2024
Indiana Girl Report

Girl Coalition OF INDIANA | **girl scouts** | INDIANA YOUTH INSTITUTE

About Girl Coalition of Indiana

Girl Coalition of Indiana (Girl Co.) 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, Girl Co. 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, like Girl Scouting. This work seeks to enable every girl in Indiana to live her best life physically, academically, emotionally, and socially.

Additionally, Girl Co. 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 well-being of girls is prioritized in Indiana.

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. Girl Scouts has shaped generations of confident, capable, and compassionate women committed to making a positive impact on the world.

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 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.

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About the Indiana Girl Report

The 2024 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 Coalition of Indiana on behalf of Girl Scouts.

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.

The information from this book may be copied, distributed, or otherwise used, provided the source is cited as: Indiana Youth Institute (2024). 2024 Indiana Girl Report: A Profile of Indiana Girls (1st ed.).

How to Read the Report
The 2024 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.

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

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2024 Executive Summary

A single question launched the Indiana Girl Report debut issue in 2023. "How are girls really faring in Indiana?" The answer, it turns out, is quite complicated.

Partnering with Indiana Youth Institute, we disaggregated data of all Indiana youth to reveal a mix of truths linked explicitly to girls. Some data points showed encouraging trends, while other points revealed disheartening warning signs about the social and emotional health of girls in the state.

Last year's debut report left us wanting more — more data points, more facts, and more understanding about what intentional interventions could change the trajectory for the better.

This year's edition of the Indiana Girl Report dives even deeper, aggregating information from even more sources to bring state-wide consciousness to the issues impacting girls' lives.

It also includes a more definitive call to action.

Research tells us that girls have a greater capacity to thrive when they have a safe space to grow emotionally and physically, when they are surrounded by supportive adults, when they are introduced to new experiences that help them learn new skills, and when they stay physically active and socially connected.

Real life, however, is never that simple. Girls' lives are complicated and messy. Rarely do all the necessary factors align perfectly to provide girls with everything they need to survive and thrive.

What happens then? There are three specific areas of support where collective efforts can more positively impact girls' overall wellness. At Girl Scouts and through Girl Coalition of Indiana, we are committed to advancing these efforts. We are issuing a call to all who care about girls to join us in this work.

1 Positive Childhood Experiences

These conditions throughout childhood can help young people process stressful life events, build resilience, and become mentally and physically healthy adults. They center around safe, stable, and nurturing relationships and environments.

The current state:
- In 2022, 3 in 4 female children (74.8%) aged 6 to 17 years in Indiana experienced difficulty making or keeping friends compared to other children their age, aligning closely with the national average (74.9%).
- In 2021-2022, 30.7% of female children between 6 and 17 years did not participate in organized activities or lessons after school or on weekends, marking the highest rate among Indiana's four neighboring states.
- In the 2022-2023 school year, 8,024 homeless female students were enrolled in kindergarten through 12th grade, reflecting a 10% increase from the previous school year.
- Only 1 in 10 female students (10.6%) reported they were active for an hour every day of the week in 2021, in contrast to over a quarter of the male student respondents (27.8%).

Girls recognize the importance of these experiences as they call for safe schools, supportive girl-only spaces to talk about complex issues, adults they can trust, connected peer networks, and opportunities to grow their skills and nurture their leadership potential.

- In 2022, 9 in 10 female children aged 6 to 17 years in Indiana had an adult mentor at school, in their neighborhood, or within the community, whom they could rely on for advice or guidance beyond their parents or caregivers.
- 22.1% of female students in Indiana, spanning grades 7 through 12, expressed an inability to ask their mom or dad for assistance with personal issues, surpassing the rate of their male counterparts (14.3%).

2 Addressing Interpersonal Aggression

Bullying, cyberbullying, and sexual assault are part of a self-perpetuating cycle of violence. These adverse experiences — often rooted in childhood trauma for both the victim and the perpetrator - increase the risk of mental disorders.

The current state:
- From 2022 to 2023, there was an increase in four of the five types of bullying incidents and the overall number of bullying incidents among female students in kindergarten through 12th grade in Indiana.
- 17.2% of female high school students reported they experienced sexual dating violence in the past year, a rate nearly seven times higher than the reported rate for male students (2.5%).

Indiana residents need statewide interventions to address interpersonal aggression for children and adolescents, as well as prevention efforts to disrupt the cycle of domestic and community violence.

3 Access to Mental Health Supports

Given the higher rates at which girls experience interpersonal aggression - and gaps in their positive childhood experiences — it is no surprise that girls also report mental health challenges at twice the rate of boys.

All adolescents should have access to mental health support, including through programs, interventions, and mental health services in their schools and communities. Yet that is not always the case.

The current state:
- More than half (51.3%) of caregivers with female children between the ages of 3 and 17 years reported they experienced difficulties in finding the necessary mental health treatment or counseling their child needed, which was lower than the national rate (55.7%) and that of male children under 18 (61.6%).
- In 2022, female students in 7th through 12th grade in Indiana were twice as likely as their male peers to report several mental health issues, such as feeling sad or hopeless for over two weeks, seriously considering suicide, and making a plan about how to attempt suicide.
- In 2022, female students in grades 6th through 12th reported higher prevalence rates than their male peers for using electronic vapor, alcohol, over-the-counter (OTC) drugs, marijuana, and cigarettes

Caregivers have shared that they need more referrals for mental health services for their daughters and mental health education for themselves. Youth providers have observed declining mental health among adolescents and decreasing self-esteem among girls. They ask for schools to step forward in supporting student mental health — particularly for students facing additional barriers to care because of racial and economic disparities.

Increasing access to mental health supports is critical for girls to address the challenges they face now — and, when accessible for all adolescents - are key to preventing future aggression and violence.

Girls and the adults who love them have asked for help — and we must listen. Every community, school, leader, policy maker, caregiver, and service provider in Indiana has an important role to play.

Caregivers

Your role in your daughter's life is profound. As you learn about her needs and work to address them, we encourage you to utilize community support and state resources.

Talk: engage in open, non-judgmental conversations about mental health, sexual assault, and bullying; form family agreements around screen time and safety online; actively engage with girls and boys on issues of gender equity, interpersonal aggression, and healthy relationship building

Plan: talk with your daughter about what she might like to do after high school so she can start to plan for the future

Network: nurture favorable social support structures on behalf of your daughter through neighborhood networks, informal mentorships or apprenticeships, and after-school programs; enroll your daughter in a Girl Scout troop, and consider volunteering to support the experience so that she can build skills, develop friendships, and grow her leadership capabilities

Youth Program Providers

You are often the caring, trusted adult in girls' lives. Please educate yourself about the stressful life experiences they may face and work to build a safe, supportive community for all adolescents.

Program: deliver mental health awareness, sexual harassment and dating violence prevention, and bullying and cyberbullying intervention programs; explore programs that boost self-esteem, teach stress management and support girls' leadership skills

Talk: partner with a mental health practitioner to host girl-only spaces for talking about sensitive issues; ensure staff teams are culturally responsive, trauma-informed, and reflect the communities you serve

State policymakers

Bridging individual and systemic change is essential to meeting girls' needs today AND creating a brighter future tomorrow. Listen to experts, caregivers, and girls and think about how the policies you support will impact girls' lives.

Invest: fund statewide community and school-based mental health resources to increase access to care for all Indiana residents; address issues of domestic and community violence

Educate: support schools to engage in evidence-based prevention and intervention programs; support policies that allow schools to collaborate with partners who can help girls develop a personal resilience, healthy relationships and leadership capacity that lead to healthier schools and higher academic outcomes; ensure adequate ratios of social workers in every school; align social-emotional learning and sexual health curricula with federal standards

Guide policy: seek solutions that overcome barriers arising from economic and racial disparities; address social determinants of health to build family financial security and community stability

Schools

In many cases, you are the de facto system for youth mental health. Assess your capacity to meet student needs and identify partnerships and approaches to help fill the gaps.

Train: ensure teachers understand and can consistently enforce school policies; know what protocols to follow when mental health issues arise; and leverage trauma-informed practices that can improve social, emotional, and academic outcomes

Support: build a learning environment where every student feels included, supported, and connected; establish community partnerships to offer bullying and sexual violence prevention programs and provide mental health supports; support trusted extracurricular partners, like Girl Scouts, so that all girls have access to positive youth development experiences outside of the classroom

Perhaps the most inspiring data and calls to action come directly from girls themselves. We asked them:

What do you wish it was like to be a girl today and how can adults in your life best support you?

> **I wish people saw us how we want to be seen. Sometimes people say, you can't because you are a girl. If we believe in ourselves, we can do anything"**
>
> — *Teen Girl, Eastern Indiana*

> **I wish we lived in a world where everyone knows girls are equal"**
>
> — *Pre-teen Girl, Northeast Indiana*

Most importantly and simply stated by an 11 year old in Northeast Indiana,

"Believe in your kids."

Girls are resilient and they face enormous challenges. Together, we can create a state where all girls live their best lives physically, academically, emotionally, and socially.

Digging Deeper into the State of Indiana Girls

Letter from Girl Co. Executive Director

Together we <u>will</u> create change for Indiana girls.

Last year we launched the inaugural Indiana Girl Report. Over the past 12 months, I had many conversations with caregivers and leaders across the state to share the reality in which girls are living today, hypothesizing on why, and building collective action to empower parents, educators, advocates, and influencers around the state to *do something about the state of our girls*.

I witnessed similar reactions — shock at the realities that Indiana girls are facing followed by questions of *"now what?"* While it is true that many girls are thriving today, that is not the case for all.

Our vision for this report remains the same:

- To affirm what girls are feeling and experiencing as they navigate uniquely challenging times. We, at Girl Co., are committed to listening and learning from girls and their caregivers and then advocating on their behalf.

- To inspire collective action of caregivers, educators, youth development professionals, and corporate, local, and state decision makers to advocate for the necessary changes that girls need.

This year, I am thrilled to bring you the detailed data, just like last year, thanks to our partnership with Indiana Youth Institute. But our curiosity remains. We want to know why girls are experiencing these challenges, so we dug deeper. We found more research, we talked with practitioners, and most importantly, we talked to girls. Through these conversations, we heard, loud and clear, that **girls are resilient**. They have many of the answers of what they need and want. They are pleading to be listened to by the adults in their lives. **As caregivers and leaders, we must listen with empathy and then take action to ensure that the systems in Indiana are prioritizing their wellbeing, not only in the statehouse, but in healthcare and education.**

Indiana is making strides. We are ranked 24th in the nation for child wellbeing. But that isn't good enough. One in five female high school students reported experiencing sexual violence in the past year, according to the Youth Risk Behavior Survey. That is not okay. There is relevancy for this work and conversation until all girls in Indiana are living their best lives physically, academically, emotionally, and socially.

There is a place for you to advocate for change for girls. Prioritize the wellbeing of one girl in your life today, urging others to join you, and the impact will ripple across our state. We are stronger together.

Join me.

Mackenzie Pickerrell

Mackenzie Pickerrell
Executive Director
Girl Coalition of Indiana

Girl Scout Council CEOs

Thanks to our partnership with the Indiana Youth Institute, a complicated story about issues impacting the wellness of Indiana girls is unfolding through the lens of data disaggregated from global data reported on all youth.

The debut of the Indiana Girl Report a year ago exceeded our expectations at an important milestone in the work of the Girl Coalition of Indiana. It ignited critical, thoughtful conversations with thought partners and influencers across the state and deep in the heart of the local communities we serve. It prompted a year-long whirlwind of activity that is just beginning to scratch the surface of what is possible and needed to change the trajectory of girls' lives for the better.

This year, we are diving deeper. This report creates continued opportunities for honest dialogue about the very real issues of mental wellness, access to afterschool programming, hospitalizations, suicide ideation, academics, and childhood trauma. The data is opening eyes and hearts, and it tells us that far too many Indiana girls are not okay.

Surrounding girls with supportive, trusted adults and creating safe spaces where all girls feel a sense of belonging are positive strategies that can interrupt negative cycles in areas we have defined as dimensions of wellness. We are actively listening to communities tell us about the systemic challenges that prevent girls from accessing positive youth development experiences like Girl Scouts. It is urgent to understand and address these barriers.

As CEOs, we see the impact of societal expectations, childhood trauma, stress, worrying, and bullying in our everyday interactions with families. Our work, as founding members of the Girl Coalition of Indiana, is focused on helping all girls live their best lives physically, academically, emotionally, and socially in a state where girls living in low-income and trauma-impacted households face incredible, inequitable challenges in their daily lives.
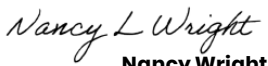
Our dream in creating this initiative is to innovate nimble new approaches, guided by the articulated needs of today's girls and grounded in more than a century of expertise about ways to positively impact girls' lives. Today we leverage our legacy, armed with data laser focused on Indiana girls, and come with a profound sense of purpose to be bolder in our education, advocacy and commitment to make Indiana a better place for all girls. We invite you to join us.

Danielle Shockey

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of central indiana

Sharon Pohly

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Aimée Sproles

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Call to Action: Improving the Mental Health & Social Well-being of Indiana Girls

Impetus for Action

In 2023, when our first-ever Indiana Girl Report was published, it shone a light on the community and family assets girls share, the challenges they face, and the disparities in outcomes they experience when compared to Indiana boys.

We grappled with many of the issues outlined in the report — but prioritized a few that reflect deep disparities AND have a tremendous impact on the lives of girls. We asked —

1 **Why are Indiana girls experiencing bullying at double the rate, cyberbullying at triple the rate of Indiana boys?**

2 **Why are Indiana girls experiencing sexual violence at four and a half times the rate of Indiana boys?**

3 **Why do girls ages 15-24 make up a disproportionate number of emergency room visits and inpatient hospital stays?**

4 **How is it that the prevalence of 7th-12th grade girls experiencing clinical depression is twice that of boys?**

As we prepared for the 2024 report, we decided to dig deeper into these issues. We *hoped* to learn something that might guide our programming with girls — but we also knew —

we had to address the inequities girls face today.

So, we set to work finding out everything we could about the factors underlying these issues and — importantly — identify ideas that could inform solutions.

Our Approach

Though the issues are complex, we anticipated that academic literature and other sources of publicly available data would have insights about why there are such disparities for girls. We looked for:

- Research identifying underlying factors for, or demonstrating the magnitude of, an issue
- Studies testing what interventions and conditions work to address these issues — or at least mitigate their impact
- National data sets that could help us understand, directionally, whether we are seeing disparities unique to Indiana (for the most part, we are not)

Insights from research guided our next steps, which focused on learning what we could from the people of Indiana through:

- Interviews with youth practitioners, community-based organizations, school personnel, and Girl Co. community staff — to gather their observations
- Engagement with officials and experts who could help us understand the systems of support that exist
- Transcripts from fall 2023 community "listening" sessions with 501 girls and caregivers – these illuminated the issues constituents believe are most important today
- Ideas generated during community "design" sessions, hosted in partnership with 56 girls and 24 caregivers in spring 2024

When we asked girls to design solutions with us, we posed questions like:

- If you could **wave a magic wand** right now, what would be different for you, or girls where you live, that would make your lives easier and happier?
- If you had to **speak up for all Indiana girls**, which do you think is the single most important issue to address, and why?

Over time, a larger story began to emerge — one that grows our understanding of the assets and challenges among Indiana girls today — but also points to solutions that *work* and that *matter to girls*.

Grounded in research and guided by the voices of girls — this is our call to action: a shared agenda to improve the mental health and social well-being of Indiana girls.

Interdependent Issues

Even at the outset of our reporting, we recognized connections between issues. For example, we knew that bullying and sexual violence can impact mental health for all adolescents.

But the more we read and listened, the more the issues "spoke" to each other. We asked ourselves — is it possible they aren't just connected? Might they be interdependent?

Bullying and Sexual Violence are experienced more often by girls nationally, just as they are in Indiana.[1,2]

Instances of interpersonal aggression correlate across the life cycle. For example, both bullying and sexual violence can tie to having experienced and/or observed abuse and/or violence in childhood.[3,4] And those who are *bullied* are more likely to be *victims* of sexual harassment, assault, and teen dating violence – while those who *bully* are more likely to be *perpetrators* of that violence.[5] "It happens to a lot more people than what you think." A sentiment shared by a high school girl in Central Indiana. She went on to share, "it is a hard subject to talk about and people tend to avoid the conversation."

> **We may look fine on the outside — but on the inside, we are hurting."**
>
> *— High School Girl, Northwest Indiana*

> **Bullying and sexual violence are related issues taking place along a pathway of interpersonal aggression that may be rooted in childhood experiences of trauma and family violence.**

> **I believe that helping with feelings of stress, worry and sadness will help with most of the other issues. It comes from within."**
>
> *— Caregiver, Southern Indiana*

Mental Health & Interpersonal Aggression:
starting in the teen years, the gender disparities in mental health identified in Indiana are mirrored nationally and internationally.[7]

Mental health issues *can* stem from genetic factors – but they can also arise from environmental influences.[8] Bullying and sexual violence, both of which happen more often to girls, are just two of the *many* potential influences elevating girls' risk of mental disorders.[9,10]

> **Bullying and sexual violence are stressful life experiences – and these can increase the risk of serious mental health challenges, especially for girls.[6]**

Mental Health and Hospitalizations: the data on emergency room visits and inpatient hospital stays confounded us at first.
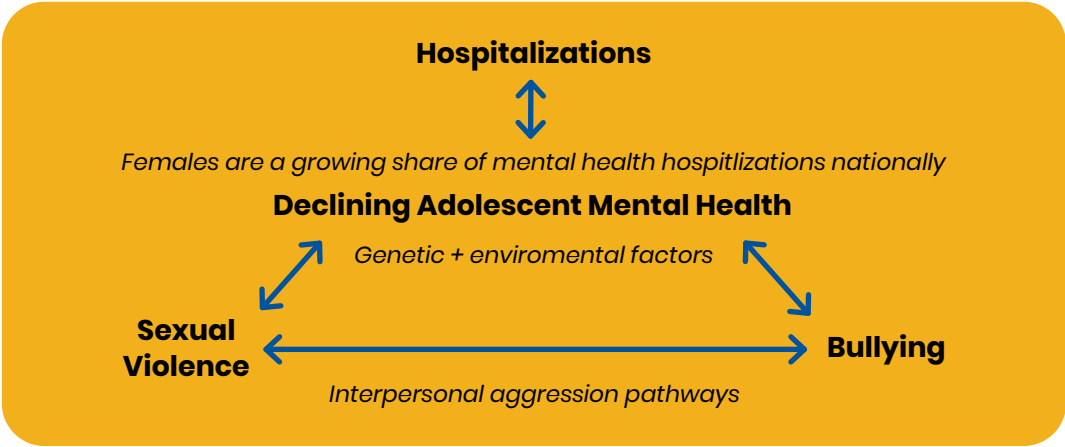
But we learned that nationally, mental disorders are among the most common diagnoses for inpatient stays[11] — *and* girls are disproportionately driving overall increases in the numbers of youths being hospitalized for serious mental health issues.[12]

Looking at the whole picture, we began to wonder…

Is the preponderance of mental health challenges among Indiana girls one of the factors driving gender differences in rates of hospitalization?

A framework began to emerge — one in which mental health is intimately tied to experiences of interpersonal aggression — all of which happen to girls more often than boys, and all of which correlate with declines in mental health.

We acknowledged the crucial role that mental health plays in the problem — and affirmed its centrality to any potential solution.

Hospitalizations

↕

Females are a growing share of mental health hospitlizations nationally

Declining Adolescent Mental Health

Genetic + enviromental factors

Sexual Violence ←→ **Bullying**

Interpersonal aggression pathways

Compounding Factors[13]

Lower household income, barriers to accessing health care, food insecurity, poor living conditions, discrimination, immigration barriers, and issues with employment and educational attainment have all been tied to negative mental health outcomes.

Basic needs like housing, food, and financial security can act as stressors for mental health – *and* create added barriers to accessing care. A caregiver in southern Indiana shared, "due to cost, transportation, parents' work schedules... I feel like so many kids are left out of getting what they need."

Discrimination, similarly, can exacerbate mental health challenges — *and* result in worse health *outcomes* when treatment is subject to biases and discrimination.

> **" First-generation children have a cultural divide between ways their parents grew up – and then aligning to American culture. They feel displaced in some way... not fully in either culture."**
>
> *— Girl Co. team member*

> **" Generational poverty creates an entrenched feeling of hopelessness. A lot of challenges come up due to poverty, and girls especially don't have support."**
>
> *— Girl Co. team member*

Lacking Basic Needs

Difficulty Securing Basic Needs in the Future ⟷ **Greater Mental Health Challenges**

When girls' basic needs for housing, food and safety are not met, it can make mental health challenges worse. At the same time, mental illness can make living conditions worse as girls become adults – making it more difficult to get a good education, find a job, or form healthy relationships.
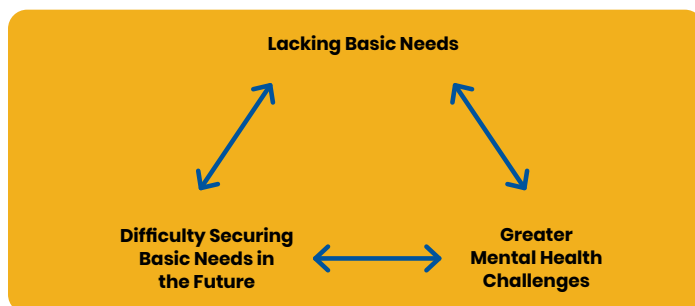
What About Social Media?

Over the last few decades, kids have had less freedom in the "real" world and more adult supervision. But those same kids have very little supervision online – where perhaps they need it most.[14]

The majority of girls' online time is spent on social media, which they say can amplify the pressure they already experience from school, family, peers, and society. A middle school girl bravely shared about the pressure she and her friends feel: "Girls feel they must be perfect, yet it is never enough. It's confusing. You're supposed to be this way, but you're also supposed to be the opposite. It's hard to just be who you are."

Research on the mental health of girls conducted by the Girl Scout Research Institute highlighted the complicated nature of girls' relationship with social media. While it is an important source of information – especially around sensitive issues like mental health – girls are also overwhelmed by the amount of information they receive, and feel stress as they reflect on the state of the world.[15]

Experts and practitioners shared additional downsides of media — including the pervasive sexualization of girls, promotion of misogyny, and projection of harmful beliefs *about* girls *to* men and boys. While these dynamics have always been present, they have become even more accessible with the rise of social media. Experts saw this as contributing to low self-esteem among girls, aggression among boys and men, and a culture of silence and mistrust when girls are faced with violence.

As technology advances, bullying tools are keeping pace — requiring that school policies and federal and state laws evolve quickly to keep up. Indiana was the first state to pass legislation protecting residents from distribution of nonconsensual computer-generated sexually explicit images (House Bill 1047). Nationally, Title IX regulations define non-consensual sharing of AI-generated intimate images as online sexual harassment, and therefore subject to protection from sex discrimination.

Being bullied online puts girls at risk for depression, anxiety, suicidal ideation — and a loss of connection with caregivers and peers.[16] Girls in Indiana share that cyberbullying is relentless — and inescapable.

Despite these downsides, girls say that phones are a vital tool for connecting with friends. Many also see the benefits of connecting with those whose lived experiences are similar to their own — especially in the face of discrimination. "There's a tension. Girls don't want to be told to just get off their phones by adults because there is lots of joy and connection there," shared a youth organization leader in northeast Indiana.

Publicly, there is controversy over whether social media is a source of significant harm for girls – or if the relationship is more complicated.[17] The U.S. Surgeon General issued a Social Media and Youth Mental Health Advisory noting that whether social media has a negative or positive impact on youth mental health can be shaped by many factors, including the amount of time spent on social media, type of content consumed, what activities and interactions occur, and whether the social media engagement interrupts essential activities like sleep, exercise, and time with family and peers.[18]

> **Boys tend to externalize what girls tend to internalize, and with social media, there is no escape — access is a constant."**
>
> *— Youth Development Specialist, Central Indiana*

Social media and unsupervised time online can increase pressure on girls and fuel social isolation – but it can also be a tool for positive connection through shared experiences.

Shared Levers for Change

The good news is that because of the connections between issues, there is potential for shared levers to enact positive change.

In looking at what *works*, we see alignment across two primary areas – prevention and support.[19] We also see important equity considerations to ensure compounding factors based on race, ethnicity, and income are addressed.

Prevention: Addressing trauma from family violence and other adverse childhood experiences, along with evidence-based bullying and sexual violence educational programs, can play a role in preventing interpersonal aggression for *all* children. Preventing violence in the home may go still further in disrupting the cycle of interpersonal aggression and reducing the likelihood of future trauma.

> **I would not have survived that if it hadn't been for my family supporting me. I knew I could come home and be safer there than at school."**
>
> — *High School Girl, Southern Indiana*

> **We need more mentors and role models for girls, and us grown-ups too! Parents can't do it alone, especially if it's a single parent trying to provide the basics."**
>
> — *Caregiver, Southern Indiana*

Supports: There are protective factors that can help young people process negative or stressful life events. Many tie to the positive effects of safety, stability, and belonging. Young people benefit when their caregivers are supportive, their home is safe, they are connected to peers, and they are cared for and protected by the adults in their life.

Supporting all adolescents to develop skills around healthy behaviors, communication, and relationship building are critical to prevention and protection. Within schools and communities, access to mental health services and efforts to destigmatize mental disorders can help address challenges now and build better conditions for girls in the future.

Equity: If we are to address compounding factors like race, ethnicity, and income, then solutions for girls must be developed in partnership with families and communities. We have to consider the basic needs that might stand in the way of girls participating in, or experiencing the benefits from, an intervention. Integrating academic support and mentorship, career exploration, social emotional competency development, and mental health skill-building into programming can also help lay the groundwork for well-being later in life.

We see prevention efforts and equitable supports as guideposts that can point the way toward meaningful actions for girls, caregivers, schools and programs, and decision-makers in Indiana.

Immediate Supports, Long-Term Change

Design sessions with girls, caregivers, providers, and educators in Indiana yielded a rich array of potential solutions.

What do girls say they need?

Girls prioritized immediate support through the people in their lives or the schools they attend. They shared that often, adults do not respond consistently or adequately to sensitive issues — and that this erodes trust and undermines girls' belief that it is worth it to speak up. A youth organization leader in Northeast Indiana shared her experience recently: "It's frustrating because I'm hearing these girls say 'You are the trusted adult' or 'My trusted adult didn't believe me.' Parents/schools aren't talking about it." Girls are asking for adults to consistently show up to discuss and act on the sensitive issues they are facing.

Support from Adults: Girls are asking adults to create — and maintain — a safe environment. They ask teachers to consistently enforce anti-bullying policies, and they seek bystander intervention training for themselves and their peers. They also want practical help and safety as they navigate the threat of, or fallout from, sexual and dating violence — and guidance to build healthy relationships.

> **I would prioritize preventing sexual harassment or abuse… because it is hard to talk about."**
>
> — *High School Girl, Central Indiana*

While Girl Scouts and non-Girl Scouts are just as likely to have an adult in their lives who cares about and supports them, Girl Scouts are more likely to have adults in their lives that help them pursue their goals and think about their future. This advantage is even more pronounced among girls from lower socio-economic backgrounds.[20]

Support from Peers: Girls are looking for safe, girl-only spaces for sharing and processing life events. They seek active, engaging social opportunities with peers that can help build a sense of positive belonging, and where they feel empowered to speak up when they or their peers are targets of bullying or harassment.

> **Girls will change their appearance to hide their body from the way the boys in our school approach them."**
>
> — *Caregiver, West Central Indiana*

A majority of Girl Scouts, caregivers, and troop leaders feel a strong sense of inclusion and belonging in Girl Scouts. Over 80% of girls surveyed agree that they feel safe in Girl Scouts and over 70% say it is a place where they can be themselves.[21]

Support through Resources: Girls asked for help countering the double standards they saw – and opportunities to achieve their hopes and dreams through mentoring, academic support, exposure to college and career opportunities, and relationships with female leaders.

Participation in Girl Scouts can help girls develop into responsible, caring, and engaged young people who are prepared for a lifetime of leadership.[22]

What do caregivers say they need?

Caregivers prioritized individual interventions and network building to help their adolescents cope and build resilience.

Support through Programs: Caregivers expressed the need for programs covering topics like self-esteem, healthy relationships, stress management, social media use, and sexuality. They recognized the need for mental health support for their daughters.

Support through Networks: Caregivers asked for help in building positive social networks for girls – but they also sought community for themselves. They desired training or education on the issues their daughters are facing and connections to other adults they could lean on when challenges arise.

> **It would be nice if schools and the community had things to help girls understand their self-worth."**
>
> *— Caregiver, West Central Indiana*

What do providers say girls need?

> **Even if they have a caregiver who is supportive enough to believe them when they say 'We are not okay' — the waitlist for mental health support is 6-8 months... that's way too long to wait."**
>
> *—Youth Organization Leader, Northeast Indiana*

Providers and educators focused on the systems and institutions surrounding girls. They called for urgent action in response to noticeable decreases in adolescent mental health, exacerbation of issues via social media, and girls' declining self-esteem.

Support through Services: Providers called for increased access to essential services like physical and mental health care – supplemented by school-based supports – especially in communities where the cost of services is a significant barrier.

Support through Policies: Education reform was a theme providers returned to as they spoke about policies that could help prevent bullying and sexual violence, and support for those who experience it.

Equitable Support: Providers noted the need to mitigate and remove barriers faced by girls from low-income households, as well as Black and Latina girls. They saw stigma related to mental illness, difficulties with language and cultural divides between generations, stereotypes, and lack of access to basic needs as added barriers for these girls.

> **I think it is fundamentally unfair to try to equip girls with armor to enter an unsafe world. We need to change policy so girls can just be human and don't need 500 coping skills."**
>
> *—Youth Services Provider, Central Indiana*

> **What plays a role with parents is that there is a huge stigma. It is just labeled as attention seeking behavior — versus actually having mental health issues."**
>
> *—Youth Development Specialist, Northwest Indiana*

Taken together, the deeply personal needs of girls; the calls for education, skill-building, and community from caregivers; and, the broader, systemic insights of providers and educators form a more complete picture.

Bridging individual and systemic change is essential to meeting girls' needs today AND creating a brighter future tomorrow.

Systemic Efforts

Sustainable, widespread change is best achieved when cross-sector leaders embrace a common vision and engage in mutually reinforcing strategies to bring it to life. If the systems around girls could align on listening to and supporting their needs, it could make a big difference in the issues they face.

To improve the mental health and social well-being of Indiana girls, we recommend a *cross-sector, coordinated effort to ensure access to high-quality mental health care.*

Indiana's ranking on access to quality mental health services has declined dramatically over time – going from *strong* to *very weak* within the last decade[23] — at a time when pediatric mental health support is needed even more. Caregivers have shared that they need more referrals for mental health supports for their daughters, and youth providers have pointed to access limitations as a primary barrier for the girls and adolescents they serve.

In short, the people of Indiana have issued a mandate for the state to address issues facing girls by growing access to high quality mental health care and supports. Girls simply cannot wait any longer.

School Systems

As the de facto system for student mental health, schools have an important role to play in working towards solutions. Yet in Indiana, one in four female 7th–12th grade students reported feeling unsafe in their school (per this 2024 report). In a national Girl Scouts survey, only 35% of girls said their personal mental health was supported in school, and less than half of girls thought their school provided adequate resources for students to support mental health.[24]

Access to Care: In an ideal world, schools can integrate proven interventions – including on-site health centers, tele-mental health connections, and school-based mental health personnel. These interventions can be costly, and would likely require statewide resources and support to execute at scale.

Partnerships: Indiana is far from meeting the nationally recommended ratio of one social worker for every 250 students (In 2023, Indiana had one social worker for every 2,786 students.). Explore ways for community partnerships to supplement school personnel by providing integrated social and emotional competency building, mental health supports, and after-school programming.

School "Climate": A positive 'climate' is one in which students learn to manage their emotions, set and achieve positive goals, feel and show empathy, make responsible decisions, and establish and maintain positive relationships. A Central Indiana counselor shared a sentiment that so many adults hope for - "I want them to tell me. That will come with teaching them to use their voice."

A sense of belonging in school is a protective factor for children and adolescents.[25] Create a learning environment in which every child feels included, supported by the adults in the school, and connected to community. Schools can use resources like the CDC's healthy and supportive school environment toolkits to assess and improve school climate.

Policy: Review / strengthen bullying, harassment, and anti-violence policies; train teachers and school personnel so they are able to articulate and enforce policies consistently. Train teachers in trauma-informed practices and review school policies with a trauma-informed lens.

Prevention: Establish school-wide sexual violence and bullying prevention programs. Approaches with proven success are integrated into the school, sustained over time, and inclusive of caregiver education and support.[26] Programs should cover family violence, sexual coercion in dating relationships, and multiple forms of violence, victimization, and perpetration. Prevention programs should occur before and during middle school, and gender-based content and relationship skills should be incorporated before high school.[27]

> ❝ **When people overhear bullying, even teachers, something needs to be done about it. Do not just shake their head at the situation – say something about it!"**
>
> *—Middle School Girl, Central Indiana*

A Call to Action for Girls — And Those Who Love Them

Girls are force. In many cases, they know what they need. The requests they shared align to a series of proven *positive childhood experiences* that can diminish the negative effects of stressful life experiences[28] and lead to long-term positive mental health and relationship outcomes.[29] These protective factors include positive relationships with caregivers and other adults, participation in community traditions, peer support and friendships, and a sense of safety and protection by family.

> **We do not have to hold ourselves to such a high standard. We are still valued and loved."**
>
> — *High School Girl, Central Indiana*

These calls to actions are centered around positive childhood experiences, and built from the recommendations of girls and caregivers – with a vision for change via family connectivity, supportive communities, positive relationships and personal safety, and investments in girls' leadership.

Family Connectivity

The ability to talk with family about feelings and the sense that family is supportive during difficult times can help grow adolescent resilience and safety.[30] Caregiver connectedness and bonding can also have a positive restorative effect on psychological health after bullying or peer neglect.[31]

Caregivers: Over one-fifth of Indiana female students in 7th–12th grades feel unable to ask their mom or dad for assistance with personal issues (per this 2024 report). Take the onus off of girls to bring up difficult conversations by checking in regularly. Conduct open, *non-judgmental* conversations about mental health, sexual harassment and violence, and bullying so girls know that no issue is off limits for discussion.

Program Providers: Offer caregiver programs focused on awareness and prevention. Help them prepare for discussions about sensitive issues with their daughters. Create mechanisms to understand family and community context so that programming is linguistically and culturally responsive.

Supportive Communities

Involvement of supportive, non-caregiver adults are among the protective factors that can mitigate the impact of stressful life experiences.[32] The Search Institute has identified five relationship elements that, when present in the adults surrounding a child, support positive youth development. These elements include expressing care, challenging growth, providing support, sharing power, and expanding possibilities. It is important that youth are supported by an eco-system of adults that share these qualities.

Caregivers: Per this 2024 report, 68% of 7th–12th grade girls in Indiana feel there are no people in their neighborhood who encourage them to do their best. Think about how you can help create positive social support structures on behalf of your daughter. Does your community have a Girl Scout troop? If not, groups of caregivers can work together to share leader responsibilities – or ask a community or faith-based organization whether they would be willing to convene a troop that your daughter can attend.

Girls: Indiana girls volunteer at rates higher than national averages (per this 2024 report). That's great! Girl Scout programs can help you find ways to take action on issues important to you. Discover *your* inner power to change the world through service and community problem solving. This can not only improve the issues you see in your own life, but perhaps change the conditions for all girls in your community and across Indiana.

Program Providers: In some cases, youth practitioners play the role of a trusted adult girls can lean on for support. And the odds are that in any group of six or more girls, at least one of them has experienced sexual violence. Ensure basic education/training for staff and volunteers to adopt trauma-informed practices and conduct mental health skill building with youth. Assess and improve the degree to which staff are culturally responsive in their approach and share the lived experiences of programming participants.

State policy-makers: Much of what constituents need to address the mental health crisis for girls is shaped by policy and resourcing decisions. Use the 2024 Indiana Girl Report to engage with caregivers, providers, schools, and community leaders about the barriers they face, and resources they need. Consider broad policy solutions that can build community stability and economic security. Assess the supply of mental health supports available to meet the needs of your constituents – and develop a plan to fill gaps in access.

Positive Relationships & Personal Safety

Ensuring a sense of safety and protection by family can serve as protective factors for adolescents.[33] Efforts to build safety and end the cycle of interpersonal aggression can protect adolescents now and reduce family and community violence in the future.

Program Providers: Host girl-only spaces for talking about sensitive issues tied to their safety. Partner with a mental health provider or bring in a social worker to facilitate difficult conversations and support girls afterward.

Girls: As hard as it can be to share sensitive topics with others, talking to someone can be the best way to get help. Think of an adult who respects you, listens well, and doesn't judge. This could be a caregiver, teacher, school counselor, coach, older sibling, extended family member, faith leader, youth worker, neighbor, or a parent/caregiver of a friend. For more tips and guidance on how to open a conversation, check out the National Alliance on Mental Illness (NAMI) guide to Finding a Supportive Adult.

NOTE: If a girl is currently unsafe, there are resources she can access by reaching out to someone at school, calling 911, or calling a national hotline like the **National Suicide Prevention Hotline** (1-800-273-TALK or text 988), **National Sexual Assault Hotline** (1-800-656-HOPE), **National Dating Violence Hotline** (1-866-331-9474 or text LOVEIS to 22522) **or the National Child Abuse Hotline** (call or text 1-800-422-4453).

Community Leaders: There are community-based interventions that have reduced sexual and dating violence by working with girls and boys to form gender-equitable attitudes.[34] Either work only with boys and young men — or simultaneously with separate groups of boys and girls – to shift the culture around sexual violence. Start early — in elementary and middle school – to prevent interpersonal aggression from occurring as children become adolescents.

State policy-makers: Work within existing policy frameworks to partner with community leaders as they implement dating and sexual violence prevention curricula. Invest in efforts that can intervene and disrupt domestic and community violence. Work with the State Board of Education to equip schools with the guidance, resources, and tools they need to prevent and address interpersonal aggression.

Caregivers: Help your child feel safe and protected by creating a family agreement around moderate technology usage – and then help *everyone* follow the rules. Consider tools like the Family Online Safety Agreement from the Department of Homeland Security or an app like the Family Media Plan from the American Academy of Pediatrics. Make sure the agreement outlines healthy social media use, screen time norms, and rules related to online supervision.

Leadership

Both girls and caregivers called for education and skill-building opportunities. They also spoke about the value of exposure to professional women in leadership positions and in government.

Girls: Identify a female leader you believe you could learn from, and ask to shadow them for a day, interview them, or apprentice with them. This can be someone you know through friends and family, someone in your community, or – if you're not sure where to look, consider asking a school counselor or teacher to help you find a mentor. Think about ways to grow your own leadership – could you start a club at school, or advocate for something important to you? Ask yourself what role YOU want to play in making things better for Indiana girls.

Program Providers: Think about ways to build adolescent skills across social, emotional, and academic domains. Explore programs focused on STEAM, civic engagement, or other fields where women are underrepresented. Prioritize programs that boost self-esteem, teach stress management, and support leadership skills.

Caregivers: Start talking with your daughter about what she might like to do after high school. Familiarize yourself with free post-secondary success resources for Indiana students. For example, Indiana Career Explorer connects your child's interests and skills with potential career paths – and allows you to plan education and experiences accordingly. Learn More Indiana is focused on education during and after high school, and provides resources for selecting and paying for college. There are scholarships available through the 21st Century Scholars program and a number of financial aid and student resources offered through the Indiana Commission for Higher Education.

Community members: In Indiana, less than one-third of 2024 legislators are female. Explore tools from organizations like She Should Run to identify and support women who are interested in running for local, city, or state office. Connect their efforts to the girls in your community so girls can run alongside them - learning about civic engagement, benefiting from a local role model, and envisioning a future in which they might run for office, too.

Business leaders: Conduct a salary audit to ensure women are being paid equitably compared to men. Enforce strict policies against sexual harassment and gender discrimination. Set targets for increasing the number of women in leadership positions, and regularly publish progress metrics as you work to get there. Develop clear pathways for promotion into leadership roles, and then enlist mentors who can advocate for women as they advance their careers.

State policy-makers: Invite girls into the legislative process through enhanced advocacy days, page programs, and internships. Consider the impact on girls when debating policy and administrative changes – and ask them what *they* think. Speak to girls as a constituency — and not an afterthought.

Adult women: Think about the role that family connectivity, supportive communities, positive relationships, and leadership have played in your life. Ask yourself how you can support girls you know, and girls you don't. Volunteer in causes that lift up girls. Develop mentoring relationships with the girls in your life. Remind yourself that you are a leader, a role model, and someone with a critical role to play in transforming the lives of Indiana girls.

> **If they pursue things they love, they can end up somewhere great."**
>
> *— Community Provider,, Central Indiana*

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Data on the Well-Being of Indiana Girls

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

Celebrating Data for Action with Girl Co.

Dear Friends and Partners,

I am excited to share the 2024 Indiana Girl Report, a testament to our partnership with the Girl Coalition of Indiana. The report is more than a collection of data – it is **an example of the foundational role data has in our collective work to care for and improve the lives of Indiana kids.** We are proud to collaborate with Girl Co., whose dedication to leveraging data for impactful change is inspiring. Together, we are making strides towards a brighter, more just future for every girl in Indiana.

For over 30 years, Indiana Youth Institute has served as our state's KIDS COUNT® affiliate. This national network of youth services providers, universities, and data experts collects, analyzes, and shares hundreds of child well-being data points. Our goal is to make data easier to understand and useful to all Indiana youth-serving organizations, helping them advance their missions and accomplish their goals. **Girl Co.'s partnership is a shining example of bold innovation grounded in data.**

While it's natural to first think about the girls closest to us, it's crucial that we begin with a perspective that includes all girls across our state. **Central to supporting the well-being of Indiana girls is understanding who they are.** Our work centers on evidence and facts about how girls are faring in our state. The potential for innovation, problem-solving, and impacting the lives of girls is only as good as our understanding of the children and youth that we aim to serve.

Last year's inaugural report established a foundation for understanding key issues affecting the quality of life for girls. But that wasn't enough for Girl Co. We were excited that it left them wanting more — more data points, more facts, and more understanding — to use for action.

So, we dug deeper into the data and research. This second annual, 2024 Indiana Girl Report offers a roadmap for cultivating supportive environments and developing additional resources for those working with and supporting girls. We cover crucial topics such as mental health, sexual dating violence, and bullying. The disaggregated data in this report reveals a mix of information about Indiana girls. Some data points show encouraging trends, while other points are moving in a negative direction for the social and emotional health of Indiana's girls. But understanding this data is a springboard to help us better serve our girls and families.

The Girl Coalition of Indiana has big goals, and **they're using data to lead conversations, implement programs, and initiate efforts to support and improve girls' lives across the state.** We celebrate their data-driven efforts to build the kinds of connections with Hoosier kids, families, and communities that can help foster both action and enduring results. We know that the task of increasing the well-being of our kids is complex and complicated. As the state's leader in child and youth data, Indiana Youth Institute is delighted to be a partner and equip Girl Co. in this work.

With gratitude,

Tami Silverman
President & CEO
Indiana Youth Institute

Understanding Girl Co.'s 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.

Understanding IYI's KIDS COUNT® Data Domains

IYI is the Indiana state partner in the Annie E. Casey Foundation KIDS COUNT® network and tracks hundreds of data indicators each year related to the following Annie E. Casey Foundation 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 utilized in order to minimize gender biases and highlight the unique experiences that 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.

As a result of 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 and the Girl Coalition of Indiana 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 lived reality of girls, in all their diversity. 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 Coalition of Indiana Dimensions of Wellness and IYI's KIDS COUNT® Data Domains.

Girl Coalition of Indiana Dimensions of Wellness

Physical Wellness

Family & Community

Health

Economic Well-Being

Education
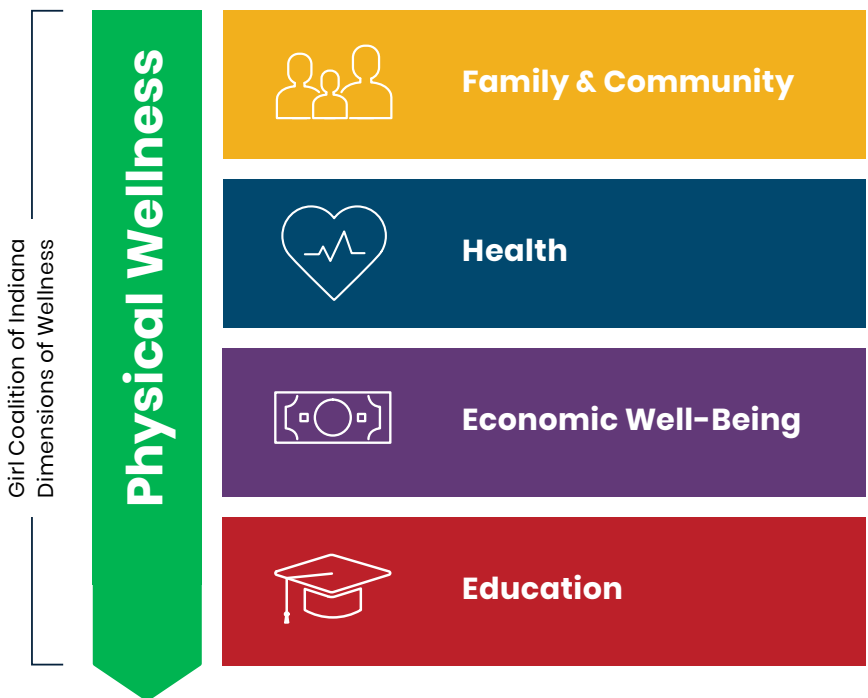
Demographics of Indiana Girls

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 cohabiting couples as well as the relationship that ties the child to the householder.

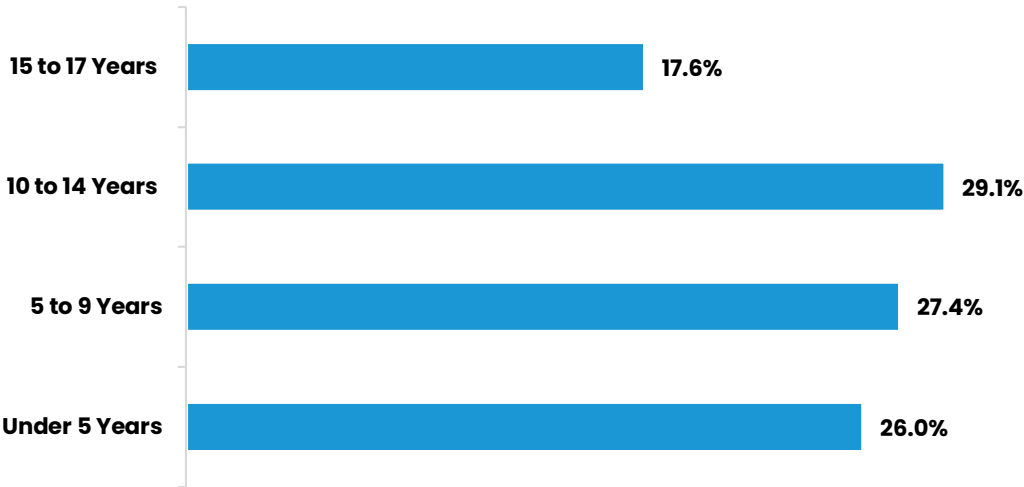| Number and Percent of Youth Under 18 Years, Indiana: 2022		
	# of Youth	**% of Total Population**
Female	768,956	48.7%
Male	808,505	51.3%

U.S. Census, ACS 5-Year Estimate, Table B01001

Percentage of Female Youth Under 18 Years by Age Group, Indiana: 2022

Source: U.S. Census Bureau, ACS 5-Year Estimates B01001

Age Group	Percentage
15 to 17 Years	17.6%
10 to 14 Years	29.1%
5 to 9 Years	27.4%
Under 5 Years	26.0%

Percentage of Female Youth Under 18 Years by Race/Ethnicity, Indiana: 2022

Source: U.S. Census Bureau, ACS 5-Year Estimates B01001A-I

Race/Ethnicity	Percentage
American Indian and Alaska Native	0.2%
Asian	2.2%
Black	10.1%
Hispanic	10.6%
Multiracial	8.2%
Native Hawaiian and Other Pacific Islander	0.03%
White	65.3%
Other Race	3.4%
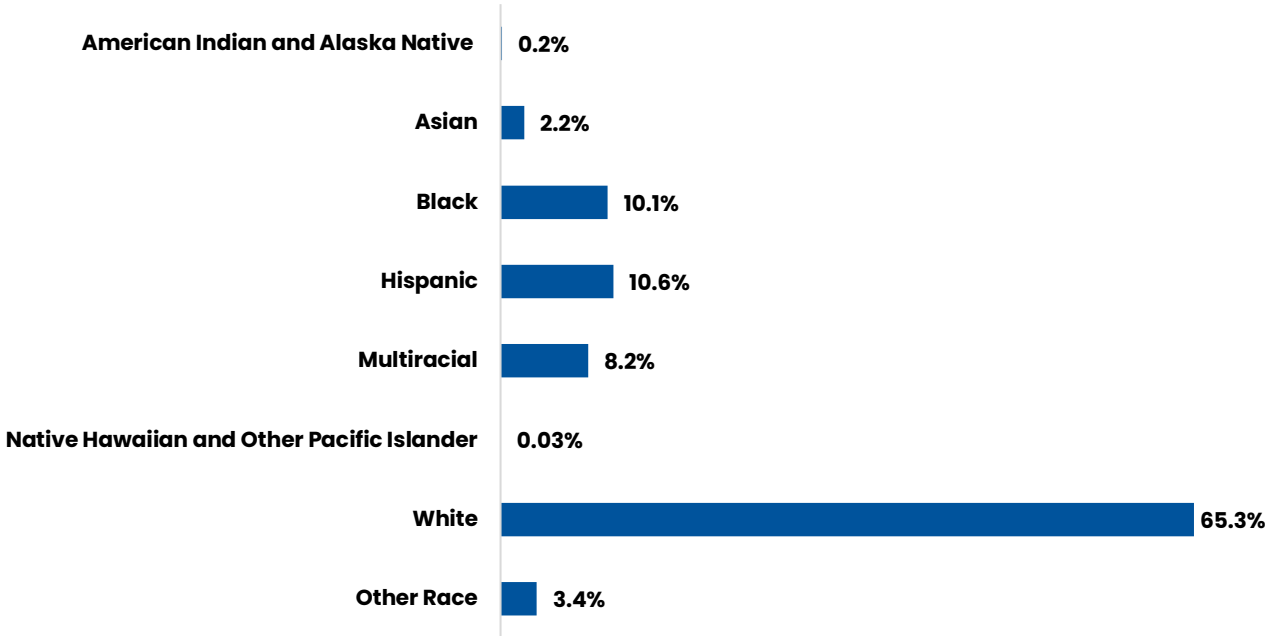
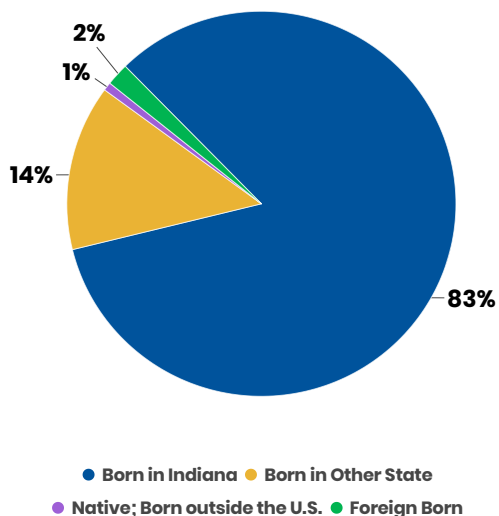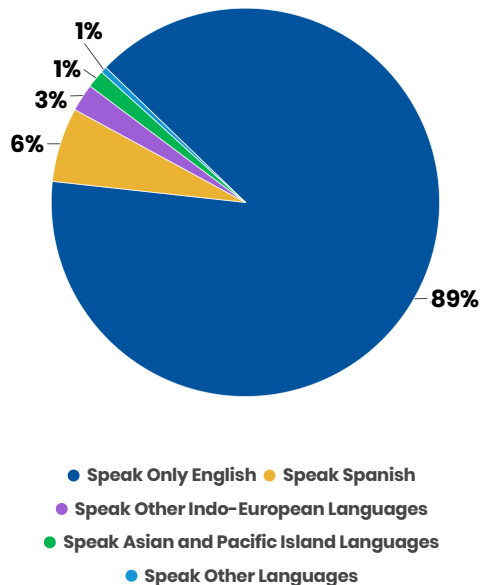## Place of Birth for Total Youth Under 18 Years, Indiana: 2022
Source: U.S. Census Bureau,
ACS 5-Year Estimate B06001

2%
1%
14%
83%

- Born in Indiana
- Born in Other State
- Native; Born outside the U.S.
- Foreign Born

Language Spoken at Home for Total Youth Ages 5 to 17 Years, Indiana: 2022
Source: U.S. Census Bureau,
ACS 5-Year Estimate S1602, S1603

1%
1%
3%
6%
89%

- Speak Only English
- Speak Spanish
- Speak Other Indo-European Languages
- Speak Asian and Pacific Island Languages
- Speak Other Languages

Household Type for Total Youth Under 18 Years, Indiana: 2022
Source: U.S. Census Bureau,
ACS 5-Year Estimate B09005

19%
5%
9%
67%

- Married-Couple Household
- Cohabiting Couple Household
- Single Father Household
- Single Mother Household
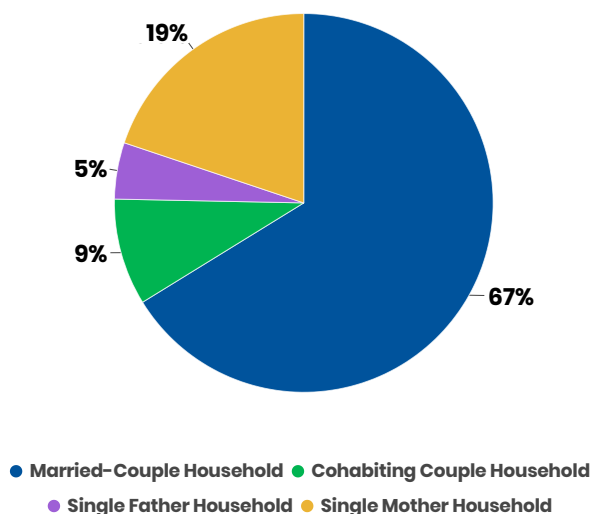
Relationship to Primary Householder for Youth Under 18 Years, Indiana: 2022
Source: U.S. Census Bureau,
ACS 5-Year Estimate B09018

2%
2%
7%
5%
2%
82%

- Biological Child
- Adopted Child
- Stepchild
- Grandchild
- Other Relative
- Foster or Unrelated Child
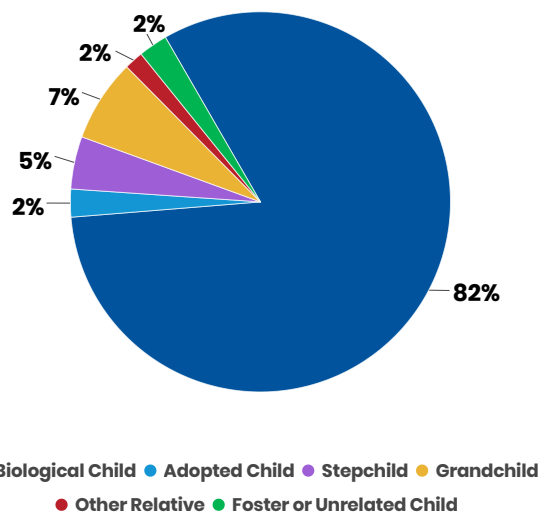
Physical Wellness for Girls

Why it Matters

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 their holistic development.

Physical Wellness

Health

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

Economic Well-Being

- Housing Instability and Homelessness
- Food Insecurity

Health Conditions and Functional Difficulties

Health conditions and functional difficulties can have significant impacts on girls, affecting their daily activities, social interactions, and overall well-being. Girls with functional difficulties may experience challenges in performing essential tasks of daily living, such as self-care activities, mobility, communication, and social interactions.[1] These difficulties can vary widely in nature and severity, ranging from physical limitations due to mobility impairments to cognitive challenges affecting learning and problem-solving abilities.[2] Severe health conditions and difficulties can also impact emotional and behavioral aspects, leading to feelings of frustration, isolation, or low self-esteem.[3] Additionally, girls with functional difficulties may encounter barriers in accessing education, healthcare, and community resources, affecting their overall quality of life and opportunities for social participation. Addressing these challenges through appropriate support services, accommodations, and interventions is essential to empowering girls with diverse needs and promoting their inclusion and well-being in society.

- Over 1 in 3 female children (38.8%) under 18 in Indiana had a current or lifelong health condition as measured by the National Survey of Children's Health in 2021-2022.[4]
  - » Among those female children, 22% were reported to have had two or more current or lifelong conditions.
  - » Almost half of the children (47.1%) with a health condition experienced a level of impairment in their daily activities directly due to that condition, with 1 in 10 reporting they were consistently affected a great deal.[5]

- Over 1 in 4 female children (26.7%) under 18 in Indiana experienced at least one functional difficulty as measured by the National Survey of Children's Health in 2021-2022.[6]
  - » Among those female children, over 1 in 10 were reported to have had two or more functional difficulties (12.1%).

- Over 1 in 5 female children (21.5%) under 18 in Indiana had special health care needs (CSHCN) based on the CSHCN screener.[7]
  - » Among those female children, 1 in 6 had special healthcare needs that were more medically complex.
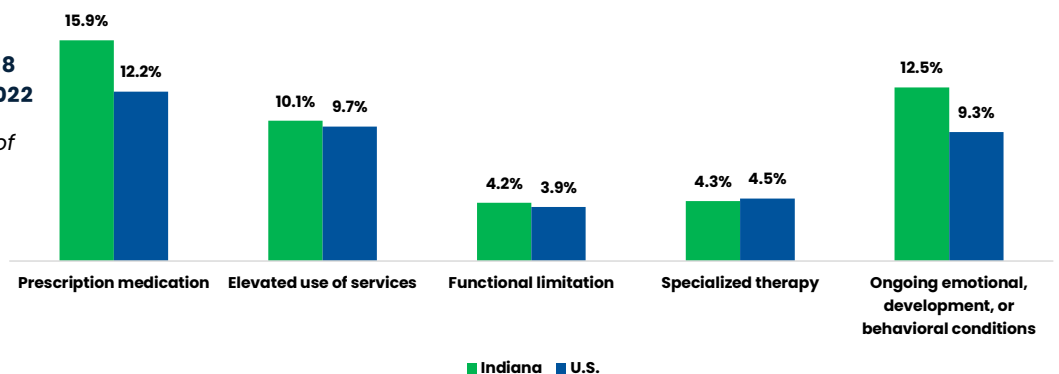
Prevalence of Genetic or Inherited Condition For Female Children Under 18 by Severity Indiana: 2021-2022

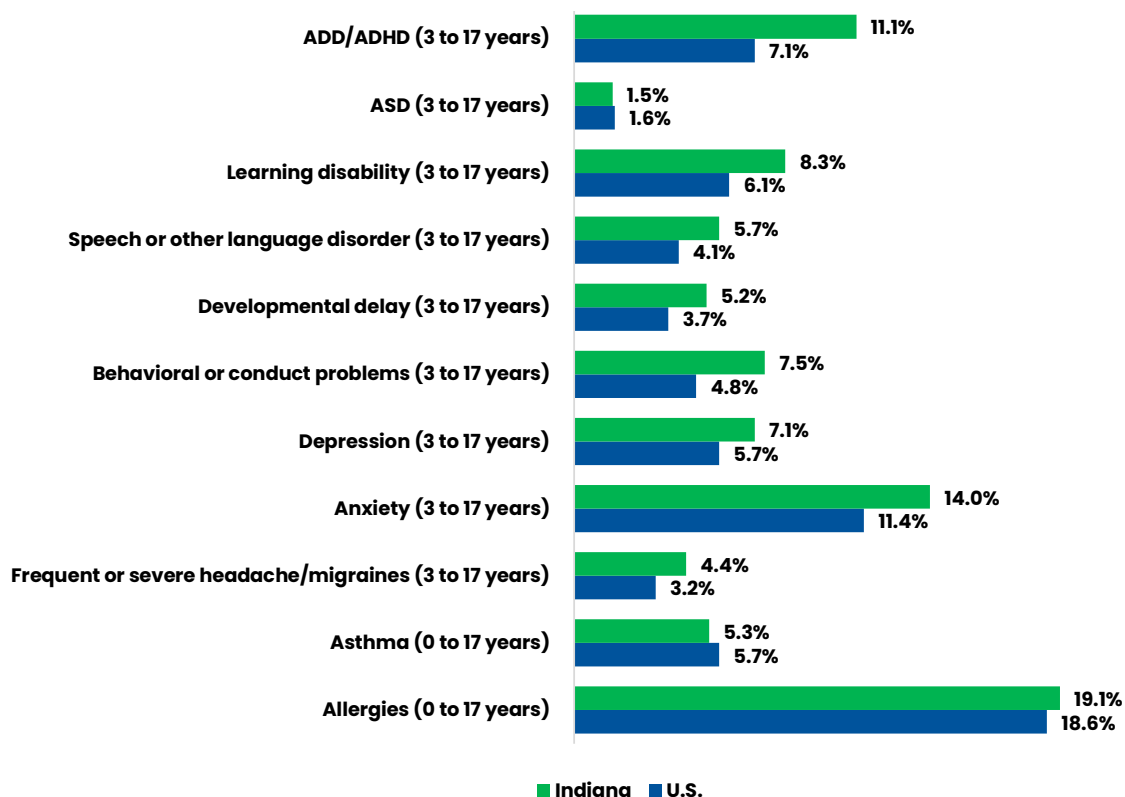*Source: National Survey of Children's Health*
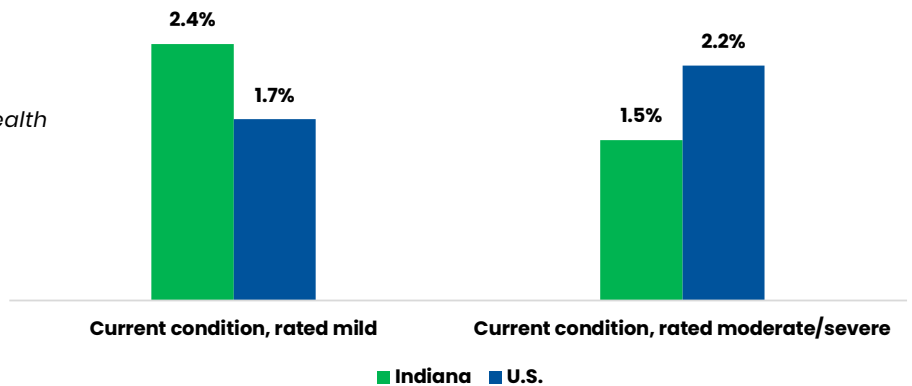
Prevalence of Special Health Care Needs For Female Children Under 18 by Type Indiana: 2021-2022
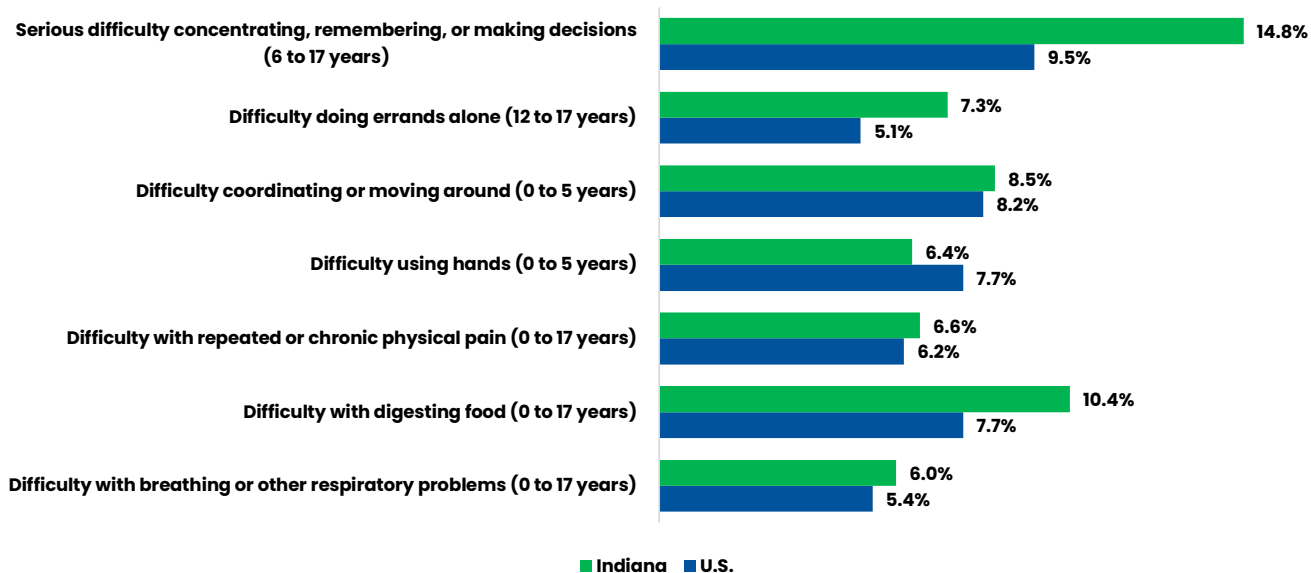
Source: National Survey of Children's Health

Prevalence of Current or Lifelong Health Condition For Female Children by Type Indiana: 2021-2022

Source: National Survey of Children's Health

Condition	Indiana	U.S.
ADD/ADHD (3 to 17 years)	11.1%	7.1%
ASD (3 to 17 years)	1.5%	1.6%
Learning disability (3 to 17 years)	8.3%	6.1%
Speech or other language disorder (3 to 17 years)	5.7%	4.1%
Developmental delay (3 to 17 years)	5.2%	3.7%
Behavioral or conduct problems (3 to 17 years)	7.5%	4.8%
Depression (3 to 17 years)	7.1%	5.7%
Anxiety (3 to 17 years)	14.0%	11.4%
Frequent or severe headache/migraines (3 to 17 years)	4.4%	3.2%
Asthma (0 to 17 years)	5.3%	5.7%
Allergies (0 to 17 years)	19.1%	18.6%

■ Indiana ■ U.S.

Prevalence of Functional Difficulties For Female Children Indiana: 2021-2022

Source: National Survey of Children's Health

| Difficulty	Indiana	U.S.
Serious difficulty concentrating, remembering, or making decisions (6 to 17 years)	14.8%	9.5%
Difficulty doing errands alone (12 to 17 years)	7.3%	5.1%
Difficulty coordinating or moving around (0 to 5 years)	8.5%	8.2%
Difficulty using hands (0 to 5 years)	6.4%	7.7%
Difficulty with repeated or chronic physical pain (0 to 17 years)	6.6%	6.2%
Difficulty with digesting food (0 to 17 years)	10.4%	7.7%
Difficulty with breathing or other respiratory problems (0 to 17 years)	6.0%	5.4%

■ Indiana ■ U.S.

Research Call Out

Finding group activities for girls with neurodevelopmental diagnosis remains a challenge for many caregivers. Despite the myriad of resources available, the search for suitable social engagements is often filled with obstacles. Caregivers frequently encounter a lack of inclusive programs that cater to the unique needs of their girls, leaving them to navigate this path largely on their own.

Girl Scouts of the USA. (2023, August 24). Innovation Research Report Out_2_Social Listening Review Report [Webinar].
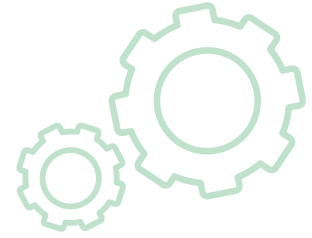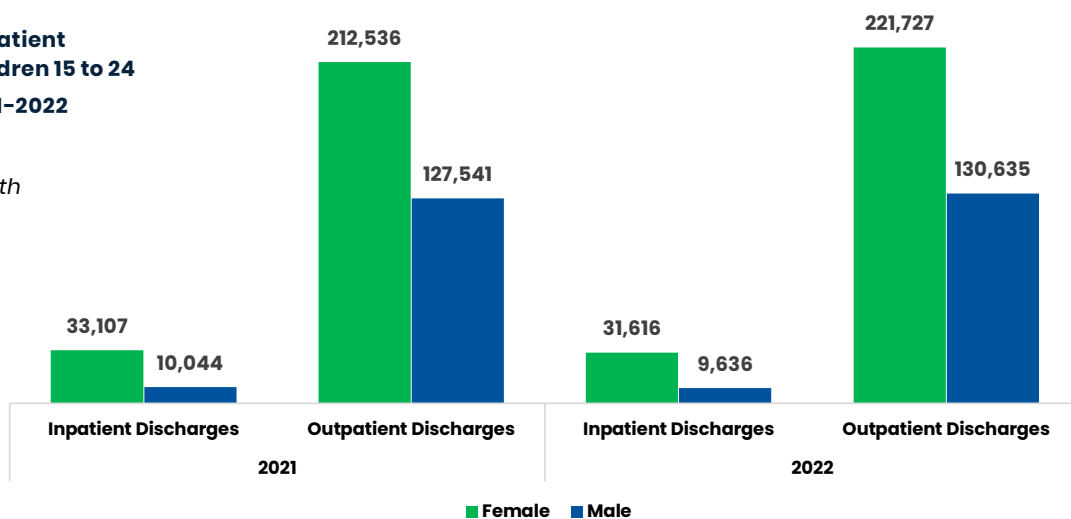
Health Insurance and Healthcare Access

Ensuring healthy outcomes for girls as they grow up requires a comprehensive approach that provides services, resources, and conditions that contribute to their physical well-being. As girls develop, access to healthcare through health insurance is a critical factor in promoting their well-being in many important areas of their lives. Research shows that health insurance, or the absence of it, has long-lasting effects on the health outcomes, educational outcomes, and economic outcomes of children.[8] Differences in insurance coverage have also been shown to have impacts on infant mortality rates.[9] Health insurance plays a significant role in bolstering the physical health of girls in Indiana, but the presence of health insurance does not always mean girls have access to healthcare. Whether it's preventative care visits with a primary doctor, dental care, or specialist care, the health of girls in Indiana is dependent on them being able to receive necessary care that enables healthy development.

- In 2022, 81.8% of female children under 18 had at least one preventive check-up with a doctor, nurse, or other health care professional, a higher rate than that of male children (75.8%) and exceeding the national average (78.1%).[10]
  - » 13% of female children received health care via video or phone.
  - » 3 out of 4 caregivers (76.2%) in Indiana reported that they have a designated place they usually go to first when their female child is sick or when they need healthcare advice.[11]

- Nearly 3 out of 4 female children (74.7%) aged 1 to 17 saw a dentist or other oral health care provider for preventive dental care, such as check-ups, dental cleanings, dental sealants, or fluoride treatments in 2022 - lower than the national average (77.8%).[12]

- In 2021-2022, 31.8% of the caregivers in Indiana experienced difficulties in getting the necessary referrals to see any doctor or receive any service when needed for their female children, indicating a gap of 11.5-percentage points between the rate for male children (20.3%).[13]
  - » 1 out of every 20 caregivers (5%) of female children in Indiana have forgone health care for their child that was needed. Over half (57.6%) were due to problems getting an appointment, and over a third were due to issues related to cost (39%).

- Among the four surrounding states, Indiana holds one of the highest rates (8%) for female children without current health insurance, tied only with Ohio.[14]
  - » Of the female children with current health insurance, 91.4% had consistent coverage in 2021-2022. Nearly a third (31.7%) of those without insurance at any point during the year reported a change in the caregiver's employment status as the reason.
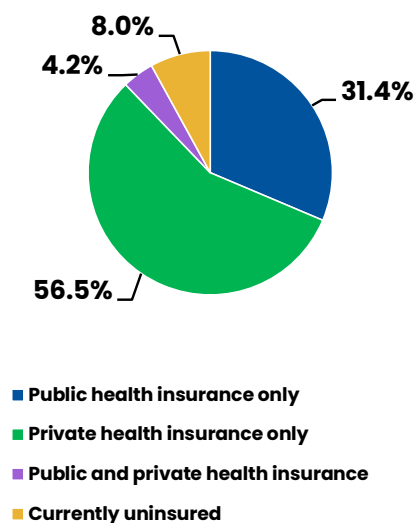 - » Only 1 in 4 female children (26.8%) that had current coverage had insurance that was adequate to meet their needs.[15]

Inpatient and Outpatient Discharges for Children 15 to 24 Years, Indiana: 2021-2022

Source: Indiana Department of Health

2021

	Female	Male
Inpatient Discharges	33,107	10,044
Outpatient Discharges	212,536	127,541

2022

	Female	Male
Inpatient Discharges	31,616	9,636
Outpatient Discharges	221,727	130,635

■ Female ■ Male

Health Insurance Coverage for Female Children Under 18 by Type, Indiana: 2021-2022

Source: National Survey of Children's Health

- 8.0%
- 4.2%
- 31.4%
- 56.5%

■ Public health insurance only
■ Private health insurance only
■ Public and private health insurance
■ Currently uninsured

Female Children Under 18 Without Current Health Insurance: 2021-2022

Source: National Survey of Children's Health



3.4%
4.7%
8.0%
8.0%
5.2%

8.0%
3.4%
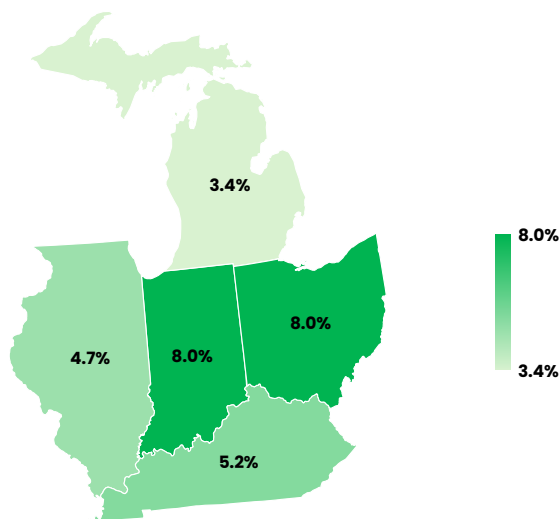
Housing Instability and Homelessness

Housing stability is impacted by several factors such as risk of eviction, high housing burden, and access to housing assistance programs. Evictions disproportionally impact low-income renters and renters of color and dramatically increase the risk of homelessness. Girls who are homeless are at a higher risk of serious health complications and generally do not get the adequate amount of quality sleep that is vital to a child's development. Evictions also negatively affect children as housing instability and multiple moves are associated with negative mental health, education, and behavioral outcomes. High housing burdens create additional financial strain and often force families to choose between paying rent/mortgage and buying food, clothes, or utilities. Among females, research has recently established a link between housing instability and sexual exploitation and violence.[17,18]

- In 2022, 1 in 6 female children (17.8%) between the ages of 0 to 11 experienced housing instability, the second highest rate of all neighboring states.[19]
  » Among these female children, 12.4% had a caregiver miss a mortgage or rent payment, 5.5% lived in 3 or more places in the past year, and 1% experienced homelessness or lived in a shelter.

- In the 2022–2023 school year, there were 8,024 homeless female students enrolled in kindergarten through 12th grade, reflecting a 10% increase from the previous school year.[20]

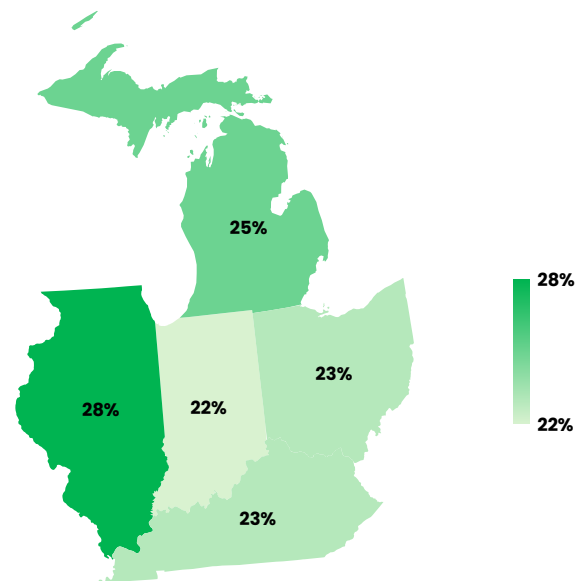**Female Children 0 to 11 Years Experiencing Housing Instability: 2022**

Source: National Survey of Children's Health

14.5%
17.1% 17.8% 15.4%
21.5%

21.5%
14.5%
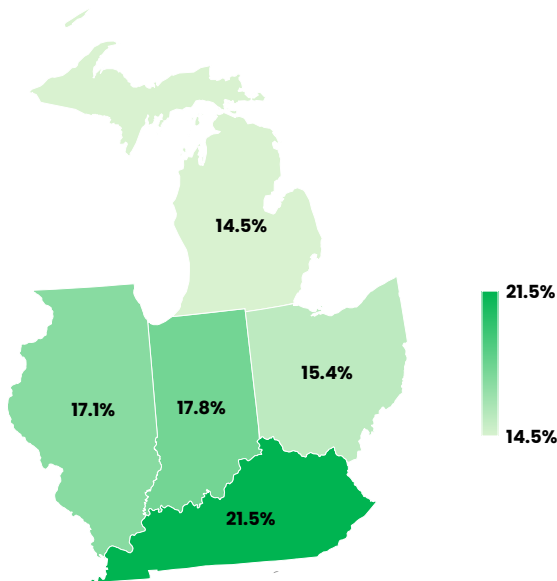
Total Children Living in Households with a High Housing Cost Burden: 2022

Source: PRB analysis of data from the U.S. Census Bureau, ACS
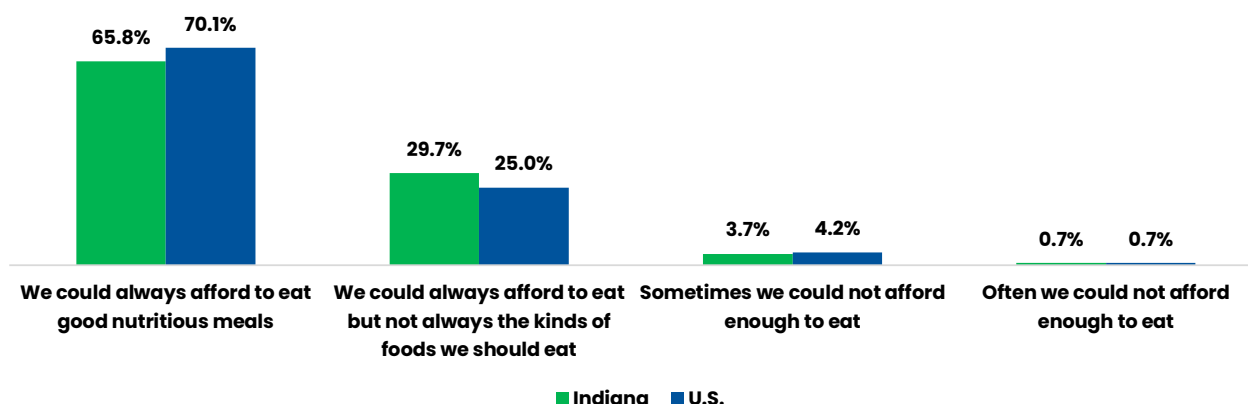

25%
28% 22% 23%
23%

28%
22%

Food Insecurity

Having adequate access to proper nutrition is an important component in the development of healthy girls. When children don't have enough food, they are more likely to exhibit poor academic performance, have poorer health outcomes, and face developmental delays or complications. Aside from the physical impacts of food insecurity, the stress and uncertainty associated with not having enough food can also impact children's mental health, increasing the likelihood of anxiety and depression. Consistent and prolonged food insecurity can also perpetrate a cycle of poverty, which disproportionately impacts women as data and research have regularly shown that women are more likely to experience food insecurity and its health consequences.[21, 22, 23, 24]

- 1 in 8 children (12.9%) in Indiana struggled with food insecurity in 2021, a decrease of 1.5-percentage points from 2020.[25]

- In 2021–2022, 29.7% of female children lived in a household where they could always afford food, although not always nutritious food, while 4.4% lived in a household where they sometimes or often could not afford enough food altogether.[26]
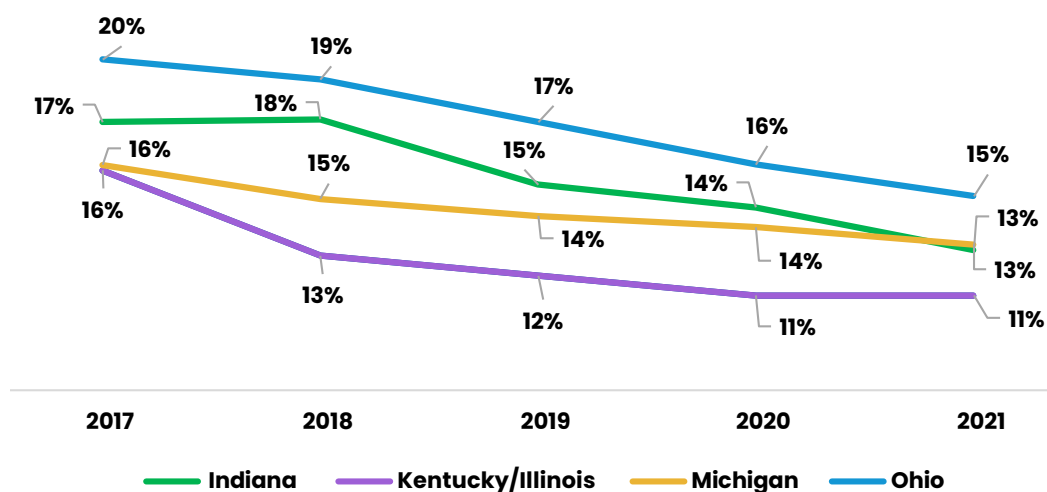
Food Insufficiency for Female Children Under 18, Indiana: 2021–2022

Source: National Survey of Children's Health

	Indiana	U.S.
We could always afford to eat good nutritious meals	65.8%	70.1%
We could always afford to eat but not always the kinds of foods we should eat	29.7%	25.0%
Sometimes we could not afford enough to eat	3.7%	4.2%
Often we could not afford enough to eat	0.7%	0.7%

Child Food Insecurity: 2017–2021

Source: Feeding America, Map the Meal Gap

	2017	2018	2019	2020	2021
Indiana	17%	18%	15%	14%	13%
Kentucky/Illinois	16%	13%	12%	11%	11%
Michigan	16%	15%	14%	14%	13%
Ohio	20%	19%	17%	16%	15%

Healthy Habits

Establishing and maintaining healthy habits is crucial for girls' overall health and well-being, providing a foundation for physical, mental, and emotional development. Adequate sleep, balanced nutrition, and regular exercise are key components of a healthy lifestyle for girls. Sufficient sleep is essential for cognitive function, mood regulation, and physical growth during adolescence.[27] Nutritious meals that include a variety of fruits, vegetables, whole grains, and lean proteins support optimal growth and development, helping to prevent nutritional shortcomings and associated health problems.[28] Regular physical activity not only improves cardiovascular fitness and muscle strength but also boosts mood, reduces stress, and promotes healthy body image.[29, 30] Engaging in healthy habits from a young age sets positive patterns for the future, reducing the risk of chronic diseases later in life and fostering a lifelong appreciation for self-care and well-being. Educating girls about the importance of these habits empowers them to prioritize their health and equips them with the tools needed to thrive physically, mentally, and emotionally as they navigate adolescence and beyond.

- In 2021, 63.5% of female high school students in Indiana reported they drank at least one soda within the past week, which was 8.6-percentage points lower than the reported prevalence rate among male high school students.[31]
  - » Among students who reported drinking soda, there was a significant gap in the frequency of consumption between female students (15.7%) and male students (21.1%), with more males reporting drinking soda one or more times a day.
  - » 1 in 13 high school students, regardless of gender, reported they did not eat fruit or drink 100% fruit juice at least once in the last week.

- While there wasn't a significant gap between female (86.6%) and male (90.9%) high school students who reported being physically active for 60 minutes at least one day a week in 2021, disparities were found within the number of days reported.
  - » Only 1 in 10 female students (10.6%) reported they were active for an hour every day of the week, in contrast to over a quarter of the male student respondents (27.8%).
  - » 82.7% of female students reported having 3 or more hours per day of screen time, an 8-percentage point difference between male respondents (74.7%).

- In line with the student reported data, there wasn't a significant gap between caregivers reporting their female (89.8%) and male (93.7%) children that were physically active for 60 minutes at least one day a week. The biggest disparity found between the number of female children (16.9%) that were active every day and their male counterparts (26.4%).[32]

- There was a gap between female (56.9%) and male (61%) children in Indiana sleeping the age-appropriate hours daily; however, there was a larger gap found in comparison to the national rate (64.5%).[33]
  - » 1 in 7 female children (14.2%) sometimes or never adhere to a consistent bedtime on weeknights, consistent with the national rate.[34]
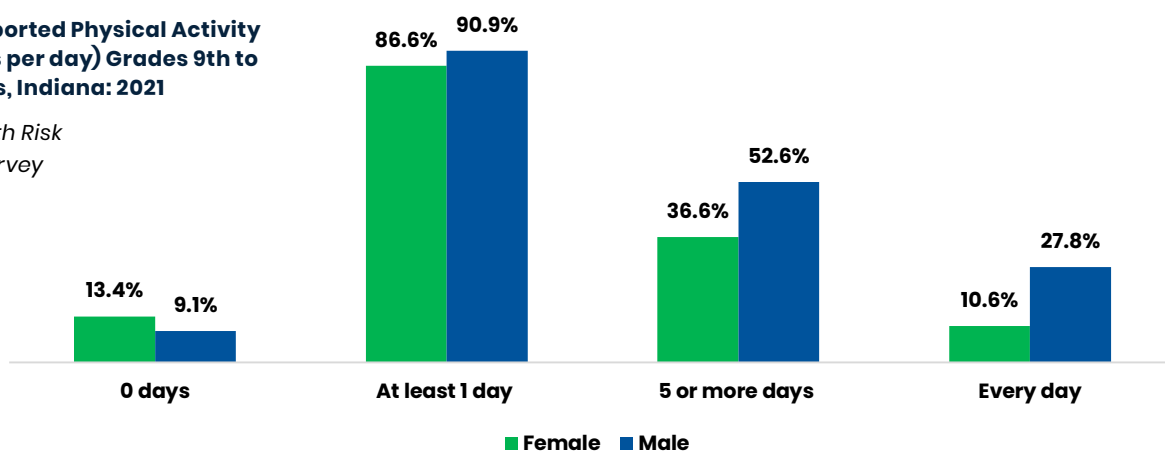
A Vignette from Girl Scouts

Girl Scout Macie was inspired by the global mental health crisis. She aimed to improve mental well-being. Through her research, she found that consuming the right nutrients fosters a growth mindset and enriches learning. She raised funds to provide more nutritionally dense foods for area schools – including a salad bar. She also partnered with these schools to launch "Fitness Friday" to promote healthy body image. The program gained popularity inspiring other schools to adopt similar initiatives.

Student Reported Physical Activity (60 minutes per day) Grades 9th to 12th by Days, Indiana: 2021

Source: Youth Risk Behavior Survey

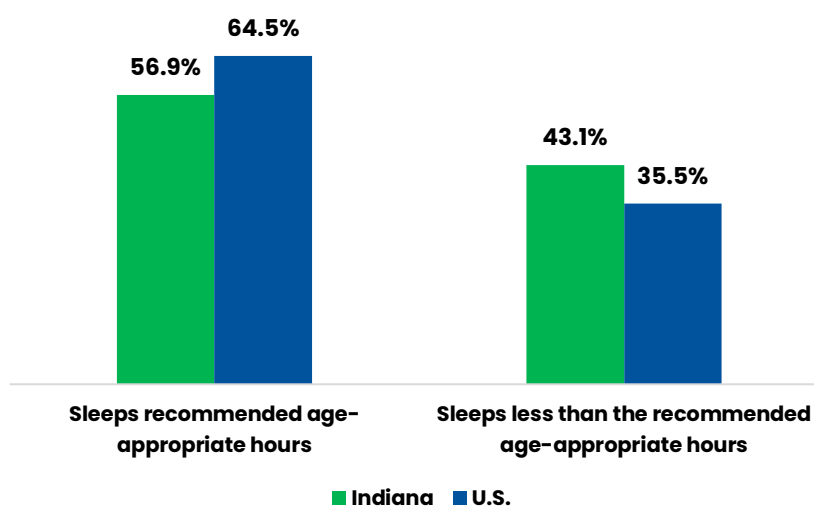|	0 days	At least 1 day	5 or more days	Every day
Female	13.4%	86.6%	36.6%	10.6%
Male	9.1%	90.9%	52.6%	27.8%

■ Female ■ Male

Caregiver Reported Physical Activity (60 minutes per day) for Children Under 18 by Days, Indiana: 2022

Source: National Survey of Children's Health

	0 days	1-3 days	4-6 days	Every day
Female	10.2%	43.4%	29.5%	16.9%
Male	6.3%	40.2%	27.1%	26.4%
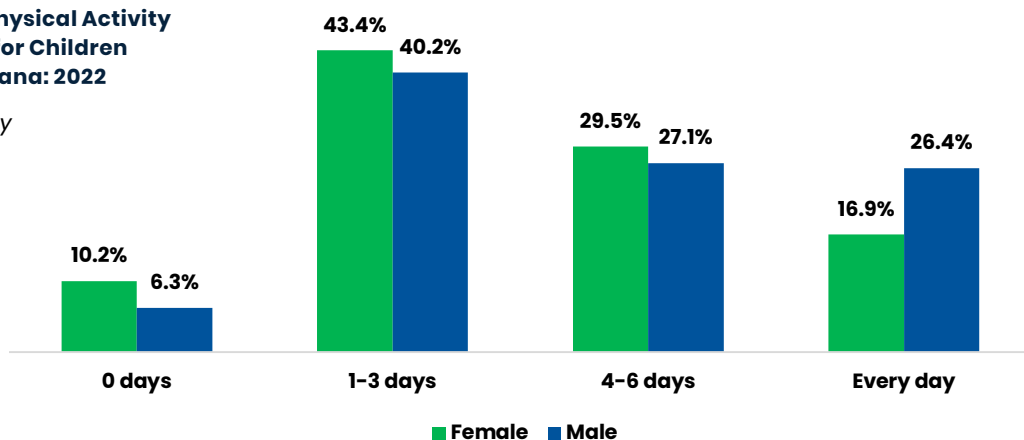
■ Female ■ Male

Female Children Age 4 months to 17 Years Receiving Adequate Sleep, Indiana: 2022

Source: National Survey of Children's Health

	Sleeps recommended age-appropriate hours	Sleeps less than the recommended age-appropriate hours
Indiana	56.9%	43.1%
U.S.	64.5%	35.5%

■ Indiana ■ U.S.

Academic Wellness for Girls

Why It Matters

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.

Academic Wellness

Education

- Early Education
- Kindergarten through 12th Grade Enrollment
- Academic Proficiency
- High School Graduation
- College and Career Readiness

Early Education

Despite the generally recognized benefits of early childhood education (ECE), less than half of girls (ages 3-4) in Indiana were enrolled in a Pre-Kindergarten program. Early childhood education plays an important role in fostering holistic development among children, with far-reaching implications for both the children enrolled in these programs and the communities who invest in ECE programs. Quality early childhood education enhances cognitive development, social skills, and emotional well-being in young children, setting a strong foundation for future learning and success. Research and reports have consistently shown that states and communities that invest in ECE programs see societal benefits such as postsecondary enrollment, increased employment, heightened earnings, and reduced crime among children enrolled in these programs.[35,36,37,38,39,40,41,42,43] The economic benefits continue far into the development of the child as they become a contributor to society. According to the latest available economic impact study from the Indiana Early Learning Advisory Committee, it is estimated that for every $1 invested in state-funded early learning programs, Indiana could anticipate a return of $3.83 to $4.[44] The societal benefits provided by early education may also help to close the equity gap among students from low-income families by fostering inclusivity, reducing disparities, and enhancing community engagement.

- In 2022, more than half of female children aged 3 to 4 years (57.7%) in Indiana were not enrolled in a Pre-Kindergarten program. While this rate is slightly lower than that of male children (58.6%), it remains higher than the national average (53.5%).[45]
  » Among the female children enrolled in Pre-K in Indiana, 55.7% were public programs and 44.3% were private, mirroring national trends.

- 70.5% of female children aged 3 to 5 years in Indiana met the criteria for school readiness, surpassing the national average (70.1%) and exceeding their male peers (51.6%).[46]
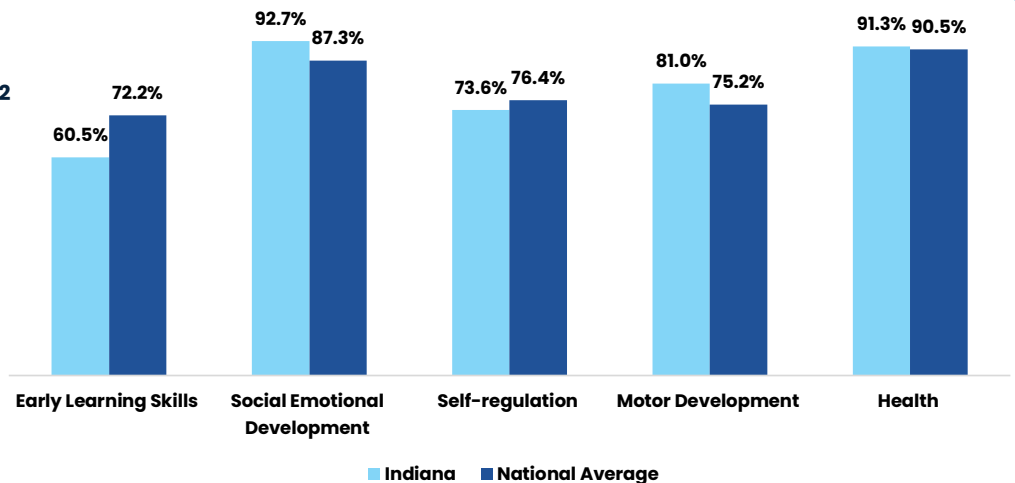
Children Age 3 to 4 Years Enrolled in a Pre-Kindergarten Program by Type, Indiana: 2022

Source: U.S. Census Bureau, ACS 1-Year Estimate B14003
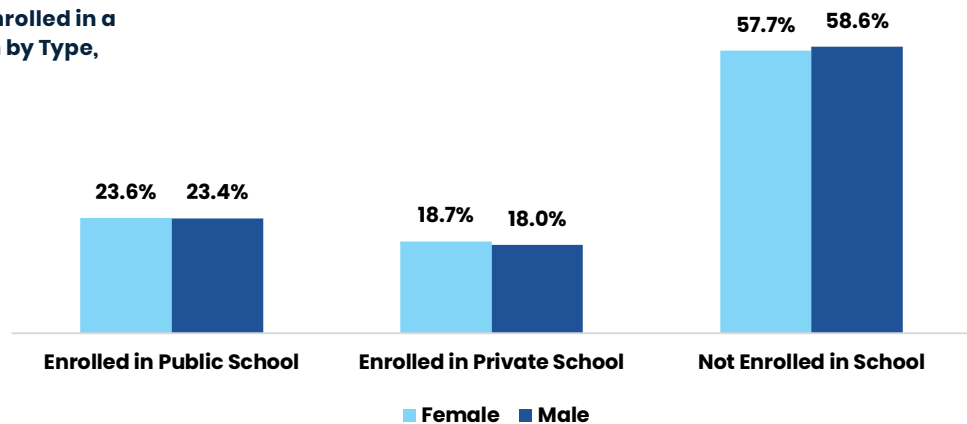
On-Track School Readiness for Female Children Age 3 to 5 Years by Domain, Indiana: 2022

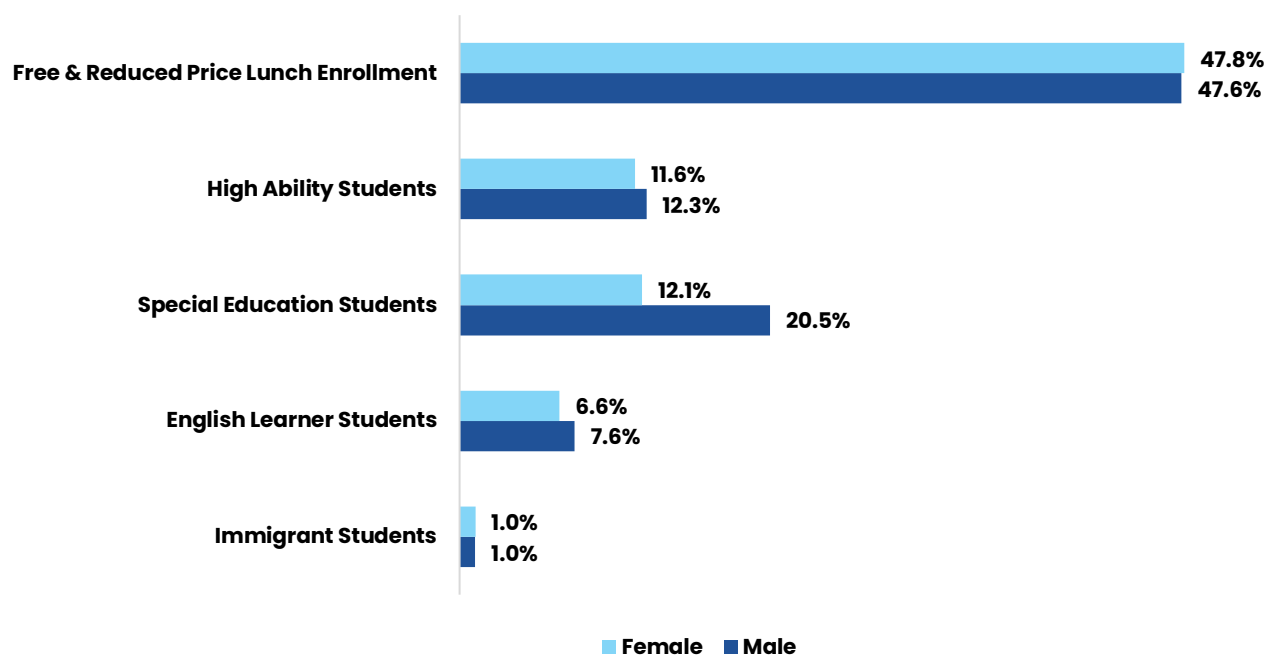*Source: National Survey of Children's Health*

Kindergarten through 12th Grade Enrollment

Girls comprised nearly half of the 1.09 million students enrolled in Indiana schools in the 2023 academic school year. School enrollment carries significant influence on academics and educational attainment for all students. Continued enrollment in school reduces the likelihood of students engaging in antisocial behavior, participating in substance use, and becoming delinquent. Understanding the demographics of enrolled students better enables teachers and communities to provide appropriate instruction and curriculum that may better meet student needs. Enrollment can also impact school funding distributions as state funding is determined by a formula that takes student enrollment into account. Recognizing that students from low-income families, single parent households, and communities of color often face barriers that impede continued attendance, this funding formula presents additional challenges to school districts that serve these populations.

- Out of the 1.09 million students enrolled in kindergarten through 12th grade in Indiana, almost half were girls (48.9%) in 2023 – in line with the previous school year.[47]
  - » Approximately 8.5% of female children aged 6 to 17 years in Indiana repeated a grade at some point in 2021-2022, nearly double the nationwide average (4.7%).[48]
  - » Nearly 1 in 5 Indiana parents (19.1%) of a female child aged 6 to 17 years reported their child was sometimes or never engaged in school in 2021-2022, both higher than the nationwide average (14.8%) and the four surrounding states, Illinois (11.2%), Kentucky (16.8%), Michigan (14.7%), and Ohio (14.4%).[49]

Kindergarten-12th Grade Student Enrollment, Indiana: 2023

Source: Indiana Department of Education

Category	Female	Male
Free & Reduced Price Lunch Enrollment	47.8%	47.6%
High Ability Students	11.6%	12.3%
Special Education Students	12.1%	20.5%
English Learner Students	6.6%	7.6%
Immigrant Students	1.0%	1.0%

■ Female ■ Male

Academic Proficiency

For girls in Indiana to be best prepared to meet their fullest potential throughout their life, they should be proficient in all facets of academic study. Students demonstrate proficiency when they can show that they have met or exceeded grade-level standards and expectations.[50] In Indiana and across the country, academic proficiency is measured throughout a student's academic career and generally includes English/Language Arts, Mathematics, Science, Social Studies, and Reading. Tests used to measure a student's proficiency may be administered across different grade levels to ensure that the student is retaining information from grade to grade and identify areas that may require remediation or intervention. New knowledge is seldom acquired in isolation and academic knowledge tends to compound, building upon the existing knowledge that students in Indiana have already acquired. This compounding nature of knowledge highlights the importance of assessing student proficiency across the arc of their academic journey as students who struggle to comprehend concepts early on are likely to continue to struggle as they progress through school. While differences may exist between boys and girls when it comes to learning styles, there should be no differences in academic proficiency between males and females. In Indiana however, we continue to see gender gaps in proficiency across all subjects, particularly in Math, Social Studies, and English Language Arts. Working towards expanded academic proficiency among all students not only better equips our students, but also promotes gender equity by challenging historic stereotypes and empowering girls to pursue diverse career paths.

- 84% of third-grade female students achieved the foundational reading standards assessed by the Indiana Reading Evaluation and Determination (IREAD-3), marking a decrease of over 6% from pre-COVID 2019 levels.[51]

- Nearly 45% of female students in grades 3rd through 12th demonstrated proficiency on the English/Language Arts Indiana's Learning Evaluation and Assessment Readiness Network (ILEARN) assessment - a 19% higher difference when compared to their male counterparts.[52]

- 38% of female students in grades 3rd through 12th attained proficiency on the Math ILEARN assessment, reflecting a 12% lower achievement than their male peers.[53]

- In 2022, Indiana had the second highest gender gap nationally between female (235) and male (243) students' NAEP Mathematics average scores for fourth graders, a notable jump from ninth position in 2019.[54]
  » For the same year, Indiana was ranked 32nd for the NAEP Mathematics average score gap between female (278) and male (279) eighth-grade students.

- The gender gaps observed in the Scholastic Aptitude Test (SAT) benchmarks for both the Evidence-based Reading and Writing, and Math assessments for the 2023 graduating cohort, reflect patterns similar to those seen in the ILEARN proficiency data.[55]

IREAD-3 Proficiency Rate, Indiana: 2019-2023
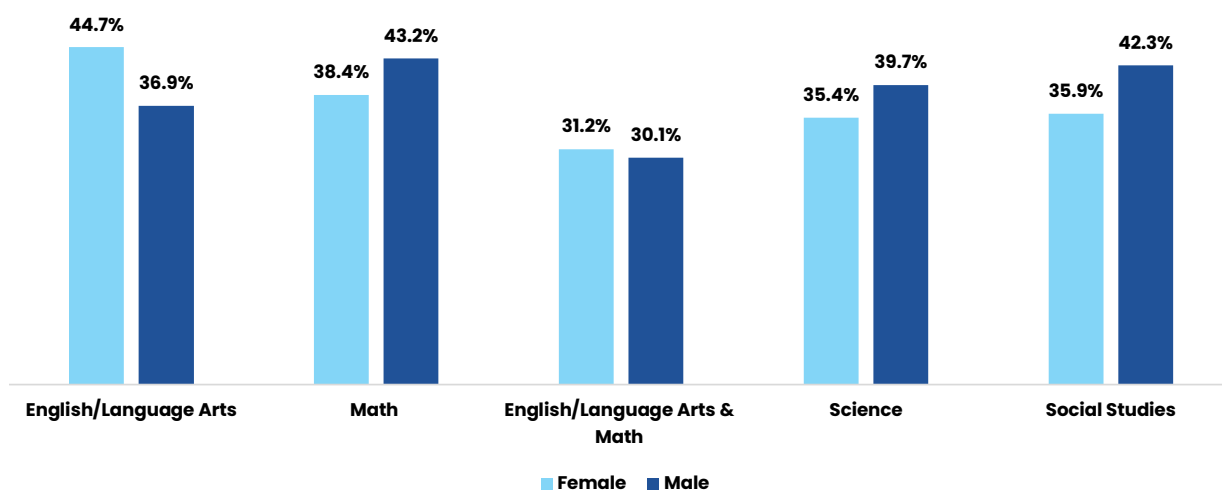
Source: Indiana Department of Education
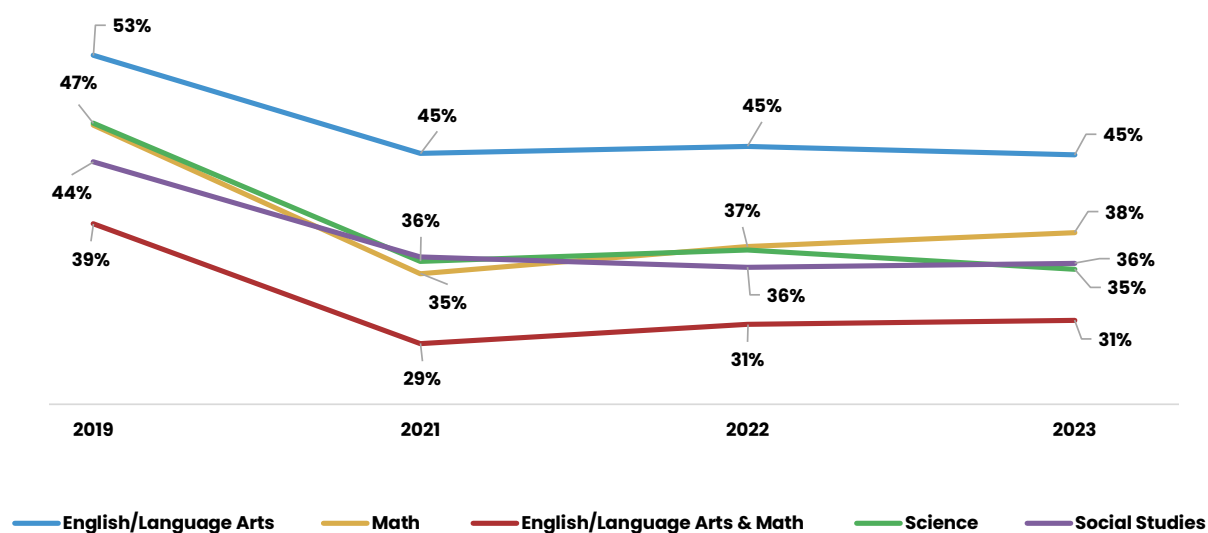
Note: IREAD-3 was canceled in 2020 due to the pandemic

	2019	2021	2022	2023
Female	89%	83%	84%	84%
Overall Proficiency	87%	81%	82%	82%
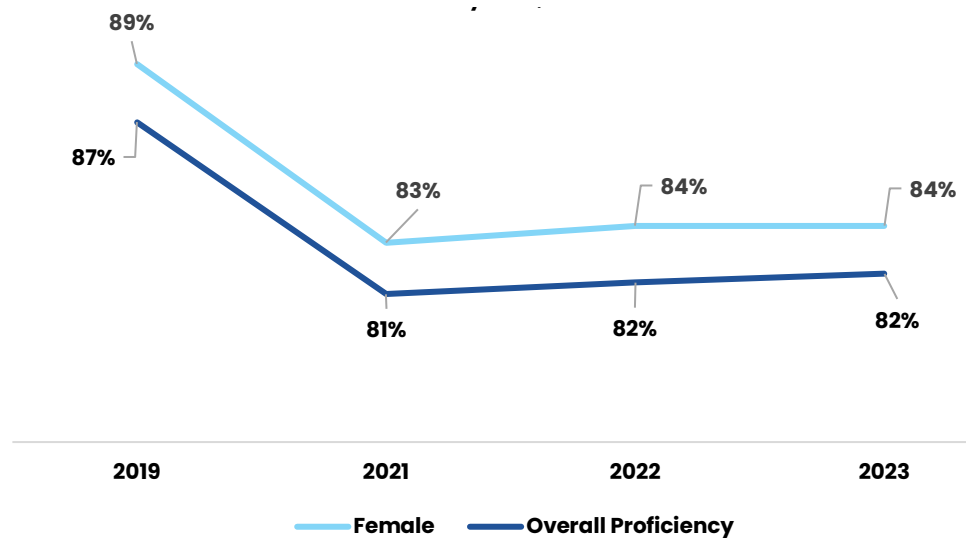
ILEARN Proficiency for Grades 3rd-8th by Subject, Indiana: 2022

Source: Indiana Department of Education

English/Language Arts: Female 44.7%, Male 36.9%
Math: Female 38.4%, Male 43.2%
English/Language Arts & Math: Female 31.2%, Male 30.1%
Science: Female 35.4%, Male 39.7%
Social Studies: Female 35.9%, Male 42.3%

■ Female ■ Male

ILEARN Proficiency for Female Students in Grades 3rd-8th by Subject, Indiana: 2019-2022

Source: Indiana Department of Education Note: ILEARN was canceled in 2020 due to the pandemic

English/Language Arts: 2019 53%, 2021 45%, 2022 45%, 2023 45%
Math: 2019 47%, 2021 35%, 2022 37%, 2023 38%
English/Language Arts & Math: 2019 39%, 2021 29%, 2022 31%, 2023 31%
Science: 2019 47%, 2021 36%, 2022 36%, 2023 36%
Social Studies: 2019 44%, 2021 36%, 2022 36%, 2023 35%

— English/Language Arts — Math — English/Language Arts & Math — Science — Social Studies

SAT at Benchmark for Grade 11 by Topic, Indiana: 2022

Source: Indiana Department of Education

Evidence-Based Reading and Writing: Female 53.7%, Male 47.3%
Math: Female 29.6%, Male 32.6%
Evidence-Based Reading and Writing & Math: Female 28.0%, Male 29.7%

■ Female ■ Male
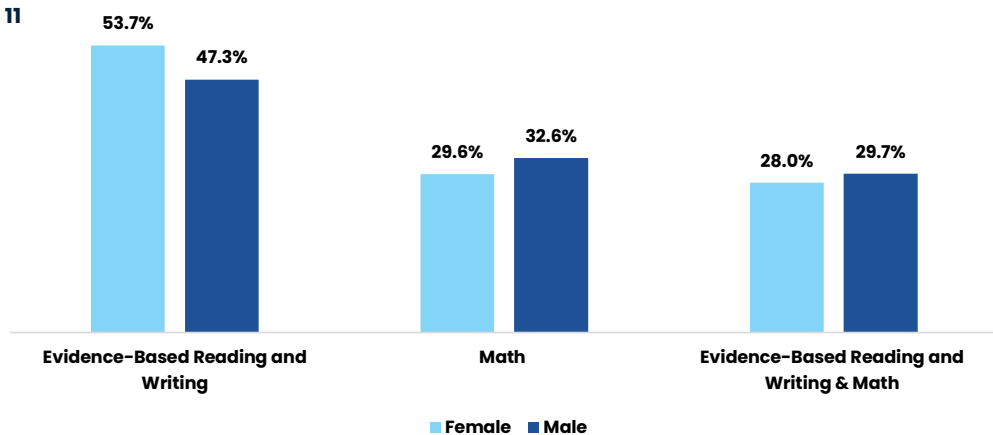
High School Graduation

While each individual student's future career or educational goals will vary, high school graduation should be a benchmark of success for all students in Indiana. While other factors outside of graduation can have effects on a student's outcomes, students who don't graduate from high school are more likely to experience outcomes that may negatively impact their long-term health. Examples of these outcomes include limited job opportunities, low wages, and as a result, living in poverty.[56] Comparatively, high school graduates are less likely to engage in criminal behavior or require social services and, on average, earn $9,204 more per year compared to those students without a high school diploma.[57] Both nationally and in Indiana, girls continue to graduate at higher rates than their male counterparts and within the state, girls tend to graduate with more advanced diplomas.

- The 2023 graduation rate for female students in Indiana (90.7%) not only exceeded the previous year's rate (88.8%) but also marked the highest rate since 2016 (90.8%).[58]
  - » Among the 37,043 female students who graduated in the 2023 Cohort, 43.9% received an Honors diploma of some type, a higher rate than their male peers (32.2%).

- In 2023, the dropout rate for female students (5.5%) in Indiana decreased from the previous year's rate (6.2%) and fell below the overall state dropout rate (6.6%).[59]
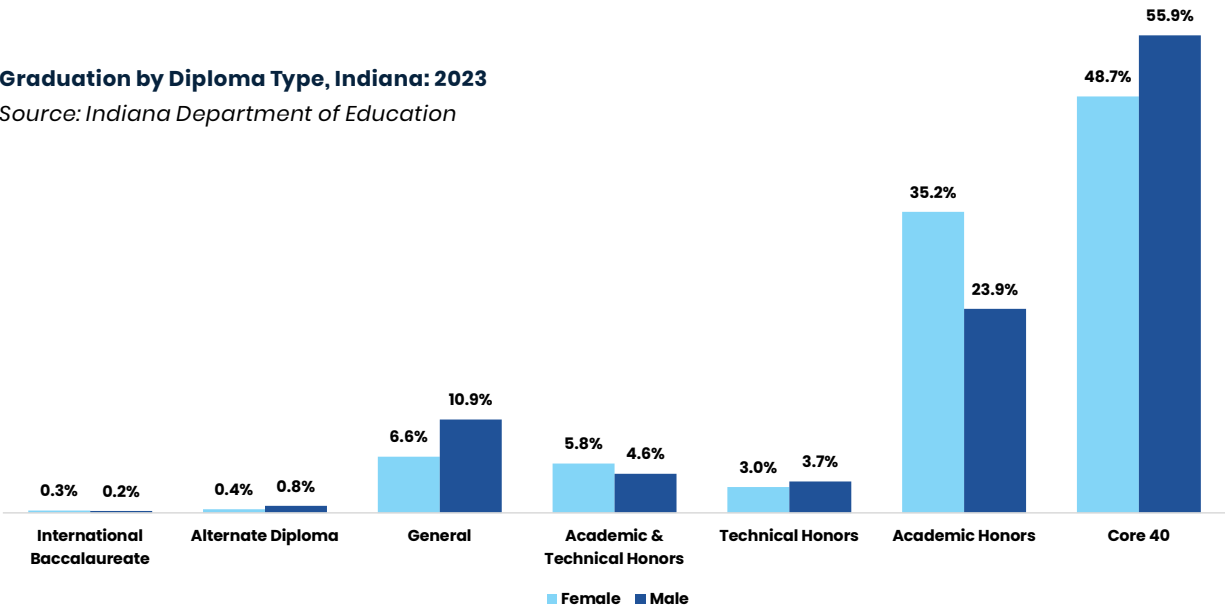
Graduation Rate for Female Students, Indiana: 2014–2023

Source: Indiana Department of Education
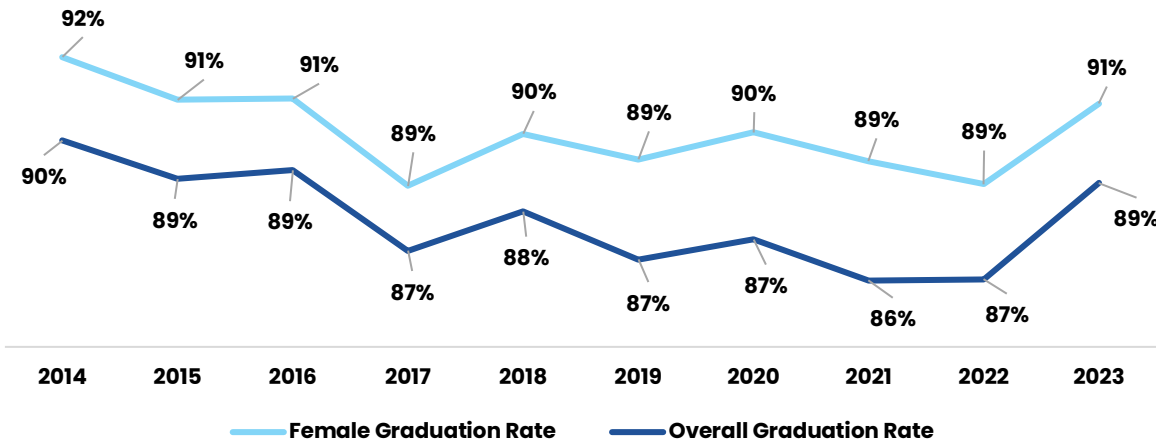
Graduation by Diploma Type, Indiana: 2023

*Source: Indiana Department of Education*

Research Call Out

Peers influence students' problem-solving skills and academic goals beyond the effects of teacher and parent.

Scales, P. C., Roehlkepartain, E. C., & Houltberg, B. J. (2022). The elements of Developmental Relationships: A review of selected research underlying the framework. Minneapolis: Search Institute. *www.searchinstitute.org*
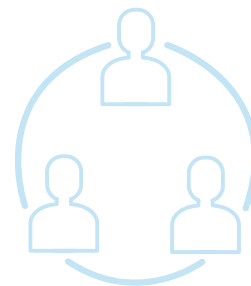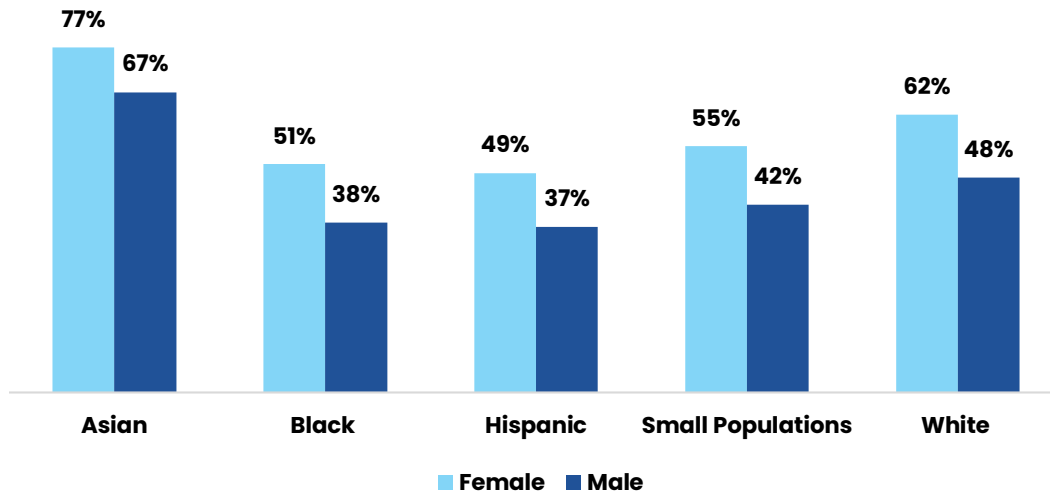
College and Career Readiness

In today's varied, competitive, and complex workforce, Indiana's youth's readiness for postsecondary education is a key factor in their transitional success into adulthood. That success can be built on four-year degrees, associated degrees, vocational training, certifications, and similar paths. This readiness for college and career can be accomplished through dual enrollment opportunities while still in high school, work-based learning opportunities, and intentional career advising and navigation from knowledgeable and trusted adults. Although college may not be the right option for every student, college often provides incredible value such as higher wages, lower unemployment, and greater resilience against recessions.[60] The benefits of postsecondary education are not only economic, as exploring purpose and passion in a career can also provide value. For girls in Indiana that might be interested in pursuing degrees in the Science, Technology, Engineering, and Math (STEM) fields, many don't view those pathways as potential careers. The Girl Scouts and Indiana Youth Institute have both highlighted the need for accessibility and attainability of STEM professions for girls, ensuring that all aspiring youth, including young girls, can see themselves in these careers.

- Across all races and ethnicities, female students (60%) in Indiana exhibit a greater likelihood of pursuing college immediately after completing high school than their male peers (46%).[61]
  - » The college enrollment rates for both female students and overall have shown a consistent decline since 2015.
  - » The average Freshman year GPA for female students (2.8) for the 2021 Cohort enrolled in an Indiana Public College surpassed the average for male students (2.7) and remained consistent with the GPA trends found in the last four cohorts.

- Among female students aged 18 to 24 years in 2022, the most popular declared program area was Health (29.3%), indicating a gap of 22.9% compared to male student enrollments (6.4%).[62]
  - » In the same year, the second most notable gender enrollment gap was observed in Science, Technology, Engineering, and Math (STEM) programs, where only 11.7% of female students aged 18 to 24 were enrolled, in contrast with the 31.7% enrollment rate among their male peers.

- In 2022, female students outperformed their male counterparts in graduation rates by over 3 percentage points, whether completing their degrees on time or within an extended timeframe.[63]

College Enrollment by Race/Ethnicity, Indiana: 2021 Cohort

Source: Indiana Commission for Higher Education

Race/Ethnicity	Female	Male
Asian	77%	67%
Black	51%	38%
Hispanic	49%	37%
Small Populations	55%	42%
White	62%	48%

Legend: ■ Female ■ Male

College Enrollment Rate, Indiana: 2015 Cohort–2021 Cohort

Source: Indiana Commission for Higher Education

Cohort	Female College Enrollment	Overall College Enrollment
2015 Cohort	70%	65%
2016 Cohort	69%	64%
2017 Cohort	69%	63%
2018 Cohort	68%	61%
2019 Cohort	65%	58%
2020 Cohort	61%	53%
2021 Cohort	60%	46%

Legend: — Female College Enrollment — Overall College Enrollment
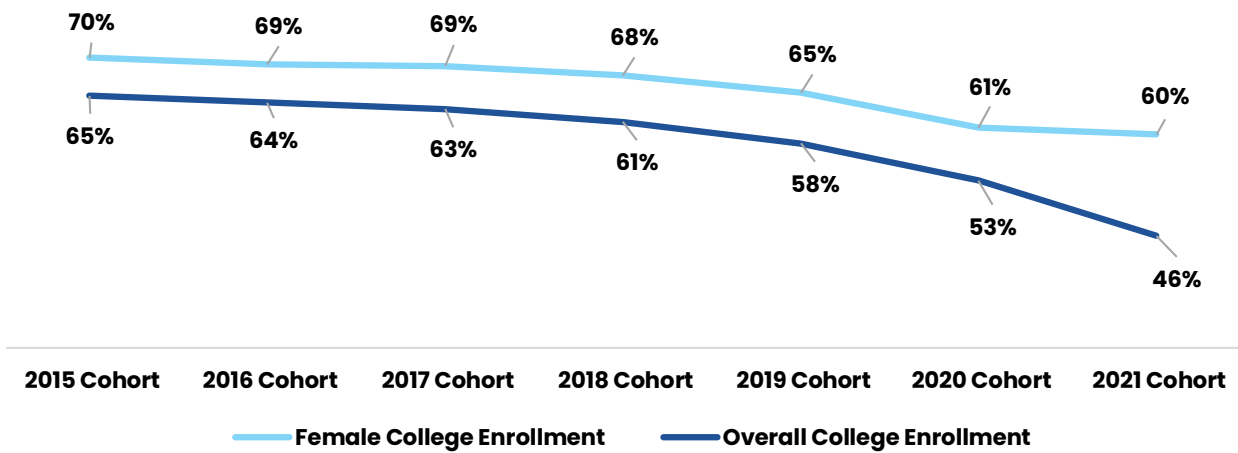
College Enrollment by Declared Program Area, Indiana: 2022

Source: Indiana Commission for Higher Education

Program Area	Female	Male
Health	29.3%	6.4%
Business and Communications	18.2%	23.7%
Arts and Humanities	16.4%	13.8%
Education	10.4%	2.7%
Social and Behavioral	10.4%	6.6%
Science, Technology, Engineering, and Math (STEM)	11.7%	31.7%
Trades	3.7%	15.2%

Female **Male**
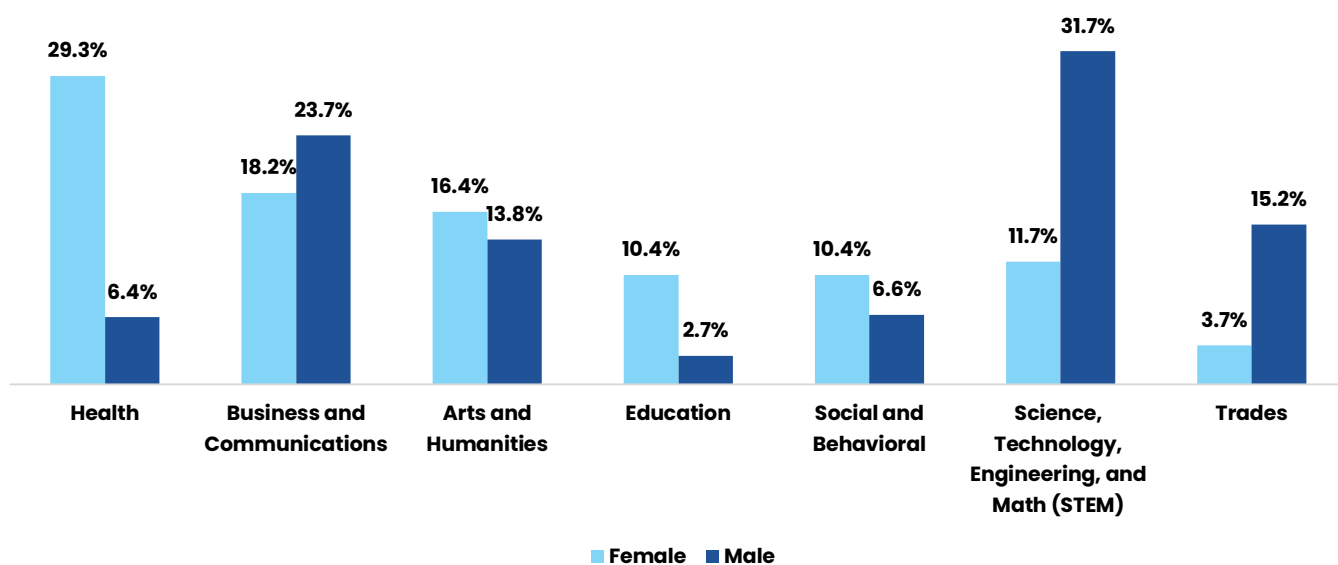
College Completion, Indiana: 2022

Source: Indiana Commission for Higher Education

	Female	Male
On-time (4 years)	48.7%	45.6%
Extended time (6 years)	69.1%	65.6%

Female **Male**
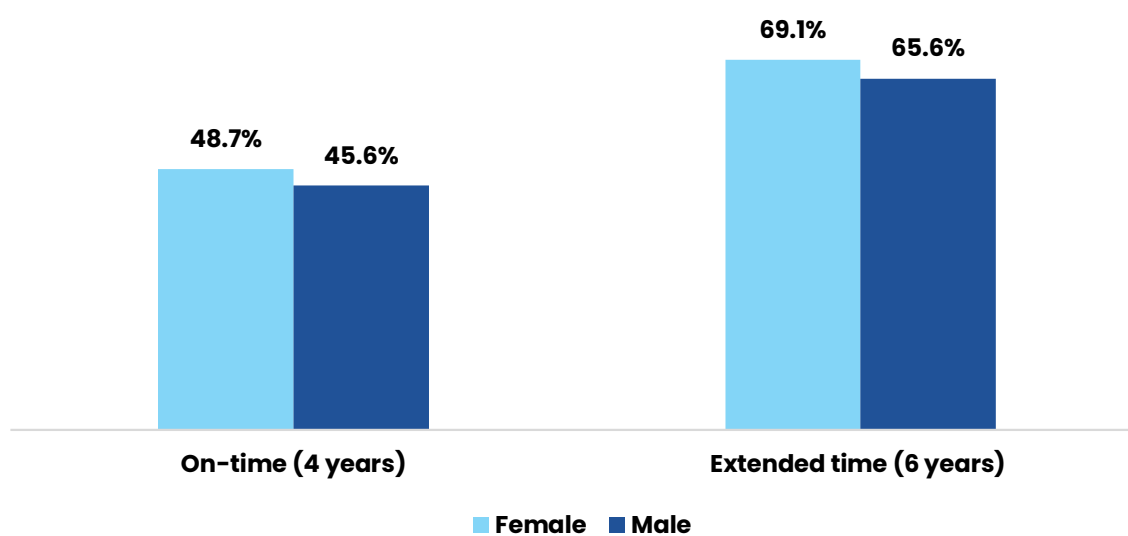
Emotional Wellness for Girls

Why It Matters

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.

Emotional Wellness

Family & Community
Neighborhood Safety and Support

Mentorship and Support Systems

Education
Bullying

Health
Mental Health and Suicide
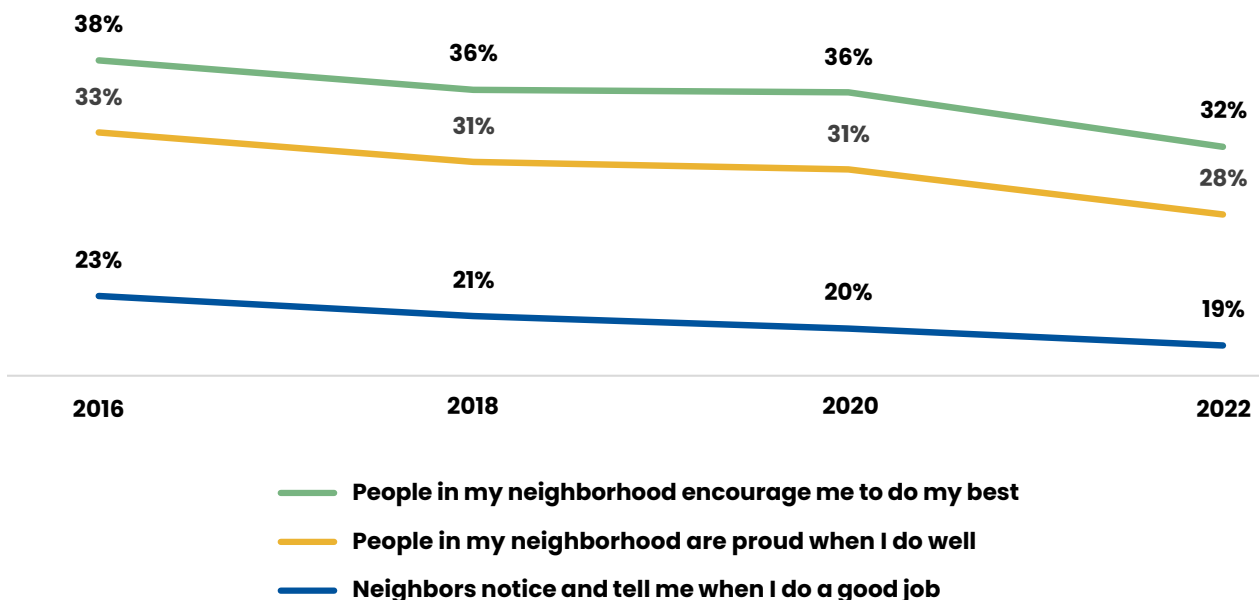
Body Image and Eating Disorders

Neighborhood Safety and Support

In 2022, compared to previous years, fewer girls felt like the people in their neighborhoods were supportive of them and noticed when they did a good job.[64] The communities and neighborhoods that girls live in can play pivotal roles in influencing the experiences they have growing up as well as later-life outcomes. A child's need for a safe, suitable, and nurturing environment extends past the walls of their home and into the community. Neighborhoods can be either protective or risk factors in a child's life, depending on the overall safety of the neighborhood and surrounding community. If a neighborhood is considered unsafe, a child living in that community is more likely to encounter abuse, neglect, and other adverse childhood experiences (ACEs). When a neighborhood has sufficient housing, access to basic needs like clean water, sidewalks, reduced crime, and recreational opportunities, these factors can reduce health inequities and improve the physical, cognitive, and emotional outcomes throughout a child's life.[65] While neighborhoods can have impacts, positive or negative, on a child's health, not all girls in Indiana live in what would be considered a traditional neighborhood. According to the 2020 Census data compiled by Purdue, just over half of Census blocks in Indiana are considered rural.[66] Even in these rural communities that may lack traditional neighborhoods, it's important that community members provide girls with a safe and supportive environment to live and grow up in.

- In 2022, 67.8% of the female students in Indiana, spanning grades 7 through 12, reported feeling that there were no people in their neighborhood who encouraged them to do their best, resulting in a 3.6-percentage point increase from the previous survey year of 2020 (64.2%).[67]

- 1 in 10 female children under 18 (10.8%) lived in a neighborhood that lacked amenities such as parks, recreation centers, sidewalks, or libraries in 2022, aligning with the national rate of 10.3%.[68]
  » Nearly 1 in 5 female children lived in a neighborhood with a detracting element such as rundown housing, garbage-lined sidewalks, or vandalism, which was lower than the national rate (24.2%).[69]

- 34.2% of female children under 18 did not reside in a supportive neighborhood in 2022, which was both lower than the national rate (44.9%) and that of male children under 18 (39.7%).[70]

- 3 in 4 Hoosier parents with female children under 18 reported they felt their child lives in a safe neighborhood, which was higher than the national rate (65.3%) and that of male children (67.4%).[71]

Female Students in Grades 7th-12th Reported Neighborhood Perceptions, Indiana: 2022

Source: Prevention Insights, Indiana Youth Survey

Legend:
— People in my neighborhood encourage me to do my best
— People in my neighborhood are proud when I do well
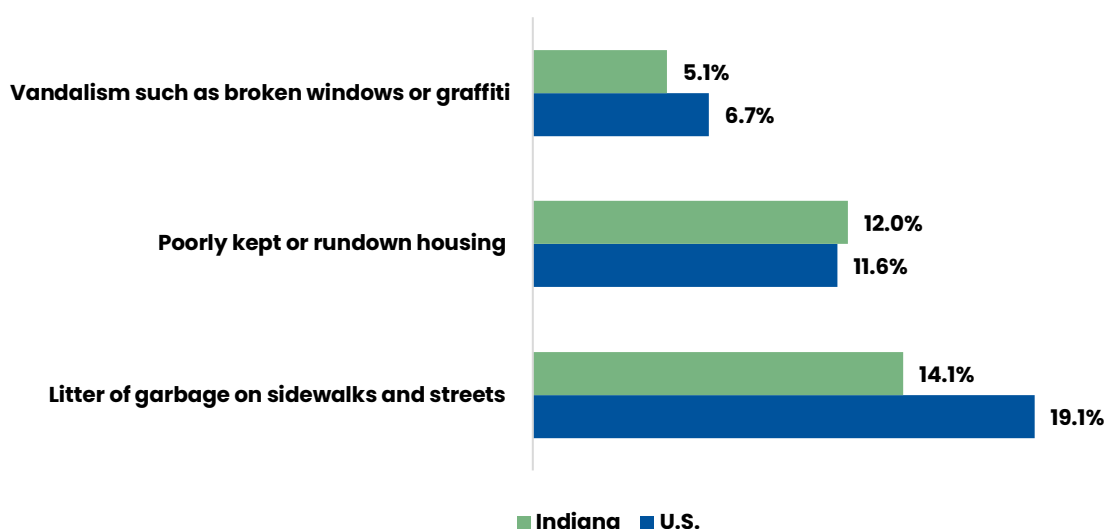— Neighbors notice and tell me when I do a good job

A Vignette from Girl Scouts

Girl Scout Abigail earned her Gold Award for Fighting Back with Confidence. She noticed an issue with people, especially girls and women, feeling unsafe in their neighborhoods. She created the Fight Back with Confidence program to educate people on self-defense strategies, allowing people to feel safer and defend themselves, if ever necessary.
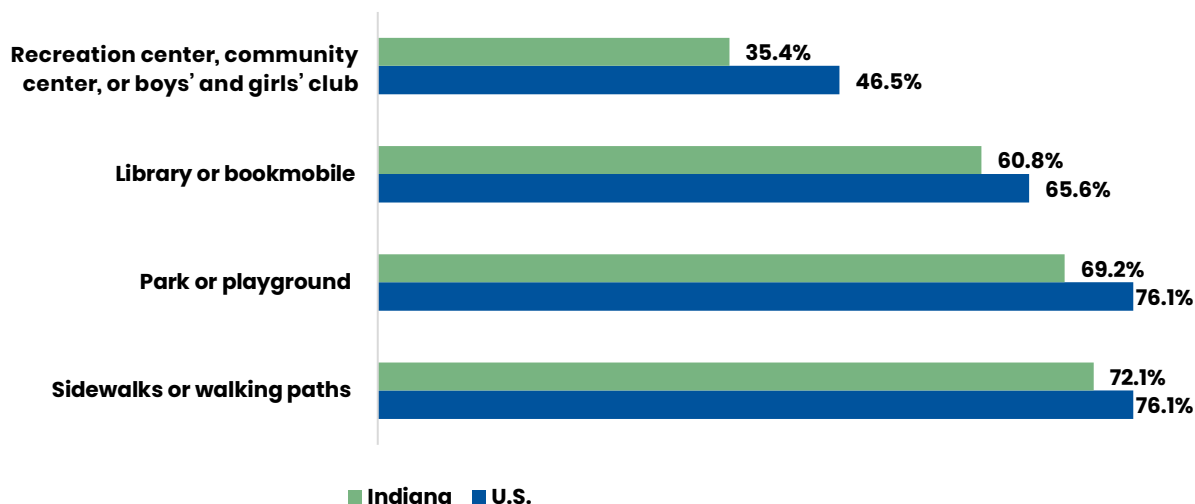
Detracting Neighborhood Elements Present for Female Children Under 18, Indiana: 2022

Source: National Survey of Children's Health

Element	Indiana	U.S.
Vandalism such as broken windows or graffiti	5.1%	6.7%
Poorly kept or rundown housing	12.0%	11.6%
Litter of garbage on sidewalks and streets	14.1%	19.1%

Indiana ■ U.S.

Neighborhood Amenities Present for Female Children Under 18, Indiana: 2022

Source: National Survey of Children's Health

Amenity	Indiana	U.S.
Recreation center, community center, or boys' and girls' club	35.4%	46.5%
Library or bookmobile	60.8%	65.6%
Park or playground	69.2%	76.1%
Sidewalks or walking paths	72.1%	76.1%

Indiana ■ U.S.

Mentorship and Support Systems

Throughout their lives, girls and boys need guidance, instruction, and investment from dependable and committed adults. For many children, this role is filled by a family member or members who are engaged or involved in their child's life but can also be adults outside of a child's family. The vast majority (90%) of girls in Indiana have indicated that they have a support system outside of their parents or caregivers.[72] Quality mentors outside of a child's family members can expand an existing support system or fill the gap for those who don't already have family involvement. Quality mentoring programs include the presence of a non-parent adult that provides youth with support and guidance, and upholds standards in recruitment, screening, training, matching and initiating, monitoring and support, and closure of the relationship. Quality mentors help youth know that someone cares about them and provide a support system for children as they deal with challenges.

In addition to mentors, adults that children trust and provide critical support, are made up of a variety of positions: a family friend, a teacher, a counselor, or a coach. For girls who have limited connections with those adults outside of school, critical staff positions like school counselors, social workers, psychologists, and nurses play an important role in providing necessary resources. While access to outside sources of support are important, the support provided from family members can serve as a critical foundation in the well-being of kids. Relatives, coaches, Girl Scout troop leaders, and mentors all play different and important roles in making sure that girls feel loved, encouraged, empowered, and supported. When children are surrounded by a strong support network utilizing all these roles, the results can have immediate impacts on a child's life. The presence of a robust support system is linked to benefits in academics, social well-being, and career opportunities while providing protection against the harmful effects of bullying, poor mental health, eating disorders, and suicidality – all which girls tend to experience with greater frequency than boys.

- In 2022, 9 in 10 female children aged 6 to 17 years in Indiana had an adult mentor at school, in their neighborhood, or within the community, whom they could rely on for advice or guidance beyond their parents or caregivers.[73]

- In 2022, 22.9% of the female students in Indiana, spanning grades 7 through 12, indicated having limited opportunities for one-on-one interactions with teachers in their schools, which has consistently increased since 2016 (21.6%).[74]

Student to Support Staff Ratio, Indiana: 2022–2023			
	Professional Recommendation	**2022 School Year**	**2023 School Year**
School Counselors	250:1	624:1	536:1
School Social Workers	250:1	2,788:1	2,786:1
School Psychologists	500–700:1	2,699:1	2,663:1
School Nurses	750:1	959:1	1,016:1

Source: Indiana Department of Education, American School Counselor Association, School Social Work Association of America, National Association of School Psychologists, National Association or School Nurses
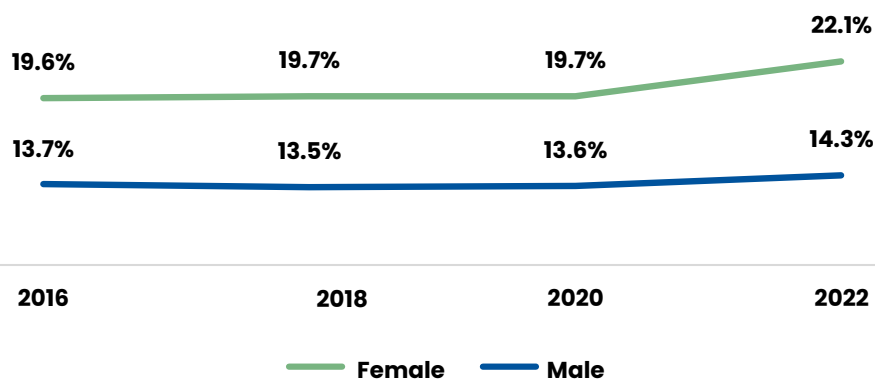
Female Children age 6 to 17 Years Lacking an Adult Mentor: 2022

Source: National Survey of Children's Health

12.0%

15.5%

15.5%

9.3%

6.1%

6.1%

12.9%
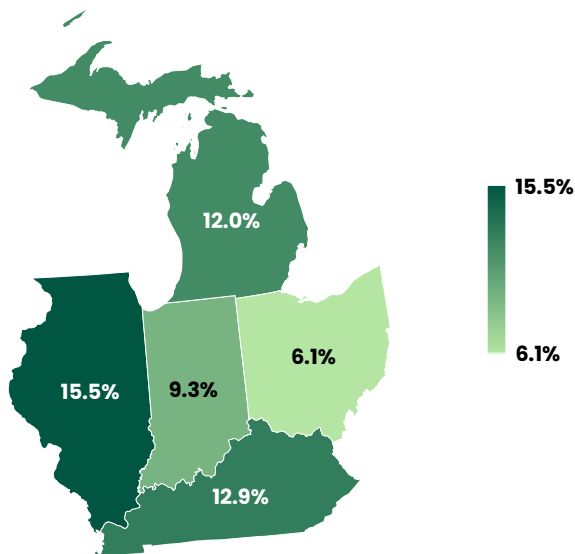
Students in Grades 7th-12th Reported they Couldn't ask their Parents for Help, Indiana: 2016-2022

Source: Prevention Insights, Indiana Youth Survey

19.6% 19.7% 19.7% 22.1%

13.7% 13.5% 13.6% 14.3%

2016 2018 2020 2022

— Female — Male

Research Call Out

Research increasingly suggests that young people need to be embedded in a web of relationships of varying depth and intensity across the broad ecology of their lives, while still having a small number of perhaps 3-5 "anchor" relationships on whom they can really depend.

Source: Scales, P. C., Roehlkepartain, E. C., & Houltberg, B. J. (2022). The elements of Developmental Relationships: A review of selected research underlying the framework. Minneapolis: Search Institute. www.searchinstitute.org

A Vignette from Girl Scouts

Brieanna, a Girl Scout, set out on a mission to help other girls make new friends. She created her own website to help girls, who may be shy, find confidence to start conversations with others and make friends.

As part of her Gold Award project, Sarah created lessons for kids to showcase the importance of online safety. Sarah says she has a strong interest in online security and hopes her lessons will continue to bring awareness to local kids and help them stay safe online.

Bullying

Bullying is common for many Indiana youth and includes overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner, physical acts, aggression, or any other behaviors, that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student and create for the targeted student an objectively hostile school environment. Although bullying reportedly decreased during the height of the COVID-19 pandemic,[75,76] it remains a prevalent experience in the lives of many students, regardless of gender. However, girls and boys experience bullying differently, exhibiting differing responses and coping mechanisms.

Cyberbullying, or bullying that takes place on electronic platforms (i.e. Snapchat, Instagram, TikTok, texting), has shifted the way that both girls and boys engage in and respond to bullying. Little evidence exists to quantify the extent of cyberbullying and its effects on victims due to issues in capturing data and the many ways individuals can engage in cyberbullying. A study from 2017 suggests, however, that cyberbullying has more extensive consequences than traditional in-person bullying.[77] This is likely due in part to the widespread reach of cyberbullying and prevalence of digital devices and platforms used by youth, causing victims to feel that there is no escape from abuse, compared to the physical reprieve that can be available from traditional bullying. Before cyberbullying emerged, girls engaging in bullying behavior would typically, though not exclusively, engage in indirect or relational bullying. Indirect bullying generally manifests as verbal abuse, gossip, and rumors, resulting in the victim becoming an outcast among social groups. This type of bullying is often disguised through passive-aggressive behavior and can be difficult to identify – as this behavior manifests in digital spaces, it is made even more difficult by the anonymity provided by cyberbullying.
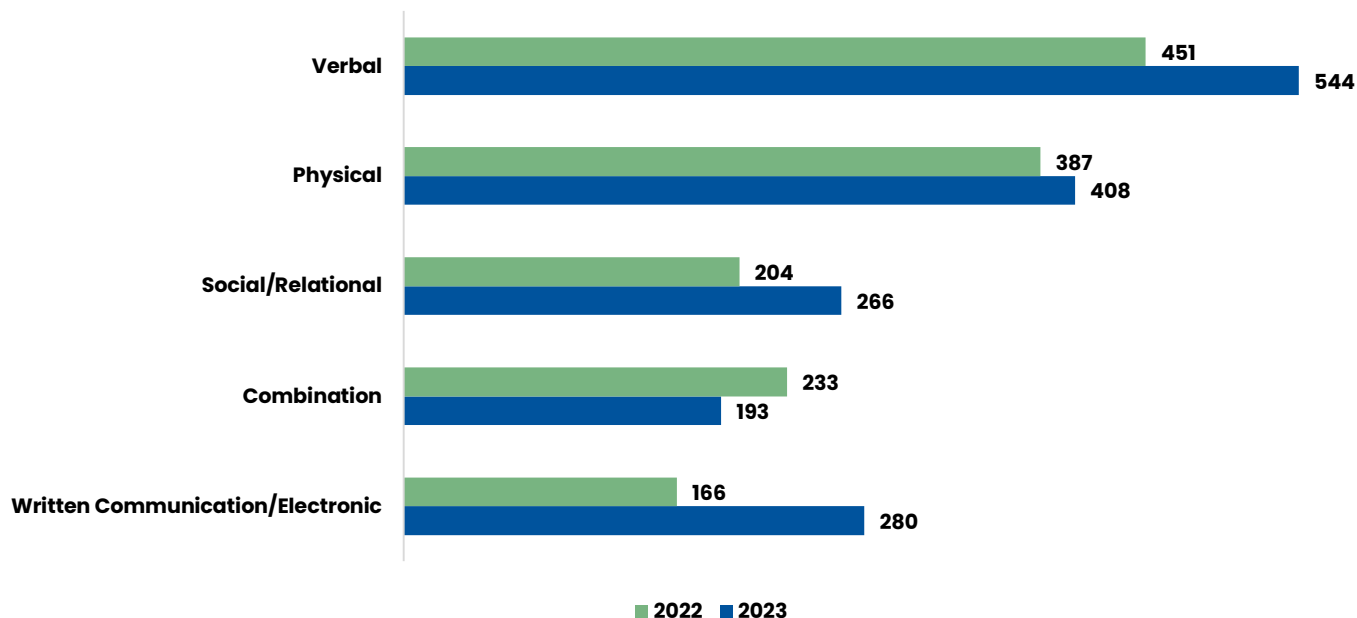
Just as girls and boys engage in bullying behavior differently, they handle the impacts of being bullied differently too. As girls tend to practice relational bullying more, victims of such bullying tend to have more wide-ranging consequences compared to youth experiencing physical or verbal bullying. Because relational or indirect bullying is intended to ostracize an individual or individuals, victims can often experience not only emotional distress, but social and academic implications as well. As victims of bullying begin to feel more and more removed from society and friend groups, they might also withdraw from academic opportunities and rely less on their social safety net. Ultimately, female bullying victims are more likely to develop emotional disturbances such as decreased mental health and eating disorders.[78, 79, 80]

- In 2022, caregivers in Indiana reported that 43% of their female children aged 6 to 17 had experienced bullying, harassment, or exclusion within the previous 12 months. This rate exceeded their male counterparts (38%) and the national average of 39%.[81]

- From 2022 to 2023, there was an increase in four of the five types of bullying incidents and the overall number of bullying incidents among female students in kindergarten through 12th grade in Indiana.[82]
  » Among all reported bullying incidents, only one-third were for female students.

- In 2022, 3 in 4 female children (74.8%) aged 6 to 17 years in Indiana experienced difficulty making or keeping friends when compared to other children their age, aligning closely with the national average (74.9%).[83]

- 1 in 4 female students (26.8%) in 7th through 12th grade in Indiana reported feeling generally unsafe at their school in 2022, a figure higher than that of their male peers (20.7%) and indicating an increase from previous survey year (21.9%).[84]

Reported Bullying Incidents for Female Students in Grades K–12th, Indiana: 2022–2023

*Source: Indiana Department of Education*

Category	2022	2023
Verbal	451	544
Physical	387	408
Social/Relational	204	266
Combination	233	193
Written Communication/Electronic	166	280

■ 2022 ■ 2023

Female Children age 6 to 17 Years Bullied Within Past 12 Months: 2022

Source: National Survey of Children's Health

44.9%
35.5%

Michigan: 44.9%
Illinois: 40.5%
Indiana: 43.0%
Ohio: 35.5%
Kentucky: 40.9%
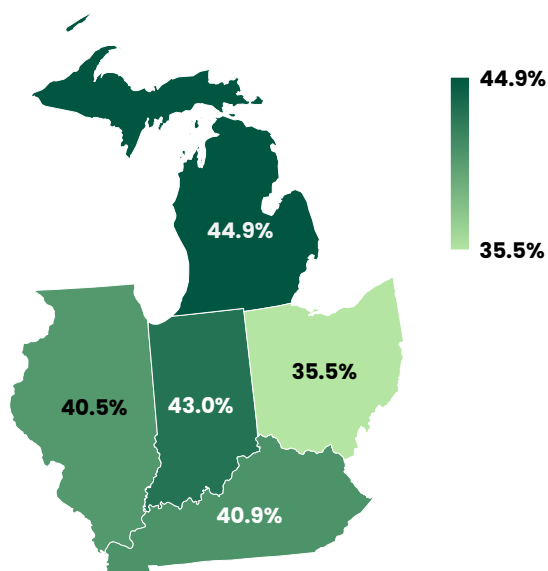
Female High School Students Who Were Electronically Bullied: 2021

Source: Youth Risk Behavior Survey

28.0%
22.1%

Michigan: 22.3%
Illinois: 23.6%
Indiana: 22.1%
Ohio: 28.0%
Kentucky: 22.9%
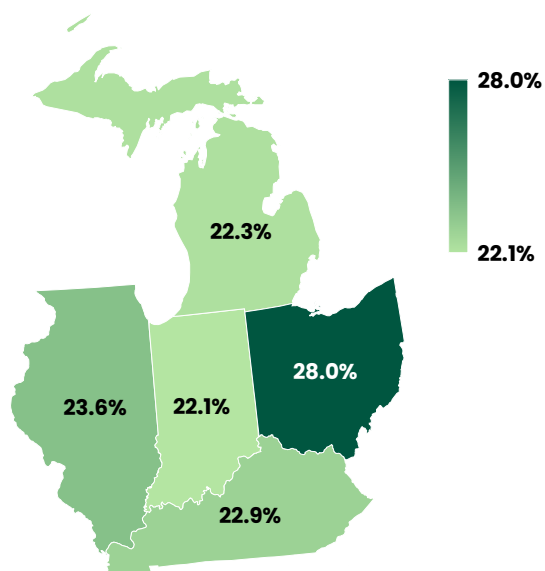
A Vignette from Girl Scouts

"Emily" is a ten-year-old white girl from the suburbs of Indianapolis who attends Girl Scout camp. During one of her camp sessions, a visiting organization came to speak with campers about their experience at the session. Emily was selected for an interview, where she courageously shared that she is terribly bullied at school. She explained that she has no friends there, but at Girl Scout Camp, it's a different story. Every time she comes to camp she feels a deep sense of belonging. Everyone at camp is her friend, and nobody is mean to her. Girl Scouts is the place where she feels safe, she can be herself, and knows she won't be judged. This supportive environment has made Girl Scout camp a sanctuary for Emily, a place where she thrives and feels accepted.

Mental Health and Suicide

Girls, especially teenage girls, are more likely to develop mental illnesses like depression and anxiety. Girls and boys process emotional stimuli differently and because girls typically undergo puberty and emotional maturity earlier than their male counterparts, they not only are placed at a higher risk of experiencing depression, but at earlier ages.[85] This heightened risk applies to most girls, even without external factors such as bullying and trauma. When factors like bullying and trauma are present in girl's lives however, the risk and manifestation of mental health disorders increases, as many adolescents have yet to fully develop healthy coping methods and regulation while in high school. Trauma is often defined and perceived differently across cultures and fields of study. A clear but encompassing definition of trauma is an event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm. The event or circumstance also has lasting adverse effects on the individuals' mental, physical, and emotional health, as well as their social and spiritual well-being.[86] While continued research is needed to fully understand the differences in how traumatic experiences impact boys and girls, some studies show that trauma affects boys and girls differently, placing girls at higher risk for increased mental health problems and disorders.[87, 88, 89]

- In 2022, 1 in 8 female children aged 3 to 17 in Indiana received treatment or counseling from a mental health professional, a rate higher than their male counterparts (9%).[90]
  » Among female children requiring mental health care, 3.6% did not receive the necessary treatment or counseling, only slightly surpassing the rate for males (3.3%).

- More than half (51.3%) of caregivers with female children between the ages 3 to 17 years reported they experienced difficulties in finding the necessary mental health treatment or counseling their child needed, which was both lower than the national rate (55.7%) and that of male children under 18 (61.6%).[91]

- In 2022, female students in 7th through 12th grade in Indiana were twice as likely as their male peers to report several mental health issues such as feeling sad or hopeless for over 2 weeks, seriously considering suicide, and making a plan about how to attempt suicide.[92]

A Vignette from Girl Scouts

Many girls, especially middle and high school girls, are experiencing mental health challenges. Girl Scouts across the state have identified the need for additional mental health supports and stepped up to build solutions.

As part of her Gold Award project, Nicole created an online webinar to present to middle and high school aged girls about stress as well as healthy ways to manage and cope with stress. Nicole says the pandemic made people feel like they were under a lot of stress and she wanted to help.

Megan found that COVID-19 had a negative impact on people's mental health in her community. She sought to spread positivity throughout her community by sending uplifting messages and creating a website with necessary mental health information and resources In total, Menga sent out more than 650 handwritten notecards with positive quotes on them.
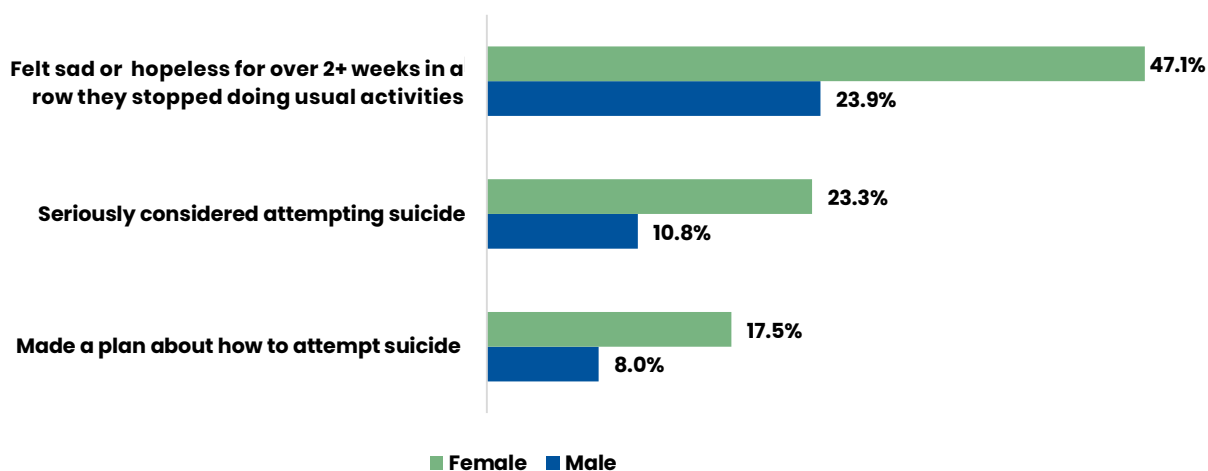
Children Age 3 to 17 Years Receiving Mental Health Treatment or Counseling, Indiana: 2022
*Source: National Survey of Children's Health* Counseling, Indiana: 2022

12.8% 9.0% 3.6% 3.3%

Yes | No, but needed to.

■ Female ■ Male
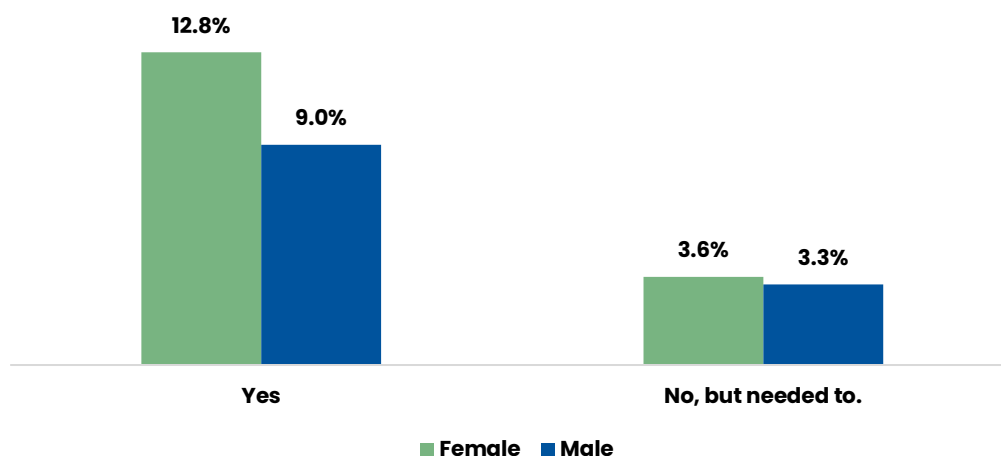
Students in Grades 7th-12th Reported Mental Health, Indiana: 2022
Source: Prevention Insights, Indiana Youth Survey

Felt sad or hopeless for over 2+ weeks in a row they stopped doing usual activities — 47.1% / 23.9%

Seriously considered attempting suicide — 23.3% / 10.8%

Made a plan about how to attempt suicide — 17.5% / 8.0%

■ Female ■ Male

Suicide Deaths by Age Group, Indiana: 2022
Source: Indiana Department of Health

Suicide Deaths (0 to 17 Years): 7 / 26
Suicide Deaths (18 to 24 Years): 25 / 85

■ Female ■ Male
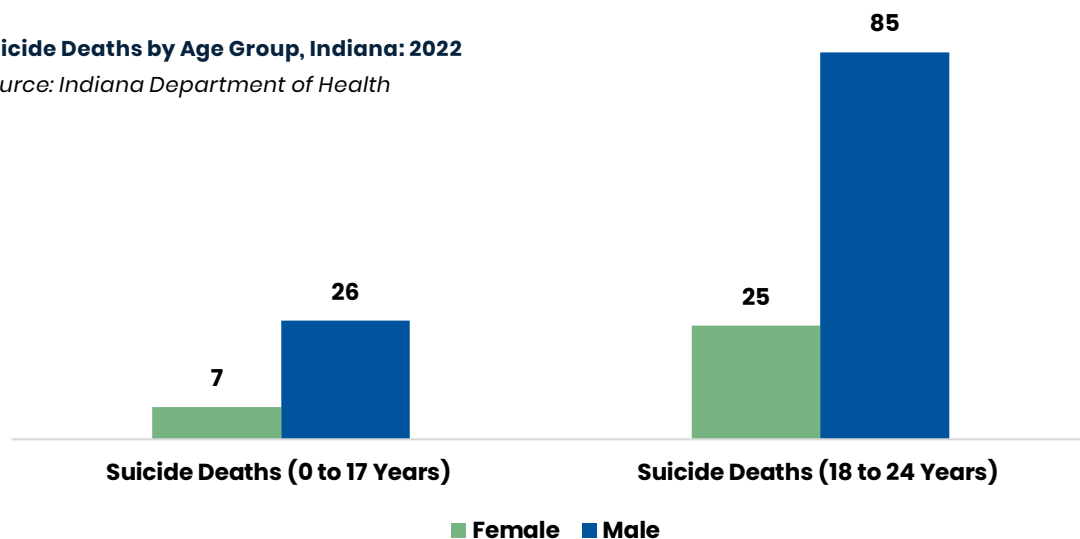
Research Call Out

Mental health stigma continues to cast a long shadow, particularly among the younger generation. Despite the increasing openness around mental health issues, many young girls still feel a heavy burden of silence. They worry that speaking out about their struggles might lead to judgment or alienation from their peers and family. Often leading to them not sharing their personal struggles with others. Two-thirds of members report that being a part of Girl Scouts positively impacts their mental health. "Honestly, my troop leader saved my life and talked me out of suicide when I was in middle school. Girl Scouts gives me purpose right now, and that is incredibly invaluable to me."

Source: Girls Speak Out About Mental Health, 2020
www.girlscouts.org/content/dam/girlscouts-gsusa/forms-and-documents/about-girl-scouts/research/GSUSA_GSRI_Girls-Speak-Out-Mental-Health-2020.pdf
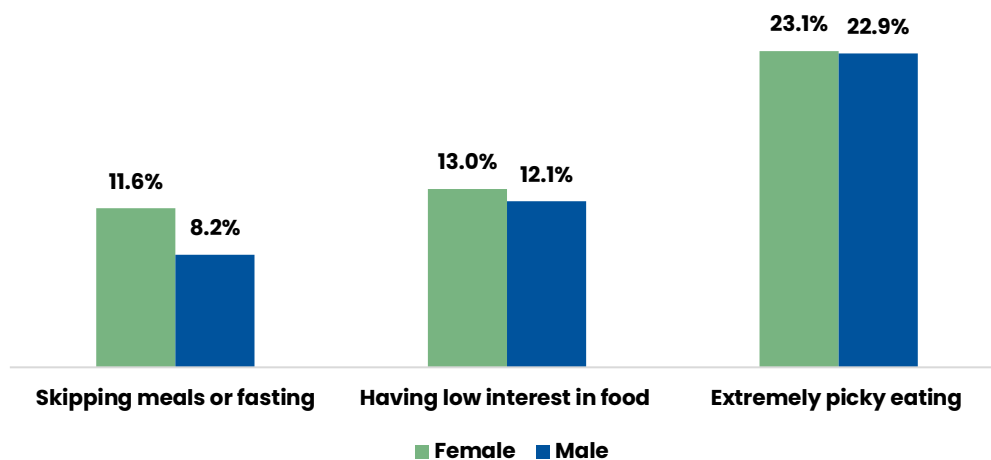
Body Image and Eating Disorders

Eating disorders tend to display notable gender differences, with a higher prevalence observed among girls compared to boys.[93] Eating disorders are "behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions."[94] These conditions have clear physical consequences and inflict deep emotional damage as many eating disorders are rooted in the social pressures of how a female body should look. Due to these pressures, often distributed through social media, eating disorder symptoms and behaviors in girls often reflect concerns about weight, body image dissatisfaction, and extreme dieting practices. Girls with pre-existing mental health disorders are also more likely to develop eating disorders.[95] While boys can develop eating disorders, some estimates place the prevalence among girls at more than double that compared to boys. Fostering a positive and healthy body image for girls is not only an important component in raising healthy women, but it is also met with unique challenges in today's society and culture. It's the responsibility of — not just parents — but all individuals who have positive influence in girls' lives to help develop a healthy relationship with their bodies.[96]
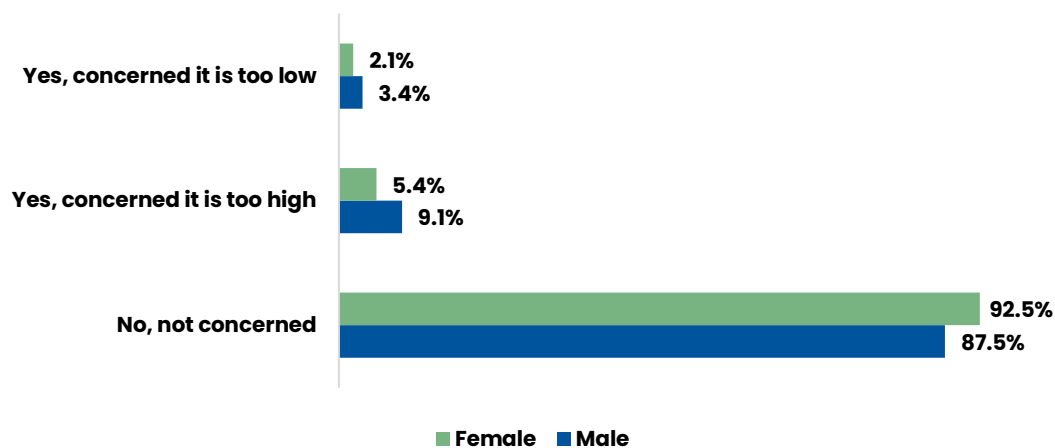
- In 2022, over 1 in 4 of caregivers (27.9%) in Indiana expressed concern that their child aged 6 to 17, regardless of gender, were engaging in eating or body image-related behaviors, which was lower than the national rate of 29.3%.[97]
    - » 1 in 5 of caregivers (22.2%) reported their child aged 6 to 17 was concerned about their body weight, body shape, or body size in the last year, which was also lower than the national rate (24.8%).[98]
    - » 1 in 20 children aged 6 to 17 (4.9%), regardless of gender, engaged in binge eating, aligning with the national rate (4.9%).

- 6.4% of caregivers in Indiana were told their female child under 18 was overweight by their doctor or other health care provider in 2022, slightly lower than the national average (7.3%).[99]

- In 2021, 55.5% of female high school students in Indiana reported actively trying to lose weight, representing a 22.3 percentage point difference from their male counterparts (33.2%).[100]

- According to the 2020 STRIPED, a collaborative report authored by Harvard University and the Academy for Eating Disorders (AED), an estimated 589,074 people in Indiana will have an eating disorder in their lifetime.[101]
    - » While the study found that eating disorders are prevalent across all genders, they are two times more likely for females.

Eating or Body Image-related Behaviors for Children Age 6 to 17 Years, Indiana: 2022

Source: National Survey of Children's Health

- Skipping meals or fasting: Female 11.6%, Male 8.2%
- Having low interest in food: Female 13.0%, Male 12.1%
- Extremely picky eating: Female 23.1%, Male 22.9%

■ Female ■ Male

Caregiver Concerned Child's Weight (Under 18 Years), Indiana: 2021-2022

Source: National Survey of Children's Health

- Yes, concerned it is too low: Female 2.1%, Male 3.4%
- Yes, concerned it is too high: Female 5.4%, Male 9.1%
- No, not concerned: Female 92.5%, Male 87.5%

■ Female ■ Male
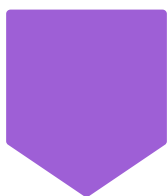
Social Wellness for Girls

Why It Matters

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.

Social Wellness

Family & Community

Organized Activities

CTC Risk and Protective Factors

Adverse Childhood Experiences

Dating and Sexual Violence

Teen Birth Rate

Health

Substance Use

Organized Activities

Participation in organized activities helps to establish and promote social connections, which play an important role in overall health.[102] A strong social network is a significant contributor in girls' abilities to gain confidence, self-awareness, and an understanding of the world around them. Organized activities allow social connections to be built within a supervised and structured framework, resulting in more positive and healthy socialization. Organized activities encompass a wide range of possible involvements for girls, including clubs and activities like 4-H, Girls Who Code, Future Farmers of America (FFA) and Girl Scouts. They also include sports and unofficially recognized clubs like chess, art, or theatre. In addition to the health and developmental benefits of social engagement, a meta-analysis of studies examining organized activities found positive connections between organized activities and involved youth's moral and civic development.[103] In other words, youth who participate in organized activities are more likely to experience personal health outcomes as well as contribute to broader social health outcomes.[104]

- In 2021-2022, 30.7% of female children between 6 to 17 years did not participate in any organized activities or lessons, either after school or on weekends, marking the highest rate among the four neighboring states.[105]
  » 34.6% of female children aged 6 to 17 participated in some form of community service or volunteer work at school, church, or within their community, which was higher than the national rate (34.1%) and the rate for male children (32.2%).[106]

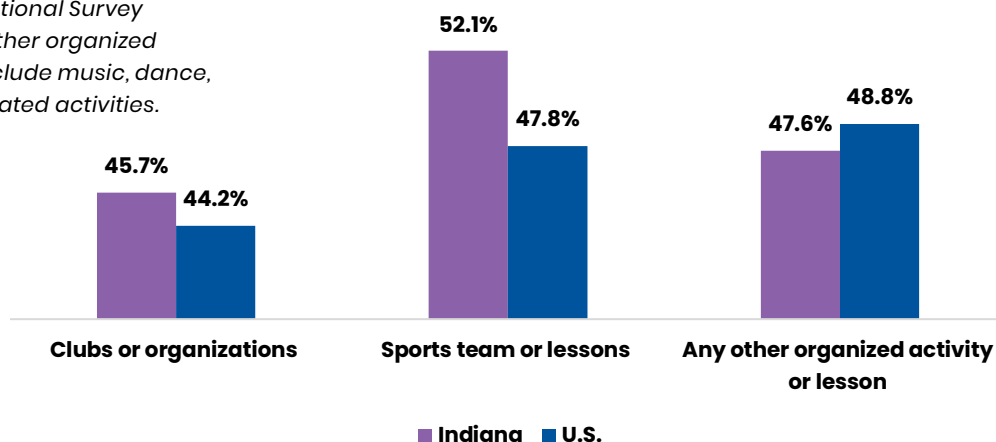**Female Children Age 6 to 17 Years that Did Not Participate in Extracurricular Activities: 2021–2022**

Source: National Survey of Children's Health

26.7%
30.7%
24.4%   30.7%   25.8%
30.4%
24.4%
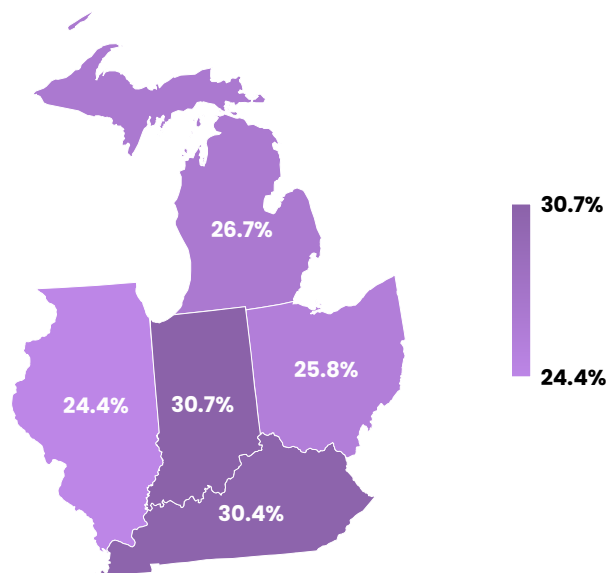
Female Children Age 6 to 17 Years Participation in Organized Activities by Type, Indiana: 2021–2022

*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.

Source: National Survey of Children's Health

|	Clubs or organizations	Sports team or lessons	Any other organized activity or lesson
Indiana	45.7%	52.1%	47.6%
U.S.	44.2%	47.8%	48.8%

■ Indiana ■ U.S.

Research Call Out

Youth participating in out-of-school-time programs experience stronger developmental relationships compared to those in school or student support settings.

Scales, P. C., Roehlkepartain, E. C., & Houltberg, B. J. (2022). The elements of Developmental Relationships: A review of selected research underlying the framework. Minneapolis: Search Institute. *www.searchinstitute.org*
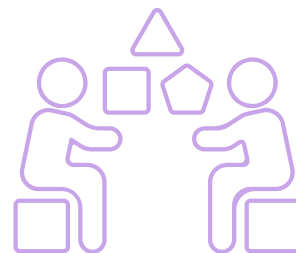
Caregivers face common obstacles when selecting the "best" activities for their girl such as time, cost, transportation, and weekend commitments. Research has found that caregivers with a lower household income, prioritize proximity, availability, transportation needs, and their work schedules over finding the "best activities."

Social Listening Report (2023). Girl Scouts of the USA. *GSUSA_Innovation Research Report Out 2 - Social Listening Presentation.pdf*
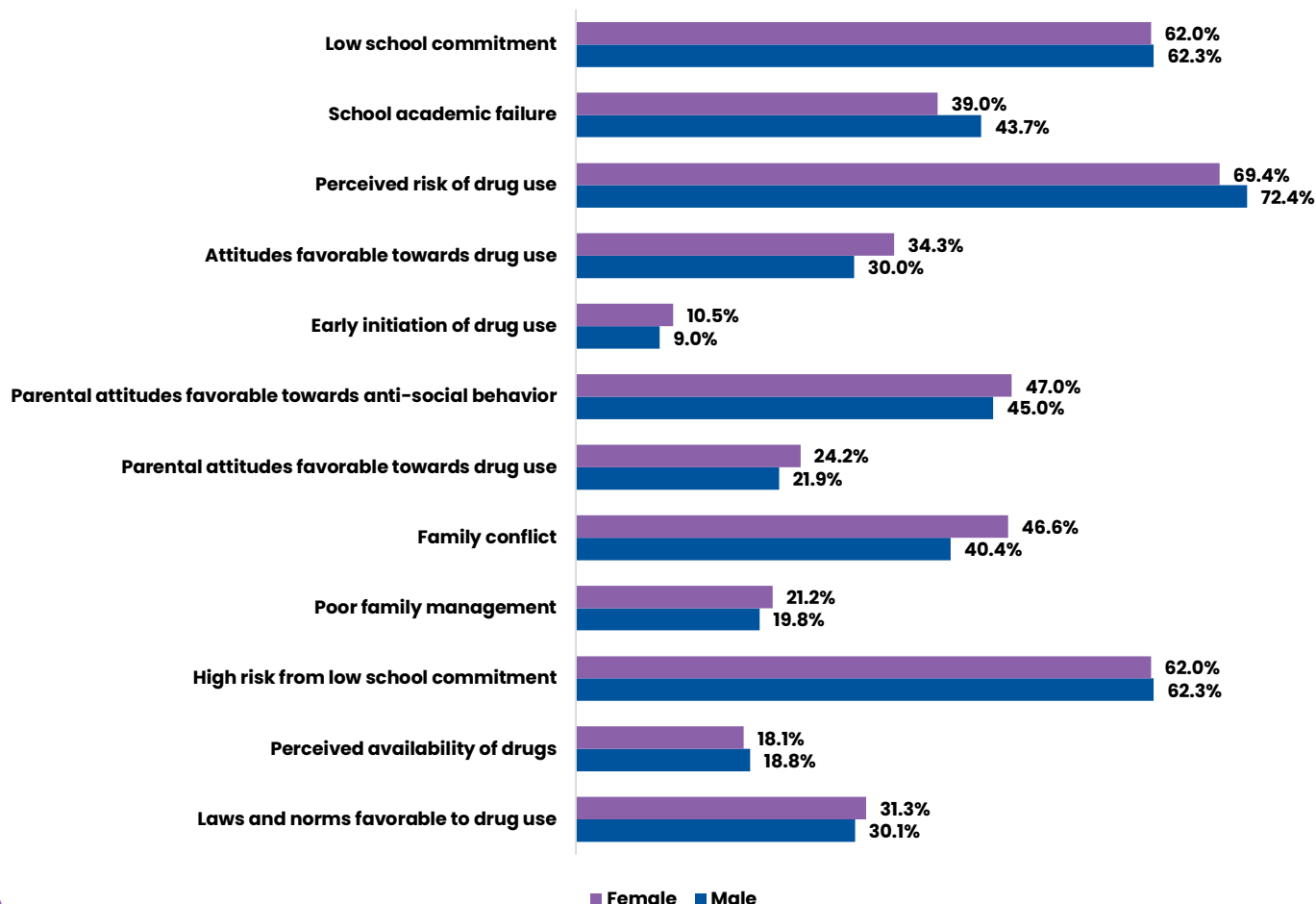
CTC Risk and Protective Factors

Both risk and protective factors are characteristics that can influence either desirable or undesirable outcomes in a child's life. They are often associated with a particular field of study, such as substance use but can also be applied to mental health, adverse childhood experiences (ACEs), and overall physical health.[107] The Communities that Care (CTC) risk and protective factors are characteristics within the community, family, school, and peer/individual 'domains,' that are related to the likelihood of engaging in substance use. Risk factors are biological, psychological, family, community, or cultural characteristics that precede and are associated with a higher likelihood of negative outcomes. Protective factors are associated with a lower likelihood of negative outcomes because they can protect against or insulate an individual from the harmful effects of risk factors.[108] While developed in 1992, the CTC curriculum and framework still has shown evidence of increasing protective factors and decreasing risk factors in communities, reducing the likelihood of substance use among adolescents.[109] More research is needed to determine gender differences between risk and protective factors, specifically as it pertains to CTC, but some previous research suggests that gender differences may be present.[110]

- In 2022, female Indiana students in grades 7th to 12th reported data indicating they had low protection across all Communities That Care (CTC) protective factors.[111]
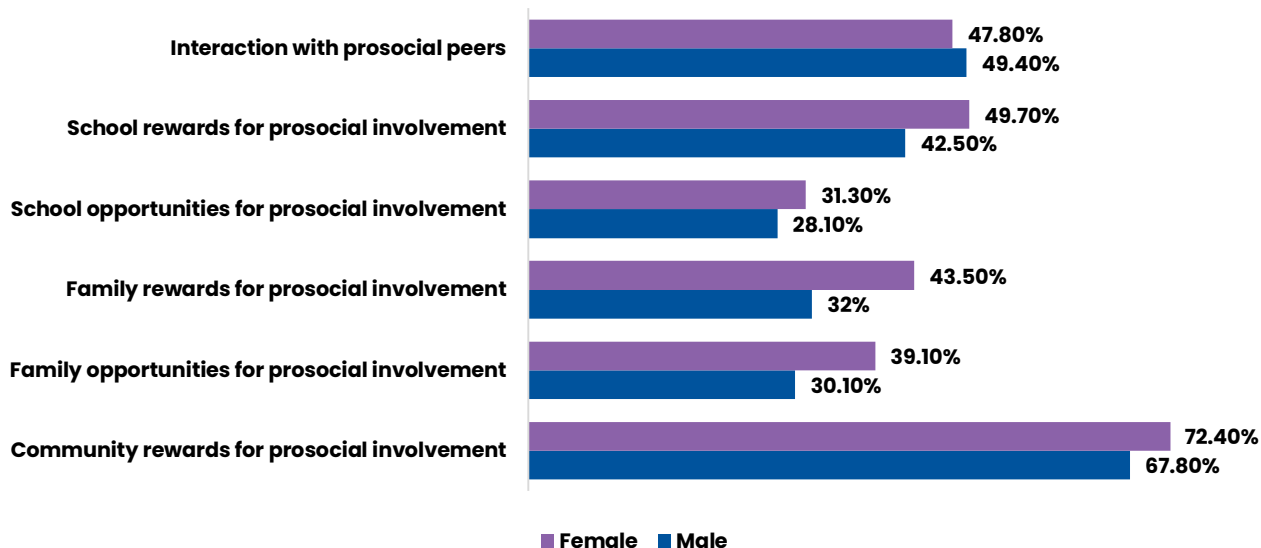
Students in Grades 7th-12th with High Risk of CTC Risk Factors, Indiana: 2022

Source: Prevention Insights, Indiana Youth Survey

Risk Factor	Female	Male
Low school commitment	62.0%	62.3%
School academic failure	39.0%	43.7%
Perceived risk of drug use	69.4%	72.4%
Attitudes favorable towards drug use	34.3%	30.0%
Early initiation of drug use	10.5%	9.0%
Parental attitudes favorable towards anti-social behavior	47.0%	45.0%
Parental attitudes favorable towards drug use	24.2%	21.9%
Family conflict	46.6%	40.4%
Poor family management	21.2%	19.8%
High risk from low school commitment	62.0%	62.3%
Perceived availability of drugs	18.1%	18.8%
Laws and norms favorable to drug use	31.3%	30.1%

■ Female ■ Male

Students in Grades 7th-12th with Low Protection of CTC Protective Factors, Indiana: 2022

Source: Prevention Insights, Indiana Youth Survey

Protective Factor	Female	Male
Interaction with prosocial peers	47.80%	49.40%
School rewards for prosocial involvement	49.70%	42.50%
School opportunities for prosocial involvement	31.30%	28.10%
Family rewards for prosocial involvement	43.50%	32%
Family opportunities for prosocial involvement	39.10%	30.10%
Community rewards for prosocial involvement	72.40%	67.80%

■ Female ■ Male

Vignette from Girl Scouts

Girl Scout Olivia earned her Gold Award for creating "Art for Change," a platform for artists to share their art dedicated to expressing the nuances around mental health issues. By sharing their work in a social, collaborative online space, student artists connect to a community spotlighting and discussing mental health issues. The platform connects viewers of the student art to sites where they can learn about the issues or donate to a related charity or organization.

Girl Scout Jada earned her Girl Scout Gold Award in recognition of her efforts to launch a podcast on "Mental Wellness" that used her own personal experiences to create a connection with listeners on subjects like peer relationships, home life, and education. She focused on providing educational resources for young adults, teens, and parents of individuals who may struggle with mental health issues.
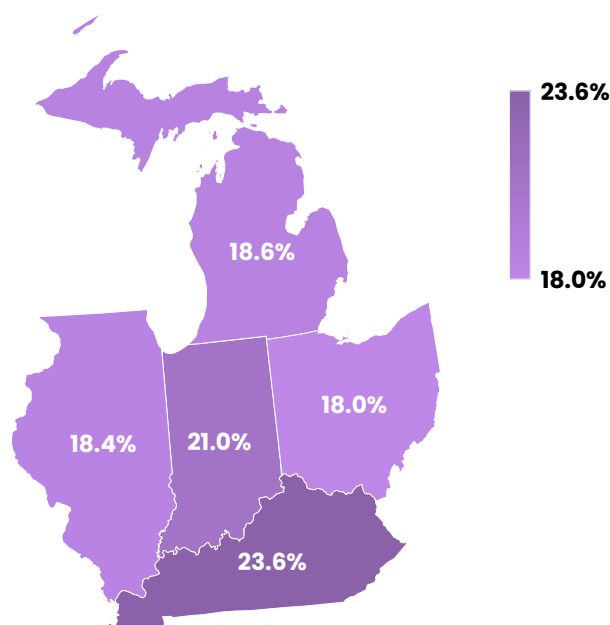
Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events that occur while a child is below the age of 18. These traumatic events can occur through experiences such as abuse or neglect, parental substance use, parental incarceration, and domestic violence. A recent study evaluating the impact of ACEs on substance use later in life found that females were more likely to report emotional or physical abuse, sexual abuse, and neglect compared to males with ACEs.[112] ACEs can also originate from situational trauma such as a divorce or living with a parent experiencing mental illness. The presence of multiple ACEs through a child's life has been repeatedly linked by research to both short-term and long-term consequences,[113] particularly toxic stress which can alter the makeup and development of a child's brain.[114] 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. Toxic stress is not the only outcome of children experiencing multiple ACEs, but as they age, children affected by these adverse experiences are more likely to suffer from substance use, decreased life opportunities like steady employment, poor mental health, and suicidal ideation. While all children may be subject to these adverse experiences, studies have shown that differences exist in what kinds of ACEs girls are more likely to experience,[115] but also how those ACEs may impact girls later in life.[116]

- In 2020–2021, more than 1 in 5 female children (21%) in Indiana under 18 experienced two or more adverse childhood experiences (ACEs) in their lives, a prevalence rate higher than both the national rate (17.2%) and the rate for male children (20.6%).[117]
  » Approximately one-third of female children (32%) under 18 years experienced one or more household-based adverse childhood experiences, exceeding than the national rate of 30.4%.
  » More than 1 in 10 female children (11%) under 18 years experienced one or more community-based adverse childhood experiences, slightly surpassing the national rate of 9.7%.

- Across all eleven adverse childhood experiences measured by the National Survey of Children's Health, the prevalence rate among female children under 18 years in Indiana was higher than the nationwide rate.[118]

Female Children Under 18 Years with Two or More ACEs: 2021–2022

Source: National Survey of Children's Health

| | 23.6% |
| 18.0% |

Michigan 18.6%
Illinois 18.4%
Indiana 21.0%
Ohio 18.0%
Kentucky 23.6%

Prevalence of Adverse Childhood Experiences (ACEs) by Type for Female Children Under 18 Years, Indiana: 2021–2022		
	Indiana	**U.S.**
Somewhat or very hard to cover the basics, like food or housing, on family's income	13.5%	12.5%
Parent or guardian divorced or separated	22.2%	22.0%
Parent or guardian died	4.3%	2.8%
Parent or guardian served time in jail	8.8%	6.1%
Witnessed domestic violence	6.6%	5.2%
Victim or witness of neighborhood violence	4.6%	3.8%
Lived with anyone who was mentally ill, suicidal, or severely depressed	9.0%	8.7%
Lived with anyone who had a problem with alcohol or drugs	12.5%	8.4%
Treated or judged unfairly because of their race or ethnic group	5.2%	4.6%
Treated or judged unfairly because of health condition or disability	2.4%	2.3%
Treated or judged unfairly because of sexual orientation or gender identity (6 to 17 years)	3.2%	2.4%

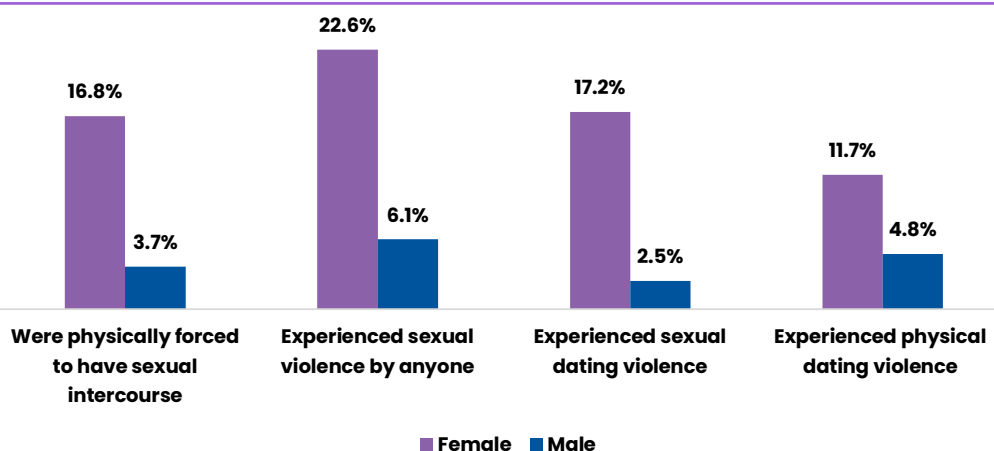*Source: National Survey of Children's Health*

Dating and Sexual Violence

As girls and boys age, it's normal for them to explore their sexuality through dating other adolescents. Unfortunately, data suggests that nearly 1 out of 5 teens have experienced dating violence in their relationships.[119] Dating violence is not just limited to physical or explicitly sexual violence but can also include psychological aggression and stalking,[120] either through in-person or technological means. Recent data shows that girls are often more likely to experience sexual violence and be victims of sex trafficking, but dating violence can be experienced by both girls and boys.[121] Regardless of gender, victims of teen dating violence are at higher risk of experiencing dating and sexual violence in college, engaging in unhealthy or violent relationships in the future, and suffering from depression, anxiety, antisocial behaviors, and substance use disorder.[122] A long-term study examining adverse outcomes suggests that these outcomes are more common among females than they are among males.[123]

- In 2021, 37.2% of female high school students in Indiana reported someone they were dating had purposely tried to control or emotionally hurt them one or more times, which was more than twice the reported prevalence rate among male high school students (17.9%).[124]
  » 1 in 5 female high school students (22.6%) reported experiencing sexual violence that they did not consent to at least once in the past year, a rate over three times higher than that reported rate for their male peers (6.1%).
  » 1 in 6 female high school students (16.8%) reported they were physically forced to have sexual intercourse against their will in the past year, a rate more than four times higher than that reported rate for male students (3.7%).
  » 17.2% of female high school students reported they experienced sexual dating violence in the past year, a rate nearly seven times higher than that reported rate for male students (2.5%).
  » 11.7% of female high school students experienced physical dating violence in the past year, a rate over two times higher than that reported rate for male students (4.8%).

- In 2021, there were 123 total cases of human trafficking, involving 176 victims and survivors in Indiana – the lowest of all four neighboring states.[125]
  » Of the cases identified, nearly 4 in 5 victims and survivors were a female (79.7%) and over a quarter involved a minor (26%).

Reported Sexual Violence Among High School Students, Indiana: 2021

Source: Youth Risk Behavior Survey

	Female	Male
Were physically forced to have sexual intercourse	16.8%	3.7%
Experienced sexual violence by anyone	22.6%	6.1%
Experienced sexual dating violence	17.2%	2.5%
Experienced physical dating violence	11.7%	4.8%

Total Victims of Human Trafficking: 2021

Source: National Human Trafficking Hotline
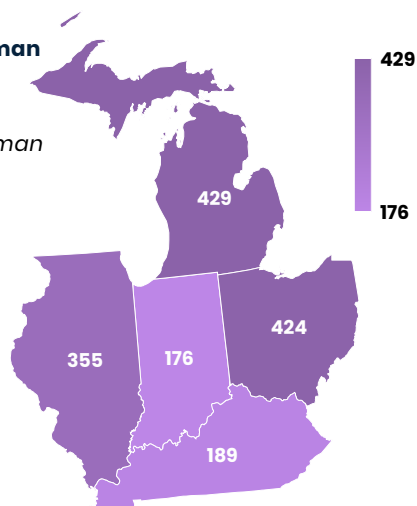
Vignette from Girl Scouts

Girl Scout Abigail learned about the prevalence of sexual assault and domestic violence in her community, specifically at her local school. She sought out opportunities to reduce the occurrence and support girls who have lived through these traumatic experiences. She started Respect Week at her school. Along with her friends, she hosted specific activities each day that week to raise awareness and show support for victims and survivors.
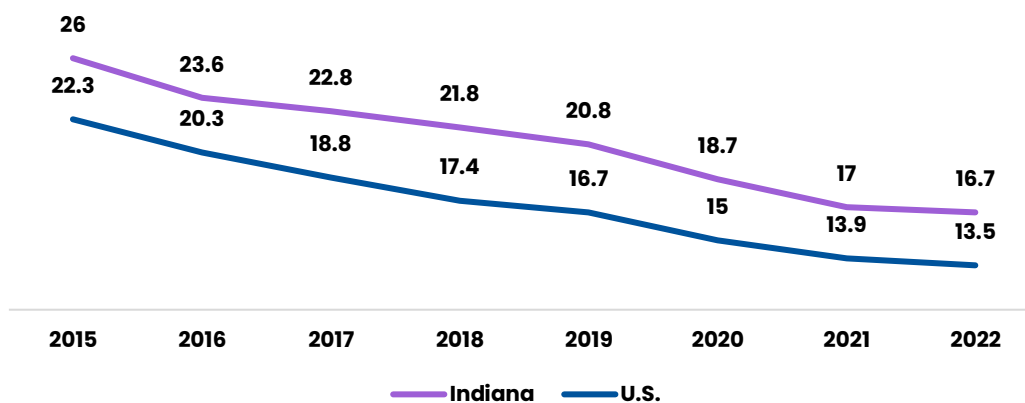
Teen Birth Rate

Teen pregnancy can present difficulties for adolescent mothers. It is often associated with reduced schooling, lower earning potential, and negative outcomes for the adolescent's child. Some research shows that girls born to teen mothers are 66% more likely to become teen mothers themselves, even after accounting for other risk factors.[126] This research suggests that teen pregnancy and teen births are cyclical and transgenerational. When a teen becomes pregnant, the child-bearing process occurs while the mother is still growing and developing, which may add additional stress, emotional strain, and isolation to a sometimes already turbulent season of a girl's life.[127] While teen pregnancy is accompanied by many challenges, some research has shown that not all teens experience the same effects or even the same degree of difficulty associated with those effects. In fact, it's difficult to determine the extent of how teen pregnancy affects an adolescent's life because in many cases, their future outcomes are heavily influenced by their surrounding culture and socioeconomic situation prior to having the baby. For example, a girl coming from a lower socioeconomic status is less likely to experience negative outcomes, because of the pregnancy, than a teen mother coming from higher socioeconomic status.[128]

- Indiana's teen birth rate (TBR) for mothers aged 15 to 19 was 16.7 per 1,000 in 2022, a slight decrease from the previous year (17 per 1,000). However, it remained higher than the national rate (13.5 per 1,000).[129]

- 3,743 infants had a mother between the ages of 15 to 19, constituting 4.7% of the total births in Indiana. Among these infants, 29% had both a mother and a father between the ages of 15 to 19.

- In 2021, Indiana held the 15th highest TBR nationally, signifying that the rate of improvement does not match that of other states.[130]

- The percentage of schools in Indiana teaching sexual education, including methods to assess student knowledge related to sexual health education, declined by 7.4 points from 68.5% in 2020 to 61.1% in 2022.[131]

- 55% of female high school students reported their parents or other adults in their family talked with them about what their expectations are when it comes to sex in 2021, a significant decrease from the 2015 survey response (68.1%).[132]

- An estimated one-third of female high school students in Indiana reported having had sexual intercourse in 2021, a rate higher than the national rate of 30.6%.
  » Among female students who were currently sexually active during the time of the survey, 8.4% reported not using any form of contraception the last time they had sexual intercourse with an opposite-sex partner. This rate was lower than both the rate for male students (11.2%) and the national rate (15.2%).
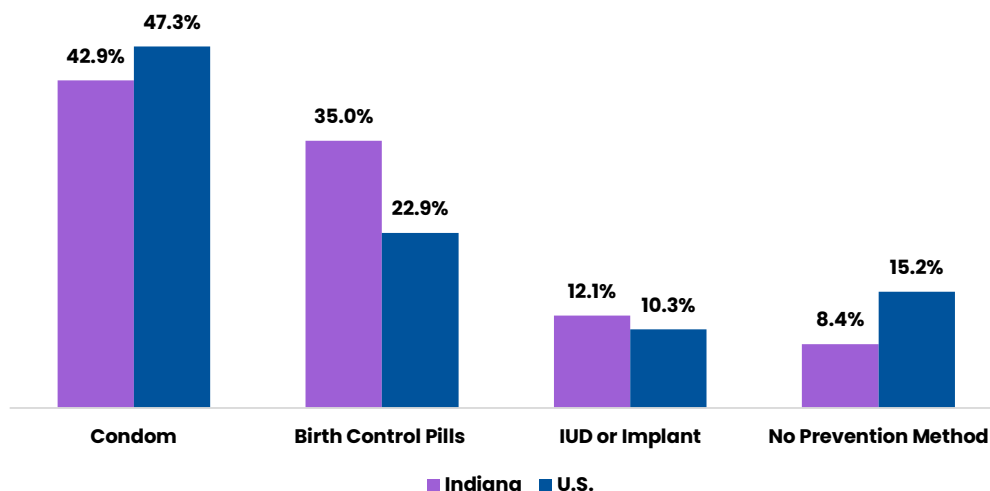
Teen Birth Rate (TBR) per 1,000, Indiana; 2015–2022

Source: Indiana Department of Health

Indiana: 2015: 26, 2016: 23.6, 2017: 22.8, 2018: 21.8, 2019: 20.8, 2020: 18.7, 2021: 17, 2022: 16.7

U.S.: 2015: 22.3, 2016: 20.3, 2017: 18.8, 2018: 17.4, 2019: 16.7, 2020: 15, 2021: 13.9, 2022: 13.5

Indiana — U.S.

Reported Contraception Used Among Sexually Active Female High School Students, Indiana: 2021

Source: Youth Risk Behavior Survey

Condom: Indiana 42.9%, U.S. 47.3%
Birth Control Pills: Indiana 35.0%, U.S. 22.9%
IUD or Implant: Indiana 12.1%, U.S. 10.3%
No Prevention Method: Indiana 8.4%, U.S. 15.2%

■ Indiana ■ U.S.

Substance Use

Substance use among adolescents poses dangers that can have lasting effects on physical health, mental well-being, and overall development. While substance use among youth has generally declined, girls in Indiana are more likely to use substances than their male counterparts. Experimenting with substances like alcohol, tobacco, or other drugs can impair cognitive functions and disrupt brain development, particularly in adolescents whose brains are still maturing.[133, 134] This can lead to issues with memory, learning, and decision-making abilities while also increasing the risk of developing substance use disorder (SUD) later in life. While few biological differences exist when it comes to health risks, the risks of developing SUD and the types of substances can vary by gender.[135, 136] Understanding the differences that may exist between girls and boys when it comes to types of substance use is important in developing strategies that aim to reduce substance use among youth.

- In 2022, female students in grades 6th through 12th reported higher prevalence rates than their male peers for using electronic vapor, alcohol, over-the-counter (OTC) drugs, marijuana, and cigarettes.[137]
  » Female students exhibited elevated prevalence rates of using electronic vapor and consuming alcohol within the last 30 days across all grade levels, apart from 6th grade.
  » Additionally, they demonstrated higher prevalence rates at lower grade levels for marijuana and unprescribed prescription drugs (7th through 10th grades), cigarettes (7th and 9th grades), over-the-counter drugs (8th grade), and binge drinking (7th through 9th grades).

- In 2022, over a quarter of female students in grades 7th through 12th reported easy access to marijuana (26.8%) and cigarettes (27.1%), both measures down from the prior survey year of 2020 (28.7% and 28.1% respectively).[138]
  » For every 10 female students in grades 7th through 12th, 4 reported that obtaining alcohol was easy (41.5%), marking a slight decrease from 2020 (43.2%).

- Female students aged 12 to 18 years (11.1%) were more likely than their male counterparts (7.4%) to score a two or higher on the Community Reinforcement and Family Training (CRAFFT) screening – meaning they answered 'yes' to two or more of the questions asked.[139]

Vignette from Girl Scouts

Lauren, a Girl Scout, raised money to provide her high school with vape detectors to find students who might be vaping during school hours so they could receive help to quit. Her project received funding from multiple organizations across the community.

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?

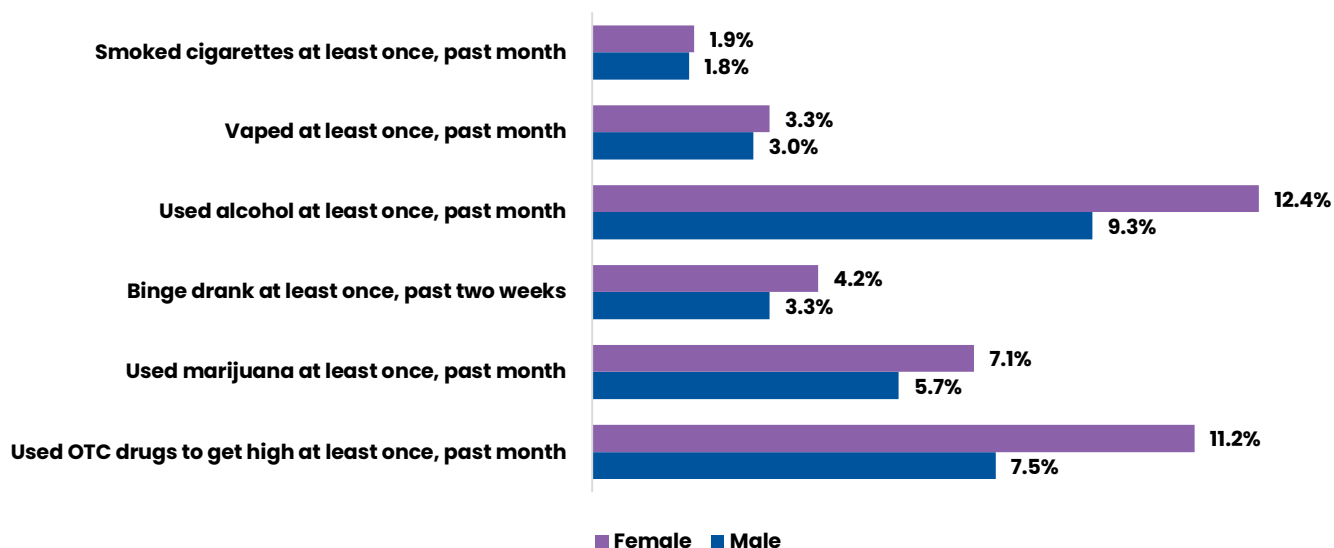Do you ever forget things you did while using alcohol or drugs?

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?
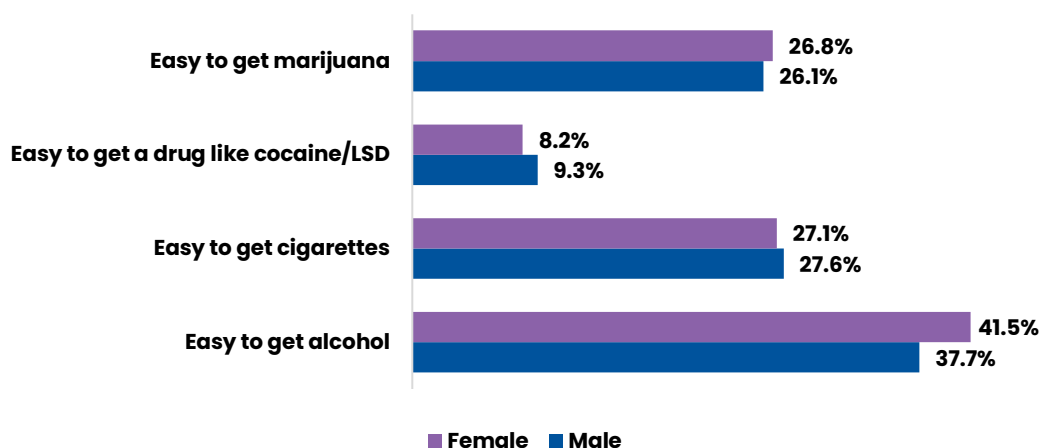
Source: Prevention Insights, Indiana Youth Survey

Students Grade 6th-12th Reported Substance Use, Indiana: 2022
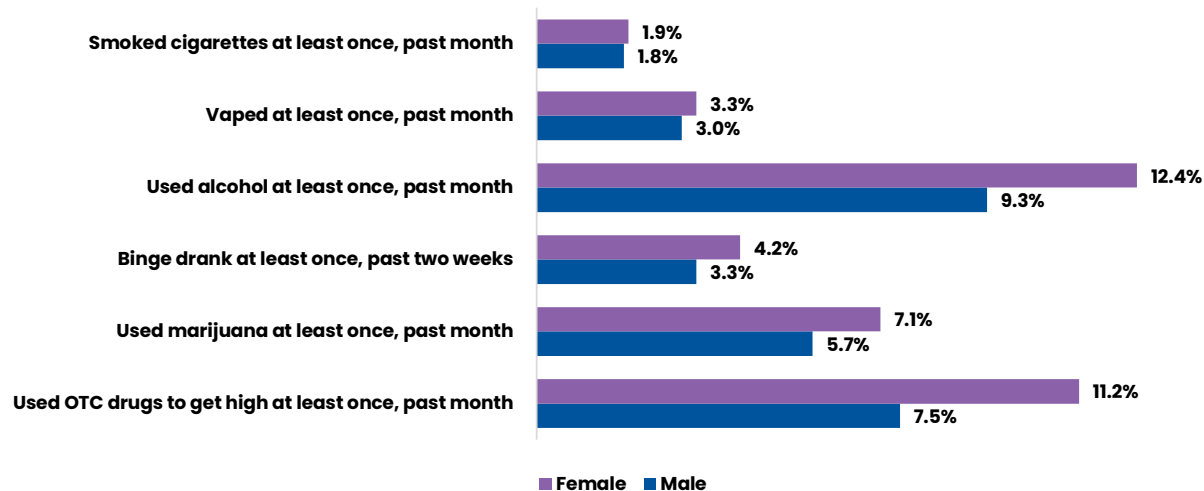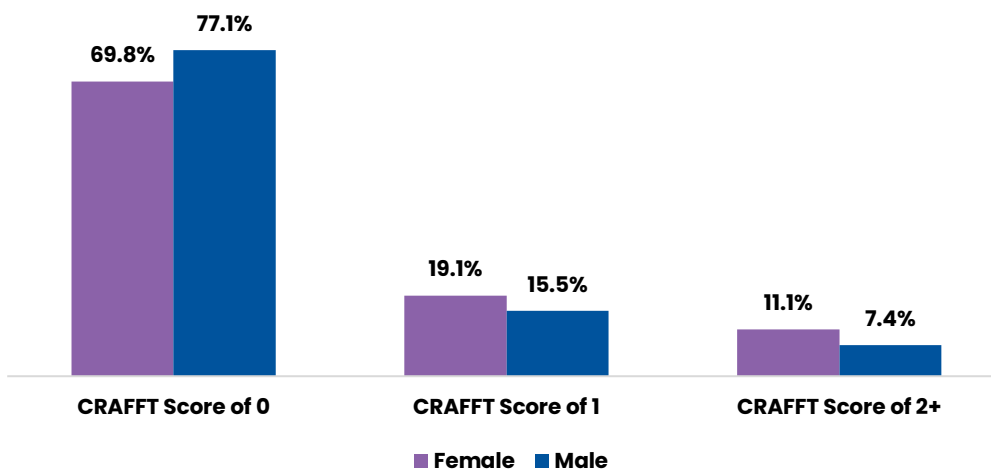*Source: Prevention Insights, Indiana Youth Survey*

	Female	Male
Smoked cigarettes at least once, past month	1.9%	1.8%
Vaped at least once, past month	3.3%	3.0%
Used alcohol at least once, past month	12.4%	9.3%
Binge drank at least once, past two weeks	4.2%	3.3%
Used marijuana at least once, past month	7.1%	5.7%
Used OTC drugs to get high at least once, past month	11.2%	7.5%

■ Female ■ Male

Students Grade 7th-12th Reported Access to Substances, Indiana: 2022

Source: Prevention Insights, Indiana Youth Survey

Easy to get marijuana
- Female: 26.8%
- Male: 26.1%

Easy to get a drug like cocaine/LSD
- Female: 8.2%
- Male: 9.3%

Easy to get cigarettes
- Female: 27.1%
- Male: 27.6%

Easy to get alcohol
- Female: 41.5%
- Male: 37.7%

■ Female ■ Male

Students Grade 7th-12th Reported Consequences of Substance Use, Indiana: 2022

Source: Prevention Insights, Indiana Youth Survey

Smoked cigarettes at least once, past month
- Female: 1.9%
- Male: 1.8%

Vaped at least once, past month
- Female: 3.3%
- Male: 3.0%

Used alcohol at least once, past month
- Female: 12.4%
- Male: 9.3%

Binge drank at least once, past two weeks
- Female: 4.2%
- Male: 3.3%

Used marijuana at least once, past month
- Female: 7.1%
- Male: 5.7%

Used OTC drugs to get high at least once, past month
- Female: 11.2%
- Male: 7.5%

■ Female ■ Male

Students Aged 12 to 18 Years CRAFFT Scores, Indiana: 2022

Source: Indiana Youth Survey

CRAFFT Score of 0
- Female: 69.8%
- Male: 77.1%

CRAFFT Score of 1
- Female: 19.1%
- Male: 15.5%

CRAFFT Score of 2+
- Female: 11.1%
- Male: 7.4%

■ Female ■ Male

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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 Rankings

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 2024 State of the 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 each section. 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 promote equity and inclusion in our data regarding Indiana children and youth and 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. Our understanding of diversity, equity, and inclusion comes from the University of California-Berkeley Center for Equity, Gender, and Leadership, Annie E. Casey Foundation, and the University of Houston's Center for Diversity and Inclusion:

We understand 'diversity' as including race, ethnicity, nationality, religion, socioeconomic status, gender, age, mental or physical ability, sexual orientation, and other characteristics that add to the individuality of our community members.

We understand 'equity' as the guarantee of fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically under-served and under-represented populations. Fairness regarding these unbalanced conditions is needed to assist equality in providing adequate opportunities to all groups.

We understand 'inclusion' as authentically bringing traditionally excluded individuals and groups into processes, activities, decision making, and policymaking. Inclusion involves genuine and empowered participation and a true sense of belonging, allowing historically marginalized or disenfranchised groups to share power and ensure equal access to opportunities and resources.

We disaggregate the data 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

The Indiana Girl Report is a collaboration between Indiana Youth Institute, the Girl 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 reporting their data. Data collection and availability differs 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.

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girl scouts of kentuckiana

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girl scouts of southwest indiana

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