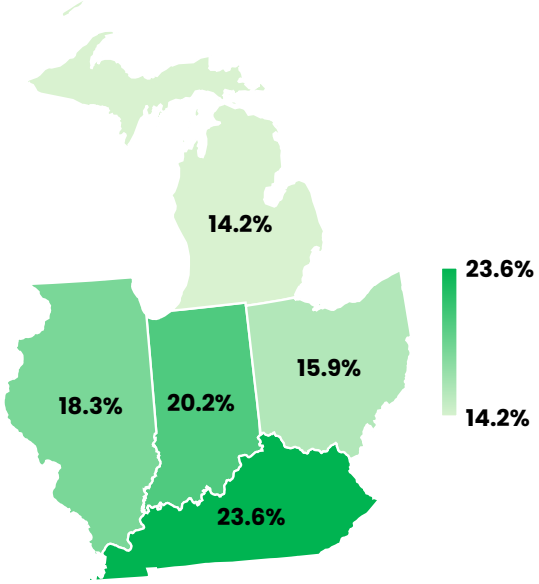
Stable housing is a fundamental condition for girls' health, safety, and ability to engage in school and community life. Housing instability, including missed payments, frequent moves, or homelessness, disrupts daily routines, school continuity, and emotional well-being. Among females, research has established a link between housing instability and increased risk of sexual exploitation and violence.[22,23] The data in this section show that housing instability among Indiana girls has risen sharply, now exceeding both national averages and rates for male peers.

Housing instability among Indiana girls has risen sharply and now exceeds the national average.

- In 2024, 20.2% of girls under age 18 experienced housing instability, higher than their male peers (15.5%), the national average (16.7%), and the previous year (14.4%).[24]

Housing Instability for Female Children (Under 18 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 6.29.

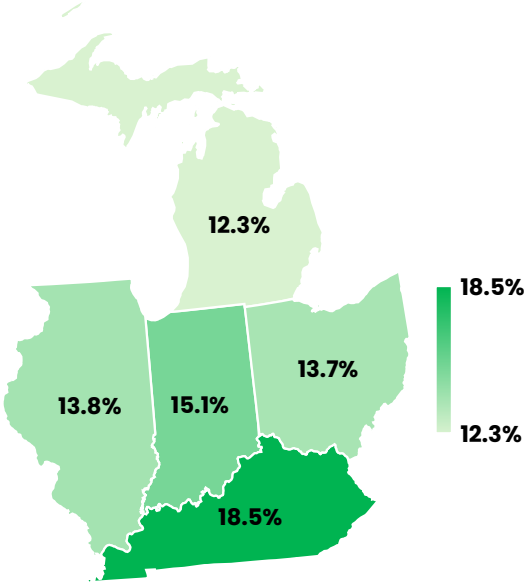


Financial strain is a primary driver, with missed housing payments increasing from the prior year.

- Among girls experiencing housing instability, 15.1% had a caregiver who missed a rent or mortgage payment, an increase from the previous year (10.1%) in 2024, though lower than Kentucky, it remained higher than rates reported in Illinois, Michigan, and Ohio.[25]

Caregiver's Instability to Pay Mortgage or Rent in Past Year for Female Children (Under 18 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 6.29.



Frequent moves affected a small but notable share of Indiana girls.

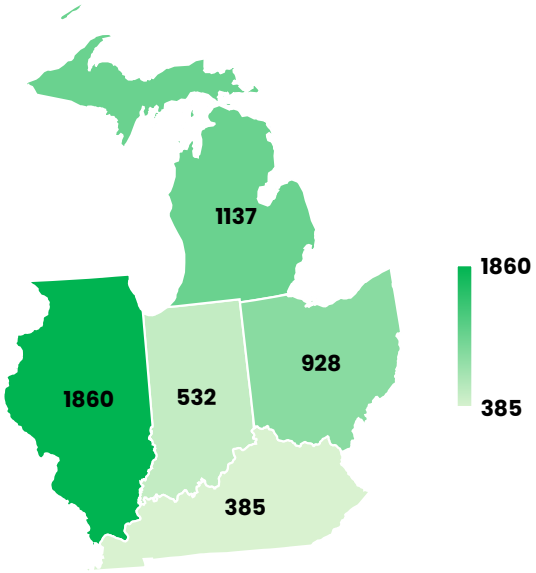
- In 2024, 3.1% of girls lived in two or more places in the past year, above the national average (2.8%).[26]

More than 6,000 female students experienced homelessness during the 2024–2025 school year.

- In the 2024–2025 school year, 6,266 female students in grades K–12 were identified as experiencing homelessness, a decrease from the previous year (6,279).[27]

Number of Families with Children Experiencing Homelessness: 2017-2024

Source: U.S. Department of Housing and Urban Development (2025). Point-in-Time Counts.



Food Insecurity

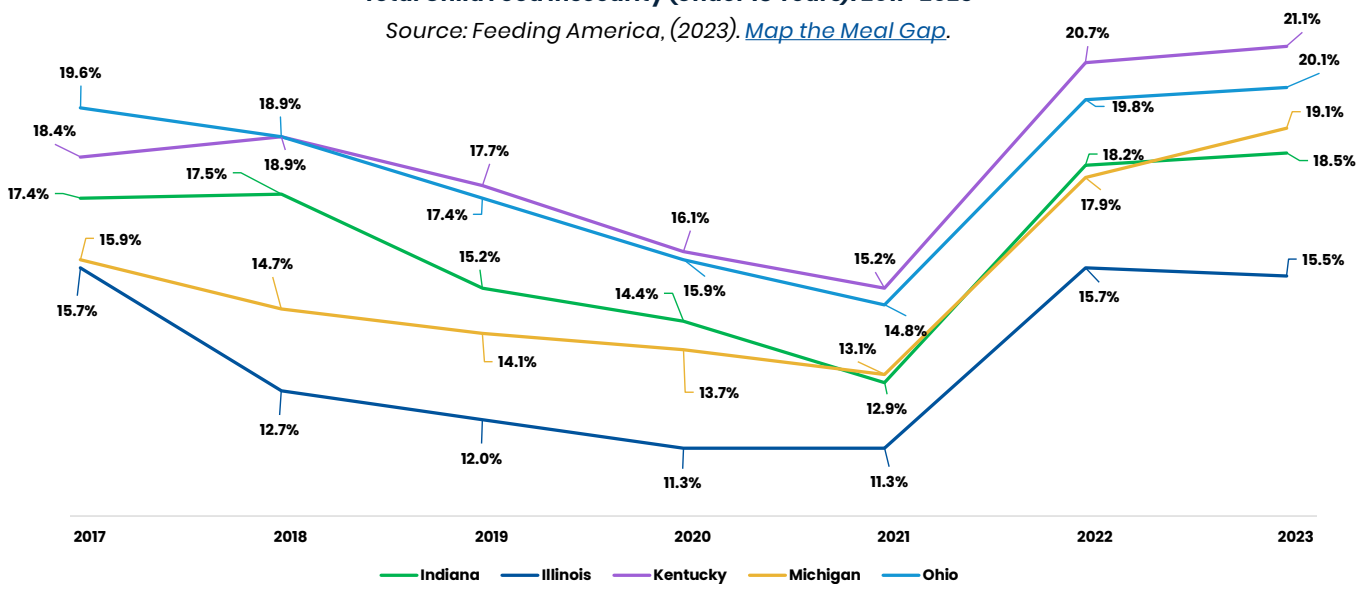
Access to adequate and nutritious food is essential for girls' cognitive development, physical health, and ability to succeed in school. Food insecurity, whether limited, inconsistent, or nutritionally inadequate, affects academic performance and emotional well-being. Research consistently shows that women and girls are disproportionately affected by food insecurity and its long-term health consequences.[28,29] The data in this section show that food insecurity in Indiana is rising for the second consecutive year, even as most girls report consistent access to food.

Food insecurity in Indiana is rising for the second consecutive year, affecting nearly 1 in 5 children.

- In 2023, 18.5% of children in Indiana experienced food insecurity, an increase from 12.9% in 2021 and 18.2% in 2022, marking the second consecutive year of growth.[30]
- Among the 292,720 children affected, an estimated 28% were likely ineligible for federal nutrition programs due to income thresholds.

Total Child Food Insecurity (Under 18 Years): 2017-2023

Source: Feeding America, (2023). Map the Meal Gap.

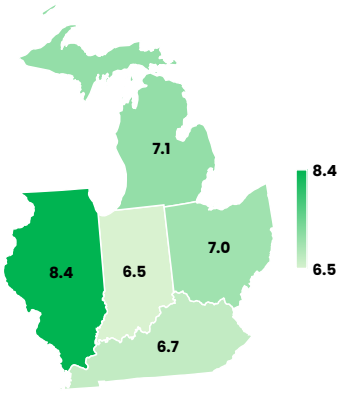


Indiana's food environment scores below the national average, limiting access to healthy options.

- Indiana's Food Environment Index score (6.5) was lower than all surrounding states shown, including Illinois (8.4), Michigan (7.1), Ohio (7.0), and Kentucky (6.7), and below the national average (7.6) suggesting comparatively fewer community-level supports for healthy food access.[31]

Food Environment Index Score; 2023

Source: County Health Rankings (2025). Indiana.

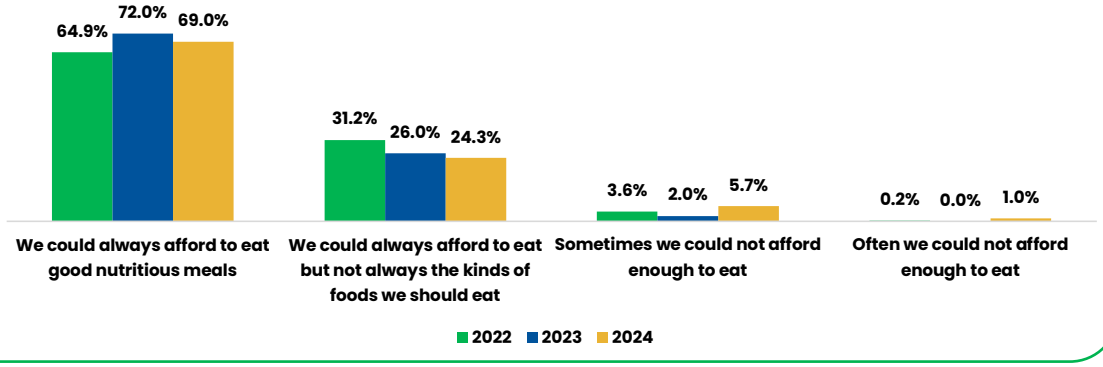


Most girls live in households with consistent food access, though nutritional quality remains a concern.

- According to the National Survey of Children's Health, 69% of girls in Indiana were living in households that could always afford nutritious meals in 2024, while lower than the previous year (72%), still higher than both the national average (66.1%) and their male peers (63.7%).[32]
- 24.3% of girls lived in households that could always afford food, though not always nutritious options, lower than the national average (28.8%) and the previous year (26%).
- 6.7% lived in households that sometimes or often could not afford enough food, both higher than the national average (5.1%) and the previous year (2%).

Food Insufficiency for Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 6.26.

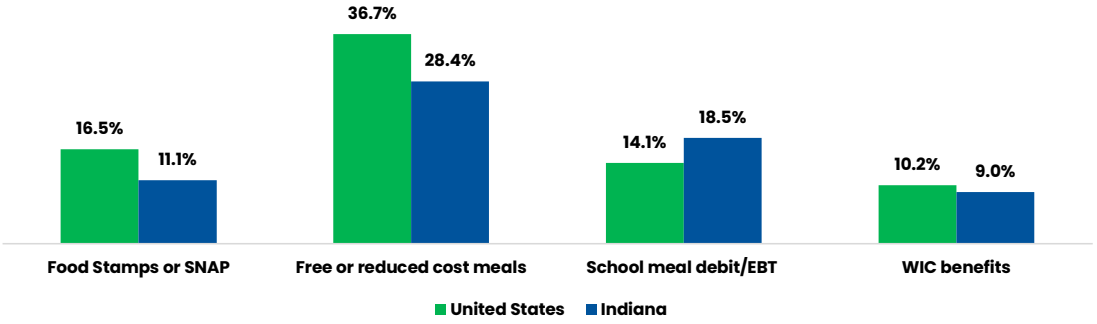


Nearly half of Indiana's female students qualify for free or reduced-price lunch.

- In the 2024–2025 school year, 249,426 female students received free or reduced-price lunch, representing 46.3% of the female student population—a decrease from 46.8% the previous year.[33]

Household Received Food Assistance by Type for Female Children (Under 18 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Indicator 6.27.



Healthy Habits

Healthy habits, including regular physical activity, balanced nutrition, adequate sleep, and safe decision-making, are foundational to girls' long-term physical, mental, and emotional well-being. Behaviors established early tend to persist into adulthood, shaping chronic disease risk, academic performance, and overall resilience.[34,35,36] The data in this section show that while Indiana girls demonstrate some positive behaviors, gaps in daily activity and adequate sleep remain, and screen time levels are high.

Soda consumption has declined and remains below male peers.

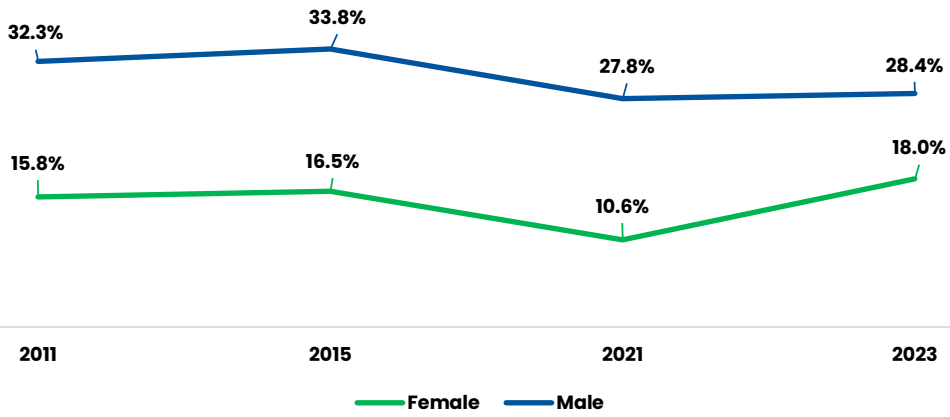
- In 2023, 14.6% of female high school students in Indiana reported drinking at least one soda daily—7.8 percentage points lower than male peers (22.4%) and a decrease from the previous survey year (15.7%).[37]

Most girls are physically active at least once per week, but only 1 in 5 is active every day.

- The majority of female high school students (85.4%) reported being physically active for at least 60 minutes on one or more days per week, higher than the national average of 79.6%.[38]
- Daily activity was reported by 18% of female students, compared to 28.4% of male students.

Percentage of High School Students Who Reported They Were Physically Active at least 60 Minutes per Day on All 7 Days, Indiana: 2011-2023

Source: Indiana Department of Health (2023). Youth Risk Behavior Survey.

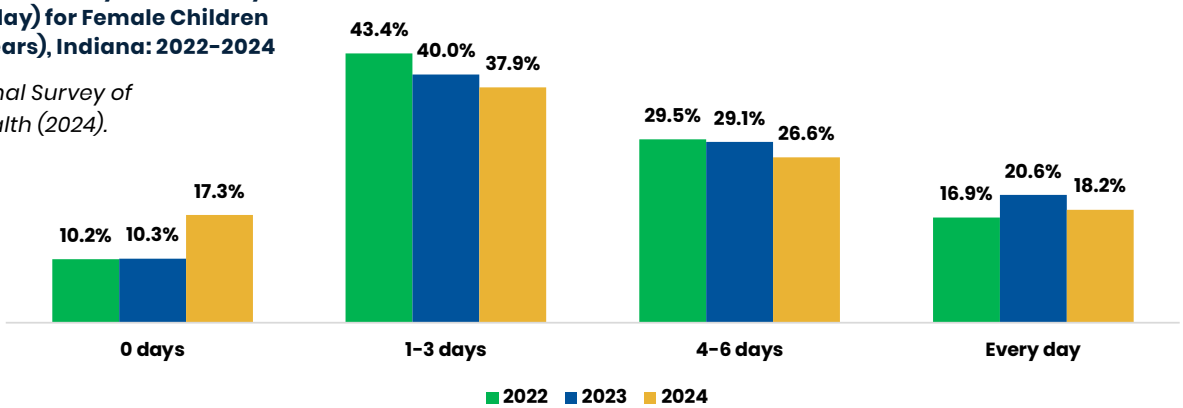


Caregiver-reported data shows a similar pattern of infrequent daily activity for girls.

- In 2024, 82.7% of girls were reported to be physically active for at least 60 minutes on one or more days per week, compared to 90.8% of boys.[39]
- Daily activity was reported for 18.2% of girls, compared to 26.3% of boys.

Caregiver Reported Physical Activity (60 minutes per day) for Female Children (Age 6 to 17 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 1.5.



Screen time is high among girls, exceeding levels reported by male peers.

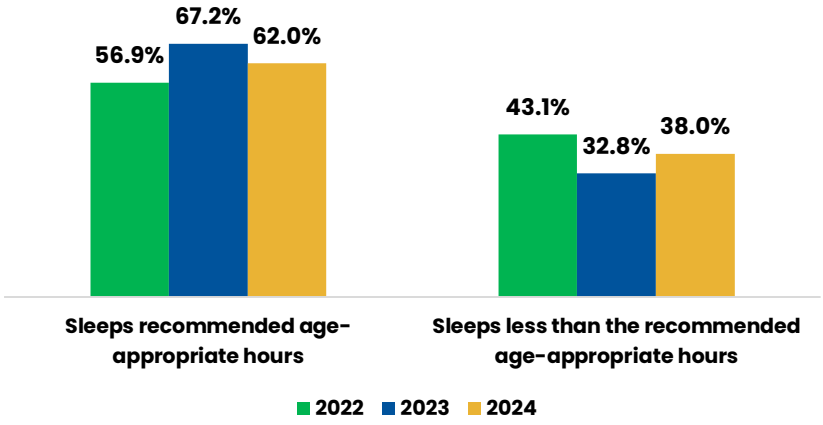
- In 2023, 82.7% of female high school students reported three or more hours of screen time per day, higher than male peers (74.7%).[40]

More than 1 in 3 Indiana girls does not get recommended sleep, and the share has grown.

- In 2024, 37% of girls ages 4 months to 17 years did not meet recommended sleep guidelines, an increase from 32.8% the previous year.[41]
- Additionally, 13% of girls "sometimes or never" followed a consistent bedtime on weeknights, up from 6.6% the previous year and the national average (12.6%).
- According to the 2023 Youth Risk Behavior Survey, 22.8% of female high school students reported getting at least 8 hours of sleep on an average school night, an improvement from the previous survey year (18.4%) and higher than male peers (21.2%).[42]

Received Adequate Amount of Sleep for Female Children (Age 4 Months to 17 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 6.25.



Seatbelt use is common but declining; texting while driving remains prevalent.

- In 2023, 56.9% of female high school students reported always wearing a seatbelt, a decrease from the previous year but still higher than male peers (55.5%).[43]
- Overall, 38.3% of high school students reported texting or emailing while driving, below the national average (42.3%).

Academic Wellness for Girls

Indiana girls arrive at school ready to learn, meeting developmental benchmarks at rates that exceed both boys and national averages. Once in school, they outperform their male peers in reading and English/Language Arts, complete homework at higher rates, and graduate on time at the highest rate recorded in a decade, with more than 4 in 10 earning a Core 40 or Academic Honors diploma.

But several important gaps remain. Fewer than 4 in 10 girls meet proficiency standards in math or science. While girls are well represented in health-related fields, themselves a significant part of STEM, a 19-percentage-point gap in broader STEM enrollment limits girls' access to Indiana's fastest-growing careers in manufacturing technology, biochemistry, and biophysics.[1] For example, chronic absenteeism has declined for three consecutive years, falling to 16.7% in 2024-25, but remains above pre-pandemic levels and continues to take a toll on girls' learning. And college enrollment is declining for everyone.

The sections that follow trace the journey from the earliest years of childhood through college and career, examining where Indiana girls are thriving and where greater support is needed.

Academic Wellness

Education

- Early Education
- School Engagement
- Academic Proficiency
- High School Graduation
- College and Career Readiness

Girl Scouts Coalition Dimension of Academic Wellness Definition

Creating an educational environment which fosters curiosity, champions risk-taking, and encourages girls to try new things is necessary to level the playing field in the classroom. While girls face pressure to be high academic achievers, social influences often create pressure that can limit academic success or narrow their chosen fields of study. Academic wellness for girls begins with high-quality early childhood education, equitable access to all fields of study including STEM topics throughout their K-12 education, and programs which enable ongoing education in higher education or technical training.

Early Education

Early childhood education lays the groundwork for how girls learn, relate to others, and manage their emotions, and its effects last a lifetime. Research consistently shows that access to high-quality early learning helps children stay in school longer, eventually enter the workforce, and ultimately achieve greater financial stability. Those benefits ripple outward to families and communities alike.[2,3,4,5,6,7,8,9] For Indiana girls, the early education picture has two sides: enrollment in formal pre-K programs lags behind the rest of the country; yet girls who are assessed show strong developmental readiness and are exceeding national benchmarks.

Most Indiana girls ages 3–4 are not enrolled in pre-K, and Indiana falls below the national average.

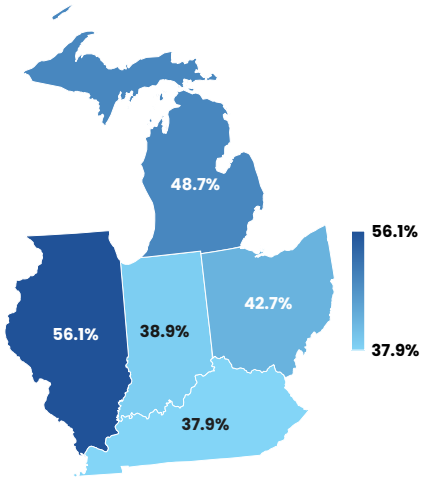
- In 2024, 38.9% of girls aged 3 to 4 in Indiana were enrolled in a pre-Kindergarten program, more than 10 percentage points below the national average of 49%.[10]
- Among neighboring states, Indiana trails Illinois (56.1%) Michigan (48.7%), and Ohio (42.7%) and sits just above Kentucky (37.9%).
- This enrollment gap is not unique to girls. In fact, boys enroll at a nearly identical rate of 39.3%, suggesting that low pre-K participation reflects a statewide access challenge rather than one specific to girls.
- Pre-K enrollment is not the only path to school readiness. Home environment, parental engagement, and access to healthcare and nutrition all matter too, factors the U.S. Department of Health and Human Services' Head Start Parent, Family, and Community Engagement Framework identifies as central to children's readiness for school.[11] That said, research consistently links broader access to pre-K with better long-term outcomes, particularly for girls from lower-income households.[12]

Among those who do enroll, girls are more likely to attend private pre-K than boys.

- Among Indiana girls ages 3–4 who attend pre-K, 21.0% are in public programs and 17.8% are in private programs. Boys enroll in public pre-K at a higher rate (24.1%) and private pre-K at a lower rate (15.2%), leaning more heavily toward public options than girls.[13] This may partly reflect the higher rate at which boys are identified for special education services, which are delivered through public programs by law — nationally, male students are served under IDEA at nearly twice the rate of female students.[14]
- Family income shapes early education choices in concrete ways. Because private pre-K programs generally cost more than public ones, a family's financial situation often determines not just whether a child enrolls in pre-K, but which kind of program is within reach.[15]

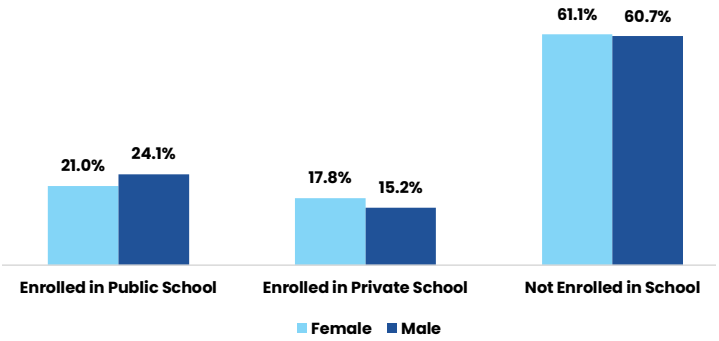
Pre-Kindergarten Program Enrollment for Female Children (Age 3 to 4 Years): 2024

Source: U.S. Census Bureau (2024). ACS 1-Year Estimate B14003.



Pre-Kindergarten Program Enrollment by Type (Age 3 to 4 Years), Indiana: 2024

Source: U.S. Census Bureau (2024). ACS 1-Year Estimate B14003.



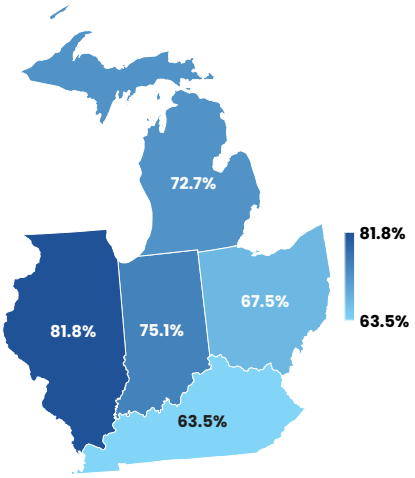
Indiana girls exceed national school readiness benchmarks across all five developmental domains.

- In 2023–2024, 75.1% of girls ages 3 to 5 met school readiness benchmarks, surpassing the national average of 71.9%, and above the rate for Indiana boys (56.7%).[16]
- The chart below breaks down this finding down by domain: girls outperformed boys across all five domains, with the widest gaps in self-regulation (girls scored 18.1 percentage points higher) and motor development (15.9 percentage points higher).[17]

In sum, Indiana girls demonstrate strong developmental readiness even with somewhat limited access to formal pre-K programs. This finding underscores both the contributions of families and communities and the potential for even stronger outcomes when girls have broader early learning opportunities.

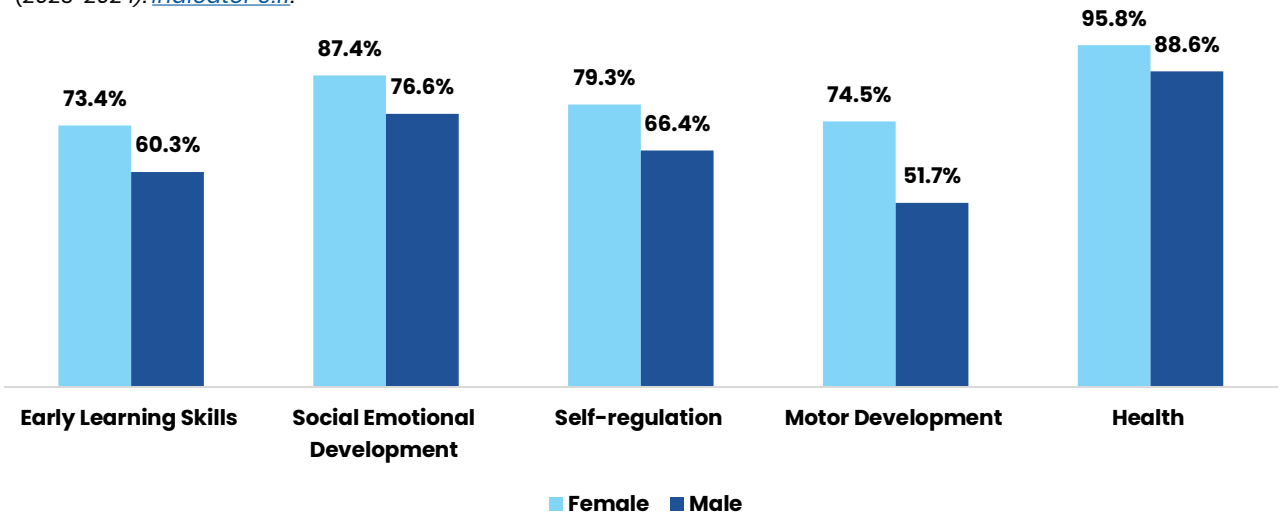
On-Track School Readiness for Female Children (Age 3 to 5 Years): 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 5.11.



On-Track School Readiness by Domain for Female Children (Age 3 to 5 Years), Indiana: 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 5.11.



School Engagement

Girls in Indiana make up nearly half of all K-12 students; roughly 48.9% of the 1.10 million students enrolled in 2025, and by many measures they are actively engaged in their education, consistent with prior years.[18] This section examines how consistently girls show up, participate, and perform, drawing on both statewide Department of Education attendance data and caregiver-reported survey responses from the National Survey of Children's Health. Because these two sources measure different things, they are presented separately where needed, with notes on what each tells us.

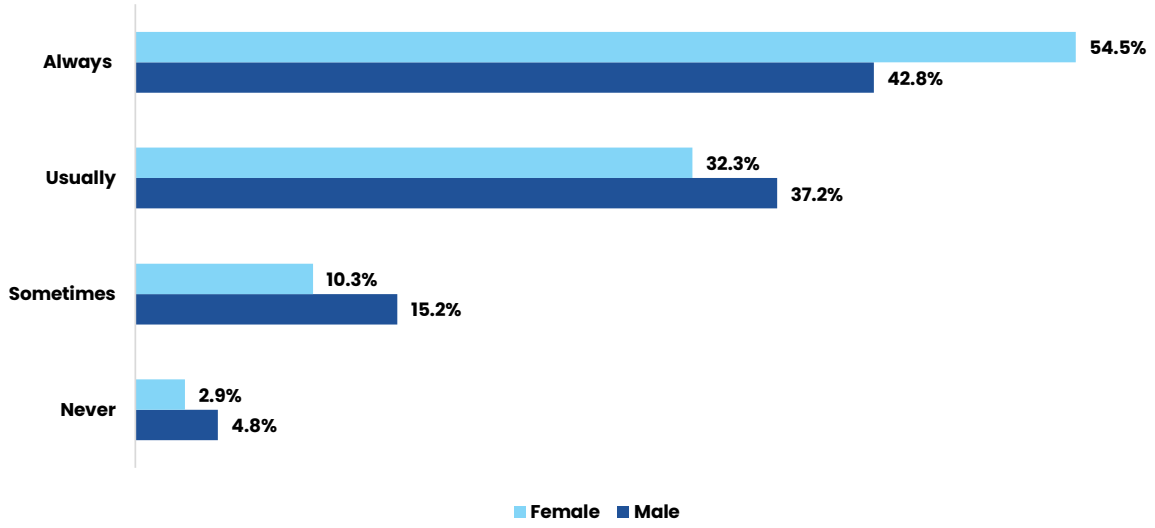
School enrollment is foundational to academic achievement, social development, and long-term opportunity.[19,20] Understanding patterns of enrollment, attendance, engagement, and academic support helps educators, families, and policymakers identify where girls are thriving and where additional resources may be needed.

Most girls are consistently engaged in school, though roughly 1 in 6 are not.

- In 2023–2024, 83.9% of girls in Indiana ages 6 to 17 were reported to be consistently engaged in school, up from the previous year (81.4%).[21]
- 86.8% of female students were reported to "always" or "usually" care about doing well in school, higher than their male peers (80%).
- In addition, 86.7% of girls "always" or "usually" completed required homework — also higher than their male peers (80%).
- A small share (5.1%) of girls had repeated a grade since starting kindergarten, higher than the national average of 4.6%.

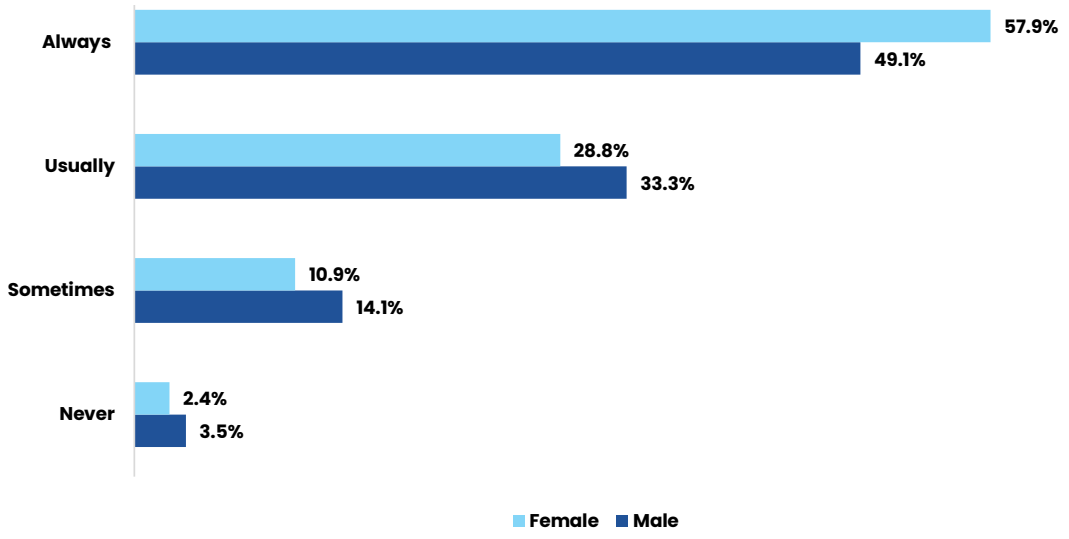
Caregiver Reported Student's Desire to Do Well in School by Gender, Indiana: 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 5.2.



Caregiver Reported Homework Completion by Gender, Indiana: 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 5.2.



Statewide data from the Indiana Department of Education show overall improvement in attendance.

In 2025, 16.8% of Indiana students were chronically absent, defined as missing 10% or more of school days, down from 18.3% the prior year. The statewide average attendance rate reached 93.8%, slightly above 93.6% in 2024, with 66 counties exceeding the state average.[22]

Indiana girls receive special education or early intervention services at a rate above the national average.

- In 2023–2024, 8.7% of girls in Indiana ages 1 to 17 received services through a special education or early intervention plan—above the national average (7.9%).[23]
- A large portion of girls (48.7%) begin receiving these services during their school-age years (ages 6 to 17), also higher than the national average (47%), reflecting the important role schools play in identifying and supporting diverse learning needs.

Taken together, these findings paint a picture of girls who are largely motivated and performing well academically, even as attendance-related challenges persist for a meaningful share, particularly for girls with health issues. The gap between girls' engagement and their rates of illness-related absence warrants attention and suggests that supporting girls' health and well-being is foundational to their success in school.

Academic Proficiency

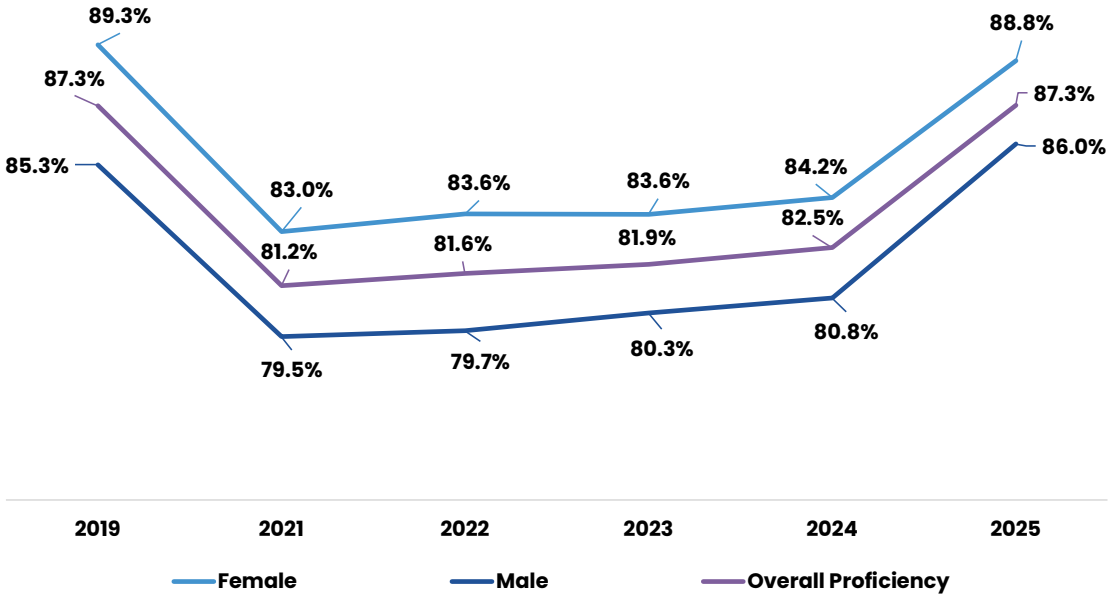
Academic proficiency measures how well students are mastering grade-level expectations and is one of the most direct indicators of their preparedness for further education and careers. Because learning is cumulative, sustained attention to proficiency at every grade level matters.

Third-grade Reading proficiency among girls has improved steadily since the pandemic and now outpaces boys.

- As seen in the chart below, in 2025, 88.8% of third-grade girls met foundational reading standards on the Indiana Reading Evaluation and Determination (IREAD-3), outperforming their male peers (86%) and improving from 84.2% the previous year.[24]
- Reading proficiency has improved steadily over the past five years, though it has not yet returned to pre-pandemic levels.

IREAD-3 Proficiency Rate by Gender, Indiana: 2019-2025

Source: Indiana Department of Education (2025). Data Request.

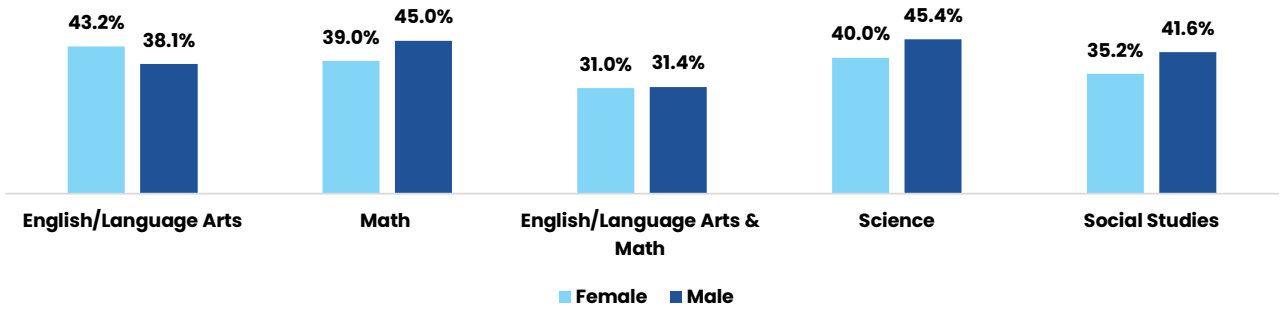


Girls outperform boys in English/Language Arts in grades 3-8, while proficiency gaps persist in Math, Science, and Social Studies.

- In 2025, 43.2% of girls in grades 3–8 met proficiency standards on the ILEARN English/Language Arts assessment—5.1 percentage points higher than their male peers, though slightly below the previous year (44.8%).[25]
- In Mathematics, 39% of girls met proficiency standards—a slight increase from 38% the previous year, but still 4.4 percentage points below male peers.
- When English/language arts and math proficiency are considered together, Indiana girls and boys perform at nearly identical rates: 31.0% and 31.4%, respectively. This combined measure captures students who are proficient in both subjects simultaneously, making it a more demanding standard than either subject alone, which helps explain why the rates are lower than the individual subject scores.
- In Science, 40% of girls demonstrated proficiency on the ILEARN assessment, a decline from 41% the previous year and 5.4 percentage points below male peers.
- In Social Studies, 35.2% of girls met proficiency standards, slightly below the previous year (35.5%) and 6.4 percentage points behind male peers—the largest proficiency gap across ILEARN subjects

ILEARN Proficiency for Grades 3rd-8th by Subject, Indiana: 2025

Source: Indiana Department of Education (2025). Data Request.

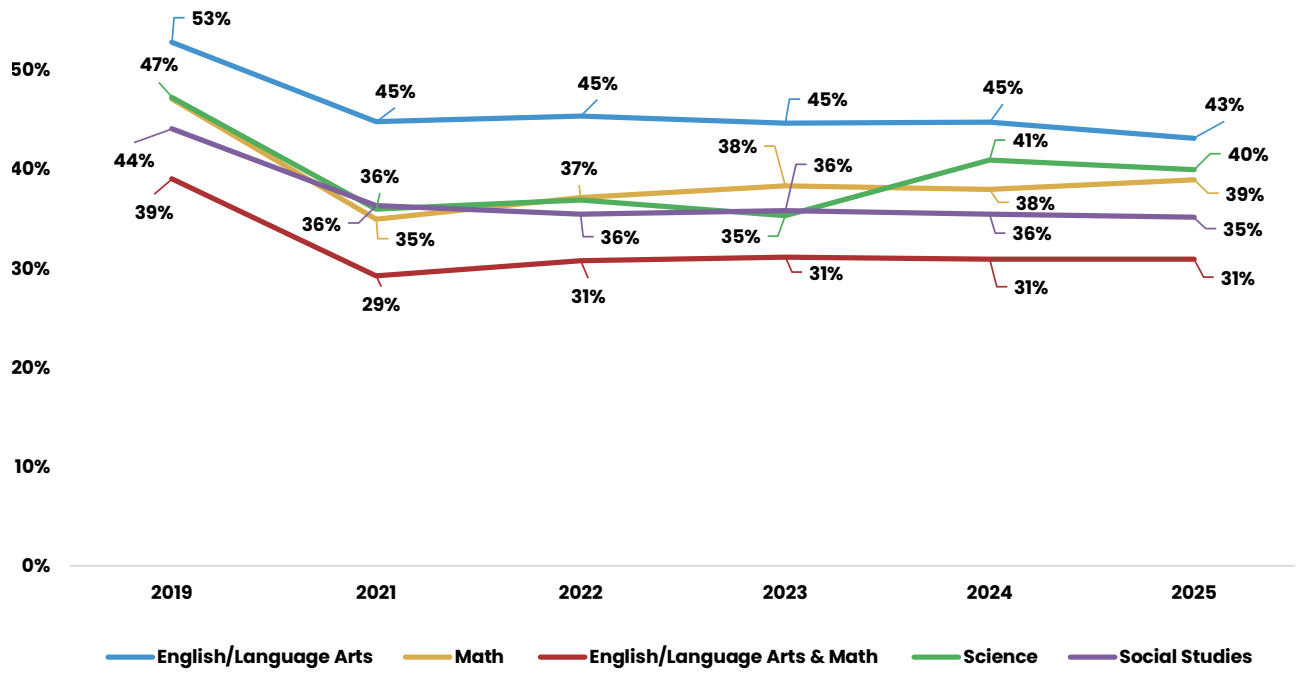


Indiana's 4th-grade Math gender gap has narrowed significantly, but 8th-grade trends point in the opposite direction.

- In 2024, Indiana ranked seventh lowest nationally in the gender gap for fourth-grade NAEP Mathematics scores (female: 239; male: 242), a notable improvement from ranking second highest in 2022.[26]
- Among eighth-grade students, Indiana ranked 30th nationally in the gender gap (female: 280; male: 276), a decline from 22nd in 2022, meaning the gap between girls and boys in 8th-grade Math has grown relative to other states.

ILEARN Proficiency for Female Students by Subject, Indiana: 2019-2025

Source: Indiana Department of Education (2025). Data Request.



High School Graduation

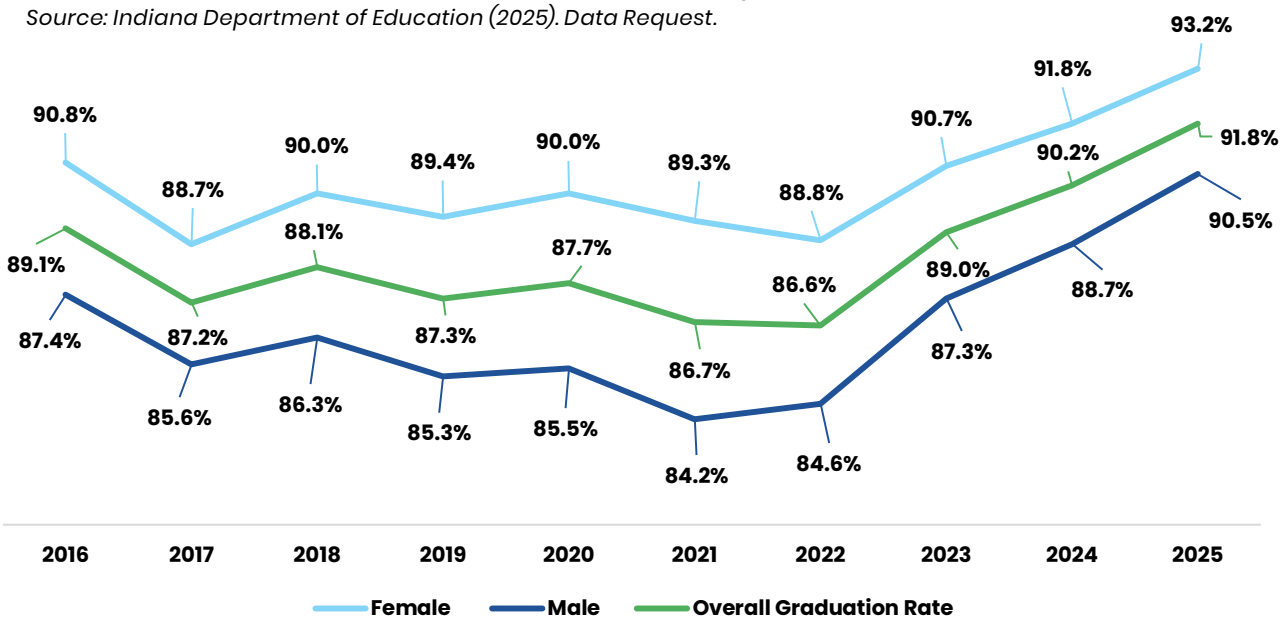
Earning a high school diploma is one of the most consequential milestones in a young person's life. Graduates earn more, participate in the workforce at higher rates, and experience better long-term health outcomes than those who do not finish.[27] Students who leave without a diploma face significantly narrowed economic opportunity and are more likely to need public assistance over the course of their lives.[28] In Indiana, as across the country, girls consistently graduate at higher rates than boys, and the most recent data show that gap widening in girls' favor.

Indiana's female graduation rate reached its highest point in a decade, surpassing the state average.

- In 2025, 93.2% of female students graduated on time, surpassing the state average of 91.8%, and exceeding the male graduation rate of 89.4%. This represents the highest female graduation rate in the past decade.[29]

Graduation Rate for Female Students, Indiana: 2016-2025

Source: Indiana Department of Education (2025). Data Request.

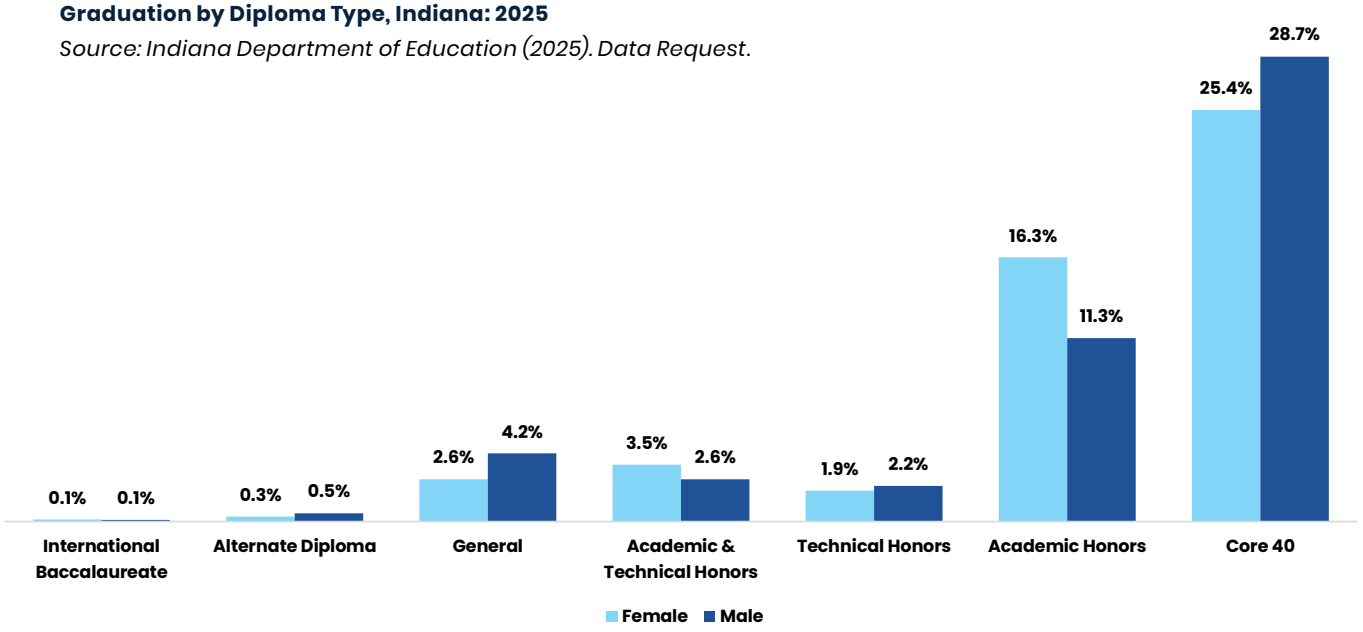


The majority of female graduates earn a Core 40 or higher diploma.

- Among female graduates in the 2025 cohort, 25.4% earned a Core 40 diploma and 16.3% earned an Academic Honors diploma, compared to 28.7% and 11.3% for male graduates, respectively. While boys graduate at a higher rate with a Core 40 diploma, girls are more likely to earn the more rigorous Academic Honors diploma, and by more than 5 percentage points. Together, these two diploma types account for more than 4 in 10 female graduates, consistent with prior years.[30]
- Girls also outpace boys in Academic & Technical Honors (3.5% vs. 2.6%), while boys earn more General diplomas (4.2% vs. 2.6%) and Alternate diplomas (9.5% vs. 0.3%). International Baccalaureate rates are identical at 0.1%.

Graduation by Diploma Type, Indiana: 2025

Source: Indiana Department of Education (2025). Data Request.



The female dropout rate fell sharply, reaching its lowest point in recent years.

- In 2025, the female dropout rate declined to 3.9%, down from 4.9% the previous year, below the male rate of 5.6%, and below the overall state rate of 5.8%.[31]

Indiana girls are finishing high school at record rates and leaving with credentials that position them well for college and careers. Taken together, these trends reflect a generation of Indiana girls who are not only completing high school at record rates but doing so with the credentials that open doors to higher education and careers.

College and Career Readiness

College and career readiness are about more than test scores. It encompasses academic preparation, access to opportunity, and the programs that help students translate their interests and abilities into a path forward. That path looks different for every student. Postsecondary options include four-year degrees, associate degrees, certifications, and career training, and each can lead to meaningful employment and economic stability.

College remains one of the most reliable routes to higher earnings, lower unemployment, and greater financial resilience over a lifetime.[32] The data in this section show that Indiana girls are pursuing and completing college at higher rates than their male peers, and that a persistent gap in STEM enrollment outside of health careers represents one of the clearest areas of unfinished work.

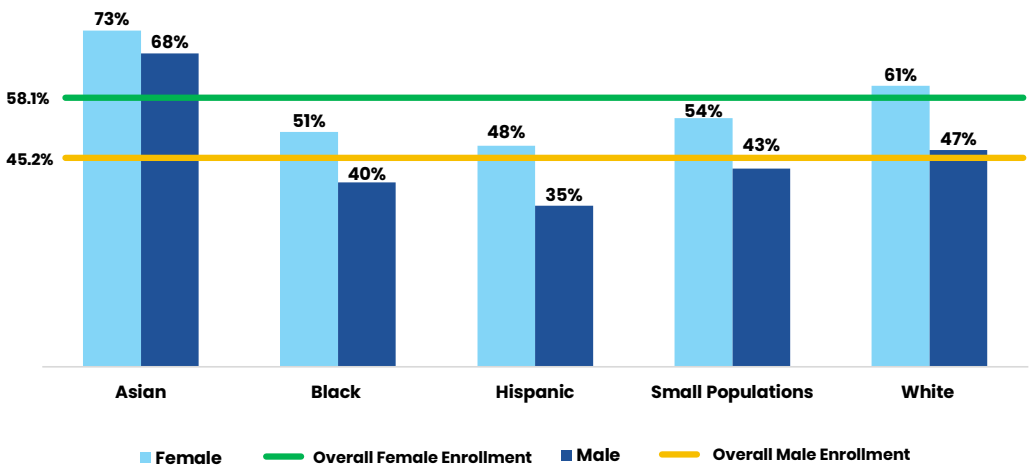
The data in this section show that Indiana girls enroll in and complete college at higher rates than boys, while a persistent gender gap in STEM enrollment remains.[33]

Female students enroll in college at significantly higher rates than their male peers, though both have declined over the past decade.

- In the 2023 graduating cohort, 58.1% of female students enrolled in college immediately after high school, compared to 45.2% of male students — a gap of nearly 13 percentage points.[34]
- College enrollment rates have declined steadily over the past decade for both female students and the overall student population.
- Across all racial and ethnic groups, female students enroll in college at higher rates than male students. The gap is widest among Black students (51% female vs. 40% male, an 11-point gap) and Hispanic students (48% vs. 35%, a 13-point gap). Asian female students have the highest enrollment rate overall at 73%, compared to 68% for Asian male students. White female students enroll at 61%, compared to 47% for White male peers.
- Among students enrolling in Indiana public colleges, female students earned a slightly higher average freshman GPA (2.9) than male students (2.8), consistent with prior years. However, both female and male students earned the same average number of freshman credit hours (23.6).

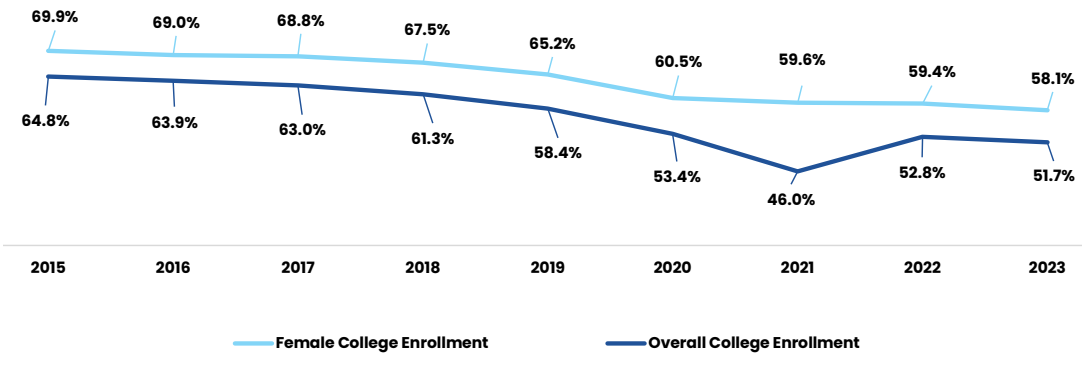
Immediate College Enrollment by Race/ Ethnicity, Indiana: 2023 Cohort

Source: Indiana Commission for Higher Education (2025). College Going Dashboard.



College Enrollment Rate, Indiana: 2015 Cohort-2023 Cohort

Source: Indiana Commission for Higher Education (2025). College Going Dashboard.

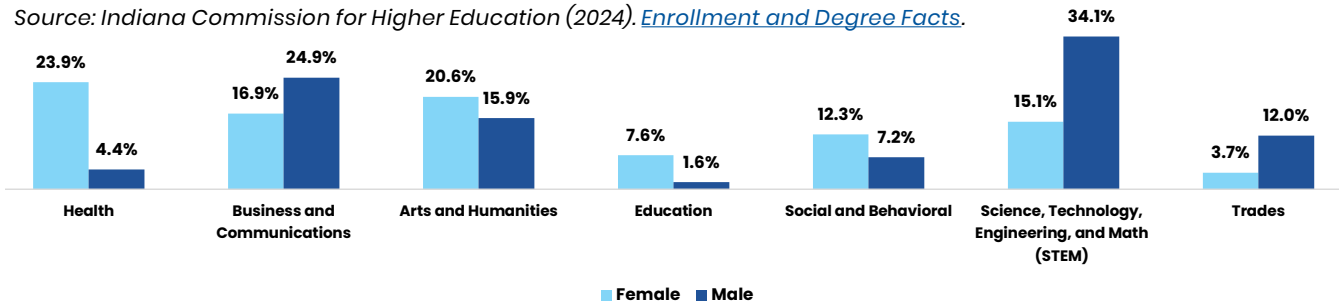


Female college students are heavily concentrated in health fields and remain significantly underrepresented in other STEM areas.

- Among female students ages 18 to 24, Health was the most declared program area (29.1%), compared to 4.4% of male students.
- In STEM fields broadly, 15.1% of female students were enrolled, compared to 34.1% of male students — a gap of 19 percentage points. It is worth noting that health-related fields are themselves part of the STEM landscape, meaning girls' strong representation in health partially offsets their underrepresentation in areas such as technology, engineering, and mathematics.

College Enrollment by Declared Program Area (Age 18 to 24 Years), Indiana: 2023

Source: Indiana Commission for Higher Education (2024). Enrollment and Degree Facts.



ICHE Program Area	Typical Degrees Included
Arts & Humanities	English, History, Philosophy, Languages, Fine Arts, Music, Theater, Religious Studies, Liberal Arts
Business & Communication	Accounting, Finance, Marketing, Management, Economics, Public Relations, Journalism, Communications
Education	Elementary Education, Secondary Education, Special Education, Curriculum & Instruction, Educational Leadership
Health	Physical Therapy, Occupational Therapy, Veterinary, Health Administration
STEM	Engineering, Computer Science, Mathematics, Biological Sciences, Physical Sciences, Agriculture, Architecture, Environmental Science
Social & Behavioral	Psychology, Sociology, Political Science, Criminal Justice
Sciences / Human Services	Anthropology, Geography, Social Work, Public Administration, Family Studies, Human Services

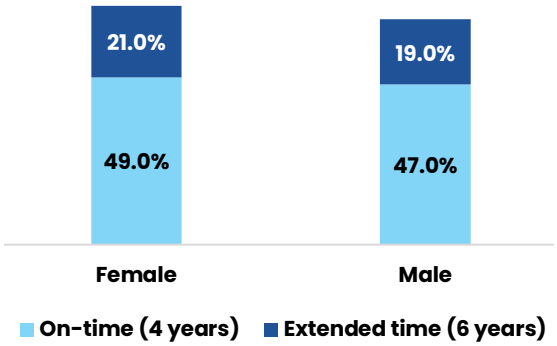
Finally, female students complete college at higher rates than male peers, both on time and within extended timeframes.

- According to the 2024 Indiana College Completion Report, 49% of female students completed their degree on time, compared to 47% of male students;
- Within an extended timeframe, 70% of female students completed their degree, compared to 66% of male students.[35]

Indiana girls are entering and finishing college at rates that outpace their male peers by a meaningful margin. It is also worth recognizing that girls' concentration in health fields reflects real interest in a demanding, high-value area of STEM. The more pressing challenge is that their participation in other STEM areas, such as technology, engineering, and mathematics, remains low, and those fields represent some of the fastest-growing and highest-paying careers available. Broadening the range of STEM pathways girls feel prepared and encouraged to pursue is among the most important levers available for improving long-term outcomes.

College Completion, Indiana: 2024

Source: Indiana Commission for Higher Education (2025). College Going Dashboard.



Emotional Wellness for Girls

Emotional wellness among Indiana girls reflects both strong support systems and meaningful challenges. Most girls report living in supportive neighborhoods, having access to trusted adults, and maintaining strong peer connections—factors that are consistently linked to positive mental health and resilience. In many cases, these supports exceed national benchmarks or show improvement over time.

At the same time, several indicators point to growing concerns. Girls experience higher rates of bullying, emotional distress, and body image concerns than their male peers, and many report difficulty making or maintaining social connections. Mental health needs are also rising, with girls more likely than boys to receive treatment, yet still facing barriers to accessing care.

Taken together, the data show a complex picture: Indiana girls are supported in many aspects of their environment, but they are also navigating increased social, emotional, and mental health pressures. Strengthening access to care, supportive relationships, and safe environments will be critical to improving outcomes.

Emotional Wellness

Family & Community

- Neighborhood Safety and Support
- Mentorship and Support Systems

Education

- Bullying

Health

- Mental Health and Suicide
- Body Image and Eating Disorders

Girl Scouts Coalition Dimension of Emotional Wellness Definition

When girls develop the ability to identify, express, and manage their feelings, they build a foundation for emotional resiliency. Nurturing these capabilities requires safe environments where girls learn to care for the full range of their emotions which necessitates the presence of supportive adults. Together, these circumstances can help girls manage the emotional impact of challenges such as bullying, eating disorders, and depression.

Neighborhood Safety and Support

The neighborhoods and communities where girls live can play an important role in shaping their health, development, and overall well-being. Safe and supportive environments can help girls build social connections, participate in community activities, and access resources that contribute to healthy development. Features such as safe housing, recreational spaces, sidewalks, libraries, and community programs can positively influence physical health, emotional well-being, and long-term opportunities.[1]

Neighborhood conditions can also affect how connected and supported girls feel within their communities. Positive community relationships and encouragement from neighbors can help foster a sense of belonging, confidence, and safety as girls grow. While experiences vary across urban, suburban, and rural communities, supportive environments remain important in promoting healthy outcomes for girls throughout Indiana.[2]

Many girls in Indiana live in supportive and safe neighborhoods.

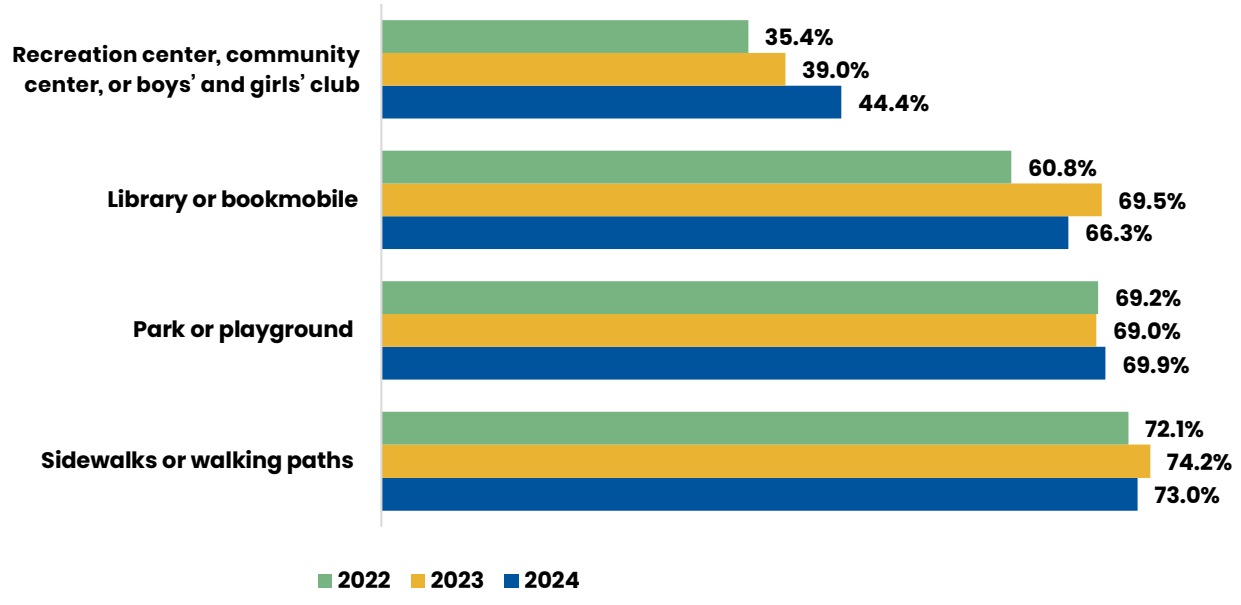
- In 2024, 60.3% of girls under age 18 lived in a supportive neighborhood, higher than the national average (55.9%).[3]
- Additionally, 69.8% of caregivers reported they "definitely agree" their child lives in a safe neighborhood, exceeding the national rate (65.5%).

Access to neighborhood amenities has improved in recent years.

- In 2024, 10.9% of girls lived in neighborhoods without amenities such as parks, sidewalks, recreation centers, or libraries, an improvement from 16.9% the previous year.[4]
  - » Consistent with this improvement, the share of girls living near key neighborhood amenities remained high in 2024, including sidewalks or walking paths (73.0%), parks or playgrounds (69.9%), and libraries or bookmobiles (66.3%).

Neighborhood Amenities Present for Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 7.4.

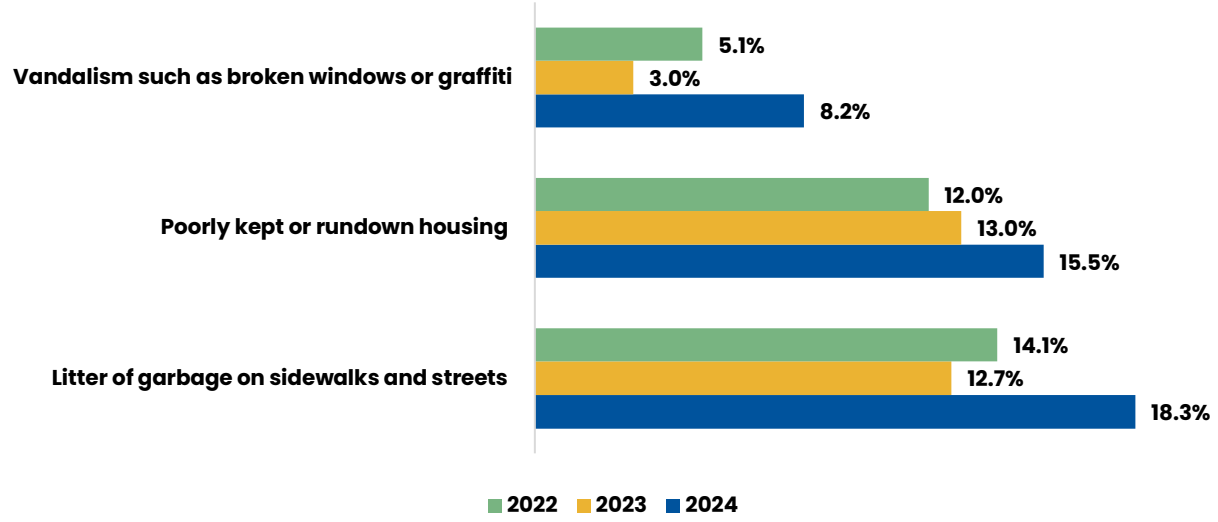


Neighborhood detracting elements increased across all measured categories in 2024.

- In 2024, 24% of girls lived in neighborhoods with detracting elements such as litter, rundown housing, or vandalism, higher than their male peers at 19%.[5]
- Reports of litter or garbage increased from 12.7% to 18.3%, poorly maintained housing increased from 13.0% to 15.5%, and vandalism increased from 3.0% to 8.2%.

Detracting Neighborhood Elements Present for Female Children (Under 18 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 7.5.

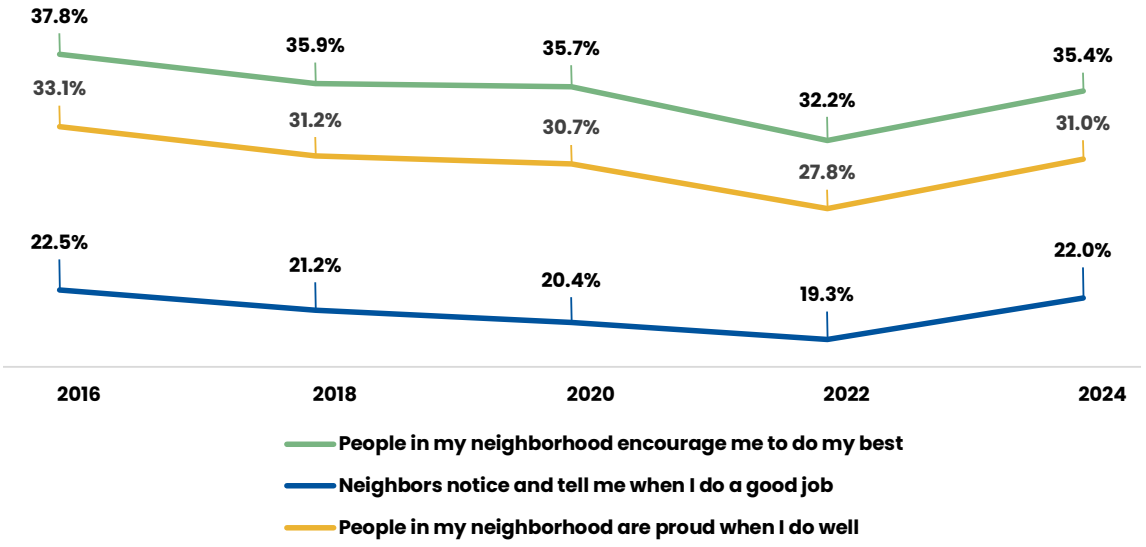


Community encouragement and support remain important strengths for many girls.

- According to the 2024 Indiana Youth Survey, 35.4% of female students reported feeling that people in their neighborhood encouraged them to do their best, an increase from the previous survey year (32.2%).[6]
- Additionally, 31% said people in their neighborhood were proud of them when they did something well, also improving from the previous year (27.8%).

Female Students in Grades 7th-12th Reported Neighborhood Perceptions, Indiana: 2016-2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Mentorship and Support Systems

Strong support systems and positive relationships with trusted adults can play a meaningful role in the healthy development of girls in Indiana. Mentors, caregivers, educators, coaches, counselors, and other supportive adults can help girls navigate challenges, strengthen confidence, and build emotional resilience throughout childhood and adolescence. These relationships often provide guidance, encouragement, and stability during important developmental stages.

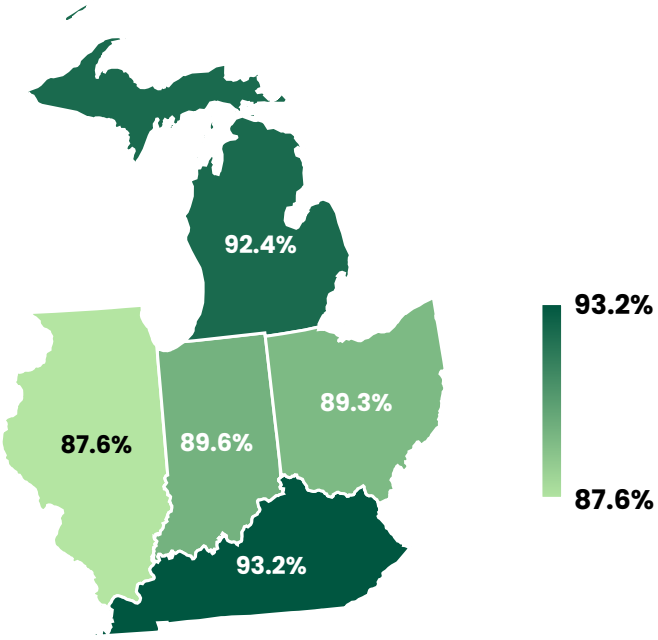
Support systems can also help girls feel connected, valued, and supported both inside and outside of school. Access to trusted adults and supportive peers has been linked to improved academic outcomes, stronger emotional well-being, and healthier coping skills. Schools, families, and communities each play an important role in helping girls build strong networks of support that contribute to long-term success and well-being.

Most girls in Indiana report having access to a trusted adult mentor.

- In 2024, 89.6% of girls ages 6 to 17 had an adult outside of their parents or caregivers whom they could rely on for guidance or advice, higher than the national average (88.5%).[7]
- However, this marked a decline from 94.6% in the previous year.

Female Children with an Adult Mentor (Age 6 to 17 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 5.9.



Access to school-based support staff remains limited in many Indiana schools.

- In 2024, 24.9% of female students reported limited opportunities for one-on-one interaction with teachers.[8]
- Indiana schools also continue to operate above recommended student-to-support-staff ratios for counselors, psychologists, social workers, and nurses.

Student to Support Staff Ratio, Indiana: 2022–2025

	Professional Recommendation	2022 School Year	2023 School Year	2024 School Year	2025 School Year
School Counselors	250:1	624:1	536:1	494:1	485:1
School Social Workers	250:1	2,788:1	2,786:1	3,007:1	2,633:1
School Psychologists	500-700:1	2,699:1	2,663:1	2,999:1	2,399:1
School Nurses	750:1	959:1	1,016:1	995:1	924:1

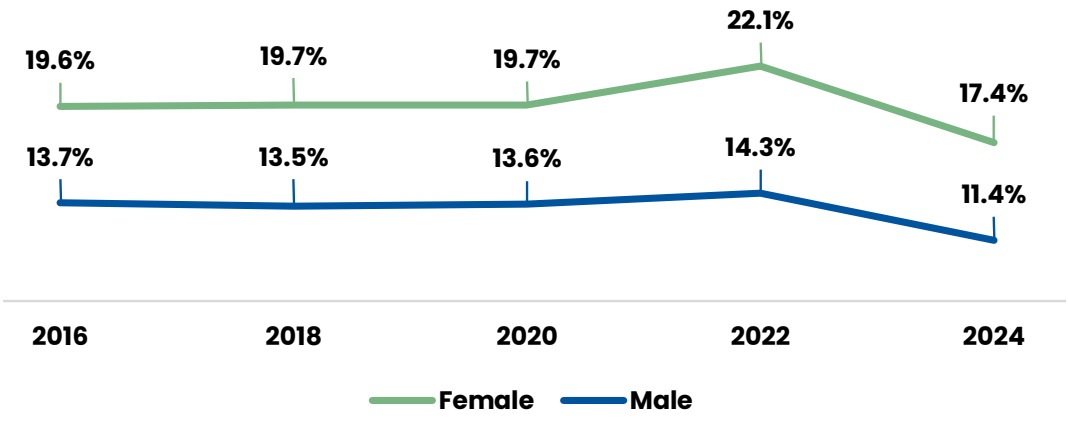
Source: Indiana Department of Education (2025). Student Support Services Data Request.

Girls report strong peer support and moderate levels of support from trusted adults.

- According to the 2023 Youth Risk Behavior Survey, 47.1% of female high school students reported feeling able to talk with a family member or another caring adult about their feelings, consistent with their male peers (47.2%).[9]
- Additionally, 56.2% reported they could most of the time or always talk to a friend about their feelings, higher than their male peers (46.7%).
- While nearly half of female students reported being able to talk with a family member or caring adult about their feelings, fewer reported consistently seeking support when facing personal challenges. According to the Indiana Youth Survey, 17.4% said they could not ask their parents for help when they had a problem.

Students in Grades 7th-12th Reported They Couldn't Ask Their Parents for Help with a Personal Problem, Indiana: 2016-2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Bullying

Bullying continues to affect many girls in Indiana and can influence emotional well-being, social relationships, academic engagement, and feelings of safety at school. Bullying may occur through verbal, physical, relational, or electronic behaviors that are intended to intimidate, isolate, or harm another person. Girls are often more likely to experience relational and electronic forms of bullying, which can sometimes be more difficult to identify and address.[10,11,12]

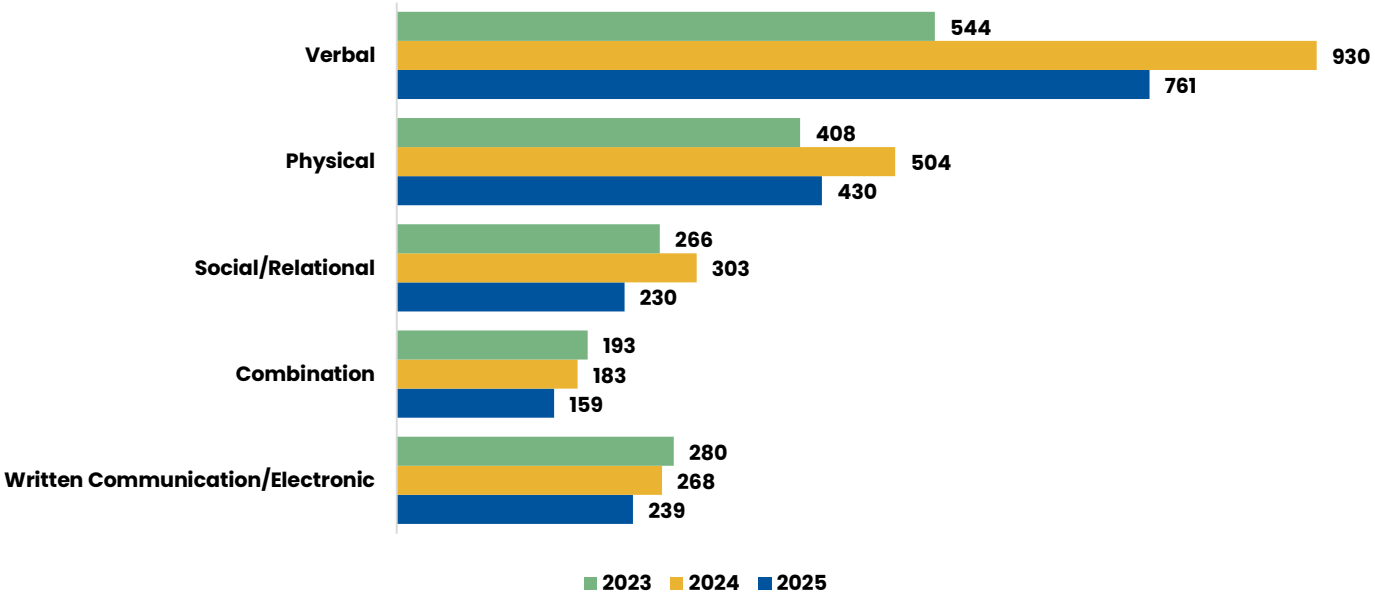
The growth of social media and digital communication has expanded the ways bullying can occur, increasing the potential reach and frequency of harmful interactions.[13] Experiences of bullying can contribute to emotional distress, social withdrawal, and reduced feelings of connection at school and within peer groups. Creating supportive school climates and strengthening prevention efforts remain important in helping girls feel safe, included, and supported.

Reported bullying incidents involving female students decreased across Indiana schools in 2025.

- Students accounted for 27.1% of reported bullying incidents, an improvement from 28.4% in the previous year.[14]
- Reported bullying incidents involving female students decreased 16.9% between 2024 and 2025.

Reported Bullying Incidents for Female Students in Grades K-12th, Indiana: 2023-2025

Source: Indiana Department of Education (2025). Reported Bullying Incidents Data Request.



Verbal bullying remained the most common form of bullying reported among girls.

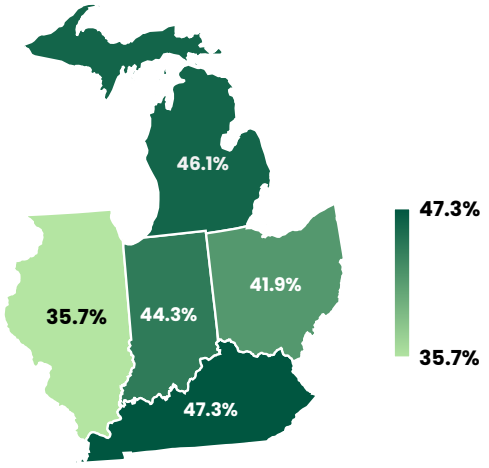
- In 2025, verbal bullying incidents (761) involving female students decreased 18.1% compared to the previous year (930).[15]

Many girls report experiencing bullying, harassment, or exclusion.

- In 2024, 44.3% of caregivers reported their daughter had experienced bullying, harassment, or exclusion within the past year, higher than both their male peers (39.7%) and the national average (40%).[16]
- Among these girls, 6.2% experienced bullying on a weekly basis – lower than their male peers (6.9%), yet higher than the national average (4.4%).

Female Children Bullied Within Past 12 Months (Age 6 to 17 Years); 2024

Source: National Survey of Children's Health (2024). Indicator 2.5.



Feelings of social disconnection remain a challenge for some girls.

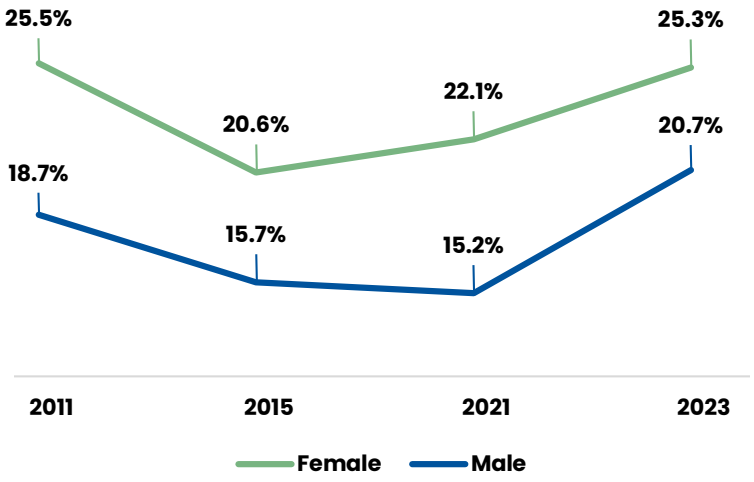
- In 2024, 30.1% of caregivers reported their daughter had difficulty making or keeping friends, an increase from 24% in 2023.[17]

School safety concerns and electronic bullying affect many female students.

- According to the 2023 Youth Risk Behavior Survey, 16.9% of female high school students reported not going to school because they felt unsafe at school or on their way to school, higher than the national average (15.9%).[18]
- Additionally, 24.4% reported being bullied on school property, while 25.3% experienced electronic bullying through texting or social media – both higher than the national average (21.9% and 20.7% respectively).
- 8.7% reported being threatened or injured with a weapon on school property, in line with the national average (8.7%).

Percentage of High School Students Who Were Electronically Bullied: 2011-2023

Source: Indiana Department of Health (2023). Youth Risk Behavior Survey.



Mental Health and Suicide

Mental health is an important part of overall well-being and can influence how girls experience school, relationships, family life, and everyday activities. Adolescence is a period of significant emotional, social, and developmental change, and many girls navigate increasing pressures related to academics, social relationships, identity, and future expectations during these years. These experiences can contribute to increased vulnerability to conditions such as anxiety, depression, and emotional distress.[19]

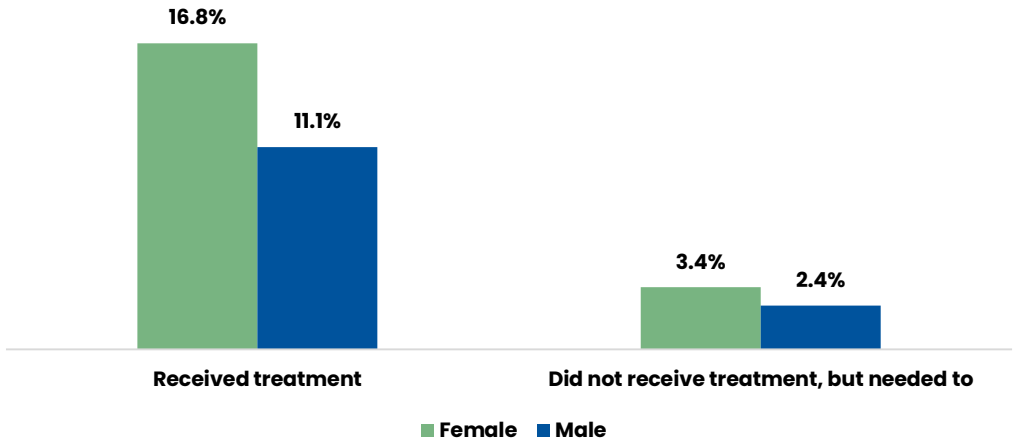
Experiences such as trauma, bullying, social isolation, and chronic stress can further affect mental health outcomes and coping abilities. At the same time, access to supportive relationships, mental health services, school-based resources, and trusted adults can play an important role in helping girls build resilience, strengthen emotional well-being, and navigate challenges in healthy ways. Understanding girls' mental health experiences can help inform prevention, intervention, and support efforts across schools, healthcare systems, and communities.[20]

Girls in Indiana access mental health services at higher rates than boys.

- In 2024, 16.8% of girls ages 3 to 17 received treatment or counseling from a mental health professional—higher than both male peers (11.1%) and the national average (14%).[21]

Children Receiving Mental Health Treatment or Counseling (Age 3 to 17 Years), Indiana: 2024

Source: National Survey of Children's Health (2024). Indicator 4.4.



Some girls continue to experience barriers in accessing needed mental health care.

- Among girls who needed mental health services, 3.4% did not receive needed treatment or counseling, exceeding both male peers (2.4%) and the national average (2.9%).[22]

Many caregivers report difficulty navigating mental health services.

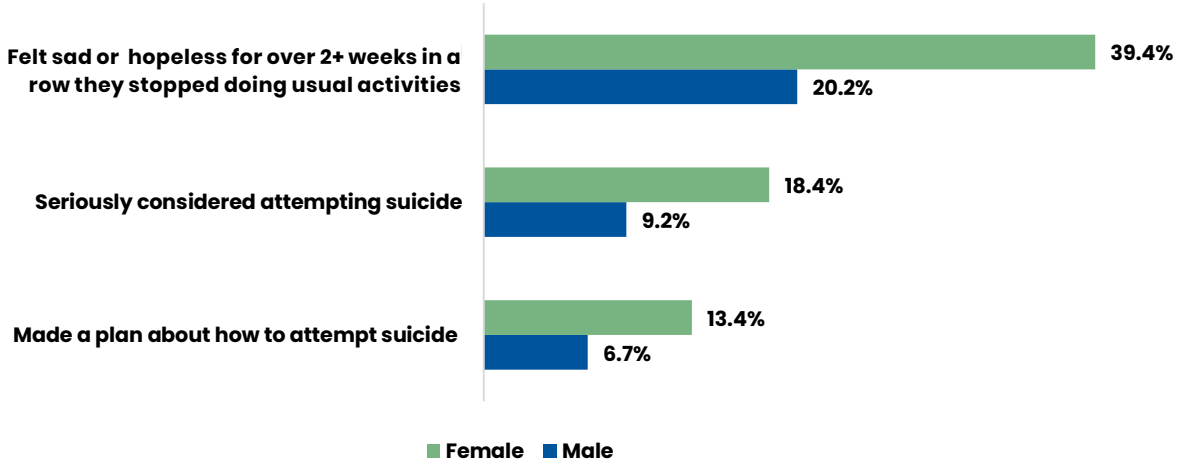
- In 2024, 52.6% of caregivers reported difficulty finding mental health treatment or counseling for their child, higher than the national average (52.1%).[23]
- However, only 1.6% reported it was not possible to obtain needed care, reflecting improvement from the previous year, lower than the national average (4%).

Female students report higher levels of emotional distress and suicide-related behaviors.

- According to the 2024 Indiana Youth Survey, female students in grades 7 through 12 were twice as likely as male peers to report prolonged feelings of sadness or hopelessness, seriously considering suicide, and making a suicide plan – in line with previous years.[24]
- However, in 2023, males accounted for the majority of suicide deaths among both youth ages 0–17 (78%) and young adults ages 18–24 (83.8%).

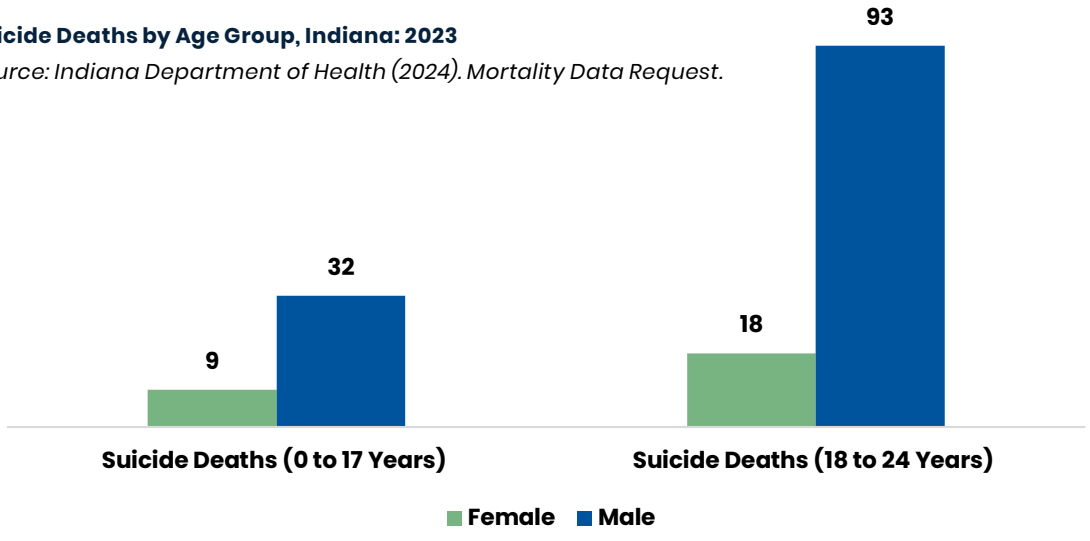
Students in Grades 7th-12th Reported Mental Health, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Suicide Deaths by Age Group, Indiana: 2023

Source: Indiana Department of Health (2024). Mortality Data Request.



Body Image and Eating Disorders

Body image and eating behaviors can have important impacts on the physical and emotional well-being of girls in Indiana. Social pressures, media influences, and cultural expectations related to appearance can contribute to body dissatisfaction and unhealthy eating behaviors, particularly during adolescence. These pressures may also shape how girls perceive themselves and their overall sense of confidence and self-worth.[25]

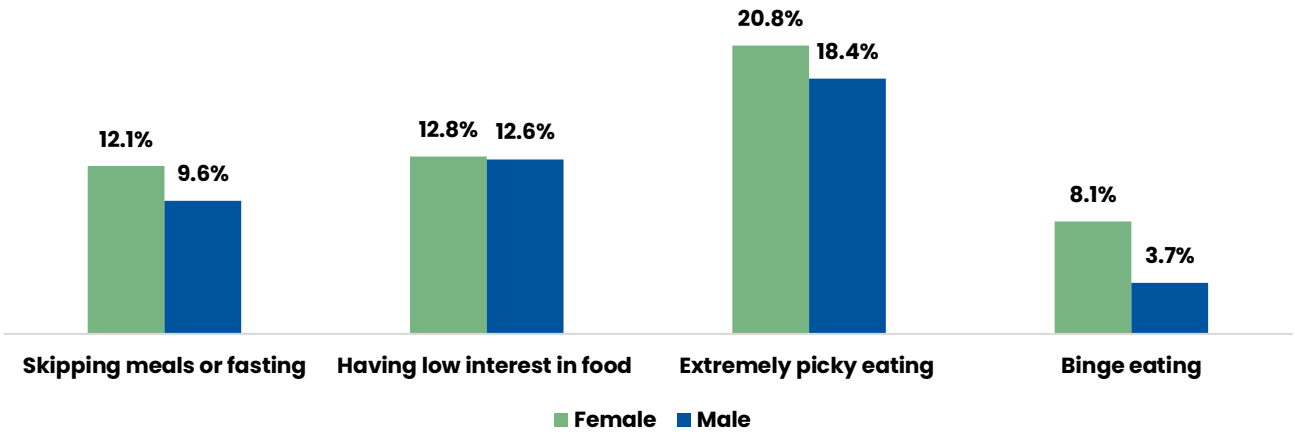
Eating disorders and disordered eating behaviors can affect girls across many backgrounds and experiences and are often connected to broader mental health and emotional well-being concerns.[26] Promoting positive body image, healthy relationships with food, and supportive environments can help girls develop confidence, resilience, and lifelong healthy habits. Families, schools, healthcare providers, and community supports all play important roles in fostering healthy self-image and well-being among girls.[27]

Girls report higher rates of eating and body image-related concerns than boys.

- According to the National Survey of Children's Health, girls aged 6 to 17 in Indiana had higher prevalence rates than boys across all four measured eating and body image-related behaviors seen in the figure below.[28]

Eating or Body Image-related Behaviors for Children (Age 6 to 17 Years), Indiana: 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 1.4b.



Disordered eating behaviors affect a notable share of girls in Indiana.

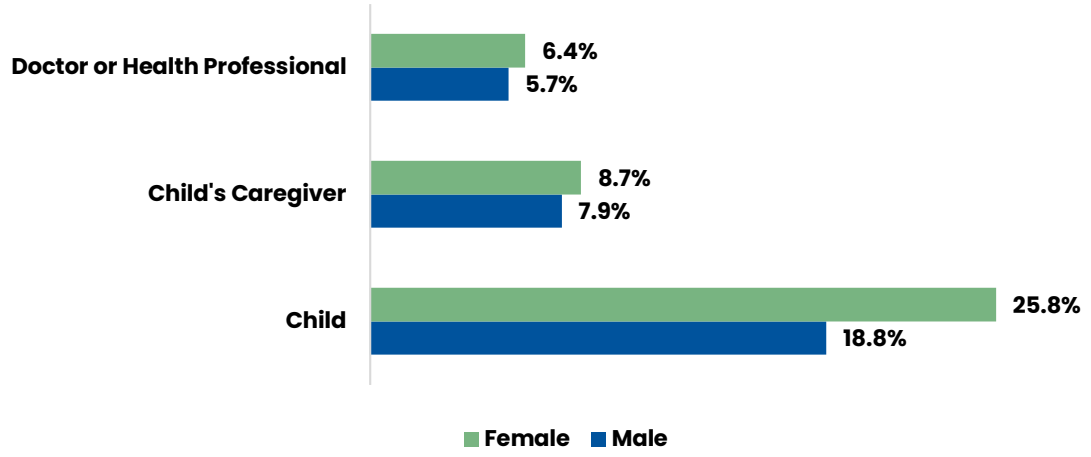
- In 2023-2024, 12.1% of girls skipped meals or fasted outside of religious reasons, while 8.1% engaged in binge eating behaviors — both measures higher than their male peers (9.6% and 3.7% respectively).[29]
- Additionally, 20.8% demonstrated extreme picky eating behaviors, and 12.8% showed low interest in food – both measures were also higher than their male peers (18.4% and 12.6% respectively).

Many girls express concerns about body weight and appearance.

- In 2023–2024, 25.8% of caregivers reported their daughter was concerned about her body weight, shape, or size, notably higher than male peers (18.9%), yet in line with the national average (25.8%).[30]
- Only 6.4% of caregivers said a doctor or other healthcare provider told them their daughter was overweight, lower than the national rate of 6.8%.[31]
- Additionally, 8.7% of caregivers expressed concern about their child's weight, compared to 9.2% nationally.[32]

Concerns about Child's Weight (Under 18 Years), Indiana: 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicators 1.4b, 1.4c, 1.6.



Weight perceptions among female students often differ from clinical measures.

- According to the 2023 Youth Risk Behavior Survey, 57.7% of female high school students reported trying to lose weight, higher than their male peers (38.9%).[33]
- However, only 15.5% had a body weight above the 95th percentile on the BMI scale, despite over double (36.9%) describing themselves as overweight – both measures higher than their male peers (14.8% and 30.0% respectively).

Social Wellness for Girls

Social wellness among Indiana girls reflects many important strengths, particularly in areas of connection, engagement, and participation. Most girls participate in organized activities, maintain strong involvement in school and community programs, and report positive peer relationships. Many also benefit from supportive family and community environments that encourage healthy development, leadership, and social connection.

At the same time, several indicators highlight ongoing challenges. A notable share of girls experience adverse childhood experiences, family conflict, dating violence, sexual violence, and other risk factors that can affect long-term well-being. Girls also report lower levels of several protective factors compared to boys and experience higher rates of certain social and environmental risks. While teen birth rates continue to decline and access to substances has decreased, many girls remain vulnerable to substance use, victimization, and other behaviors that can impact health and safety.

Overall, the data presents a mixed but hopeful picture. Indiana girls are highly engaged in activities and relationships that promote belonging and positive development, and many long-term trends—such as declining teen birth rates and reduced substance access—are moving in a positive direction. Continued investment in supportive relationships, violence prevention, substance use prevention, and opportunities for meaningful community involvement will be important to strengthening the social well-being of girls across Indiana.

Social Wellness

Family & Community

- Organized Activities
- CTC Risk and Protective Factors
- Adverse Childhood Experiences
- Dating and Sexual Violence
- Teen Birth Rate

Health

- Substance Use

Girl Scouts Coalition Dimension of Social Wellness Definition

A robust ecosystem of support including a strong family unit, adequate economic resources, and opportunities to create and sustain social networks in her community helps girls build social skills and social connections needed to thrive. In these environments, girls learn both their intrinsic worth – a precursor for healthy self-confidence – and receive necessary support to navigate complicated social situations. Disruptions to this social fabric such as childhood trauma, poverty, or the prevalence of substance abuse in the family can create significant challenges now and later in life.

Organized Activities

Participation in organized activities plays an important role in supporting the healthy development and overall well-being of girls in Indiana.[1] Through involvement in clubs, sports, arts programs, leadership organizations, and community-based activities, girls have opportunities to build social connections, strengthen confidence, and explore interests in supportive and structured environments.[2] These experiences can help foster communication skills, self-awareness, teamwork, and a stronger sense of belonging during critical stages of development.[3,4]

Organized activities also create opportunities for girls to engage with peers and trusted adults in positive settings that encourage healthy socialization and personal growth. Whether through programs such as Girl Scouts, 4-H, Girls Who Code, athletics, or arts-related activities, participation can support emotional well-being while helping girls develop leadership skills, resilience, and civic engagement. Research has consistently linked participation in organized activities to positive developmental outcomes, including stronger community involvement, increased confidence, and improved social and emotional health.[5]

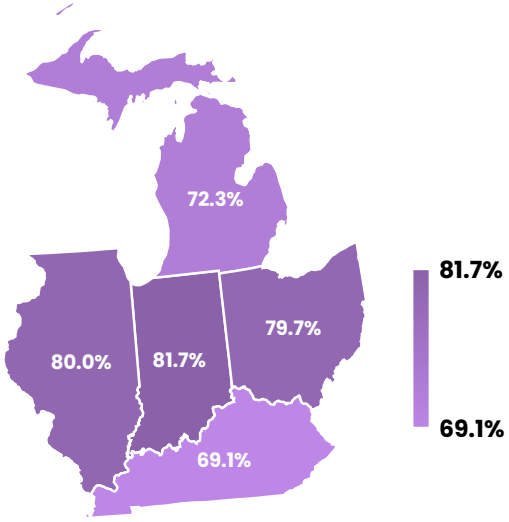
Supportive family and community involvement further strengthens these experiences by helping girls remain connected and engaged in activities that contribute to their growth and well-being.

Participation in organized activities is high among girls in Indiana.

- In 2024, 81.7% of girls ages 6 to 17 participated in at least one organized activity or lesson outside of school—an increase from the previous year (79%), higher than male peers (53.3%), and among the highest rates in the region.[6]

Participation in Organized Activities for Female Children (Age 6 to 17 Years); 2024

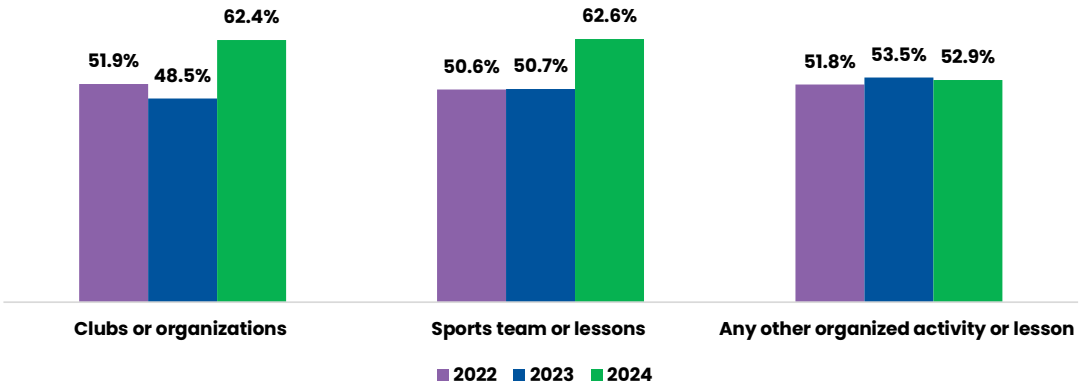
Source: National Survey of Children's Health (2024). Indicator 5.5.



- The largest gender difference was observed in "other organized activities or lessons," such as music, dance, language, or the arts, where participation among girls was 26.5 percentage points higher than boys.

Participation in Organized Activities by Type for Female Children (Age 6 to 17 Years), Indiana: 2022-2024

Source: National Survey of Children's Health (2024). Indicator 5.5.



**Note: According to the National Survey of Children's Health, any other organized activity or lesson could include music, dance, language, or other arts related activities.*

Community engagement remains strong among girls, though participation has declined from prior years.

- In 2024, 32.9% of girls participated in community service or volunteer work, higher than male peers (30.8%) but below the previous year (40.7%).[7]

Family engagement plays an important role in supporting participation.

- In 2024, 77.8% of caregivers reported they "always" or "usually" attended events or activities their child participated in—lower than the national average (80.4%) and the previous year (80.1%).[8]

Communities That Care (CTC) Risk and Protective Factors

Risk and protective factors influence many aspects of girls' health, behavior, and overall well-being. These factors exist within families, schools, peer groups, and communities, and can either increase the likelihood of negative outcomes or help promote resilience and healthy development. Supportive relationships, positive school environments, and strong peer connections can serve as protective factors that help girls navigate challenges and build confidence as they grow.[9]

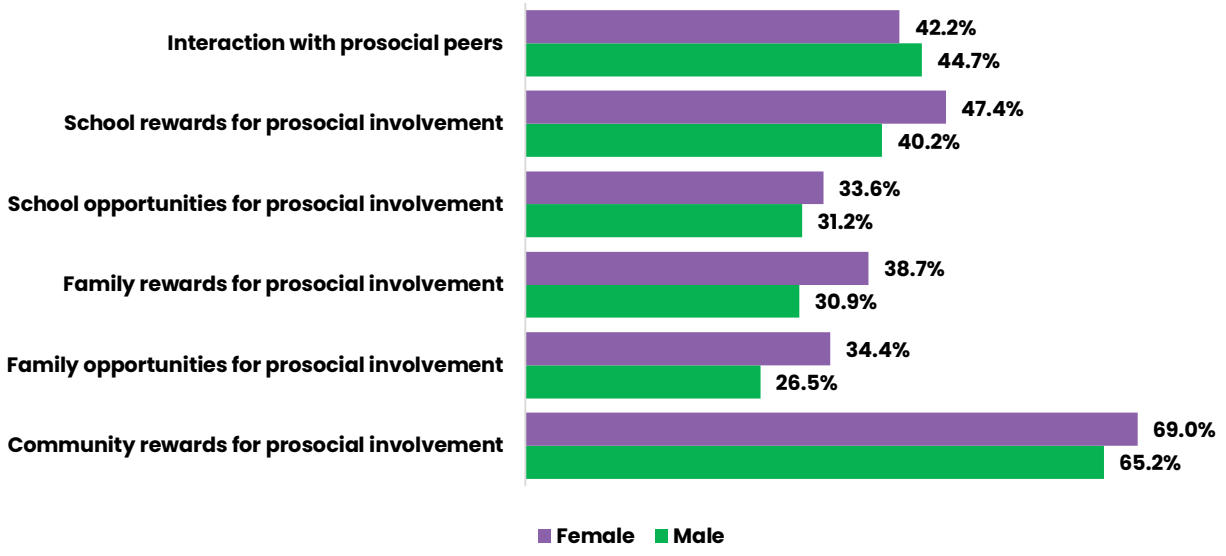
The Communities That Care (CTC) framework helps identify areas where additional support may strengthen outcomes for youth. Understanding how girls experience both risk and protective factors can help communities, schools, and families better support their emotional well-being, healthy decision-making, and long-term success.[10]

Female students report lower levels of protective factors across several domains.

- According to the 2024 Indiana Youth Survey, female students in grades 7–12 reported lower levels of protection than male peers across five of the six CTC protective factors.[11]

Students in Grades 6th-12th with Low Protection of CTC Protective Factors, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).
Note: 6th graders were assessed for the six CTC Protective factors.



Positive peer relationships remain a relative strength.

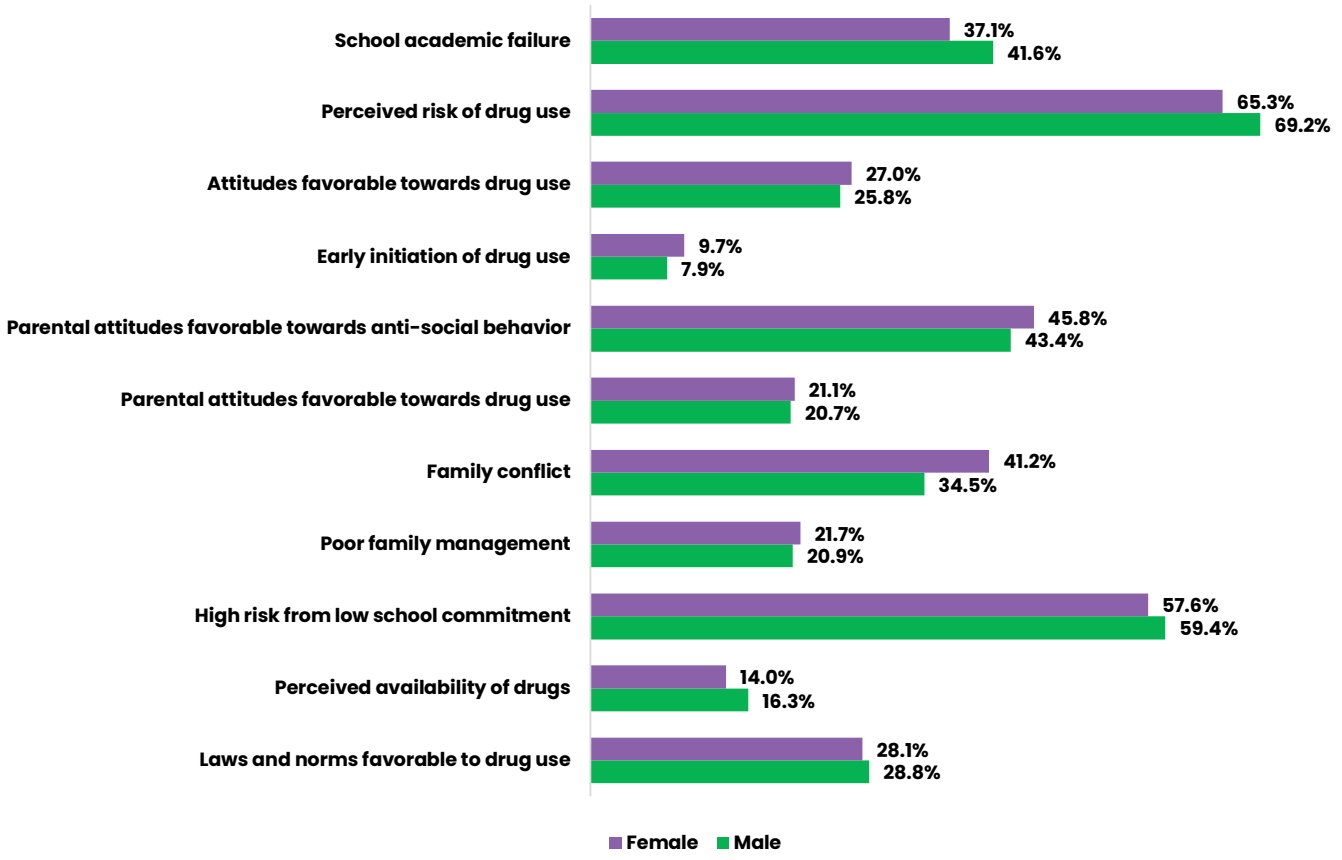
- The only protective factor where girls did not rank lower than boys was interaction with prosocial peers (42.2%), reflecting improvement from the previous survey.[12]

Risk factors are higher for girls in key areas, particularly within the family environment.

- Female students reported higher risk across six of the eleven CTC risk factors.[13]
- The largest differences were observed in the family domain, particularly family conflict, where girls reported rates 6.7 percentage points higher than boys.

Students in Grades 7th-12th with High Risk of CTC Risk Factors, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Adverse Childhood Experiences

Adverse childhood experiences (ACEs) can have lasting effects on physical health, emotional well-being, and long-term development. These experiences may include abuse, neglect, household instability, exposure to violence, or other significant stressors during childhood. While ACEs can affect all children, research has shown that girls may experience certain forms of adversity differently and may face distinct long-term impacts related to health, mental well-being, and future opportunities.[14,15,16]

Supportive relationships, stable environments, and access to early intervention services can help reduce the impact of adverse experiences and strengthen resilience. Understanding the prevalence and types of ACEs affecting girls in Indiana can help inform prevention efforts and support systems that promote long-term well-being.[17,18]

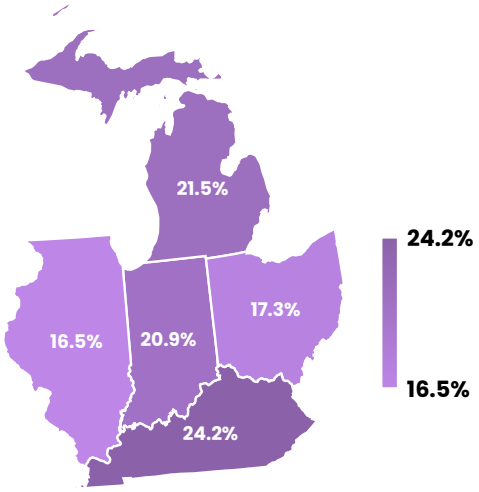
Children exhibiting a score of 1-3 ACEs with no associated health conditions are at an "intermediate risk" level for negative mental and physical health outcomes associated with toxic stress. Children with a score of 1-3 ACEs who also display associated health conditions are "high risk" for toxic stress, as well as children who have 4 or more ACEs, with or without associated health conditions.

A notable share of girls in Indiana experience multiple adverse childhood experiences.

- In 2023–2024, 20.9% of girls experienced two or more ACEs—higher than the national average (16.9%) but lower than male peers (22.6%).[19]

Female Children with Two or More ACEs (Under 18 Years); 2023-2024

Source: National Survey of Children's Health (2023-2024). Indicator 6.13.



Household-based ACEs are more common among girls in Indiana.

- 15.4% experienced two or more household-based ACEs, exceeding the national rate (11.6%).[20]

Community-based ACE exposure is lower but still present.

- 8.1% experienced one or more community-based ACEs, slightly below the national average (8.8%).[21]

Prevalence of Adverse Childhood Experiences (ACEs) by Type for Female Children (Under 18 Years), Indiana: 2023-2024

		Indiana	U.S.
	Somewhat or very hard to cover the basics, like food or housing, on family's income	17.7%	14.00%
Household-based ACEs	Parent or guardian divorced or separated	24.8%	21.50%
	Parent or guardian died	5.8%	2.90%
	Parent or guardian served time in jail	7.9%	6.20%
	Witnessed domestic violence	6.0%	5.40%
	Victim or witness of neighborhood violence	10.8%	8.80%
	Lived with anyone who was mentally ill, suicidal, or severely depressed	10.3%	8.30%
	Lived with anyone who had a problem with alcohol or drugs	2.2%	3.80%
Community-based ACEs	Treated or judged unfairly because of their race or ethnic group	5.1%	4.50%
	Treated or judged unfairly because of health condition or disability	2.4%	2.3%

Source: National Survey of Children's Health (2023-2024). Indicator 6.13.

Girls in Indiana experience higher rates across most ACE categories.

- Across ten measured ACE categories, girls in Indiana had higher prevalence rates than the national average in nine categories.[22]

Dating and Sexual Violence

As girls move through adolescence, navigating romantic relationships becomes a normal part of development. But for far too many, those relationships involve harm. Research shows that around one in four adolescents experience physical dating violence victimization, and that girls are disproportionately exposed to sexual dating violence compared to boys.[23,24] The consequences extend well beyond the relationship itself.

Experiencing dating violence during adolescence has been associated with serious mental health outcomes including depression, anxiety, suicidal behaviors, and eating disorder behaviors, as well as externalizing behaviors such as sexual risk-taking.[25] Girls who experience dating or sexual violence are also at heightened risk of revictimization in adulthood, making early recognition and prevention critical.

The data below reflect the reality that Indiana girls face these risks at rates that significantly exceed their male peers, and in some cases exceed national averages.[26]

Rates of sexual violence are higher among girls than boys.

- In 2023, 20.3% of female high school students reported experiencing sexual violence at least once in the past year—nearly three times the rate of male peers (7.6%).[27]

Reported Sexual Violence Among High School Students, Indiana: 2023

Source: Indiana Department of Health (2023). Youth Risk Behavior Survey.

Experiences of forced sexual activity remain a concern.

- 16.3% of female high school students reported being physically forced to have sexual intercourse, more than double the rate of male students (6.7%).[28]

Dating violence remains prevalent, with mixed trends over time.

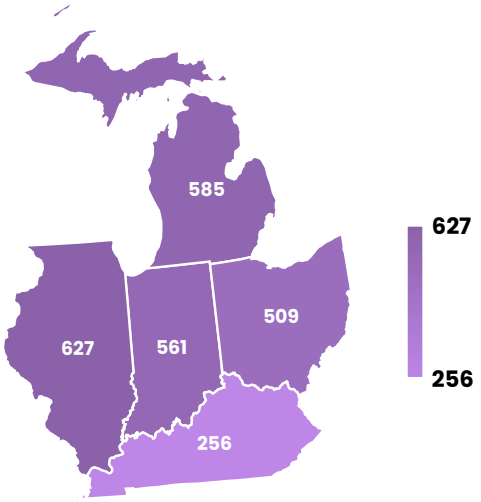
- 15.7% of female high school students reported sexual dating violence, a slight decrease from prior years but still significantly higher than male peers (5.1%).[29]
- 12.1% reported physical dating violence, slightly higher than male peers (11.5%).

Human trafficking disproportionately affects girls and young women.

- In 2024, 81.7% of identified trafficking victims in Indiana were female, with 25% involving minors, consistent with 2023 (82.8% and 25% respectively).[30]

Total Victims of Human Trafficking: 2024

Source: National Human Trafficking Hotline (2024). Indiana Statistics.



Teen Birth Rate

Teen pregnancy and teen birth can influence educational, economic, and health outcomes for adolescent girls, though experiences and impacts vary widely depending on individual, family, and community circumstances. Access to healthcare, education, supportive relationships, and accurate health information can play an important role in shaping outcomes for young mothers and their children.

While teen birth rates have declined significantly over time, continued access to education and reproductive health resources remains important in supporting healthy development and informed decision-making. Schools and communities also play a key role in helping girls access reliable health information and supportive services. The extent to which Indiana students receive health education varies, as sex education is not required statewide and schools that offer it must emphasize abstinence. The data below reflect both the ongoing decline in teen births and questions about whether Indiana girls have consistent access to the health information they need.

A significant share of girls report being sexually active.

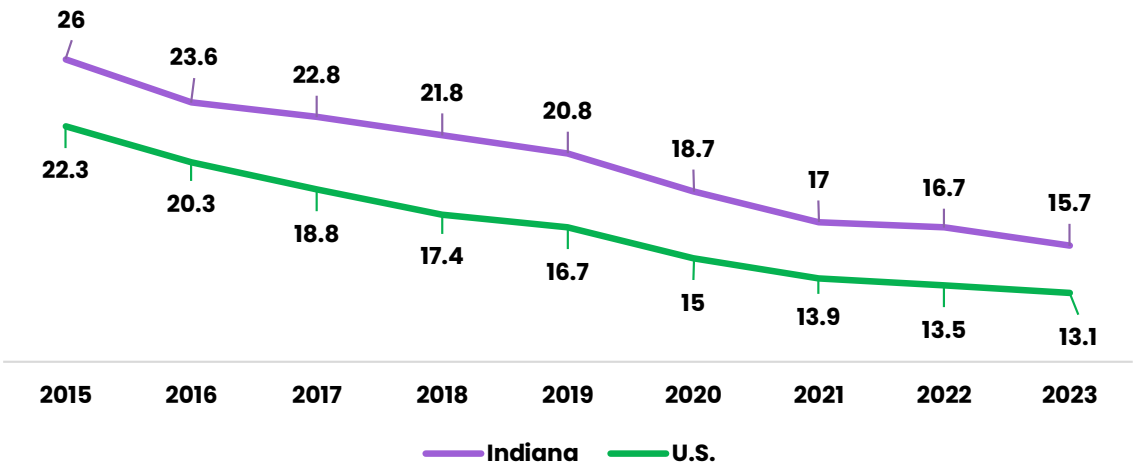
- In 2023, 41.2% of female high school students reported having had sexual intercourse, higher than both the national rate (31%) and their male peers (36.3%).[31]
- 30.9% reported being currently sexually active, also higher than both the national rate (21.6%) and their male peers (24.4%).

Teen birth rates continue to decline in Indiana.

- In 2023, the teen birth rate was 15.7 per 1,000 females ages 15 to 19, continuing a downward trend over the past decade.[32]
- However, this rate remains higher than the national average (13.1 per 1,000).

Teen Birth Rate (TBR) per 1,000, Indiana; 2015-2023

Source: Indiana Department of Health (2024). Teen Birth Rate Data Request.

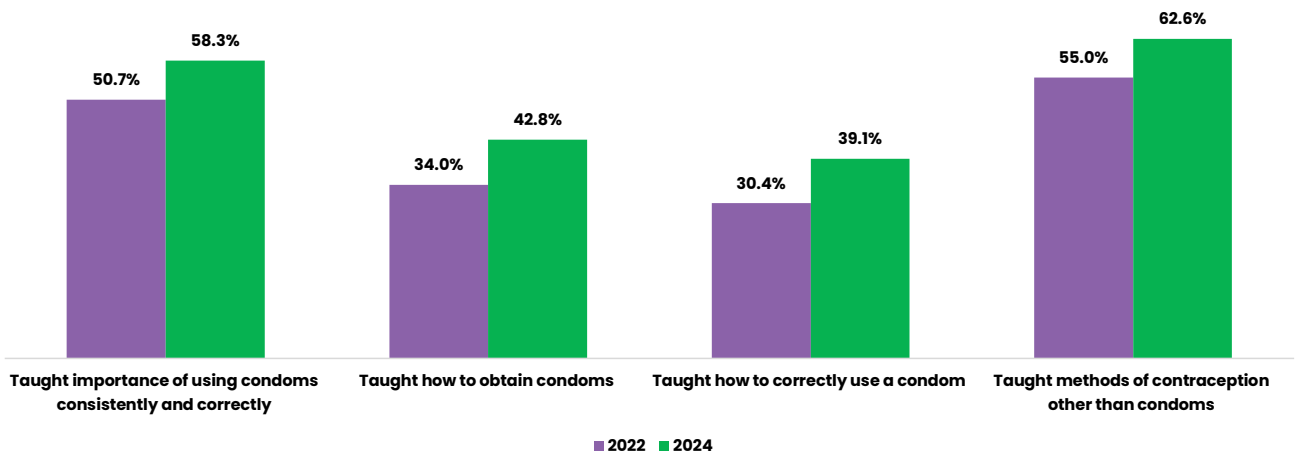


Health education in schools is expanding across key topics.

- In 2024, 87.7% of schools taught how to access reliable health information related to pregnancy, an increase from the previous survey year in 2022 (83.9%).[33]
- Instruction on contraception, condom use, and other methods of contraception has increased compared to the previous survey year.
  - » Schools teaching the importance of correct condom use increased from 50.7% to 58.3%.
  - » Schools teaching how to obtain condoms increased from 34.0% to 42.8%.
  - » Schools teaching correct condom use increased from 30.4% to 39.1%.
  - » Schools teaching other contraceptive methods increased from 55.0% to 62.6%.

Percentage of Schools Teaching Contraception-Related Topics, Indiana: 2024

Source: Indiana Department of Health (2024). School Health Profiles.



Substance Use

Substance use during adolescence can affect physical health, emotional well-being, and healthy development. Although overall youth substance use has declined in many areas over time, differences continue to exist in the types of substances used and patterns of use among girls and boys. Understanding these differences can help communities and schools develop prevention and intervention strategies that better support girls' health and well-being.[34,35]

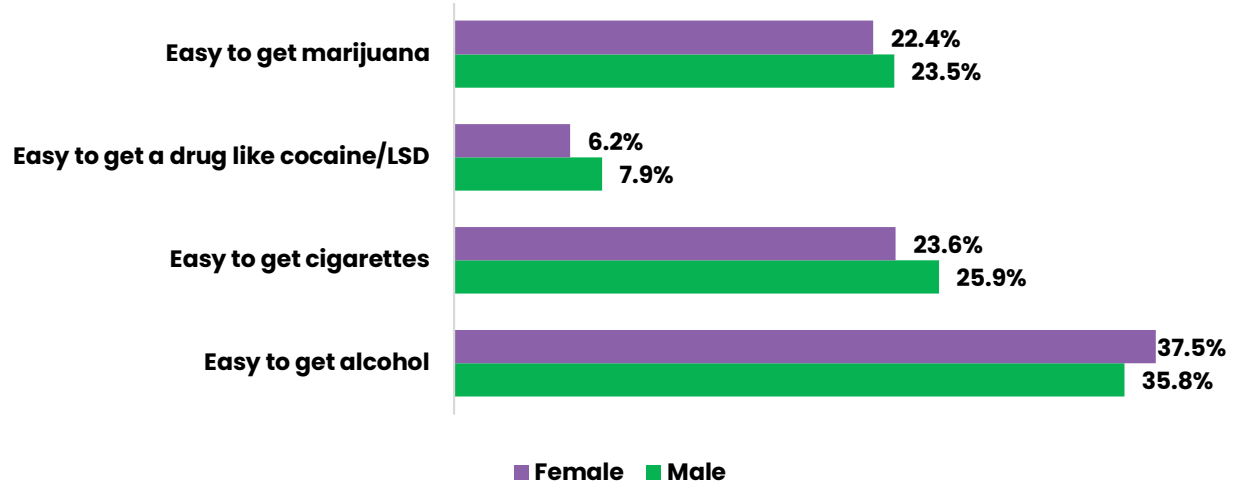
Early substance use may affect learning, decision-making, and long-term health outcomes, particularly during periods of ongoing brain development. Continued prevention efforts, education, and supportive relationships can help reduce risk and promote healthy choices among girls in Indiana.

Access to substances has declined over time.

- Since 2020, fewer female students report easy access to alcohol, cigarettes, marijuana, and other drugs.[36]
  - » 37.5% said it was easy to get alcohol, down from 43.2% in 2020.
  - » Access to cigarettes also decreased, with 23.6% reporting it was easy to obtain them, compared to 28.1% in 2020.
  - » Only 6.2% said it was easy to access drugs like cocaine or LSD, a drop from 10% in 2020.
  - » Similarly, access to marijuana declined, with 22.4% reporting ease of access—down from 28.7% in 2020.

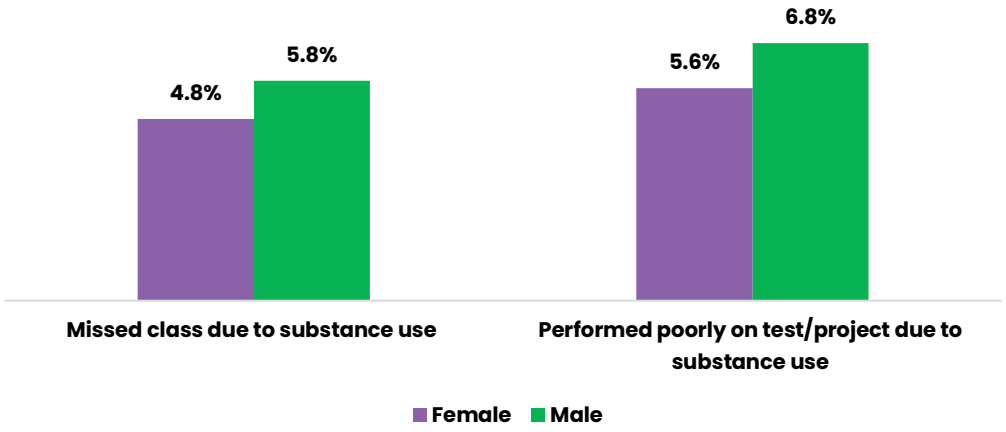
Students Grade 7th-12th Reported Access to Substances, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Students Grade 7th-12th Reported Consequences of Substance Use, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Risk behaviors related to substance use show some improvement.

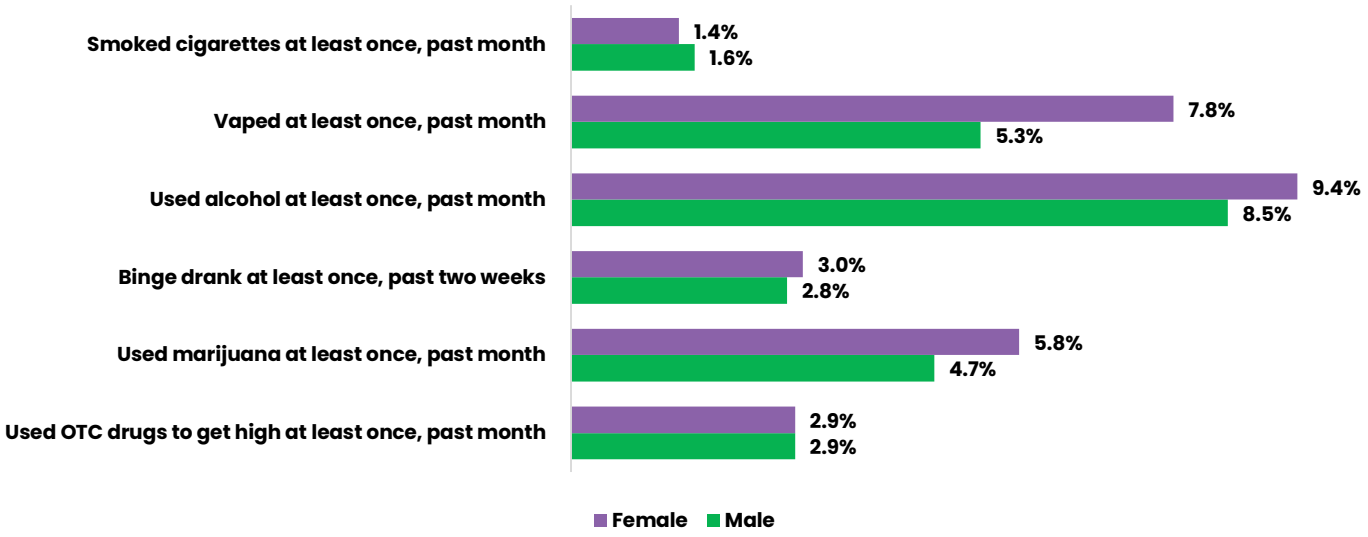
- In 2023, 13.6% of female students reported riding with a driver who had been drinking, down from the previous survey year in 2021 (15.4%).[37]
- However, 2.5% reported driving after drinking, an increase from the prior year (1.1%).

Substance use patterns differ by gender and grade level.

- Female students reported higher rates for the following substances in the following grades:[38]
  - **Electronic vapor products:** Higher use in 6th through 11th grades
  - **Marijuana:** Higher use 6th through 8th and 11th grades
  - **Prescription drugs:** Higher use in 7th through 9th and 11th grades
  - **Alcohol and binge drinking:** Higher use in 8th grade
  - **Cigarettes:** Higher use in 8th grade
- Male students reported higher rates for the following substances in the following grades:
  - **Cocaine/Crack:** Higher use in 9th and 11th grades
  - **Smokeless tobacco:** Higher use in 9th through 12th grades
  - **Hallucinogens:** Higher use in 9th through 12th grades
  - **Alcohol and binge drinking:** Higher use in 12th grade
  - **Cigarettes:** Higher use in 11th and 12th grades

Students Grade 6th–12th Reported Substance Use, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Screening indicators suggest higher risk among girls.

- 11.1% of female students scored a 2 or higher on the CRAFFT screening tool, compared to 7.4% of male students.[39]

About the CRAFFT Screening Instrument

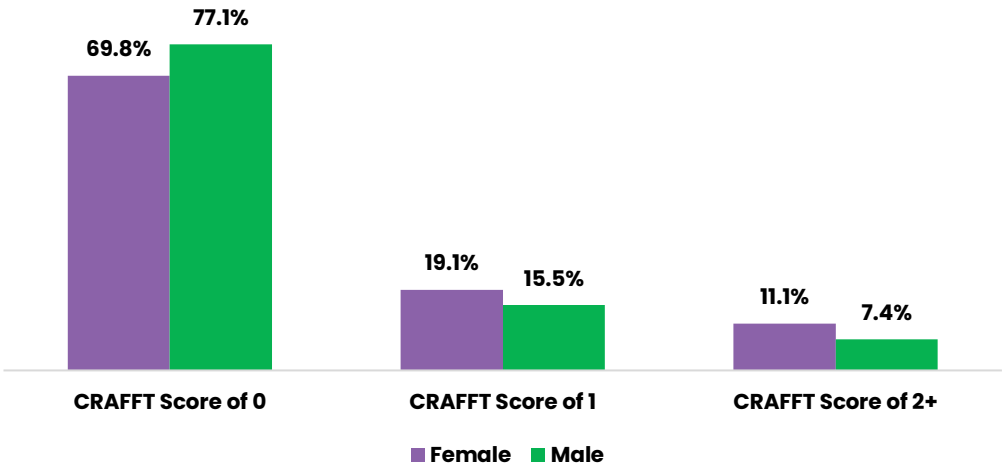
The CRAFFT screening instrument may be used clinically to detect whether an individual is likely to have problem substance use or a substance use disorder (Knight, Shrier, Bravender, Farrell, Bilt, et al., 1999). The purpose of including the CRAFFT in the Indiana Youth Survey is to measure the prevalence of substance use-related problems among adolescents. This has been done previously with an adolescent population in Ontario, Canada (Adlaf & Paglia-Boak, 2007). When included in a statewide survey, the CRAFFT may provide a broad-spectrum assessment of likely risk level associated with adolescent substance use (Agley, Gassman, Jun, Nowicke, & Samuel, 2015).

Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?
Do you use alcohol or drugs to relax, feel better about yourself, or fit in?
Do you ever use alcohol or drugs while you are alone?
Do you ever forget things you did while using alcohol or drugs?
Do your family or friends ever tell you that you should cut down on your drinking or drug use?
Have you ever gotten into trouble while you were using alcohol or drugs?

Source: Prevention Insights, Indiana Youth Survey (2024).

Students Aged 12 to 18 Years CRAFFT Scores, Indiana: 2024

Source: Prevention Insights, Indiana Youth Survey (2024).



Endnotes & Citations

Physical Wellness

1. National Survey of Children's Health (2024). Indicator 1.9
2. National Survey of Children's Health (2024). Indicator 1.12
3. National Survey of Children's Health (2024). Indicator 1.10
4. National Survey of Children's Health (2024). Indicator 1.11
5. PolicyLab. (2025). Medicaid in early childhood: Why coverage is important and how innovation in care delivery, payment, and policy can set kids up to thrive. Children's Hospital of Philadelphia.
6. Congressional Budget Office. (2023). Exploring the effects of Medicaid during childhood on the economy and the budget (Working Paper No. 2023-07).
7. Mehmood, G., & Giannouchos, T. V. (2025). Health care utilization and family frustration: Do health insurance coverage and medical homes for U.S. children matter? Maternal and Child Health Journal, 29, 1307–1317.
8. National Survey of Children's Health (2024). Indicator 3.1
9. National Survey of Children's Health (2024). Indicator 3.2
10. National Survey of Children's Health (2024). Indicator 3.3
11. National Survey of Children's Health (2024). Indicator 3.4
12. National Survey of Children's Health (2024). Indicator 4.19
13. National Survey of Children's Health (2024). Indicator 3.6
14. National Survey of Children's Health (2024). Indicator 4.1a
15. National Survey of Children's Health (2024). Indicator 4.1b
16. National Survey of Children's Health (2024). Indicator 4.2a
17. National Survey of Children's Health (2024). Indicator 4.12b
18. National Survey of Children's Health (2024). Indicator 4.12a
19. National Survey of Children's Health (2024). Indicator 4.20
20. Indiana Department of Health (2025). Data Request.
21. Indiana Department of Health (2025). Data Request.
22. Child Maltreatment (2022). Examining Housing Instability Among Females Who Are System-Involved" Comparing Females With and Without Histories of Commercial Sexual Exploitation.
23. Journal of Interpersonal Violence (2018). Predictors of Housing Instability in Women Who Have Experienced Intimate Partner Violence.
24. National Survey of Children's Health (2024). Indicator 6.29
25. National Survey of Children's Health (2024). Indicator 6.29
26. National Survey of Children's Health (2024). Indicator 6.29b
27. Indiana Department of Education (2025). Data Request.
28. Chehab, R. F., Croen, L. A., Laraia, B. A., Greenberg, M. B., Ngo, A. L., Ferrara, A., & Zhu, Y. (2025). Food insecurity in pregnancy, receipt of food assistance, and perinatal complications.
29. Food Research and Action Center (2023). Impact of Food Insecurity on Women.
30. Feeding America (2023). Map the Meal Gap.
31. County Health Rankings (2025). Indiana.
32. National Survey of Children's Health (2024). Indicator 6.26
33. Indiana Department of Education (2025). Data Request
34. Sleep Foundation (2023). Teens and Sleep.
35. Centers for Disease Control and Prevention (2022). Childhood Nutrition Facts.
36. Centers for Disease Control and Prevention (2022). Childhood Nutrition Facts.
37. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
38. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
39. National Survey of Children's Health (2024). Indicator 1.5
40. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
41. National Survey of Children's Health (2024). Indicator 6.25
42. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
43. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.

Academic Wellness

1. Lightcast & Conexus Indiana. 2023 Benchmarking Indiana's Advanced Manufacturing and Logistics Industries Report: Identifying Opportunities for Workforce Development and Transformation.
2. Child Trends (2023). Children's Learning and Development Benefits from High-Quality Early Care and Education.
3. Weiland, C., Sachs, J., Yoshikawa, H., & Brooks-Gunn, J. (2023). Long-term effects of universal preschool in Boston.
4. Bipartisan Policy Center (2020). Strengthening Physical, Social-Emotional, and Cognitive Development Through Child Care.
5. The Washington Post (2023). New look at benefits of quality preschool education.
6. National Women's Law Center, Center of Poverty & Social Policy (2021). A Lifetime's Worth of Benefits.
7. CBS News (2023). The child care crisis is costing the economy $122 billion a year, new study finds – and it's not just hurting families, businesses and taxpayers are taking a hit.
8. Penn State Social Science Research Institute (2024). Supporting Entrepreneurs, Families, & Underserved Communities: Improving Access to Affordable Child Care.
9. Hotez, E., Block, E., & Halfon, N. (2020). Disparities in the health development of US kindergartners.
10. U.S. Census Bureau (2024). ACS 1-Year Estimate B14003.
11. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2018). Head Start Parent, Family, and Community Engagement Framework (2nd ed.).
12. Annie E. Casey Foundation. (2026). Why Preschool Enrollment Matters: Access and Equity for Young Children.
13. U.S. Census Bureau (2024). ACS 1-Year Estimate B14003.
14. National Center for Education Statistics. (2023). Students with Disabilities. Condition of Education. U.S. Department of Education, Institute of Education Sciences. Retrieved from https://nces.ed.gov/programs/coe/indicator/cgg/students-with-disabilities.
15. National Center for Education Statistics. (2024). School Enrollment Rates of Young Children. Condition of Education. U.S. Department of Education, Institute of Education Sciences. Retrieved [date], from https://nces.ed.gov/programs/coe/indicator/cfa.
16. National Survey of Children's Health (2023-2024). Indicator 5.11.
17. U.S. Census Bureau (2024). ACS 1-Year Estimate B14003.
18. Indiana Department of Education (2025). Data Request.
19. National Center for Education Statistics (2024). Report on the Condition of Education 2024.
20. U.S. Department of Education (n.d.). Data.
21. National Survey of Children's Health (2023-2024). Indicator 5.2.
22. Indiana Department of Education (2025). Data Request.
23. National Survey of Children's Health (2023-2024). Indicator 5.1.
24. Indiana Department of Education (2025). Data Request.
25. Indiana Department of Education (2025). Data Request.
26. The Nation's Report Card (2024). Indiana State Profile.
27. Healthy People 2030 (n.d.) High School Graduation.
28. Indiana Department of Education (n.d.) Why A High School Diploma Matters.
29. Indiana Department of Education (2025). Data Request.
30. Indiana Department of Education (2025). Data Request.
31. Indiana Department of Education (2025). Data Request.
32. Forbes (2024). Is College Worth It? Consider These Factors Before Enrolling.
33. National Girls Collaborative Project (2026). State of Girls and Women in STEM 2026.
34. Indiana Commission for Higher Education (2025). College Going Dashboard.
35. Indiana Commission for Higher Education (2025). College Completion Dashboard.

Emotional Wellness

1. Environmental Health (2023). Neighborhood infrastructure related risk factors and non-communicable diseases: a systematic meta-review
2. Purdue University (2023). Some Insights from Census 2020 Urban and Rural Population Distribution in Indiana.
3. National Survey of Children's Health (2024). Indicator 7.1
4. National Survey of Children's Health (2024). Indicator 7.4
5. National Survey of Children's Health (2024). Indicator 7.5
6. Indiana Youth Survey (2024). Indiana Youth Survey 2024.
7. National Survey of Children's Health (2024). Indicator 5.9
8. Indiana Youth Survey (2024). Indiana Youth Survey 2024.
9. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
10. California State University (2020). How Does Bullying Affect Females in School?
11. Frontiers in Psychology (2020). Gender Matters: Workplace Bullying, Gender, and Mental Health.
12. International Journal of Eating Disorders (2021). The association between bullying and eating disorders: A case-control study.
13. Beyens, I., Pouwels, J. L., van Driel, I. I., Keijsers, L., & Valkenburg, P. M. (2020). The effect of social media on well-being differs from adolescent to adolescent.
14. Indiana Department of Education (2025). Data Request.
15. Indiana Department of Education (2025). Data Request.
16. National Survey of Children's Health (2024). Indicator 2.2
17. National Survey of Children's Health (2024). Indicator 2.6
18. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
19. Frontiers in Psychology (2019). Pubertal Maturation and Trajectories of Depression During Early Adolescence.
20. Substance Abuse and Mental Health Services Administration (2024). Trauma and Violence.
21. National Survey of Children's Health (2024). Indicator 4.4
22. National Survey of Children's Health (2024). Indicator 4.4
23. National Survey of Children's Health (2024). Indicator 4.4a
24. Indiana Youth Survey (2024). Indiana Youth Survey 2024.
25. Clinical Therapeutics (2020). A Narrative Review of Sex Differences in Eating Disorders: Is There a Biological Basis?.
26. Centers for Disease Control and Prevention (2022). Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic – United States, January 2019 – January 2022.
27. Child Mind Institute (2023). How to Help Your Daughter Have a Healthy Body Image.
28. National Survey of Children's Health (2023-2024). Indicator 1.4
29. National Survey of Children's Health (2023-2024). Indicator 1.4
30. National Survey of Children's Health (2023-2024). Indicator 1.4c
31. National Survey of Children's Health (2023-2024). Indicator 1.4b
32. National Survey of Children's Health (2023-2024). Indicator 1.6
33. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.

Social Wellness

1. Centers for Disease Control and Prevention (2024). Improving Social Connectedness.
2. Vanell, D, L., Simpkins, S.D., & Pierce, K.M. (2022). Organized activities and youth well-being: A review of recent evidence. Child Development Perspectives, 16(2), 88-94.
3. Vanell, D, L., Simpkins, S.D., & Pierce, K.M. (2022). Organized activities and youth well-being: A review of recent evidence. Child Development Perspectives, 16(2), 88-94.
4. Boelens, M., Smit, M.S., Raat, H., Bramer, W.M., & Jansen, W. (2022). Impact of organized activities on mental health in children and adolescents: An umbrella review. Preventive Medicine Reports, 25, 101687.
5. Birrell, L., Werner-Seidler, A., Davidson, L., Andrews, J.L. & Slade, T. (2025). Social connection as a key target for youth mental health. Mental Health & Prevention, 37.
6. National Survey of Children's Health (2024). Indicator 5.5
7. National Survey of Children's Health (2024). Indicator 5.7
8. National Survey of Children's Health (2024). Indicator 5.6
9. Substance Abuse and Mental Health Services Administration. (2020). Focus on prevention (HHS Publication No. SMA10-4120). U.S. Department of Health and Human Services.
10. Social Development Research Group (2021). Significant Benefits and Long-Term Impact of Community-Driven Prevention.
11. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.
12. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.
13. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.
14. The American Journal of Drug and Alcohol Abuse (2023). Differential prevalence of Adverse Childhood Experiences (ACEs) by gender and substance used in individuals with cannabis, cocaine, opioid, and tobacco use disorders.
15. Centers for Disease Control and Prevention (2024). About Adverse Childhood Experiences.
16. Aces aware (2020). ACE Screening Clinical Workflows, ACEs and Toxic Stress Risk Assessment Algorithm, and ACE Associated Health Conditions: For Pediatrics and Adults.
17. European Journal of Psychotraumatology (2020). Females have more complex patterns of childhood adversity: implications for mental, social, and emotional outcomes in adulthood.
18. Journal of Criminal Justice (2022). Gender differences in early adverse childhood experiences and youth psychological distress
19. National Survey of Children's Health (2024). Indicator 6.13
20. National Survey of Children's Health (2024). Indicator 6.13
21. National Survey of Children's Health (2024). Indicator 6.13
22. National Survey of Children's Health (2024). Indicator 6.13
23. Wincentak, K., Connolly, J., & Card, N. (2017). Teen dating violence: A meta-analytic review of prevalence rates. Psychology of Violence, 7(2), 224–241.
24. Campo-Tena, L., Larmour, S. R., Pereda, N., & Eisner, M. P. (2024). Longitudinal associations between adolescent dating violence victimization and adverse outcomes: A systematic review. Trauma, Violence, & Abuse, 25(2), 1265–1277.
25. Kim, J. & Jang, H. (2025). Unpacking the consequences of adolescent dating violence victimization: Adult victimization and perpetration across intimate and non-intimate contexts. Journal of Research on Adolescence, 35:e70068.
26. Pediatrics (2023). Long-term Adverse Outcomes Associated With Teen Dating Violence: A Systematic Review
27. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
28. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
29. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
30. National Human Trafficking Hotline (2024). Indiana Statistics.
31. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
32. Indiana Department of Health (2024). Data Request.
33. Indiana Department of Health (2024). The School Health Profiles (PROFILES).
34. National Institute on Drug Abuse (2020). Sex and Gender Differences in Substance Use.
35. National Institute on Drug Abuse (2020). Sex and Gender Differences in Substance Use Disorder Treatment.
36. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.
37. Indiana Department of Health (2023). Youth Risk Behavior Surveillance System.
38. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.
39. Prevention Insights, Indiana Youth Survey (2024). Indiana Youth Survey 2024.

Data Definitions & Data Sources

Physical Wellness

Health Insurance Status

Health insurance is a contract between an individual and an insurance provider that requires the provider to pay for all or some of an individual's health care costs in exchange for a monthly fee called a premium. Health insurance can be provided through an employer or a government program like Medicare, Medicaid, or the Children's Health Insurance Program (CHIP).
Source: HealthCare.gov

Days Spent in Physical Activity for at Least 60 Minutes

Number of days spent engaging in at least 60 minutes of exercising, playing a sport, or engaging in vigorous activity.
Source: National Survey of Children's Health

Inpatient Discharge

Inpatient discharge is the number of youth between ages 15 to 24 years that were admitted into the hospital. Discharge is the process by which a hospital releases an individual who had previously been admitted and received treatment as a patient of the hospital.
Source: Indiana Department of Health

Emergency Department Discharge

A youth emergency department visit is any unscheduled outpatient service provided to an individual under the age of 18, whose condition requires immediate care. An emergency department is defined as a hospital facility that is staffed 24 hours a day, seven days a week and provides unscheduled outpatient services.
Source: National Center for Health Statistics

Dentist Ratio

The dentist provider ratio is the ratio of a total population in a county to the number of dentists. The ratio represents the number of individuals served by a dentist in a county, if the population was equally distributed across dentists.
Source: County Health Rankings

Mental Health Provider Ratio

The mental health provider ratio is the ratio of a total population in a county to the number of mental health providers. The ratio represents the number of individuals served by a mental health provider in a county, if the population was equally distributed across mental health providers.
*Source: County Health Ranking*S

Primary Care Provider Ratio

The primary care provider ratio is the ratio of the total population in a county to the number of primary care physicians. The ratio represents the number of individuals served by physician in a county, if the population was equally distributed across physicians.
Source: County Health Rankings

K-12 Homeless Students Enrolled

Homeless students are those who lack a fixed, regular, adequate nighttime residence. This includes students who are sharing the housing of other persons due to loss of housing, economic hardship or similar reason; are living in motels, hotels, trailer parks, or campgrounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals. The definition includes migratory students who live in the aforementioned situations. Beginning Dec. 10, 2016, "those awaiting foster care placement" are not included in the definition.
Source: Indiana Department of Education

Food Insecurity

Food insecurity is defined as a lack of consistent or dependable access to enough food or a disruption in routine nutrition so that every person in a household can live an active and healthy lifestyle. Food insecurity can be caused by long-term circumstances such as lack of income and resources or by external and sudden financial changes.
Source: United States Department of Agriculture

Academic Wellness

Student Enrollment

School enrollment is determined by a statewide count of students in attendance in an Indiana school by October 1. While not explicitly included in the school enrollment definition, this calculation assumes that a student is not chronically absent and is participating in the required instructional time outlined by state statute. Instructional time is defined as the time when students are participating in an approved course, a curriculum, or an educationally related activity. State law requires that a student instructional day in grades 1-6 consists of at least five (5) hours of instructional time. A student instructional day in grades 7-12 must consist of at least six (6) hours of instructional time. This time does not include lunch or recess. All Hoosiers must begin attending school beginning with the school year in which the child becomes 7 years of age.
Source: Indiana Department of Education and Indiana Code 20-30-2

Free and Reduced Lunch

The National School Lunch Program, (NSLP) more commonly referred to as free and reduced-price lunch, is a federally assisted meal program operating in both schools and residential childcare institutions. It provides nutritionally balanced, low-cost, or no-cost lunches to children each school day. Enrollment is the number of students participating in the program as a percentage of the whole student population in a county.
Source: United States Department of Agriculture

High Ability

A high ability student means a student who: performs at, or shows the potential for performing at, an outstanding level of accomplishment in at least one domain when compared to other students of the same age, experience, or environment; and is characterized by exceptional gifts, talents, motivation, or interests.
Source: Indiana Department of Education

Special Education

Special education services are defined by the Indiana Administrative Code (IAC) as specially designed instruction, at no cost to the parent, designed to meet the unique needs of a student eligible for special education and related services. A student is eligible for special education services after being assessed and meeting one of the two following standards for eligibility;

1. a student's Case conference committee (CCC) has determined...that a student's disability or impairment adversely affects the student's educational performance and, by reason thereof, the student needs special education or related services; or

2. a child's CCC has determined...that a child has a developmental delay as described in 511 IAC 7-41-6 and, by reason thereof, the student needs special education or related services.

To qualify under the first standard, a child must be found eligible under one of the 13 areas of disability. After eligibility has been met, to provide "specially designed instruction," an individualized education program (IEP) is developed, written, reviewed, and revised by the CCC. This IEP establishes how the student will access general education curriculum when applicable and which special education services are needed for the child to participate in an educational environment. Children not eligible for an IEP may still be eligible for a 504 Plan. While IEPs provide specially designed instruction, 504 Plans create accommodations that change the general education classroom's environment.
Source: Indiana Administrative Code

English Language Learner

English Learners (ELs), sometimes referred to as multilingual learners, are any students who come in contact with and/or interact with other languages, in addition to English. ELs are identified upon enrollment in school by taking the Home Language Survey (HLS). The HLS assesses a student's English language proficiency by determining the native language of the student, the language spoken most often by the student, and the language spoken by the student in the home. If a language other than English is indicated for any of those three criteria, a Kindergarten Screen or WIDA Screen test is administered to formally qualify a student as an English Learner.
Source: Indiana Department of Education

Attendance Rate

Attendance is to be physically present:

1. In a school; or

2. at another location where the school's educational program in which a person is enrolled is being conducted; during regular school hours on a day in which the educational program in which the person is enrolled is being offered.

Source: Indiana Code 20-33-2-3.2

Graduation Rate

Graduation rate is the percentage of students within a cohort who graduate within their expected graduation year.
Source: Indiana Code 20-26-13

Dropout Rate

Dropout Rate is the cumulative number of individuals between the ages of 16 and 24 who are not in school and have not earned a high school diploma or diploma equivalent. This cumulative measure is also known as the "status" dropout rate because it captures a snapshot of the current status of the age group, regardless of the reason for dropping out.
Source: National Center for Education Statistics

Core 40 Diploma

Indiana Core40 Diploma: the foundational set of credits that nearly every student in Indiana must earn for graduation. Comprised of 40 credits across English Language Arts, Mathematics, Science, Social Studies, Physical Education, Health and Wellness, as well as electives and directed electives.
Source: Indiana Department of Education

General Diploma

The completion of Core 40 is an Indiana graduation requirement. Indiana's Core 40 curriculum provides the academic foundation all students need to succeed in college and the workforce.
To graduate with less than Core 40, the following formal opt-out process must be completed:

- The student, the student's parent/guardian, and the student's counselor (or another staff member who assists students in course selection) must meet to discuss the student's progress.

- The student's Graduation Plan (including four-year course plan) is reviewed.

- The student's parent/guardian determines whether the student will achieve greater educational benefits by completing the general curriculum or the Core 40 curriculum.

- If the decision is made to opt-out of the Core 40, the student is required to complete the course and credit requirements for a general diploma and the career/academic sequence the student will pursue is determined.

Source: Indiana Department of Education

Honors Diploma
Technical Honors or Academic Honors designation: students must earn additional credits while still completing all necessary requirements for the Core40.

- Academic Honors: additional credits in math, world languages, and fine arts class
- Technical Honors: additional credits in college and career preparation classes

Source: Indiana Department of Education

ILEARN
Indiana's Learning Evaluation and Assessment Readiness Network (ILEARN) is a measure of student achievement and growth according to Indiana Academic Standards for students Grades 3 through 8.
Source: Indiana Department of Education

Pre-K Enrollment (3-4 Years)
Pre-K enrollment is the percentage of three and four (3-4) year olds who are enrolled in preschool programs, either public or private.
Source: United States Census Bureau

Emotional Wellness

School Counselor Ratio
The school counselor ratio is the number of school counselors as a ratio to the number of students assigned to each school counselor. The recommended ratio is 250 students to 1 school counselor.
Source: American School Counselor Association

School Social Worker Ratio
The school social worker ratio is the number of school social workers as a ratio to the number of students assigned to each school social worker. The recommended ratio is 250 students to 1 school social worker.
Source: National Association of Social Workers

School Psychologist Ratio
The school psychologist ratio is the number of school psychologists as a ratio to the number of students assigned to each school psychologist. The recommended ratio is 500 students to 1 school psychologist.
Source: National Association of School Psychologists

School Nurse Ratio
The school nurse ratio is the number of school nurses as a ratio to the number of students assigned to each school nurse. The recommended ratio is 750 students to 1 school nurse.
Source: National Association of School Nurses

Methodology & Process

Methodology

The 2026 Indiana Girl Report is a comprehensive collection of significant indicators on the well-being of Indiana youth and families across the four areas of Family & Community, Health, Economic Well-Being, and Education. **Indiana Youth Institute's expertise is collecting, analyzing, and reporting secondary research. IYI does not design or implement primary research.** This report provides the most recent data and research from state partner agencies, peer-reviewed journals, national and state level surveys, as well as credible national entities, such as the Centers for Disease Control and Prevention and the U.S. Census Bureau. Sources and direct links can be found at the end of the report. All data are evaluated to ensure they are from a reliable source, recently available, consistent over time, easily understandable, and relevant. A focus is placed on visualizing data with context and analysis to show trends over time, county comparisons, and disparities by race, place, or income. In certain circumstances, studies older than 10 years were utilized due to the level of respect and impact to the field of child well-being and to provide historical context.

Disaggregating Data

To better understand the outcomes of specific groups, throughout the report, data are disaggregated by place, race and ethnicity, age, gender, income, ability, or immigrant status.

Data is disaggregated to demonstrate trends and disparities, provide insights on where vulnerable populations lag, and highlight opportunities for improvement. Despite documented gains for children of all races and income levels, the nation's and state's racial inequities are deep and stubbornly persistent, as evidenced by the data throughout the report. To ensure that a child's life circumstances, or obstacles should not dictate his/her/their opportunity to succeed, an equitable distribution of funding and resources is critical to providing the necessary supports to ensure all children find long-term success in Indiana.

Leaders, policymakers, and community members are encouraged to use the data showing disparities among Indiana youth to engage in advocacy, generate essential conversations, and inform policies, practices, and decision-making. Moreover, our state and local leaders are encouraged to include traditionally excluded individuals in developing and considering policies, practices, and decision-making.

Process

Indiana Girl Report is a collaboration between Indiana Youth Institute, Girl Scouts Coalition of Indiana, and the Girl Scouts of Indiana. To ensure the current issues and barriers facing youth are addressed, a collaborative process with stakeholders, partners, and peers determines the content for IYI's overall Indiana KIDS COUNT® data work. Essential feedback is gathered through partner organizations, surveys and from those in the Indiana youth-serving profession, providing insights on youth topics, data availability, context, and recommendations. Partners and agencies provide support on data checking, clarity on definitions, data context, and changes to methodology to ensure accuracy.

Accuracy

Data were collected through request or by accessing publicly available sources from various agencies at the time of publication. State agencies often depend on local communities to report their data. Data collection and availability differ among agencies. Every effort is made to ensure information is accurate, valid, and reliable. However, the accuracy of data that is supplied cannot be guaranteed. Reporting and tabulation errors may occur at the source of the data, and this may affect the validity. In addition, agencies may publish updated data throughout the year which may conflict with what is published in this report.

About the Use and Definition of Sex According to the U.S. Census Bureau

Source
U.S. Census Bureau, American Community Survey (ACS). Updated annually.

About
The number of females is expressed as a percent of the total population.

American Community Survey
Sex estimates of the population are produced for places, zona urbanas and comunidades (place-equivalents for Puerto Rico), and minor civil divisions. The sex data collected on the forms are aggregated and provide the number of males and females in the population. These data are needed to interpret most social and economic characteristics used to plan and analyze programs and policies. Data about sex are critical because so many federal programs must differentiate between males and females. For more information, go to ACS subject definitions "Sex."

Data users should be aware of methodology differences that may exist between different data sources.

Important Data Reminders

- Data and percentages were calculated using standard mathematical formulas.
- Data are based on different timeframes (i.e., calendar year, school year, and five-year (estimates).
- Readers should check each indicator and data source to determine the reported time period.
- When a small number exists for a data source, data suppression may be used to protect confidentiality.
- County rankings allow for comparisons between counties, but they do not necessarily mean a county is doing well. In a similar way, changes in a ranking from year to year may be due to how data has changed in other counties.
- Data collection and methodology vary among sources and agencies. When comparing data from different sources, readers are encouraged to understand the different methodologies of each source.
- Data presented may not be comparable due to different sources employing varying methodologies and sample sizes.
- Data from different surveys or questionnaires may use different definitions for data indicators. It is advised to review the original source methodology to understand their definitions.

IN PARTNERSHIP

girl scouts coalition of indiana

GirlCoalitionIndiana.org | girlcoalitionofindiana

girlcoindiana | @girlcoalitionofindiana | @girlcoalitionofin

---

girl scouts of central indiana

girlscoutsindiana.org | GirlScoutsofCentralIndiana | girlscoutsIN

girl scouts of greater chicago and northwest indiana

girlscoutsgcnwi.org | GirlScoutsGCNWI

girl scouts of kentuckiana

gskentuckiana.org | GSKentuckiana | girl-scouts-kentuckiana

girlscoutskyana | GirlScoutsKY

girl scouts of northern indiana-michiana

girlscoutsnorthernindiana-michiana.org | GSNIM | girl_scouts_nim

girl-scouts-of-northern-indiana-michiana | girl.scouts.nim

girl scouts of southwest indiana

girlscouts-gssi.org | GirlScouts.GSSI | girl scouts of southwest Indiana

girlscouts_swin

girl scouts of western ohio

gswo.org | GirlScoutsWOH

INDIANA YOUTH INSTITUTE

iyi.org | @IndianaYouth | @Indiana_Youth

@indianayouthinstitute | Indiana Youth Institute

Connect with your local Girl Scout council.

Scan the QR code to download the full report or visit:
girlcoalitionindiana.org/report